nexus

Your Local World Class Hospital

By-Laws

for Credentialed Practitioners

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SECTION 2

DEFINITIONS

2. DEFINITIONS

In these By-Laws, unless indicated to the contrary:

Adequate Professional Indemnity Insurance means insurance, including run off/tail insurance, to cover all potential liability of the Credentialed Practitioner, that is with a reputable insurance company acceptable to the CEO or CMO, and is in an amount and on terms that the CEO or CMO considers in its absolute discretion to be sufficient. The insurance must be adequate for the practitioner's approved Scope of Clinical Practice and level of activity.

AHPRA means the Australian Health Practitioner Regulation Agency established under the *Health Practitioner Regulation National Law Act* 2009 (as in force in each State and Territory).

Allied Health Professional means a person registered by AHPRA as an Allied Health Professional pursuant to the *Health Practitioner Regulation National Law Act* 2009 as in force in each State and Territory in which the Facility is located, or other categories of appropriately qualified health professionals as approved by the CEO or GM.

Behavioural Standards means the minimum standard required of Credentialed Practitioners, being compliance with the applicable National Board Code of Conduct issued for their profession, or where no National Board Code of Conduct applies, the expectations set out in the relevant professional body's code of conduct applicable to that practitioner's discipline. For medical practitioners, this includes *Good Medical Practice: A Code* of *Conduct for Doctors in Australia* as published by the Medical Board of Australia from time to time.

Biased means, in relation to a person, that a fair-minded lay observer, aware of all relevant facts, might reasonably apprehend that the person might not bring an impartial and unprejudiced mind to the issues the person is required to consider or decide.

Board means the Board of Directors of Nexus Day Hospitals Pty Ltd.

Board Delegate means a director of Nexus, or another suitably independent person, appointed by the Board to perform a function or make a decision under these By-Laws where these By-Laws require or permit referral to a Board Delegate, including where the CEO was materially involved in the review, interim measure, recommendation or decision giving rise to an appeal

By-Laws means these By-Laws.

Chief Executive Officer (CEO) means the person appointed to the position of Chief Executive Officer of Nexus Day Hospitals Pty Ltd, or equivalent position by whatever name such as Managing Director, or any person acting, or delegated to act, in that position.

Clinical Practice means the professional activity undertaken by Credentialed Practitioners for the purposes of investigating patient symptoms and preventing and/or managing illness, together with associated professional activities related to clinical care.

Clinical Privileges means the authority to provide clinical care within a given Facility, in accordance with a Credentialed Practitioner's approved Scope of Clinical Practice, Credentialed Status, any applicable conditions, and the Facility's Organisational Need and Organisational Capability.

Competence means, in respect of a person who applies for credentialing or re-credentialing, that the person is possessed of the necessary knowledge, skills, training, decision making ability, judgment, insight, interpersonal communication and performance necessary for the Scope of Clinical Practice for which the person has applied and has the demonstrated ability to provide health services at an expected level of safety and quality.

CMO means the person appointed to the executive position of Nexus Chief Medical Officer, or any person acting, or delegated to act, in that position.

Chief Nursing Officer (CNO) means the person appointed to the executive position of Chief Nursing Officer of Nexus, or any person acting, or delegated to act, in that position.

Confidentiality means the duty to protect personal information, health information, commercial information and other confidential information shared with or obtained by a Credentialed Practitioner in connection with their Credentialed Status or Clinical Practice at the Facility, including information about patients, staff, other Credentialed Practitioners and Nexus.

Credentialed (or Credentialed Status) means the status conferred on a Medical Practitioner, Dentist, Allied Health Professional or other approved category of health practitioner who has successfully completed the Credentialing process and has been granted an approved Scope of Clinical Practice and authority to provide services within the Facility. For the avoidance of doubt, Credentialed Status permits practice only within the approved Scope of Clinical Practice and does not, of itself, confer a general right of access to facilities, sessions or resources.

Credentialed Practitioner means a Medical Practitioner, Dentist, Allied Health Professional or other approved category of health practitioner who has been credentialed by Nexus and granted an approved Scope of Clinical Practice and authority to provide services within the Facility, subject to these By-Laws, any conditions attached to Credentialed Status, and the Facility's Organisational Need and Organisational Capability.

Credentialing is the formal process of assessing the suitability of a clinician to provide high-quality care within a health service. This requires that the clinician's qualifications, experience, professional performance and behaviour within their specialty area are assessed and verified. This guides the decision whether the practitioner should be granted Credentialed Status, an approved Scope of Clinical Practice, and authority to provide services at a Facility.

Credentialing Committee (CC) means the committee established by a Facility to undertake the Credentialing Committee functions described in these By-Laws, including assessing applications for Credentialing, Re-credentialing and Scope of Clinical Practice, and making recommendations to the GM in relation to Credentialed Status and Scope of Clinical Practice. Where a Facility has established a combined Medical Advisory and Credentialing Committee in accordance with these By-Laws, references to the CC are to be read as references to the combined committee to the extent that it is performing Credentialing Committee functions.

Credentials means documents provided by a health practitioner pertaining to their application to be granted clinical privileges or to have such privileges renewed or amended, as defined in the procedure and amended from time to time; and information obtained from third parties, relating to that health practitioner's application

Current Fitness means the fitness required of an applicant for credentialing or re-credentialing, or of a currently Credentialed Practitioner, to carry out the Scope of Clinical Practice sought or currently held, to a standard that commands the confidence of peers and the Facility. This includes any relevant physical or mental impairment, disability, condition or disorder (including due to alcohol, drugs or other substances) which detrimentally affects the practitioner's capability or leads to a reasonably held concern that it may detrimentally affect the person's capability, to provide health services at the expected level of safety and quality having regard to the Scope of Clinical Practice sought or currently held.

Dentist means, for the purposes of these By-Laws, a person registered as a dentist by the Dental Board of Australia governed by the AHPRA pursuant to the *Health Practitioner Regulation National Law Act* 2009 as in force in each State and Territory.

Director of Clinical Governance (DCG) means the person appointed by Nexus to a clinical governance leadership position with responsibility for supporting, overseeing or advising on clinical governance, safety and quality systems, clinical risk management, incident and complaint review, clinical standards, accreditation readiness and continuous improvement across Nexus or one or more Facilities, or any person acting, or delegated to act, in that position.

External Review means evaluation of the performance of a Credentialed Practitioner by an appropriately qualified and experienced professional person or persons external to the Facility.

Express, Urgent or Automatic Ground means a ground expressly identified in these By-Laws as permitting immediate, interim or final action without first completing the ordinary Review, show cause or response process, including where:

(a) the ground operates automatically by reason of these By-Laws, law, registration status, regulatory action, loss of required insurance or another external event;

(b) urgent action is reasonably necessary to protect patient safety, staff safety, public safety, the safety and quality of health care, Nexus, the Facility, or legal, regulatory or accreditation compliance; or

(c) these By-Laws expressly exclude prior notice, prior review, a show cause process, an appeal, or another ordinary procedural step. Reliance on such a ground does not prevent Nexus from providing notice, reasons, an opportunity to respond or a subsequent review where appropriate and practicable.

Facility means the hospital or facility of Nexus to which an application for credentialing is made or in respect of which an individual holds Credentialed Status.

General Manager (GM) means the person appointed to the position of manager of the Nexus Facility, or equivalent position by whatever name, or any person acting, or delegated to act, in that position.

Internal Review means evaluation of the performance of a Credentialed Practitioner by an appropriately qualified and experienced professional person or persons internal to Nexus.

Medical Advisory Committee (MAC) means the committee established by a Facility to undertake the Medical Advisory Committee functions described in these By-Laws, including advising the GM on clinical governance, clinical safety, quality of care, consumer experience, clinical outcomes and communication between Facility management and Credentialed Practitioners. Where a Facility has established a combined Medical Advisory and Credentialing Committee in accordance with these By-Laws, references to the MAC are to be read as references to the combined committee to the extent that it is performing Medical Advisory Committee functions.

Medical Advisory and Credentialing Committee (MACC) means a combined committee established by a Facility, where required or permitted by local licencing standards or approved by the CEO, to undertake both the Medical Advisory Committee functions and the Credentialing Committee functions described in these By-Laws. Where a MACC is established, references in these By-Laws to the MAC or CC are to be read as references to the MACC to the extent that the MACC is performing the relevant function.

Medical Practitioner means, for the purposes of these By-Laws, a person registered as a medical practitioner by the Medical Board of Australia governed by the AHPRA, pursuant to the *Health Practitioner Regulation National Law Act* 2009 as in force in each State and Territory.

New Clinical Services means clinical services, treatment, procedures, techniques, technology, instruments or other interventions that are being introduced into the organisational setting of the Facility 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 Credentialed Practitioners.

Operations Director (OD) means a person appointed to the position of Operations Director for Nexus, who is responsible for the operational management of a defined region and to whom the GMs in that region report.

Organisational Capability means the Facility's ability to provide the facilities, services, clinical and nonclinical support necessary for the provision of safe, high-quality clinical services, procedures or other interventions. Organisational Capability will be determined by the GM's consideration of, but not limited to, the availability, limitations and/or restrictions of the services, staffing (including qualification and skill-mix), facilities, equipment, technology and support services required and by reference to the Facility's private health licence (where applicable), clinical service capacity, clinical services plan and clinical capability framework.

Organisational Need means the extent to which the GM of the Facility considers it necessary and desirable to provide, increase or reduce a specific clinical service, procedure or other intervention. Organisational Need will be determined by, but not limited to, allocation of limited resources, clinical service capacity, funding, clinical services, strategic, business and operational plans, and the clinical services capability framework.

Performance means the extent to which a Credentialed Practitioner provides, or has provided, health care services in a manner which is considered consistent with good and current Clinical Practice and results in expected patient benefits and outcomes. When considered as part of the Credentialing process, Performance will include an assessment and examination of the provision of health care services over the prior periods of Credentialed Status, if any.

Privacy means a person's right to control access to their personal information

Re-credentialing means the process provided in these By-Laws by which a person who already holds Credentialed Status may apply for and be considered for Credentialed Status following the probationary period or any subsequent term.

Scope of Clinical Practice of a Credentialed Practitioner means the approved clinical activities that a Credentialed Practitioner may undertake within a Facility, including:

- the approved casemix that the practitioner may treat; and
- the range of procedures that the practitioner may undertake; and
- the range of treatments that the practitioner may provide;

within the Credentialed Status granted to that practitioner. The approved Scope of Clinical Practice defines what the practitioner may do clinically; access to facilities, lists, sessions, beds, staff, equipment and other resources remains subject to Credentialed Status, applicable conditions, these By-Laws, resource availability, Organisational Need and Organisational Capability.

SECTION 3

THESE BY-LAWS

3. THESE BY-LAWS

1. In making decisions and taking actions pursuant to these By-Laws, including in the weighing of any relevant factors, the quality of health care, the safety of patients, and the safety and wellbeing of Nexus staff and personnel, will be the paramount considerations.
2. These By-Laws and the grant of Credentialed Status do not of themselves:
   (a) create a contractual relationship, a contract for services, an employment relationship, or any implied contractual terms, between Nexus and any Credentialed Practitioner; or
   (b) confer on any Credentialed Practitioner any legally enforceable right, or create in any Credentialed Practitioner any legitimate expectation, in relation to any matter or thing referred to in these By-Laws.
3. The grant of Credentialed Status establishes that the Credentialed Practitioner is a person authorised to provide clinical services at the Facility within an approved Scope of Clinical Practice, subject at all times to these By-Laws.
4. It is a condition of accepting and holding Credentialed Status that the Credentialed Practitioner understands and agrees that these By-Laws set out the full extent of processes and procedures available to the Credentialed Practitioner with respect to all matters relating to and impacting upon Credentialed Status, and that no additional procedural fairness or natural justice principles will be incorporated or implied, other than those processes and procedures that have been explicitly set out in these By-Laws.

The purpose of these By-Laws is:

5. to foster a trusted clinical partnership in which Nexus and its Credentialed Practitioners are aligned in purpose, clear in responsibility, and committed to delivering safe, high-quality, person-centred care through strong clinical governance and continuous improvement;
6. to set out the standards and requirements for health practitioners to obtain and retain Credentialed Status at one or more Nexus facilities.
7. to define a set of rules to govern the working relationship between Nexus and its Credentialed Practitioners.
8. to outline the mutual responsibilities of Nexus and its Credentialed Practitioners and the processes to manage these.
9. to support Nexus's clinical governance framework and improve the safety and quality of its service delivery;
10. to support compliance with regulations and standards defined by Commonwealth and State/Territory laws, and expert bodies; and
11. to provide clarity and guidance for decision-making in matters related to the above.

Scope of these By-Laws

12. These By-Laws apply at hospitals and facilities owned or operated by Nexus Day Hospitals Pty Ltd **(Nexus)** and its subsidiaries.
13. Nexus's risk-based approach to identifying which clinicians require Credentialing is to require all clinicians who seek to provide clinical services at one or more Nexus Facilities, or who hold Credentialed Status, to be Credentialed, with the exception of employed nursing staff.

Who authorises these By-Laws?

14. These By-Laws are authorised by the Board of Directors of Nexus.

15. These By-Laws may be changed at the direction of the Board of Directors of Nexus.
16. Every change to these By-Laws takes effect from the time of approval by the Board of Directors of Nexus.

17. The authority to change By-Law 14 (Professional Standards for Credentialed Practitioners) is delegated by the Board of Directors, through the Chief Executive Officer of Nexus (CEO), to the Chief Medical Officer of Nexus (CMO).

What do the By-Laws contain?

