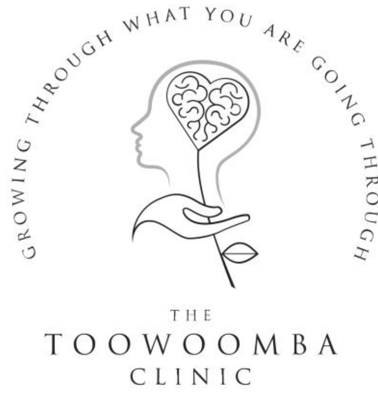

The Toowoomba Clinic

BY-LAWS

23 FEBRUARY 2023

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Document Control

The Toowoomba Clinic Schedule History / Version Control

Version	Date	Document	TTC Board Approval Date
V01	18/01/2020	Draft	Pending
V02	23/02/2023	Document history updated to include Endorsement on 18 June 2020 version 1	TTC Board

FOREWORD

1. All references to By-Laws in these By-Laws mean The Toowoomba Clinic By-Laws.
2. This document sets out the By-Laws that are used by the Board to determine the clinical governance requirements with respect to Accredited Practitioners.
3. All references to The Toowoomba Clinic or Facilities in these By-Laws is The Toowoomba Clinic, The Toowoomba Clinic.
4. These By-Laws must be read in conjunction with the Clinical Credentialing and Scope of Practice Policy and all other relevant The Toowoomba Clinic's policies adopted by the Board.
5. The Board has the sole authority to make and amend these By-Laws.
6. Where The Toowoomba Clinic has legislative obligations or operational procedures which are different or additional to these By-Laws, these will be set out in Schedule 1. By-Law 2.1 general interpretation is amended by the Act
7. For the composition of Committees, membership constitution, method of selection of appointees, term of Appointment, review of Scope of Clinical Practice, frequency of meeting and quorum of Committees refer to the Terms of Reference for each The Toowoomba Clinic in Schedule 2.
8. The composition of each Committee will reflect The Toowoomba Clinic's organisational requirements.
9. Where the Chief Executive Officer/Director of Nursing (CEO/DON) has delegated his or her authority to a Delegated Authority in respect of any power under a particular By-Law, a reference to the CEO/DON in that By-Law will also include that Delegated Authority. Schedule 1 sets out the specific delegations for The Toowoomba Clinic.

PREAMBLE

The By-Laws mandate the Accreditation, Credentialing, Re-accreditation and process for defining and amending the Scope of Clinical Practice for Medical Practitioners and Allied Health Professionals (both as a result of a review by the CEO/DON or at the request of a Medical Practitioner), providing services to patients at The Toowoomba Clinic.

The purpose of these By-Laws is primarily a reference document to consult prior to making decisions with respect to accredited practitioners. The By-Laws apply to all accredited health professionals and medical practitioners, nurse practitioners. The By-Laws will only apply to employed health professionals of disciplines specified in their employment agreement.

Those who accept Appointment as a The Toowoomba Clinic Accredited Practitioner agree to respect and observe those principles embodied in the following:

- The Toowoomba Clinic's Mission, Vision, Values and Objectives
- The Toowoomba Clinic Code of Conduct
- These By-Laws
- The Toowoomba Clinic Policies and Procedures
- Applicable State and Commonwealth Policies and Legislation
- Codes of Conduct articulated by relevant registration authorities

THE Toowoomba Clinic VISION, MISSION, VALUES AND CARE STATEMENTS

Mission

To lead the industry in providing holistic and personalised mental health care. We are driven to be best in our field; that is our mission!

Vision

We aspire to ensure that people with mental health needs can live the life they want to live.

Values

Citizen-patient focus

We adopt the citizen-patient's values in our own clinical work to co-produce knowledge and healing. Mutual respect between each other, our patients and the community forms the basis of we do.

Culture

We work as a team to build a safe, caring, compassionate, fair and just culture based upon our patients' involvement and the triangle alliance with our patients, their families, friends & carers.

Values-based mental health care

We practice values-based mental health treatment and care, where evidence-based and clinical best practice is one of the most important shared values in helping to link the patient with the personalised support and medicine during their journey of recovery.

Empowerment

We create an environment of shared values and power, where patients can actively participate in decision making and actions towards self-directed recovery.

Accountability

We recognise and measure the quality of care we provide with meaningful outcome measures for our patients with lived experience of illness, treatment and care, such as patient reported outcome and experience of care measures (PROM's and PREM's).

Patient Centred

In our quest for holistic mental health care we advocate for the duality of health and social care in every aspect of life that impacts on our patients' health and wellbeing. We help to bring the whole system together to sustain our patients' independent living with the clinical care we provide.

Innovation

We are constantly keeping up with the cutting-edge knowledge in our education, research and the quality of care through continuous improvement. We aim to be the employer of choice for all stakeholders in the mental health industry.

Objectives

Holistic care

We aim to bring the complete system of holistic care together in partnership with our partners in physical health and social care and sustain it to support our patients independent living with the clinical mental health care that we provide. We aim to build an alliance with our patients, their families, friends, carers, other providers and the community.

Service Excellence

We aim to be the best at what we do, in all the services that we provide, and are always striving to improve.

Sustainable Growth

We aim to maintain financial sustainability by increased operational efficiency and promoting managed competition and transparency so that our clinic can successfully operate in a complex, competitive and challenging environment.

Staff satisfaction

We support all personnel who do this work and aim to be the employer of choice for all stakeholders in the mental health industry.

Environment

We aim to minimise our impact on the environment.

1.0 BY-LAWS

1.1 Application of By-Laws

This document sets out the By-Laws that apply to The Toowoomba Clinic at which the Board has determined they will apply.

1.2 Inconsistencies with legislation

Where there is any inconsistency between these By-Laws and any legislative requirements or mandatory directives pursuant to legislation applicable to The Toowoomba Clinic, to the extent of such inconsistency the legislative requirement or mandatory directive will prevail and apply to The Toowoomba Clinic.

2.0 INTERPRETATION

2.1 Definitions

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

Accreditation means a status that is conferred by the Board when a practitioner has been assessed as having met particular standards. The two conditions for accreditation are an explicit definition of quality (i.e. standards) and an independent review process aimed at identifying the level of congruence between the individual's practices and quality standards. Accreditation authorisation in writing conferred on a person by the Board, and the acceptance in writing by such person, to deliver medical or other services to patients at The Toowoomba Clinic in accordance with:

(a) the specified Accreditation Classification where applicable and Scope of Clinical Practice;

(b) any specified Conditions;

(c) the Code of Conduct;

(d) the policies and procedures at The Toowoomba Clinic; and

(e) these By-Laws.

Accreditation Classification means one or more of the designated classifications of an Accredited Practitioner as set out in Schedule 1 in respect of The Toowoomba Clinic to which Accreditation has been granted.

Accredited Practitioner means Accreditation and Scope of Practice of Other Accredited Health Practitioners (not employed by The Toowoomba Clinic). The By-Laws are hereby repeated in full

substituting where applicable for other registered Allied Health Professional for accredited Medical Practitioner.

Act means all relevant legislation applicable to and governing:

(a) The Toowoomba Clinic and its operation;

(b) the support services, staff profile, minimum standards and other requirements to be met in The Toowoomba Clinic; and

(c) the health services provided by, and the conduct of, the Accredited Practitioner.

AHPRA means the Australian Health Practitioner Regulation Agency established under the *Health Practitioner Regulation National Law Act* 2009 *(*as in force in each State and Territory) which came into effect on 1 July 2010.

Allied Health Professional means a person registered under the applicable legislation to practise as an allied health professional or other categories of appropriately qualified health professionals as approved by the Board. For more details refer to Schedule 1.

Application Form means the form approved by The Toowoomba Clinic from time to time for use by a Medical Practitioner or Allied Health Professional to apply for Accreditation at The Toowoomba Clinic.

Appointment means the employment or engagement of an Accredited Practitioner to provide services within The Toowoomba Clinic according to any Conditions defined by general law and supplemented by a Contract of Employment or Contract of Engagement, or howsoever named by The Toowoomba Clinic.

Board means the Board of Directors of The Toowoomba Clinic Pty Ltd.

By-Laws means these By-Laws, including any Schedules, as amended from time to time.

CEO/DON means the Chief Executive Officer/Director of Nursing of The Toowoomba Clinic.

Chaplain means a hospital priest or medical chaplain, who provides pastoral care and services in hospitals. They primarily work with hospital patients and their loved ones but they may offer their services to staff members as well, when appropriate.

Clinical Director means the chief medical specialist of The Toowoomba Clinic as appointed by The Toowoomba Clinic's CEO/DON.

Clinical Privileges means the authorised extent of an individual medical practitioner's clinical practice within The Toowoomba Clinic. Clinical Privileges result from a process in which the Board grants a medical practitioner the authority to provide health care services within defined limits in

The Toowoomba Clinic. They represent the range and scope of clinical responsibility that a practitioner may exercise in The Toowoomba Clinic. Clinical privileges are specific to the individual, The Toowoomba Clinic and relate to the resources, equipment and staff available. Recommendations are made to the Board following the determination of what a medical practitioner can or cannot do in The Toowoomba Clinic.

Clinical Psychosocial therapist means a registered health professional or practitioner who provides psychotherapy for a range of sexual difficulties originating from:

- physical (illness, disability/chronic illness, accident, surgery or medications)
- psychological (depression, anxiety or other mental health conditions)
- emotional (unhappiness in the relationship, unresolved grief)
- situational (certain situations or environments)

Code of Conduct means the Code of Conduct for The Toowoomba Clinic.

Condition means as applicable with respect to an Accredited Practitioner:

(a) any condition imposed by a Regulatory Authority including the National Practitioner Board under the *Health Practitioner Regulation National Law Act* 2009;

(b) any condition imposed pursuant to the processes set out in these By-laws.

Contract of Employment means an enforceable agreement in whatever form that establishes an employment relationship between The Toowoomba Clinic and an Accredited Practitioner and defines the rights and obligations of each party.

Contract of Engagement means an enforceable agreement in whatever form that establishes a contractual relationship between The Toowoomba Clinic and an Accredited Practitioner and defines the rights and obligations of each party.

Contractor means an Accredited Practitioner who provides a service from premises leased from The Toowoomba Clinic pursuant to a contract between The Toowoomba Clinic and a third-party provider, and includes contracted emergency medicine, radiology and pharmacy services.

Counsellor means registered health professionals who provide safe and confidential collaboration between the qualified consellor counsellors and clients to promote mental health and wellbeing, enhance self-understanding, and resolve identified concerns. Clients are active participants in the counselling process at every stage.

Credentialing means the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of a medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within The Toowoomba Clinic. Credentialing involves obtaining

evidence contained in verified documents to delineate the theoretical range of services which an Accredited Practitioner is competent to perform.

Credentials means the qualifications, professional training, clinical experience, current registration and status, indemnity insurance, training and experience in leadership, research, education, communication and teamwork that contribute to the competence, performance and professional suitability to provide safe, high quality health care services at The Toowoomba Clinic.

Current Fitness means the current fitness required of an Accredited Practitioner to carry out the Scope of Clinical Practice sought or currently held. An individual does not have current fitness if that person suffers from any physical or mental impairment, disability, condition or disorder which detrimentally affects, or is likely (in the CEO/DON's reasonable opinion) to detrimentally affect the individual's physical or mental capacity to practise medicine or allied health services and carry out the Scope of Clinical Practice sought or currently held.

Cultural Worker means a worker who works with the intention to uphold a certain culture.

Designated Authority means designated authority of the CEO/DON.

General Medical Practitioner means a Medical Practitioner who practices provision of primary and continuing comprehensive whole patient medical care to individuals, families and their communities. At The Toowoomba Clinic this may include General Practitioners that provide care for patients in the community, in association with outreach services, admitted to The Toowoomba Clinic and managing their discharge home or into placement within the community.

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

National Law means *the Health Practitioner Regulation National Law Act* (2009) as in force in each State and Territory, amended from time to time.

New Clinical Services, Procedures, or Other Interventions (including medical 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 The Toowoomba Clinic, as well as variations to an existing procedure or treatment where a new device or item of equipment is introduced.

Notifiable Conduct means conduct as defined in the *Health Practitioner Regulation National Law Act* 2009, as in force in each State and Territory, and amended from time to time, in relation to a registered health practitioner, and currently means the practitioner has:

(a) practised the practitioner's profession while intoxicated by alcohol or drugs; or

(b) engaged in sexual misconduct in connection with the practice of the practitioner's profession; or

(c) placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or

(d) placed the public at risk of harm because the practitioner has practiced the profession in a way that constitutes a significant departure from accepted professional standards.

Organisational Capabilities means The Toowoomba Clinic's ability to provide facilities, services and clinical and non-clinical support necessary for the provision of safe, high quality clinical services, procedures or other interventions.

Organisational Need means the extent to which The Toowoomba Clinic elects to provide a specific clinical service, procedure or other intervention in order to provide a balanced mix of safe, high quality health care services that meet patient and community need and expectation. This will include consideration of the strategic, operational and business plans, goals and objectives of the organisation.

