



CONTENTS

PART A: INTRODUCTION 4

1. Vermont Private Hospital 4

2. Purpose of this document 4

3. Annexures are incorporated in these by-laws..... 4

4. Committee composition and meeting procedure 4

5. Insurance cover for committees considering credentialing..... 4

PART B: ACCREDITATION OF MEDICAL PRACTITIONERS 4

6. Purpose 4

The purpose of accreditation is to ensure that there is evidence of appropriate credentials and a defined Scope of Clinical Practice for medical practitioners applying for Clinical Privileges at Vermont Private Hospital The accreditation process is in keeping with the requirements of the Victorian Department of Health..... 4

7. Only accredited practitioners may admit patients..... 4

8. Admission rights 4

9. Term of appointment 4

10. Accreditation process is confidential..... 4

11. Criteria for credentialing..... 5

12. Role of the Governing Body / Local Hospital Board of Directors 5

13. Obtaining temporary accreditation 5

14. Obtaining permanent accreditation 6

15. Re-appointment of accredited doctors 6

16. Composition and proceedings of a review committee..... 6

17. Governing Body/Board of Directors 6

PART C: RESPONSIBILITIES OF MEDICAL PRACTITIONERS 7

18. Comply with conditions of accreditation..... 7

19. Work within credentials..... 7

20. Comply with laws and policies..... 7

21. Comply with the VPH Exclusion Criteria 7

An accredited practitioner must ensure that patient selection is based on the VPH exclusion criteria 7

22. Medical Record Documentation 8

23. Complete discharge documentation 8

24. Attend patients when reasonably requested 8

25. Management of care..... 8

An AMP is required to provide professional services with due skill, care and diligence in undertaking the responsibilities of preoperative diagnosis and care, the selection and performance of the appropriate operation or procedure, and postoperative surgical care. This is supported by acknowledgment and sign off of these By-Laws..... 8



26.	Maintain MDO membership or insurance	8
27.	Participate in quality activities.....	8
28.	Introduction of new Clinical Services, Procedures and Other interventions	8
27.1	Definition of New Procedure	8
27.2	An interventional technology or procedure may be deemed to be a New Procedure (or substantially new) at the discretion of the Medical Director or Director of Nursing.	8
27.3	Once deemed a New Procedure, and prior to treating patients with the following:.....	8
27.4	In the event that the Accredited Medical Practitioner requires approval from the MAC and Local Hospital Board prior to the next ordinary meeting of the MAC, the Director of Nursing in conjunction with the Medical Director have the discretion to grant temporary approval.....	9
29.	Use of Vermont Private Hospital logos and trademarks	9
	Unless a practitioner has prior written approval of the Director of Nursing or Regional General Manager, a practitioner may not use any Vermont Private Hospital trademark, logo or letterhead in any way that would purport that the practitioner represents the Facility or Nexus Hospitals.....	9
30.	Alterations to credentials	9
	An Accredited Medical Practitioner is required to promptly advise the Medical Advisory Committee (or DON as delegate) if any of the following occur:	9
31.	Co-operation requested if accreditation ceases prematurely.....	9
	If a practitioner's accreditation is suspended or ceases for any reason before the expiry of the stated term, the practitioner is required to co-operate with the facility to ensure all data necessary to allow the facility to collect revenue is provided. In particular, all clinical and financial documentation must be completed.	9
	This condition survives the cessation or suspension of accreditation as a continuing obligation of the practitioner.	10
	PART D: VARIATION, SUSPENSION OR TERMINATION OF ACCREDITATION	10
32.	Practitioner may request amendment of accreditation.....	10
33.	Suspension of accreditation.....	10
34.	Termination of accreditation	10
35.	Fitness to practice	10
	An assessment of an AMP's current fitness to practice, including compliance with the VPH Code of Conduct, evaluates the confidence able to be placed in the practitioner's ability to discharge the duty of care owed to patients and the facility. An assessment of fitness to practice may be undertaken by Internal Review or External Review.....	10
36.	Internal Review of fitness to practice	11
37.	Dispute process.....	11
	If the AMP concerned disputes the decision of the Board following an Internal Review of fitness to practice, the AMP may request an External Review under the following clause 36.....	11
38.	External review of current fitness.....	11
39.	Practitioner may request suspension of accreditation.....	11
40.	Resignation.....	11