18. These By-Laws contain the following:
    a. The circumstances in which applicants will be eligible to be credentialed and the circumstances in which Credentialed Status may be modified or revoked;
    b. The role of the Medical Advisory Committee
    c. The role of the Credentialing Committee and its sub-committees in the processes of credentialing and granting of Scope of Clinical Practice at Nexus;
    d. The ongoing clinical, professional, behavioural and other responsibilities of Credentialed Practitioners in relation to continuing eligibility to remain credentialed.
19. Every applicant for credentialing should review these By-Laws before making an application. These By-Laws should be read in their entirety by the applicant.
20. Ignorance of the By-Laws will not be regarded as an acceptable excuse for non-compliance with them.
21. Credentialed Practitioners must comply with the By-Laws at all times.
22. Any non-compliance with the By-Laws may be grounds for suspension, termination or imposition of conditions with respect to Credentialed Status.
23. Unless specifically determined otherwise by the CEO and advised in writing for a specified Credentialed Practitioner, the provisions of these By-Laws, in their entirety, prevail to the extent of any inconsistency with any terms, express or implied, in a contract of employment, service agreement or other form of engagement that may be entered into. In the absence of a specific written determination by the CEO, it is a condition of ongoing Credentialed Status that the Credentialed Practitioner agrees that the provisions of these By-Laws prevail. Every application for Credentialing or Re-Credentialing constitutes the applicant's agreement to these By-Laws prevailing, to the extent permitted by law, over any inconsistency with any existing or future contract, service agreement or other form of engagement between the applicant and Nexus or any of its Facilities.

What these By-Laws are not

24. These By-Laws do not communicate every policy of Nexus, nor do they prevent the CEO or Nexus executive from making decisions in relation to matters pertaining to credentialing that are not specifically covered in these By-Laws.

SECTION 4

MEDICAL ADVISORY COMMITTEE AND CREDENTIALING COMMITTEE

4. MEDICAL ADVISORY COMMITTEE AND CREDENTIALING COMMITTEE

25. Each Facility must establish and maintain arrangements for:
    a. a Medical Advisory Committee (MAC), which is responsible for the functions set out in By-Law 26; and
    b. a Credentialing Committee (CC), which is responsible for the functions set out in By-Law 27.
26. As the default position, the MAC and CC are to operate as separate committees. However, where required or permitted by local licencing standards, or where approved by the CEO, a Facility may combine the functions of the MAC and CC into a single Medical Advisory and Credentialing Committee (MACC). Where a combined MACC is established, references in these By-Laws to the MAC or CC are to be read as references to the MACC to the extent that the MACC is performing the relevant MAC or CC function.
27. The purpose of the MAC, in general terms is to:
    a. advise the General Manager (GM) with respect to the clinical and related issues placed before it;
    b. provide a representative forum for communication between Facility management (acting as an agent of Nexus) and Credentialed Practitioners;
    c. inform Facility management with respect to clinical safety, quality of care and consumer experience;
    d. recommend, where appropriate, an expert review of matters, either through Nexus' internal clinical governance resources or by external authorities or professional organisations;
    e. review clinical outcomes and make recommendations relating to clinical safety, quality and variation in practice.
28. The Credentialing Committee (CC) has specific responsibilities to provide advice in relation to:
    a. the suitability of applicants for Credentialing or Re-credentialing;
    b. initial Credentialing and defining facility-specific Scope of Clinical Practice, considering the relevant National Board's standards for practice or professional capabilities, the formal qualifications, training and experience of the clinician, service needs, and the capacity of the Facility or setting;
    c. monitoring adherence by clinicians to Credentialing and Scope of Clinical Practice requirements;
    d. review of Credentialing and facility-specific Scope of Clinical Practice, including Re-credentialing;
    e. assuring that practice is safe and appropriate when considering Credentialing and Re-credentialing;
    f. documenting decisions and key information required for effective management of Credentialing, monitoring, review and Re-credentialing;
    g. obtaining information required for Credentialing and Re-credentialing from other organisational systems; and
    h. providing Credentialed clinicians with clear terms of appointment.

Establishment and membership of the MAC, CC and any combined MACC

29. The membership of these committees will be established and constituted in accordance with regulatory requirements of the relevant State or Territory in which the Facility is based.

30. More specific requirements are set out in the relevant Nexus committee terms of reference.

31. Where a Credentialed Practitioner who is a member of the MAC, CC or any combined MACC has their Credentialed Status suspended pursuant to Section 6 of these By-Laws, their membership of that committee is automatically suspended for the duration of that suspension. Where their Credentialed Status is terminated, their membership of that committee is automatically terminated. Where the Credentialed Practitioner is the subject of a Review under Section 6, the GM may, at their discretion, suspend that member's committee membership for the duration of the Review.

Additional committee(s) if required

32. Notwithstanding the matters set out elsewhere in these By-Laws, if the CEO in discussion with the Nexus Chief Medical Officer (CMO) and Facility GM considers that the MAC, CC or any combined MACC does not possess the composition, expertise or capacity to deal with a particular matter, the CEO may create another committee for this specific purpose. The members of the newly created committee are not limited to Credentialed Practitioners. The CEO may determine the powers, authorities and responsibilities that are delegated to that committee and the administrative rules they are to operate under.

Authority of the MAC, CC and any combined MACC

33. These committees are advisory bodies and have no decision-making authority.

Bias Avoidance and Declaration

34. Every member of the MAC, CC or MACC, every person appointed to assess Credentials or conduct a review, and every person consulted as part of a Credentialing or review process under these By-Laws must:
    a. not be Biased in relation to the matter under consideration;
    b. disclose to the chairperson of the committee or the GM as soon as practicable if they believe they are or may be Biased in relation to any matter before the committee or arising under these By-Laws; and
    c. not participate in deliberations, recommendations or decisions in relation to any matter in connection with which they believe they are or may be Biased. Bias disclosures and any actions taken in response to those disclosures must be documented in committee minutes.

Indemnity to Members of the MAC, CC, any combined MACC or other Nexus Committees

35. Nexus will indemnify each member of the MAC, CC, any combined MACC, their subcommittees and any other committee, working group or expert advisory group established under these By-Laws against any liability, claim, demand or proceeding made against them in the performance of their committee functions, including reasonable legal costs incurred through a lawyer appointed or approved by Nexus in advance. Nexus will not indemnify a member where the CEO determines the liability arises from or is connected with:
    a. a failure to comply with these By-Laws or the terms of reference of the relevant committee;
    b. a failure to act in good faith;
    c. any illegal, fraudulent, dishonest, malicious or reckless act or omission;

d. any conduct outside the scope of the member's committee functions;
e. any anti-competitive conduct; or
f. a breach of confidentiality in respect of information obtained through the committee, other than where disclosure is required by law.

SECTION 5

CREDENTIALING COMMITTEE

5. CREDENTIALING

Generally

36. The GM (as delegate of the CEO), following consideration of the recommendation from the CC, may authorise an applicant for Credentialing to utilise a Facility for the treatment of patients. The Credentialing and Scope of Clinical Practice Policy and Procedure describes the requirements that must be met for Credentialed Status to be granted. For the avoidance of doubt, the GM has the discretion to accept or decline the application, irrespective of whether the applicant has provided appropriate Credentials and is not bound by the recommendation of the CC, provided that the GM acts for a proper purpose within the scope of these By-Laws.
37. The Credentialing and Scope of Clinical Practice Policy and Procedure contains the detailed process for Credentialing, Re-credentialing and Scope of Clinical Practice applications, assessment, CC recommendation, approval, notification, records management and associated administrative requirements. These By-Laws and that policy are to be read together.
38. Credentialing and Scope of Clinical Practice decisions form part of Nexus's clinical governance and risk management framework and are intended to support safe, high-quality care by applying the requirements for Credentialed Status, Scope of Clinical Practice, Organisational Need and Organisational Capability set out in these By-Laws and the Credentialing and Scope of Clinical Practice Policy and Procedure.
39. Formal performance review and performance management are processes distinct from Credentialing, Re-Credentialing and Scope of Clinical Practice determination under these By-Laws. Information arising from formal performance review processes may, however, be taken into account as part of a Re-Credentialing assessment or a Review under these By-Laws where it is relevant to the Credentialed Practitioner's Competence, Performance, Current Fitness or professional suitability.
40. A Credentialed Practitioner may only utilise the facilities of Nexus in accordance with their Credentialed Status, approved Scope of Clinical Practice, any applicable conditions, these By-Laws and the Credentialing and Scope of Clinical Practice Policy and Procedure. The GM will consider guidance from the Nexus CMO or Nexus Clinical Governance Committee as appropriate.

Change in Scope of Clinical Practice

41. If a Credentialed Practitioner seeks a change (including expansion) in Scope of Clinical Practice, an application must be submitted and approved, with the process to be followed as per an application for Credentialing and these By-Laws.
42. If the request for expansion of Scope of Clinical Practice includes a procedure or clinical service not currently undertaken by the Facility, a separate request must be made in accordance with the relevant policy, prior to making a request to expand a Practitioner's Scope of Clinical Practice.

Re-credentialing

43. Credentialed Practitioners are required to reapply for Credentialing prior to the expiration of their existing Credentialed Status, in accordance with the requirements of the Credentialing and Scope of Clinical Practice Policy and Procedure.

44. Routine Re-credentialing must occur within the maximum term specified in the Credentialing and Scope of Clinical Practice Policy and Procedure. Earlier review of a Credentialed Practitioner's Credentialed Status or Scope of Clinical Practice may occur where concerns arise in relation to clinical risk, conduct, Performance, a requested or required change in Scope of Clinical Practice, New Clinical Services, Facility capability, Organisational Need, Organisational Capability, professional registration, regulatory concerns, or any other matter relevant to patient safety or the safety and quality of health care.
45. Following successful Credentialing or Re-credentialing:
    a. Credentialed Practitioners may, at any time, make a request for access to facilities and resources for the treatment and care of their patients at the Facility, within the limits of the defined Scope of Clinical Practice attached to such Credentialed Status, and to utilise facilities and resources provided by the Facility for that purpose, subject to the provisions of these By-Laws, Nexus and Facility policies, resource limitations, and in accordance with the Organisational Need and Organisational Capability of the Facility;
    b. The decision to grant access to facilities and resources for the treatment and care of a Credentialed Practitioner's patients is at the sole discretion of the GM and the granting of Credentialed Status contains no conferral of, or general expectation relating to, a 'right of access' to the Facility or its resources;
    c. Credentialed Practitioner's use of the facilities for the treatment and care of patients is limited to the Scope of Clinical Practice granted and subject to the conditions upon which the Scope of Clinical Practice is granted, resource limitations, and the Organisational Need and Organisational Capability of the Facility.
    d. Admission or treatment of a particular patient is subject always to bed availability, the availability or adequacy of nursing or allied health staff or facilities or equipment required for the treatment or clinical care proposed.

Allocation of regular procedural sessions

46. A Credentialed Practitioner may be offered a regular procedural session at the discretion of the GM.
47. The GM has the right to reschedule, change the frequency or terminate the regular allocated session at their sole discretion provided they provide reasonable notice to the practitioner of the planned change or immediately if:
    a. operational constraints mean that it is not safe or practicable to proceed with a planned session, in which case a specific session or sessions may be cancelled at short notice; or
    b. the outcome of disciplinary matters or formal review of clinical practice of the Credentialed Practitioner under these By-Laws is pending.
48. All decisions to allocate, modify, reduce or terminate procedural sessions will be made by reference to clinical, patient safety, operational, utilisation and case mix considerations.
49. For the avoidance of doubt, this provision relates to the allocation and management of procedural sessions and does not constitute, and does not of itself affect, the Credentialed Practitioner's Credentialed Status.

The Credentialed Practitioner is required to understand:

50. Decisions under these By-Laws will be made in accordance with the documented processes, in good faith, with appropriate transparency, and having regard to the paramount considerations set out at the commencement of these By-Laws. Where procedural fairness processes are expressly provided in these By-Laws, those processes will be applied having

regard to the circumstances, urgency, confidentiality, privacy, legal obligations, Organisational Need and Organisational Capability.

51. Credentialed Practitioners acknowledge and agree as a condition of the granting of, and ongoing Credentialed Status, that:
    a. the consequences of non-compliance set out in these By-Laws (including suspension, termination or imposition of conditions) apply at all times;
    b. representatives of Nexus and the Facility will act in accordance with these By-Laws and any applicable Nexus policy or procedure expressly referred to in these By-Laws, while retaining the discretion conferred by these By-Laws to make decisions in the interests of the quality of health care, the safety of patients, and the safety and wellbeing of Nexus staff and personnel, as well as Organisational Need and Organisational Capability.

Credentialed Status is Facility Specific

52. Credentialed Status and the associated Scope of Clinical Practice are limited to:
    a. The Facility or Facilities named in the Credentialing notification; and
    b. The Scope of Clinical Practice identified in the Credentialing notification with respect to the particular Facility or Facilities

Application for credentialing:

53. All applications for Credentialing at a Nexus Facility are to be undertaken in accordance with the Nexus Credentialing and Scope of Clinical Practice Policy and using the systems and processes described therein, which may change from time to time.
54. Internet searches and artificial intelligence searches undertaken for Credentialing or Re-credentialing purposes must be conducted consistently with the Credentialing and Scope of Clinical Practice Policy and Procedure.

