



Bylaws

Purpose of this document

Patient care is provided by Accredited Practitioners who have been granted access to use GastroMedicine & ENDOSCOPY in order to provide that care. The By-laws define the relationship and obligations between the GastroMedicine & ENDOSCOPY and its Accredited Practitioners.

This document sets out certain terms and conditions upon which Medical Practitioners may apply to be Accredited within the defined Scope of Practice granted, the basis upon which a successful applicant may admit Patients and/or care and treat Patients at the Facility, and the terms and conditions for continued Accreditation.

Every applicant for Accreditation will be given a copy of this document and Annexures before or at the time of making an application. It is expected that the By-laws are read in their entirety by the applicant as part of the application process.

GastroMedicine & ENDOSCOPY aims to maintain a high standard of Patient care and to continuously improve the safety and quality of its services. The By-laws implement measures aimed at maintenance and improvements in safety and quality.

Health care in Australia is subject to numerous legislation and standards. The By-laws assist in compliance with certain aspects of this regulation but are not a substitute for review of the relevant legislation and standards.

About GastroMedicine & ENDOSCOPY

GastroMedicine & ENDOSCOPY (GME) has 2 purpose built facilities, Mornington Endoscopy and Rosebud Endoscopy.

Since 2007, GastroMedicine & ENDOSCOPY as a group has grown to cater for a large population of patients who come from all areas of South-East Melbourne (from Narre Warren to Cranbourne and the entire Mornington Peninsula region extending to Hastings and Sorrento). Having Day Hospitals in Mornington and Rosebud, our patients represent a diverse group of patients who have common gastrointestinal conditions; and those with rare pathologies that requires astute clinical acumen to make the diagnoses. Our Specialists are extremely well regarded by their peers.

Patients who are admitted to our Day Hospitals certainly feel they are well looked after, not only by the reception team, the nursing and anaesthetics staff but most importantly their Specialist. It is the personalised care that each patient receives that is the corner stone of our success. GME understands that external and internal factors have the ability to effect the ability of the quality management system but GME's quality management system sits on a strong foundation of customer focus, leadership, engagement of our people, process approach and improvement, evidence based decision making and maintenance of relationships.

Mission Statement

Our mission is to provide a safe, efficient quality Endoscopy and day surgery service.

GastroMedicine & ENDOSCOPY offers a highly trained team of experienced medical professionals who will provide safe, high quality care in a friendly and professional environment. The caring, compassionate team will create better experiences for people using our services by making treatments and procedures as pleasant and efficient as possible.

In order to maintain Quality Endorsement, GastroMedicine & ENDOSCOPY will strive to continually improve the services offered through the assessment of procedures, equipment and standards, to provide state of the art services and patient care whenever possible.

Definitions

Accreditation means the process provided for in these By-laws by which a person is Accredited. The two conditions for Accreditation are an explicit definition of quality (i.e. standards) and an independent review process aimed at identifying the level of congruence between practices and quality standards.

Accredited means the status conferred on a Medical Practitioner, Dentist or Allied Health Professional permitting them to provide services within GastroMedicine & ENDOSCOPY after having satisfied the Credentialing requirements provided in these By-laws.

Accredited Practitioner means a Medical Practitioner who has been Accredited to provide services within GastroMedicine & ENDOSCOPY, and who may be able to perform services within their Scope of Practice notified in the appointment.

Adequate Professional Indemnity Insurance means insurance, including run off/tail insurance, to cover all potential liability of the Accredited Practitioner, that is with a reputable insurance company acceptable to GastroMedicine & ENDOSCOPY, and is in an amount and on terms that GastroMedicine & ENDOSCOPY considers in its absolute discretion to be sufficient. The insurance must be adequate for Scope of Practice and level of activity.

Behavioural Sentinel Event means an episode of inappropriate or problematic behaviour which indicates concerns about an Accredited Practitioner's level of functioning and suggests potential for adversely affecting Patient safety or GastroMedicine & ENDOSCOPY outcomes.

By-laws mean these By-laws.

CEO is the Chief Executive Officer.

