



Accreditation of Health Practitioner By-Laws

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1. INTRODUCTION

Jessie McPherson Private Hospital Overview

- 1.1 Jessie McPherson Private Hospital (JMPH) is operated by Kitaya Holdings Pty Ltd and is registered as a Private Hospital under the *Health Services Act 1988* (Vic).
- 1.2 Kitaya Holdings Pty Ltd is a company wholly owned by Monash Health, a Public Health Service incorporated under the *Health Services Act 1988* (Vic).
- 1.3 JMPH is co-located with Monash Health at the Monash Medical Centre Clayton site and the cardiac service known as Monash Heart Private (operated by Jessie McPherson Private Hospital) at the Victorian Heart Hospital. Consequently, certain services, facilities and staff are shared between Monash Health and JMPH. For this reason, when considering an application for accreditation or reaccreditation, or deeming a health practitioner as being accredited, JMPH will take into account whether the applicant is credentialed by Monash Health at the time of application.

Values

- 1.4 At JMPH we work together with:
 - (a) Integrity – by acting fairly, honestly and openly;
 - (b) Compassion – as we interact with dignity and empathy;
 - (c) Accountability – to take ownership and responsibility for performance;
 - (d) Respect – as we value difference and individual worth; and
 - (e) Excellence – as we aim for and recognise innovation, quality and professionalism.

Purpose of By-Laws

- 1.5 The Board has adopted these By-Laws for the following purposes:
 - (a) to set out the requirements and procedures for the Accreditation (including deemed Accreditation), and re-Accreditation of Health Practitioners to provide health care services at JMPH;
 - (b) to provide for conditions of Accreditation; and
 - (c) to set out requirements and procedures for terminating, suspending, varying, and reviewing the Accreditation of Health Practitioners.

2. DEFINITIONS AND INTERPRETATION

- 2.1 In these By-Laws, unless the context otherwise requires:

Accreditation means the authorisation in writing by the Chief Executive Officer to provide health care services at JMPH within the designated Scope of Practice in accordance with the conditions specified in that authorisation and these By-Laws.

Accreditation Period means the period for which a Health Practitioner is accredited.

Accredited Health Practitioner means a Health Practitioner accredited by JMPH in accordance with clause 4 and 5.

AHPRA means the Australian Health Practitioner Regulation Agency established under the *Health Practitioner Regulation National Law (Victoria) Act 2009*.

Allied Health Professional means a health care professional other than a medical practitioner, nurse, midwife or surgical assistant.

Allied Health Services mean medically prescribed health-care services such as Psychology, Occupational Therapy, Speech Pathology, Dietetics, Physiotherapy, Podiatry, Orthotics, Prosthetics and Social Work.

Board means the Board of Directors of Kitaya Holdings Pty. Ltd.

By-Laws means these By-Laws (including Schedule 1), as amended or substituted from time to time.

CEO means the person appointed as the Chief Executive Officer of JMPH from time to time.

Chairperson Medical Advisory Committee means the person appointed by JMPH to have responsibility for the oversight of delivery of medical services within JMPH.

Clinical Support Services means services provided by Monash Health to patients of JMPH, including Allied Health, Diagnostic Imaging, Pathology, Emergency, Cardiology, Cardiothoracics, Endoscopy, Operating Theatre Support, Intensive Care, Infection Control, Stomal Therapy, Pain Service, Renal Dialysis, Psychiatry, Paediatrics, Neonatology and Birthing Services, and any other services specified by the CEO from time to time.

Conditions of Accreditation means:

- (a) the conditions to which the Accreditation of a Health Practitioner is subject, in accordance with these By-Laws (including Schedule 1); and
- (b) any condition imposed by a regulatory authority including AHPRA.

Conflict of Interest means an actual, potential or perceived conflict.

Deemed Accredited Health Practitioner means a Health Practitioner deemed to be Accredited by JMPH in accordance with clause 8.

Director Clinical Services (DCS) means the person appointed as the Director Clinical Services at JMPH from time to time.

Director Medical Services (DMS) means the person appointed as the Director Medical Services at JMPH from time to time.

Eligible for Accreditation means a person who meets the application criteria in clause 4.2 of these By-Laws.

Emergency Event means an immediate and potentially life threatening risk to a patient within JMPH, the urgency of which precludes contact with the admitting Accredited Health Practitioner prior to treatment.

EMR means the electronic medical record platform to be progressively implemented at Monash Health and JMPH to replace paper-based health records. All Monash Health and JMPH staff who access, create, record and retrieve patient health information will be required to use EMR.

Health Practitioner means a person who is registered as a practitioner by a national board established under the *Health Practitioner Regulation National (Victoria) Act 2009* and is qualified to provide either medical, dental, nursing, midwifery or allied health services.

HMO means a hospital medical officer employed by Monash Health but who delivers medical services for individual patients admitted to JMPH from time to time.

Intensivist means a medical practitioner who is qualified as a Specialist in intensive care medicine.

JMPH means Jessie McPherson Private Hospital (including Monash Heart Private).

JMPH Credentialing Committee means the committee constituted for the purpose of advising, and making recommendations to the JMPH Medical Advisory Committee on matters related to the Accreditation of Health Practitioners in accordance with these By-Laws.

Medical Advisory Committee means the JMPH Medical Advisory Committee constituted for the purpose of advising, and making recommendations to the CEO on various matters in accordance with these By-Laws.

Medical Fellow means a person registered as a medical practitioner in the State of Victoria, who has completed required post-graduate education and training approved by the Australian Medical Council, and is eligible for specialist recognition pursuant to the *Health Insurance Act 1973* (Cth) and Schedule 4 of the *Health Insurance Regulations 1975* (Cth), who is working towards obtaining recognition by the appropriate Medical College as a Specialist.

Monash Health Surgical Assistant means a Surgical Assistant at JMPH who is currently an employee of Monash Health classified as a hospital medical officer (HMO 2) or above; and also includes Monash Health Registrars and Fellows (as the case may be).

New Clinical Services, Procedures, or Other Interventions (including medical or surgical procedures, and the use of prostheses and implantable devices or diagnostic procedures) that are considered by a reasonable body of medical opinion to be significantly different from existing clinical practice. It includes a procedure that has not been performed at JMPH, as well as variations to an existing procedure or treatment where a new device or item of equipment is introduced.

Non-Monash Health Surgical Assistant means a Surgical Assistant at JMPH who is not currently employed by Monash Health.

Notifiable Conduct has the meaning set out in the *Health Practitioner Regulation National Law (Victoria) Act 2009*.

Professional Misconduct has the meaning set out in the *Health Practitioner Regulation National Law (Victoria) Act 2009*.

