



Hampton Park

Women's Health Clinic

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# By-Laws

## Preamble to By Laws and Interpretation

The purpose of these By-Laws is to ensure that all patients admitted to Hampton Park Women's Health Clinic receive the best possible care and treatment and to ensure a consistently high level of professional performance by all practitioners. The centre is subject to the provisions of the Health Services (Private Hospitals and Day Procedure Centre's) Regulations 2018 and its annexures, which amongst other things, outlines the obligatory requirement imposed on the hospital.

These By-Laws set out the conditions upon which visiting practitioners who act in accordance with the provisions of the Centre's By-Laws and other applicable regulations. Compliance with these By-laws and regulations is determined by the Medical Director.

Copies of the Centre's By-Laws and any other relevant documents are available from the Medical Director.

The Annexure to these By-Laws form an integral part of the centres internal regulations and are intended to ensure consistent application of the processes for accreditation in concordance with ADSC recommendations.

In this document, unless context requires otherwise:

*Accreditation:* Means the credentialing of Visiting Medical Practitioners for the purpose of granting clinical privileges or, context demanding, the accreditation of the hospital by an external organization.

*ANZCA:* Australian and New Zealand College of Anaesthetists

*Medical Director:* Medical Director of Hampton Park Women's Health Clinic

*Practitioner:* Medical Practitioners as registered by APRHA in Australia

*Recommendations:* Non-binding advice provided by an external organization (some recommendations may be made binding by these laws)

*Regulations:* Mandatory directives to which the hospital and its employees are subject.

## Quality Policy

Hampton Park Women's Health Clinic will provide quality, safe and caring service in a friendly and professional environment. We always strive to continually improve the services offered through the assessment of procedures, equipment and standards to provide safe clinical patient care.

We are committed to quality health care that is provided in a collaborative effort with our consumers specific to their health care needs. We are further committed to the philosophy that we provide safe, compassionate, non-judgmental and personalized care for patients

and their carer's. There is an organization wide philosophy that seeks continuous improvement in the quality of all our processes, products and services.

Hampton Park Women's Health Clinic is committed to continuously complying with our Quality Management System which is based on ISO 9001: 2015, the international standard for Quality Management and the National Safety and Quality Health Service Standards (NSQHSS).

Hampton Park Women's Health Clinic is also committed to continuously improving, through reviewing practice in response to established world's best practice, internal systems review and education.

Hampton Park Women's Health Clinic has processes for planning to facilitate a transparent management system which involves all team members. The outcome of the planning process is a set of objectives reviewed and updated bi-annually as per Audit & Meeting Schedule (June and December).

## **Credentialing of Visiting Practitioners**

### **1. Categories of Visiting Practitioners**

Each Person appointed as a Visiting Practitioner to the Hospital shall be appointed to one of the following categories:

- a) Specialist Visiting Practitioner
- b) Procedural General Practitioner

### **2. Term of appointment of visiting Practitioners**

All appointments to a position of visiting practitioner shall, unless otherwise determined by the Medical Director, be for a period of three (3) years; ongoing appointment during this period is dependent on the furnishing to the hospital, of evidence of current medical registration and medical indemnity insurance (note medical registration can be used as evidence of indemnity cover)

### **3. Process for the application for appointment/re-appointment**

The Medical Director, or delegate shall provide each medical practitioner seeking appointment/re-appointment with an "application for credentialing to visiting medical staff" (HR-01-11 Application for Credentialing), which must be completed and submitted to the Medical Director or specialist nominated along with any supporting documents. A copy of these By-Laws shall be made available to the applicant upon request.

### **4. Consideration of application for appointment**

Upon receipt of a duly completed 'application for credentialing to visiting medical staff':

- a) The Medical Director or specialist nominated shall consider the application in the context of the hospital's business plan and objectives and determine whether, pursuant to section 4(b), the application is to be given further consideration.
- b) The Medical Director, or delegate will contact the referees (initial appointment only) and will also verify the applicant's qualifications, credentials and insurance.
- c) The Medical Director shall table the application, and any relevant findings resulting from inquires referred to in section 4(b), before the medical advisory committee for consideration (initial appointment only, subsequent re-credentialing is at the sole discretion of the Medical Director)

- d) The Executive Committee lists credentialing as an agenda item for their meetings. Also as part of the Management Review the Executive Committee members shall review the application and assess the applicant's qualifications, professional training, experience, capabilities involvement in continuing education, and ability to co-operate with the Medical & Nursing Director and other staff members.
- e) The Medical Director, as convening chairperson of the Executive Committee, shall make the final determination as to the application and shall have complete discretion to approve (or disapprove) each application.

## **5. Confidentiality and Notification of Decision**

The proceedings involved in considering whether or not to grant accreditation and subsequently clinical privileges are to be held in the strictest confidence and are thus not to be discussed outside of the appropriate forum.

The Medical Director, or delegate, shall inform applicants of the outcome of their application.

## **6. Scope of Practice**

The request for any new procedures to be undertaken at Hampton Park Women's Health Clinic will be presented to the Medical Director by the requesting VMO.

Before any new services can be implemented at Hampton Park Women's Health Clinic the service must be in line with the VMO's scope of practice. This will be verified against credentials to ensure the VMO has qualifications to support this specialty.

It is the legal responsibility of Hampton Park Women's Health Clinic to ensure adequate systems are in place for services to be provided by medical practitioners in accordance with identified community needs and within the capability of the facility.