An AMP who wishes to resign their accreditation status shall forward a written resignation to the chairman of the Medical Advisory Committee, giving 14 days' notice. 11

41. Appeals relating to re-accreditation and scope of clinical practice decisions..... 11

If an AMP disputes a decision not to reappoint the AMP, or to impose conditions or vary the AMP's Scope of Clinical Practice on reaccreditation, the AMP may seek a review of the decision up to 30 days after notice of the finding is deemed to have been received. A request for review is required to be in writing and addressed to the Medical Director of the Facility. 11

The requested review will be undertaken by the Medical Director and the MAC. This may be undertaken as part of an ordinary MAC meeting or by Extraordinary MAC meeting. Following the review, the Medical Director will communicate in writing the MAC's recommendation to the AMP and to the Board. 11

42. Amendment to By-laws..... 11

In consultation with the Vermont Private Hospital Medical Advisory Committee (MAC), these By-laws may be amended by Nexus Hospitals from time to time. 11

ANNEXURES..... 12

ANNEXURE A..... 13

ANNEXURE B..... 13

REFERENCES: 14

PART A: INTRODUCTION

1. Vermont Private Hospital

Vermont Private Hospital owes a non-delegable duty of care to patients in its facility which it discharges in part by ensuring that medical practitioners who work in its facility are appropriately credentialed.

2. Purpose of this document

This document sets out the terms and conditions on which practitioners are invited to apply to be accredited to admit patients and to care for and treat patients at Vermont Private Hospital. It also sets out the terms and conditions on which accreditation is offered by Vermont Private Hospital to applicants. Every applicant for accreditation is required to be given a copy of this document and the annexures **before** making an application.

3. Annexures are incorporated in these by-laws

The Annexures to these by-laws are integrated with the by-laws and are intended to ensure consistent application of the processes for accreditation.

4. Committee composition and meeting procedure

The composition and meeting procedure for all committees is set out in the Quality Management System (QMS) manual. Applications for accreditation are to be dealt with through the credentialing process of the Medical Advisory Committee (MAC). Note that when the committee is considering a matter pertaining to accreditation, it is required to do so in a closed session with only members present.

5. Insurance cover for committees considering credentialing

Vermont Private Hospital confirms that the indemnity provided under its medical malpractice and professional indemnity cover specifically extends to the committee.

PART B: ACCREDITATION OF MEDICAL PRACTITIONERS

6. Purpose

The purpose of accreditation is to ensure that there is evidence of appropriate credentials and a defined Scope of Clinical Practice for medical practitioners applying for Clinical Privileges at Vermont Private Hospital. The accreditation process is in keeping with the requirements of the Victorian Department of Health.

7. Only accredited practitioners may admit patients

Only practitioners who are accredited at Vermont Private Hospital may admit patients or care for and treat patients at the hospital.

8. Admission rights

Applicants may apply for accreditation to a facility in any of the various accreditation categories listed on the application form. However, not all categories carry admission rights. e.g.: Non-specialist Anaesthetists, Surgical Assistants, Consultant Practitioners and Consultant Emeritus Practitioners do not have the right to admit patients but may care for or treat patients admitted by other accredited practitioners with admitting rights.

9. Term of appointment

Applicants may be accredited for a period of up to 3 years.

10. Accreditation process is confidential

The process of accreditation and the process for any change to accreditation, including revocation or termination of accreditation is confidential and should not be disclosed to any person not involved in the process under these by-laws.

11. Criteria for credentialing

The members of the MAC considering an application for accreditation are required to consider the application and make a recommendation to the Local Hospital Board of Directors whether or not to provide privileges to the applicant.