Competence means, in respect of a person who applies for Accreditation, that the person is possessed of the necessary aptitude in the application of knowledge and skills in interpersonal relationships, decision making and Performance necessary for the Scope of Practice for which the person has applied and has the demonstrated ability to provide health services at an expected level of safety and quality.

Credentials means, in respect of a person who applies for Accreditation, the qualifications, professional training, clinical experience and training and experience in leadership, research, education, communication and teamwork that contribute to the person's Competence, Performance and professional suitability to provide safe, high quality health care services. The applicant's history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record are relevant to their Credentials.

Credentialing means, in respect of a person who applies for Accreditation, the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of the applicant for the purpose of forming a view about their Credentials, Competence, Performance and professional suitability to provide safe, competent, ethical and high quality health care services within GastroMedicine & ENDOSCOPY.

Current Fitness is the current fitness required of an applicant for Accreditation to carry out the Scope of Practice sought or currently held. A person is not to be considered as having current fitness if that person suffers from any physical or mental impairment, disability, condition or disorder (including habitual drunkenness or addiction to deleterious drugs) which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practice medicine, dentistry or allied health (as the case may be).

Director of Nursing means the person appointed to the position of Director of Nursing or Director of Clinical Services, or equivalent position by whatever name, of GastroMedicine & ENDOSCOPY or any person acting, or delegated to act, in that position.

Disruptive Behaviour means aberrant behaviour manifested through personal interaction with Medical Practitioners, hospital personnel, health care professionals, Patients, family members, or others, which interferes with Patient care or could reasonably be expected to interfere with the process of delivering quality care or which is inconsistent with the values of GastroMedicine & ENDOSCOPY.

External Review means evaluation of the performance of an Accredited Practitioner by an appropriately qualified and experienced professional person(s) external to GastroMedicine & ENDOSCOPY.

Internal Review means evaluation of the performance of an Accredited Practitioner by an appropriately qualified and experienced professional person(s) internal to GastroMedicine & ENDOSCOPY.

Medical Advisory Committee means the medical advisory committee of GastroMedicine & ENDOSCOPY.

Medical Practitioner means, for the purposes of these By-laws, a person registered under the applicable legislation to practise medicine in Victoria where GastroMedicine & ENDOSCOPY is located.

New Clinical Services means clinical services, treatment, procedures, techniques, technology, instruments or other interventions that are being introduced into the organisational setting of GastroMedicine & ENDOSCOPY for the first time, or if currently used are planned to be used in a different way, and that depend for some or all of their provision on the professional input of Medical Practitioners.

Organisational Need means the extent to which GastroMedicine & ENDOSCOPY is required to provide a specific clinical service, procedure or other intervention in order to provide a balanced mix of safe, high quality health care services that meet consumer and community needs and aspirations.

Patient means a person admitted to, or treated as a patient at GastroMedicine & ENDOSCOPY

Performance means the extent to which an Accredited Practitioner provides health care services in a manner which is consistent with known good Clinical Practice and results in expected patient benefits.

Re-accreditation means the process provided in these By-laws by which a person who already holds Accreditation may apply for and be considered for Accreditation after 3 years (or as required)

Scope of Practice means the extent of an individual Accredited Practitioner's permitted Clinical Practice within GastroMedicine & ENDOSCOPY based on the individual's Credentials, Competence, Performance and professional suitability, Professional Indemnity Insurance cover and the Organisational Capability and Organisational Need of the organisation to support the Accredited Practitioner's scope of clinical practice.

Specialist Medical Practitioner means a Medical Practitioner who has been recognised as a specialist in their nominated category for the purpose of the Health Insurance Act 1973 (Cth) and is registered under the applicable legislation to practise medicine in that speciality in Victoria where GastroMedicine & ENDOSCOPY is located.

Temporary Accreditation means the process provided in By-laws whereby a Medical Practitioner, is Accredited to commence working at GastroMedicine & ENDOSCOPY but it has not yet been tabled at the Medical Advisory Committee.

Visiting Medical Practitioner means a Medical Practitioner who is not an employee of GastroMedicine & ENDOSCOPY who has been granted Accreditation and Scope of Practice pursuant to these By-laws. They are responsible for giving direct and appropriate medical care within the established policies and procedures set out in the By-laws of GastroMedicine & ENDOSCOPY.