Other Practitioner means practitioners including complimentary or natural therapist visiting service providers.

Professional Indemnity Insurance means the insurance of an Accredited Practitioner taken out in accordance with By-Law 9.4.

Professional Misconduct has the same meaning prescribed to that term in the *Health Practitioner Regulation National Law Act* 2009 as in force in each State and Territory.

Prohibited Person means a person prohibited under any applicable child protection legislation in any jurisdiction, from being employed or engaged in a child related area of activity, which may include the Appointment.

Re-accreditation means the formal process used to re-confirm the qualifications, experience and professional standing (including history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record) of Accredited Practitioners for the purpose of forming a view about their ongoing competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

Registered Nurse (working in a specialist area) means a registered nurse visiting The Toowoomba Clinic and working in a specialist area.

Registered Nurse (employed by an Accredited Practitioner or Visiting Medical Practitioner) means a registered nurse visiting The Toowoomba Clinic and employed by an Accredited Practitioner.

Regulatory Authority means any government or any governmental, semi- governmental, administrative, fiscal or judicial body, department, commission authority, tribunal, registration authority, agency or entity including for the avoidance of doubt AHPRA.

Reportable Conduct means any serious offence against children, as envisaged by applicable child protection legislation in any jurisdiction, including but not limited to neglect, assault or sexual offence committed against, with or in the presence of a child (including child pornography offences).

Scope of Clinical Practice means the process following on from Credentialing and involves delineating the extent of a medical practitioner's clinical practice within The Toowoomba Clinic based on the individual's Credentials, competence, performance and professional suitability and the Organisational Need and Organisational Capabilities of The Toowoomba Clinic to support the Accredited Practitioner's Scope of Clinical Practice. It mandates a strong mutual relationship between the Board and each medical practitioner, centred on safety and quality of the health services provided at The Toowoomba Clinic.

Specialist Medical Practitioner means a Visiting Medical Officer who has been recognised as a specialist in their nominated category for the purpose of the Health Practitioner Regulation National Law Act 2009 which came into effect on 1 July 2010.

Temporary Appointment means an appointment of an Accredited Practitioner for a specified period of less than 90 days, unless otherwise determined by the CEO/DON.

Unprofessional Conduct or Unsatisfactory Professional Conduct has the same meaning prescribed to those terms in the *Health Practitioner Regulation National Law Act* 2009 as in force in each State and Territory.

Visiting Medical Officer means a Medical Practitioner that is not an employee of The Toowoomba Clinic and is engaged pursuant to a Contract of Engagement.

2.2 General Interpretation

(a) Rules for Interpreting these By-Laws

The following rules apply in interpreting these By-Laws, except where the context makes it clear that the rule is not intended to apply:

(i) Headings are for convenience only and do not affect interpretation.
(ii) A reference to legislation (including subordinate legislation) is to that legislation as amended, re-enacted or replaced, and includes any subordinate legislation issued under it.
(iii) A reference to a document or agreement, or a provision of a document or agreement, is to that document, agreement or provision as amended, supplemented, replaced or novated.
(iv) A singular word includes the plural, and vice versa.

(v) A word which suggests one gender includes the other gender.

(vi) If a word is defined, another part of speech has a corresponding meaning.

(vii) If an example is given of something (including a right, obligation or concept) such as by saying it includes something else, the example does not limit the scope of that thing.

(b) Titles

In these By-Laws, where there is use of the title "chairperson" the incumbent of that position for the time being may choose to use whichever designation that person wishes.

(c) Quorum

Except where otherwise specified in these By-Laws or where otherwise determined by the CEO/DON, the following quorum requirements will apply:

(i) where there is an odd number of members of the Committee or group, a majority of the members; or

(ii) where there is an even number of members of the Committee or group, one half of the number of the members plus one.

(d) Resolutions without meetings

A decision may be made by a Committee or group established pursuant to these By-Laws (except that established by By-Law 19) without a meeting if a consent in writing, including electronic means, setting forth such a decision is signed by all the Committee or group members, as the case may be.

(e) Meeting by electronic means

A Committee or group established pursuant to these By-Laws (except that established by By-Law 19) may hold any meeting by electronic means whereby participants can be heard and can hear but are not necessarily in the same place. The requirements of these By-Laws will nonetheless apply to such a meeting.

(f) Voting

Unless otherwise specified in these By-Laws, voting will be on a simple majority basis and only by those in attendance at the meeting of the relevant Committee or group and there will be no proxy vote.

(g) Delegation

Where these By-Laws confers a function or responsibility on the CEO/DON, that function or responsibility may be performed wholly or in part by a Designated Authority (except where the Board or the context of a By-Law or the delegations applicable to The Toowoomba Clinic requires that function or responsibility to be exercised personally by the CEO/DON).

(h) Compensation

Unless there is a jurisdictional provision for compensation of such services, members of Committees or groups established under these By-Laws are not entitled to receive, and will not receive, compensation for any services rendered in their capacities as Committee members.

3.0 PRIVACY AND CONFIDENTIALITY

3.1 Privacy

Accredited Practitioners will comply with and assist The Toowoomba Clinic to comply with the Australian Privacy Principles established by the *Privacy Act 1988* (Cth) and the various statutes governing the privacy of health information within each State and Territory jurisdictions.

3.2 Accredited Practitioners

Subject to By-Law 3.1, every Accredited Practitioner must keep confidential the following information:

(a) business information concerning The Toowoomba Clinic;

(b) information concerning the insurance arrangements of The Toowoomba Clinic where applicable;

(c) personal, sensitive or health information concerning any patient, clinical practice, quality assurance, peer review and other activities which relate to the assessment and evaluation of clinical services.

3.3 Committees

All information made available to, or disclosed, in the context of a Committee of The Toowoomba Clinic will be kept confidential and be subject to all relevant privacy laws unless the information is of a general kind and disclosure outside the Committee is authorised specifically by the Committee, including the following information

(a) the proceedings for the Accreditation including designation of Scope of Clinical Practice of the Accredited Practitioner; and

(b) the proceedings for any change to Scope of Clinical Practice of the Accredited Practitioner.

3.4 What confidentiality means

The confidentiality requirements of By-Laws 3.1, 3.2 and 3.3 prohibit the recipient of the confidential information from using or disclosing it for any unauthorised purpose, copying it, reproducing it or making it public.

3.5 When confidentiality can be breached

The confidentiality requirements of By-Laws 3.1, 3.2 and 3.3 do not apply in the following circumstances:

(a) where disclosure is required or specifically authorised by law;
(b) where use and/or disclosure of personal information is consistent with By- Law 3.1;
(c) where disclosure is required by a regulatory body in connection with the Accredited Practitioner;
(d) where the person benefiting from the confidentiality consents to the disclosure or waives the confidentiality; or
(e) where disclosure is required in order to perform a requirement of these By- Laws.

3.6 Privacy and confidentiality obligations continue

The privacy and confidentiality requirements of these By-Laws continue with full force and effect after the Accredited Practitioner ceases to hold Accreditation with The Toowoomba Clinic.

3.7 Mandatory notification of Notifiable Conduct

Notwithstanding By-Laws 3.1 to 3.7, all registered practitioners acting in a management role with The Toowoomba Clinic must comply with their responsibilities under the National Law in regard to mandatory notification of Notifiable Conduct by another practitioner or a student undertaking clinical training where they have formed a reasonable belief that a health professional has behaved in a way that constitutes Notifiable Conduct in relation to the practice of their profession or suffers from an impairment that may place the public at substantial risk of harm.

4.0 BOARD POWERS AND TRANSITIONAL ARRANGEMENTS

4.1 Board powers

(a) The Board is empowered to make By-Laws, rules, regulations and policies for the operation of The Toowoomba Clinic as it may deem necessary from time to time.
(b) Unless otherwise specified, changes take effect from the time of the resolution by the Board.

(c) Any changes under By-Law 4.1(b) take effect from the date the change is approved by the Board and apply to all Accredited Practitioners from that date.

4.2 Transitional arrangements

Accreditation under previous By-Laws is maintained under any new By-Laws approved by the Board.

5.0 COMMITTEES

5.1 Power to establish Committees

(a) The Board and the CEO/DON may establish any Committees for The Toowoomba Clinic.
(b) Subject to these By-Laws and any Act, the CEO/DON can determine the membership, powers, authorities and responsibilities that are delegated to a Committee and the administrative rules by which each Committee is to operate.

5.2 Terms of Reference for Committees

Schedule 2 provides the Terms of Reference for Committees.

5.3 Indemnification

The Toowoomba Clinic will indemnify the members of each Committee in respect of any actions or claims made provided the Committee members have:

(a) acted in good faith;
(b) acted in accordance with their delegated authority; and
(c) acted in accordance with any Act governing their conduct.

5.4 Statutory immunity for Committees

(a) The Toowoomba Clinic may in specific circumstances seek and be granted declarations under jurisdictional legislation in respect of a Committee at a The Toowoomba Clinic where the Committee's emphasis is on the quality assurance or review of clinical practice or clinical competence. Such a declaration may, amongst other things, afford statutory immunity or qualified privilege or similar for members of that Committee in the course of carrying out specific aspects of the role and function of that Committee.

(b) If The Toowoomba Clinic has sought and been granted declarations as set out under By-Law 5.4(a) in respect of any Committee of The Toowoomba Clinic, the terms and conditions of Statutory Immunity of a Committee of The Toowoomba Clinic is pending as required.

6.0 DISCLOSURE OF INTEREST OF MEMBERS OF COMMITTEES

6.1 Disclosure of interest

A member of any Committee or person authorised to attend any meeting who has a direct or indirect pecuniary interest, a conflict or potential conflict of interest, or a direct or indirect material interest:

(a) in a matter that has been considered, or is about to be considered, at a meeting, such a member or person must not, subject to By-Law 6.5, participate in the relevant discussion or resolution; or

(b) in a matter being considered or a decision being made by The Toowoomba Clinic, and must as soon as possible after the relevant facts have come to the person's knowledge, disclose the nature of the interest at the meeting.

6.2 Nature of disclosure

Disclosure by a person at a meeting that the person:

(a) is a member, or is in the employment, of a specified company or other body;

(b) is a partner, or is in the employment, of a specified person;

(c) is a family relative or personal partner, of a specified person; or

(d) has some other specified interest relating to a specified company or other body or a specified person, will be deemed to be a sufficient disclosure of the nature of the interest in any matter or thing relating to that company or other body or to that person which may arise after the date of the disclosure.

6.3 Chairperson to notify The Toowoomba Clinic Chief Executive Officer

The chairperson of the relevant Committee will:

1. notify the CEO/DON of any disclosure made under this By-Law; and
2. record the disclosure in the minutes of the relevant Committee.

6.4 Record of disclosure

The CEO/DON must note particulars of any disclosure notified under this By-Law to be recorded in a register kept for that purpose.

6.5 Determination to effect of matter disclosed

The CEO/DON (in consultation with the chairperson of the Committee) will make a determination in relation to a disclosure under this By-Law. Such a determination may include (but is not limited to) making a determination that the member or person will not participate in the Committee meeting

when the matter is being considered or that the member or person will not be present while the matter is being considered.

6.6 Matters that do not constitute direct or indirect material personal interest

Subject to By-Law 6.2, the fact that a member of any Committee, is a member of a particular clinical discipline will not be regarded as a direct or indirect material personal interest, if that person participates in the Appointment process, the process to consider amendment of the Scope of Clinical Practice, or the suspension or termination of an Accredited Practitioner in the same discipline.

7.0 PATIENT CARE REVIEW COMITTEE

7.1 Objectives

The Toowoomba Clinic will have a Patient Care Review Committee which will have the following objectives:

(a) assessment and evaluation of quality of health services including the review of clinical practices or clinical competence of persons providing those services;
(b) reviewing clinical outcomes to identify system or individual practices that impact on patient outcomes; and
(c) providing a forum for Accredited Practitioners to meet and discuss relevant clinical and administrative matters.

7.2 Functions

The Patient Care Review Committee and quality functions of the Patient Care Review Committee is to:

(a) review clinical indicators;
(b) review mortality and morbidity reports and make recommendations where appropriate;
(c) encourage participation in quality projects to improve patient outcomes;
(d) review adverse event trends related to clinical practice and where appropriate make recommendations;
(e) review specific cases identified as an outcome of the reviews undertaken in By-Law 7.2(a) – (d); and
(f) notify the CEO/DON of any identified clinical issues and risks at The Toowoomba Clinic.

7.3 Meetings of Patient Care Review Committee

(a) The Patient Care Review Committee meets at a minimum of two times a year for formal quality, morbidity and mortality review meetings (Formal Meetings) or as otherwise required by the CEO/DON.

7.4 Minutes and reporting

(a) The chairperson, or his or her delegate for this purpose, must record minutes of the Formal Meetings of the Patient Care Review Committee.

(b) Minutes recorded at Formal Meetings must be distributed to the members of the Patient Care Review Committee in a timely manner.
(c) All minutes and actions arising from the Formal Meetings are to be forwarded to the Medical Advisory Committee and the Board of The Toowoomba Clinic as determined by the CEO/DON.