In deciding whether or not to recommend an appointment, the MAC is required to review the following credentialing criteria;

- Evidence of minimal credentials
 - a. Curriculum vitae and evidence of undergraduate and specialist qualifications
 - b. Evidence of ongoing education
- Professional referees
 - a. Two current referees who are preferably senior practitioners within the relevant area of specialist practice being applied for and have been in a position to judge the applicant's experience and performance during the last 3 years. Referees must have no conflict of interest in the awarding of Clinical Privileges to the applicant. In addition, an accompanying verification of a written reference completed by the Medical Director (MD) or Director of Nursing (DON) or senior medical staff member as delegated by the MD/DON.
- Registration as a Medical Practitioner or Dental Practitioner with the Australian Health Practitioner Regulation Agency (AHPRA) - (nil presence of conditions)
- Professional Indemnity Insurance
- Confirmation of application for scope of clinical practice
- Hand hygiene certification
- Pre-employment checks
 - a. Proof of identity
 - b. Police checks
 - c. Working with Children checks
- Additional processes to verify validity of the application. This may include, but is not limited to;
 - contacting previous hospitals to confirm good standing (regardless of whether they are listed as referees)
 - performing targeted online searches of the clinician's name using a search engine should be conducted
 - checking the veracity of a clinician's publication list using an online publication search facility.
- Training and recent experience
- Competence and clinical judgement
- Professional capability and knowledge
- Current fitness to practice and good character

12. Role of the Governing Body / Local Hospital Board of Directors

The process of accrediting medical practitioners, and the granting, reviewing, suspension and termination of Clinical Privileges is the responsibility of the Local Hospital Board under the advice of the MAC.

The Governing Body/Board of Directors is required to take into account:

- The recommendation of the members of the MAC
- The business strategy of Vermont Private Hospital including the infrastructure and availability of trained support staff

The Governing Body/Board of Directors may attach special conditions to the appointment which are in addition to the common conditions set out in Part C of these by-laws.

13. Obtaining temporary accreditation

Applications for temporary accreditation are made by completing the application form and submitting it to the Medical Director or Director of Nursing of Vermont Private Hospital. If the application is incomplete and



further supporting documentation is required, the application may not be considered until further information is provided.

The Director of Nursing on behalf of and/or in conjunction with the Medical Director may grant temporary accreditation for a period of up to 3 months. A list of all applicants who have been awarded privileges are presented to the Medical Director.

At the end of the 3-month period, the application for permanent privileges will be reviewed by a relevant specialist member of the VPH Medical Advisory Committee (MAC) and/or the Medical Director and a written decision made whether to recommend the applicant to the MAC.

If for any reason a MAC meeting is not held during this 3-month period or if the review raises any questions, the Director of Nursing (or Medical Director) may renew or extend temporary privileges until the next MAC meeting can be held (for a maximum of a further 3 months).

14. Obtaining permanent accreditation

Applications for permanent accreditation are made by completing the application form and submitting it to the Medical Director or Director of Nursing of Vermont Private Hospital.

The criteria which the Medical Director and/or Director of Nursing are required to consider for temporary appointment are the same as when an application for full accreditation is being considered.

If there have been any high risk issues within the temporary appointment period, these will be presented to the MAC.

15. Re-appointment of accredited doctors

The process set out in clauses 6 to 14 of these by-laws is required to be followed for applications for re-appointment as an accredited practitioner. Reappointments of practitioners aged 65 years or over (at the time of application for reaccreditation) are to be automatically reviewed on an annual basis.

However, the process may be abbreviated if the section on page 1 of the application form is completed and the applicant verifies that no information required in the application has changed since the practitioner was last accredited to Vermont Private Hospital.

Practitioners whose application is rejected or varied may request a review by the Governing Body/Board of Directors.

