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1. MISSION STATEMENT, VISION, VALUES

MSI Reproductive Choices is a client focused and results oriented social enterprise. The organisation develops efficient, effective and sustainable family planning programs in 37 countries worldwide.

MSI's mission is to ensure the individual's fundamental human right to have **Children by choice, not chance**.

MSI's vision is **a world where every birth is wanted**.

MSI Australia operates a network of licensed day surgeries and medical clinics providing sexual and reproductive health services to people in Australia with a purpose to delivering clients with **Your Choice, Made Easier**.

MSI Australia takes a client-centred approach to health and embeds this within a reproductive rights framework and worldview, to ensure that every client feels safe and empowered to make good decisions about their own health and wellbeing. Our values are critical to our success, and are what set us apart. These are:

- Quality – is about safety and clinical excellence, cultural appropriateness and approachable expertise and effective partnerships with clients and communities.
- Integrity -- is about the trust and license to operate that we need to be successful in destigmatising what we do and advancing the cause of reproductive justice in Australia.
- Sustainability -- refers to our need for financial and political independence and the relationship between that and our ability to deliver access, in the short-term, and on our mission long-term.
- Agency -- speaks to the pro-choice nature of our organisation and how we strive to give our clients choice, without judgement or causing further trauma.
- Courage – the resolve it takes to advocate for clients in a stigmatised area of health and to push for change whilst demonstrating both strength and compassion without judgement, every day.

2. DEFINITIONS

- **Board** means the Board of Directors of MSI.
- **Clinic** refers to any of the clinic, day surgery or other healthcare facilities operated by MSI Australia.
- **Clinical privileges** means the permission granted to a medical practitioner by the Managing Director as delegated by the Board, to render specific medical services to clients within the Clinics.
- **Credentialing** means the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of health practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality health services within specific organisational environments.

- **Doctor** is an individual who is fully registered to practise medicine in the State or Territory where the Clinic is located, pursuant to the provisions of the Medical Practice Act 1994.
- **Medical Practitioner** means a qualified doctor registered by Australian Health Practitioner Regulation Agency (AHPRA) who is appointed by and granted, clinical privileges and defined scope of practice across all MSI Australia Clinics.
- **Managing Director** means the individual appointed by MSI UK to act on behalf of the Board in the overall management of all Clinics in Australia.
- **National Medical Advisory Committee (NMAC)** means the Committee made up of representatives including MSI Australia Head Office representatives, doctors, nurses and a community representative
- **Scope of practice** means the extent of an individual medical practitioner's clinical practice within MSI Australia based on the individual's credentials, competence, performance and professional suitability, and the needs and capability of MSI Australia to support the medical practitioner's scope of practice.

3. MEDICAL PRACTITIONER BYLAWS

The National Medical Advisory Committee (NMAC) is responsible for the drawing up of the Bylaws and Regulations of the Medical Practitioners. The Managing Director will ensure that the medical practitioners operate in accordance with the Bylaws and Regulations. The NMAC will advise the Managing Director on matters pertaining to the credentialing of medical practitioners.

The medical practitioners shall be responsible and accountable to the Medical Director and Director of Clinical Operations for the discharge of duties and responsibilities delegated to them, from time to time.

The medical practitioner shall follow the procedures set forth in the Medical Practitioner Regulations. Only such Medical Practitioner Regulations as are adopted by the NMAC shall be effective and the NMAC retain the right to rescind any authority, or procedures, or otherwise and to amend the Regulations as necessary for the good operation of MSI Australia Clinics.

3.1 Appointment

All applications for appointment to be an MSI Australia medical practitioner shall be in writing and shall be addressed to the Medical Director with a copy to the Director of Clinical Operations.

The NMAC is charged with the responsibility of reviewing the formal application and shall recommend to the Managing Director of MSI Australia, the appointment of any professionally competent doctor meeting the minimum personal and professional qualifications prescribed in these Bylaws ([section 4](#)) and recommend assignment of particular clinical privileges to them. Persons so appointed shall have full responsibility for the treatment of individual clients attending the Clinics, subject only to such limitations as

the NMAC and its designees may impose and to the Regulations of the medical practitioners.

