



Cabrini Health Bylaws
Appointment of Medical Practitioners
24 May 2018
Revised 1 August 2019
Revised 15 June 2021

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 1 of 38

CONTENTS

1.	INTRODUCTION	1
	Cabrini Health.....	1
	Cabrini Mission and Values	1
	Purpose of Bylaws	1
2.	DEFINITIONS	1
3.	ROLES AND RESPONSIBILITIES	3
	Medical Staff	3
	Medical Staff Executive	3
	Chairperson and Deputy Chairperson of Medical Staff	4
	Specialty Groups.....	5
	Medical Director.....	5
	Appointments and Credentialing Committee	6
4.	LICENCE AND RIGHT TO PROVIDE HEALTH CARE SERVICES	6
5.	APPLICATION FOR APPOINTMENT	7
	Eligibility for appointment	7
	Application to be made to Medical Director	7
	Contents of application.....	7
6.	DETERMINATION OF APPLICATION FOR APPOINTMENT	8
	The Medical Director may obtain further information.....	8
	Consultation and advice in relation to application	8
	Consideration of application.....	8
	Recognition of accreditation by Cabrini Service Providers	9
7.	APPOINTMENT AND CREDENTIALING	9
	Medical Director may grant or refuse application for Appointment	9
	Medical Director must not Appoint.....	9
	Short term (probationary and emergency) Practice Rights.....	9
	Scope of Clinical Practice.....	10
	Conditions of Appointment	11
8.	CONFIRMING APPOINTMENT	11
	Offer of Appointment	11
	Notification of decision to not Appoint.....	11
	No appeal or review of decision not to Appoint.....	11
	Acceptance of Appointment	12
	When Appointment takes effect	12
9.	APPLICATION FOR FURTHER APPOINTMENT	12
	Application for further appointment.....	12
	Form and content of application.....	12

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 2 of 38

	Consideration of application for further Appointment.....	12
	Review of refusal of further Appointment.....	12
10.	SUSPENSION, VARIATION OR TERMINATION	13
	Grounds for Remedial Action.....	13
	Types of Remedial Action.....	13
	Procedure for Remedial Action	13
	Formal warning.....	14
	Notice of Remedial Action	14
11.	REVIEW OF SCOPE OF CLINICAL PRACTICE AND VARIATION ETC OF PRACTICE RIGHTS	15
	Procedure for review.....	15
	Notice of variation, limitation or suspension of Practice Rights	16
	Short term (probationary, temporary and emergency) Practice Rights	16
12.	REVIEW OF DECISIONS AFFECTING APPOINTMENT	16
	No review of decision affecting short term practice rights.....	16
	Application for Review	16
	Review of the decision	17
	Review Panel	17
	Proceedings of Review Panel	17
	Decision.....	17
	Salaried Doctors	18
13.	INFORMATION	18
	Confidentiality	18
	Chief Executive to be informed about Notifiable Conduct	18
14.	RELATIONSHIP.....	18
15.	AMENDMENT OF THESE BYLAWS.....	18
	SCHEDULE 1 - REQUIREMENTS FOR APPLICATION FOR APPOINTMENT	19
	SCHEDULE 2 - CATEGORIES OF APPOINTMENT	21
	SCHEDULE 3 - GENERAL CONDITIONS OF APPOINTMENT.....	23
	SCHEDULE 4 - SPECIALTY GROUPS.....	28
	SCHEDULE 5 - SITE MEDICAL STAFF COMMITTEES	30

1. INTRODUCTION

Cabrini Health

1.1 Cabrini Health operates hospitals and health care facilities for and on behalf of the Missionary Sisters of the Sacred Heart of Jesus.

Cabrini Mission and Values

1.2 Cabrini Health seeks at all times to promote and uphold:

1.2.1 the mission and values articulated in *Our Promise*; and

1.2.2 the ethical principles embodied in the Catholic Health Australia publication: *Code of Ethical Standards for Catholic Health and Aged Care Services Australia*.

Purpose of Bylaws

1.3 The Board has adopted these Bylaws for the following purposes:

1.3.1 to provide for the internal governance of Appointed Medical Practitioners;

1.3.2 to set out the requirements and procedures for the Appointment (including determination of Practice Rights) of Medical Practitioners to provide Health Care Services at Cabrini Health;

1.3.3 to provide for conditions of Appointment; and

1.3.4 to set out requirements and procedures for terminating, suspending and varying the Appointment (including with respect to Practice Rights) of Medical Practitioners.

Delegation

1.4 For the purpose of these Bylaws, the Board delegates, in accordance with the Constitution, all of its powers and functions with respect to the accreditation of Medical Staff and granting of clinical privileges to the Chief Executive who further delegates certain of those powers and functions to the Medical Director, subject to the conditions and limitations set out in these Bylaws.

2. DEFINITIONS

2.1 In these Bylaws:

Appointed Medical Practitioner means a Medical Practitioner who is appointed to provide Health Care Services at Cabrini Health in accordance with these Bylaws. **Appointed**, **Appointment** and **Appoint** have corresponding meanings. A medical practitioner accredited under Bylaws previously in force is deemed to have been Appointed under these Bylaws.

Appointment Fees means the annual fee payable in respect of a period of Appointment and any other fees or levies payable by Appointed Medical Practitioners, as determined by the Medical Director from time to time.

Appointment Period means up to 3 years.

Board means the board of directors of Cabrini Health Limited.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 4 of 38

Bylaws means this document as amended or substituted from time to time.

Cabrini Health means Cabrini Health Limited, a company limited by guarantee ACN 108 515 073/ ABN 33 370 684 005 and its related bodies corporate.

Cabrini Mission and Values means the mission and values described in clause 1.2.

Cabrini Sites means the hospitals and facilities operated by Cabrini Health.

Chief Executive means the person appointed Chief Executive of Cabrini Health from time to time.

Chief Financial Officer means the person holding office as Chief Financial Officer of Cabrini Health from time to time.

Conditions of Appointment includes all conditions and limitations (including in relation to Scope of Clinical Practice) on which a Medical Practitioner is Appointed.

Constitution means the constitution of Cabrini Health as amended from time to time.

Eligible in relation to a Medical Practitioner has the meaning set out in clause 5.1.

Health Care Services at Cabrini Health include:

- admission of patients and provision of health care services to admitted and non-admitted patients of Cabrini Health; and
- provision of health care through programs to patients of Cabrini Health in their homes and other community settings; and
- provision of health care through consulting rooms or clinics owned or operated by, conducted at or from premises owned or occupied by, or otherwise associated with Cabrini Health.

Medical Director means the Executive Director Medical Services (however titled) or any other person designated as the Medical Director for the purposes of these Bylaws appointed by the Board or the Chief Executive from time to time. .

Medical Practitioner means a registered medical practitioner, and includes a trainee medical practitioner and a specialist medical practitioner.

Medical Staff means the body of Appointed Medical Practitioners who are appointed from time to time in accordance with these Bylaws.

Medical Staff Association Fund means the fund established and maintained by Cabrini Health which supports the activities of the Medical Staff Association.

Medical Staff Executive means the peak committee of the Medical Staff established in accordance with clauses **Error! Reference source not found.** to 3.7 inclusive.

Medical Staff Executive Charter means the document (however titled) published from time to time by the Medical Director in consultation with the Medical Staff setting out procedures for appointment to and meetings of the Medical Staff Executive.

Notifiable Conduct has the meaning it has under the *Health Practitioner National Regulation Law* (Vic) 2010.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 5 of 38

Practice Rights means the right of a Medical Practitioner to provide Health Care Services at Cabrini Health in accordance with the Medical Practitioner's Scope of Clinical Practice.

Remedial Action means action of the type referred to in clause 10.2.

Salaried Doctor means a medical practitioner, employed by Cabrini Health under a contract of employment or engaged by Cabrini Health under a contract for services.

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

Specialty means a particular clinical or surgical specialty or interest.

Specialty Group means a group of Appointed Medical Practitioners who have a Specialty, as determined by the Medical Director in accordance with clause 3.16.5.

Special Privileges means the right to undertake clinical practices or procedures which because of their unorthodox, novel, inherently risky or otherwise specialised nature must not be undertaken or performed unless they are explicitly included in an Appointed Medical Practitioner's Scope of Clinical Practice.