Re-accreditation means Accreditation for a further period immediately upon the expiry of a prior period of Accreditation under clause 7.

Registrar means a person registered as a medical practitioner in the State of Victoria who is engaged in post-graduate education and training approved by the Australian Medical Council which leads to eligibility for specialist recognition pursuant to the *Health Insurance Act 1973* (Cth) and Schedule 4 of the *Health Insurance Regulations 1975* (Cth).

Scope of Practice means the clinical practices, services and procedures (including the performance of specified operations and procedures and the use of facilities and equipment) which a Health Practitioner is authorised to undertake or perform at JMPH.

Specialist means a person registered as a medical practitioner in the State of Victoria who has completed required post-graduate education and training approved by the Australian Medical Council, who is eligible for specialist recognition pursuant to the *Health Insurance Act 1973* (Cth) and Schedule 4 of the *Health Insurance Regulations 1975* (Cth) and who has attained recognition by the appropriate Medical College as a Specialist, but does not include a general practitioner.

Surgical Assistant may be either a:

- a) Monash Health Surgical Assistant (employed by Monash Health); or a
- b) Non-Monash Health Surgical Assistant

who is Accredited under these By-Laws and whose role is to assist an Accredited Health Practitioner in JMPH's operating theatres.

Temporary Accreditation means temporary Accreditation granted to a Health Practitioner in accordance with clause 6.

Unprofessional Conduct has the meaning set out in the *Health Practitioner Regulation National Law (Victoria) Act 2009*.

Unsatisfactory Professional Performance has the meaning set out in the *Health Practitioner Regulation National Law (Victoria) Act 2009*.

2.2 Unless the context requires otherwise:

- (a) words importing any gender include each other gender;
- (b) the plural includes the singular and vice versa;
- (c) where a term is defined, the definition includes all other grammatical forms of that term;
- (d) headings are inserted for readability only and do not affect the interpretation of the By-Laws;
- (e) 'includes' means includes without limitation;
- (f) a reference to:
 - (i) a person includes any other entity recognised by law and vice versa;
 - (ii) a law includes subordinate legislation, consolidations, amendments, re-enactments, and replacements of it;

- (iii) an obligation includes a warranty or representation and a reference to a failure to comply with an obligation includes a breach of warranty or representation;

3. ROLES AND RESPONSIBILITIES

Board

- 3.1 The Board is empowered to make these By-Laws, rules and policies for the operation of JMPH as it may deem necessary from time to time.
- 3.2 The Board may vary or revoke these By-Laws at any time. Unless otherwise specified, amendments take effect from the time of the resolution of the Board.
- 3.3 Unless otherwise specified, Accreditation granted under previous By-Laws is maintained under any new By-Laws approved by the Board.
- 3.4 Any dispute or difference which arises as to the meaning or interpretation of these By-Laws or as to the powers of any committee or the validity of proceedings of any meeting will be finally determined by the Board.
- 3.5 The Board is responsible for certain functions involving appeals by Health Practitioners of decisions regarding Accreditation of Health Practitioners.

Chief Executive Officer

- 3.6 For the purpose of these By-Laws, the role and functions of the CEO include:
 - (a) determining applications from Health Practitioners seeking Accreditation and re-Accreditation at JMPH;
 - (b) determining a request for variation of Accreditation;
 - (c) determining fees payable in respect of Accreditation (if any);
 - (d) determining the membership and terms of reference of the Medical Advisory Committee and the JMPH Credentialing Committee;
 - (e) granting Temporary Accreditation;
 - (f) subject to these By-Laws, taking disciplinary action in relation to an Accredited Health Practitioner;
 - (g) determining to suspend or terminate a Health Practitioner's Accreditation; and
 - (h) making other decisions or taking any other actions as specified in these By-Laws.
- 3.7 Unless otherwise specified in these By-Laws a power conferred on the CEO to make a decision or take action, is a power that may be exercised at the absolute discretion of the CEO.
- 3.8 For the avoidance of doubt, where these By-Laws provide for any committee to make recommendations to the CEO regarding Accreditation or any other matter, the CEO is not bound to adopt the recommendation of the Committee.
- 3.9 In exercising his or her roles and functions under these By-Laws, the CEO may seek advice from the Board generally, or in relation to a specific application.

4. APPLICATION FOR INITIAL ACCREDITATION

Application for Initial Accreditation

- 4.1 A Health Practitioner who seeks to be appointed as an Accredited Health Practitioner must apply in writing to the CEO.

Eligibility to Apply

- 4.2 A Health Practitioner is eligible to apply for Accreditation if, and only if, she or he:

- (a) is registered with AHPRA;
- (b) holds appropriate professional indemnity insurance in respect of the Health Practitioner's Scope of Practice or proposed Scope of Practice and in accordance with any requirements of AHPRA and JMPH;
- (c) the Health Practitioner does not have a conflict of interest with JMPH; and
- (d) the Health Practitioner agrees to uphold JMPH's values, and comply with its policies and procedures.

Form and content of Application

4.3 The application must be in a form approved by JMPH.

4.4 The application must:

- (a) specify the proposed category of Accreditation, in accordance with the categories specified by JMPH from time to time;
- (b) specify the proposed Scope of Practice;
- (c) be accompanied by the information specified by JMPH from time to time; and
- (d) contain a declaration in the form set out in the application form and signed by the applicant.

5. DETERMINATION OF APPLICATION FOR INITIAL ACCREDITATION

Further information

5.1 The JMPH Credentialing Committee, the Medical Advisory Committee and/or the CEO may obtain such further information as it, she or he considers necessary to properly consider an application for accreditation, including by:

- (a) interviewing the applicant (which may be conducted by the CEO or his or her nominee);
- (b) requiring the applicant to provide further information or documents; or
- (c) in accordance with authorisations provided by the applicant, consulting with or obtaining information from the applicant's referees, medical indemnity insurer, previous employers, AHPRA and any other persons the CEO considers may be able to provide information relevant to the application.

5.2 The applicant must provide such further consents and authorisations as are reasonably requested by the CEO to enable information about the applicant to be obtained for the purpose of considering the application.

Consideration of application

5.3 In considering an application for Accreditation, the JMPH Credentialing Committee, the Medical Advisory Committee and/or the CEO may have regard to:

- (a) whether the applicant is credentialed by Monash Health;
- (b) the training, formal qualifications and professional competence and performance of the applicant;
- (c) the character, professional standing, reputation and experience of the applicant;
- (d) the values, resources, needs, expectations, priorities and strategic directions of JMPH;
- (e) the availability at JMPH of appropriate equipment, facilities and staff to support the provision of safe, high quality patient care within the proposed Scope of Practice; and
- (f) any other matter the JMPH Credentialing Committee and Medical Advisory Committee considers relevant.

