

1 PREAMBLE

The primary responsibility of all visiting medical practitioners to Levant Cosmetic Surgery (herein referred to as 'Levant CS') is to provide the highest standard of patient-centred care in a safe environment. This goal requires professional commitment and competence, collective activity through the medical staff organisation and close co-operation with Levant CS' staff and Management. These medical by-laws are designed to assist in this goal.

2 DEFINITIONS

"Board" means the Levant Director, established to generally supervise the provision of cosmetic treatments and procedures and patient care at all Levant CS facilities.

"Medical Director" means the individual facility Medical Practitioner responsible for the standard of clinical and non-clinical services provided within Levant. In their absence, the Senior RN/DON will act in this capacity.

"Clinical Privileges" in relation to an appointment as a visiting practitioner or specialist, means a delineation by the Directors of the duration and scope of practice that the visiting practitioner or specialist may perform at the specified facilities.

"Levant CS" means;

- Corporate Head Office Sydney, 10 Henrietta Street, Double Bay, NSW 2028

- Levant Cosmetic Day Surgery Randwick, 162 Belmore Road, Randwick NSW 2031
- Archer St Day Hospital, 163 Archer Street North Adelaide SA 5006
- Levant Clinic Canberra Suite 3, Level C 1 Broula St Bruce ACT 2617
- Levant Clinic Gold Coast & Levant Gold Coast Day Hospital, Level 2 Queen St Village Southport QLD 4215

"Medical Advisory Committee" means the advisory committee comprised of the Medical Directors, Medical Practitioners, Senior Management and Senior Nurses of Levant CS.

"Visiting Medical Practitioner" for the purpose of these By-laws covers all medical practitioners, including Visiting Medical Officers (VMO's) and Levant CS Medical Directors.

3 VISITING MEDICAL PRACTITIONERS

3.1 All accredited visiting medical practitioners shall:

- 3.2.1 Ensure that all persons treated at Levant CS receive the highest possible standard of medical care through their active commitment to the quality improvement and risk management programs;
- 3.2.2 Ensure a high level of professional performance by all visiting practitioners by formal staff selection procedures and active involvement in quality improvement activities;
- 3.2.3 Promote co-operation and communication between visiting medical practitioners and Levant CS;
- 3.2.4 Promote educational activities for all medical practitioners associated with Levant CS;

3.2.5 Support the policies and objectives of Levant CS as outlined in its statement of philosophy and objectives in the medical by-laws and other relevant Levant CS memoranda.

3.3 All members of the medical staff may refer any matter for consideration by the Medical Advisory Committee by notice in writing to the Medical Director at any time.

4 MEDICAL ADVISORY COMMITTEE

4.1 The Board shall appoint or elect a sub-committee called the Medical Advisory Committee for an indefinite period.

4.2 The terms of reference of the Medical Advisory Committee shall include the following:

4.2.1 Examination of credentials and delineation of clinical privileges and scope of practice at each Levant CS facility for visiting medical practitioners and advising the Board on such matters.

4.2.2 The development of policies relating to medical practice and medical services provided at Levant CS.

4.2.3 Advising the Licensee on matters concerning clinical practice and patient-centred services at Levant CS

4.2.4 Advising the Board on matters concerning patient care and safety at Levant CS, including the capacity of Levant CS to provide safe patient-centred care and appropriate services;

4.2.5 Superintending the functions of clinical review (including the form and content of the medical records and clinical indicator program), education and ethics for Levant CS.

4.2.6 Superintending any matters that may lead to disciplinary measures.

4.2.7 The MAC has the power to co-opt other health care providers such as members of learned colleges and other relevant professional organizations.

4.2.8 Suggesting to the Board the content and changes required to the medical by-laws in regular review.

4.2.9 Reporting to the relevant jurisdiction's Health Ministers persistent failure by the Board to act on the committee's advice.

4.2.10 Participate in the Quality Improvement and Risk Management Programs of the Centre.

4.2.11 Receive and review patient care reports, clinical variances and outcomes, and advise on appropriate actions where necessary.