3. ROLES AND RESPONSIBILITIES

Medical Staff

- 3.1 The Chairperson of Medical Staff must convene an annual general meeting of the Medical Staff for the purpose of:
- 3.1.1 considering any proposal from the Medical Staff Executive in respect of Appointment Fees and expenditure from the Medical Staff Association Fund;
 - 3.1.2 considering and discussing any other matters relevant to the Medical Staff or Cabrini Health in general;
 - 3.1.3 making recommendations in relation to any such matters to the Medical Staff Executive or the Medical Director .
- 3.2 The Medical Staff may determine the procedures for its meetings, provided that minutes shall be maintained in such manner and form as may be approved by the Medical Director from time to time.
- 3.3 The Medical Staff may convene standing or ad-hoc meetings of the whole or part of the Medical Staff.

Medical Staff Executive

- 3.4 The members of the Medical Staff Executive may be:
- 3.4.1 elected by Specialty Groups;
 - 3.4.2 appointed as ex-officio members—
- in accordance with the Medical Staff Executive Charter.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 6 of 38

- 3.5 Standing sub-committees of the Medical Staff Executive shall be established at Cabrini Sites at Elsternwick and Brighton . The composition, functions and procedures of the Elsternwick and Brighton Medical Staff Committees are as set out in Schedule 5. A member of a standing sub-committee of the Medical Staff who has not been elected as a member of the Medical Staff Executive shall be appointed as an ex-officio member.
- 3.6 The role of the Medical Staff Executive is to:
- 3.6.1 consider and provide advice in relation to matters relating to the efficient and effective provision of Health Services at Cabrini Health, including at the request of the Medical Staff, the Medical Director or the Chief Executive;
 - 3.6.2 make recommendations, for consideration at a general meeting of the Cabrini Medical Staff and submission to the Medical Director as to:
 - 3.6.2.1 Appointment Fees; and
 - 3.6.2.2 expenditure from the Medical Staff Association Fund; and
 - 3.6.3 nominate members of the Medical Staff Executive to be members of the Appointments and Credentialing Committee established under clauses 3.19 to 3.22; and
 - 3.6.4 appoint the Chairperson of Medical Staff and Deputy Chairperson of Medical Staff.
- 3.7 The constitution and procedures of the Medical Staff Executive shall be as set out from time to time in the Medical Staff Executive Charter.

Chairperson and Deputy Chairperson of Medical Staff

- 3.8 The Medical Staff Executive shall, in accordance with the Medical Staff Executive Charter, appoint a Chairperson and Deputy Chairperson of Medical Staff.
- 3.9 The role of the Chairperson of Medical Staff is to:
- 3.9.1 represent the Medical Staff:
 - 3.9.1.1 upon the invitation of the Board—at meetings of the Board; and
 - 3.9.1.2 upon the invitation of the Chief Executive or Medical Director —at meetings of any other body or committee established by Cabrini Health from time to time; and
 - 3.9.2 represent the views of the Medical Staff on clinical issues to, and be a conduit for communication on such issues between those bodies, the Medical Staff Executive and:
 - 3.9.2.1 the Medical Director; and
 - 3.9.2.2 the Chief Executive;
 - 3.9.3 convene and chair:
 - 3.9.3.1 the annual general meeting and other general meetings of the Medical Staff; and

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 7 of 38

3.9.3.2 meetings of the Medical Staff Executive; and

3.9.4 with the Medical Director, co-edit the Cabrini Medical Newsletter.

3.10 The role of the Deputy Chairperson of Medical Staff is to support and assist the Chairperson and to deputise for the Chairperson where required.

3.11 The positions of Chairperson and Deputy Chairperson of Medical Staff are not hospital administration positions and carry no administrative authority or responsibilities.

Specialty Groups

3.12 The Medical Staff shall be organised into the Specialty Groups as determined from time by the Medical Director.

3.13 The role of each Specialty Group is to provide a forum for discussion of, and a source of advice to, the Medical Director and other members of the executive management group, on operational, clinical and strategic issues affecting members of the Specialty Group, including issues relating to:

3.13.1 succession planning and the appointment of new medical staff;

3.13.2 budgetary and financial matters, including proposals for capital expenditure relevant to members of the Specialty Group; and

3.13.3 strategic directions and goals for the Specialty Group.

3.13.4 Quality and safety

3.14 The Medical Director may require a Specialty Group to provide him or her with advice in relation to clinical, operational or strategic issues pertinent to that Specialty.

3.15 The procedures for meetings of the Specialty Groups are set out in Schedule 4.

Medical Director

3.16 The role and functions of the Medical Director include to:

3.16.1 determine, in consultation with the Medical Staff, the constitution and procedures of the Medical Staff Executive;

3.16.2 ensure appropriate clinical governance processes are in place to provide assurance as to the quality and safety of clinical services delivered across Cabrini Health

3.16.3 determine Appointment Fees and approve expenditure from the Medical Staff Fund in consultation with the Chairperson of Medical Staff;

3.16.4 with the Chairperson of Medical Staff, co-edit the Cabrini Medical Newsletter;

3.16.5 determine the membership and terms of reference of the Appointments and Credentialing Committee;

3.16.6 determine Specialty Groups for the organisation of the Medical Staff;

3.16.7 receive and consider applications from Medical Practitioners seeking appointment to provide Health Care Services at Cabrini Health;

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 8 of 38

- 3.16.8 make decisions about such appointments, including establishing a Medical Practitioner's credentials and eligibility for Appointment and determining an Appointed Medical Practitioner's Scope of Clinical Practice;
 - 3.16.9 granting Short Term Practice Rights;
 - 3.16.10 subject to these Bylaws, take disciplinary action in relation to an Appointed Medical Practitioner; and
 - 3.16.11 make other decisions or take other action as specified in these Bylaws.
- 3.17 Unless otherwise specified in these Bylaws, a power conferred on the Medical Director to make a decision or take action in relation to an application for Appointment or an Appointed Medical Practitioner or in relation to Scope of Clinical Practice or Practice Rights is a power that may be exercised at the absolute discretion of the Medical Director.
- 3.18 Unless otherwise specified in these Bylaws, the functions and powers of the Medical Director under these Bylaws may be exercised by:
- 3.18.1 a person for the time being holding, or acting on a temporary basis in, the position of Medical Director ; and
 - 3.18.2 a person who has been nominated by, or to whom the power or function has been delegated in writing, by the Medical Director in writing.

Appointments and Credentialing Committee

- 3.19 There shall be an Appointments and Credentialing Committee to provide advice and assistance in relation to Appointment and Scope of Clinical Practice related issues.
- 3.20 The membership and terms of reference of the Appointments and Credentialing Committee shall be as determined by the Medical Director from time to time, and may be varied according to his or her need for advice or assistance in relation to particular areas of specialisation or practice or particular expertise, provided that two members of the Committee should be persons nominated by the Medical Staff Executive in accordance with clause 3.6.3.
- 3.21 The Appointments and Credentialing Committee shall provide advice and assistance:
- 3.21.1 at the request of the Chief Executive or Medical Director—in relation to the Appointment, or the suspension, variation or termination of the Appointment, or the variation, limitation or suspension of Practice Rights, of a particular Medical Practitioner; and
 - 3.21.2 at the request of the Board, Chief Executive or the Medical Director or on the initiative of the Committee itself—on matters relating to appointment and Scope of Clinical Practice generally.
- 3.22 The Medical Director or delegate will attend and participate in meetings of the Appointments and Credentialing Committee, but is not a member of that Committee.

4. LICENCE AND RIGHT TO PROVIDE HEALTH CARE SERVICES

- 4.1 An Appointed Medical Practitioner has:
- 4.1.1 Practice Rights at Cabrini Health; and

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 9 of 38

4.1.2 a licence to enter and to use equipment and facilities at Cabrini Sites for the purpose of providing Health Care Services and such other services as are specified in the conditions of Appointment—

subject to and in accordance with:

4.1.3 any limitations applicable to the category of Appointment;

4.1.4 the Medical Practitioner's Scope of Clinical Practice;

4.1.5 the Medical Practitioner continuing to comply with all Conditions of Appointment;

4.1.6 the availability of beds, facilities and/or equipment, and nursing and/or allied health staff that are sufficient and appropriate for the type of Health Care Service provided by the practitioner; and

4.1.7 such other conditions, limitations or restrictions as may be imposed in accordance with these Bylaws.