16. Composition and proceedings of a review committee

A review committee is convened by the Medical Director of the facility and comprises:

- A nominee of the Governing Body/Board of Directors
- A nominee of the chair of the MAC who will chair the review committee and determine any question of procedure for the committee
- A nominee of the learned college of which the practitioners is a member

The review committee is required to generally follow the procedures laid down by Vermont Private Hospital. However, meetings may be conducted electronically and the applicants are required to be given:

- Appropriate notice of the convening committee
- The opportunity to make written or oral submissions to the committee

Neither the facility nor the practitioner may be legally represented at any review committee meeting.

17. Governing Body/Board of Directors

The review committee will make a written recommendation to the Governing Body/Board of Directors on the issues being reviewed. Vermont Private Hospital has determined that the Governing Body/Board of Directors makes the final decision, guided by the report.

PART C: RESPONSIBILITIES OF MEDICAL PRACTITIONERS

18. Comply with conditions of accreditation

An accredited practitioner is required to continually maintain registration with the relevant professional registration body and always comply with:

- Any special conditions set by the Governing Body/Board of Directors (or by the Medical Director of the facility), if the accreditation is temporary
- The common conditions of appointment as set out in the following clauses 19-30

19. Work within credentials

An accredited practitioner is required to always treat patients within the limits of that practitioner's local accreditation.

20. Comply with laws and policies

An accredited practitioner is required to always comply with:

- The relevant State laws regulating private hospitals, including procedures for medication management and safety, which are consistent with National and jurisdictional legislative requirements, policy and guidelines
- The Quality Management System, including the policies and procedures of Vermont Private Hospital, which are available electronically or as hard copy manuals upon request, support compliance with the NSQHS standards. Specifically, functions that relate to medication management and safety at Vermont Private Hospital, as guided by Standard 4 Medication Safety (NSQHS Standards), are governed by the Drugs and Therapeutic Committee and the Hospital & MAC by laws and supported by the Vermont Private Hospital medication policies. These are all available upon request
- The local policies and procedures of the facility (available upon request) as amended from time to time
- For surgery involving the use of regional, general anaesthesia and/or sedation to commence, it is a requirement that at least one accredited anaesthetist is present in the facility and prepared to be responsible for the care of the patient
- You are obliged to contact the facility (DON and/or CSM) in the event of a post-operative infection requiring treatment, related to your patient's admission at Vermont Private Hospital

21. Comply with the VPH Exclusion Criteria

An accredited practitioner must ensure that patient selection is based on the VPH exclusion criteria

- Vermont Private Hospital does not accept referrals for admission for patients under the age of 3 years. Patients between 3-10 years of age are to be presented to the DON/Medical Director and discussed on a case by case basis prior to approval for admission.
- Should a patient prior to or on admission, be deemed to have an ASA score of 4, the CSM, DON or delegate will contact the admitting Surgeon and/or Anaesthetist to discuss the appropriateness and risk management issues involved in this patient's admission. The Vermont Private Hospital Board of Directors supports the right of the Medical Director, DON, or delegate, to refuse the admission of any patient deemed to be beyond the level of acceptable risk
- Should a patient prior to or on admission be deemed to weigh greater than 120kgs or a BMI greater than 35, the DON, ADON or delegate will contact the admitting Surgeon and/or Anaesthetist to discuss the appropriateness and risk management issues involved in this patient's admission. The Vermont Private Hospital Board of Directors supports the right of the Medical Director, DON, or delegate, to refuse the admission of any patient deemed to be beyond the level of acceptable risk
- Should a patient identify with any of the infection and prevention control risks via the patient medical history, these cases will need to be escalated to the DON or delegate to be risk assessed in consultation with the Surgeon, Anaesthetist, Medical Director and External Infection Prevention & Control Consultant (if applicable). The Vermont Private Hospital Board of Directors supports the rights of the Medical Director, DON or delegate, to refuse the admission of any patient. VPH does not admit patients with airborne infections or diseases.
- Vermont Private Hospital does not provide end-of-life care as a service provision

22. Medical Record Documentation

An AMP must ensure that patient medical records are adequately and accurately maintained, including that they:

- Satisfy the standards required by NSQHSS accreditation practices and government legislation;
- Include all information and discharge instructions reasonably necessary to allow the Facility to care for patients.