5.4 In considering an application for Accreditation, the JMPH Credentialing Committee, the Medical Advisory Committee and/or the CEO must consider whether the Health Practitioner is able to satisfy the Conditions of Accreditation set out in Schedule 1 of these By-Laws.

- 5.5 The Medical Advisory Committee must make recommendations to the CEO following its consideration of an application. The Medical Advisory Committee may recommend that the Health Practitioner's application for Accreditation be either refused, be granted, or granted subject to Special Conditions.

CEO Decision

- 5.6 The CEO must consider the recommendation of the JMPH Credentialing Committee and/or the Medical Advisory Committee (where such recommendations were made) prior to making a decision under this clause 5.
- 5.7 The CEO may reject an application for Accreditation in his or her absolute discretion, and is not required to provide reasons for the rejection. There shall be no right of appeal against a decision of the CEO to reject an application for Accreditation by a Health Practitioner who is not Accredited at the time he or she submits a completed application.
- 5.8 The CEO may grant an application for Accreditation if:
- (a) the CEO is satisfied that the applicant is Eligible for Accreditation;
 - (b) the applicant has paid the fee (if any); and
 - (c) the application has been considered by the JMPH Credentialing Committee and Medical Advisory Committee and a recommendation of Accreditation has been made by the Medical Advisory Committee to the CEO to grant the application for Accreditation.

Notification of Decision

- 5.9 If the CEO grants an application for Accreditation, the CEO will notify the applicant in writing of the:
- (a) Accreditation period;
 - (b) Accreditation fees payable by the appointee (if any);
 - (c) Scope of Practice; and
 - (d) Special Conditions of Accreditation.
- 5.10 If the CEO refuses an applicant Accreditation, the CEO must notify the applicant in writing of his or her decision. The CEO is not required to provide reasons regarding the decision.

Conditions of Accreditation

- 5.11 Accreditation of a Health Practitioner:
- (a) shall be for a period of up to 3 years (unless terminated, suspended, varied or otherwise under these By-Laws);
 - (b) is subject to the Conditions of Accreditation set out in Schedule 1; and
 - (c) is subject to any Special Conditions of Accreditation set out in the grant of the Health Practitioner's Accreditation.

Commencement

- 5.12 Unless otherwise specified, Accreditation commences and is effective from the latest of the following dates:
- (a) the date of the notice to grant Accreditation issued by the CEO;
 - (b) the receipt by JMPH of any fee payable in respect of the Accreditation; or
 - (c) the receipt by JMPH of any other documentation requested by the CEO (such as evidence of training).

Extension of Accreditation

- 5.13 The CEO or Director Medical Services may in his or her absolute discretion grant an extension to the period of the Accreditation of the Health Practitioner for a period not exceeding six (6) months from the expiry of the Accreditation.

6. TEMPORARY ACCREDITATION

- 6.1 The CEO or Director Medical Services may, at their absolute discretion authorise Temporary Accreditation of a Health Practitioner before an application for Accreditation in respect of that Health Practitioner has been determined. Temporary Accreditation entitles the Health Practitioner to admit, consult and attend to patients of JMPH as specified in that Health Practitioner's application for Accreditation. The decision of the CEO or Director Medical Services to refuse to grant Temporary Accreditation to a Health Practitioner is final and is not subject to appeal.
- 6.2 The CEO or Director Medical Services may approve Temporary Accreditation for a maximum period of three (3) months or until final determination of an application for Accreditation, whichever is the lesser period, commencing the date of advice that the Temporary Accreditation has been approved.
- 6.3 The period of Temporary Accreditation may be extended further at the sole discretion of the CEO, but shall not exceed a total of 6 months from the commencement of Temporary Accreditation.
- 6.4 The CEO or Director Medical Services must notify the applicant of their decision regarding Temporary Accreditation.
- 6.5 If notification confirms Temporary Accreditation of the Health Practitioner, particulars of that Temporary Accreditation, including any Special Conditions, must accompany the notification.
- 6.6 During any period of Temporary Accreditation, the Health Practitioner must comply with the Conditions of Accreditation set out in Schedule 1 of these By-Laws, any Special Conditions set out in the notification of Temporary Accreditation, these By-Laws, uphold and promote the JMPH values; and practice in accordance with evidence based, best practice.

7. RE-ACCREDITATION

Application

- 7.1 An Accredited Health Practitioner must apply for Re-accreditation to the CEO in writing not less than three (3) months before the expiry of their current Accreditation period.
- 7.2 An application for Re-accreditation must be in the form approved by JMPH.

Consideration of Application

- 7.3 The process for applying for Re-accreditation will:
- (a) include an assessment and review of the accredited practitioner's performance, current fitness, credentials, Scope of Clinical Practice, character and ability to cooperate with management and staff at JMPH;
 - (b) include a review of whether the Health Practitioner has exercised his or her rights of Accreditation in the 6 months prior to the date of the application for Re-accreditation; and
 - (c) be otherwise the same as for an initial Accreditation under clauses 4 and 5, save that clause 5.5 does not apply.

Determination of Application for Re-accreditation

- 7.4 The process and outcome for an application for Re-accreditation under this clause 7, shall be the same as prescribed by clauses 4 and 5 of these By-Laws as if Re-accreditation were the same as initial Accreditation, save that clause 5.5 of these By-Laws does not apply. The CEO may reject an application for Re-accreditation in his or her absolute discretion and is not required to provide reasons for the rejection. There shall be no right of appeal against a decision of the CEO to reject an application for Re-accreditation by a Health Practitioner.

8. DEEMED ACCREDITATION

- 8.1 Notwithstanding any other provision of these By-Laws, JMPH may, at any time in its sole and absolute discretion, determine not to accredit or to revoke the Accreditation of any Health Practitioner that would otherwise be deemed to be Accredited under this clause 8.