Compliance with By-Laws and requirement to provide correct information:

55. Every applicant for Credentialing must acknowledge that the information submitted is true and correct and that he or she will comply with and be bound by these By-Laws as a continuing condition of Credentialed Status.
56. The GM must verify annually that a Credentialed Practitioner holds current registration with the applicable National Board (with no materially adverse conditions or undertakings attached to that registration) and that they hold Adequate Professional Indemnity Insurance in accordance with these By-Laws. Where such information cannot be directly accessed by the GM through electronic means, the Credentialed Practitioner must assist in providing this. The GM must notify the Credentialed Practitioner if any concerns are raised.

Decisions by GM

Temporary credentialing

57. If the GM is satisfied that all requirements for Credentialing have been met and there is a sound reason to grant Credentialed Status prior to the next meeting of the CC, then the GM may grant temporary Credentialed Status, together with a defined Scope of Clinical Practice, until the application can be formally considered at the next meeting of the CC.
58. The GM has a right to not grant temporary Credentialed Status, at their sole discretion, even if all of the Credentials are compliant with the requirements under the Credentialing and Scope of Clinical Practice Policy

59. Temporary Credentialed Status is an interim administrative approval only, is limited in duration, does not create any right to ongoing Credentialed Status, and does not create any entitlement to continuing access to the Facility or its resources. There is no appeal from a decision to grant, refuse or terminate temporary Credentialing. Such temporary Credentialed Status must:

    a. not exceed 3 months in duration; and
    b. cannot be extended more than once, and only in exceptional circumstances, for example if the next Credentialing Committee meeting is cancelled or deferred

Standard credentialing

60. Once an application for Credentialing has been considered by the CC, the GM must take into account (but is not bound by) any recommendation made by the CC before making a decision on the application.
61. In addition to consideration of the recommendation made by the CC the GM may consider any other matter assessed as relevant to making the decision, including Organisational Need.
62. The GM may decide to reject, accept or accept in part, the recommendation by the CC regarding the application for Credentialing or Re-credentialing.
63. The GM may approve a period of Credentialed Status, up to, but not exceeding, the duration defined in the Credentialing and Scope of Clinical Practice Policy and Procedure.
64. The GM must notify the applicant of the outcome and, if accepted in whole or in part, the notification must set out the particulars of that Credentialed Status, including:

    a. Agreed Scope of Clinical Practice;
    b. Conditions that will apply to the Credentialed Status;
    c. The term of the Credentialed Status; and
    d. Facility or Facilities where the applicant will hold Credentialed Status.

Requirements to provide reasons and rights of appeal

65. For an initial application for Credentialing, the GM is not required to provide any reasoning for the decision on the application as no appeal is available from that decision pursuant to these By-Laws. However, for a Re-credentialing application that results in a rejection of the application in whole or in part, the GM will provide sufficient reasons to assist in any appeal that may be made in accordance with these By-Laws.
66. Any appeal rights in relation to Credentialing and Re-credentialing are governed by the Appeals section of these By-Laws.

Lapse of Credentialed Status

67. Where a Credentialed Practitioner does not seek Re-credentialing prior to the expiration of the term of Credentialed Status, the Credentialed Status will lapse on the last day of the period for which he or she has been credentialed. Notification confirming the lapse will be sent by the Credentialing Officer for the Facility to the Credentialed Practitioner.
68. Credentialed Status will also lapse if it has been made inactive under By-Law 70 and is not reactivated within 6 months of it being made inactive.
69. Note: A practitioner whose Credentialed Status has lapsed must submit a new application for Credentialing if they wish to return to the Facility.

Inactivation of Credentialed Status

70. If a Credentialed Practitioner fails to utilise the Facility for a period of 6 months, then the GM, after making reasonable efforts to determine the clinician's reasons, may choose to make the practitioner's Credentialed Status 'inactive'. The GM will ordinarily, where circumstances allow, notify the Credentialed Practitioner in writing of the proposed inactivation and the reason for it, and invite the Credentialed Practitioner to provide a written response within 14 days, prior to making the Credentialed Status inactive.
71. If a practitioner whose Credentialed Status is inactive, but still current, wishes to resume activities at the Facility, they need to make a request to the GM accordingly. The GM has the right to accept or refuse the request at their discretion.
72. A practitioner whose Credentialed Status has been made inactive will not be invited to apply for Re-credentialing unless Credentialed Status has been reactivated by mutual agreement.
73. Inactive status that is not reactivated within 6 months will lapse under By-Law 68

Special Categories of Credentialed Medical Practitioners

Medical Proctors

74. A Medical Proctor is a Medical Practitioner who is not currently Credentialed at the Facility, will not participate directly in the care of a patient, and is present to provide mentoring and guidance to a Credentialed Practitioner, for example when the Credentialed Practitioner is introducing a New Clinical Service. In these instances:
    a. Temporary Credentialing processes will be utilised for a Medical Proctor.
    b. The process will be modified to suit the specific circumstances and will be confined to a particular attendance rather than a period of time.
    c. The Scope of Clinical Practice will be clearly defined, particularly in relation to whether the proctor can actually assist with or perform any component of the procedure.
    d. There is no appeal available in relation to decisions made regarding a Medical Proctor.

Surgical Assistants

75. All medical practitioners and nurses who act in the capacity of a surgical assistant must be Credentialed at the Facility.
76. Surgical assistants may be granted temporary Credentialed Status at the Facility in accordance with the Credentialing and Scope of Clinical Practice Policy.
77. A Practitioner who is Credentialed at the Facility as a surgical assistant:
    a. must practise under the direct supervision of the admitting Credentialed Practitioner;
    b. may assist in theatre;
    c. may visit a patient;
    d. may examine a patient's medical records;
    e. may have their Scope of Clinical Practice limited to a particular specialty or assisting a particular surgeon;
    f. cannot do any of the following:
        i admit a patient;
        ii initiate or change a treatment order relating to a patient;
        iii assume or be assigned the care of a patient;
        iv prescribe medication for a patient; or
        v complete or witness consent for procedures.

78. The admitting Credentialed Practitioner must maintain responsibility for completion of operative records at all times.
79. The admitting Credentialed Practitioner maintains full responsibility for the surgical assistant at all times and must ensure they are properly supervised. The Credentialed Practitioner must be present during all times that the surgical assistant is providing any clinical service.

Locum tenens

80. Locums must be approved by the GM before they may arrange the admission of, or treat, patients on behalf of a Credentialed Practitioner. Approval of a locum is a temporary administrative approval only, is limited to the approved locum arrangement, does not create any right to ongoing Credentialed Status, and does not create any entitlement to continuing access to the Facility or its resources.
81. The Credentialed Practitioner must arrange Temporary Credentialing for the locum with sufficient time for the Temporary Credentialing process to be completed. Temporary Credentialing for a locum must be completed before the locum may admit or treat patients on behalf of the Credentialed Practitioner.
82. All Temporary Credentialing requirements must be met before approval is granted.
83. There are no appeal rights relating to locum appointment decisions pursuant to these By-Laws.

Emergency credentialing

84. In circumstances where there is an urgent need to obtain the clinical services of a practitioner for the safe and effective functioning of the Facility and/or care of a particular patient, the GM may grant Emergency Credentialing, in accordance with the requirements of the Credentialing and Scope of Clinical Practice Policy and for a duration up to, but not exceeding, the time limit defined therein. Emergency Credentialing is a temporary administrative approval only, is limited to the urgent circumstance or approved duration, does not create any right to ongoing Credentialed Status, and does not create any entitlement to continuing access to the Facility or its resources.
85. Decisions relating to Emergency Credentialing must be tabled at the next meeting of the CC for review and discussion. There are no appeal rights relating to Emergency Credentialing decisions pursuant to these By-Laws.

Mutual recognition of practitioners credentialed by other healthcare organisations

86. Where a service agreement between a public hospital and a Nexus facility exists, it may be appropriate to establish an agreement whereby the Credentialing and/or employment processes of the public hospital are deemed sufficient to allow their practitioners to work within a Nexus facility, when they do not otherwise hold Credentialed Status at the Nexus facility. Such an agreement must:
    a. Be documented in the contract or service agreement or an addendum to such;
    b. include a requirement for the public hospital to provide a copy of its credentialing requirements for contracted and employed staff;
    c. include a requirement for the public hospital to provide details of the practitioners who will be attending the Nexus facility in advance of such attendance, including:
        i their name and contact details (phone number and email address);

ii their Scope of Clinical Practice as it relates to the services to be undertaken at the Nexus Facility;

iii written confirmation of indemnity provided by the public hospital for the services to be undertaken at the Nexus Facility; and

d. include documented assurance, to the satisfaction of the GM, that the external Credentialing or employment process is current, comparable to the Nexus Credentialing and Scope of Clinical Practice requirements, relevant to the proposed Scope of Clinical Practice at the Nexus Facility, supported by appropriate professional indemnity or organisational indemnity arrangements, and compatible with the Nexus Facility's Organisational Capability, admission criteria, clinical governance requirements, policies and procedures.

e. For the avoidance of doubt, mutual recognition under this clause applies to the Credentialing of the practitioner only. The Scope of Clinical Practice of any practitioner admitted to practise at a Nexus Facility under a mutual recognition arrangement must be independently determined, documented and authorised by Nexus for the relevant Facility, consistent with its Organisational Need and Organisational Capability, before the practitioner commences clinical activity at that Facility.

f. Credentialing of a practitioner through a mutual recognition process does not confer any rights to that practitioner outside the provision of services under the contract with the external entity. If the practitioner also seeks to work in a private capacity at the Facility, this requires a separate individual application for Credentialing in accordance with these By-Laws.

g. Nexus maintains the right to decline to accept a practitioner proposed for Credentialing at its complete discretion.

SECTION 6

MANAGEMENT OF CREDENTIALED STATUS

6. MANAGEMENT OF CREDENTIALED STATUS

87. The powers in this section exist to protect the safety and quality of clinical care, and the welfare of staff, at Nexus Facilities. These powers may be exercised where there is a risk to patients or staff, and it is not necessary that actual harm has occurred before a power is exercised. The exercise of these powers is a protective measure, not a punitive or disciplinary action. In exercising these powers, the decision-maker will have regard to the nature and seriousness of the concern, the risk to patients, staff or the Facility, the available range of responses under these By-Laws, and whether the proposed action is appropriate and proportionate in the circumstances.

Resignation and Inactivity of a Credentialed Practitioner

88. A Credentialed Practitioner who wishes to resign their Credentialed Status at a Facility must give the GM a minimum of 28 days' written notice of their intention to resign, or such shorter period as the GM may agree in writing. The Credentialed Practitioner must make reasonable arrangements for the continuity of care of any patients under their care at the relevant Facility prior to cessation of clinical activity.

89. If a contract of employment or a contract to provide services to the Facility by the Credentialed Practitioner is terminated or ends, and is not renewed, then the practitioner will be considered to have resigned their Credentialed Status. The practitioner may subsequently elect to apply for credentialing in their own right to provide services as an independent Credentialed Practitioner.

90. If a Credentialed Practitioner is aware that they will not be requiring the use of a particular Facility for 6 months or more, they should advise the GM, who will make their Credentialed Status inactive in accordance with the provisions relating to Inactivation of Credentialed Status in these By-Laws.

Review of Credentialing or Scope of Clinical Practice

91. The GM, OD, Nexus CMO, DCG or CNO (the latter if the practitioner is a nurse) may, at any time, initiate a review of a Credentialed Practitioner's Credentialed Status or Scope of Clinical Practice on such grounds as the GM, OD, Nexus CMO, DCG or CNO thinks fit, including without limitation, where concerns or allegations are identified or raised about the Credentialed Practitioner in relation to any of the following:
    a. a perceived risk to the health, safety or welfare of any person in connection with the Facility;
    b. the rights or interests of a patient, staff member, contractor or any other person in connection with the Facility may have been adversely affected or could be infringed upon;
    c. behaviour that is inconsistent with the expectations of a professional in that practitioner's discipline;
    d. the Credentialed Practitioner's Competence;
    e. the Credentialed Practitioner's Current Fitness to practise;
    f. the safety and quality of a Credentialed Practitioner's clinical care;
    g. failure to comply with policies, procedures, guidelines and clinical standards
    h. concerns that the Credentialed Practitioner may be operating outside their approved Scope of Clinical Practice;
    i. failure to comply with these By-Laws;

j. concerns that the efficient operation of the Facility could be threatened or disrupted;
k. potential non-compliance with or loss of the Facility's licence or accreditation;
l. potential to bring Nexus or the Facility into disrepute;
m. a breach of a legislative or legal obligation of the Facility or imposed upon the Credentialed Practitioner may have occurred; or
n. any circumstances otherwise defined in these By-Laws.

92. Prior to determining whether a Review will be conducted, the GM and/or Nexus CMO, DCG or CNO will ordinarily, if reasonable and appropriate in the circumstances, meet with the Credentialed Practitioner, along with any other persons they consider appropriate, to advise them of the concern or allegation raised, and invite them to provide a preliminary response (in writing or orally as determined by the GM) before the GM, CMO, DCG or CNO makes a determination whether a Review will proceed, and if so, the type of Review.

93. The Credentialed Practitioner is entitled to bring one support person to this meeting if they so choose, provided that:
a. the support person is entitled to witness the conversation but is not entitled to be an active participant in it; and
b. the support person is not acting as a legal representative of the Credentialed Practitioner, although they may be a legal practitioner.

94. If an oral response is provided, this should be supported by subsequent written correspondence from the GM to the practitioner, confirming the substance of that discussion.

95. If the decision is to proceed with a Review, then the GM and/or Nexus CMO, DCG or CNO will determine whether the process to be followed is an:
a. Internal Review; or
b. External Review

96. The CMO or CNO (if the Credentialed Practitioner is a nurse) will also determine whether to impose interim measures, including interim suspension, interim conditions or interim alteration of Scope of Clinical Practice, pending the outcome of the Review. Interim measures are protective, temporary measures intended to manage immediate risk and are distinct from any final determination made after the Review.