Specific Roles and Responsibilities of Accredited Medical Practitioners

Responsibilities of Accredited Medical Practitioner

The responsible Accredited Medical Practitioner shall be -

- the Accredited Medical Practitioner who arranged the admission of the patient to the Centre; or
- where no Accredited Medical Practitioner arranged such admission the Accredited Medical Practitioner who has assumed responsibility for the medical care and treatment of the patient; or
- the Accredited Medical Practitioner as a result of a change notified to the MD by both Practitioners
- part of multidisciplinary collaboration and teamwork
- practicing within their scope of practice only

Assistants, Locums and Non-Accredited Consultants

The Responsible Medical Practitioner may obtain assistance from Medical Practitioners who are not Accredited Medical Practitioners. This assistance may take the form of consultation, locums, or the provision of special diagnostic, surgical or therapeutic procedures, but the primary responsibility for the care and treatment of the patient shall remain with the patient's Responsible Medical Practitioner.

The Centre reserves the right to refuse access to any Medical Practitioner who is not an Accredited Medical Practitioner.

Inability to Contact Responsible Accredited Medical Practitioner

Where a situation arises where, in the opinion of the Registered Nurse who is in charge of the patient at the time, requires the attention of the Responsible Accredited Medical Practitioner, every reasonable effort will be made to communicate with the Responsible Accredited Medical Practitioner with regard to the situation and consult with him as to the care and treatment of the patient. However, if Responsible Accredited Medical Practitioner cannot be contacted, the Centre has the right to take whatever action it considers necessary in the interest of the patient. This may include the calling of another accredited medical practitioner to care for the patient, or the transfer of the patient to hospital. In either case the Responsible Accredited Medical Practitioner will be advised of the action as soon as possible.

The Role of the Gastroenterologist

The Gastroenterologist's role is to carry out the procedure(s) with the aim of achieving patient safety, comfort and best possible outcome. To this end, the following must be taken into consideration:

- Comply with the Clinical Care Standard for Colonoscopy
- Meet all recredentialing requirements for GESA
- Patient safety can be ensured through the use of appropriate aseptic techniques and minimising risk factors.
- The Gastroenterologist must work closely with the nursing staff and the Anaesthetist to achieve optimal operative conditions.
- It is the gastroenterologist's responsibility to identify the patient and ensure that the procedure performed is the one intended and to verify adherence to Patient Identification/Time Out policy
- Histology specimens shall be sent for pathological examination whenever necessary and results followed up accordingly by the gastroenterologist and a copy of the pathologists report shall be retained in the Centre's medical history

The gastroenterologist is responsible for securing signed consent for the procedure.

The Role of the Anaesthetist

The Anaesthetist's role is to:

- Provide anaesthesia and other consultative services
- Carry out preoperative assessment and continuing management of patients
- Supervision of anaesthetic staff and recovery area
- Participating in quality improvement and continuing education activities.

In addition, the Anaesthetist must recognise the importance of achieving optimal operative conditions.

The Anaesthetist is responsible for securing signed consent for the procedure.

The Anaesthetist is responsible for accompanying the patient from theatre to the Post Anaesthetic Care Unit following surgery and to provide a detailed handover to recovery staff.

Anaesthetists who attend GastroMedicine & ENDOSCOPY are expected to carry out their duties in accordance with the AN/ANZ Anaesthetic Guidelines and Standards.

Compliance with By-laws

It is a requirement for continued Accreditation that Accredited Practitioners comply with the By-laws at all relevant times when admitting, caring for or treating Patients, or otherwise providing services at GastroMedicine & ENDOSCOPY.

Accredited Practitioners must comply with all policies and procedures of the GastroMedicine & ENDOSCOPY.

Accredited Practitioners must comply with all relevant legislation, including but not limited to legislation that relates to health, public health, drugs and poisons, privacy, coroners, criminal law, health practitioner registration, research, environmental protection, workplace health & safety, occupational health and safety, antidiscrimination, bullying, harassment, industrial relations, care of children, care of persons with a disability, substituted decision making and persons with impaired capacity, mental health, Medicare, health insurance, fair trading and trade practices, intellectual property, and other relevant legislation regulating the Accredited Practitioner, provision of health care or impacting upon the operation of GastroMedicine & ENDOSCOPY.