Monash Health Hospital Medical Officers (HMOs)

- 8.2 HMOs employed by Monash Health are deemed to be Accredited by JMPH, without the need for any further action.
- 8.3 The Scope of Practice of an HMO deemed Accredited under clause 8.2 is the Scope of Practice granted to the HMO by Monash Health.
- 8.4 The deemed Accreditation of HMOs is subject to the following conditions:
- (a) the HMO must not admit patients to JMPH;
 - (b) the HMO may only consult and attend patients within JMPH under the specific direction of an Accredited Health Practitioner with admitting rights at JMPH. Such a direction must be individual, patient-based and event-specific; "standing order" directions are not permitted in any circumstances except in an Emergency Event;
 - (c) the HMO may only consult and attend patients of JMPH in accordance with any agreement between Monash Health and JMPH for the supply of such services (as amended from time to time);
 - (d) the HMO must communicate directly with the admitting Accredited Health Practitioner of a patient in respect of an Emergency Event as soon as practicable after their involvement in that Emergency Event; and
- 8.5 Deemed Accredited HMOs must otherwise comply with the Conditions of Accreditation detailed in Schedule 1 of these By-Laws.
- 8.6 Deemed Accreditation of HMOs will automatically terminate when the HMO ceases employment (either by termination of or expiry of employment) with Monash Health.

Monash Health Medical Fellows and Registrars

- 8.7 Medical Fellows and Registrars employed by Monash Health are deemed to be Accredited by JMPH, without the need for any further action:
- 8.8 The Scope of Practice of a Medical Fellow or Registrar deemed Accredited under clause 8.7 is the Scope of Practice granted to the Medical Fellow or Registrar by Monash Health.
- 8.9 The deemed Accreditation of Medical Fellows and Registrars is subject to the following conditions:
- (a) the Medical Fellow or Registrar must not admit patients to JMPH;
 - (b) the Medical Fellow or Registrar may only consult and attend patients within JMPH under the specific direction of an Accredited Health Practitioner with admitting rights at JMPH. Such a direction must be individual, patient-based and event-specific; "standing order" directions are not permitted in any circumstances except an Emergency Event;
 - (c) the Medical Fellow or Registrar may only consult and attend patients of JMPH in accordance with any agreement between Monash Health and JMPH for the supply of such services (as amended from time to time);
 - (d) the Medical Fellow or Registrar must communicate directly with the admitting Accredited Health Practitioner of a patient in respect of an Emergency Event as soon as practicable after their involvement in that Emergency Event; and
 - (e) the Medical Fellow and Registrars are not required to comply with the insurance requirements in these By-Laws.
- 8.10 The deemed Accredited Medical Fellows and Registrars must otherwise comply with the Conditions of Accreditation detailed in Schedule 1 of these By-Laws.

- 8.11 Deemed Accreditation of Medical Fellows and Registrars will automatically terminate when the Medical Fellow or Registrar ceases employment (either by termination of or expiry of employment) with Monash Health.

Monash Health Anaesthetists and Interventional Radiologists

- 8.12 Anaesthetists and Interventional Radiologists employed by Monash Health are deemed to be Accredited by JMPH, without the need for any further action, save for providing evidence to the CEO of the insurance requirements set out in these By-Laws.
- 8.13 The Scope of Practice of an Anaesthetist or Interventional Radiologist deemed Accredited under clause 8.12 is the Scope of Practice granted to the Anaesthetist or Interventional Radiologist by Monash Health.
- 8.14 The deemed Accreditation of Anaesthetists and Interventional Radiologists is subject to the following conditions:
- (a) the Anaesthetists and Interventional Radiologists may only consult and attend patients of JMPH in accordance with any agreement between Monash Health and JMPH for the supply of Anaesthetics or Interventional Radiology services (as amended from time to time); and
 - (b) Anaesthetists and Interventional Radiologists may only consult and attend patients of JMPH where a referral or request for service has been made by or at the direction of the admitting Accredited Health Practitioner.
- 8.15 Deemed Accredited Anaesthetists and Interventional Radiologists must otherwise comply with the Conditions of Accreditation detailed in Schedule 1 of these By-Laws.
- 8.16 Deemed Accreditation of an Anaesthetist or Interventional Radiologist will automatically terminate when the Anaesthetist or Interventional Radiologist ceases employment (either by termination of or expiry of employment) with Monash Health.
- 8.17 JMPH may at any time, in its sole and absolute discretion, cease the process of deemed Accreditation of Anaesthetists or Interventional Radiologists under these By-Laws.
- 8.18 On making a determination to cease deemed Accreditation of Anaesthetists and/or Interventional Radiologists under clause 8.17, JMPH will notify all deemed Accredited Anaesthetists and Interventional Radiologists of the determination in writing. The deemed Accreditation of all Anaesthetists and Interventional Radiologists Accredited under clause 8.12 will automatically cease 3 months from the date of the notification.

For the avoidance of doubt, Deemed Accreditation does not allow an Anaesthetist and/or Interventional Radiologists to admit a patient to JMPH under his or her bed card for specific medical management (for example: pain management).

Monash Health Intensivists

- 8.19 Intensivists employed by Monash Health are deemed to be Accredited by JMPH, without the need for any further action, save for providing evidence to the CEO of the insurance requirements set out in these By-Laws.
- 8.20 The Scope of Practice of an Intensivist Accredited under clause 8.19 is the Scope of Practice granted to the Intensivist by Monash Health.
- 8.21 The deemed Accreditation of Intensivists is subject to the following conditions:
- (a) Intensivists may only consult and attend patients of JMPH in accordance with any agreement between Monash Health and JMPH for the supply of Intensivist services (as amended from time to time); and
 - (b) Intensivists may only consult and attend patients of JMPH where a referral or request for service has been made by or at the direction of the admitting Accredited Health Practitioner.
- 8.22 Deemed Accredited Intensivists under clause 8.19 must otherwise comply with the Conditions of Accreditation detailed in Schedule 1 of these By-Laws.
- 8.23 The deemed Accreditation of an Intensivist will automatically terminate when the Intensivist ceases employment (either by termination of or expiry of employment) with Monash Health.

- 8.24 JMPH may at any time, in its sole and absolute discretion, cease the process of deemed Accreditation of Intensivists under these By-Laws.
- 8.25 On making a determination to cease deemed Accreditation of Intensivists under clause 8.24, JMPH will notify all deemed Accredited Intensivists of the determination in writing. The deemed Accreditation of all Intensivists under clause 8.19 will automatically cease 3 months from the date of the notification.

Monash Health Surgical Assistants

- 8.26 Monash Health Surgical Assistants are deemed Accredited by JMPH to assist an Accredited Health Practitioner in JMPH's operating theatres without the need for any further action.
- 8.27 A deemed Accredited Monash Health Surgical Assistant, whilst an employee of Monash Health, must comply with the Conditions of Accreditation detailed in Schedule 1 of these By-Laws.
- 8.28 Monash Health Surgical Assistants who are deemed Accredited by JMPH are not required to comply with the insurance requirements in these By-Laws.
- 8.29 The deemed Accreditation of a Monash Health Surgical Assistant will automatically terminate when the Monash Health Surgical Assistant ceases employment (either by termination of or expiry of employment) with Monash Health.