4.3 The Medical Advisory Committee will meet at least annually face-to-face or as deemed necessary by the Chairman of the Medical Advisory Committee. Videoconferencing facilities may be used in lieu of face-to-face meetings in extraordinary circumstances, as directed by the Board.

4.4 The Medical Advisory Committee shall have a minimum number of (3) three persons who are medical practitioners.

4.5 The Chairman of the Medical Advisory Committee shall be elected for an indefinite period by the Board, and must have a non-pecuniary interest.

4.6 The Secretary of the committee shall be the Compliance Manager.

4.7 All resolutions of the committee shall be determined by a quorum of members who are present and voting at the meeting, one of whom must be a Medical Director.

5 **MEDICAL DIRECTOR**

The Medical Director is a senior liaison person for the provision of regular medical services and medical functions in Levant CS.

6 **ACCREDITATION & APPOINTMENT OF VISITING MEDICAL PRACTITIONERS**

- 6.1 All visiting medical practitioners are required to be credentialed upon appointment to Levant CS, but before they commence practicing, and re-credentialed triennially thereafter.
- 6.2 Any registered medical practitioner is entitled to make application for membership of the visiting medical staff of Levant CS and or seek accreditation and clinical privileges.
- 6.3 All applicants must be legally qualified medical practitioners and registered by AHPRA to practice medicine and shall hold an appropriate and current professional indemnity policy and CPR certification, and maintain same throughout their credentialing period.
- 6.4 All applications shall be considered by the Medical Advisory Committee which shall make recommendations to the Board as to the appointment or otherwise of any medical practitioner. All references will be checked and noted.
- 6.5 The Board shall make the final decision as to the appointment or renewal of appointment of any medical practitioner as visiting medical practitioner for Levant CS.
- 6.6 All applications for appointment shall be made in such manner as determined by the Board.
- 6.7 Clinical privileges granted to any visiting medical practitioner must be general (in terms of the discipline) and specific (in terms of procedures).
- 6.8 The Human Resources Manager shall notify all persons making application for appointment of the result of the application. If successful

the name of the medical practitioner shall be entered on the list of accredited visiting medical practitioners together with the privileges accorded, scope of practice and facilities at which the practitioner is accredited.

- 6.9 All visiting medical practitioners shall automatically cease to have accreditation after a period of three (3) years from initial appointment and shall make a new application for re-appointment upon the expiry of the period of three (3) years.
- 6.10 If a visiting medical practitioner wishes to change or add to their approved scope of practice, they shall re-apply for credentialing for the change/addition to their scope only and the approval period for that change/addition will be for the time remaining on their current credentialing period.
- 6.11 Visiting medical practitioners who wish to commence service delivery before the next scheduled MAC meeting will receive interim credentialing approval by the Board for a period not exceeding 6 months. They will need to be formally credentialed by the MAC within this 6 month period, or approval granted by 3 Medical Directors if the next scheduled MAC meeting is not within the 6 month period.
- 6.12 All persons appointed as a visiting medical practitioner shall be deemed to accept the terms and conditions as set out in these medical by-laws as amended from time to time and shall support the philosophy and objectives of Levant CS.
- 6.13 In the event of any visiting medical practitioner wishing to relinquish the appointment, at least one (1) month's prior written notice must be given to Levant CS's Medical Director of the date of termination.
- 6.14 Continuing inclusion on the list of visiting medical practitioners is subject to peer review and the satisfactory service by the visiting medical practitioner to the patients of Levant CS.

6.15 Levant CS reserves the right to review, modify or withdraw any privileges granted to any visiting medical practitioner and no reason need be given by the Board with respect to any such action.

6.16 All visiting medical practitioners credentialed at Levant CS must give written notice to the Levant CS Medical Director and each Medical Director of the facilities at which they work within seven days of any conditions or undertakings applied to their AHPRA Registration, or coming under any investigations of professional misconduct or criminal charges laid against them.

6.17 Levant CS Clinic will notify other Levant CS and non-Levant CS facilities where the visiting medical practitioner works of any notifications made.

6.18 The Board may terminate appointment of any visiting medical practitioner if the practitioner fails to observe the terms and conditions of employment of appointment or is guilty of professional misconduct, negligence or criminal charges.