After receipt of a recommendation from the NMAC concerning an applicant for appointment or reappointment, the Managing Director shall act in the matter. The Managing Director retains the absolute discretion to recommend any action it deems in the best interest of MSI Australia and the decision of the Managing Director shall be conclusive. In considering recommendations, the Managing Director may, in absolute discretion, defer final determination, for further consideration. The Managing Director's decision shall be conclusive.

The applicant shall also be given a copy of the MSI Australia Medical Bylaws and Regulations and asked to sign a statement declaring a willingness to abide by these Bylaws and Regulations.

If the application for appointment or reappointment is rejected, the applicant has the right of appeal as per the Appeal Process described under the Bylaws ([section 4.7, 4.8](#)).

3.2 Qualifications

Only health practitioners who are doctors registered with AHPRA, who hold current medical indemnity insurance, who can document their experience, background, training and ability and who pledge to abide by the code of ethics set forth by MSI Australia's Medical Practitioner Responsibilities will be considered for appointment.

No practitioner will automatically be entitled to appointment merely because the practitioner is registered to practise, registered as a Specialist, or a member of a professional organisation.

In addition, no appointment of a practitioner will be denied on the basis of race, colour, age, gender, sexuality or national origin.

3.3 Medical care and evaluation

The accredited medical practitioner is responsible for providing medical care to their clients in accordance with the policies, procedures and clinical practice guidelines approved or endorsed by the NMAC.

Every medical practitioner who is appointed shall abide by the Medical Practitioner Bylaws, and Regulations, in addition to providing continuous care and supervision of their clients.

The medical practitioner shall participate in continuing review and appraisal of the quality of medical care delivered to clients in the Clinic through participation in peer review and medical quality and education activities.

3.4 Duration

Appointments shall be for periods of time not to exceed three (3) years, thereafter renewable in accordance with the reappointment procedures set forth in the Bylaws.

Current medical registration and medical indemnity of all medical practitioners shall be reviewed annually.

4. PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT AS A MEDICAL PRACTITIONER

4.1 Application for appointment

Applications for appointment as a medical practitioner shall be submitted on the designated Application for Appointment form. Applications for appointment signify the applicant's willingness to participate in interviews in regard to the application and authorises the collection and review of all records and documents that may be material to an evaluation of professional qualification and competence to carry out the clinical privileges requested, including information about the applicant's health or a criminal record check of the applicant. The applicant agrees to provide his or her written consent to any third party that may require it in order to disclose any personal information, including health information, about the applicant to MSI.

For appointment with clinical privileges in all clinical services the following conditions will be necessary but not necessarily sufficient:

- a) Verification of identity through inspection of relevant documents (eg. driver's license);
- b) Details of professional registration history including evidence of current professional registration;
- c) Details of education and training history, together with evidence of all diplomas, degrees and recognised post-graduate qualifications;
- d) Details of endorsement or accreditation by professional colleges, associations or societies for the provision of specific clinical services, procedures or other interventions;
- e) Details of past and continuing health care-related employment;
- f) Details of current involvement in clinical audits, peer review activities and Continuing Professional Development programs;
- g) Details of experience in teaching and research, where applicable;
- h) Details of experience in medical leadership positions, where applicable;
- i) Whether the medical practitioner maintains an activity log book;
- j) A summary of clinical activity undertaken over the past twelve months;
- k) Details of the specific scope of clinical practice requested;
- l) The education, training, experience and outcome information that is required in relation to the requested scope of clinical practice;
- m) Evidence of the type and scope of current professional indemnity insurance
- n) A declaration regarding any prior change to the defined scope of clinical practice, or denial, suspension, termination or withdrawal of the right to practise (other than for organisational need and/or capability reasons) in any other organisation;
- o) A declaration regarding any prior disciplinary action or professional sanctions imposed by any registration board;

- p) A declaration regarding any criminal investigation or conviction;
- q) A declaration regarding the presence of any physical or mental condition or substance abuse problem that could affect the medical practitioner's ability to exercise the scope of clinical practice requested or that would require any special assistance in order to enable the medical practitioner to exercise that scope of clinical practice safely and competently;
- r) Two appropriate professional referees from people who have observed and therefore have first-hand experience of the applicant's work.