23. Complete discharge documentation

Discharge instructions and operation records are required to be completed by an accredited practitioner in a timely manner and all information reasonably necessary to safely discharge a patient as well as all data reasonably necessary for the facility to collect revenue must be provided and included in discharge documentation.

Clinical Handover/Discharge summaries (to the patient's referrer) are the responsibility of the surgeon or proceduralist.

If overnight care is required, the discharge plan must be communicated to the facility prior to admission and any changes notified as soon as possible.

24. Attend patients when reasonably requested

An accredited practitioner is required to ensure that all reasonable requests by hospital staff are responded to in a timely manner and in particular, patients are promptly attended when reasonably requested by hospital staff for good clinical reason.

25. Management of care

An AMP is required to provide professional services with due skill, care and diligence in undertaking the responsibilities of preoperative diagnosis and care, the selection and performance of the appropriate operation or procedure, and postoperative surgical care. This is supported by acknowledgment and sign off of these By-Laws.

26. Maintain MDO membership or insurance

An accredited practitioner is required to:

- Either continually maintain membership of medical defence organisation in a category applicable to the services for which the practitioner is accredited or otherwise be fully insured for the practitioners own malpractice, professional errors, omissions or negligence
- Provide Vermont Private Hospital with evidence of membership or insurance on a yearly basis without being prompted or requested by the facility

27. Participate in quality activities

Participation in clinical quality assurance programs approved by MAC and in the organised educational activities of the facility, particularly those involving junior medical staff and nursing staff, are required of an accredited practitioner.

28. Introduction of new Clinical Services, Procedures and Other interventions

27.1 Definition of New Procedure

A New Procedure means a new interventional technology or procedure being introduced in the Facility for the first time, or an interventional technology or procedure not routinely performed by the Accredited Medical Practitioner seeking to perform such procedure in the Facility for the first time.

27.2 An interventional technology or procedure may be deemed to be a New Procedure (or substantially new) at the discretion of the Medical Director or Director of Nursing.

27.3 Once deemed a New Procedure, and prior to treating patients with the following:

- A new technology;

- A new instrument;
- A new procedure; or
- Altered technology or instruments used to treat patients,

The AMP is required to obtain the written approval of the MAC and Board (or Director of Nursing as delegate) prior to treating patients with the New Procedure.

- 27.4 In the event that the Accredited Medical Practitioner requires approval from the MAC and Local Hospital Board prior to the next ordinary meeting of the MAC, the Director of Nursing in conjunction with the Medical Director have the discretion to grant temporary approval.
- 27.5 Prior to admitting patients for treatment with the New Procedure, the MAC should consider if the AMP's medical indemnity insurance is appropriate for the New Procedure, what training is required and if appropriate training is available through the manufacturer or otherwise, before approving the treatment of patients with the New Procedure.
Approval is granted via the completion of the application form "Introduction of a new interventional technology or procedure". (See Annexure J).
- 27.6 If a Surgeon wishes to perform bilateral cataract surgery the request is to be presented to the DON prior to any booking being made. The request is referred to the Medical Director for discussion on a case by case basis.
- 27.7 A practitioner is also expected to ensure that the approval of an ethics committee constituted in accordance with the NHMRC guidelines is obtained before any medical research or clinical trial in which the practitioner is named as an investigator is undertaken in a facility to which the practitioner is accredited.

The study sponsor is required to approve VPH as a study site and provide a copy of the study as approved by an ethics committee as above.

An application and approval is to be provided to VPH MAC prior to any patient being treated as part of the study.

29. Use of Vermont Private Hospital logos and trademarks

Unless a practitioner has prior written approval of the Director of Nursing or Regional General Manager, a practitioner may not use any Vermont Private Hospital trademark, logo or letterhead in any way that would purport that the practitioner represents the Facility or Nexus Hospitals.