97. Alternatively, the practitioner may agree to an interim alteration to their Scope of Clinical Practice if that is considered by the CEO, CMO, CNO or GM to be sufficient to address the immediate concerns. Such agreement must be documented and signed by the Credentialed Practitioner and will remain separate from any final determination following the review.

98. There is no right of appeal from an interim measure imposed or agreed under this Review of Credentialing or Scope of Clinical Practice section, it being understood that an interim measure is a protective measure only and does not constitute or prejudge any final determination under these By-Laws. The practitioner retains any right of appeal expressly available under these By-Laws in relation to a final determination made after the Review. Notification of any interim measure will be given in writing.

99. In addition, or as an alternative, to conducting an internal or external review, the GM will notify the Credentialed Practitioner's registration board and/or other professional body responsible for the Credentialed Practitioner of details of the concerns raised if:
a. such disclosure is required by legislation;
b. it is considered to be in the interests of patient care or safety to do so;
c. where it is in the interests of protection of the public (including patients at other facilities) to do so; or

d. where it is considered that the registration board or professional body is more appropriate to investigate and take necessary action.

100. Following the outcome of any action taken by a registration board and/or other professional body, the GM and/or Nexus CMO, DCG or CNO may also elect to take action, or further action, under these By-Laws.

101. For the avoidance of any doubt, a Review is not a precondition to the exercise of powers of suspension, imposition of conditions, or termination of Credentialing.

Conflicts of interest and independence

102. Any person involved in conducting, assisting with, advising on or determining an Internal Review, External Review, appeal, recommendation or decision under these By-Laws must act in good faith, for a proper purpose, and with appropriate independence having regard to the nature of the matter, the person's role and the urgency of any patient safety, staff safety, public safety or regulatory issue.

103. Before participating in an Internal Review, External Review, appeal, recommendation or decision under these By-Laws, a person must disclose any actual, potential or perceived conflict of interest, including any prior material involvement in the matter, complaint, concern, review, interim measure, recommendation or decision concerning the Credentialed Practitioner.

104. A disclosed conflict or concern about independence must be considered before the person participates in the relevant process. Nexus may manage the conflict by taking steps that include limiting the person's role, appointing an alternate reviewer, adviser, committee member, chair or decision-maker, obtaining external advice, or taking any other step Nexus considers appropriate to preserve the integrity, fairness and safety of the process.

105. A person is not disqualified from participating merely because they hold an executive, clinical governance, operational, committee or employment role within Nexus or a Facility. However, a person should not participate in a role requiring independence if they have been materially involved in the matter under review or appeal, unless urgent patient safety, staff safety, public safety, legal or regulatory considerations make participation necessary and appropriate safeguards are applied.

106. Nothing in this clause prevents Nexus from taking urgent interim action, including interim suspension, interim conditions or interim alteration of Scope of Clinical Practice, where Nexus considers this necessary to protect patient safety, staff safety, public safety, the safety and quality of health care, Nexus, the Facility or compliance with legal, regulatory or accreditation obligations**.**

Internal Review

107. The GM, OD, Nexus CMO, DCG or CNO (the latter if the practitioner is a nurse) will establish the terms of reference of the Internal Review, and will coordinate with the CC, MAC, any combined MACC, or co-opted Credentialed Practitioners or personnel from within the Facility who bring specific expertise to the Internal Review as appropriate.

108. Before participating in an Internal Review, each reviewer or person co-opted to assist the Internal Review must comply with the Conflicts of interest and independence provisions set out above.

109. The process will include the opportunity for submissions from the Credentialed Practitioner, which may be written and/or oral.
110. The GM, OD, CMO, DCG or CNO will notify the Credentialed Practitioner in writing of the Review, the terms of reference, process and reviewers.
111. A report on the findings of the Review in accordance with the terms of reference will be provided by the reviewers to the DCG, CMO or CNO and the CEO.

External Review

112. The terms of reference, process, and reviewers for an External Review will be as determined by the Nexus CMO, DCG or CNO (if the practitioner is a nurse). The process will include the opportunity for submissions from the Credentialed Practitioner, which may be written and/or oral.
113. An External Review will be undertaken by one or more persons external to the Facility and who have no professional or personal relationship with the Credentialed Practitioner in question, including in compliance with the Conflicts of interest and independence provisions set out above. Such persons will be nominated by the Nexus CMO, DCG or CNO at their sole discretion, will be granted indemnity by Nexus for their work, and remuneration will be at the discretion of the CMO, DCG or CNO.
114. The GM, CMO, DCG or CNO will notify the Credentialed Practitioner in writing of the Review, the terms of reference, process and reviewer(s).
115. The reviewer(s) will provide a report to the CEO on the findings of its review in accordance with the terms of reference of the review.

Determinations arising from an Internal or External Review

116. Following consideration of the report from an Internal Review or External Review, the CEO is required to make a final determination whether to continue the Credentialed Status, continue it with conditions, amend the approved Scope of Clinical Practice, suspend the Credentialed Status, terminate the Credentialed Status, or take no further action, in accordance with the processes set out in these By-Laws. A final determination is distinct from any interim measure imposed pending the outcome of the review.
117. Before making an adverse final determination following an Internal Review or External Review, the CEO must ensure that the Credentialed Practitioner is provided with the substance of any adverse findings, conclusions or material matters arising from the review that are proposed to be relied upon and is given a reasonable opportunity to provide a written response. Nexus may provide a summary rather than copies of material where reasonably required to protect confidentiality, privacy, privilege, patient safety, staff welfare, legal obligations, regulatory obligations or the safety and quality of health care, provided that the summary is sufficient to enable the Credentialed Practitioner to understand and respond to the substance of the adverse findings or material matters. Where a summary is provided rather than copies of material, the CEO or their delegate must form a genuine view that the summary adequately discloses the substance of the adverse material before providing it and must advise the Credentialed Practitioner in writing that a summary rather than copies of the material is being provided.
118. Prior to imposing an adverse determination in relation to a practitioner's Credentialed Status, the CEO should, in consultation with the CMO and/or CNO consider whether:
    a. the desired outcome may be achieved by the Credentialed Practitioner agreeing to resign. This course of action alone should only be taken if the CEO (or GM or CMO as

delegate) believes there is no broader risk to the community by confining the action to a Nexus Facility.

b. in situations where the recommendations arising from the review indicate that a modification of Scope of Clinical Practice is desirable, the Credentialed Practitioner should be provided the opportunity to agree to such modification by mutual consent before resorting to imposing such modification.

c. In situations where the recommendations arising from the review indicate that deficiencies in care can be addressed by further training or other remediation, the Credentialed Practitioner may be given the opportunity to enter into an undertaking, for example, by being required to enter into a form of performance improvement, such as further training, clinical supervision or commitment to auditing, as a condition of ongoing maintenance of their Credentialed Status.

119. If the CEO determines that the outcomes set out above are not appropriate in the circumstances or are put to but not agreed by the practitioner, the CEO may impose conditions, suspend Credentialing or terminate Credentialing, in each case in accordance with the relevant provisions of these By-Laws.

Suspension of Credentialing

120. Suspension of Credentialed Status may occur in any of the following ways under these By-Laws:

a. as an immediate interim protective measure, where the CEO (or GM or Nexus CMO or CNO as delegate) considers that immediate action is required to manage risk to patient care, patient safety, staff welfare or safety, the safety and quality of health care, the protection of the public, Nexus, the Facility, or compliance with legal, regulatory or accreditation obligations;

b. as a final determination following a Review or show cause process conducted under these By-Laws; or

c. as a final determination where an Express, Urgent or Automatic Ground in these By-Laws applies (including, without limitation, suspension by a registration board or loss of registration).

121. Before suspending a Credentialed Practitioner's Credentialed Status primarily on the basis of Current Fitness, consideration will be given to whether reasonable adjustments to the Credentialed Practitioner's Scope of Clinical Practice or working arrangements could adequately address the relevant concern. Nothing in this clause prevents Nexus from taking immediate protective action where patient or staff safety requires.

Grounds for Suspension

122. The grounds that may support interim suspension or final suspension, include where the CEO, GM, Nexus CMO or CNO considers:

a. that it is in the interests of patient care or safety to do so;

b. it is in the interests of staff welfare or safety to do so;

c. serious and unresolved allegations have been made in relation to the Credentialed Practitioner;

d. the Credentialed Practitioner has failed to observe the terms and conditions of his/her Credentialed Status;
e. the behaviour or conduct of the Credentialed Practitioner is in breach of a direction or an undertaking, or the Facility By-Laws, policies and/or procedures;
f. the conduct of a practitioner is considered sufficiently egregious to justify this action;
g. the Credentialed Practitioner has been suspended by their registration board;
h. There is a finding of professional misconduct, unprofessional conduct, unsatisfactory professional conduct or some other adverse professional finding (however described) by a registration board or other relevant disciplinary body or professional standards organisation for the Credentialed Practitioner;
i. the Credentialed Practitioner's professional registration is amended, or conditions imposed, or undertakings agreed, irrespective of whether this relates to a current or former patient of the Facility;
j. the Credentialed Practitioner has made a false declaration or provided false or inaccurate information to Nexus or the Facility, either through omission of important information or inclusion of false or inaccurate information;
k. the Credentialed Practitioner fails to make the required notifications or continuous disclosure required to be given pursuant to these By-Laws; or based upon the information contained in a notification or continuous disclosure, suspension is considered appropriate;
l. based upon a finalised Internal Review or External Review pursuant to these By-Laws any of the criteria for suspension are considered to apply;
m. the Credentialed Practitioner has been charged with a criminal offence which, if established, could affect the Credentialed Practitioner's ability to exercise their Scope of Clinical Practice safely and competently, or which could bring Nexus or the Facility into disrepute;
n. the Credentialed Practitioner has been convicted of a criminal offence which could affect his or her ability to exercise his or her Scope of Clinical Practice safely and competently and with the confidence of the Facility and the broader community;
o. there are other unresolved issues in respect of the Credentialed Practitioner such that the CEO, GM, Nexus CMO or CNO as delegate considers that maintaining the Credentialed Status of the practitioner would not be in the interests of the Facility or Nexus.

For the purposes of the definition of Express, Urgent or Automatic Ground, the grounds set out in By-Law 122(f), (g), (h), (l) and (m) above are expressly identified as Express, Urgent or Automatic Grounds, on the basis that they operate automatically by reason of registration status, regulatory action, or a criminal charge or conviction, as described in that definition.

Interim suspension

123. Where an interim suspension is imposed, the CEO (or GM or Nexus CMO or CNO as delegate) shall notify the Credentialed Practitioner in writing as soon as practicable of:
a. the fact that the suspension is imposed as an interim protective measure pending review or further process;
b. the period of suspension;
c. the reasons for the suspension;

d. the review, show cause process or other process that will follow, if any;
e. the timeline for the practitioner to provide a written response to the interim suspension, which must be as soon as practicable having regard to the urgency of the matter, patient safety, confidentiality, privacy, legal obligations and the safety and quality of health care; and
f. if the CEO (or GM or Nexus CMO or CNO as delegate) considers it applicable and appropriate in the circumstances, any actions that must be performed for the suspension to be lifted and the period within which those actions must be completed.

Final Determination Suspension

124. A final suspension does not take effect until the Credentialed Practitioner has been afforded the opportunity to respond in accordance with the applicable Review or show cause process under these By-Laws, unless an Express, Urgent or Automatic Ground applies.
125. Where suspension is imposed as a final determination, the CEO (or GM or Nexus CMO or CNO as delegate) shall notify the Credentialed Practitioner in writing of:
    a. the final determination;
    b. the reasons for it;
    c. the period of suspension;
    d. any actions required for the suspension to be lifted; and
    e. where a right of appeal is available, the right of appeal, the appeal process and the timeframe for an appeal.

Show Cause Notice

126. As an alternative to an immediate interim suspension, or before imposing suspension as a final determination, the CEO (or GM, Nexus CMO or CNO as delegate) may elect to deliver a show cause notice to the Credentialed Practitioner. The show cause notice must include:
    a. the proposed action, being possible suspension of Credentialed Status, and whether the suspension is proposed as an interim protective measure or final determination;
    b. the specific ground or grounds under these By-Laws upon which suspension may occur and the material facts and circumstances relied upon;
    c. an invitation to provide a written response, including any reasons why suspension should not be imposed or should be imposed only on different terms;
    d. if applicable and appropriate in the circumstances, any actions that must be performed for suspension not to occur or to be lifted, and the period within which those actions must be completed;
    e. the timeframe in which a written response is required from the Credentialed Practitioner and the possible consequences if no response is received or if the response does not address the concerns; and
    f. a copy of these By-Laws.
127. Following receipt of the response to the show cause notice in the preceding By-Law, the CEO will determine whether the practitioner's Credentialed Status will be suspended. If suspension is to occur, notification will be sent in accordance with this By-Law.

Appeal

128. There is no right of appeal from an interim suspension or from a suspension arising under By-Law 120(c) where the suspension results from an automatic or regulatory ground. Any right of appeal from a final suspension imposed under By-Law 124 will be governed by the Appeals section of these By-Laws, noting any express exclusions in these By-Laws.

Conclusion of Suspension

129. A suspension is ended either by terminating the Credentialed Status or lifting the suspension. This will occur by written notification by the CEO (or GM, Nexus CMO or CNO as delegate).

External Notification

130. Any external notification arising from an interim or final suspension will be considered and made in accordance with the External notification provisions of these By-Laws.