4.2 Processing the application

The applicant shall deliver a completed application form to the Medical Director, who shall collect or verify references.

The NMAC shall review the application and supporting documents and other information available to it that may be relevant.

A medical practitioner with experience in the scope of practice being discussed must be present at the meeting.

Any members of the NMAC whose privileges are being considered at a meeting should declare conflict of interest and excuse themselves from the meeting for the deliberation of their privileges.

The NMAC shall provide the Managing Director with its report and recommendations regarding the granting of medical practitioner appointment and clinical privileges.

The Managing Director will make the final decision regarding appointment of the medical practitioner. The applicant will be notified by the Managing Director, or designate, as soon as possible.

If the Managing Director is adverse to the applicant applying for appointment either in the request for appointment or clinical privileges requested, then the applicant has the right of appeal as described under the Appeal process of these By-Laws ([section 4.7, 4.8](#)).

4.3 Reappointment process

The Medical Director shall, at least thirty (30) days prior to the expiration date of the present appointment for each medical practitioner, provide the practitioner with a designated Application for Reappointment form. It will be the responsibility of the medical practitioner desiring reappointment to send the completed form to the attention of the Medical Director prior to the expiration date of the present appointment.

Requirements for reappointment:

- a) Evidence of current professional registration;
- b) Details of education and training undertaken, and any endorsement or accreditation awarded by a professional college, association or society since the previous declaration;

- c) Details of all health care-related employment undertaken since the previous declaration, including current employment;
- d) Details of involvement in clinical audits, peer review activities and continuing medical education programs since the previous declaration;
- e) Whether the medical practitioner maintains an activity log book;
- f) A summary of clinical activity undertaken over the past twelve months;
- g) Details of the specific scope of clinical practice requested;
- h) The education, training, experience and outcome information that is required in relation to any new scope of clinical practice requested;
- i) Evidence of the type and scope of current professional indemnity insurance;
- j) Either:
 - A declaration that there has been no change to the previous information provided regarding any:
 - change to the defined scope of clinical practice, or denial, suspension, termination or withdrawal of the right to practise (other than for organisational need and/or capability reasons) in any other organisation;
 - disciplinary action or professional sanctions imposed by any registration board;
 - criminal investigation or conviction;
 - And
 - the presence of any physical or mental condition or substance abuse problem that could affect the medical practitioner's ability to exercise the scope of clinical practice requested or that would require any special assistance in order to enable the medical practitioner to exercise that scope of clinical practice safely and competently;
 - Or
 - A declaration describing the specific changes to the information previously provided relating to these aspects of professional status and performance.

Upon receipt and verification of the reapplication form, the Medical Director will convey the information to the NMAC. The process followed by the NMAC is the same as the procedure outlined in Application of Appointment of these By-Laws.

4.4 Determination of scope of practice

The committee responsible for credentialing and defining the scope of clinical practice should only consider recommending a specific scope of clinical practice for a medical practitioner:

- a) If a responsible body of medical opinion deems the relevant clinical service, procedure or other intervention to be one that will benefit clients of MSI Australia; or
- b) If the clinical service, procedure or other intervention is not so recognised, it has been reviewed by a properly constituted Human Research Ethics Committee or Clinical Ethics Committee (as appropriate) and its introduction has been deemed to be acceptable in the circumstances (with or without conditions); and

- c) If the clinical service, procedure or other intervention is new to the MSI Australia, it has been subject to the organisation's process for the introduction of new clinical services, procedures or other interventions; and
- d) If each of organisational need, organisational capability and medical practitioner competence and, where relevant, performance, has been established.