7.5 Mandatory attendance

(a) It is a Condition of Accreditation that:
  (i) all Accredited Practitioners must attend and participate in at least one Formal Meeting of the Patient Care Review Committee annually; and
  (ii) where a specific case involving an Accredited Practitioner's patient has been listed for review, the Accredited Practitioner must attend the meeting and/or provide a written report.
(b) The CEO/DON may, on demonstration of extenuating circumstances, waive the Condition of Appointment in By-Law 7.5(a). Any condition in By-law 7.5(a) may only be waived where the CEO/DON has been provided with satisfactory explanation and evidence of the relevant extenuating circumstances and has waived the relevant Condition in By-law 7.5.(a) in writing.

8.0 APPOINTMENT OF ACCREDITED PRACTITIONERS

8.1 Application Form

Any Medical Practitioner or Allied Health Practitioner who wishes to apply for Accreditation, Re-accreditation or an increase in Scope of Clinical Practice at The Toowoomba Clinic must obtain from The Toowoomba Clinic an Application Form (and any related material, including a copy of these By-Laws) and must complete and submit the Application Form to the CEO/DON.

8.2 Applications for Appointment

A duly completed Application Form will be considered in accordance with the following process:

(a) The CEO/DON will consider the application in the context of the Organisational Need and Organisational Capabilities of The Toowoomba Clinic and may make any inquiries or consultation relevant to that consideration as he or she thinks fit. Following this consideration, the CEO/DON may determine to discontinue with the application process or give further consideration to the process as outlined at By-Law 8.2(b) – (n) below.
(b) The CEO/DON (after receiving advice from the Medical Advisory Committee) may define additional categories and types of Scope of Clinical Practice or limit the Scope of Clinical Practice granted, as the individual circumstances may require.
(c) Any delineation of approved Scope of Clinical Practice for the Applicant must be specifically defined on the appointment letter. Approval is granted by the CEO/DON.
(d) The CEO/DON shall contact two referees nominated by the Applicant, to request written references and must also check the Applicant's qualifications, Professional Indemnity

Insurance and Credentials (including verifying registration and current entitlement to practice). One referee must be current supervisor or professional colleague at The Toowoomba Clinic and/or Head of the Department or a supervisor not appointed at the Toowoomba Clinic but currently practising in the same specialty as the potential appointee.

(e) The CEO/DON may obtain verbal references or verbal confirmation of written references. A verbal reference must be obtained by completing the template for verbal references and all fields must be completed, including the minimum data sets for written reference reports.

(f) If a referee declines to provide a written reference, the CEO/DON must record that fact. The CEO/DON may contact the Applicant and request that the Applicant nominate another referee.

(g) The CEO/DON may ask for advice on the application from the Chair of Medical Advisory Committee of The Toowoomba Clinic.

(h) The application, with all relevant material obtained or identified under paragraphs (a) to (g), will then be considered by the Credentialing Committee and an assessment made by the Committee of the current fitness, credentials, character and ability of the applicant to cooperate with management and staff at The Toowoomba Clinic.

(i) The Credentialing Committee will make a recommendation to the Medical Advisory Committee as to the Accreditation sought by the applicant.

(j) The Medical Advisory Committee will then consider the recommendation of the Credentialing Committee and make an assessment of the current fitness, credentials, character and ability to cooperate with management and staff at The Toowoomba Clinic and will make a recommendation to the Board and the CEO/DON as to the Accreditation sought by the applicant.

(k) The CEO/DON will make a final determination on the application and will have complete discretion to approve or disapprove each application for Accreditation or Re-accreditation after following the provisions set out in By- Laws 8.2(a) to 8.2(k) (where applicable).

(l) The CEO/DON must notify each applicant in writing of his or her decision.

(m) On receiving notice of Appointment, the applicant will indicate his or her acceptance in writing of The Toowoomba Clinic By-Laws, rules, regulations and THE Toowoomba Clinic's Visions, Mission, Values and Care Statements.

8.3 Temporary Appointment

(a) The CEO/DON may approve Temporary Appointments and may grant Accreditation to such temporarily appointed Medical Practitioners.

(b) In considering whether to approve the Temporary Appointment of a Medical Practitioner the CEO/DON may consult with the chairperson of the Credentialing Committee and/or Clinical Director

(c) An individual seeking Temporary Appointment must submit an Application Form to the CEO/DON along with all required supporting documentation.

(d) Accreditation granted under this By-Law 8.3 will remain in force for a period of up to 90 days from the date of determination by the CEO/DON. This period can be extended at the discretion of the CEO/DON, but the total period cannot exceed 12 months. Any extension must be approved in writing by the CEO/DON.

(e) Should any Medical Practitioner granted Temporary Appointment wish to obtain Accreditation under this By-Law 8.3, that Medical Practitioner must lodge the Application Form and supporting material with the CEO/DON at which time the process in By-Law 8.2 will be applied.

(f) Provisional appointment may be granted by the CEO/DON, after review.

(g) There will be no right of appeal in respect of the termination or suspension of a Medical Practitioner holding a Temporary Appointment.

8.4 Urgent Appointments

(a) The CEO/DON or delegate may approve Urgent Appointments and may grant Accreditation to such urgently appointed Medical Practitioners
(b) In considering whether to approve an Urgent Appointment the CEO/DON must at a minimum:
   (i) Confirm registration with AHPRA
   (ii) Obtain a verbal reference from one other Accredited Practitioner at The Toowoomba Clinic from a practitioner not at The Toowoomba Clinic but currently practicing in the same specialty as the potential appointee; or from the Director of Medical Services / Chief Medical Officer at the applicants place of appointment
(c) An individual seeking or granted Urgent appointment must provide evidence of Professional Indemnity insurance within 24 hours of appointment
(d) Accreditation granted under By-Law 8.4 applies only to the specific patient or episode of care for which the accreditation is sought
(e) The CEO/DON will advise the Accredited Practitioner in writing of the completion of the Urgent Appointment
(f) Provision of Urgent Appointment does not grant the Accredited Practitioner the right to Temporary Accreditation
(g) There will be no right of appeal in respect to the termination of a Medical Practitioner or holding an Urgent Appointment.

8.5 Appointments made periodically

(a) Unless otherwise determined by the CEO/DON, Appointments to positions as Accredited Practitioners are made in accordance with the requirements of The Toowoomba Clinic and a periodic cycle determined by the CEO/DON and will be for a period of:
   (i) one year;
   (ii) two years;
   (iii) three years;
   (iv) four years; or
   (v) five years,

which period will be determined by the CEO/DON. The date of Appointment being on the date the CEO/DON approves the Appointment.

(b) Where Accreditation is granted and it coincides with the commencement of any periodic cycle referred to in By-Law 8.5(a), the Accreditation will be for the specified period. Where Accreditation is granted after a periodic cycle has commenced, Accreditation will be for the unexpired portion of that specified period.
(c) The periods of up to one year, two years, three years, four years or five years for the purpose of these By-Laws will begin and conclude in accordance with the sequence customary at The Toowoomba Clinic.

8.6 Accreditation of other health practitioners

(a) The Board and/or CEO/DON an accreditation process with respect to all or some categories of allied health professional or nurse practitioner.

(b) Prior to the accreditation of an allied health professional or nurse practitioner, the CEO/DON will ensure appropriate registration and professional indemnity arrangements.

(c) The CEO/DON will decide and implement the most appropriate accreditation process in the circumstances, which may incorporate all or some of these By-Laws.

(d) There is no right of appeal pursuant to these By-Laws with respect to decisions made regarding accreditation (including decisions not to grant re-accreditation) scope of clinical practice and conclusion of accreditation with respect to an allied health professional or nurse practitioner.

8.7 Options with respect to ongoing and conclusion of accreditations

(a) An accredited practitioner may resign by giving one (1) months notice of the intention to do so to the CEO/DON unless a shorter period is otherwise agreed by the CEO/DON.

(b) If the accredited practitioner's accreditation or scope of clinical practice is no longer supported by Organisational Need or Organisational Capabilities or if the accredited practitioner is no longer able to meet the terms and conditions of accreditation, the CEO/DON will raise these matters in writing with the accredited practitioner and invite a meeting to discuss. Arising from this meeting, the CEO/DON and accredited practitioner may mutually agree to voluntary reduction in scope of clinical practice, resignation of accreditation or expiry of accreditation, and date that this will occur.

8.8 Monitoring of accreditations

(a) The Board and/or CEO/DON will implement processes to monitor and audit accreditation processes and compliance with approved scope of clinical practice.

(b) Accredited practitioners must comply with and provide all information necessary to assist the CEO/DON with monitoring and audit pursuant to these By-Laws.

(c) The Board will implement processes to monitor and improve the effectiveness of credentialing and accreditation processes.

9.0 TERMS AND CONDITIONS OF APPOINTMENT OF ACCREDITED PRACTITIONERS

9.1 Conditions applicable to all Accredited Practitioner Appointments

An Appointment as an Accredited Practitioner is conditional on the Accredited Practitioner complying with all matters and Conditions set out in this By-Law 9.

9.2 General

Accredited Practitioners must:

(a) comply with their authorised Scope of Clinical Practice;
(b) comply with the Code of Conduct;
(c) comply with the provisions of the Act, all applicable legislation and general law;
(d) comply with their responsibilities under the National Law in regard to mandatory notification of notifiable conduct by another practitioner or a student undertaking clinical training where the Accredited Practitioner has formed a reasonable belief that a health practitioner has behaved in a way that constitutes notifiable conduct in relation to the practice of their profession or suffers from an impairment that may place the public at substantial risk of harm.
(e) comply with these By-Laws, rules and policies and procedures of The Toowoomba Clinic;
(f) maintain their professional registration with AHPRA and furnish annually to The Toowoomba Clinic when requested to do so, evidence of registration and advise the CEO/DON immediately of any material changes to the conditions or status of their professional registration (including suspension or termination);
(g) attend patients subject to the limits of any Conditions imposed by the CEO/DON;
(h) observe all requests made by The Toowoomba Clinic regarding his or her conduct in The Toowoomba Clinic and with regard to the provision of services within The Toowoomba Clinic;
(i) adhere to the generally accepted ethics of medical practice, including the ethical codes and codes of good medical practice of the Australian Medical Association and all relevant standards or guides issued by the Medical Board of Australia as issued from time to time in relation to his or her colleagues, The Toowoomba Clinic employees and patients;
(j) adhere to general Conditions of clinical practice applicable at The Toowoomba Clinic, including compliance with the accreditation standards of the National Safety and Quality Health Service Standards 2011 and 2017 or such other accreditation body nominated by The Toowoomba Clinic;
(k) observe the rules and practices of The Toowoomba Clinic in relation to the admission, discharge and accommodation of patients;
(l) attend and, when reasonably required by the CEO/DON, prepare for and participate in relevant clinical meetings, seminars, lectures and other teaching/training programs organised by The Toowoomba Clinic or provide evidence of attendance of these at alternative venues;
(m) participate in Patient Care Review Committee meetings, including review of clinical data and outcomes and respond to requests for information regarding statistical outliers, adverse events and cases flagged in incidents, clinical indicator or key performance indicator reporting;
(n) seek relevant approvals from the relevant Committee and, where applicable, the relevant research and ethics Committee regarding any research, experimental or innovative treatments, including any new or revised technology (see By-Laws 18 and 19);
(o) not aid or facilitate the provision of medical care to patients at The Toowoomba Clinic by Medical Practitioners who are not Accredited Practitioners;
(p) not purport to represent any The Toowoomba Clinic Group Entity or The Toowoomba Clinic in any circumstances, including the use of the letterhead of The Toowoomba Clinic, The

Toowoomba Clinic Group Entity or The Toowoomba Clinic, unless with the express written permission of the CEO/DON;

(q) subject to the requirement of relevant laws, keep confidential details of all information which comes to his or her knowledge concerning patients, clinical practice, quality assurance, peer review and other activities which relate to the assessment and evaluation of clinical services; and

(r) co-operate with and participate in any clinical quality assurance, quality improvement or risk management process, project or activities as required by The Toowoomba Clinic and these By-Laws.