Monash Health Clinical Support Staff

- 8.30 Clinical Support Staff employed by Monash Health are deemed to be Accredited by JMPH, without the need for any further action.
- 8.31 The Scope of Practice of Clinical Support Staff is the Scope of Practice granted to the Clinical Support Staff by Monash Health.
- 8.32 The deemed Accreditation of Clinical Support Staff is subject to the following conditions:
- (a) the Clinical Support Staff may only consult and attend patients of JMPH in accordance with any agreement between Monash Health and JMPH for the supply of Clinical Support Services (as amended from time to time);
 - (b) Clinical Support Staff may only consult and attend patients of JMPH where a referral or request for service has been made by or at the direction of the admitting Accredited Health Practitioner; and
 - (c) the Clinical Support Staff are not required to comply with the insurance requirements in these By-Laws.
- 8.33 Deemed Accredited Clinical Support Staff must otherwise comply with the Conditions of Accreditation detailed in Schedule 1 of these By-Laws.
- 8.34 The deemed Accreditation of a Clinical Support Staff member will automatically terminate when the Clinical Support Staff member ceases employment (either by termination of or expiry of employment) with Monash Health.
- 8.35 JMPH may at any time, in its sole and absolute discretion, cease the process of deemed Accreditation of Clinical Support Staff (or any category of Clinical Support Staff).
- 8.36 On making a determination to cease deemed Accreditation of Clinical Support Staff, JMPH will notify all deemed Accredited Clinical Support Staff of the determination in writing. The deemed Accreditation of all Clinical Support Staff will automatically cease 3 months from the date of the notification.

9. SURGICAL ASSISTANTS

Use of Surgical Assistant

- 9.1 Accredited Health Practitioners must only utilise Surgical Assistants at JMPH who are either:
- (a) Accredited by the CEO in accordance with the application and decision making process under clause 4 and clause 5; or
 - (b) Deemed Accredited under clause 8 of these By-Laws.

- 9.2 Accredited Health Practitioners are responsible and liable for acts, omissions and the conduct of Surgical Assistants whilst performing procedures at JMPH.

Accreditation by Application

- 9.3 A medical practitioner who seeks to be appointed as an Accredited Surgical Assistant must apply in writing to the CEO of JMPH, in accordance with the procedure set out in clause 4.
- 9.4 The CEO may grant or refuse an application for Accreditation as a Surgical Assistant in his or her absolute discretion, and is not required to provide reasons for the rejection. There shall be no right of appeal against a decision of the CEO to reject an application for Accreditation by a medical practitioner.
- 9.5 In considering an application for Accreditation as a Surgical Assistant, the CEO will have regard to whether an Accredited Health Practitioner supports the medical practitioner's application and intends to engage the applicant as a Surgical Assistant.
- 9.6 The process for accreditation of Surgical Assistants will otherwise comply with the requirements and conditions for Accreditation as set out in these By-Laws.

Accreditation by Deeming

- 9.7 Monash Health Surgical Assistants are deemed to be Accredited in accordance with clause 8.26 and are subject to the conditions set out in clauses 8.27-8.29 of these By-Laws.

Billing for Medical Services – Monash Health Surgical Assistants

- 9.8 In order to bill for medical services rendered at JMPH, Monash Health Surgical Assistants must first be formally accredited in accordance with clause 4 and clause 5 of these By-Laws. This includes compliance with the insurance requirements of these By-Laws as described in Schedule 1.

For the avoidance of doubt, a Monash Health Surgical Assistant who is deemed Accredited under clause 8.26 is ineligible to bill for medical services rendered at JMPH.

Billing for Medical Services – Non-Monash Health Surgical Assistants

- 9.9 Non-Monash Health Surgical Assistants are able to bill for medical services rendered at JMPH as they are accredited in accordance with clause 4 and clause 5 of these By-Laws.

No admitting or patient management rights

- 9.10 Surgical Assistants are not entitled in their own right to admit patients to JMPH nor make decisions regarding a patient's clinical management.

No EMR Training for Non Monash Health Surgical Assistants

- 9.11 Non-Monash Health Surgical Assistants are not required to undertake and complete EMR training.

10. VARIATION OR REVIEW OF ACCREDITATION

Variation

- 10.1 An Accredited Health Practitioner (specifically excluding a practitioner who is deemed to have been accredited in accordance with clause 8) may request a variation to their Accreditation (for example by expanding their Scope of Practice) at any time (**Variation Request**).
- 10.2 An Accredited Health Practitioner must make a Variation Request in writing to the CEO.
- 10.3 The process for varying an Accreditation is the same as for an initial application for Accreditation.

Review

10.4 JMPH may at any time undertake, or appoint any other person or persons to undertake, a review of an Accredited Health Practitioner's or a Surgical Assistant's Scope of Practice and Accreditation (**Review**). The review may include consideration of:

- (a) the Accredited Health Practitioner's or Surgical Assistant's fitness to practice;
- (b) the confidence of JMPH in the Accredited Health Practitioner or Surgical Assistant to provide safe and comprehensive patient care;
- (c) safety and quality concerns related to the Accredited Health Practitioner's or Surgical Assistant's practice;
- (d) resource and financial implications for JMPH relating to an Accredited Health Practitioner's or Surgical Assistant's practice;
- (e) alignment of the Accredited Health Practitioner's or Surgical Assistant's practice with the strategic direction of JMPH, and
- (f) any other matter JMPH considers relevant.

Procedure on review

10.5 JMPH will notify the Accredited Health Practitioner or Surgical Assistant of its intention to undertake the Review and will invite the Accredited Health Practitioner or Surgical Assistant to participate in the Review, having regard to procedural fairness.

Outcome of review

10.6 After conducting a Review, the CEO may determine to vary, limit, suspend or terminate the Accreditation of an Accredited Health Practitioner or Surgical Assistant.

Notice of outcome

10.7 The CEO or his or her delegate will provide written notice to the Accredited Health Practitioner or Surgical Assistant of the outcome of the Review.