6.19 Any visiting medical practitioner may request review of clinical status or appeal against the decision of Levant CS to modify or withdraw privileges at any time. Such review shall be undertaken by the Levant CS Medical Director in consultation with the MAC.

6.20 The approval and written advice of the Medical Director is required before a locum is allowed for a medical practitioner at Levant CS.

6.21 Any complaints against a clinician shall be investigated by the MAC and appropriately and handled through the open disclosure policy and protocols.

7 REGULATIONS

7.1 The Medical Director shall be empowered to make regulations from time to time implementing the terms and conditions of these by-laws

including, inter alia, the medical records which shall be kept by any visiting medical practitioner to Levant CS;

7.2 The diagnostic and therapeutic orders given in respect of any patient in Levant CS;

7.3 The keeping of a fully entered patient's file at Levant CS duly signed by the attending medical practitioner;

7.4 The provision of after-hours medical and emergency care;

7.5 The procedure for the admission of patients.

7.6 All services provided by Levant CS has relevance to the relevant Health Care Act and Regulations appropriate to each facility's jurisdiction, the Poisons and Therapeutic Goods Act 1966 and Regulation 2008 and the National Safety and Quality Health Service Standards where Levant CS is accredited.

8 CLINICAL/PEER REVIEW

8.1 Clinical/peer and patient care review is to be supported by the visiting medical practitioners by involvement in the evaluation of their services and performance and the utilisation of such information in the maintenance of optimum standards of clinical activity.

8.2 Clinical review is an annual process, comprised of observation of surgery and review of the pre and post-operative periods of care, analysis of patient outcomes and variances from clinical indicator collection and regular audits, reviews and patient surveys and other feedback mechanisms.

8.3 It is expected that visiting medical practitioners will be willing to serve on specific Clinic committees or sub-committees as may be appointed from time to time by the MAC or the Medical Director.

9 ETHICS

Levant CS expects the highest standards of personal and professional conduct from visiting medical practitioners in accordance with the Code of Ethics of the Australian Medical Association and the various Colleges. Levant CS may take any action appropriate to the maintenance of the standards it upholds.

Any research will be undertaken according to the NHMRC Guidelines

10 ANAESTHETICS

General anaesthetic procedures must be administered by a suitably qualified medical practitioner, with specialist registration as an anaesthetist by AHPRA and in accordance with the National Law. Procedural sedation may be administered by a Medical Practitioner with airway and resuscitation skills and training in sedation, or an appropriately qualified GP Anaesthetist. Staffing levels must be in accordance with ANZCA PG09.

The medical practitioner providing the anaesthesia must maintain a complete anaesthetic record including evidence of pre-anaesthetic evaluation that includes information on what to expect and possible complications, anaesthetic drugs administered, progress and post-anaesthetic follow-up of the patient's condition. It is expected that post operative orders be documented for pain relief.

11 AMENDMENTS TO BY-LAWS

The medical by-laws of Levant CS may be reviewed periodically. The Medical Advisory Committee may make recommendations to the Board in relation to any amendments to the by-laws.

12. REGULATIONS

12.1 Clinical Records

12.1.1 Complete and accurate clinical records are necessary to maintain high standards of medical care and are the responsibility of the treating medical practitioners. They must be sufficient for present and future care of the patient and for review of patient care by formal study. Important and specific responsibilities of the treating medical practitioner include the recording or completion of:

- Admission notes/letter on a patient's condition, a provisional diagnosis and a plan of treatment. (cf. Doctor's referral letter)
- Therapeutic orders, including pre-admission medications, current medication, intravenous medications and drug sensitivities.
- Particulars of all procedures and investigations required.
- Progress observations documented in the integrated patient notes.
- Complications to be noted in Medical Practitioner and Anaesthetist records.
- Completion of discharge sheet, and a note on outcome and follow-up needs such as medication, discharge status and destination of the patient.

Note: (a) All diagnostic and therapeutic orders shall be given in writing. Telephone orders may be given to a registered nurse, who will read the order back to the doctor for confirmation.

The record of these orders must be entered in the notes and initialed by the doctor within 24 hours of being given by telephone.