9.3 Responsibility for patients

Accredited Practitioners must:

(a) Obtain full and informed written patient consent prior to a procedure being performed;

(b) not admit a patient to The Toowoomba Clinic unless a suitable or appropriate bed is available to accommodate that patient;

(c) admit to The Toowoomba Clinic only those patients who, in the opinion of the CEO/DON, can be properly managed in The Toowoomba Clinic (the CEO/DON may notify Accredited Practitioners from time to time of any categories of patients who are considered inappropriate for admission to The Toowoomba Clinic);

(d) observe the rules and requirements applicable in The Toowoomba Clinic with respect to the admission of patients;

(e) accept full responsibility for his or her patients from admission until discharge, or until the care of the patient is transferred to another Accredited Practitioner;

(f) must be available for contact at all times when that Accredited Practitioner has a patient admitted to The Toowoomba Clinic, or must nominate another Accredited Practitioner with equivalent Accreditation to continue the care of their patient during their absence (such nomination to be notified to The Toowoomba Clinic in writing). Accredited Practitioners must attend upon patients in a timely manner, using their best endeavours to attend promptly after being requested to do so, or being available by telephone in a timely manner to assist The Toowoomba Clinic staff in relation to Accredited Practitioners’ patients;

(g) work with and as part of the multi-disciplinary health care team, including effective communication – written and verbal, to ensure the best possible care for Accredited Practitioners’ patients;

(h) provide adequate instructions to The Toowoomba Clinic staff and other Accredited Practitioners to enable them to understand what care the Accredited Practitioner requires to be delivered to his or her patients and appropriately supervising the care that is provided by The Toowoomba Clinic staff and other Accredited Practitioners;

(i) note the details of a transfer of care to another Accredited Practitioner on the patient’s medical record at The Toowoomba Clinic and communicating the transfer to the Nurse Unit Manager or other responsible nurse staff member;

(j) attend his or her patients properly, and with the utmost care and attention, after considering the requirements of The Toowoomba Clinic and Scope of Clinical Practice granted to the Accredited Practitioner;

(k) visit patients with reasonable frequency having regard to each patient's clinical condition and needs;

(l) upon request by staff of The Toowoomba Clinic, attending to patients under their care for the purposes of the proper care and treatment of those patients;
(m) except in an emergency, not give instructions in relation to a patient where another Accredited Practitioner is responsible for the management of that patient without a formal request for consultation from the consulting clinical team;
(n) carry out procedures, give advice and recommend treatment within the generally accepted areas of practice applicable to the category of Appointment of the Accredited Practitioner and to his or her Accreditation;
(o) be willing, in an emergency or on request by the CEO/DON (or another person authorised by the CEO/DON for this purpose) to assist the staff and other practitioners, where possible and necessary;
(p) comply with all infection control procedures of The Toowoomba Clinic including appropriate hand hygiene; and
(q) consider the policies of The Toowoomba Clinic when exercising judgement regarding the length of stay of patients at The Toowoomba Clinic and the need for ongoing hospitalisation of patients.

9.4 Professional Indemnity Insurance

Accredited Practitioners who are not otherwise fully indemnified by The Toowoomba Clinic must maintain a level of professional indemnity insurance (including run off/tail insurance where appropriate) consistent with requirements of the relevant Regulatory Authority:

(a) which covers all potential liability of the Accredited Practitioner in respect of The Toowoomba Clinic and patients;
(b) which appropriately reflects and covers the Accredited Practitioner's Scope of Clinical Practice and activities performed at The Toowoomba Clinic; and
(c) that is on terms and conditions acceptable to The Toowoomba Clinic.

Non-medical applicants proposing trade or employment union membership as adequate for Professional Indemnity Insurance must complete the relevant form template and provide written agreement from an appropriately authorised trade or employment union official on the form template that supports their professional indemnity insurance specifically for the role and functions relevant to the application for credentialing and scope of practice.

9.5 Annual disclosure

Accredited Practitioners must furnish annually to The Toowoomba Clinic evidence of:

(a) appropriate Professional Indemnity Insurance including the level of cover and any material changes to cover that occurred during the previous twelve months;
(b) medical registration (as applicable); and
(c) continuous registration with the relevant specialist college or professional body
(d) compliance with the annual mandatory continuing education requirements of his or her specialist college or professional body.

9.6 Continuous disclosure

Each Accredited Practitioner must keep the CEO/DON continuously informed of matters which have a material bearing upon his or her:

(a) Credentials;
(b) Scope of Clinical Practice;
(c) ability to deliver health care services to patients safely and in accordance with his or her authorised Scope of Clinical Practice;
(d) any adverse outcomes or complications in relation to the Accredited Practitioner's patient or patients (current or former) of The Toowoomba Clinic;
(e) Professional Indemnity Insurance status; and
(f) Registration with the relevant professional registration board, including any Conditions or limitations placed on such registration.

9.7 Advice of material issues

Without limiting By-Law 9.6, Accredited Practitioners must advise the CEO/DON in writing as soon as possible but at least within 14 days if any of the following matters occur and come to the attention of the Accredited Practitioner:

(a) an adverse finding (formal or informal, current or former) made against him or her by any registration, disciplinary, investigative or professional body;
(b) his or her professional registration being revoked, suspended or amended (including the imposition of any Conditions);
(c) the initiation of any process, inquiry or investigation by the relevant board or coroner or tribunal (or equivalent body in any other jurisdiction, as applicable) or a health care complaints body (howsoever described) involving the Accredited Practitioner or the initiation of a legal process relevant to the medical practice which impacts or arises from their practice of medicine;
(d) any change in his or her Professional Indemnity Insurance, including but not limited to the attaching of Conditions, non-renewal or cancellation;
(e) he or she incurs an illness or disability which may adversely affect his or her Current Fitness;
(f) any claim, or any circumstance which may give rise to a claim, in respect of the management of a patient of that Accredited Practitioner in The Toowoomba Clinic (including all relevant details); or
(g) he or she is being charged with, or convicted of, any indictable offence or under any laws that regulate the provision of health care or health insurance.

9.8 Medical records

Accredited Practitioners must:

(a) maintain full, accurate, legible and contemporaneous medical records for each patient under his or her care or ensure that such adequate clinical records are maintained in the patient's The Toowoomba Clinic medical record:
    i. in compliance with the Act and any applicable codes or guidelines published by AHPRA;

ii. such that, in an emergency, another suitably qualified Accredited Practitioner can expeditiously take over the care of the patient;

iii. in a way which enables The Toowoomba Clinic Group Entity operating The Toowoomba Clinic to collect revenue in a timely manner and any other data reasonably required in respect of a The Toowoomba Clinic, including as a minimum:

A. pre-admission notes or a letter on the patient's condition and plan of management, including notifying The Toowoomba Clinic of significant co-morbidities;

B. full and informed written patient consent;

C. completing admission forms authorised by The Toowoomba Clinic within 24 hours of admission;

D. recording an appropriate patient history, reason for admission, physical examination, diagnosis or provisional diagnosis, and treatment plan before treatment is undertaken, unless involving an emergency situation;

E. therapeutic orders;

F. particulars of all procedures, including pathology and radiology reports;

G. observations of the patient's progress;

H. notes of any special problems or complications;

I. discharge notes, completed discharge summary and documentation of requirements and arrangements for follow-up; and

J. each attendance upon the patient with the entries dated, timed, signed and specifying the designation of the practitioner

(b) where orders are given by telephone to a registered nurse (who will read back those orders to the Accredited Practitioner for confirmation), enter those orders in the medical record within twenty-four hours;

(c) ensure that the medical records maintained by that Accredited Practitioner are sufficient for the review of patient care;

(d) take all reasonable steps to ensure that, following the discharge of each patient, The Toowoomba Clinic’s medical record is completed within a reasonable time after the patient's discharge; and

(e) acknowledge and agree that medical records of patients of The Toowoomba Clinic are owned by the relevant The Toowoomba Clinic Pty Ltd operating The Toowoomba Clinic.

9.9 Continuing education

Accredited Practitioners must:

(a) by involvement in continuing education, keep informed of current practices and trends in the Accredited Practitioner's area of practice, by regularly attending and participating in clinical meetings, seminars, lectures and other educational programs on The Toowoomba Clinic campus and elsewhere, to maintain and improve their knowledge and to maintain and increase their skills;

(b) meet all reasonable requests to participate in the education and training of other clinical staff of The Toowoomba Clinic, the effect of which is to raise the level of competence of staff in general and improving patient care and relations between Accredited Practitioners and other staff; and

(c) co-operate and participate in appropriate quality improvement activities, including satisfying the mandatory attendance and participation requirements of By-Law 7.5(a).

9.10 Clinical activity

Accredited Practitioners must maintain a sufficient level of clinical activity in The Toowoomba Clinic to enable the CEO/DON, acting reasonably, to be satisfied that:

(a) the Accredited Practitioner's knowledge and skills are current;
(b) the Accredited Practitioner is familiar with the operational policy, procedures and practices of The Toowoomba Clinic; and
(c) the Accredited Practitioner can contribute actively and meaningfully to the division or department relevant to his or her Scope of Clinical Practice and to the Committees.

9.11 Participation in Committees

(a) Accredited Practitioners must participate in the Patient Care Review Committee in accordance with By-Law 7.5(a) unless otherwise excused under By-Law 7.5(b).
(b) In addition to the requirement under By-Law 9.11(a), Accredited Practitioners must meet all reasonable requests to participate in, and contribute actively to, Committees established to co-ordinate and direct the various functions of The Toowoomba Clinic.
(c) Without limiting By-Law 9.11(a), the CEO/DON may require any Accredited Practitioner to nominate him or herself to act as a member of a Committee. Before doing so, the CEO/DON must have regard to:
    i. the Accredited Practitioner's current, or recent historical contribution to Committees (absolutely and relative to the Accredited Practitioner's peers);
    ii. the Accredited Practitioner's clinical activity in The Toowoomba Clinic (absolutely and relative to the Accredited Practitioner's peers);
    iii. any extenuating circumstances which the CEO/DON considers may reasonably preclude the Accredited Practitioner from acting as a member of a Committee (for example, extraordinary responsibilities as a carer or extraordinary voluntary commitments to the medical or general communities).

9.12 Emergency/disaster planning

Accredited Practitioners must:

(a) be aware of their role in relation to emergency and disaster planning;
(b) be familiar with The Toowoomba Clinic’s safety and security policies and procedures;
(c) participate in emergency drills and exercises which may be conducted at The Toowoomba Clinic.

9.13 Working with children checks/criminal record checks

(a) The Appointment of Accredited Practitioners is conditional on the person satisfactorily completing any forms that The Toowoomba Clinic may require for the purpose of fulfilling The Toowoomba Clinic's obligations under applicable child protection legislation.

(b) The Accredited Practitioner must undertake to The Toowoomba Clinic that he or she is not a Prohibited Person, and:

   i. has never, to the Accredited Practitioner's knowledge, been included on any list of persons not to be employed or engaged in a child related area of activity;
   ii. has not retired or resigned from, or had any previous employment or engagement terminated on the grounds that the Accredited Practitioner engaged in Reportable Conduct;
   iii. has never been charged with or been the subject of an investigation as to whether he or she engaged in any Reportable Conduct; and
   iv. will not engage in Reportable Conduct;

(c) The Accredited Practitioner must inform The Toowoomba Clinic immediately if he or she is unable to give the undertakings set out in By-Law 9.13(b).

(d) Accredited Practitioners must provide authority to The Toowoomba Clinic to conduct a criminal history check with the appropriate authorities in any jurisdiction at any time.

9.14 Teaching and supervision

Unless otherwise determined by the CEO/DON, Accredited Practitioners must participate in the education, training and supervision of students, junior medical officers and other accredited health practitioners as required from time to time, attending The Toowoomba Clinic including facilitating the availability of patients for clinical teaching subject to:

(a) any contrary instructions by either the treating practitioner, or the nurse unit manager (or other designated manager at The Toowoomba Clinic); and

(b) consent being given by the patient.

9.15 Notifiable Conduct and mandatory reporting

All Accredited Practitioners must comply with their obligations of mandatory reporting of Notifiable Conduct as prescribed in the Health Practitioner Regulation National Law Act 2009, as in force in each State and Territory.

9.16 Notice of leave

Where Accreditation has been granted in respect of The Toowoomba Clinic, an Accredited Practitioner must use their best endeavours to notify the CEO/DON in writing, at least four weeks in advance of holidays, so that the CEO/DON may make appropriate arrangements during the Accredited Practitioner’s absence.

10.0 RE-ACCREDITATION AND PRACTITIONER REQUESTS TO AMEND SCOPE OF CLINICAL PRACTICE

10.1 Notice to Accredited Practitioner

Not less than three months before the date fixed for expiry of the Accreditation of an Accredited Practitioner, the CEO/DON must notify the Accredited Practitioner of the pending expiry of their

Accreditation and the processes for applying for Re-accreditation and review of their Scope of Clinical Practice.

10.2 Apply for Re-accreditation

An Accredited Practitioner must apply for Re-accreditation before the expiration of the term of Accreditation in order to maintain Accreditation with the Facility.

10.3 Amendments

An Accredited Practitioner may make an application to the CEO/DON for amendment of his or her Scope of Clinical Practice:

(a) at the same time as making an application for Re-accreditation; or
(b) at any other time.

10.4 Process

(a) The CEO/DON will forward applications for Re-accreditation and/or amendments to Scope of Clinical Practice, together with all other relevant information, to the relevant Committee for review and consideration.
(b) Subject to The Toowoomba Clinic policy, the processes for Re-accreditation and/or amending the Scope of Clinical Practice of Accredited Practitioners under this By-Law 10 will:
    i. include an assessment and review of the Accredited Practitioner’s performance, Current Fitness, Credentials, character and ability to cooperate with management and staff at the Facility; and
    ii. be otherwise the same as for an initial Accreditation, save that By-Law 16.1 will not apply to Re-accreditation or amendments to Scope of Clinical Practice.