5. APPLICATION FOR APPOINTMENT

Eligibility for appointment

5.1 A Medical Practitioner is eligible to be Appointed to provide Health Care Services at Cabrini Health if and only if:

5.1.1 the practitioner is registered as a Medical Practitioner with the Medical Board of Australia or any successor body; and

5.1.2 the practitioner holds appropriate medical indemnity insurance in respect of the practitioner's Scope of Clinical Practice or proposed Scope of Clinical Practice; and

5.1.3 the practitioner does not have a conflict of interest with Cabrini Health; and

5.1.4 the practitioner agrees to uphold Cabrini Mission and Values.

Application to be made to Medical Director

5.2 A Medical Practitioner who seeks to be appointed to provide Health Care Services at Cabrini Health must apply in writing to the Medical Director.

Contents of application

5.3 The application must be made in writing in any manner and form (including electronically) approved by the Medical Director and must:

5.3.1 specify the Medical Practitioner's proposed:

5.3.1.1 Specialty; and

5.3.1.2 Scope of Clinical Practice; and

5.3.1.3 if the Applicant is seeking Special Privileges—the procedures and/or practices for which Special Privileges are requested including any

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 10 of 38

clinical practices or procedures which the Applicant will or may possibly wish to perform and for which the Applicant believes, or a reasonable Medical Practitioner would believe, Special Privileges may be required. Applicants must provide relevant certificates or evidence of certified training and currency to support the application;

5.3.2 be accompanied by the information and documents set out in Schedule 3; and

5.3.3 contain or be accompanied by a declaration (in a form specified by the Medical Director) signed by the Medical Practitioner.

6. DETERMINATION OF APPLICATION FOR APPOINTMENT

The Medical Director may obtain further information

6.1 The Medical Director may obtain such further information as he or she considers necessary to properly consider an application for Appointment, including by:

6.1.1 interview of the applicant (which may be conducted by the Medical Director or his or her nominee(s);

6.1.2 requiring the applicant to provide further information or documents;

6.1.3 in accordance with authorisations provided by the applicant, consulting with or obtaining information from the applicant's referees, medical indemnity insurer, previous employers, the Medical Board and any other persons the Medical Director considers may be able to provide information relevant to the application.

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

Consultation and advice in relation to application

6.3 When considering an application for Appointment, the Medical Director may, if he or she considers it appropriate to do so, consult with or seek advice from any of the following:

6.3.1 the Appointments and Credentialing Committee;

6.3.2 the Medical Staff Executive;

6.3.3 the Chairperson of the relevant Specialty Group;

6.3.4 the Chief Executive and/or

6.3.5 the Chief Financial Officer.

Consideration of application

6.4 In considering an application for Appointment (including the proposed Scope of Clinical Practice) the Medical Director may have regard to:

6.4.1 the training, formal qualifications (including any College fellowships) and professional competence and performance of the applicant;

6.4.2 the character, professional standing, reputation and experience of the applicant;

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 11 of 38

- 6.4.3 the values, resources, needs, expectations, priorities and strategic directions of Cabrini Health;
- 6.4.4 the availability at Cabrini Health of appropriate equipment, facilities and staff to support the provision of safe, high quality patient care within the proposed Scope of Clinical Practice; and
- 6.4.5 any other matter the Medical Director considers to be relevant.

Recognition of accreditation by Cabrini Service Providers

- 6.5 If an applicant for Appointment:
 - 6.5.1 is engaged or employed by an organisation ('Service Provider') that provides services to Cabrini Health; and
 - 6.5.2 is accredited or appointed by that Service Provider to provide health services; and
 - 6.5.3 proposes to provide Health Care Services at Cabrini Health as an employee or contractor of that Service Provider—

the Medical Director may have regard to the Service Provider's policies, procedures and compliance arrangements with respect to accreditation (including Scope of Clinical Practice) in considering the application for Appointment.

7. APPOINTMENT AND CREDENTIALING

Medical Director may grant or refuse application for Appointment

- 7.1 Subject to clauses 7.2 and 7.5, the Medical Director may grant or refuse to grant an application for Appointment.

Medical Director must not Appoint

- 7.2 The Medical Director shall not grant an application for Appointment unless:
 - 7.2.1 the Medical Director is satisfied that the applicant is Eligible for Appointment;
 - 7.2.2 the applicant has paid the initial Appointment Fee; and
 - 7.2.3 the Medical Director is satisfied that Appointment of the applicant will not compromise the efficient operation of any Cabrini site or the interests of Cabrini Health generally.

Short term (probationary and emergency) Practice Rights

- 7.3 The Medical Director may determine that a Medical Practitioner who:
 - 7.3.1 is Eligible for Appointment; but
 - 7.3.2 is not Appointed—

should be granted Practice Rights on a short term basis, if the Medical Director is satisfied that the Practitioner:

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 12 of 38

- 7.3.3 should undergo a period of probation in order to enable his or her suitability for Appointment to be further assessed or confirmed; or
 - 7.3.4 should be given Practice Rights on a locum or similar short term basis in the interests of Cabrini Health or a patient; or
 - 7.3.5 urgently requires Practice Rights in order to avert a threat to the life of, or other serious harm to, a patient.
- 7.4 Where the Medical Director decides to grant short term Practice Rights in accordance with clause 7.3:
- 7.4.1 the Medical Director shall:
 - 7.4.1.1 determine the Medical Practitioner's Scope of Clinical Practice in accordance with clause 7.6; and
 - 7.4.1.2 specify a maximum period (not exceeding 6 months) during which the Medical Practitioner may exercise those Practice Rights; and
 - 7.4.2 the Medical Practitioner is not an Appointed member of the Medical Staff during the period; and
 - 7.4.3 the Medical Practitioner must comply with any requirements and conditions specified by the Medical Director including, so far as is applicable having regard to the term and purpose of the short term Practice Rights, the General Conditions of Appointment set out in Schedule 3.

Approval of Appointments and Credentialing Committee

- 7.5 A Medical Practitioner must not be Appointed without the application having first been considered by the Appointments and Credentialing Committee.

Scope of Clinical Practice

- 7.6 The Medical Director must specify the Scope of Clinical Practice for every Appointed Medical Practitioner and every Medical Practitioner who is granted short term practice rights. In doing so, the Medical Director may:
 - 7.6.1 identify practices or procedures that the Medical Practitioner may only undertake or perform as Special Privileges;
 - 7.6.2 exclude from the Scope of Clinical Practice practices or procedures which would normally be considered to fall within the Scope of Clinical Practice of a medical practitioner having the qualifications of the applicant;
 - 7.6.3 specify a period for which the Medical Practitioner may exercise Practice Rights which is less than the maximum Appointment Period;
 - 7.6.4 limit the Scope of Clinical Practice by reference to any matter he or she considers relevant, including:
 - 7.6.4.1 the relevant certificates or evidence of certified training and currency provided by the applicant as specified in the “Contents of Application”

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 13 of 38

- 7.6.4.2 the Cabrini site and/or facilities at which the practices or procedures may be undertaken or performed;
- 7.6.4.3 the range of practices and/or procedures that may be undertaken or performed;
- 7.6.4.4 the number of practices and/or procedures that may be undertaken or performed in a specified period; and
- 7.6.4.5 that practices or procedures must be subject to supervision and/or audit.

Conditions of Appointment

- 7.7 Every Appointment of a Medical Practitioner shall be:
 - 7.7.1 for a period of up to 3 years;
 - 7.7.2 subject to the Special Conditions specified in Schedule 2 in relation to the relevant category of Appointment;
 - 7.7.3 subject to the General Conditions of Appointment set out in Schedule 3; and
 - 7.7.4 subject to any other conditions or limitations the Medical Director considers appropriate (including conditions or limitations as to Scope of Clinical Practice).