In addition, Accredited Practitioners must ensure compliance with, or assist GastroMedicine & ENDOSCOPY to comply with, any Commonwealth or State mandated service capability frameworks or minimum standards.

Any non-compliance with the By-laws may be grounds for suspension, termination, or imposition of conditions.

Insurance, Registration, Notifications and Continuous Disclosure

Accredited Practitioners must at all times maintain Adequate Professional Indemnity Insurance.

Accredited Practitioners must at all times maintain registration with the Australian Health Practitioner Regulation Agency (AHPRA).

Accredited Practitioners must immediately advise the CEO, and follow up with written confirmation within 2 days, should:

- an investigation or complaint be commenced in relation to the Accredited Practitioner, or about his/her Patient (irrespective of whether this relates to a Patient of the Facility), by the Accredited Practitioner's registration board, disciplinary body, Coroner, a health complaints body, or another statutory authority, State or Government agency;
- an adverse finding (including but not limited to criticism or adverse comment about the care or services provided by the Accredited Practitioner) be made against the Accredited Practitioner by a civil court, the practitioner's registration board, disciplinary body, Coroner, a health complaints body, or another statutory authority, State or Government agency, irrespective of whether this relates to a Patient of the Facility;
- the Accredited Practitioner's professional registration be revoked or amended, or should conditions be imposed, or should undertakings be agreed, irrespective of whether this relates to a Patient of the Facility and irrespective of whether this is noted on the public register or is privately agreed with a registration board;
- professional indemnity membership or insurance be made conditional or not be renewed, or should limitations be placed on insurance or professional indemnity coverage;
- the Accredited Practitioner's appointment, clinical privileges or Scope of Practice at any other facility, hospital or day procedure centre alter in any way, including if it is withdrawn, suspended, restricted, or made conditional, and irrespective of whether this was done by way of agreement;
- any physical or mental condition or substance abuse problem occur that could affect his or her ability to practise or that would require any special assistance to enable him or her to practise safely and competently;
- the Accredited Practitioner be charged with having committed or is convicted of a sex, violence or other criminal offence. The Accredited Practitioner must provide the Facility with an authority to conduct at any time a criminal history check with the appropriate authorities;

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- the Accredited Practitioner believe that Patient care or safety is being compromised or at risk, or may potentially be compromised or at risk, by another Accredited Practitioner of the Facility; or
 - the Accredited Practitioner makes a mandatory notification to a health practitioner registration board (for example Medical Board) in relation to another Accredited Practitioner of the Facility.

The Accredited Practitioner must keep the CEO continuously informed of every fact and circumstances which has, or will likely have, a material bearing upon:

- the Accreditation of the Accredited Practitioner;
- the Scope of Practice of the Accredited Practitioner;
- the ability of the Accredited Practitioner to safely deliver health services to his/her patients within the Scope of Practice;
- the Accredited Practitioner's registration or Professional Indemnity Insurance arrangements;
- the inability of the Accredited Practitioner to satisfy a medical malpractice claim by a Patient;
- adverse outcomes, complications or complaints in relation to the Accredited Practitioner's Patients (current or former) of the Facility;
- the reputation of the Accredited Practitioner as it relates to the provision of Clinical Practice; and
- the reputation of GastroMedicine & ENDOSCOPY.

Subject to restrictions directly relating to or impacting upon legal professional privilege or statutory obligations of confidentiality, every Accredited Practitioner must keep the CEO informed and updated about the commencement, progress and outcome of compensation claims, coronial investigations or inquests, police investigations, Patient complaints, health complaints body complaints or investigations, or other inquiries involving Patients of the Accredited Practitioner that were treated at the Facility.

Accredited Practitioners are required to provide evidence annually, or at other times upon request, of Adequate Professional Indemnity Insurance and registration with the relevant health professional registration board, and all other relevant licences or registration requirements for the Scope of Practice granted. If further information is requested in relation to insurance or registration, the Accredited Practitioner will assist to obtain that information, or provide permission for GastroMedicine & ENDOSCOPY to obtain that information directly.