Termination of Credentialing

Grounds for Termination

131. Credentialed Status may be terminated by the CEO as a final determination where the following has occurred, or if it appears, based upon the information available, that any of the following has occurred:

a. the Credentialed Practitioner ceases to be registered with their relevant registration board;
b. the Credentialed Practitioner ceases to maintain Adequate Professional Indemnity Insurance covering their Scope of Clinical Practice;
c. there is a finding of professional misconduct, unprofessional conduct, unsatisfactory professional conduct or some other significant adverse professional finding (however described) by a registration board or other relevant disciplinary body or professional standards organisation for the Credentialed Practitioner that is inconsistent with the practitioner continuing to meet the requirements of these By-Laws;
d. a term or condition that attaches to their Credentialed Status is breached, not satisfied, or according to that term or condition results in the Credentialing concluding;
e. it is in the interests of patient care or safety, to do so;
f. it is in the interests of staff welfare or safety, to do so;
g. based upon a finalised Internal Review or External Review pursuant to these By-Laws and termination of Credentialed Status is considered appropriate in circumstances where the CEO does not believe it is in the best interests of Nexus for that status to be maintained;
h. conditions have been imposed by the Credentialed Practitioner's registration board and the GM of the relevant Facility elects not to accommodate the conditions imposed;
i. there are other unresolved issues or other concerns in respect of the Credentialed Practitioner such that the CEO, GM, Nexus CMO or CNO as delegate considers that the continuing Credentialed Status of the practitioner would not be in the interests of the Facility or Nexus;

j. the Credentialed Practitioner has been continuously unable to perform their clinical duties due to incapacity for a period of 6 continuous months or more, except where the incapacity is temporary and the Credentialed Practitioner has given reasonable prior notice to the GM and there is a reasonable expectation of return to clinical practice within a defined further period agreed with the GM;
k. the Credentialed Practitioner's Scope of Clinical Practice is no longer supported by the Organisational Need or Organisational Capability of the relevant Facility, as determined by the GM after consultation with the Nexus CMO;
l. based upon any of the grounds for suspension set out in these By-Laws, and it is considered by the CEO that suspension is an insufficient response in the circumstances;

For the purposes of the definition of Express, Urgent or Automatic Ground, the grounds set out in By-Law 131(a), (b) and (h) above are expressly identified as Express, Urgent or Automatic Grounds, on the basis that they operate automatically by reason of registration status, loss of required insurance, or regulatory action, as described in that definition.

Notice before Termination

132. Termination of Credentialed Status does not take effect until the Credentialed Practitioner has been afforded the opportunity to respond in accordance with the applicable Review or show cause process under these By-Laws, unless an Express, Urgent or Automatic Ground applies.
133. Where the CEO determines to terminate Credentialed Status as a final determination, the CEO (or GM, CMO or CNO as delegate) must notify the Credentialed Practitioner in writing of:
    a. the proposed termination;
    b. the reasons for the termination;
    c. an invitation to provide a written response as to why termination of their Credentialed Status should not be imposed, within the timeframe specified in the notice, unless an express exclusion applies, the termination arises from an automatic or regulatory ground, or urgent protective action is required; and
    d. any appeal right arising from the termination will be governed by the Appeals section of these By-Laws, noting any express exclusions in these By-Laws.

Show Cause Notice

134. Where a show cause process is used before termination, the CEO must deliver a show cause notice to the Credentialed Practitioner. The show cause notice must include:
    a. the proposed action, being possible termination of Credentialed Status;
    b. the grounds under these By-Laws upon which termination may occur and the material facts and circumstances relied upon;
    c. an invitation to provide a written response, including any reasons why termination should not be imposed or why another action would be more appropriate;
    d. if applicable and appropriate in the circumstances, any actions that must be performed for termination not to occur and the period within which those actions must be completed; and

e. the timeframe in which a written response is required from the Credentialed Practitioner and the possible consequences if no response is received or if the response does not address the concerns.

135. Following receipt of the response the CEO will determine whether the Credentialed Status of the practitioner will be terminated. If termination is to occur notification will be sent in accordance with these By-Laws. Otherwise the Credentialed Practitioner will be advised that termination will not occur. However, this will not prevent the CEO from taking other action at this time, including imposition of conditions on their Credentialed Status, nor from relying upon these matters as a ground for suspension or termination in the future.

Appeal

136. For a termination of a practitioner's Credentialed Status pursuant to grounds 131(a) to (d) above, there shall be no ability to appeal. Any appeal right arising from termination imposed on other grounds will be governed by the Appeals section of these By-Laws, noting any express exclusions in these By-Laws.

Further Matters

137. All terminations must be notified to the CC where the termination relates to Credentialed Status, and optionally the MAC where the matter raises broader clinical governance or patient safety issues.

External Notification

138. Any external notification arising from termination of Credentialed Status will be considered and made in accordance with the External notification provisions of these By-Laws.

Imposition of conditions

139. At the conclusion of a review, or as a final determination in lieu of suspension or termination of Credentialed Status, the CEO in consultation with the Nexus CMO or CNO may impose conditions on the Credentialed Status or Scope of Clinical Practice of the Credentialed Practitioner.

140. Conditions may also be imposed on an interim basis pending finalisation of a review, in which case they are interim measures and are not separately appealable.

Notice of Conditions

141. The CEO (or GM, CMO or CNO as delegate) must notify the Credentialed Practitioner in writing whether the conditions are imposed as interim measures or as a final determination, the reasons for the conditions, the consequences if the conditions are breached, and that any appeal right arising from conditions imposed as a final determination will be governed by the Appeals section of these By-Laws.

Show Cause before Conditions

142. Before imposing conditions as a final determination, where no Review process has already provided the Credentialed Practitioner with an opportunity to respond to the proposed

conditions, the CEO must give the Credentialed Practitioner written notice of the proposed action, the grounds under these By-Laws, the material facts and circumstances relied upon, the proposed conditions, the reasons for them, the timeframe for a written response, the opportunity to respond as to why the conditions should not be imposed or should be imposed only on different terms, and the possible consequences if no response is received or if the response does not address the concerns.

Breach of Conditions

143. If the conditions are breached, then suspension or termination of the practitioner's Credentialed Status may occur, as determined by the CEO.

Appeal

144. Any appeal right arising from conditions imposed as a final determination will be governed by the Appeals section of these By-Laws, noting any express exclusions in these By-Laws.

External Notification

145. Any external notification arising from the imposition of conditions will be considered and made in accordance with the External notification provisions of these By-Laws.

Effect of suspension, termination or conditions in relation to Credentialing/Credentialed Status at other Nexus Facilities

146. If conditions are placed on a Credentialed Practitioner's practice at one Nexus Facility, they will apply across all, unless specifically advised to the contrary.
147. If the GM or Nexus CMO suspends a practitioner's Credentialed Status in respect of a Facility, unless determined otherwise by the CEO, the suspension will simultaneously be imposed across all Nexus Facilities to which the Credentialed Practitioner has been Credentialed.
148. If the CEO terminates a practitioner's Credentialed Status in respect to a Nexus Facility, unless determined otherwise by the CEO, the termination will simultaneously apply to all other Nexus Facilities where the practitioner has been Credentialed.

Suspensions, termination or conditions are not punitive

149. Credentialed Practitioners accept and agree that, as part of the acceptance of Credentialed Status, the imposition of a suspension, termination or conditions carried out in accordance with these By-Laws is a safety and protective process rather than a punitive process and as such does not result in any entitlement to compensation, including for economic loss or reputational damage.
150. These By-Laws govern the credentialing relationship between Nexus and Credentialed Practitioners. Human resources policies, disciplinary procedures, enterprise agreements and employment contracts applicable to Nexus employees do not apply to Credentialing decisions in respect of Credentialed Practitioners who are not employees of Nexus. Credentialing decisions are clinical governance decisions and are not employment disciplinary decisions, even where the Credentialed Practitioner is also an employee of Nexus.

External notification to registration boards, regulators and other external agencies

151. Where Nexus, the CEO, GM, OD, Nexus CMO or CNO, or their delegate, forms a good faith belief that a matter concerning a Credentialed Practitioner may require notification to a registration board, AHPRA, professional body, regulator, health complaints body, insurer, accreditation body, government agency or other relevant external agency, Nexus may make that notification in accordance with these By-Laws, applicable law, professional obligations, accreditation requirements and Nexus policy.
152. External notification may occur where Nexus reasonably considers that notification is required or appropriate because:
    a. notification is required by law, professional obligation, accreditation requirement or regulatory expectation;
    b. the matter gives rise to a significant concern about patient care, patient safety, staff safety, public safety, the safety and quality of health care, or protection of the public;
    c. the matter concerns suspension, termination, conditions, alteration of Scope of Clinical Practice, an appeal outcome, or another final or interim measure affecting Credentialed Status;
    d. the matter may affect the Credentialed Practitioner's professional registration, professional indemnity, Current Fitness, Competence, Performance, Scope of Clinical Practice or ability to practise safely;
    e. the external agency is more appropriate to investigate, assess or take action in relation to the matter; or
    f. notification is otherwise reasonably necessary to protect Nexus, the Facility, patients, staff, the public, or the safety and quality of health care.
153. A notification may include the fact of the relevant decision, action, concern, review, condition, suspension, termination, appeal outcome or other matter, together with the reasons for it and any information reasonably necessary for the external agency to understand and respond to the matter.
154. In deciding whether to notify an external agency, Nexus may have regard to patient safety, public safety, confidentiality, privacy, privilege, legal obligations, regulatory obligations, the safety and quality of health care, the need for procedural fairness where applicable, and any requirement to protect patients, staff, the public, Nexus or the Facility.
155. Where an appeal is lodged or an appeal decision is made in relation to a matter that has already been notified to an external agency, Nexus may notify that external agency of the appeal and/or the appeal outcome where Nexus considers this appropriate or necessary having regard to the nature of the original notification and the matters set out in this clause.
156. Nothing in this clause limits any obligation of Nexus, the Facility, the CEO, GM, Nexus CMO, CNO, Credentialed Practitioner or any other person to make a mandatory notification, comply with a lawful direction, respond to a regulator or external agency, or otherwise act in accordance with law, professional standards, accreditation requirements or Nexus policy.

Protected Disclosures

157. Credentialing and review under Section 6 of these By-Laws are conducted independently of, and separately from, Nexus's whistleblower, work health and safety, and disclosure-receipt processes. The reasons for a decision relating to a practitioner's Credentialed Status must not include a belief or suspicion that the practitioner has made or may make a disclosure, notification or complaint that is protected from detriment or adverse action under any law,

including the Corporations Act 2001 (Cth), applicable work health and safety laws, the Fair Work Act 2009 (Cth) or the Health Practitioner Regulation National Law, and it is immaterial whether that belief or suspicion is the only, dominant or a substantial and operative reason. A person who has received or is handling any such disclosure must not take part in the relevant Credentialing or review process, and those making the decision must not be given, or have regard to, the disclosure or information derived from it. Nothing in this clause prevents action taken on grounds established independently through the Section 6 processes and not reliant on any such disclosure, or the discharge of any duty to protect the safety of patients or others.

SECTION 7

APPEALS

7. APPEALS

Where there is no right to appeal

158. A practitioner has no ability to appeal any decision relating to their Credentialed Status or Scope of Clinical Practice unless these By-Laws expressly give the practitioner the ability to appeal that decision.

159. Subject to any express right of appeal conferred by these By-Laws, a Credentialed Practitioner has no ability to appeal the exercise of any discretion conferred by these By-Laws in respect of a matter for which no express right of appeal is provided under these By-Laws.

160. There is no right of appeal from a decision not to approve initial or first-time Credentialing, to grant or refuse temporary Credentialing, to grant or refuse Credentialing as a locum, to grant or refuse Emergency Credentialing, to approve or refuse Credentialing as a Medical Proctor, to approve an initial application subject to terms, limitations or conditions, to reject an application for clinical research, to deny a request for new clinical services, or in relation to interim measures. Any right of appeal in relation to a re-credentialing decision exists only where these By-Laws expressly confer that right and no express exclusion applies.

161. Unless decided otherwise by the CEO in the circumstances of the particular case, which will only be in exceptional circumstances, lodgement of an appeal does not result in a stay of the decision under appeal, and the decision will stand and be actioned accordingly.

Right to lodge an appeal

162. If a practitioner wishes to appeal a decision in respect of which these By-Laws give a right of appeal, the practitioner must lodge an appeal in writing with the CEO within 14 days of being notified of the decision. The CEO receives the appeal for administrative purposes. Any referral to a Board Delegate will be managed in accordance with By-Law 164.

163. It is sufficient to lodge an appeal in writing for the practitioner to:

a. State that they appeal a decision in respect to which these By-Laws give the ability to appeal; and
b. Specify the reason for the appeal.

Circumstances requiring a Board Delegate

164. Where these By-Laws provide for the CEO to receive, manage, consider or decide an appeal, the CEO acts in that capacity unless the CEO was materially involved in the earlier review, interim measure, recommendation or decision under appeal. In that case, the appeal must be referred to a Board Delegate appointed by the Board, and any function or decision otherwise assigned to the CEO in this Appeals section is to be performed by the Board Delegate, with any necessary administrative support from Nexus. Within 5 business days of receipt of the appeal, the CEO must determine whether they were materially involved in the review or decision giving rise to the appeal and, if so, must notify the appellant in writing that the appeal is being referred to a Board Delegate pursuant to this clause.