11. IMMEDIATE SUSPENSION OR TERMINATION OF ACCREDITATION

Suspension

11.1 The CEO may in his or her absolute discretion suspend an Accredited Health Practitioner's or Surgical Assistant's Accreditation without conducting a Review in accordance with clause 10.4, if:

- (a) the Accredited Health Practitioner or Surgical Assistant has been suspended from his or her employment with Monash Health;
- (b) the CEO considers it is necessary for patient care or safety;
- (c) the CEO considers it is necessary for the safety or welfare of other staff, including but not limited to, where an allegation of harassment, discrimination or bullying has been made against the Accredited Health Practitioner or Surgical Assistant, or where the Accredited Health Practitioner or Surgical Assistant is alleged to have breached the *Occupational Health and Safety Act 2004 (Vic)* or the *Fair Work Act 2009 (Cth)*;
- (d) the Accredited Health Practitioner or Surgical Assistant has engaged in Notifiable Conduct;
- (e) the act or omission or conduct of the Accredited Health Practitioner or Surgical Assistant would, if proven:
 - (i) constitute a criminal offence;
 - (ii) constitute a breach of the Conditions of Accreditation or any Special Conditions of Accreditation;
 - (iii) constitute a breach of these By-Laws;
 - (iv) be inconsistent with the JMPH values;

- (v) be inconsistent with the *Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia* (as amended from time to time);
 - (f) the CEO is satisfied that continuing the Accreditation of the Accredited Health Practitioner or Surgical Assistant would compromise the efficient operation of JMPH or the interests of JMPH generally.
- 11.2 The CEO or his or her delegate will provide written notice to the Accredited Health Practitioner or Surgical Assistant (**Notification of Suspension**) of:
- (a) the effect of the suspension;
 - (b) the date from which the suspension is to take effect;
 - (c) the duration (if it is to take effect for a limited time);
 - (d) the reasons for the suspension; and
 - (e) any other conditions that apply to the suspension.
- 11.3 During a period of suspension, an Accredited Health Practitioner or Surgical Assistant must not admit, consult or attend patients at JMPH or exercise any rights pertaining to Accreditation, and must comply with any other requirements set out in the Notification of Suspension.

Termination

- 11.4 The CEO or his or her delegate may in his or her absolute discretion terminate the Accreditation of an Accredited Health Practitioner or Surgical Assistant, without conducting a Review in accordance with clause 10.4, if:
- (a) the Accredited Health Practitioner or Surgical Assistant's employment with Monash Health is terminated by Monash Health for any reason whatsoever;
 - (b) the Accredited Health Practitioner has resigned from his or her employment at Monash Health;
 - (c) AHPRA terminates or suspends the Accredited Health Practitioner's or Surgical Assistant's registration;
 - (d) the Accredited Health Practitioner or Surgical Assistant fails to comply with any Condition of Accreditation or Special Conditions of Accreditation;
 - (e) the Accredited Health Practitioner or Surgical Assistant has been found guilty of an indictable offence, an offence related to fraud or dishonesty, or any other criminal offence within the meaning of the law, which may harm or bring the reputation of JMPH into disrepute;
 - (f) the Accredited Health Practitioner or Surgical Assistant fails to comply with their continuous disclosure obligations specified in Schedule 1 of these By-Laws;
 - (g) the Accredited Health Practitioner or Surgical Assistant has been unable (for any reason whatsoever) to perform usual patient care and treatment duties for a continuous period of six (6) months;
 - (h) the Accredited Health Practitioner or Surgical Assistant has not (for any reason whatsoever) exercised any rights associated with their Accreditation for a continuous period of six (6) months, without written approval from JMPH. For the avoidance of doubt, this means the exercise of any rights associated with admission of a patient by the Health Practitioner at JMPH where the same patient was admitted by that Health Practitioner to JMPH;
 - (i) the Accredited Health Practitioner or Surgical Assistant is found to have engaged in unsatisfactory professional performance, unprofessional conduct or professional misconduct by any disciplinary body or professional standards organisation applicable to that Health Practitioner;
 - (j) JMPH ceases or plans to cease providing services of the nature provided by the Accredited Health Practitioner or Surgical Assistant; or
 - (k) the CEO forms the view that JMPH can no longer support an affiliation with the Accredited Health Practitioner or Surgical Assistant.

- 11.5 The termination of a Health Practitioner's Accreditation under clause 11.4 is effective the date of notification by the CEO in writing to the Health Practitioner.

12. APPEAL OF INITIAL DECISION TO VARY, LIMIT, SUSPEND, OR TERMINATE ACCREDITATION

Application for appeal

- 12.1 Subject to clause 12.6, within 30 days of the date of JMPH's letter notifying the Health Practitioner of a decision to;
- (a) vary;
 - (b) limit;
 - (c) terminate; or
 - (d) suspend

a Health Practitioner's Accreditation, the Health Practitioner may appeal the decision to the Board.

Appeals process

- 12.1 The Board may, if it considers it appropriate to do so, establish an appeals committee (**Appeals Committee**).
- 12.2 The Appeals Committee shall consist of a minimum of 3 members appointed at the discretion of the Board, provided that:
- (a) the Board must not appoint the CEO or any person who assisted the CEO in relation to the decision which is now the subject of the appeal; and
 - (b) where the appeal is in respect of a decision that concerns the Scope of Practice of the Accredited Health Practitioner, a majority of members of the Appeals Committee shall be health practitioners with experience in the relevant discipline or area of practice.
- 12.3 The Appeals Committee may order its own proceedings and inform itself by any means it considers appropriate, subject to the following:
- (a) the Appeals Committee must give the Accredited Health Practitioner a reasonable opportunity to be heard; and
 - (b) the Accredited Health Practitioner may make a written or oral submission and present evidence but is not entitled to be legally represented.

Decision following Appeal

- 12.4 The Board may on advice of the Appeals Committee:
- (a) affirm
 - (b) vary; or
 - (c) revoke
- the decision of the CEO the subject of the appeal.
- 12.5 The decision of the Board is final and cannot be further appealed.

Certain decisions cannot be Appealed

- 12.6 The following decisions are not subject to an appeal to the CEO, Board or the Appeals Committee (or any other person or body) by an Accredited Health Practitioner:
- (a) a decision not to grant initial Accreditation under clause 5 to an applicant who is not currently accredited at JMPH at the time of their application;
 - (b) a decision not to grant a Health Practitioner Temporary Accreditation under clause 6;
 - (c) a decision not to grant an application for Re-accreditation under clause 7;
 - (d) a decision to suspend an Accredited Health Practitioner under clause 11;

- (e) a decision to terminate an Accredited Health Practitioner's Accreditation under clause 11;
- (f) a decision not to deem Accreditation, to revoke, or to terminate for any reason whatsoever the Accreditation of a Health Practitioner deemed to be Accredited pursuant to clause 8;
- (g) a decision not to grant Accreditation or a decision to vary, limit, suspend or terminate Accreditation of a Surgical Assistant.

13. NO GUARANTEE OF ACCESS

- 13.1 A grant of Accreditation does not guarantee access by the Accredited Health Practitioner to any of JMPH services or facilities, or any services or facilities of Monash Health to which JMPH may be granted access from time to time.