10.5 Review

All Accredited Practitioners will be subject to the processes of Re-accreditation and review of their Scope of Clinical Practice in accordance with the appointments cycle.

11.0 INVESTIGATIONS OF CONCERNS, ALLEGATIONS OR COMPLAINTS

11.1 The CEO/DON may make investigations

The CEO/DON may make inquiries regarding a concern raised, allegation or complaint against an Accredited Practitioner if the CEO/DON considers that any of the following consequences may occur:

(a) patient health or safety could be compromised;
(b) the efficient operation of The Toowoomba Clinic could be hindered;
(c) the reputation of The Toowoomba Clinic, or The Toowoomba Clinic could be threatened;
(d) the potential loss of The Toowoomba Clinic's accreditation or licence;
(e) the imposition of any conditions on The Toowoomba Clinic's licence;

(f) the interests of a patient or someone engaged in or at The Toowoomba Clinic could be affected adversely; or
(g) a law or By-Law has been, or may be, contravened.

11.2 Notice to Accredited Practitioners and procedural matters

(a) The CEO/DON will advise the Accredited Practitioner in respect of whom the concern, allegation or complaint has been made of the substance of the concern, allegation or complaint and provide the Accredited Practitioner with an opportunity to respond.
(b) The CEO/DON will decide on all procedural matters relevant to advising the Accredited Practitioner under By-Law 11.2(a), which may include a determination on:
   i. how the concern or issue in respect of the Accredited Practitioner will be dealt with under these By-Laws;
   ii. a requirement for a witness to be present at the time the Accredited Practitioner is advised and the designation of that witness, for example a senior manager at The Toowoomba Clinic or the chairperson of a Committee where a Committee has been involved in the concern or issue to be raised with the Accredited Practitioner;
   iii. the extent and nature of any relevant records or documents to be provided or produced in connection with the concern or issue; and
   iv. any appropriate time frames and format of response by the Accredited Practitioner.
(c) The Accredited Practitioner will be afforded the opportunity to be accompanied by a support person in the handling of any procedural matters pursuant to this By-Law 11. The support person is not to participate in the process. Should the support person be a lawyer, that same person must not act as a legal representative for the Accredited Practitioner.

11.3 Review by The Toowoomba Clinic CEO/DON

If, having considered the Accredited Practitioner's response (if any), then:

(a) the CEO/DON may decide to take no further action;
(b) if in the opinion of the CEO/DON the matter can be dealt with appropriately by reviewing the Accredited Practitioner's Scope of Clinical Practice, the CEO/DON must request a review of the Accredited Practitioner's Scope of Clinical Practice in accordance with By-Law 12;
(c) if in the opinion of the CEO/DON the matter cannot be dealt with appropriately by a review of the Accredited Practitioner's Scope of Clinical Practice, the CEO/DON in consultation with the chairperson of any relevant Committee may establish a Committee to consider the matter further; and/or
(d) the CEO/DON may suspend or impose conditions on the Accreditation of the Accredited Practitioner until such time as the CEO/DON is satisfied that the concern, allegation or complaint has been resolved.

11.4 Committee to assess issue of concern

A Committee to assist the CEO/DON established under By-Law 11.3(c):

(a) must ensure the Accredited Practitioner has been advised in writing of the particulars of the allegation and invite the Accredited Practitioner to respond;
(b) may invite the Accredited Practitioner to meet with the relevant Committee in person; and
(c) must provide the CEO/DON with its written conclusions and/or opinions in a timely manner and supported by reasons.

11.5 Notifiable Conduct and mandatory reporting in relation to any investigation

(a) The CEO/DON must comply with his or her obligations of mandatory reporting of Notifiable Conduct as prescribed in the *Health Practitioner Regulation National Law Act* 2009, as in force in each State and Territory.
(b) The CEO/DON must advise The Toowoomba Clinic's Clinical Director and Board of any mandatory reporting made under By-Law 13.5(a).

12.0 REVIEW OF ACCREDITATION OR SCOPE OF CLINICAL PRACTICE IN LIGHT OF INVESTIGATIONS OF CONCERNS, ALLEGATIONS OR COMPLAINTS

12.1 Surveillance of AHPRA registration database

The CEO/DON will conduct periodic and active surveillance of the AHPRA registration database to ensure currency of registration and accuracy of any Conditions imposed.

12.2 Review of Accreditation or Scope of Practice

(a) The Board and/or CEO/DON may at any time initiate a review of a Medical Practitioner's Accreditation or Scope of Practice where concerns have been raised or allegations made about any of the following:

i. patient health or safety has been, or could potentially be, compromised through the actions or inactions of the Medical Practitioner;
ii. the rights or interests of a patient, staff or someone engaged in or at The Toowoomba Clinic has been, or could potentially be, adversely affected or infringed upon through the actions or inactions of the Medical Practitioner;
iii. the Medical Practitioner's behaviour;
iv. the Medical Practitioner's level of Competence;
v. the Medical Practitioner's Current Fitness;
vi. the Medical Practitioner's Performance;
vii. the Medical Practitioner's compatibility with Organisational Capability or Organisational Need;
viii. the current Scope of Practice granted to the Medical Practitioner does not support the care or treatment sought to be undertaken by the Medical Practitioner;
ix. confidence held in the Medical Practitioner;
x. the Medical Practitioner's compliance with these By-Laws, including the terms and conditions, or a possible ground for suspension or termination of Accreditation that may have occurred;
xi. the efficient operation of The Toowoomba Clinic could be threatened or disrupted, the potential loss of The Toowoomba Clinic's licence or accreditation, or the potential to bring The Toowoomba Clinic into disrepute;
xii. a breach of a legislative or legal obligation of The Toowoomba Clinic or imposed upon the Accredited Practitioner may have occurred; or as elsewhere defined in these By-Laws.

(b) A review may be requested by any other person or organisation, including external to The Toowoomba Clinic, however the commencement of a review remains within the sole discretion of the Board.

(c) The Board or CEO/DON will determine whether the process to be adopted is an:

i. internal review; or
ii. external review.

(d) Prior to determining whether an Internal Review or External Review will be conducted, the CEO/DON may in their absolute discretion meet with the Medical Practitioner (the Medical Practitioner may choose to bring along a support person), along with any other persons the CEO/DON considers appropriate, advise of the concern or allegation raised, and invite a preliminary response from the Medical Practitioner (in writing or orally, as determined by the CEO/DON before the Board makes a determination whether a review will proceed, and if so, the type of review.

(e) The Accredited Practitioner who is the subject of a review:

i. will ordinarily be offered an opportunity to make a written submission to the reviewers and offered an opportunity to attend before the reviewers (with a support person if required by the Accredited Practitioner to speak to the

matters contained in the written submission and any other matters the Accredited Practitioner wishes to address; and

ii. must cooperate fully with the reviewers, including providing information reasonably required to inform the reviewers, failing which the Board may make a determination to immediately proceed to suspension or termination of Accreditation.

(f) As the review process, the terms of reference, access to information and reviewers are within the complete discretion and determination of the Board or the CEO/DON, any deviations from the established process will not result in a flawed process and appropriate actions and response to deviations will be as determined by the Board or CEO/DON.

(g) The review may have wider terms of reference than a review of the Medical Practitioner's Accreditation or Scope of Practice. The scope of the review is entirely in the Board's discretion.

(h) The Board or CEO/DON may in their complete discretion, make a determination regarding the interim suspension or the placing of conditions on the Accreditation of the Accredited Practitioner pending the outcome of the review. There is no right of appeal available against a decision to impose an interim suspension or conditions.

(i) Circumstances may arise where the Board or CEO/DON determines that, in addition to undertaking a review, they are mandated by legislation or believe it is in the public's or patient's interest to notify the Medical Practitioner's registration board and/or other accrediting professional organisations of the details of the concerns that have been raised regarding the Medical Practitioner.

The Board or CEO/DON in their absolute discretion, may decide that as an alternative to conducting an internal or external review the concerns that have been raised regarding the Medical Practitioner should immediately be notified to the Medical Practitioner's registration board and/or other accrediting professional organisations for them to take the requisite action. Following the outcome of any such action the Board or CEO/DON may, at their absolute discretion, elect to take any further action they consider appropriate under these By-Laws.

12.3 Internal Review of Accreditation and Scope of Practice

The CEO/DON may, at any time, conduct an internal review by person/s or a Committee. The CEO/DON will make a final determination in relation to the matter, subject to the provisions of By-Law 17.2.

12.4 External Review of Accreditation and Scope of Clinical Practice

The Board or CEO/DON may, at any time request an external review by person/s or Committee external to The Toowoomba Clinic. The CEO/DON who will make a final determination in relation to the matter, subject to the provisions of By-Law 17.2.

12.5 Notice to Accredited Practitioners

The CEO/DON will advise the Accredited Practitioner in respect of whom a review is being conducted under either By-Law 12.3 or 12.4 of the commencement and substance of the review and the extent

to which the Accredited Practitioner may participate in the review and that the Accredited Practitioner will be provided with an opportunity to respond at the conclusion of the review.

(a) The CEO/DON will decide on all procedural matters with respect to review under By-Law 12.5(a) which may include a determination on:
   i. how the review in respect of the Accredited Practitioners will be dealt with under these By-Laws;
   ii. a requirement for a witness to be present at the time the Accredited Practitioner is advised and the designation of that witness;
   iii. the extent and nature of any relevant records or documents to be provided or produced in connection with the review; and
   iv. any appropriate timeframes and format of response by the Accredited Practitioner.

(b) The Accredited Practitioner will be afforded the opportunity to be accompanied by a support person in the handling of any procedural matters pursuant to this By-Law 12. The support person is not to participate in the process. Should the support person be a lawyer that same person must not act as a legal representative for the Accredited Practitioner.

(c) The CEO/DON must advise The Toowoomba Clinic's Clinical Director and Board that the review is being undertaken under either By-Law 12.2 or 12.3.

12.6 Actions taken following internal and external reviews

Following a review under By-Law 12.2or 12.3 the CEO/DON may direct that the Accredited Practitioner to:

(a) relinquish his or her Appointment at The Toowoomba Clinic;
(b) cease performing procedures or perform only defined procedures;
(c) perform procedures only when assisted by another Accredited Practitioner qualified in the same field of practice;
(d) practise a restricted range of medical procedures; or
(e) not admit or manage patients unless in consultation with another Accredited Practitioner qualified in the same field of practice,

or may apply additional Conditions to the Accredited Practitioner's Appointment.

12.7 Notice of outcome of the review

The CEO/DON must give written notice to the Accredited Practitioner where the CEO/DON wishes to exercise his or her rights under this By-Law 12.

The CEO/DON must notify The Toowoomba Clinic's Clinical Director and Board of the outcome of any review undertaken under By-Law 12.

12.8 Notifiable Conduct and mandatory reporting in relation to review of scope of clinical practice

(a) The CEO/DON must comply with his or her obligations of mandatory reporting of Notifiable Conduct as prescribed in the Health Practitioner Regulation National Law Act 2009, (including in relation to any mandatory reporting obligations in relation to actions taken by the CEO/DON following a review under By-law 12) as enforced in each State and Territory.
(b) The CEO/DON must advise The Toowoomba Clinic's Clinical Director and Board of any mandatory reporting made under By-Law 12 (including in relation to any action taken in relation to the Accreditation of an Accredited Practitioner under By-law 12.5).

13.0 SUSPENSION

13.1 Suspension of Accredited Practitioners or the imposition of conditions by The Toowoomba Clinic CEO/DON

The CEO/DON may, following consultation with the relevant Committee (and/or such other persons as the CEO/DON considers appropriate) and The Toowoomba Clinic's Clinical Director and Board, and ensuring that any decisions made are consistent with any Condition imposed by the relevant regulatory authority:

(a) suspend all or any portion of an Accredited Practitioner's Accreditation and, if necessary, his or her Appointment; or
(b) impose Conditions on the Appointment of an Accredited Practitioner,

whenever the CEO/DON considers:

(c) it is in the interests of patient care and safety in The Toowoomba Clinic;
(d) it is in the interests of staff welfare or safety;
(e) the behaviour or conduct of the Accredited Practitioner is such that it is unduly hindering the efficient operation of The Toowoomba Clinic at any time;
(f) the Accredited Practitioner has breached any Conditions of Accreditation, including Conditions imposed by these By-Laws.
(g) the behaviour or conduct of the Accredited Practitioner is bringing The Toowoomba Clinic into disrepute or otherwise damaging the reputation of The Toowoomba Clinic;
(h) the behaviour or conduct of the Accredited Practitioner is inconsistent with the Code of Conduct, The Toowoomba Clinic's mission statement;
(i) the Accredited Practitioner has not provided satisfactory evidence on demand of his or her professional qualifications, current registration as a Medical Practitioner or sufficient and current Professional Indemnity Insurance;
(j) the practitioner has been found to have made a false declaration to The Toowoomba Clinic either through omission of important information or inclusion of false information; or
(k) there are other unresolved issues in respect of the Accredited Practitioner that the CEO/DON considers is a ground for suspension.