8. CONFIRMING APPOINTMENT

Offer of Appointment

- 8.1 If the Medical Director decides to Appoint an applicant he or she must notify the applicant in writing of his or her decision and make an offer of Appointment that sets out the proposed:
 - 8.1.1 Appointment Period;
 - 8.1.2 Appointment Fees payable by the Appointee;
 - 8.1.3 Scope of Clinical Practice; and
 - 8.1.4 Conditions of Appointment.

Notification of decision to not Appoint

- 8.2 If Medical Director decides not to Appoint an applicant, the Medical Director must notify the applicant in writing of his or her decision but is not required to provide reasons.

No appeal or review of decision not to Appoint

- 8.3 A decision to not accept an application for Appointment (other than in relation to an application for Further Appointment in accordance with Part 9) is final. No appeal or request for review of such a decision shall be entertained.

Acceptance of Appointment

- 8.4 If an applicant wishes to accept the Appointment, he or she must do so in writing confirming that he or she agrees:

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 14 of 38

- 8.4.1 to be bound by the Conditions of Appointment; and
- 8.4.2 to uphold and promote the Cabrini Mission and Values.

When Appointment takes effect

8.5 Unless otherwise specified in the offer, the Appointment takes effect on the date on which the applicant's written acceptance, and any fee payable in respect of the Appointment, together with evidence of any mandatory training which may be required, is received by the Medical Director.

9. APPLICATION FOR FURTHER APPOINTMENT

Application for further appointment

9.1 Subject to these Bylaws, an Appointed Medical Practitioner may apply for Appointment for a further Appointment Period by making application in writing to the Medical Director not less than three months before the expiry of their current Appointment Period.

Form and content of application

9.2 An application for Appointment for a further Appointment Period must be in the form approved by the Medical Director and must:

- 9.2.1 contain an updated curriculum vitae, setting out qualifications, clinical experience and appointments held since the previous application for Appointment was made;
- 9.2.2 be accompanied by the information and documents set out in Schedule 1 (other than in items 1, 2 and 3 of that Schedule);
- 9.2.3 include a statement of currency relevant to the scope of practice and extended scope of practice (if any) for which the practitioner is applying for further appointment
- 9.2.4 provide evidence of current participation in the relevant College Continuous Professional Development Program
- 9.2.5 contain any other documents required by the Medical Director; and
- 9.2.6 be signed by the applicant.

Consideration of application for further Appointment

9.3 Clauses 6, 7 and 8 of these Bylaws apply to the application for a Further Appointment Period.

Review of refusal of further Appointment

9.4 A decision to refuse an application for further Appointment, or to renew an application for a further Appointment Period on less favourable conditions (including conditions relating to Scope of Clinical Practice) may be reviewed in accordance with clause 11 of these Bylaws.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 15 of 38

10. SUSPENSION, VARIATION OR TERMINATION

Grounds for Remedial Action

- 10.1 The Medical Director may take Remedial Action in respect of an Appointed Medical Practitioner if he or she believes that one of the following grounds exists:
- 10.1.1 The Medical Practitioner has engaged in Notifiable Conduct.
 - 10.1.2 The conduct, competence or performance of the Medical Practitioner is such as to put at risk:
 - 10.1.2.1 the safety, health, wellbeing or welfare of any Cabrini Health patient or staff member; or
 - 10.1.2.2 the good standing and reputation of Cabrini Health.
 - 10.1.3 The Medical Practitioner has acted in a manner that is inconsistent with Cabrini Values.
 - 10.1.4 The Medical Practitioner has contravened these By-laws.
 - 10.1.5 The Medical Practitioner has contravened the Conditions of Appointment.
 - 10.1.6 The Medical Practitioner has ceased to be Eligible for Appointment.
 - 10.1.7 The continuing Appointment of the Medical Practitioner will compromise the efficient operation of any Cabrini site or the interests of Cabrini Health generally.
 - 10.1.8 The Medical Practitioner has failed to pay an Appointment Fee.

Types of Remedial Action

- 10.2 If grounds for Remedial Action exist, the Medical Director may do one or more of the following with respect to a Medical Practitioner:
- 10.2.1 give a formal warning; or
 - 10.2.2 vary, limit or suspend his or her Practice Rights; or
 - 10.2.3 terminate his or her Appointment.

Procedure for Remedial Action

- 10.3 The Medical Director must not take Remedial Action in respect of a Medical Practitioner unless the Medical Director has first:
- 10.3.1 given the Medical Practitioner written notice:
 - 10.3.1.1 setting out the Remedial Action proposed to be taken;
 - 10.3.1.2 setting out the grounds for the proposed Remedial Action (including details of any allegations or factual circumstances on which such grounds are based); and

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 16 of 38

- 10.3.1.3 stating that the Medical Practitioner may make a submission as to why the proposed Remedial Action should not be taken and specifying a reasonable time (which must not be less than 14 days) within which the Medical Practitioner may do so; and
- 10.3.2 had regard to any relevant matters put by the Medical Practitioner in any submission given in response to the notice.
- 10.4 The Medical Director may consult with and seek advice from the Appointments and Credentialing Committee in relation to any proposed Remedial Action.
- 10.5 The Medical Director shall consider and determine the Remedial Action or proposed Remedial Action in an unbiased manner.
- 10.6 The rule as to apprehended bias does not apply to the Medical Director in relation to any matter concerning the consideration and/or determination of Remedial Action or proposed Remedial Action.

Formal warning

- 10.7 If the Medical Director considers that grounds for Remedial Action exist but the circumstances do not warrant variation, limitation or suspension of Practice Rights or termination of Appointment, the Medical Director may give the Medical Practitioner a formal warning.
- 10.8 A formal warning must be recorded in writing.
- 10.9 Where the Medical Director gives a formal warning to a Medical Practitioner, the Medical Director shall provide such support and assistance (if any) that the Medical Director considers appropriate to the Medical Practitioner to improve his or her performance or correct unsatisfactory behaviour.
- 10.10 If the Medical Director considers that grounds for Remedial Action exist in respect of a Medical Practitioner who has been given a formal warning on two previous occasions, the Medical Director must not give any further formal warning but may take such other Remedial Action as he or she considers appropriate.

Notice of Remedial Action

- 10.11 If the Medical Director, having complied with clause 10.3, decides to take Remedial Action, the Medical Director must give written notice to the Medical Practitioner:
 - 10.11.1 if the Remedial Action is the giving of a formal warning—stating that a record will be made of the warning and that a Medical Practitioner who has received two formal warnings is not entitled to receive any further warnings and may have his or her Practice Rights varied, limited or suspended or Appointment terminated if further grounds for Remedial Action arise; and
 - 10.11.2 if the Remedial Action is to vary, limit or suspend Practice Rights or terminate the Appointment, setting out—
 - 10.11.2.1 the effect of the Remedial Action;
 - 10.11.2.2 the date from which it is to take effect;

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 17 of 38

- 10.11.2.3 any things the Medical Practitioner must do to give effect to the Remedial Action; and
- 10.11.2.4 the right of the Medical Practitioner to seek review of the decision under clause 12.

11. REVIEW OF SCOPE OF CLINICAL PRACTICE AND VARIATION ETC OF PRACTICE RIGHTS

Medical Director may review at any time

- 11.1 The Medical Director may at any time undertake a review of an Appointed Medical Practitioner's Scope of Clinical Practice and Practice Rights. Such a review may take into consideration including, but not limited to:
 - 11.1.1 safety and quality concerns relating to a Medical Practitioner’s practice;
 - 11.1.2 resource implications for Cabrini Health relating to a Medical Practitioner’s practice;
 - 11.1.3 financial effects of a Medical Practitioner’s practice on Cabrini Health;
 - 11.1.4 alignment or misalignment of a Medical Practitioner’s practice with the strategic direction of Cabrini

Procedure for review

- 11.2 Except as provided in clause 11.4, the Medical Director must not vary, limit or suspend the Medical Practitioner's Practice Rights unless the Medical Director has first:
 - 11.2.1 given the Medical Practitioner written notice:
 - 11.2.1.1 setting out how the Practice Rights are proposed to be varied, limited or suspended;
 - 11.2.1.2 setting out the grounds for the proposed variation, limitation or suspension; and
 - 11.2.1.3 stating that the Medical Practitioner may make a submission as to why the Practice Rights should not be varied, limited or suspended and specifying a reasonable time (which must not be less than 14 days) within which the Medical Practitioner may do so; and
 - 11.2.2 had regard to any relevant matters put by the Medical Practitioner in any submission given in response to the notice.
- 11.3 The Medical Director shall consider and determine any matter in relation to a Medical Practitioner’s Scope of Clinical Practice and Practice Rights in an unbiased manner.
- 11.4 The rule as to apprehended bias does not apply to the Medical Director in relation to any matter concerning the consideration and/or determination of a Medical Practitioner’s Scope of Clinical Practice and Practice Rights.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 18 of 38

Notice of variation, limitation or suspension of Practice Rights

11.5 If the Medical Director, having complied with clause 11.2, decides to vary, limit or suspend the Practice Rights of an Appointed Medical Practitioner, the Medical Director must give written notice to the Medical Practitioner setting out—

11.5.1 the effect of the variation, limitation or suspension;

11.5.2 the date from which it is to take effect;

11.5.3 its duration (if it is to be take effect for a limited time); and

11.5.4 the right (if any) of the Medical Practitioner to seek review of the decision under clause 12.