Procedure for appeal

165. The CEO will nominate an Appeal Committee to hear the appeal, establish terms of reference, and submit all relevant material to the Chairperson of the Appeal Committee. Where By-Law 164 applies, the Board Delegate will appoint or confirm the Appeal Committee, establish or confirm the terms of reference, and receive or submit all relevant material to the Chairperson of the Appeal Committee.

166. The Appeal Committee shall comprise at least three (3) persons and will include:
    a. the CMO or CNO, who will chair the Appeal Committee, provided that they are independent of the decision under appeal and were not materially involved in the earlier review, interim measure, recommendation or decision under appeal; OR
    b. where the CMO or CNO is not independent, has a known conflict of interest, or was materially involved in the earlier review, interim measure, recommendation or decision under appeal, the CEO or Board Delegate must appoint an alternate chair who is independent of the decision under appeal and has appropriate seniority, clinical governance experience or other relevant expertise; AND
    c. a nominee of the chair, who may be a Credentialed Practitioner, and who must be independent of the decision under appeal regarding the appellant; AND
    d. any other member or members who bring specific expertise to the decision under appeal, as determined by the CEO or Board Delegate where applicable, who must be independent of the decision under appeal regarding the appellant, and who may be a Credentialed Practitioner. The CEO or Board Delegate, at their complete discretion, may invite the appellant to make suggestions or comments on the proposed additional members of the Appeal Committee, other than the chair or any required nominee, but is not bound to follow the suggestions or comments;

167. Before accepting appointment, each nominee must confirm any actual, potential or perceived conflict of interest and sign a confidentiality agreement. Once all members have accepted, the CEO, or Board Delegate where By-Law 164 applies, will notify the appellant of the Appeal Committee membership.

168. The appeal process is to be conducted expeditiously having regard to all the circumstances.

169. Unless a shorter timeframe is agreed by the appellant and the Appeal Committee, the appellant shall be provided with at least 14 days' notice of the date for determination of the appeal by the Appeal Committee.

170. The notice from the Appeal Committee will ordinarily set out the date for determination of the appeal, the members of the Appeal Committee, the process that will be adopted, and will invite the appellant to make a submission about the decision under appeal.

171. Subject to an agreement to confidentiality from the appellant, the chairperson of the Appeal Committee will provide the appellant with copies of the material to be relied upon by the Appeal Committee or, where copies cannot reasonably be provided because of confidentiality, privacy, privilege, legal, regulatory or safety considerations, a summary of the substance of the adverse material relied upon, sufficient to enable the appellant to understand and respond to the substance of the material.

172. The appellant will be given the opportunity to make a submission to the Appeal Committee. The Appeal Committee shall determine whether the submission by the appellant may be in writing or in person or both.

173. If the appellant elects to provide written submissions to the Appeal Committee, following such a request from the Appeal Committee for a written submission, unless a longer time frame is agreed between the appellant and Appeal Committee the written submission will be provided within 7 days of the request.
174. The original decision-maker (or their delegate) may present to the Appeal Committee, in order to provide relevant information in relation to the decision under appeal.
175. If the appellant attends before the Appeal Committee to answer questions and to make submissions, the appellant is not entitled to have formal legal representation at the meeting of the Appeal Committee. The appellant is entitled to be accompanied by a support person, who may be a lawyer, but that support person is not entitled to address the Appeal Committee.
176. The appellant shall not be present during Appeal Committee deliberations except when invited to be heard in respect of his/her appeal.
177. The chairperson of the Appeal Committee shall determine any question of procedure for the Appeal Committee, with questions of procedure entirely within the discretion of the chairperson of the Appeal Committee.
178. The Appeal Committee will determine whether the decision under appeal was reasonable and appropriate on the information available to the decision-maker at the time the decision was made. The Appeal Committee is not empowered to conduct a general reinvestigation of the matter or to consider new information not available to the original decision-maker, except to the extent the Appeal Committee determines this is necessary in order to properly consider a procedural fairness ground of appeal.
179. The Appeal Committee will make a written recommendation regarding the appeal to the CEO, or Board Delegate where By-Law 164 applies, including provision of reasons for the recommendation. The recommendation may be made by a majority of the members of the Appeal Committee and, if there are an even number of Appeal Committee members, the Chairperson has the deciding vote. A copy of the recommendation will be provided to the appellant.
180. The CEO, or Board Delegate where By-Law 164 applies, will consider the recommendation of the Appeal Committee and make a decision about the appeal.
181. The CEO, or Board Delegate where By-Law 164 applies, will notify the appellant of the appeal decision in writing.
182. The decision made pursuant to By-Law 181 is final and binding, and there is no further appeal allowed under these By-Laws from this decision.
183. Any external notification arising from an appeal or appeal outcome will be considered and made in accordance with the External notification provisions of these By-Laws.

SECTION 8

GENERAL CONITIONS OF CREDENTIALING

8. GENERAL CONDITIONS OF CREDENTIALING

184. Credentialed Status is personal and cannot be transferred to, or be exercised by, any other person.
185. Credentialed Status permits a delineated Scope of Clinical Practice
186. A Credentialed Practitioner must:
    a. admit and treat patients only within their delineated Scope of Clinical Practice
    b. comply with 'General Conditions' set out in these By-Laws and any 'Special Conditions' noted in the approval of their Credentialing.
187. To the extent of any inconsistency between the General Conditions and the Special Conditions, the Special Conditions prevail
188. Unless a Credentialed Practitioner has the prior written consent of the CEO, a Credentialed Practitioner must not use Nexus's or the Facility's name, letterhead, logo, or in any way suggest that the Credentialed Practitioner represents these entities.
189. The Credentialed Practitioner must obtain the CEO's prior written approval before interaction with the media regarding any matter involving Nexus, the Facility or a patient.

Professional indemnity insurance, professional registration and police checks

190. A Credentialed Practitioner must maintain and, at all times, hold, Adequate Professional Indemnity Insurance.
191. The professional indemnity insurance must indemnify the Practitioner for the entirety of their Scope of Clinical Practice.
192. Such insurance must have no material exclusions relevant to the Credentialed Practitioner's Scope of Clinical Practice. Any deductible or excess must not be at a level that, in the opinion of the GM, would materially undermine the adequacy of the indemnity cover for the Credentialed Practitioner's Scope of Clinical Practice.
193. The limits of indemnity of the policy must be adequate in the opinion of the GM.
194. A Credentialed Practitioner must, if requested by the GM, provide an authority directed to the Credentialed Practitioner's professional indemnity insurer to provide to the GM evidence of the terms of that practitioner's insurance, including the limits and currency of that insurance.
195. A Credentialed Practitioner must maintain registration with AHPRA, consistent with the Scope of Clinical Practice granted.
196. The Facility is authorised to conduct a criminal history check, howsoever called, of the Credentialed Practitioner, at any time.

Compliance with Laws, Policies and Professional Standards

A Credentialed Practitioner must comply with:

197. these By-Laws;
198. all applicable laws concerning the provision of health care services to patients at private hospitals;
199. the policies, rules and procedures of Nexus and the specific Facility at which they hold Credentialed Status;
200. any vaccination requirements in place and applicable in the relevant State or Territory, or accrediting body, as well as any Nexus vaccination policy in place at the relevant Facility;

201. accepted professional and ethical standards and relevant codes of conduct; and
202. National and State or Territory standards and legislative requirements.

SECTION 9

NOTIFICATIONS AND CONTINUOUS DISCLOSURE

9. NOTIFICATIONS AND CONTINUOUS DISCLOSURE

Obligation to inform

203. Credentialed Practitioners must immediately advise the GM, and follow up with written confirmation within 2 days, if:

a. an investigation or complaint is commenced in relation to the Credentialed Practitioner, or about a patient of theirs, by AHPRA, the Credentialed Practitioner's registration board, disciplinary body, a coroner, a health complaints body, or another statutory authority, State or Government agency, irrespective of whether this relates to a patient of the Facility;

b. an adverse finding, including but not limited to criticism or adverse comment about the care or services provided by the Credentialed Practitioner, is made against the Credentialed Practitioner by a civil court, AHPRA, the practitioner's registration board, disciplinary body, a coroner, a health complaints body, or another statutory authority, State or Government agency, irrespective of whether this relates to a patient of the Facility;

c. the Credentialed Practitioner's professional registration is revoked or amended, or conditions are imposed or undertakings are 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;

d. professional indemnity membership or insurance is made conditional or is not renewed, or limitations are placed on insurance or professional indemnity coverage;

e. the Credentialed Practitioner's appointment, clinical privileges or Scope of Clinical Practice at any other facility, hospital or day procedure centre is:

i withdrawn,

ii suspended,

iii restricted, or

iv made conditional;

f. the Credentialed Practitioner has voluntarily resigned, relinquished or not sought renewal of clinical privileges at another facility in circumstances where disciplinary, performance or regulatory concerns were or may have been a contributing factor;

g. any physical or mental condition or substance abuse problem occurs that could affect their ability to practise or that would require any special assistance to enable them to practise safely and competently;

h. the Credentialed Practitioner believes that patient care or safety is being compromised or at risk, or may potentially be compromised or at risk, by another Credentialed Practitioner of the Facility;

i. the Credentialed Practitioner makes a mandatory notification to a health practitioner registration board in relation to another Credentialed Practitioner of the Facility; or

j. the Credentialed Practitioner is charged with, or convicted of, any criminal offence.

204. Credentialed Practitioners must keep the GM continuously informed of every fact and circumstance which has, or will likely have, a material bearing on:

a. the ongoing Credentialed Status of the practitioner;

b. the Scope of Clinical Practice of the Credentialed Practitioner;
c. the ability of the Credentialed Practitioner to safely deliver health services to his/her patients within their Scope of Clinical Practice, including if the Credentialed Practitioner suffers from an illness or disability which may adversely affect his or her Current Fitness to practise;
d. the Credentialed Practitioner's registration or professional indemnity insurance arrangements;
e. the inability of the Credentialed Practitioner to satisfy a medical malpractice claim by a patient;
f. adverse outcomes or complications that result in injury, disability or harm in relation to the Credentialed Practitioner's patients (current or former) of the Facility;
g. complaints, compensation claims, reportable deaths and coronial investigations in relation to the Credentialed Practitioner's patients (current or former) of the Facility;
h. the reputation of the Credentialed Practitioner as it relates to the provision of clinical practice; and
i. the reputation of Nexus or the Facility.

205. A Credentialed Practitioner must immediately notify the GM in writing if the Credentialed Practitioner becomes aware of: any actual or suspected unauthorised access to, loss of, or interference with any patient information, health information or Nexus information held by or accessible to the Credentialed Practitioner in connection with their Clinical Practice at the Facility; or any actual or suspected cyber security incident that involves, or may involve, systems, devices or information used by the Credentialed Practitioner in connection with their Clinical Practice at the Facility. The Credentialed Practitioner must cooperate fully with Nexus and any relevant regulatory authority in the investigation and management of any such incident.

SECTION 10

PROFESSIONAL RESPONSBILITIES

10. PROFESSIONAL RESPONSIBILITIES

Admission of patients

206. A Credentialed Practitioner's ability to admit and treat patients to a Facility is subject to
    a. procedure/operating list availability;
    b. availability and capability of nursing or allied health staff or facilities at the Facility, relevant to the type or treatment proposed to be conducted by the Credentialed Practitioner;
    c. compliance with the clinical services capability framework (however described in the relevant State or Territory), private hospital licensing and/or American Society of Anesthesiologists (ASA) guidelines applicable to that Facility; and
    d. compliance with any Facility admission policy in place at the Facility, which may include requirements for transfer out of the Facility in the event of an emergency or the patient no longer meeting admission, clinical services capability framework, private hospital licensing or ASA classification requirements.
207. Except in an emergency, no patient will be admitted to a Facility until a valid request for admission has been provided by the Credentialed Practitioner, stating the reason for the admission.
208. Planned operating lists and notification of when a practitioner is not intending to use a planned list, must be provided by the Credentialed Practitioner prior to the booked list with sufficient notice as per the specified timeframe set by the Facility.

Activity of the Credentialed Practitioner: expectations of utilisation

209. Nexus expects that Credentialed Practitioners will admit and treat patients at the Facility on a regular basis and be an active provider of services at the Facility.
210. Sessions for the use of operating rooms are allocated on the basis that they will be optimally and efficiently utilised.
211. The Facility may determine what metrics are used to define optimal and efficient utilisation, including start and finish times.

Allocation of procedural sessions

212. Sessions will be allocated to the Credentialed Practitioner at the complete discretion of Nexus, and past allocation of sessions does not entitle the Credentialed Practitioner to right of access to future sessions.
213. Wherever possible, a Credentialed Practitioner must provide the GM with adequate notice of any times during which they will not fully utilise any allocated sessions. The Facility may specify the required notice period, and this will be regarded as 'adequate notice' for the purpose of this By-Law.
214. The GM may:
    a. modify or change (which includes reducing an allocation or removing an allocation) the allocation of operating sessions, having regard to utilisation or the demands for surgery; and
    b. allow casual bookings for the whole or part of any allocated operating session which is not fully utilised.

215. A Credentialed Practitioner must give the GM adequate notice of his or her intention to reduce or terminate use of allocated operating sessions. The Facility may specify the required notice period, and this will be regarded as 'adequate notice' for the purpose of this By-Law.