Every medical practitioner practising at the clinics by virtue of appointment, shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically granted to the practitioner by the Managing Director.

4.5 Scope of practice

All requests for clinical privileges and scope of practice will be evaluated, granted, modified or denied, pursuant to and as part of these guidelines.

Granting of clinical privileges and scope of practice will apply throughout the MSI Australia Clinic network within the service provision limitations defined in the Clinical Services Capability Framework.

The continuing safety and quality of clinical services, procedures or other interventions depends on MSI Australia continuing to provide necessary facilities and clinical and non-clinical support services. The organisation should regularly review, in conjunction with each medical practitioner, organisational capability relevant to the practitioner's scope of clinical practice.

If significant concerns are expressed at any time about the adequacy of organisational facilities and/or clinical and non-clinical support services, the organisation should:

- obtain objective expert advice about the organisation's current and ongoing capability to support safe, high quality clinical services, procedures or other interventions; and
- in consultation with the relevant medical practitioners, consider whether clinical services, procedures or other interventions should continue to be provided, or whether alternative arrangements should be made for patients to whom the organisation has an existing or future obligation.

4.6 Documentation of privileges

Documentation in relation to credentialing and defining the scope of clinical practice, and/or any appeals or reviews, will be documented in the minutes of the NMAC . This should incorporate at a minimum:

- a) The names of the medical practitioners whose credentials were examined;
- b) The specific credentials that were examined and how they were verified;
- c) The evidence that was reviewed of the medical practitioner's competence or performance in the position or scope of clinical practice under consideration;
- d) Whether any concerns were raised about the medical practitioner's competence or performance;
- e) Whether an invitation was extended to and accepted by the medical practitioner to present in person to the relevant committee or authorised delegate;

- f) The identity of any support person who assisted the medical practitioner at any presentation;
- g) The additional information that was presented by the medical practitioner;
- h) The conclusions about the medical practitioner's competence and performance in the position or scope of clinical practice under consideration, and in particular their ability to provide health care services at the expected level of safety and quality;
- i) The organisation's ability to provide the necessary facilities and clinical and non-clinical support services; and
- j) The committee's or authorised delegate's recommendations or decisions regarding the Medical Practitioner's scope of clinical practice.

The medical practitioner will be notified in writing of the details of the decision of the NMAC, and the MSI Australia Register of Medical Practitioners updated following each NMAC meeting.

4.7 Request for appeal

If the recommendation of the NMAC and/or the Managing Director is adverse to the applicant, the applicant may within thirty (30) days request a hearing with the NMAC and the Managing Director. A request for the hearing shall be submitted in writing and sent to the attention of the Managing Director.

Upon the receipt of a written request from the applicant for a hearing, the Managing Director will schedule with the appropriate officers, and within thirty (30) days a date for the hearing. Failure of the applicant to be present for the hearing will constitute a withdrawal of the request for appeal.

If no written notification for appeal is received within thirty (30) days of the notification of the recommendation of the Managing Director, the applicant is deemed to have waived the right to appeal and accepts the recommendation of the Managing Director.

4.8 Hearing process

The hearing process provided in these Bylaws is for the purpose of resolving, on an intra-professional basis, matters concerning professional competency and conduct. As such, the hearing is not a court of law and neither the affected medical practitioner nor organisation shall be represented by legal counsel.

The NMAC and/or the Managing Director have an obligation at the hearing to present appropriate evidence and reasoning in support of the adverse recommendation or decision affecting the medical practitioner. The practitioner shall thereafter be responsible for supporting any challenge to the adverse recommendation or decision by an appropriate showing that the grounds involved lack any factual basis or such basis is arbitrary, unreasonable, or capricious.