14. GENERAL

Variation

- 14.1 The Board may from time to time amend these By-Laws.
- 14.2 The CEO is authorised by the Board to amend Schedule 1 of these By-Laws from time to time as he or she considers necessary for the efficient and effective functioning of JMPH.

Relationship of parties

- 14.3 Nothing in these By-Laws creates a partnership, joint venture, agency or employment relationship between JMPH and the Accredited Health Practitioner.

SCHEDULE 1 – CONDITIONS OF ACCREDITATION

Note: These Conditions of Accreditation apply to all Accredited Health Practitioners and Deemed Accredited Health Practitioners Accredited under these By-Laws.

Standards of Conduct

1. The Accredited Health Practitioner or Surgical Assistant must at all times observe the highest standards of personal and professional conduct and must, without limitation:
 - (a) comply with any requirement or obligation imposed on the practitioner under the By-Laws, including the Schedules to the By-Laws;
 - (b) comply with all applicable laws;
 - (c) comply with the policies, procedures, protocols, guidelines and codes of conduct of JMPH, including, without limitation, those in regard to:
 - (i) occupational health and safety;
 - (ii) anti-discrimination, bullying and harassment;
 - (iii) confidentiality, privacy and the management of personal and health information;
 - (iv) safety, security and working with children;
 - (v) escalation policies;
 - (vi) Anti-Microbial Stewardship; and
 - (vii) Open Disclosure;
 - (d) comply with operational policies, procedures and practices as required by JMPH;
 - (e) comply with all standards required or set by the Australian Commission on Safety and Quality in Healthcare or by the Australian Council on Healthcare Standards;
 - (f) comply with any reasonable request made by the CEO with regard to personal conduct and the provision of services as JMPH; and
 - (g) adhere to the generally accepted ethics of professional practice in relation to colleagues, caregivers, staff, patients and their families at JMPH.
2. The Accredited Health Practitioner or Surgical Assistant must, if requested to do so at any time, provide such authorisation as JMPH reasonably requires in order for it to conduct a criminal history, identity, compliance, qualification and health and medical history checks with the appropriate authorities and institutions.

JMPH Brand and Reputation

3. The Accredited Health Practitioner or Surgical Assistant must not, without the express written permission of the CEO:
 - (a) use the JMPH or Monash Heart Private logo or letterhead;
 - (b) use the words “Jessie McPherson Private Hospital” or “Monash Heart Private”, or any variation thereof, in connect with their private practice (except for the purposes of locating the address of the practice); or
 - (c) represent that he or she is an employee or contractor of JMPH.
4. The Accredited Health Practitioner or Surgical Assistant must not take any action, engage in any conduct or make any statements which causes or may cause JMPH embarrassment or humiliation or otherwise adversely affect its good standing and reputation.

Fees

5. The Accredited Health Practitioner or Surgical Assistant must pay the fees (if any) determined to be payable to JMPH in respect of his or her Accreditation, including any fees payable in respect of his or her licence to enter and use JMPH premises, facilities or equipment, within 30 days of the fees becoming due and payable.

Values

6. The Accredited Health Practitioner or Surgical Assistant must uphold the JMPH values.

Authority to Practice

7. The Accredited Health Practitioner or Surgical Assistant must:
 - (d) maintain professional registration with AHPRA and any other licences or authorisations required for the conduct of his or her practice; and
 - (e) furnish annually to JMPH and at any other time on request, documentary evidence of such registration, licences or authorisations.
8. The Accredited Health Practitioner or Surgical Assistant must not aid or facilitate the provision of health care services by persons who are not Accredited Health Practitioners or Surgical Assistants, including without limitation, utilising Surgical Assistants who are not appointed or otherwise authorised to work at JMPH.

Clinical Practice

9. The Accredited Health Practitioner must admit, consult and attend patients, and otherwise provide health care services in accordance with, and only to the extent permitted by, the Accredited Health Practitioner's authorised Scope of Practice.

The Accredited Health Practitioner must:

- (a) comply with current operational policies, procedures and practices at JMPH; and
- (b) acknowledge and adhere to current operational policies, procedures and practices at Monash Health which directly impact JMPH.

Insurance

10. The Accredited Health Practitioner or Surgical Assistant must:
 - (a) maintain medical indemnity insurance at an adequate level for their approved Scope of Practice with an insurer authorised under the *Insurance Act 1973* (Cth) or operating under an exemption to that Act for the period of their Accreditation and for 7 years thereafter. The level of insurance must not be less than \$20 million in respect of any one occurrence for medical practitioners or dentists, \$10 million in respect of any one occurrence for Allied Health practitioners, or \$20 million in respect of any one occurrence for Surgical Assistants; and
 - (b) furnish annually to JMPH, and at any other time upon request, documentary evidence of the required insurance.

Continuous Disclosure

11. The Accredited Health Practitioner or Surgical Assistant must immediately notify the CEO of any matter or circumstance that may, or may reasonably be expected to, have a material bearing upon the Accredited Health Practitioner's or Surgical Assistant's:
 - (a) right to practice;
 - (b) eligibility for Accreditation;
 - (c) Scope of Practice;
 - (d) ability to deliver health care services to patients safely and effectively within their authorised Scope of Practice, including any impairment to their physical or mental health; or
 - (e) their professional indemnity insurance status and/or provider.
12. Without limiting the obligations in clause 11, the Accredited Health Practitioner or Surgical Assistant must notify the CEO immediately if he or she becomes aware that:
 - (a) a report of Notifiable Conduct by him or her is made to AHPRA;
 - (b) AHPRA has:
 - (i) commenced an inquiry into the Accredited Health Practitioner's or Surgical Assistant's conduct;

- (ii) required the Accredited Health Practitioner or Surgical Assistant to undergo a health assessment or performance assessment;
- (iii) made an adverse finding against the Accredited Health Practitioner or Surgical Assistant;
- (iv) required the Accredited Health Practitioner or Surgical Assistant to give an undertaking;
- (v) cautioned the Accredited Health Practitioner or Surgical Assistant;
- (vi) imposed a condition, limitation or restriction in relation to the Accredited Health Practitioner's or Surgical Assistant's registration;
- (vii) suspended or cancelled the registration of the Accredited Health Practitioner or Surgical Assistant;
- (c) any other registration, disciplinary, investigative or professional body has made an adverse finding against the Accredited Health Practitioner or Surgical Assistant;
- (d) the Accredited Health Practitioner's or Surgical Assistant's accreditation to provide health care services and/or authorised scope of practice at any other health service, hospital or day procedure centre is suspended, varied or terminated, whether at the Accredited Health Practitioner's or Surgical Assistant's request or otherwise;
- (e) the Accredited Health Practitioner or Surgical Assistant suffers an illness or disability which may adversely affect his or her ability to provide health services safely;
- (f) the Accredited Health Practitioner or Surgical Assistant is charged with or found guilty of a criminal offence;
- (g) the Accredited Health Practitioner or Surgical Assistant ceases to hold medical indemnity insurance as required by these By-Laws or there is any material change to the level of, or conditions associated with, the insurance held by the Accredited Health Practitioner or Surgical Assistant;
- (h) the Accredited Health Practitioner or Surgical Assistant becomes aware of any matter or circumstance which gives rise to or may give rise to a conflict of interest with JMPH.