Standard of conduct and behaviour

The Facility expects a high standard of professional and personal conduct from Accredited Practitioners, who must conduct themselves at all times in accordance with:

- the Code of Ethics of the Australian Medical Association or any other relevant code of ethics;
- the Code of Practice of any specialist college or professional body of which the Accredited Practitioner is a member;
- the Values of the GastroMedicine & ENDOSCOPY;
- the strategic direction of GastroMedicine & ENDOSCOPY;
- the limits of their registration or any conditions placed upon Scope of Practice in accordance with these By-laws; and
- all reasonable requests made with regard to personal conduct in GastroMedicine & ENDOSCOPY.

Accredited Practitioners must continuously demonstrate Competence and Current Fitness, must not engage in Disruptive Behaviour, and must observe all reasonable requests with respect to conduct and behaviour.

Upon request by the CEO, the Accredited Practitioner is required to meet with the CEO and any other person that the CEO may ask to attend the meeting, to discuss matters above, or any other matter arising out of these By-Laws.

Confidentiality

Accredited Practitioners will manage all matters relating to the confidentiality of information in compliance with the Facility's policy, the 'Australian Privacy Principles' established by the Privacy Act (Cth), and other legislation and regulations relating to privacy and confidentiality, and will not do anything to bring GastroMedicine & ENDOSCOPY in breach of these obligations.

Accredited Practitioners will comply with the various legislation governing the collection, handling, storage and disclosure of health information.

Accredited Practitioners will comply with common law duties of confidentiality.

The confidentiality requirements continue with full force and effect after the Accredited Practitioner ceases to be Accredited.

Representations and media

Unless an Accredited Practitioner has the prior written consent of the CEO, an Accredited Practitioner may not use GastroMedicine & ENDOSCOPY'S name, letterhead, or in any way suggest that the Accredited Practitioner represents these entities.

The Accredited Practitioner must obtain the CEO's prior approval before interaction with the media regarding any matter involving GastroMedicine & ENDOSCOPY or a Patient.

Consent

Accredited Practitioners must obtain fully informed consent for treatment from the patient or their legal guardian or substituted decision maker in accordance with accepted medical and legal standards (including applicable legislation) and in accordance with the policy and procedures of GastroMedicine & ENDOSCOPY.

The consent will be evidenced in writing and signed by the Accredited Practitioner and patient or their legal guardian or substituted decision maker.

Financial information and statistics

Accredited Practitioners must record all data required by GastroMedicine & ENDOSCOPY to meet health fund obligations, collect revenue and allow compilation of health care statistics.

Accredited Practitioners must ensure that all Pharmaceutical Benefits Scheme prescription requirements and financial certificates are completed in accordance with regulatory requirements.

Patient Records

Accredited Practitioners must ensure that:

- Patient records held by GastroMedicine & ENDOSCOPY are adequately maintained for Patients treated by the Accredited Practitioner;
- Patient records satisfy policy requirements for GastroMedicine & ENDOSCOPY, legislative requirements, State based standards, the content and standard required by accreditation requirements, and health fund obligations;
- they maintain full, accurate, legible medical records,
- they comply with all legal requirements and standards in relation to the prescription and administration of medication, and properly document all drugs orders clearly and legibly in the medication chart maintained by the GastroMedicine & ENDOSCOPY;
- Patient records maintained by GastroMedicine & ENDOSCOPY include all relevant information and documents reasonably necessary to allow staff and other Accredited Practitioners to care for Patients, including provision of pathology, radiology and other investigative reports in a timely manner;
- A procedure report is completed including a detailed account of the findings, technique undertaken, complications and post procedure orders as per the Colonoscopy Clinical Care standard, and consistent with national evidence based guidelines such as 'Clinical practice guidelines for the prevention, early detection and management of colorectal cancer', and 'Clinical practice guidelines for surveillance colonoscopy'
- An anaesthetic report is completed, as well as documentation of the pre-anaesthetic evaluation, fully informed anaesthetic consent and post-anaesthetic evaluation;
- A discharge summary is completed where applicable.