Upon conclusion of the presentation of oral and/or written evidence, the hearing shall be closed. The NMAC will conduct its deliberation outside the presence of the medical practitioner for whom the hearing was convened and transmit its report and

recommendation to the Managing Director within (30) days after the final adjournment of the hearing.

Within thirty (30) days after the final adjournment of the hearing, the recommendation of the Managing Director will be sent to the affected medical practitioner.

The recommendation rendered by the Managing Director upon conclusion of the hearing will be considered final. Notwithstanding any other provisions of these Regulations, no medical practitioner shall be entitled to more than one hearing on any matter which shall have been subject of action by the NMAC or the Managing Director.

4.9 Temporary privileges

Temporary credentialing of medical practitioners:

- a) May be necessary to enable locums and other medical practitioners appointed on a short term basis to provide health care services;
- b) Should always precede temporary definition of the scope of clinical practice;
- c) Should require provision by the medical practitioner of all information required by the organisation from applicants for initial credentialing or re-credentialing, as applicable;
- d) Should enable medical practitioners whose credentials have not been formally reviewed and verified according to the organisation's standard procedures to have a scope of clinical practice defined on a time limited basis, that is no more than 90 days only;
- e) Should involve an assessment of each medical practitioner's credentials and an interview with the medical practitioner by a team comprising, at a minimum, the Medical Director with explicitly delegated authority;
- f) Should involve, at a minimum:
 - verification of identity through inspection of relevant documents (e.g. driver's licence with photograph);
 - verification with the relevant professional registration board of the medical practitioner's professional registration history, good standing and past record of professional sanctions or disciplinary actions;
 - review of health care-related employment history, and direct confirmation with the most recent employer of the medical practitioner's competence, performance and good standing;
 - review of education and training history and confirmation with the relevant professional college, association or society of the medical practitioner's good standing; and
 - confirmation by at least one professional referee of the medical practitioner's competence, performance and good standing;
- g) Should be fully documented; and
- h) Should be referred to the next meeting of the NMAC for formal consideration according to MSI Australia's standard procedures.

Temporary privileges shall be immediately terminated by the Medical Director upon notice of any failure by the medical practitioner to comply with the Medical Practitioner Regulations.

Temporary privileges shall not be granted more than once in any twelve month period.

4.10 Corrective action

Whenever the activities or professional conduct of any medical practitioner with clinical privileges are deemed to be detrimental to client safety or to the delivery of adequate client care, or are disruptive to the Clinics operation, corrective action against such a practitioner may be initiated by any medical practitioner, the Medical Director or the Director of Clinical Operations.

All requests for corrective action shall be in writing, and submitted to the Managing Director. Upon receipt of the request for corrective action, the Managing Director will notify the NMAC.

The NMAC shall ask the medical practitioner concerned to present their case within thirty (30) days to a meeting of the Committee. The decision will be based on a majority vote, the Chairperson having a casting vote in the event of a tied vote. If the decision recommends reducing or suspending clinical privileges then such recommendation will be made in writing and forwarded to the Managing Director. If the medical practitioner fails to present a case, the Committee may take actions it sees fit.

Upon receipt of such recommendations, a decision pursuant to the recommendation shall be made and notification of the decision shall be sent by the Managing Director to the medical practitioner involved.

If the decision of the Managing Director adversely affects the medical practitioner's appointment or clinical privileges of the practitioner involved, then the practitioner shall have the right of appeal as outlined in these Bylaws.

4.11 Summary suspension

The Director of Operations and/or the Medical Director has the authority, whenever action must be taken immediately in the best interest of client care in the Clinic, to suspend all or any portion of clinical privileges of a medical practitioner and such summary suspension shall become effective immediately upon imposition.

As soon as possible after a summary suspension has been imposed, the Chairperson of the NMAC or Managing Director will notify the NMAC of such action. Within seven (7) days following receipt of such notification the NMAC will hold a committee meeting to discuss the suspension and review future clinical privileges of the medical practitioner.

The recommendation of the NMAC will be forwarded to the Managing Director.