Clinical Research

216. Nexus supports the conduct of research, including clinical trials, within our Facilities on the following basis:
    a. All research must be undertaken in accordance with the Nexus Clinical Trials Governance Framework
    b. All research must be undertaken in accordance with the National Clinical Trials Governance Framework.
    c. The activities to be undertaken in the research must fall within the Scope of Clinical Practice of the Credentialed Practitioner.
    d. Credentialed Practitioners engaging in Clinical Research, including clinical trials, will assist the clinical governance obligations of Nexus by providing regular reports on all trials undertaken within a Nexus Facility.
    e. For aspects of the research falling outside an indemnity from a third party (including the exceptions listed in the indemnity), the Credentialed Practitioner must have in place adequate insurance to cover the medical research.
    f. A Credentialed Practitioner has no power to bind Nexus to a research project, including a clinical trial, by executing a research agreement.
    g. There is no right of appeal from a decision to reject an application for research.

New clinical services

217. Before treating patients with New Clinical Services, a Credentialed Practitioner is required to obtain the prior written approval of the GM, who will consult with and obtain a recommendation from the MAC and/or CC, as applicable, and the Nexus CMO. If approval is received it will be subject to minimum requirements of compliance with the requirements of Nexus policy (if any) for New Clinical Services, fall within the Credentialed Practitioner's Scope of Clinical Practice or approved amendment to their Scope of Clinical Practice, and fall within the licensed service capability of the Facility.

218. Approval of New Clinical Services or an Extended Scope of Clinical Practice may include conditions or requirements relating to training evidence, supervised practice, proctoring, case limits, outcome monitoring, incident review, audit, and time-limited review conditions.

219. The Credentialed Practitioner must provide evidence of Adequate Professional Indemnity Insurance to cover the New Clinical Service, and if requested, evidence that private health insurers will adequately fund the New Clinical Services.

220. The Credentialed Practitioner must provide progress reports to the GM, at intervals set out in the written approval, and must comply with any subsequent directions received from the CEO, CMO or Nexus Clinical Governance Committee.

221. If research is involved, then the Clinical Research section of these By-Laws must be complied with.

222. The GM's decision is final and there shall be no right of appeal from denial of requests for new clinical services.

SECTION 11

RIGHT TO CREATE LOCAL POLICIES, PROCEDURES, RULES AND AUDIT

11. RIGHT TO CREATE LOCAL POLICIES, PROCEDURES, RULES AND AUDIT

223. Providing it does not contradict any provision in these By-Laws or other Nexus policies and procedures, the GM may develop and implement at the Facility local rules, policies or procedures the GM considers necessary or desirable to implement these By-Laws and thereby improve:

a. the quality of care provided to patients; or

b. the safety of patients, Credentialed Practitioners, other health practitioners, staff and/or all other people working at or engaged by the Facility.

224. For the avoidance of doubt, a GM must not make any rule, policy or procedure that is inconsistent with these By-Laws.

Audits of By-Laws and Credentialing

225. Nexus may establish a regular audit process, at intervals determined to be appropriate for the organisation or a particular Facility, or as may be required by a regulatory authority, to ensure compliance with and improve the effectiveness of the processes set out in these By-Laws relating to Credentialing, approved Scope of Clinical Practice, and any associated policies and procedures, including adherence by Credentialed Practitioners to their approved Scope of Clinical Practice.

226. The audit process will include identification of opportunities for quality improvement in the Credentialing and approved Scope of Clinical Practice processes.

227. A report on the effectiveness and efficiency of the Credentialing, Re-credentialing and Scope of Clinical Practice determination processes will be provided to the Board, or such Board committee as the Board may designate for this purpose, at least annually.

SECTION 12

PRIVACY AND CONFIDENTIALITY

12. PRIVACY AND CONFIDENTIALITY

General

228. Credentialed Practitioners will manage all matters relating to the confidentiality of information and the privacy of consumers and other persons, in compliance with Nexus policy and the 'Australian Privacy Principles' established by the Privacy Act (Cth), and other legislation and regulations relating to privacy and confidentiality applicable in the relevant State or Territory and will not do anything to bring Nexus or the Facility in breach of these obligations.

229. Credentialed Practitioners will comply with all relevant legislation governing the collection, handling, security, storage and disclosure of health information, as well as notification of data breaches.

230. Credentialed Practitioners will comply with common law duties of confidentiality.

231. Credentialed Practitioners acknowledge that in order for the organisation to function, effective communication is required, including between the Nexus Board, CEO, CMO, Operations Directors, Nexus Executive, GM, committees of the Facility, staff of the Facility and other Credentialed Practitioners. Credentialed Practitioners acknowledge and consent to communication between these persons and entities of information, including their own personal information, that may otherwise be restricted by the Privacy Act. The acknowledgment and consent is given on the proviso that the information will be dealt with in accordance with obligations pursuant to the Privacy Act and only for proper purposes and functions.

Specific requirements relating to confidentiality

232. Every Credentialed Practitioner must keep confidential the following information:
    a. Commercial in confidence business information concerning Nexus and its Facilities;
    b. Information concerning the insurance arrangements of Nexus;
    c. Information concerning any patient, staff or other Credentialed Practitioners; and
    d. Any information gained by or conveyed to the Credentialed Practitioner in the course of committees or quality assurance activities.

233. The confidentiality requirements of these By-Laws do not apply in the following circumstances:
    a. Where disclosure is required to provide continuing care to the patient;
    b. Where disclosure is required by law;
    c. Where the person benefiting from the confidentiality consents to the disclosure or waives the confidentiality;
    d. Where disclosure is made to a regulatory or registration body in connection with a Credentialed Practitioner
    e. Where disclosure is required in order to perform some requirement of these By-Laws.

234. The confidentiality requirements of these By-Laws continue with full force and effect after the Credentialed Practitioner ceases to be a Credentialed Practitioner.

Consequences of breach of Confidentiality

235. If a Credentialed Practitioner is found to have committed a breach of these provisions relating to Confidentiality, they are liable to actions under these By-Laws, including suspension and termination of their Credentialing.

SECTION 13

ADMINISTRATIVE MATTERS

13. ADMINISTRATIVE MATTERS

Forms, Systems and Paperwork

236. Nexus or a GM may prescribe forms (written or electronic) and other administrative processes to be completed and performed by a Credentialed Practitioner in the treatment of a patient in connection with the patient's admission to or treatment at a Facility.

237. A Credentialed Practitioner must accurately complete those forms and perform those processes and then deal with them in accordance with the specified requirements.

Terms of Reference

238. The terms of reference of the MAC, CC, any combined MACC, and any other bodies established in connection with these By-Laws will set out all matters relevant to the functioning of those committees.

Changes to Policies, Procedures and Terms of Reference

239. Policies, Procedures and Terms of reference may be altered from time to time and will come into effect from the date of implementation

Delegation of Authority

240. The CEO may delegate any of the responsibilities conferred upon them by these By-Laws at their complete discretion.

SECTION 14

PROFESSIONAL STANDARDS FOR CREDENTIALED PRACTITIONERS

14. PROFESSIONAL STANDARDS FOR CREDENTIALED PRACTITIONERS

Professional conduct and respectful behaviour

241. Credentialed Practitioners must conduct themselves professionally, respectfully and collaboratively when interacting with patients, families, carers, staff, contractors, visitors, other Credentialed Practitioners and Nexus representatives.

242. Credentialed Practitioners must not engage in bullying, harassment, discrimination, intimidation, victimisation, disruptive behaviour or conduct that undermines patient safety, staff wellbeing, effective teamwork or the reputation of Nexus or the Facility.

243. Credentialed Practitioners must comply with Nexus values, applicable codes of conduct, professional standards, workplace behaviour policies and any reasonable direction given by Nexus or Facility leadership in relation to respectful behaviour and safe working relationships.

Current Fitness, fatigue and impairment

244. Credentialed Practitioners must take reasonable steps to manage fatigue and impairment risks, including in relation to operating lists, procedural bookings, on-call arrangements, after-hours care and continuity of care obligations.

245. A Credentialed Practitioner must promptly notify the GM if their Current Fitness to practise may be affected in a way that could impact patient safety, staff safety, continuity of care or compliance with these By-Laws.

246. Where Current Fitness is or may be affected, the Credentialed Practitioner must cooperate with reasonable steps required by Nexus or the Facility to manage risk, which may include temporary adjustment of lists, on-call arrangements, Scope of Clinical Practice, Credentialed Status, supervision, support, review or other conditions.

247. Credentialed Practitioners must not practise, admit, treat, operate, prescribe, provide sedation or anaesthesia, or otherwise provide clinical care at a Facility if their Current Fitness may be impaired by fatigue, illness, injury, medication, alcohol, drugs, cognitive impairment, psychological distress or any other condition that may compromise safe practice.

Care of admitted patients: general responsibilities

Responsibility for patient care

248. Each Credentialed Practitioner is responsible for the care and treatment of their patients in the Facility. If the Credentialed Practitioner is unable to provide that care personally, they must secure the agreement of another Credentialed Practitioner to provide that care and treatment.

249. Credentialed Practitioners must ensure continuity of care for admitted patients, including by being available or arranging appropriate Credentialed Practitioner cover when they are unavailable.

250. Credentialed Practitioners must attend all patients admitted or required to be treated by them as frequently as is required by the clinical circumstances of those patients and as would be judged appropriate by professional peers.

251. Credentialed Practitioners must be contactable and able to review admitted patients in person, or ensure approved locum or on-call cover is available. If appropriate cover is unavailable, the GM must be notified immediately.
252. Credentialed Practitioners must respond promptly to reasonable clinical requests from Facility staff. If they cannot attend personally, they must arrange appropriate Credentialed Practitioner cover and advise Facility staff of those arrangements.

Delegation and supervision of care

253. Credentialed Practitioners must ensure that any delegation, referral, supervision or assignment of clinical tasks is safe, appropriate and within the competence, credentialing, role, authority and scope of practice of the person receiving the task.
254. Credentialed Practitioners must provide appropriate supervision, instructions and clinical oversight where they delegate, request or rely on another practitioner, assistant, trainee, employee, contractor or member of the multidisciplinary team to provide care or perform a clinical task.
255. A Credentialed Practitioner remains clinically responsible for the care of their patient unless responsibility has been formally transferred to another appropriately credentialed practitioner and the transfer has been clearly documented and communicated.
256. It is the responsibility of the Credentialed Practitioner to ensure all information reasonably necessary to ensure continuity of care after discharge is provided to the patient and their carers, the referring practitioner, general practitioner and/or other treating practitioners.

Clinical Handover

257. Credentialed Practitioners must provide timely, structured and clinically appropriate handover when responsibility for a patient's care is transferred, shared or escalated.
258. Structured handover must occur, as relevant, at admission, transfer, discharge, escalation of care, change of treating practitioner, change of care setting, and when arranging locum, on-call or after-hours cover.
259. Handover must include sufficient information to enable safe continuity of care, including the patient's current condition, relevant history, diagnosis or working diagnosis, treatment provided, outstanding investigations, clinical risks, escalation plans, medication changes, follow-up requirements and any matters requiring urgent attention.
260. Credentialed Practitioners must document clinically significant handover in the patient's medical record where required by Nexus or Facility policy, or where necessary to support safe ongoing care.

Transfer of care to another Credentialed Practitioner

261. When responsibility for care is transferred to another Credentialed Practitioner, the transferring practitioner must:
    a. document the details of the transfer in the patient's medical record held by the Facility; and
    b. communicate the transfer to the GM or relevant delegate of the Facility.

Keeping contact details up to date

262. Credentialed Practitioners must promptly notify the GM of any change to contact details and ensure reliable contact arrangements are in place.

Working within the capability of the Facility

263. Credentialed Practitioners must recognise and comply with limitations on the patients that may be admitted to the Facility.

Use of guidelines and procedures

264. Nexus supports and encourages the use of evidence-based clinical guidelines and procedures. Nexus expects its Credentialed Practitioners to utilise such guidelines in the care of their patients, or to document the reasons why treatment outside established guidelines has been undertaken. These include, but are not limited to:

a. internal guidelines and clinical procedures generated and promoted by Nexus;
b. guidelines created by professional colleges and authoritative specialty groups;
c. guidelines created by State-based entities committed to improving the safety and quality of clinical care, such as Safer Care Victoria and the Clinical Excellence Commission;
d. The Therapeutic Guidelines, including Antimicrobial Guidelines; and
e. Clinical Care Standards promulgated by the Australian Commission on Safety and Quality in Health Care.

Recognising and responding to clinical deterioration

265. Credentialed Practitioners must comply with Nexus and Facility policies for recognising, responding to and escalating clinical deterioration, including emergency response, transfer and escalation pathways.
266. Credentialed Practitioners must respond promptly to reasonable requests from Facility staff for review, advice, escalation, transfer or treatment of a deteriorating patient.
267. Where a patient no longer meets admission criteria, clinical services capability, private hospital licensing, ASA classification or other applicable requirements, the Credentialed Practitioner must assist with timely escalation, stabilisation, handover and transfer to an appropriate alternative healthcare facility.

Medication Safety

268. Credentialed Practitioners must prescribe, administer, document, review and communicate medication orders in accordance with Nexus and Facility medication safety policies, applicable law, professional standards and accepted clinical practice.
269. Credentialed Practitioners must support safe medication management by ensuring, where relevant, that medication histories, medication reconciliation, allergies, adverse drug reactions and medication changes are accurately documented and communicated to the care team, the patient and the patient's ongoing treating practitioners.
270. Credentialed Practitioners must comply with requirements relating to high-risk medicines, restricted medicines, controlled drugs, antimicrobial stewardship, venous thromboembolism prophylaxis, medication storage and medication incident reporting.

271. Credentialed Practitioners must respond promptly to medication-related queries, incidents, adverse drug events or concerns raised by nursing, pharmacy, allied health, medical staff, patients or carers.

272. Medication orders must be clear, current, complete, legible or electronically valid, clinically appropriate, and capable of being safely actioned by Facility staff.