Medical Advisory Committee

The Medical Advisory Committee ensures that the clinical care provided by our medical specialists and clinical staff is of the highest quality and in line with the latest clinical practice guidelines. The major function of the committee is to facilitate communication between the Chief Executive Officer and Health professionals. The committee consists of the Chief Executive Officer, specialist anaesthetist, Director of Nursing and consumer representative and meetings are held quarterly. The committee may second experts to attend meetings to assist in the decision making process when the need arises. Typically, the committee reviews but is not limited to:

The role of the Medical Advisory Committee is to:

- Review and approve credentialing of gastroenterologists and anaesthetists (initial, annual and recredentialing)
- Determination of scope of Practice of medical practitioners and specialists
- Variation in Practice
- Discuss and make recommendations regarding clinical related matters
- Review, analyse and make recommendations on Clinical incidents and sentinel events
- Review of any new legislation, regulation, clinical guidelines, advisories or factsheets released by the Australian Commission on Safety and Quality in Healthcare Review, change and approve
- Clinical policies
- To approve and implement any new clinical procedures and guidelines

Members of the Medical Advisory Committee shall be appointed by the Chairman. Members shall be appointed for 3 years and shall be eligible for re-appointment.

Board of Management Committee

The Board of Management Committee consists of the Chief Executive Officer, specialist anaesthetist, Director of Nursing and consumer representative and meetings are held annually.

The committee may second experts to attend meetings to assist in the decision making process when the need arises.

Typically, the committee reviews but is not limited to:

- Reviews Policy and procedures
- Review of any new legislation, regulation, clinical guidelines, advisories or factsheets released by the Australian Commission on Safety and Quality in Healthcare
- Incidents
- Clinical Indicators
- Variation in Practice
- Infection control Reports
- Patient, staff and VMO complaints
- Patient questionnaire results
- New equipment purchases
- Ensures that processes conducted within the day surgery strive to meet world's best practice
- Session Utilisation
- Responsible for approving any financial decision in relation to the day surgery budget
- Ensuring the organisation remains solvent, and can fulfill its financial obligations

Appointment of Medical Practitioner

The Board of Management Committee shall appoint only professional, competent Medical Practitioners who are Fellows of their appropriate college and/or members of their appropriate professional organisation.

Applicants will be asked to provide

- proof of identity based on a 100-point check of original documents
- national police history check
- international police check if the applicant has lived overseas for 12 months or longer during the past 10 years
- working with children check (where applicable)
- original qualifications or certified copy, including the primary medical degree and a certified translation when not in English
- original or certified copy of specialist qualifications and a certified translation when not in English
- procedural qualifications (where applicable)
- other evidence of training and clinical experience, as required
- evidence of current compliance with all maintenance of professional standard requirements as determined by the specialty colleges
- medical registration including:
 - current Medical Board of Australia (AHPRA) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations, and reprimands
 - confirmation of the type of registration (for example, general or specialist)
- health status, if applicable (this may be discussed privately with the director of medical services (or equivalent), who will then be responsible for deciding how this will affect the scope of clinical practice)
- continuing professional development (CPD) statements that are college approved or relevant to the scope of clinical practice determined by the health service and include either:
- copies of compliance certificates
- statements verifying CPD participation by the relevant college or Australian Medical Association CPD tracker printouts
- employment and/or visiting history - a current curriculum vitae, verified by checking with other sources, and including:
 - clinical appointments
 - academic appointments and teaching experience
 - quality activities
- referee checks that:
 - must not be limited to unsolicited written references
 - if undertaken by verbal contact must be documented, preferably in a structured format
 - may be undertaken by templates sent to nominated referees
 - consider the appropriateness and the bona fides of referees
 - include referees who work largely in the specialty of the applicant practitioner and have been in a position to judge the practitioner's experience and performance during the previous three years and have no conflict of interest in providing a reference

Persons so appointed shall be assigned appropriate clinical privileges and have full responsibility for the treatment of individual Centre patients. Successful applicants will be advised in writing. If a change in scope of practice is sort, a complete credentialing application must be completed for the proposed new service and will be submitted at MAC for consideration. The new service will not commence until the applicant provides evidence of medical indemnity insurance, relevant qualifications and CPD that covers the change and receives approval and confirmation of credentialed status from the MAC.