13.2 Notification of suspension decision and reasons

The CEO/DON must:

(a) notify the Accredited Practitioner of the decision to suspend and conditions and timeframes which will apply to reinstatement and must give reasons; and
(b) invite a written response from the Accredited Practitioner within a timely manner of the CEO/DON's notification.

The Accredited Practitioner will be afforded the opportunity to be accompanied by a support person in the handling of any procedural matters pursuant to this By-Law 13. The support person is not to participate in the process. Should the support person be a lawyer that same person must not act as a legal representative for the Accredited Practitioner.

13.3 Suspension effective immediately

Suspension will become effective immediately upon notification to the Accredited Practitioner.

13.4 Alternative arrangements for patients

The CEO/DON will have the authority to arrange medical care for the patients of the suspended Accredited Practitioner.

13.5 Appeal rights

Unless otherwise provided in these By-Laws, the affected Accredited Practitioner will have the rights of appeal established by these By-Laws.

13.6 Notification to Board

The CEO/DON will notify The Toowoomba Clinic's Clinical Director and Board of any suspension of Accreditation of an Accredited Practitioner.

13.7 Notifiable Conduct and Mandatory Reporting

(a) The CEO/DON must comply with his or her obligations of mandatory reporting of Notifiable Conduct as prescribed in the *Health Practitioner Regulation National Law Act* 2009, (including in relation to any suspension of Accreditation of an Accredited Practitioner under By-law 13), as enforced in each State and Territory.

(b) The CEO/DON must advise The Toowoomba Clinic's Clinical Director and Board of any mandatory reporting made under By-Law 13.7(a).

14.0 **TERMINATION OF ACCREDITATION**

14.1 Immediate termination

Accreditation of Accredited Practitioners will be terminated immediately by the CEO/DON, and in consultation with The Toowoomba Clinic Clinical Director if:

(a) the Accredited Practitioner is found guilty of Professional Misconduct by any inquiry, investigation or hearing by any disciplinary body or professional standards organisation;
(b) the Accredited Practitioner ceases to be registered in the relevant profession, specialty and jurisdiction for which Accreditation has been issued;
(c) the Accredited Practitioner is convicted of an offence involving sex or violence or any offence in relation to the Accredited Practitioner's practice as a Medical Practitioner.
(d) the Accredited Practitioner fails, refuses or is unable to comply with the requirements and undertakings set out in By-Law 9.13, or is dishonest in respect of the undertakings given in By-Law 9.13(b);
(e) any relevant screening authority in the Accredited Practitioner's jurisdiction determines that the Accredited Practitioner poses an unacceptable level of risk to children; or
(f) the Accredited Practitioner's Professional Indemnity Insurance is cancelled, lapses or no longer covers the Accredited Practitioner's Scope of Clinical Practice to the reasonable satisfaction of the CEO/DON (unless the situation is rectified by the Accredited Practitioner within 24 hours from when he or she becomes aware that his or her Professional Indemnity Insurance has been cancelled, lapsed or does not cover his or her Scope of Clinical Practice).

14.2 Professional Misconduct

Accreditation of Accredited Practitioners may be terminated immediately if the Accredited Practitioner is found guilty of Professional Misconduct by any inquiry, investigation or hearing by any disciplinary body or professional standards organisation.

14.3 Termination on incapacity

An Accredited Practitioner’s Appointment may be terminated if, in the reasonable opinion of the CEO/DON, an Accredited Practitioner becomes incapable of performing his or her duties for a continuous period of six months or for a cumulative period of six months in any 12-month period.

14.4 Termination when not immediate

Accreditation of an Accredited Practitioner may be terminated by the CEO/DON, in consultation with The Toowoomba Clinic’s Clinical Director, by giving the Accredited Practitioner 1 month written notice if:

(a) the Accredited Practitioner fails to observe the terms and Conditions of his or her Accreditation or fails to abide by these By-Laws or The Toowoomba Clinic’s policies and procedures and fails to rectify the breach;

(b) the Accredited Practitioner, after due hearing, is considered by the CEO/DON to have engaged in Professional Misconduct and/or Unprofessional Conduct;
(c) the Accredited Practitioner is not considered by the CEO/DON as having Current Fitness;
(d) to do so would be in the interests of patient care or safety or in the interests of staff welfare or safety;
(e) the Accredited Practitioner's registration is subject to conditions which are inconsistent with his or her continuing to be appointed as an Accredited Practitioner;
(f) the Accreditation is no longer supported by the Organisational Need or Organisational Capabilities of The Toowoomba Clinic;
(g) The Toowoomba Clinic ceases to provide support services required within the Scope of Clinical Practice of the Accredited Practitioner;
(h) the conduct or continuing Accreditation of the Accredited Practitioner compromises the efficient operation or the interests of The Toowoomba Clinic.
(i) the Accredited Practitioner’s agreement with a contracted services provider for whom the Accredited Practitioner provides services terminates, or if the Accredited Practitioner’s employment engagement with the contracted service provider terminates;
(j) the Accredited Practitioner does not, without prior approved leave, provide services at The Toowoomba Clinic for a period of twelve months;
(k) the Accredited Practitioner ceases to hold, in the CEO/DON’s opinion, current and adequate Professional Indemnity Insurance; or
(l) the Accredited Practitioner has applied for a review of the suspension of his or her Accreditation under By-Law 15.5 and on review the decision to suspend is upheld.

14.5 Notification to Board

The CEO/DON will notify The Toowoomba Clinic’s Clinical Director and Board of any termination of Accreditation of an Accredited Practitioner.

14.6 No appeal rights where immediate termination

No right of appeal will exist in respect of immediate termination pursuant to By-Law 14.1.

14.7 Notifiable Conduct and Mandatory Reporting

(a) The CEO/DON must comply with his or her obligations of mandatory reporting of notifiable conduct as prescribed in the Health Practitioner Regulation National Law Act 2009, as in force in each State and Territory.
(b) The CEO/DON must advise The Toowoomba Clinic’s Clinical Director and Board of any mandatory reporting made under By-Law 14.7(a) (including in relation to any termination of Accreditation of an Accredited Practitioner under By-law 14).

15.0 IMPOSITION OF CONDITIONS

15.1 Imposing Conditions in lieu of suspension or termination

(a) In lieu of the suspension of the Scope of Clinical Practice or termination of Accreditation of an Accredited Practitioner, and ensuring that any decisions made are consistent with any

Condition imposed by the relevant Regulatory Authority, the CEO/DON may elect to impose Conditions on the Accreditation or Scope of Clinical Practice of an Accredited Practitioner.

(b) The imposition of Conditions may be recommended by the Credentialing or Medical Advisory Committee or scope of clinical practice Committee but is at the ultimate discretion of the CEO/DON.

(c) The CEO/DON must notify the Accredited Practitioner in writing of the imposition of Conditions, the reasons for it, the consequences if the Conditions are breached, invite a written response and advise of the right of appeal, the appeal process and the timeframe for an appeal.

(d) If the Conditions are breached, then suspension of Scope of Clinical Practice or termination of Accreditation of an Accredited Practitioner may occur.

(e) If there is held, in good faith, a belief that the competence and/or Current Fitness to practice of the Accredited Practitioner is such that continuation of the unconditional right to practise in The Toowoomba Clinic would raise a significant concern about the safety and quality of health care, the CEO/DON will ensure that the imposition of Conditions is notified to the relevant professional registration board and relevant State or Commonwealth bodies.

(f) The appeal procedure contained in these By-Laws will apply to an imposition of conditions under By-law 15.

15.2 Notification of conditions

Following expiration of the appeal period, the decision to impose Conditions under these By-laws will be notified The Toowoomba Clinic where Scope of Clinical Practices are held by that Accredited Practitioner.

15.3 Notification to Board

The CEO/DON will notify The Toowoomba Clinic's Clinical Director and Board of any imposition of Conditions on the Accreditation of an Accredited Practitioner.

15.4 Notifiable Conduct and Mandatory Reporting

(a) The CEO/DON must comply with his or her obligations of mandatory reporting of notifiable conduct as prescribed in the Health Practitioner Regulation National Law Act 2009, as in force in each State and Territory (including in relation to the imposition of Conditions on the Accreditation or Scope of Clinical Practice of an Accredited Practitioner) under By-law 17.

(b) The CEO/DON must advise The Toowoomba Clinic Clinical Director of any mandatory reporting made under By-Law 17.4(a).

16.0 **APPEAL RIGHTS**

16.1 No appeal rights against refusal of initial or probationary appointment

There will be no right of appeal against a decision not to make an initial appointment or not to extend provisional appointment.

16.2 Appeal rights generally

Except where these By-Laws state otherwise (see By-Laws 8.3(g), 14.6, 16.1 and 21.3(b)) a Medical Practitioner who has Accreditation in respect of The Toowoomba Clinic and whose Accreditation is amended, made conditional, suspended, terminated, not renewed or conditionally renewed by The Toowoomba Clinic, will have the rights of appeal set out in By-Law 17.

16.3 Concurrent appeal rights

Despite any other provision of these By-Laws, where an Accredited Practitioner has appeal rights under these By-Laws concurrently with appeal rights under any legislation or mandatory directive and/or policy in respect of the same circumstances, the appeal rights under these By-Laws will cease to be available to the Accredited Practitioner. For the avoidance of doubt, if this By-Law 16.3 applies, the Accredited Practitioner will not have appeal rights under these By-Laws but will continue to have the appeal rights available under any legislation or mandatory directive or policy.

17.0 **APPEAL PROCEDURE**

17.1 Appeal must be lodged in fourteen days

An Accredited Practitioner will have 14 days from the date of notification of a decision to amend, make conditional, suspend, terminate, not renew or conditionally renew his or her Appointment to lodge an appeal against the decision. Such an appeal must be in writing and be lodged with the CEO/DON.

17.2 Relevant Committee established to hear appeal

The CEO/DON will establish an appeals Committee to hear the appeal. The appeals Committee must as a minimum include:

(a) The Toowoomba Clinic's Clinical Director;
(b) a member of the Board or a nominee of the Board;
(c) a Medical Practitioner nominee (as appropriate) of the Credentialing Committee (preferably, but not necessarily, practising in the same area of practice or speciality as the appellant); and
(d) a nominee of the appropriate professional college of the appellant.

17.3 CEO/DON

If the decision being appealed and reviewed by the appeals Committee was made:

(a) by the CEO/DON personally, then the CEO/DON must not be a member of the appeals Committee hearing the relevant appeal; or
(b) by a Designated Authority, then that Designated Authority must not be a member of the appeals Committee hearing the relevant appeal.

17.4 Chairperson

The chairperson of the appeals Committee will be a member of the Board or The Toowoomba Clinic's Clinical Director or a nominee of the Board.

17.5 One vote per member

Each member of the Appeals Committee will have one vote; and

if there is an equality of votes the chairperson shall have a casting vote in addition to a deliberative vote.

17.6 Notice

The appellant will be provided with appropriate notice by the appeals Committee and will have the opportunity to make a submission to the appeals Committee.

17.7 Submissions

The appeals Committee will determine whether the submission of the appellant will be in writing or in person, or both. The appellant must provide written submissions for the appeals Committee within the timeframe reasonably required by the appeals Committee.

17.8 No legal representation

Neither the appellant nor any party will have any legal representation at any meeting of the appeals Committee. The appellant is entitled to be accompanied by a support person, who may be a lawyer, but that support person is not entitled to address the appeals Committee.

17.9 Chairperson determines procedure of the appeals Committee

The chairperson of the appeals Committee will determine any question of procedure for the appeals Committee provided that it complies with the conventions of natural justice.

17.10 Final determination of the Appeals process

The appeals Committee will make a written recommendation to the Board, which will consider the recommendation and the processes leading to the appeals Committee's recommendation. The Board will then make a determination regarding the appeal. The determination of the Board will be final and binding.