Infection Prevention and Control

273. Credentialed Practitioners must comply with Nexus and Facility infection prevention and control requirements, including hand hygiene, aseptic technique, personal protective equipment, environmental controls, isolation requirements and communicable disease management.

274. Credentialed Practitioners must comply with applicable screening, vaccination, exposure management and work restriction requirements designed to protect patients, staff, visitors and other practitioners.

275. Credentialed Practitioners must support antimicrobial stewardship and infection prevention initiatives, including timely reporting, investigation and management of suspected healthcare-associated infections or outbreaks where relevant to their patients or practice.

Verbal Treatment Orders

276. A verbal order for the treatment of a patient that is given by a Credentialed Practitioner may be acted on when:
    a. it is given to a duly authorised person functioning within the scope of their clinical competence; and
    b. the order is understood clearly by those involved in the care of the patient.

277. A verbal order for the treatment of a patient that is made in accordance with the above must be recorded in writing and subsequently signed by the Credentialed Practitioner who gave the verbal order within 24 hours of making the verbal order, and if there is an electronic prescription, then this must be completed in a timely way in compliance with regulatory requirements.

278. The repeated failure of a Credentialed Practitioner to comply with these requirements must be brought to the attention of the GM where the verbal orders were given and may be grounds for action under these By-Laws.

Surgery and other procedures: safety obligations

279. Credentialed Practitioners acknowledge the importance of, and will strictly adhere to, all policies and procedures aimed at ensuring safety and quality during procedural work, which include but are not limited to participating in:
    a. Safe Surgery, Safe Endoscopy or Safe Procedure Checklists;
    b. Antimicrobial Guidelines;
    c. Infection Control Guidelines; and
    d. policies and procedures relating to the management of restricted and controlled drugs.

280. Credentialed Practitioners performing procedures within Facility operating suites are to be physically present within the operating suite before commencement of any component of the anaesthetic.

281. Credentialed Practitioners must give consideration to their own potential fatigue and that of other staff involved in the provision of patient care when making patient bookings and in utilising operating theatre and procedure room time.

Specific requirements of anaesthetists

282. Credentialed Practitioners who anaesthetise patients must:
    a. remain on the hospital site until the patient has safely recovered from the anaesthetic; and
    b. remain contactable via telephone until the patient's final discharge from the facility.

General Clinical Governance Requirements of Credentialed Practitioners

283. Credentialed Practitioners acknowledge the importance of ongoing safety and quality initiatives that may be instituted by Nexus or the Facility based upon its own safety and quality program, or safety and quality initiatives, programs or standards of State or Commonwealth health departments, statutory bodies or safety and quality organisations (including for example the Australian Commission on Safety and Quality in Health Care, a state-based division of a health department, or a state-based independent statutory body).
284. Credentialed Practitioners will participate in and ensure compliance with these initiatives and programs, including if they are voluntary initiatives that Nexus or the Facility elects to participate in or undertake, whether these apply directly to the Credentialed Practitioner or are imposed upon the Facility and require assistance from the Credentialed Practitioner to ensure compliance, including but not limited to the National Safety and Quality Health Service Standards and Clinical Care Standards of the Australian Commission on Safety and Quality in Health Care.
285. Credentialed Practitioners are required to participate in Facility clinical practice review and peer review activities, including, but not limited to
    a. clinical audit,
    b. adverse event reviews,
    c. response to consumer complaints
    d. clinical variation review
    e. peer review
    f. benchmarking
    g. patient reported outcomes measures
    h. improvement programs
    i. contribution to clinical registries
286. Credentialed Practitioners are encouraged to participate in the Facility's safety, quality, risk management, education and training activities, whilst noting that participation may be mandated at the direction of a regulatory body, or Nexus as part of conditions placed on the practitioner's Credentialed Status.

Open Disclosure and Duty of Candour

287. Credentialed Practitioners must participate in open disclosure processes following adverse events, complications, unexpected outcomes or incidents where disclosure to a patient, family member, carer or substitute decision maker is required or appropriate.

288. Open disclosure must be undertaken in accordance with Nexus policy, applicable professional standards, relevant legal or regulatory requirements, and the principles of honesty, empathy, timeliness and respect.

289. Practitioners must support appropriate information, follow-up and communication following an adverse event or significant clinical incident.

Complaints and Consumer Feedback

290. Credentialed Practitioners must respond to complaint review or resolution requests within the timeframe reasonably specified by Nexus or the Facility.

291. Credentialed Practitioners must support respectful, person-centred communication with patients, families, carers and substitute decision makers during complaint review and resolution processes.

292. Credentialed Practitioners must not communicate with a complainant, patient, family member, carer or substitute decision maker in a way that could reasonably be perceived as intimidating, retaliatory, dismissive or inconsistent with Nexus values, professional standards or the principles of open disclosure.

293. Where a complaint identifies a clinical governance, safety, quality, communication, behavioural or systems issue, Credentialed Practitioners must participate in any reasonable review or corrective action required by Nexus or the Facility.

Scope Creep and New Procedures

294. Credentialed Practitioners must not introduce, undertake or supervise any new procedure, technique, technology, equipment, clinical service or model of care at a Facility unless it has been approved in accordance with the applicable Nexus process.

295. Before undertaking any new or materially changed procedure, technique, technology, equipment, clinical service or model of care, the Credentialed Practitioner must ensure that it falls within their approved Scope of Clinical Practice and the Facility's Organisational Need and Organisational Capability.

296. Approval may be subject to conditions, including training, competency evidence, supervision, proctoring, case limits, outcome monitoring, audit, incident review or time-limited review.

297. Credentialed Practitioners must not allow gradual expansion of practice beyond their approved Scope of Clinical Practice or beyond the Facility's approved capability, resources, licensing, policies or clinical governance requirements.

Obligation to report: hazards, risks and adverse events

298. Credentialed Practitioners must report the following matters related to patients of the Facility:
    a. hazards identified by the Credentialed Practitioner
    b. clinical incidents, complications or adverse events that result in injury, disability or harm,
    c. near misses with the potential to cause harm
    d. deaths
    e. complaints
    f. medicolegal claims or regulatory actions

299. Where requested, Credentialed Practitioners must assist in the review and response to reportable matters under this section.

Risk Management & Assistance with Legal and Regulatory Matters

300. Credentialed Practitioners will participate in risk management activities and programs, including the implementation by the Facility of risk management strategies and recommendations from system reviews.
301. Credentialed Practitioners must provide all reasonable and necessary assistance in circumstances where the Facility requires assistance from the Credentialed Practitioner in order to comply with or respond to a legal request or direction, including for example where that direction is pursuant to a court order, or from a health complaints body, AHPRA, Coroner, police, state health department and its agencies or departments, Private Health Unit, and Commonwealth Government and its agencies or departments.
302. Credentialed Practitioners shall comply with and take all reasonable actions to assist the Facility to comply with each of the National Safety and Quality Health Service Standards issued by the Australian Commission on Safety and Quality in Health Care and any associated clinical guidelines.

Consent to Treatment

303. Credentialed Practitioners must obtain informed consent for treatment from the patient, legal guardian or substitute decision maker, except where immediate treatment is required in an emergency.
304. For this clause, an emergency exists where immediate treatment is necessary to save life or prevent serious harm.
305. Wherever possible, consent for treatment should be obtained prior to admission.
306. Consent must be documented in writing and signed by the Credentialed Practitioner and the patient, legal guardian or substitute decision maker.
307. Consent must be obtained and documented consistently with the relevant Facility policy or overarching Nexus consent policy.
308. The Credentialed Practitioner under whom the patient is admitted or treated is ordinarily responsible for obtaining informed consent, including explaining the patient's condition, prognosis, treatment options, alternatives and material risks.

Financial Consent

309. Credentialed Practitioners must provide financial disclosure and obtain financial consent in accordance with applicable legislation, health fund requirements, and Nexus or Facility policy.

Consent for anaesthesia and sedation

310. Anaesthetic or sedation consent must be obtained separately from procedural consent by the Credentialed Practitioner providing anaesthetic or sedation services.

Patient records, clinical documentation and discharge information

General records obligations

311. Credentialed Practitioners must ensure that all patient-related clinical documentation is accurate, complete, contemporaneous, legible or electronically valid, appropriately authenticated, and recorded in the patient record held by the Facility.

312. Documentation must be sufficient to support safe clinical care, continuity of care, handover, discharge planning, audit, legal and regulatory compliance, and any review of the care provided. Including the following requirements:

a. The records must include all information necessary to enable the Facility staff or other Credentialed Practitioners to provide necessary care and treatment to patients, particularly when:
   i there has been a change in the patient's condition since last review; or
   ii the Credentialed Practitioner initiates a change in the patient's management.

b. The records must comply with National Standards developed by the Australian Commission on Safety and Quality in Health Care and be in the form determined appropriate by the Facility.

c. All clinical entries in a patient's medical record held by the Facility must be accurately dated, timed and authenticated.

313. Verbal treatment orders are governed by the Verbal Treatment Orders section of these By-Laws and must be recorded, authenticated and followed up in accordance with that section.

314. All orders (including medication) for the treatment of a patient must be:

a. recorded legibly in writing, noting the date and time the order is made;

b. signed by the Credentialed Practitioner that ordered the treatment;

c. if in electronic form, for example an electronic prescription, this must meet all relevant regulatory requirements; and

d. comply with all relevant state, territory or federal Health Department requirements.

315. Any order for treatment that does not comply with this clause must not be carried out until:

a. The order is made compliant; or

b. The order is understood clearly by those involved in the care of the patient; and

c. Any regulatory requirements are met.

Information required before admission

316. A Credentialed Practitioner must provide the Facility with all relevant clinical information pertaining to a patient for whom admission is requested, so that staff can make a determination on the patient's appropriateness for care and any risks that must be addressed. If this has not occurred, the procedure must be delayed until:

a. the situation is clarified to the satisfaction of all persons who will be involved in the care of the patient; or

b. the Credentialed Practitioner states in writing that such a delay would be detrimental to the life and recovery of the patient. In such instances post-operative/procedural completion of the medical record is mandatory.

317. A Credentialed Practitioner must also provide the Facility with sufficient information to satisfy funder requirements to determine the patient's eligibility to make a claim, when necessary and requested.

Clinical entries and progress notes

318. Progress notes and other documentation must be contemporaneous, sufficient to permit continuity of care, communication of clinically relevant information to nursing and other staff and transferability of the patient.

319. Wherever possible, each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders and the results of any tests and treatments undertaken.

Operative and procedure reports

320. Operative and procedure reports must:

a. include a detailed account of the findings;

b. Include details of the surgical technique or procedure undertaken;

c. be written or dictated and the report signed by the attending Credentialed Practitioner;

d. if a typed report is to be provided, then a handwritten contemporaneous summary must also be written and the typed report subsequently forwarded to the Facility to form part of the medical record.

e. list all relevant MBS item numbers.

Anaesthetic and sedation records

321. A Credentialed Practitioner who performs anaesthesia on a patient must:

a. Obtain and document consent to anaesthesia;

b. Maintain a complete anaesthetic record that includes evidence of pre-anaesthetic evaluation and post-anaesthetic follow-up of the patient's condition;

Diagnostic reports and clinical specimens

322. Where a clinical specimen is removed from a patient by a Credentialed Practitioner during a procedure:

a. the specimen must be sent to a pathologist for such examination necessary to arrive at a tissue diagnosis; and

b. the authorised report prepared by the pathologist must be included in the patient's medical record held by the Facility as soon as practicable after it is received

323. All medical imaging and pathology reports relevant to the admission or arising from it must be included in a patient's medical record held by the Facility within a timeframe appropriate for the circumstances of the admission. Credentialed Practitioners must ensure that providers of pathology or imaging reports are instructed to provide a copy to the Facility.

Discharge documentation and communication

324. A Credentialed Practitioner must:
   a. Comply with the patient discharge policy of the Facility;
   b. Complete all patient discharge documents, relevant to the patient's care, required by the Facility;
   c. Correspond with the patient's GP to inform them of the treatment provided and any other relevant clinical information, including medication changes; and
   d. Provide the patient with sufficient information at discharge to ensure they:
      i Understand what treatment they received;
      ii Understand what they need to do to manage their recovery; and
      iii Understand how to seek help post discharge if required.

Ownership of the medical record

325. The Credentialed Practitioner is entitled to make a request for the contents of the medical record in relation to their own treatment of a particular patient. Requests for such information should be made in writing to the Facility GM.

326. The patient has a right to information held within the medical record, subject to relevant legislation and the making of a formal request to the Facility.

327. A Credentialed Practitioner must not destroy, erase, remove or transfer from Facility premises or systems any medical record or part of a medical record.

328. Where a patient is readmitted to a Facility, that part of the medical record relating to the patient's previous admissions will be made available to the Credentialed Practitioner involved in the patient's treatment during the readmission.

Patients Leaving Against Medical Advice

329. When a patient chooses to leave the Facility against the advice of the attending Credentialed Practitioner:
   a. the Credentialed Practitioner must be informed by a Nexus staff member; and
   b. a notation must be made in the patient's medical record held by the Facility, using 'discharged against advice' documentation.

Death of a patient within a Facility

330. In the event of a patient's death within the Facility:
   a. the death must be confirmed and recorded by the attending Credentialed Practitioner or their approved delegate as soon as possible;
   b. a decision made whether it is appropriate to complete a Death Certificate or whether the Coroner needs to be informed;
   c. the Credentialed Practitioner is responsible for informing the patient's next of kin or other designated primary contact; and
   d. the Credentialed Practitioner is responsible for all documentation in relation to the death.