All medical practitioners must notify the Director of Nursing immediately if any conditions have been placed on their medical registration.

Tenure

The tenure of Accreditation shall be for 3 years. After the 3 years, all medical practitioners must compete a reapplication for credentialing and provide further evidence of practice (if applicable). The application will be presented at MAC and MAC will decide if the Medical Practitioner application is successful. All applicants will be notified in writing of the outcome.

The Committee retains the absolute discretion to take any action it deems to be in the best interests of the Centre and the decision of the Committee shall be final.

The MD or in his absence the DON is authorised to act for and on behalf of the Medical Advisory Committee in granting interim Accreditation and in suspending Accreditation without prior notice until the next meeting of the Committee at which time ratification or review of such action can take place.

Appeals against decisions of the Medical Advisory Committee may be made and will be considered by the full committee who will ensure that all decisions comply with the rules of natural justice.

Patient Safety and Quality

Responsible Accredited Medical Practitioner are expected to contribute to the ongoing quality and safety of the Centre by participation in the quality management program through peer review, collection of relevant clinical indicators and assistance with quality and safety activities as required. All credentialed Medical Practitioners are to follow GastroMedicine & Endoscopy's policies and procedures, National Standards of Safety and Quality in Health Services (second edition), infection control standards and Department of Health Regulations.

The quality and safety of the health services provided at GastroMedicine & Endoscopy is evaluated, monitored and improved as set out in the framework defined in the 'The Strategic Plan'. Additionally, the scope of Practice for services supported safely by GastroMedicine & Endoscopy are also outlined in 'The Strategic Plan'

Pre Admission Advice

All patients must undergo pre admission screening with the consultant and/or proceduralist prior to the procedure day to ensure they are suitable for the facility. Pre admission assessment must be documented in the patients' health record. All credentialed Medical Practitioners must adhere to the Pre admission policy and procedure manual which includes an exclusion criteria. It is Medical Practitioners responsibility to refer patients to another facility if they fall within our exclusion criteria or for further tests/follow ups if required.

Open Disclosure of Adverse Patient Events

GastroMedicine & ENDOSCOPY has a policy of open disclosure for all clinical adverse events and follows the open disclosure principles of the Open Disclosure Standard 2008, Australian Commission on Safety and Quality in Healthcare. It is the responsibility of the accredited medical practitioner to complete the open disclosure procedure.

Code of Conduct

It is expected that in line with the Occupational and Safety Regulations 2007 (as amended 2014), all credentialed medical practitioners will adhere to the hospital code of conduct when dealing with all staff, patients and visitors. Serious breaches of the code of conduct will result in a review of credentialed status to GastroMedicine & Endoscopy.

Antimicrobial Stewardship

It is the policy of GastroMedicine & ENDOSCOPY that prescribing of antibiotics will be in accordance with the current Therapeutic Guidelines. Antibiotics are not routinely prescribed for patients post procedure but if they are used, they must be documented in the antibiotic register which includes documenting the time, route, dose, patient weight and indication. This register is reviewed by our Infection Control consultant twice a year and a report generated. This report is then reviewed by a pharmacist who will provide recommendations (where required) about the use of Antibiotics.

Partnering with Consumers

Patient and their carers are to be involved in shared decision making, informed consent and all aspects of their care in relation to the procedure, pre admission, and discharge planning. They must be provided with adequate written information for pre procedure and discharge including contact phone numbers in case of any concerns. Patients, carers and the community have the opportunity to provide feedback via experience surveys, consumer interviews and feedback forms. GastroMedicine & Endoscopy has a consumer representative, who reviews management meeting minutes to bring a unique perspective to the organization.

The consumer representative will review Safety and Quality reports to provide feedback with the aim to contribute to improving health outcomes for their entire community.

Other Matters

The Centre encourages Responsible Accredited Medical Practitioners to assist the Centre in other ways, including help in emergency cases, work on committees, and participate in special programs and attendance at meetings.