Immediate variation, limitation or suspension of Practice Rights

11.6 If the Medical Director suspects that the conduct, competence or performance of an Appointed Medical Practitioner is such as to give rise to a serious and imminent threat to the safety, health, wellbeing or welfare of any Cabrini Health patient or staff member, he or she may immediately vary, limit or suspend the Practitioner's Practice Rights without first complying with clause 11.2, but must comply with that clause as soon as practicable after the suspension, variation or limitation takes effect.

Short term (probationary, temporary and emergency) Practice Rights

11.7 The Medical Director may immediately, and without providing reasons, vary, limit, suspend or terminate short term Practice Rights accorded to a Medical Practitioner under clause 7.3. The Medical Director must give written notice of any such variation, limitation, suspension or termination.

12. REVIEW OF DECISIONS AFFECTING APPOINTMENT

12.1 The procedures in this clause 12 apply where the Medical Director decides to:

12.1.1 terminate the Appointment of an Appointed Medical Practitioner;

12.1.2 vary, limit or suspend the Practice Rights of an Appointed Medical Practitioner (other than by immediate suspension under clause 11.4); and

12.1.3 not grant an application from an Appointed Medical Practitioner for a further Appointment Period.

No review of decision affecting short term practice rights

12.2 A decision to vary, limit, suspend or terminate short term Practice Rights is not subject to review.

Application for Review

12.3 Within 7 days of being notified of a decision referred to in clause 12.1, the Medical Practitioner may apply to the Chief Executive for review of the decision.

Review of the decision

12.4 The Chief Executive may, if he or she considers it appropriate to do so, establish a panel to review the decision (**Review Panel**).

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 19 of 38

Review Panel

- 12.5 A Review Panel shall consist of three members, appointed at the discretion of the Chief Executive, provided that, as far as practicable:
 - 12.5.1 all members of the Review Panel shall be specialist medical practitioners in the relevant discipline; and
 - 12.5.2 one member of the Review Panel shall be nominated by the medical practitioner who has requested the review.
- 12.6 The following persons may not be members of the Review Panel:
 - 12.6.1 the Medical Director;
 - 12.6.2 a Medical Practitioner who acted as nominee or delegate of the Medical Director in relation to:
 - 12.6.2.1 Remedial Action taken under clause 10; or
 - 12.6.2.2 a proposed variation, limitation or suspension of Practice Rights under clause 11; or
 - 12.6.3 any other person with a material interest in the outcome of the decision.

Proceedings of Review Panel

- 12.7 The Review Panel may order its own proceedings and inform itself by any means it considers appropriate.
- 12.8 The Review Panel must give the Medical Practitioner a reasonable opportunity to show cause as to why the decision should not be confirmed. The Medical Practitioner may make a written or oral submission and present evidence but is not entitled to be legally represented.
- 12.9 The Review Panel shall hear and determine the matter before it in an unbiased manner.
- 12.10 The rule as to apprehended bias does not apply to the Review Panel.

Decision

- 12.11 Having had regard to:
 - 12.11.1 the reasons for the decision given by the Medical Director ;
 - 12.11.2 any submissions or evidence put by the Medical Practitioner; and
 - 12.11.3 any advice provided by the Review Panel—the Chief Executive may affirm, vary or revoke the decision of the Medical Director.
- 12.12 The decision of the Chief Executive is final.
- 12.13 The Chief Executive must notify the Appointed Medical Practitioner of the decision in relation to the Review as soon as possible but in any case within 7 days of the decision.

Variation, limitation, suspension of Practice Rights by agreement

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 20 of 38

- 12.14 The Practice Rights of a Medical Practitioner under these Bylaws may be varied by agreement between the Medical Practitioner and the Medical Director.
- 12.15 Before agreeing to vary the Practice Rights under clause 12.14, the Medical Director must consult with the Appointments and Credentialing Committee.

Salaried Doctors

- 12.16 Except with the agreement of the Medical Director, the Practice Rights of a Medical Practitioner who is a Salaried Doctor terminate when his or her contract of employment or contract for services with Cabrini terminates.

13. INFORMATION

Confidentiality

- 13.1 Subject to these Bylaws and to disclosures reasonably required to make and implement decisions made in accordance with these Bylaws, any information obtained by the Medical Director and any other person in connection with the Appointment, Scope of Clinical Practice, Remedial Action or other decision or action authorised or required to be taken under these Bylaws shall be treated as confidential and must not be disclosed except:
 - 13.1.1 with the consent of the person to whom it relates; or
 - 13.1.2 for the purpose of disclosing Notifiable Conduct or making a voluntary notification under the *Health Practitioner National Law 2009*;
 - 13.1.3 as otherwise required or authorised by law.

Chief Executive to be informed about Notifiable Conduct

- 13.2 Despite clause 13.1, if Notifiable Conduct by an Appointed Medical Practitioner is notified under the *Health Practitioner National Law 2009*, the Medical Director must immediately inform the Chief Executive of the fact and circumstances of the notification.

14. RELATIONSHIP

- 14.1 Nothing in these Bylaws creates any relationship of employer/employee between Cabrini Health and any Appointed Medical Practitioner.

15. AMENDMENT OF THESE BYLAWS

- 15.1 Subject to clause 15.2, only the Board is authorised to amend these Bylaws, and reserves the right to do so from time to time.
- 15.2 The Medical Director is authorised by the Board to amend Schedules 1-5 of these Bylaws from time to time as he or she considers necessary for the efficient and effective functioning of the Medical Staff and/or Cabrini Health.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 21 of 38

SCHEDULE 1 - REQUIREMENTS FOR APPLICATION FOR APPOINTMENT

The following information and documents must be submitted with every application for appointment:

1. A full curriculum vitae setting out the applicant's qualifications, clinical experience and former and current appointments.
2. Originals or certified copies of all diplomas, degrees and recognised post-graduate qualifications.
3. The names and contact details of three referees, preferably from within the same speciality, who possess recent knowledge of the applicant's qualifications and professional skills and experience. Unless it is not practicable, at least one referee should be an Appointed Medical Practitioner.
4. Proof of registration by the Medical Board of Australia to practise in Victoria.
5. Evidence of current participation in the relevant College Continuous Professional Development Program
6. Evidence that the applicant holds current medical indemnity insurance reasonably appropriate to the proposed Scope of Clinical Practice.
7. A statement disclosing any past, pending or anticipated:
 - medical negligence claims against the applicant;
 - disciplinary action taken against the applicant by any health care provider organisation, medical registration board or health care complaints commissioner; and
 - criminal charges, findings of guilt or convictions (other than spent convictions).
8. A valid Working with Children Check and/or Police Check (if working in residential care facilities), unless there is a valid exception.
9. Authorisation for Cabrini Health to disclose the fact of the application to, and obtain information relevant to the application, from:
 - the applicant's medical indemnity insurer; and
 - any person or body (including nominated referees, past and present employers, specialist Colleges and other health service providers) who the Medical Director considers may be able to provide relevant information about the applicant's character, professional standing, reputation, qualifications and experience of the applicant; and
 - the chair of the relevant Specialty Group; and
 - Australian Health Practitioner Regulation Agency; and
 - agencies which conduct police, working with children and other relevant screening checks.
10. Details of any actual or potential conflict the applicant may have with the interests of Cabrini Health.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 22 of 38

11. A declaration that the applicant, agrees that he or she will, if Appointed:
- promote and uphold Cabrini Values;
 - comply with the obligations of an Appointed Medical Practitioner under these Bylaws; and
 - comply with and be bound by the Conditions of Appointment
10. If the Applicant is seeking Special Privileges in accordance with clause 5.3.1.3, details of procedure and/or practices for which Special Privileges are sought, together with details of relevant experience (including case numbers) and training (including courses and mentoring).