30. Alterations to credentials

An Accredited Medical Practitioner is required to promptly advise the Medical Advisory Committee (or DON as delegate) if any of the following occur:

- A statutory professional registration board makes an adverse finding against the AMP;
- A statutory professional registration board revokes or suspends the AMP or places any condition, notation or limitation on the AMP's registration or right to practice;
- Membership of a medical defence organisation is not renewed or made conditional in any way, or full insurance cover is not in place for any reason;
- The AMP's appointment as an Accredited Medical Practitioner at another hospital is changed in any way; or
- The AMP is charged with or convicted of a serious criminal offence.

31. Co-operation requested if accreditation ceases prematurely

If a practitioner's accreditation is suspended or ceases for any reason before the expiry of the stated term, the practitioner is required to co-operate with the facility to ensure all data necessary to allow the facility to

collect revenue is provided. In particular, all clinical and financial documentation must be completed.

This condition survives the cessation or suspension of accreditation as a continuing obligation of the practitioner.

PART D: VARIATION, SUSPENSION OR TERMINATION OF ACCREDITATION

32. Practitioner may request amendment of accreditation

Accredited practitioners may apply for amendment or variation of the category or any condition of their accreditation (except the common conditions set out in clauses 19-30)

The process is the same as for an initial application for accreditation except that the Medical Director may waive the completion of the application form if the practitioner states in writing there is no change to these details since he/she was last accredited to the facility.

This process includes the provision for extension of clinical privileges, supported by appropriate evidence of training, e.g. the introduction of new technologies and procedures.

33. Suspension of accreditation

On the advice of the Medical Director, the Board may in consultation with the Director of Nursing suspend the accreditation of an AMP if the Medical Director believes that:

- Patient care or safety is being compromised by the AMP;
- The efficient operation of the facility is being unduly hindered by the AMP;
- The AMP is in breach of these By-laws; or
- The matter cannot be deferred until the next MAC Meeting

The Medical Director may only suspend the accreditation of the AMP if the matter cannot be deferred until the next MAC meeting.

The Medical Director of the Facility will advise the AMP the reasons why accreditation is being suspended, and what action or actions required to be done within a specified period for the suspension to be lifted. An AMP's accreditation may only be suspended if the Medical Director of the Facility reasonably believes the matter can be rectified within a reasonable period of time by the practitioner.

34. Termination of accreditation

On the advice of the Medical Director, the Board may in consultation with the Director of Nursing terminate an AMP's accreditation immediately in the following circumstances:

- The AMP fails to rectify a matter notified in accordance with clause 32 within the time prescribed;
- A statutory professional registration board revokes or suspends the AMP or places any condition, notation or limitation on the AMP's registration or right to practice;
- The AMP has not exercised admission rights for a continuous period of 11 months;
- The clinical services able to be supported by the facility change for any reason;
- The AMP is found guilty of professional misconduct or unprofessional conduct however described by a statutory professional registration board;
- Clinical skills and performance are consistently below an acceptable standard; or
- The AMP is convicted of a sexual or violent offence or any other serious criminal offence which affects the AMP's ability to discharge the duty of care owed to patients.

35. Fitness to practice

An assessment of an AMP's current fitness to practice, including compliance with the VPH Code of Conduct, evaluates the confidence able to be placed in the practitioner's ability to discharge the duty of care owed to

patients and the facility. An assessment of fitness to practice may be undertaken by Internal Review or External Review.

36. Internal Review of fitness to practice

An Internal Review may be initiated by the Medical Director in consultation with the Director of Nursing and undertaken by the Medical Director and the MAC. The Internal Review may be undertaken as part of an ordinary MAC meeting or by Extraordinary MAC meeting. The meeting must consist of a Quorum and result in a vote by MAC members to recommend to the Board whether to continue, impose conditions upon, suspend or terminate an AMP's accreditation based on the MAC's assessment of the AMP's current fitness to practice and in accordance with any AHPRA conditions in place at time of review. Following an assessment, the Medical Director will communicate in writing the MAC's recommendation to the Board.

37. Dispute process

If the AMP concerned disputes the decision of the Board following an Internal Review of fitness to practice, the AMP may request an External Review under the following clause 36.