Training and educational activities

13. The Accredited Health Practitioner or Surgical Assistant must:
- (a) undertake such mandatory training as JMPH requires in order to ensure patient safety and compliance with mandatory certification requirements;
 - (b) comply with reasonable requests to participate in the education and training of medical and other professional staff of JMPH and of students attending JMPH, including facilitating the availability of patients for clinical teaching;
 - (c) as appropriate, and when reasonably required to do so, attend and participate in clinical meetings, seminars, lectures and other training programmes as may be provided by or held at JMPH; and
 - (d) participate in continuing professional development required as a condition of registration under the *Health Practitioner Regulation National Law (Victoria) Act 2009*.

Safety and Quality Activities

14. The Accredited Health Practitioner or Surgical Assistant will contribute as required to continuous improvement in the quality and safety of Health Care Services provided by JMPH, including, without limitation:
- (a) participate in clinical quality activities of JMPH, and of his or her clinical department, specialty or peer review group, as required;
 - (b) co-operate fully in audit and quality activities concerning patients of JMPH to whom he or she provides health care services, including by providing access to clinical material pertaining to individual patient care and participating in mortality and morbidity reviews and audits of practice and procedures; and
 - (c) complying with the JMPH Quality and Safety Plan.

Patient Care

15. The Accredited Health Practitioner must not admit a patient unless he or she is authorised to do so in accordance with their Accreditation.
16. The Accredited Health Practitioner must comply with JMPH's policies regarding minimum standards of attendance on patients, and without limiting his or her obligations arising under such policies, must:
 - (a) attend all newly admitted patients within 24 hours of admission;
 - (b) attend patients as often as is necessary to ensure safe, high quality patient care;
 - (c) comply with accepted professional standards regarding attendance on patients;
 - (d) use all reasonable means to keep every patient under his or her care fully informed of his or her condition, management and progress, and to respond to reasonable requests for information from nominated family members;
 - (e) participate in Open Disclosure as required;
 - (f) be available, or deputise another appropriately qualified Accredited Health Practitioner for emergency calls to his or her patients;
 - (g) make appropriate arrangements (including ensuring that a suitably qualified Accredited Health Practitioner is available) for patient care when the Accredited Health Practitioner is ill, on leave or otherwise unavailable to attend to their patients; and
 - (h) participate in formal on-call arrangements as requested by JMPH from time to time.

Patient consent

17. Except where it is necessary to do so to save a life in an emergency or where otherwise permitted by law, the Accredited Health Practitioner must obtain:
 - (a) informed consent to treatment; and
 - (b) informed financial consentfrom the patient or their guardian or legal representative in accordance with the policies and procedures specified from time to time by JMPH.

Record keeping

18. EMR training (either on-line or face to face) as notified by JMPH must be undertaken and successfully completed by the following personnel:
 - (a) all Accredited Health Practitioners; and
 - (b) Monash Health Surgical Assistants as part of their employment.For the avoidance of doubt, Non-Monash Health Surgical Assistants are not required to undergo EMR training and are therefore ineligible to access the EMR.
19. The Accredited Health Practitioner must maintain full, accurate and legible medical records in the form directed by JMPH (which includes using EMR) that comply with the National Safety and Quality Health Service Standards and any policies, procedures or standards issued by JMPH from time to time.
20. Upon the request of the Accredited Health Practitioner, the Monash Health Surgical Assistant may be instructed to enter accurate and legible documentation relating to the surgical procedure in the medical record in the form directed by JMPH (which includes using EMR) that complies with the National Safety and Quality Health Service Standards and any policies, procedures or standards issued by JMPH from time to time.

For avoidance of doubt, the Accredited Health Practitioner must not direct the Non-Monash Health Surgical Assistant to access the EMR.
21. The Accredited Health Practitioner must observe all laws, standards, policies and procedures relating to the protection of privacy and the management of health records, including section 141 of the *Health Services Act 1988* (Vic) and the Health Privacy Principles set out in Schedule 1 of the *Health Services Act 1988* (Vic), and all applicable requirements of JMPH from time to time.

22. All medical records in relation to treatment delivered to patients at JMPH are owned by JMPH.

Confidentiality

23. The Accredited Health Practitioner or Surgical Assistant must keep confidential all business and financial information of JMPH, including information regarding the commercial and operational arrangements between JMPH and Monash Health, save and except where:
- (a) disclosure is required by law;
 - (b) disclosure is required by a regulatory or disciplinary body; and
 - (c) JMPH consents to the disclosure.

New clinical services, procedures or interventions

24. The Accredited Health Practitioner must obtain the approval of the Medical Advisory Committee before providing any New Clinical Services, Procedures or Interventions, including:
- (a) using any new or amended technology, procedures or techniques in relation to the treatment of patients; and
 - (b) using any medical devices, implants or prostheses not previously approved by JMPH.

Clinical Activity

25. Accredited Health Practitioners must maintain a sufficient level of clinical activity at JMPH to enable the CEO, acting reasonably, to be satisfied that the Accredited Health Practitioner:
- (a) has knowledge and skills which are current;
 - (b) is familiar with the operational policies, procedures and practices at JMPH; and
 - (c) is able to contribute actively and meaningfully to JMPH in respect of his or her Scope of Clinical Practice.

To meet the sufficient level of clinical activity determination, JMPH may provide annual minimum clinical activity levels at time of initial accreditation application, renewal or from time to time as deemed required.

Leave

26. The Accredited Health Practitioner or Surgical Assistant must notify the CEO at least one month in advance if the Accredited Health Practitioner intends to be absent from their professional practice for a period greater than one month.
27. The Accredited Health Practitioner or Surgical Assistant must liaise with the CEO (or delegate) if the Accredited Health Practitioner intends to be absent from their professional practice for a period less than one month, to ensure bed and theatre bookings are appropriately managed during their period of leave.

Resignation

28. The Accredited Health Practitioner or Surgical Assistant must notify the CEO in writing at least one month prior to resigning their Accreditation.