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 23 of 38

SCHEDULE 2 - CATEGORIES OF APPOINTMENT

	Appointment category								
	Full Appointment	Provisional Appointment	Emergency Appointment	Emeritus Appointment	Inactive Appointment	Appointment as Surgical Assistant	Appointment as General Practitioner	Appointment as General Practitioner (Aged Care)	Honorary Appointment
Description	Full Appointment	Provisional Appointment may be granted pending finalisation and approval of application for Full Appointment	Emergency Appointment may be granted where there is an Emergency Situation.	Emeritus Appointment may be granted to practitioners who formerly held Full Appointment but have retired from practice at Cabrini	An Appointed practitioner who has not practised for a significant period over the previous year or who is in arrears with the annual registration fee, may be deemed inactive	Appointment limited to assisting with procedural work	General Practitioners may be Appointed to provide services in a defined range of Cabrini Health locations and specialties, and with a defined Scope of Clinical Practice	General practitioners may be Appointed to attend residents at Cabrini Ashwood	An Appointment made to a doctor on the grounds of his or her standing in the profession, but who is not currently actively practising at Cabrini
Appointment Period	Up to 3 years	Up to 70 days	Up to 10 days	Indefinite	Balance of Appointment	Up to 3 years	Up to 3 years	Up to 3 years	Indefinite (renewable automatically after 3 years)
Appointment Fee	Obligatory initially and annually	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Membership of Medical Staff Association	On payment of Appointment Fee	No	N/A	Yes	No	No	Yes	Yes	
Prerequisites	Refer Section 5	Refer Section Error! Reference source not found.	Refer Section 5	Must have previously held Full Appointment	Must be currently appointed	Appropriate professional qualifications and endorsement by a	Refer Section 5	Refer Section 5	

	Appointment category								
	Full Appointment	Provisional Appointment	Emergency Appointment	Emeritus Appointment	Inactive Appointment	Appointment as Surgical Assistant	Appointment as General Practitioner	Appointment as General Practitioner (Aged Care)	Honorary Appointment
						proceduralist with Full Appointment – refer Section 5			
Authority to admit patients, utilise consulting facilities, utilise special treatment and diagnostic facilities	Subject to availability, authority to admit, utilise consulting facilities and utilise special treatment and diagnostic facilities in accordance with Scope of Clinical Practice	Subject to availability, authority to admit, utilise consulting facilities and utilise special treatment and diagnostic facilities in accordance with Scope of Clinical Practice	To be determined by Medical Director having regard to nature of emergency	No authority to admit, utilise consulting facilities or utilise special treatment or diagnostic facilities. Emeritus Appointment allows practitioner to receive information from Cabrini Health, participate in social functions and educational activities	No authority to admit, utilise consulting facilities or utilise special treatment or diagnostic facilities. May attend patient and provide opinion. Reactivation of prior category of Appointment can be authorised by Executive Director Medical Services if he or she is satisfied that there is a commitment to become engaged with Cabrini Health in a meaningful capacity.	No authority to admit, utilise consulting facilities, diagnostic facilities. May make entries in Medical Records and Medication Charts with approval of treating surgeon.	Only as specifically authorised at defined Cabrini Health locations and through defined Scope of Clinical Practice	No authority to admit patients. Entitled to attend Cabrini Ashwood Residents and provide all care consistent with their role as general practitioner to the resident.	No authority to admit or utilise special treatment or diagnostic facilities. May be permitted to consult from Cabrini Facilities by agreement with Medical Director
Re - appointment	Application in accordance with section Error! Reference source not found.	Not Applicable	Can be re-appointed for 2 further terms of up to 10 days each	Not Applicable	Will not be offered re-appointment. May choose in the future to apply for appointment as new applicant.	Application in accordance with Section 9	Application in accordance with Section 9	Application in accordance with Section 9	Application in accordance with Section 9

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 26 of 38

SCHEDULE 3 - GENERAL CONDITIONS OF APPOINTMENT

Compliance with laws and policies

1. The Appointed Medical Practitioner must comply with:
 - all applicable laws;
 - any requirement or obligation imposed on the practitioner under the Bylaws; and
 - all applicable rules, policies and procedures established by Cabrini Health from time to time.
2. Without limiting clause 1, the Appointed Medical Practitioner must comply with all laws and rules, policies and procedures relation to:
 - occupational health and safety;
 - anti-discrimination, bullying and harassment;
 - confidentiality, privacy and the management of personal and health information; and
 - working with children.
3. The Appointed Medical Practitioner must, if requested to do so at any time, provide such authorisation as Cabrini Health 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.

Cabrini brand and reputation

4. The Appointed Medical Practitioner (other than an a Salaried Doctor) must not, without the express written permission of the Chief Executive:
 - use the Cabrini Health logo or letterhead;
 - use the word “Cabrini” in connection with their private practice (except for the purposes of locating the address of the practice); or
 - represent that he or she is an employee or contractor of Cabrini Health.
5. The Appointed Medical Practitioner must not take any action, engage in any conduct or make any statements which cause or may cause Cabrini Health embarrassment or humiliation or otherwise adversely affect its good standing and reputation.

Payment of fees

6. The Appointed Medical Practitioner must pay the fees (if any) determined to be payable to Cabrini Health in respect of his or her Appointment, including any fees payable in respect of his or her licence to enter and use of Cabrini Health premises, facilities or equipment, within thirty days of the fees becoming due and payable.

Gifts, benefits and hospitality

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 27 of 38

7. Cabrini has a Gifts Benefits and Hospitality Policy which applies to employees and others, however not to Visiting Medical Officers (VMO), who are not employees of Cabrini. In relation to VMOs, these Bylaws contain various provisions relating to upholding the Cabrini values. In addition, AHPRA's guidance as published in the *Good Medical Practice: A Code of Conduct For Doctors In Australia* describes good medical practice. Doctors should not encourage patients to give, lend or bequeath money or gifts that will benefit them directly or indirectly. It is these values of ethics and professionalism that govern the actions of, and set the expectations for, VMOs at Cabrini.

Values and ethics

8. The Appointed Medical Practitioner must uphold the Cabrini Health Mission and Values.
9. The Appointed Medical Practitioner must not undertake clinical procedures that are contrary to the teachings of the Catholic Church. For further information please refer to Catholic Health Australia's Code of Ethical Standards – accessible through the Accreditation page of the Cabrini website.
10. The Appointed Medical Practitioner must consult with the Medical Director or his or her nominee if there is a reasonable basis for doubt about a clinical decision from an ethical perspective.

Authority to practice

11. The Appointed Medical Practitioner must:
 - not provide medical services other than in accordance with his or her authorised Scope of Clinical Practice;
 - maintain professional registration with the Medical Board of Australia; and
 - furnish annually to Cabrini Health, and at other times when requested to do so, documentary evidence of Medical Board registration.
12. The Appointed Medical Practitioner must not aid or facilitate the provision of health care services by persons who are not Appointed Medical Practitioners, including without limitation, utilising surgical assistants who are not appointed or otherwise authorised to work at Cabrini Health.

New Clinical Service, Procedure or Other Intervention

13. An Appointed Medical Practitioner must not, without first obtaining the approval of the Medical Director, use at or introduce into Cabrini Health clinical services and procedures that are new to Cabrini Health and that require more than incremental change in the way in which health care services are delivered at Cabrini Health and that:

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 28 of 38

Insurance

14. The Appointed Medical Practitioner must:

- maintain with a reputable professional indemnity organisation an adequate level of professional indemnity insurance covering his or her authorised scope of clinical practice and in accordance with standards approved from time to time by Cabrini Health; and
- furnish annually to Cabrini Health, and at other times when requested to do so, documentary evidence of professional indemnity insurance, including the level of cover.