38. External review of current fitness

An External Review may be initiated by the Medical Director and undertaken by a Medical Practitioner (Reviewer) who is not an Accredited Medical Practitioner of the Facility and independent of the AMP who is subject of the review. The Reviewer is required to provide a report to the Board. The report will be required to contain a summary of the Reviewer's assessment of the AMP's fitness to practice, and in accordance with any AHPRA conditions in place at time of review including a recommendation to continue, impose conditions upon, suspend or revoke the AMP's accreditation.

39. Practitioner may request suspension of accreditation

A practitioner may request the Medical Director of the facility to suspend Accreditation for a stated period for good cause such as study leave so as to preserve the practitioner's right to automatically resume exercising privileges at the end of the period without having to re-apply for accreditation or without threat of termination for non-use of privileges. Subject to re-application timelines.

40. Resignation

An AMP who wishes to resign their accreditation status shall forward a written resignation to the chairman of the Medical Advisory Committee, giving 14 days' notice.

41. Appeals relating to re-accreditation and scope of clinical practice decisions

If an AMP disputes a decision not to reappoint the AMP, or to impose conditions or vary the AMP's Scope of Clinical Practice on reaccreditation, the AMP may seek a review of the decision up to 30 days after notice of the finding is deemed to have been received. A request for review is required to be in writing and addressed to the Medical Director of the Facility.

The requested review will be undertaken by the Medical Director and the MAC. This may be undertaken as part of an ordinary MAC meeting or by Extraordinary MAC meeting. Following the review, the Medical Director will communicate in writing the MAC's recommendation to the AMP and to the Board.

42. Amendment to By-laws

In consultation with the Vermont Private Hospital Medical Advisory Committee (MAC), these By-laws may be amended by Nexus Hospitals from time to time.



ANNEXURES

To be provided to applicants together with this document:

Annexure A

Model criteria for each accreditation category

Annexure B

Model criteria for the delineation of clinical privileges

Annexure J

New interventional procedure policy & application form

For facility use only and not included in this document:

Annexure C

Letter to referee

Annexure D

Letter of initial appointment

Annexure E

Letter of temporary appointment

Annexure F

Letter of permanent appointment

Annexure G

Letter of re-appointment

Annexure H

Letter of rejection of application for initial appointment

Annexure I

Letter of rejection of application for re-appointment

Application for accreditation

Included within this document

ANNEXURE A

Model Criteria for each Accreditation Category Subject to by laws

Type of Appointment	DETAILS
Specialist Practitioner	<ul style="list-style-type: none"> Specialist with an Australian Fellowship or equivalent; recognised under the Health Insurance Act 1973 as a specialist. May admit and treat patients within the terms of their Clinical Privileges and Scope of Practice as described in the application document Responsible for the clinical care of their inpatients Participates in continuing education activities of the hospital Entitled to stand for MAC Membership. Refer to the Medical Advisory Committee Terms of Reference.
Consultant Specialist	<ul style="list-style-type: none"> Specialist with an Australian Fellowship or equivalent; recognised under the Health Insurance Act 1973 as a specialist.