18.0 RESEARCH

18.1 Approval of research

Clinical research by an Accredited Practitioner in or at The Toowoomba Clinic may only commence if:

(a) it is to be carried out by, or under the supervision of an Accredited Practitioner within his or her field of clinical accreditation, and with appropriate research experience, as a co-investigator and it falls within the scope of clinical practice of the Accredited Practitioner.
(b) the proposed clinical research is consistent with the National Health & Medical Research Council (NHMRC) Statement on Ethical Conduct in Human Research (2007) and any relevant jurisdictional legislation or guidelines;
(c) an application to carry out the proposed research is submitted using the appropriate forms – National Ethics Application Form (NEAF) or specific jurisdictional forms to facilitate an authorised Human Research Ethics Committee (HREC);
(d) the HREC is constituted according to the NHMRC Statement on Ethical Conduct in Human Research (2007);
(e) the CEO/DON may delegate the facilitation of the HREC and associated research governance requirements to an appropriately qualified Accredited Practitioner;
(f) clinical research may only commence after written approval from the HREC and CEO/DON and after all ethical and governance issues have been approved;
(g) All research, including 'low risk' and 'quality assurance' studies must be considered by the HREC;
(h) all clinical research will be conducted in accordance with approvals or Conditions recommended by the HREC;
(i) The Toowoomba Clinic will ensure the appropriate insurance cover for the clinical research is in place;
(j) all clinical research must comply with relevant legislative provisions, standards and guidelines including but not limited to guardianship legislation, radiation, safety precautions and any other jurisdictional specific matters; and
(k) a fee, as determined by The Toowoomba Clinic from time to time, may be levied for consideration of commercial research projects

18.2 Withdrawal or disapproval of research

The CEO/DON may withdraw permission for, or place Conditions upon, the conduct or continuation of research involving treatment of human subjects at The Toowoomba Clinic if in his or her opinion the research:

(a) cannot be conducted by the Accredited Practitioner and/or supported by The Toowoomba Clinic at an appropriate standard of safety and quality;
(b) is outside the authorised Scope of Clinical Practice of the Accredited Practitioner;
(c) is likely to result in damage to the reputation of The Toowoomba Clinic; or
(d) is inconsistent with good professional practice.

19.0 EXPERIMENTAL OR INNOVATIVE TREATMENT OR TECHNIQUES

19.1 Approval of experimental treatment or techniques

Experimental or innovative treatment or techniques (including any new or revised use of technology or incremental development of established treatments, techniques or therapies) will only commence if:

(a) it is to be carried out by an Accredited Practitioner with appropriate Credentials and Scope of Clinical Practice granted in accordance with these By-Laws to cover the experimental or innovative treatment or technique;
(b) the experimental or innovative treatment or technique is consistent with the Code of Conduct;
(c) the Accredited Practitioner has submitted details to the CEO/DON for appropriate review and approval by the relevant Committee and, subject to By-Law 19.2, the approval of both has been given and the CEO/DON is satisfied that appropriate insurance cover is in place; and
(d) where appropriate, the Accredited Practitioner complies with the relevant provisions of guardianship legislation including but not limited to obtaining any necessary approvals of the relevant guardianship authority.

19.2 Approval by the CEO/DON

(a) The CEO/DON may, having consulted with the head of the relevant Committee, approve experimental or innovative treatments or techniques where he or she is of the opinion that formal review and approval by the relevant Committee is not necessary.
(b) The CEO/DON must have regard to The Toowoomba Clinic policy regarding the circumstances where formal review and approval of experimental or innovative treatments or techniques are required.

19.3 Ethical issues and human subjects

Where the proposed experimental or innovative treatment or technique raises ethical issues or the involvement of human subjects, such experimental or innovative treatment or technique will only commence if:

(a) the treatment or technique has been referred to and approved by the relevant ethics Committee; and
(b) such experimental or innovative treatment or technique is conducted in accordance with any approvals or conditions provided by that Committee.

19.4 New Clinical Services, Procedures or Other Interventions

(a) An Accredited Practitioner who proposes to perform a New Clinical Service, Procedure or Other Intervention at The Toowoomba Clinic must apply in writing to the CEO/DON for approval.

(b) The CEO/DON must refer the application to the relevant Committee which will advise on the safety, efficacy and role of the New Clinical Service, Procedure or Other Intervention in the context of The Toowoomba Clinic's Organisational Need and Organisational Capabilities.
(c) The relevant Committee will advise the CEO/DON:
(d) whether, and under what conditions, the New Clinical Service, Procedure or Other Intervention could be introduced safely to The Toowoomba Clinic; and
(e) whether the New Clinical Service, Procedure or Other Intervention or equipment is consistent with the Accredited Practitioner's Scope of Clinical Practice.
(f) The CEO/DON may seek additional advice about the financial, operational or clinical implications of the introduction of the New Clinical Service, Procedure or Other Intervention.
(g) The CEO/DON may refuse permission for the introduction of a New Clinical Service, Procedure or Other Intervention.
(h) Before approving the introduction of a New Clinical Service, Procedure or Other Intervention the CEO/DON must:

i. be satisfied that the New Clinical Service, Procedure or Other Intervention is consistent with the Organisational Need and Organisational Capabilities of The Toowoomba Clinic;
ii. where the New Clinical Service, Procedure or Other Intervention involves research, be satisfied that the requirements of By-Law 19.4 have been met;
iii. be satisfied that the appropriate indemnity and/or insurance arrangements are in place; and
iv. notify the relevant Committee.

20.0 MANAGEMENT OF EMERGENCIES

In cases of an emergency, or in other circumstances deemed appropriate, the CEO/DON may take such actions as he or she deems fit in the interests of a patient. This may include a request for attention by an available Accredited Practitioner (other than the admitting Accredited Practitioner). In such cases, the following provisions will apply:

(a) the available Accredited Practitioner may make appropriate arrangements for referrals for the purposes of urgent or necessary consultations or treatment and will inform the CEO/DON of such arrangements;
(b) the CEO/DON will, as soon as possible, notify the Accredited Practitioner under whose care the patient was admitted of the circumstances, of the condition of the patient and of the actions taken;
(c) the available Accredited Practitioner will advise the Accredited Practitioner under whose care the patient was admitted of the action taken;
(d) the patient's care will usually be returned, as soon as possible, to the Accredited Practitioner under whose care the patient was admitted, who will then resume the further management of the patient's condition.

21.0 REPUTATION OF THE TOOWOOMBA CLINIC

21.1 CEO/DON may require cessation of certain types of procedures, advice or treatment

The CEO/DON may, from time to time, on the basis of moral, religious or economic grounds, or upon the basis that certain types of medical practice may damage the reputation of The Toowoomba Clinic (or otherwise attract adverse publicity), require an Accredited Practitioner to immediately cease carrying out certain types of procedures, giving certain advice or recommending certain forms of treatment.

21.2 Accredited Practitioner to cease upon notice from the CEO/DON

On being notified by the CEO/DON of a requirement under By-Law 21.1, the Accredited Practitioner will immediately cease to carry out such procedures, give such advice, or recommend such treatment.

21.3 Medical Advisory Committee to make recommendation to the CEO/DON

(a) Following a decision of the CEO/DON under By-Law 21.1, the CEO/DON will refer the matter to the Medical Advisory Committee for consideration and discussion. The Medical Advisory Committee may convey comments or make recommendations to the CEO/DON in relation to the decision. The CEO/DON may, in its absolute discretion, affirm or vary the decision of the Medical Advisory Committee.

(b) There is no right of appeal against a decision of the CEO/DON under this By-Law 21.

22.0 ADMISSION AND REMOVAL OR TRANSFER OF PATIENTS

22.1 All admissions subject to approval

The right of the Accredited Practitioner to admit a patient to The Toowoomba Clinic will, at all times, be subject to approval of such admission by the CEO/DON. The CEO/DON will be entitled to refuse permission for the admission of any patient without giving a reason.

22.2 Right to request discharge or transfer of patient

(a) The right of the Accredited Practitioner to admit a patient to The Toowoomba Clinic will, at all times, be subject to the right of the CEO/DON to require the removal or transfer of a patient.

(b) The CEO/DON will make reasonable efforts to notify the Accredited Practitioner and the patient if he or she requires the removal or transfer of the patient. The Accredited Practitioner will be required to make all necessary arrangements for the removal or transfer of the patient, including notifying the relatives of the patient and, where necessary, arranging the admission of the patient to another hospital or aged care The Toowoomba Clinic.

22.3 The Toowoomba Clinic may do all things necessary to arrange removal

Should the Accredited Practitioner fail to make such arrangements when requested under By-Law 22.2, or fail to make adequate arrangements, the CEO/DON will be entitled to do all such necessary acts and things to arrange for the removal or transfer of the patient.

23.0 DISPUTES

23.1 By-Laws

Any dispute or difference which may arise as to the meaning or interpretation of these By-Laws will be determined by The Toowoomba Clinic's Clinical Director in consultation with the CEO/DON and/or the Board.

23.2 Committees

Any dispute or difference which may arise as to the meaning or interpretation of the powers of any Committee established under these By-Laws or the validity of proceedings of any meeting, excluding the Appeals Committee, will be determined by the CEO/DON.

24.0 REVISION OF BY-LAWS

The Board may from time to time may make, amend, suspend, or rescind any By-Law.

The Board must review these By-Laws not less than every five years.

The Board will establish a regular audit process, at intervals determined to be appropriate by the Board or as may be required by a regulatory authority, to ensure compliance with the processes set out in these By-Laws relating to Credentialing and Accreditation, and any associated policies and procedures.

The audit process will include identification of opportunities for quality improvement in the Credentialing and Accreditation processes that will be reported to the Board by the Medical Advisory Committee.

25.0 The Toowoomba Clinic Schedules

See following pages.

Schedule 1 – Supplementary and Amending By-Laws

1. Accreditation Classification in By-Law 2.1 means one or more of the following designated classifications of an Accredited Practitioner in respect of the Facility to which Accreditation has been granted:

a) Allied Health Professional.
b) Contractor.
c) General Medical Practitioner.
d) Other Practitioner.
e) Queensland Health Registrar in Training.
f) Registered Nurse (employed by an Accredited Practitioner or Visiting Medical Officer).
g) Registered Nurse (working in a specialist area).
h) Specialist Medical Practitioner; and
i) Visiting Medical Officer.

Definitions:
Allied Health Professional means a diverse group of nationally registered (eg Psychologist, Occupational Therapist, Pharmacist, Physiotherapist), self-regulated (Social Worker, Speech Pathologist, Music Therapist, Leisure Therapist, Exercise Physiologist, Dietician, Art Therapist) and unregulated professionals (e.g. rehabilitation engineer)

By-Law 2.1 General Interpretation is amended by:
Act means the Private Health Facilities Act 1999 (Qld), Private Health Facilities Regulation 2016, and on commencement, the Private Health Facility (Standards) Amendment Notice 2019.

Schedule 2 Committees - Terms of Reference for the Medical Advisory Committee

Committee	**Medical Advisory Committee (MAC)**
Governing Body	Board of The Toowoomba Clinic Pty Ltd
Location	The Toowoomba Clinic, 18 Pechey St Toowoomba, QLD 4350
Authority	The Toowoomba Clinic Board is responsible for the overall governance of The Toowoomba Clinic. To ensure effective governance in an efficient manner. The Board authorises the CEO/DON who will convene committees to undertake various governance functions in relation to appointment, credentialing and definition of scope of clinical practice; accreditation, clinical standards, safety and quality of services and to report to the Board on Committee work.
Purpose	This is the senior advisory committee on clinical matters and standards related to accreditation and credentialing to the Board. It represents the accredited practitioners and ensures optimal standards of patient care and adequate communication between Accredited Practitioners, CEO/DON and Board to achieve safe and high-quality provision of care for patients.
Role and Functions	The Medical Advisory Committee is advisory to the Board and shall: (a) adhere to the Mission and Values of The Toowoomba Clinic (b) act in an advisory role to the CEO/DON and the Board. (c) be the formal organisational structure through which the collective views of the Accredited Practitioners of The Toowoomba Clinic shall be formulated and communicated. (d) establish appropriate sub-committees, receive and, where necessary, act upon their reports and recommendations. (e) provide a forum for communication between the Board, CEO/DON and Accredited Practitioners in relation to patient care and safety throughout The Toowoomba Clinic. (f) provide a means whereby Accredited Practitioners can advise the Board of appropriate policies regarding the clinical organisation and service delivery of The Toowoomba Clinic.

	(g) contribute to the development of continuing education programs and promote undergraduate and post-graduate medical education and research. (h) assist in identifying health needs of the community and advise the Board on appropriate services which may be required to meet those needs. (i) endeavour to ensure that the delivery of patient care in The Toowoomba Clinic is maintained at an optimal level based on current best clinical practice and research. (j) establish and maintain a formal mechanism for review of clinical outcomes and clinical management, including establishment of sub-committees and implementation of a robust peer review process. (k) consider the recommendations of the Credentialing Committee in relation to applications for appointment as Accredited Practitioners, amendments and or termination of Scope of Clinical Practice in accordance with these By-Laws at the direction of the CEO/DON. (l) establish a sub-committee for internal review (at the request of the Board and/or CEO/DON), into any question that may arise with respect to the Current Fitness of an Accredited Practitioner to maintain that Accreditation and/or scope of clinical practice, having considered the report of that sub-committee, make a recommendation to the Board and CEO/DON with regard to any action that might be taken, and (m) review any research or experimental or innovative treatment or techniques and make a recommendation to the Board on such treatments and any necessary amendment of the scope of clinical practice of an Accredited Practitioner.
Membership	Membership of the Medical Advisory Committee will comprise: • Chair is a registered medical practitioner, unless there is conflict of interest when another chair is nominated by the Committee • An independent registered medical practitioner to provide neutral oversight of quality and safety matters.