Patient care

15. The Appointed Medical Practitioner must comply with Cabrini Health's policies regarding minimum standards of attendance on patients and, without limiting his or her obligations arising under such policies, must:

- attend patients as often as is necessary to ensure safe, high quality patient care;
- comply with accepted professional standards regarding attendance on patients;
- make appropriate arrangements for patient care when the practitioner is ill, on leave or otherwise unable to attend their patients;
- comply with Cabrini Health's policy regarding minimum standards of attendance on patients;
- attend all newly admitted patients within 24 hours of admission;
- be available, or deputise another appropriately qualified Appointed Medical Practitioner, for emergency calls to his or her patients; and
- participate in formal on-call arrangements as required by Cabrini Health from time to time.

Record keeping

16. The Appointed Medical Practitioner must

- document patient consent in accordance with Cabrini Health's requirements;
- maintain medical records sufficient to meet professional obligations for safe patient care in the format and in accordance with standards required by Cabrini Health;
- observe all applicable legislation, standards, policies and procedures relating to the privacy and confidentiality of patient information including the Health Privacy Principles set out in Schedule 1 of the *Health Records Act 2001* (Vic), section 141 of the *Health Services Act 1988* (Vic) and all applicable requirements of Cabrini Health, as in force from time to time.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 29 of 38

Standards of conduct

17. The Appointed Medical Practitioner must at all times observe the highest standards of personal and professional conduct. Without limiting this requirement, the Appointed Medical Practitioner must:
- comply with any reasonable request made by Cabrini Health with regard to personal conduct at Cabrini Health and the provision of services at Cabrini Health;
 - adhere to the generally accepted ethics of professional practice in relation to colleagues and patients;
 - practise in accord with policies, procedures and protocols of Cabrini Health;
 - comply with Cabrini Health's policies regarding the presence in clinical areas of persons who are employed or engaged by medical equipment or device companies to promote and/or demonstrate the use of equipment and devices.

Safety, training and quality activities

18. The Appointed Medical Practitioner must:
- co-operate fully in audit and quality activities concerning his or her hospital in-patients, including by:
 - providing access to clinical material pertaining to individual patient care;
 - participating in mortality and morbidity reviews relating to care of patients;
 - participating in audits of practices and/or procedures pertaining to any Special Privileges included within the Appointed Practitioner's Scope of Clinical practice;
 - provide such services for the purposes of Cabrini Health's clinical safety and quality improvement program as he or she is reasonably required to provide, including by attendance as required at meetings of the Specialty Group and Clinical Outcomes Committee;
 - provide such services as a reasonably required for the participation in clinical registries operated by Cabrini or in which Cabrini is a participant;
 - undertake such mandatory training as Cabrini Health may require in order to ensure patient safety and compliance with the requirements of the organisation's accreditation;
 - comply with all reasonable requests to participate in the education and training of medical and other professional nursing and technical staff of Cabrini Health and of students attending Cabrini Health, including facilitating the availability of patients for clinical teaching (subject to any instructions by either the treating practitioner or the senior nurse and informed consent being given by the patient);

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 30 of 38

- 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 Cabrini Health; and
- meet with members of the executive management team as reasonably required.
- Comply/co-operate with all investigations and inquiries conducted by Cabrini in relation to any allegation of sexual misconduct, to answer all reasonable questions in relation to same and to comply with all reasonable directions in relation to same.
- Comply/co-operate with all investigations and inquiries conducted by Cabrini in relation to any allegation of bullying and/or harassment misconduct, to answer all reasonable questions in relation to same and to comply with all reasonable directions in relation to same.

Continuous reporting

19. The Appointed Medical Practitioner must immediately notify the Medical Director of any matter or circumstance that, or may reasonably be expected to have, a material bearing upon:

- their credentials or Scope of Clinical Practice;
- their ability to deliver health care services to patients safely and effectively within their authorised Scope of Clinical Practice, including any impairment to their physical or mental health;
- their professional indemnity insurance status and/or provider; and
- their Eligibility to be appointed under these Bylaws.
- any conflicts between their own and Cabrini Health's interests.

20. Without limiting the scope of the obligations described in clause 19, the Appointed Medical Practitioner must notify the Medical Director immediately he or she becomes aware that:

- a report of Notifiable Conduct by him or her is made to the AHPRA;
- the Medical Board of Australia has decided to inquire into his or her conduct or requires him or her to undergo a health assessment or performance assessment;
- he or she is required to give an undertaking to, or has been or is to be cautioned, deregistered or suspended by the Medical Board of Australia;
- a condition, limitation or restriction has been or is to be imposed by the Medical Board of Australia in relation to his or her practice;
- an adverse finding is made against him or her by any registration, disciplinary, investigative or professional body;
- his or her appointment to, accreditation by or scope of clinical practice at any other health service, hospital or day procedure centre is altered in any way, whether at his or her request or otherwise;
- he or she suffers an illness or disability which may adversely affect his or her ability to provide health services safely and effectively;

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 31 of 38

- he or she is charged with or convicted of any serious criminal offence or breach of any laws that regulate the provision of health care or health insurance;
- he or she ceases to hold professional indemnity insurance appropriate to his or her Scope of Clinical Practice or if there is any material changes to the level of or conditions associated with professional indemnity insurance;
- he or she becomes aware of a conflict of interest with Cabrini Health.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 32 of 38

SCHEDULE 4 - SPECIALTY GROUPS

1 Specialty Group meetings

- (a) Each Specialty Groups must, at least once each year, hold a meeting open to all Medical Practitioners in that Specialty Group. This meeting will be the annual general meeting of the Specialty Group.
- (b) Specialty Groups may hold other meetings during the year as the chairperson of the Specialty Group deems necessary.
- (c) Subject to these Bylaws, Specialty Groups may establish their own meeting procedures.
- (d) A quorum consists of at least half of the Specialty Group's members.
- (e) The absence of a quorum will not invalidate the proceedings of a meeting.
- (f) A meeting without a quorum may not make a decision without that decision either:-
 - (i) being ratified by the next meeting with a quorum; or
 - (ii) if, following a circulation in writing of the proposed decision by the chairperson to each of those members who were absent, a sufficient number of those members to constitute a quorum (when taken together with those in attendance at the meeting) notify the chairperson in writing within the time stipulated in the circulation as to whether or not they approve the decision and the requisite majority of the aggregate number of members present at the meeting and responding to the circulation in favour of the decision is present.
- (g) By invitation of the chairperson, other persons with relevant medical or other relevant expertise or interest may attend for all or part of one or more meetings of a Specialty Group as a resource or in an advisory capacity.
- (h) An agenda that includes appropriate documentation to inform the Specialty Group and support decision making will be circulated before each meeting to ensure that members have time to consider the contents and raise questions they may have before the meeting date.
- (i) The chairperson will designate a person as secretary for the meeting.
- (j) Minutes of meetings will be prepared, circulated and retained as the complete and formal record of each meeting of the Specialty Group. The minutes of each meeting will be confirmed or amended and confirmed at the next ordinary meeting of the Specialty Group.