ANNEXURE B

Model Criteria for the delineation of Clinical Privileges

ANAESTHESIA	
General	<ul style="list-style-type: none"> FANZCA or Equivalent
Paediatric	<ul style="list-style-type: none"> FANZCA or Equivalent
COLORECTAL SURGERY	<ul style="list-style-type: none"> FRACS or Equivalent
Colorectal Surgery	<ul style="list-style-type: none"> FRACS or Equivalent Recognition by the Conjoint Committee for Recognition of Endoscopy Training (College of Surgeons, College of Physicians and Gastroenterological Society of Aust) or equivalent. Completion of speciality training program in Colorectal Surgery
Laparoscopic Surgery	<ul style="list-style-type: none"> Provide evidence of advanced surgery in Laparoscopic Surgery
DENTAL SURGERY	
General	<ul style="list-style-type: none"> BDS or equivalent
Oral & Maxillofacial Surgery	<ul style="list-style-type: none"> FRACDS (OMS) or Equivalent
ENT SURGERY	
Adult	<ul style="list-style-type: none"> FRACS (OTOLARYNGOLOGY) HEAD AND NECK SURGERY
Paediatric	<ul style="list-style-type: none"> FRACS (OTOLARYNGOLOGY) HEAD AND NECK SURGERY
PAIN	
Anaesthesia specialising in pain	<ul style="list-style-type: none"> FANZCA
GENERAL SURGERY	
General Surgery	<ul style="list-style-type: none"> FRACS or Equivalent
Endoscopy	<ul style="list-style-type: none"> Recognition by the Conjoint Committee for Recognition of Endoscopy Training (College of Surgeons, College of Physicians and Gastroenterological Society of Aust) or equivalent
Laparoscopic Surgery	<ul style="list-style-type: none"> Provide evidence of advanced surgery in Laparoscopic Surgery

Paediatric	<ul style="list-style-type: none"> FRACS (Paediatric Surgery) or Equivalent
HEAD AND NECK	<ul style="list-style-type: none"> FRACS (OTOLARYNGOLOGY) Member of Australian and new Zealand Head and Neck Society
OPHTHALMOLOGY	
Adult	<ul style="list-style-type: none"> FRACS, FRANZCO, or Equivalent
Paediatric	<ul style="list-style-type: none"> FRACS, FRANZCO or Equivalent and Fellowship, or equivalent training in Paed Ophthalmology
ORAL AND MAXILLARY SURGERY	
Oral & Maxillofacial Surgery	<ul style="list-style-type: none"> FRACDS (OMS) or Equivalent
ORTHOPAEDICS	
Orthopaedic Surgery and Hand Surgery - Adult	<ul style="list-style-type: none"> FRACS (Orthopaedic Surgery) or Equivalent Member of Australian Hand Surgery Group or equivalent
Orthopaedic Surgery and Hand Surgery - Paediatric	<ul style="list-style-type: none"> FRACS (Orthopaedic Surgery) or Equivalent Member of Australian Hand Surgery Group Completion of a recognised formal speciality training program in paediatric orthopaedics
PAEDIATRIC SURGERY	
Paediatric Surgery	<ul style="list-style-type: none"> FRACS (Paediatric Surgery) or Equivalent
PLASTIC & RECONSTRUCTIVE SURGERY	
Hand Surgery	<ul style="list-style-type: none"> FRACS (Hand Surgery) or FRACS or Equivalent Member of Australian Hand Surgery Group or equivalent
Facio Maxillary	<ul style="list-style-type: none"> FRACDS (OMS) or FRACS (Plastic Surgery) or Equivalent
Plastic & Reconstructive & Aesthetic Surgery. Head and Neck	<ul style="list-style-type: none"> FRACS (Plastic Surgery) or Equivalent FRACS (Plastic Surgery) or Equivalent Member of Australian and New Zealand Head and Neck Society or equivalent
UROLOGY	
Adult	<ul style="list-style-type: none"> FRACS (Urology Surgery) or Equivalent
Paediatric	<ul style="list-style-type: none"> FRACS (Urology Surgery) or Equivalent plus demonstrate current experience in paediatric surgery
VASCULAR	
Vascular Surgery	<ul style="list-style-type: none"> FRACS (Vascular Surgery) or Equivalent Interventional rights requires two referees who can attest to this recent activity

REFERENCES:

Safer Care Victoria - Credentialing and Scope of Clinical Practice for Senior Medical Practitioners Policy, July 2018

<https://bettersafecare.vic.gov.au/our-work/governance/credentialing>

ACSQHS Standard 1 Governance for safety and quality in health service organisations

<https://www.safetyandquality.gov.au/>

Medical Board of Australia Medical List of Specialties, fields and related titles Registration Standard June 2018

<http://www.medicalboard.gov.au/Registration/Types/Specialist-Registration/Medical-Specialties-and-Specialty-Fields.aspx>