	• A medical practitioner from a separate clinical discipline who possess the necessary knowledge, skills and experience to provide independent, high quality advice. These members must have general or specialist registration with no disciplinary conditions or undertakings. • At least one Credentialed Medical Practitioners with The Toowoomba Clinic. • CEO/DON (ex-officio member)
Term of Membership	Members of the Medical Advisory Committee will be appointed by the Board for a term of two years. The Board and/or CEO/DON may, at his or her discretion, determine to extend the members' term of appointment on whatever conditions they believe appropriate.
Chair	(a) The Chair shall be appointed by the Board for a term of two years. (b) The Chair shall be an accredited medical practitioner. (c) The Chairperson will approve the Terms of Reference annually.
Quorum	A quorum for the committee will be half of all members plus one.
Meetings	The Committee shall meet at least four (4) times per year, however, may meet more frequently.
Decision Making/Voting	Where a vote is required, the Committee will comply with item 2.2 (f) of The Toowoomba Clinic By- Laws. Voting will be on a majority basis and only by those in attendance at the meeting. There will be no proxy votes.
Agenda	Will be developed by the Chair, and all agenda and relevant documents related to the agenda will be circulated one week prior to the meeting.
Notice of Meetings	The CEO/DON will provide a minimum of two weeks' notice of the next meeting.
Minutes	(a) Minutes of all meetings of the Medical Advisory Committee shall be recorded by the CEO/DON or delegate (b) Minutes shall be distributed to all members of the Medical Advisory Committee within fourteen days of each meeting (c) No business shall be considered at a meeting of the Medical Advisory Committee until the minutes of the previous meeting have been confirmed or otherwise disposed of

	(d) Minutes of a meeting shall be confirmed by resolution and signed by the Chairperson at the next meeting and minutes so confirmed and signed shall be taken as evidence of proceedings at that meeting.
Declaration of conflict of interest	Members of the Medical Advisory Committee are expected to comply with item 6 of The Toowoomba Clinic By-Laws. Members will be invited to declare any conflict of interest at the beginning of each meeting.
Risk Management	A pro-active approach will be maintained by the Medical Advisory Committee to risk management. The Medical Advisory Committee will identify risk and risk mitigation strategies with all decisions and recommendations made, and implement processes to enable the Committee to identify, monitor and manage risks as relate to the functions of the Committee.
Training of Members	The CEO/DON or delegate will be responsible for training Medical Advisory Committee members to the credentialing process and their responsibilities.
Sub-Committees	The Medical Advisory Committee will have a minimum of two sub-committees. These include: (a) Credentialing Committee (b) Patient Care Review Committee Other sub-committees may include: (a) Infection control (b) Drug & therapeutics (c) Ad hoc committees as required from time to time Standing agenda items will include: (a) infection control (b) Drugs and therapeutics
Reporting	The committee formally reports to the Board.

Review of TOR	The Terms of Reference will be reviewed annually by the Committee at the first meeting of the calendar year and evaluation included in the meeting minutes.
Assessment of Committee Performance	Committee performance will be assessed regularly through review of meeting minutes by the Board and annually through formal review by the Board.

Schedule 2 – Terms of Reference for the Credentialing Committee

Committee	Credentialing Committee
Governing Body	Board of The Toowoomba Clinic Pty Ltd
Location	The Toowoomba Clinic, 18 Pechey St Toowoomba, QLD 4350
Authority	The Toowoomba Clinic Board is responsible for the overall governance of The Toowoomba Clinic. To ensure effective governance in an efficient manner. The Board authorises the CEO/DON who will convene committees to undertake various governance functions in relation to appointment, credentialing and definition of scope of clinical practice; accreditation, clinical standards, safety and quality of services and to report to the Board on Committee work.
Purpose	The purpose of this Committee is to review and make recommendations to the Medical Advisory Committee on formal applications for appointment as accredited practitioners and delineation of scope of clinical practice in compliance with the requirements of The Toowoomba Clinic's By-Laws, policies and Legislative requirements.
Role and Functions	The Credentialing Committee's role is to: (a) ensure that applicants are competent to provide health services, appropriately qualified for appointment or re-appointment as Accredited Practitioners consistent with the terms and conditions set out in The Toowoomba Clinic's By-Laws. (b) consider applications and determine the scope of clinical practice and make recommendations thereon to the Medical Advisory Committee in accordance with The Toowoomba Clinic's By-Laws. (c) consider applications by an Accredited Practitioner for the amendment of his or her Scope of Clinical Practice and following due consideration and make recommendations to the Medical Advisory Committee as to the amendments sought, and

	(d) review any new or amended use of technology or procedures to treat patients including assessing the infrastructure of the Facility and other matters which are relevant and make a recommendation on the amendment of the scope of clinical practice of an Accredited Practitioner to the Medical Advisory Committee. (e) Review scope of clinical practice for accredited practitioners at least every five years.
Membership	Membership of the Credentialing Committee will comprise: • Chair of Medical Advisory Committee unless there is conflict of interest when another chair is nominated by the Committee • A medical practitioner from a separate clinical discipline who possess the necessary knowledge, skills, and experience to provide independent, high quality advice. These members must have general or specialist registration with no disciplinary conditions or undertakings. • Two Credentialed Medical Practitioners with The Toowoomba Clinic, one of whom is the Clinical Director unless there is a conflict of interest. • Nurse Unit Manager • Program Coordinator • CEO/DON (ex-officio member) • Suitably qualified peers of the practitioner whose credentials and/or scope of clinical practice are to be considered by the Committee. • The committee may co-opt the services of any other person as it deems necessary. That person shall not have voting rights at any meeting of the Credentialing Committee. • The majority of the membership are medical practitioners.
Term of Membership	Members of the Credentialing Committee will be appointed for a term of two years. The Board and/or CEO/DON may, at his or her discretion, determine to extend the members' term of appointment on whatever conditions they believe appropriate.
Chair	(d) The Chair is the Chair of Medical Advisory Committee unless there is a conflict of interest. If chair is absent, another chair will be nominated from the committee. (e) The Chairperson will approve the Terms of Reference annually. (f) The Chairperson will server for a term of two years.
Quorum	A quorum for the committee will be half of all members plus one.
Meetings	The Committee shall meet at least four (4) times per year, however, may meet more frequently.
Decision Making/Voting	Where a vote is required, the Committee will comply with item 2.2 (f) of The Toowoomba Clinic By- Laws. Voting will be on a majority basis

	and only by those in attendance at the meeting. There will be no proxy votes.
Agenda	Will be developed by Chair, and all agenda and relevant documents related to the agenda will be circulated one week prior to the meeting.
Notice of Meetings	The CEO/DON will provide a minimum of two weeks' notice of the next meeting.
Minutes	(e) Minutes of all meetings of the Credentialing Committee shall be recorded by the CEO/DON or delegate. (f) Minutes shall be distributed to all members of the Credentialing Committee within fourteen days of each meeting. (g) No business shall be considered at a meeting of the Credentialing Committee until the minutes of the previous meeting have been confirmed or otherwise disposed of. (h) Minutes of a meeting shall be confirmed by resolution and signed by the Chairperson at the next meeting and minutes so confirmed and signed shall be taken as evidence of proceedings at that meeting.
Declaration of conflict of interest	Members of the Credentialing Committee are expected to comply with item 6 of The Toowoomba Clinic By-Laws. Members will be invited to declare any conflict of interest at the beginning of each meeting.
Risk Management	A pro-active approach will be maintained by the Credentialing Committee to risk management. The Credentialing Committee will identify risk and risk mitigation strategies with all decisions and recommendations made, and implement processes to enable the Committee to identify, monitor and manage risks as relate to the functions of the Committee.
Training of Members	The CEO/DON or delegate will be responsible for training Credentialing Committee members to the credentialing process and their responsibilities.
Reporting	The committee reports to the Medical Advisory Committee.
Review of TOR	The Terms of Reference will be reviewed annually by the Committee at the first meeting of the calendar year and evaluation included in the meeting minutes.
Assessment of Committee Performance	Committee performance will be assessed regularly through review of meeting minutes by the Medical Advisory Committee and annually through formal review by the Medical Advisory Committee.

Schedule 2 - Terms of Reference for Patient Care Review Committee

Committee	**Patient Care Review Committee**
Governing Body	Board of The Toowoomba Clinic Pty Ltd
Location	The Toowoomba Clinic, 18 Pechey St Toowoomba, QLD 4350
Authority	The Toowoomba Clinic Board is responsible for the overall governance of The Toowoomba Clinic. To ensure effective governance in an efficient manner the Board authorises the CEO/DON will convene committees including pursuant to By-Law 7 to undertake various governance functions in relation to the safety and quality of clinical care through Patient Care Review Committee and continuous quality improvement.
Purpose	The purpose of the Patient Care Review Committee is to: • provide oversight of clinical governance for The Toowoomba Clinic and maintain ongoing review of clinical activities and thus effect risk management and continuous quality improvement to ensure the provision of safe and high-quality care for patients; • support the safety and quality culture for The Toowoomba Clinic, and • advise of the structures and processes to ensure appropriate standards of care are met.
Role and Functions	The Patient Care Review Committee's duties include: (a) adhere to the Mission and Values of The Toowoomba Clinic. (b) Ensure formal programs of Patient Care Review Committee, including monitoring and evaluation of clinical outcomes with the use of clinical indicators and other benchmarking data is undertake as recommended by the Australian Commission on Safety and Quality in Health Care (ACSQHC) National Safety and Quality Health Service Standards, and The Toowoomba Clinic policy; (c) Promote Patient Care Review Committee in all areas of clinical practice including the monitoring of patient care, morbidity and mortality through review of deaths and relevant complications arising from patient care within The Toowoomba Clinic. (d) Review all SAC 1 incidents to ensure appropriate investigation and action has been undertaken, including management of issues of related to professional or individual competence.

	(e) Recommend and / or review any Root Cause Analyses / investigation conducted by the hospital as a result of a serious adverse event. (f) Monitor and review any cases referred to the Coroner. (g) Monitor and evaluate the incidence of complications according to disease and operations classification data and identify and report on any evident trends which may require further action. (h) Ensure strong links with other committees established at The Toowoomba Clinic to enable sharing of information and presentation to enable implementation of organisational wide risk management strategies. (i) Recommend action to be taken where problems or opportunities relating to improvement of patient care are identified, and (j) Evaluate the effectiveness of actions taken and provide feedback to Accredited Practitioners and other stakeholders on results of activities through education and other programs.
Establishment of Sub-Committees	The Patient Care Review Committee may establish, suspend, or disband any ad hoc or standing sub-committee as required to review and evaluate specific aspect of patient care and hospital services. Each sub-committee will report to the Patient Care Review Committee. Recommendations made by the sub-committees will be reviewed by the Patient Care Review Committee at their next meeting.
Membership	Membership of the Patient Care Review Committee will comprise: • The Chair is the Chair of Medical Advisory Committee unless there is a conflict of interest. If the Chair is absent another Chair will be nominated by the Committee • Accredited Medical Practitioners with The Toowoomba Clinic. • Program Coordinator • Nurse Unit Manager • Representative of Patient and Carer Representative Committee • CEO/DON (ex-officio member) • The committee may co-opt the services of any other person as it deems necessary. That person shall not have voting rights at any meeting of the Patient Care Review Committee.
Quorum	A quorum for the committee will be half of all members plus one.

Meetings	The Committee shall meet at least four (4) times per year, however, may meet more frequently.
Decision Making/Voting	Where a vote is required, the Committee will comply with item 2.2 (f) of The Toowoomba Clinic By- Laws. Voting will be on a majority basis and only by those in attendance at the meeting. There will be no proxy votes.
Agenda	Will be developed by Chair, and all agenda and relevant documents related to the agenda will be circulated one week prior to the meeting.
Notice of Meetings	The Chair will provide a minimum of two weeks' notice of the next meeting.
Minutes	(i) Minutes of all meetings of the Patient Care Review Committee shall be recorded by the CEO/DON or delegate. (j) Minutes shall be distributed to all members of the Patient Care Review Committee within fourteen days of each meeting. (k) No business shall be considered at a meeting of the Patient Care Review Committee until the minutes of the previous meeting have been confirmed or otherwise disposed of. (l) Minutes of a meeting shall be confirmed by resolution and signed by the Chairperson at the next meeting and minutes so confirmed and signed shall be taken as evidence of proceedings at that meeting, and (m) The CEO/DON will keep minutes unless delegated to a nominated minute taker.
Risk Management	A pro-active approach will be maintained by the Patient Care Review Committee to risk management. The Patient Care Review Committee will identify risk and risk mitigation strategies with all decisions and recommendations made, and implement processes to enable the Committee to identify, monitor and manage risks as relate to the functions of the Committee.
Training of Members	The CEO/DON or delegate will be responsible for training Patent Care Review Committee members to their responsibilities.
Reporting	As a sub-committee of the Medical Advisory Committee, the Patient Care Review Committee reports to the Medical Advisory Committee.
Review of TOR	The Terms of Reference will be reviewed annually by the Committee at the first meeting of the calendar year and evaluation included in the meeting minutes.
Assessment of Committee Performance	Committee performance will be assessed regularly through review of meeting minutes by the Medical Advisory Committee and annually through formal review by the Medical Advisory Committee.