(b) The completion of the Admission/Consent Form with signature and date is vitally important and is expected in every instance. It is required that practitioners make appropriate entries in the integrated notes provided for the patient's stay. Every entry in the clinical record is to be supported by the date and signature of the attending medical practitioner. The adequacy of the medical record constitutes an important element in considerations involving the allocation and extension of privileges to practitioners.

12.1.2 All records are confidential and remain the property of Levant CS. Records are not permitted to be removed or copied in any form, except by court order or subpoena, without the permission of the Medical Director.

12.1.3 In the event of the readmission of a patient, all previous records held shall be available for the use of the attending medical practitioner. This applies whether the patient was attended by the same practitioner or by another.

12.2 Consent

The treating Visiting Medical Practitioners must provide their patients with a full explanation about the patients proposed treatment, including an explanation of material risks and side effects, any alternatives, any pre-operative screening that is to be undertaken and any other relevant information.

Visiting Medical Practitioners must also ensure that each patient consents to the proposed treatment. In all cases, the patient or his or her authorized representative must sign an appropriate Consent Form. The doctor obtaining consent must complete and sign the form.

For children aged 15-18, the Medical Practitioner must assess and be satisfied by the patient's capacity to consent to the procedure, based on whether or not they have sufficient understanding and intelligence to enable them to understand what is proposed, and therefore has been assessed as being 'Gillick competent (mature minor)*'. Consent should be obtained from both the child and a parent or guardian.

Levant CS does not treat patients under 15 years.

Cooling off periods and additional consenting processes must be adhered to as per the Criteria for Admission policy and Medical

Board of Australia/AHPRA Guidelines for registered medical practitioners who perform cosmetic surgery and procedures.

For non-English speaking patients, a translator may have to be obtained. If a translator has been obtained, the name and position of the translator must be recorded in the patient's record. The relatives of non-English speaking patients may assist in the translation if required.

Visiting Medical Practitioners must comply with the MBA's Good Medical Practice: a code of conduct for doctors in Australia and relevant privacy legislation, including the Privacy Act 1988 and Australian Privacy principles, particularly in relation to obtaining consent for the use and disclosure of the patient's personal health information.

12.3 Emergency

12.3.1 In cases of a medical emergency or clinical deterioration, Levant CS (an administrator, a medical practitioner or senior nurse) may take such action as it deems fit in the interests of the patient. This may include a request for attention by an available practitioner. In such cases the following provisions apply:

12.3.2 The patient's doctor, and the Medical Director, will be advised of the circumstances of the patient and of the action taken as soon as possible.

12.3.3 The patient will generally be returned to the care of the doctor in charge of the case as soon as possible, who will then give their own instructions regarding further care and consultations.

Levant CS assumes:

- (a) Willingness on the part of its visiting practitioners to assist Levant CS where possible and necessary in case of emergency or special demand,
- (b) Willingness by practitioners to provide after-hours care where these are necessary to provide adequate security and continuity of patient care.

Schedule. Incident reporting is according to local policies and jurisdictional guidelines and regulations and Levant CS's risk management program.

12.4 Admission Criteria

- 12.4.1** Admissions to Levant CS must be under the care of an accredited medical practitioner.
- 12.4.2** All admissions must comply with Levant CS's Admission criteria

12.5 General

- 12.5.1** Clinical and patient care review is to be encouraged and supported by the visiting medical practitioners, who shall evaluate services and performances and use such information to create and maintain Levant CS's optimum clinical activities.
- 12.5.2** Levant CS's procedures relating to patient care must be strictly adhered to and comply with the NSQHS Standards where Levant CS is an accredited facility.
- 12.5.3** Visiting medical practitioners should make themselves aware of the emergency procedures as implemented by Levant CS and shall assist as able in an emergency.
- 12.5.4** Any proposed new treatments/procedures should be formally submitted to the MAC for discussion and recommendations to the Board for approval prior to introduction. There should be evidence to support the efficacy and safety of the intervention / procedure and that adequate resource utilisation is assessed.
- 12.5.5** All procedures/interventions are subject to regular review and audits as scheduled in the Quality Activities