2. Chairperson of Specialty Group

- (a) At every second annual general meeting (or sooner, if the position is vacant) a member of each Specialty Group will be elected to the position of chairperson of the Specialty Group.
- (b) The chairperson of the Specialty Group becomes the representative of the specialty to the relevant Department.
- (c) Nominations will be taken at the meeting. If there is more than one nomination, election will be by show of hands.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 33 of 38

- (d) A member is eligible to be re-elected as chairperson of the Specialty Group for up to three consecutive two-year terms. A person may continue as chairperson of the Specialty Group for more than three consecutive two-year terms only with the agreement of the Medical Director.
- (e) The responsibilities of the chairperson of the Specialty Group include:
 - (i) convening meetings of the Specialty Group - including the annual general meeting;
 - (ii) chairing those meetings, or if unable to attend, ensuring that another member of the Specialty Group is available to chair the meeting;
 - (iii) ensuring an agenda is circulated, at least one week prior to the meeting;
 - (iv) ensuring the quality and safety of the clinical services provided by the members of the Specialist Group are regularly reviewed;
 - (v) ensuring that the meeting is appropriately minuted and that the minutes are lodged with Medical Administration for filing;
 - (vi) conveying to the Chairperson of Department, chairperson of the Medical Staff Executive and/or the Medical Director any matters that are raised which the members of the Specialty Group consider should be discussed further; and
 - (vii) acting as a resource for the Medical Director to discuss matters pertinent to the Specialty Group, and to give advice when requested.
- (f) Medical Administration will assist the chairperson of the Specialty Group to perform these duties, including by providing secretarial support.
- (g) The position of chairperson of the Specialty Group is not a hospital administration position and as such the chairperson has no administration authority or responsibilities. Issues which may require administrative action must be referred to the Medical Director or delegate.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 34 of 38

SCHEDULE 5 - SITE MEDICAL STAFF COMMITTEES

Rehabilitation Medical Staff Committee

- (a) The Cabrini Health Rehabilitation Medical Staff Committee is made up of:
 - (i) all Appointed Medical Practitioners whose Appointment includes the right to provide services at Cabrini Health Rehabilitation Service;
 - (ii) Deputy Medical Director Cabrini Health Rehabilitation Service;
 - (iii) Executive Director Continuing Care and Service Development; and
 - (iv) General Manager/Director of Nursing Cabrini Health Rehabilitation Service.
- (b) The role of the Cabrini Health Rehabilitation Medical Staff Committee is:
 - (i) to review trends in hospital wide clinical data and make recommendations as necessary;
 - (ii) to review rehabilitation clinical indicator data and amend practice as necessary;
 - (iii) to review rehabilitation outcomes data for benchmarking;
 - (iv) to discuss medical issues relating to patient care and make recommendations/decisions arising from such discussions; and
 - (v) to maintain and review the quality systems governing clinical and rehabilitation medicine to ensure they comply with Accreditation Standards and criteria reference of ISO 9001:2008 and Care Standards for Safety and Quality in Health Care.
- (c) Meetings of the Cabrini Health Rehabilitation Medical Staff Committee:
 - (i) must be convened and chaired by the Deputy Medical Director Cabrini Health Rehabilitation Service; and
 - (ii) must be held at least four times each year.
- (d) The Cabrini Health Rehabilitation Medical Staff Committee must nominate an Appointed Medical Practitioner from time to time to record minutes of each meeting, which must be circulated to all members of the Committee within one month of each meeting.
- (e) A quorum for the Cabrini Health Rehabilitation Medical Staff Committee consists of at least half the membership, so long as at least one of the General Manager/Director of Nursing Cabrini Health Rehabilitation Service, the Executive Director Continuing Care and Service Development or the Deputy Medical Director Cabrini Health Rehabilitation Service is also present at the meeting.
- (f) The Committee will review its terms of reference annually, at the first meeting of each calendar year, and submit any proposed changes to the Deputy Medical Director Cabrini Health Rehabilitation Service for approval.

Cabrini Brighton Medical Staff Committee

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 35 of 38

- (a) The purpose of the Cabrini Brighton Medical Staff Committee is to provide a regular forum for review and evaluation of the delivery of medical services at Cabrini Brighton, to ensure consistency with the mission and values of Cabrini Health and the delivery of compassionate, competent health care to our patients.
- (b) Chairperson of Cabrini Brighton Medical Staff Committee
- (i) At every second annual general meeting (or sooner, if the position is vacant) a member of Cabrini Brighton Medical Staff Committee will be elected to the position of Chairperson of the Cabrini Brighton Medical Staff.
 - (ii) Nominations will be taken at the meeting. If there is more than one nomination, election will be by show of hands.
 - (iii) A member is eligible to be re-elected as chairperson of the Cabrini Brighton Medical Staff Committee for one consecutive two-year term. A person may continue as chairperson of the Cabrini Brighton Medical Staff Committee for more than one consecutive two-year terms only with the agreement of the Deputy Medical Director.
- (c) Subject to confirmation and/or change by the Deputy Medical Director, who will review the composition of the committee every two years or more frequently as required (e.g. at the time of resignations and/or retirements), the Cabrini Brighton Medical Staff Committee will be comprised of the following members:
- (i) Chairperson
 - (ii) Deputy Medical Director
 - (iii) General Manager Cabrini Brighton (invitee)
 - (iv) Director of Nursing Cabrini Brighton (invitee)
 - (v) medical staff representatives from the following disciplines:
 - (A) orthopaedics;
 - (B) general surgery (breast);
 - (C) general surgery;
 - (D) oncology/haematology;
 - (E) plastic/reconstructive surgery;
 - (F) ear, nose and throat surgery;
 - (G) ophthalmology;
 - (H) gastroenterology;
 - (I) general medicine;
 - (J) anaesthetics;
 - (K) medical imaging;

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 36 of 38

- (L) urology;
 - (M) gynaecology
- (d) Members will be deemed to have resigned from the committee if they resign from the position on which their membership is based.
- (e) By invitation of the chair, others may attend for all or part of one or more meetings of the Committee as a resource or in an advisory capacity.
- (f) The role of the Cabrini Brighton Medical Staff Committee is to undertake the following, in accordance with the Cabrini Health strategic plan:
- (i) Maintain a high level of clinical practice and competence through the implementation and actioning of outcomes from a clinical audit program.
 - (ii) Actively participate in the hospital’s clinical indicator program.
 - (iii) Demonstrate support for Cabrini Health’s mission and people through the reduction or elimination of clinical risks to patients.
 - (iv) Ensure the delivery of a quality patient/family experience through establishing and monitoring the effectiveness of a medical clinical governance strategy.
 - (v) Provide a forum for assessing the effectiveness of the management of medical service accessibility and delivery.
 - (vi) Maintain viability and support the growth of the hospital through reporting the hospital performance and negotiating for the effective utilization of Cabrini Brighton medical facilities.
 - (vii) Facilitate a high standard of medical staff performance through the provision of feedback.
 - (viii) Provide medical staff with opportunities to maintain or extend their knowledge through integration with the Cabrini Health craft groups, Medical Advisory Committee and education opportunities offered by Cabrini Brighton.
 - (ix) Report outcomes from accreditation and /or feedback processes to medical staff and communicate any planned improvement activities.
 - (x) Assist hospital management to maintain a compliant and safe working environment through the maintenance of an active continuous improvement process.
 - (xi) Review the committee performance against the committee objectives annually.
- (g) The Committee will meet at least twice each year. The anticipation is that it will meet quarterly.
- (h) A quorum consists of the chair or delegate and the General Manager/Director of Nursing Cabrini Brighton or delegate together with at least 4 medical staff representatives.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 37 of 38

- (i) The hospital administration secretary will be in attendance and will be responsible for:
 - (i) preparing and distributing agendas and minutes, including ensuring that an agenda that includes appropriate documentation to inform the committee and support its decision making is circulated before each meeting, providing members with sufficient time to consider the agenda items together with any supporting information and raise questions they may have before the meeting date;
 - (ii) ensuring the agendas and minutes are reviewed and authorised by the General Manager/Director of Nursing Cabrini Brighton prior to distribution;
 - (iii) circulating the minutes to the membership (medical representatives will be responsible for communicating decisions to their craft group); and
 - (iv) maintaining copies of agendas and minutes on computer.
- (j) Committee members are required to submit agenda items to the hospital administration secretary prior to the meeting
- (k) Minutes of each meeting will be prepared, circulated and retained as the complete and formal record of each meeting of the Committee. The minutes of each meeting will be confirmed or amended and confirmed at the next ordinary meeting of the Committee.
- (l) The absence of a quorum will not invalidate the proceedings of a meeting.
- (m) A meeting without a quorum may not make a decision without that decision being ratified by the next meeting with a quorum or by circulation of the members who were absent.

Prompt Doc No: 129841 Version: 12.0	Date Loaded onto Prompt: 02/10/2012	Last Reviewed Date: 19/11/2021
Next Review Date: 19/11/2024	UNCONTROLLED WHEN DOWNLOADED	Page 38 of 38