If the final decision of the Managing Director adversely affects the medical practitioner, then the affected practitioner shall have the right of appeal as outlined in these Bylaws.

4.12 Automatic suspension

Where an alteration, limitation or suspension of medical registration occurs, it is mandated that the medical practitioner concerned will notify the Managing Director of such changes.

Automatic suspension of clinical privileges shall be imposed on any medical practitioner whose registration has been revoked or suspended. Should the professional registration of the suspended medical practitioner be reinstated during the period of time of the appointment of the medical practitioner, privileges may be reinstated by the Managing Director.

If the action taken results in the recommendation of the NMAC to reduce or suspend clinical privileges, then such recommendation will be made in writing and forwarded to the Managing Director.

If the final decision of the Managing Director supports the recommendation of the NMAC, then the affected medical practitioner shall have the right of appeal as outlined in these Bylaws.

5. NATIONAL MEDICAL ADVISORY COMMITTEE

The responsibilities and functioning of the National Medical Advisory Committee (NMAC) are governed by the [Terms of Reference](#) of that committee.

6. WESTERN AUSTRALIAN CREDENTIALING COMMITTEE

The Western Australian Credentialing Committee reviews applications for appointment and reappointment of Medical Practitioners to MSI Australia's clinics in Western Australia.

This Committee may consist of the same members as the NMAC but meets separately to that of the NMAC.

Due to the mobile nature of the MSI Australia workforce, credentialing and appointment may be considered by both the NMAC and Western Australian Credentialing Committee.

Credentialing and appointment to MSI Australia's Western Australian clinics adheres to the same requirements as described in sections 3 and 4 of this document.

7. MEDICAL PRACTITIONER REGULATIONS

The Clinic shall accept clients for care and treatment according to the Clinical Services Capability Framework and Patient Admission Requirements policy.

All medical practitioners shall be governed by the official clinical policies of MSI Australia.

The medical practitioner shall be responsible for the medical care and treatment of clients in the Clinic, for the prompt completeness and accuracy of the client's medical record, for necessary special instructions and for transmitting reports of the condition of the client to the referring doctor or to another healthcare facility if transfer is required. Whenever these responsibilities are transferred to another medical practitioner, a note covering the transfer of responsibility shall be entered in the medical record.

Clients shall be discharged only on the order of the attending medical practitioner or their designee. Should the client leave the Clinic against the advice of the attending medical practitioner, or without proper discharge, a notation of the incident shall be made in the client's medical record and the client asked to sign the notation. In the event that the client refuses to sign the notation, the team member making the notation should record the fact on the medical record also and have a second team member sign.

The attending medical practitioner shall be responsible for the preparation of a legible original medical record for each client, its contents to be pertinent and shall include all relevant data.

Post operative/procedural completion of the medical record is mandatory. Operative reports shall include a detailed account of the findings at surgery as well as the details of the surgical technique. Operative reports shall be written immediately following surgery and the report promptly signed by the medical practitioner and made part of the client's medical record.

All clinical entries in the client's medical record shall be accurately dated, timed and authenticated.

Requests for client information will be in accordance with MSI Australia policy.

Records may be removed from the Clinic's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. All records are the property of the Clinic and shall not otherwise be taken away without permission of the Director of Clinical Operations. Unauthorised removal of charts from the Clinic is grounds for suspension of the medical practitioner for a period to be determined by the Managing Director.

The attending medical practitioner is responsible to obtain consent for treatment on admission by or on behalf of every client attending the Clinic when applicable. Written, signed, informed consent shall be obtained by the attending practitioner prior to a procedure except in those situations where the client's life is in jeopardy and consent cannot be obtained. Where possible, the signature of two registered medical practitioners should be obtained on the consent attesting to the fact that in both their opinions the situation at hand is considered an emergency. An emergency exists when the client is in immediate danger of permanent injury or loss of life and any delay in the judgement of the attending practitioner in administering treatment would increase the danger.

The Anaesthetist shall obtain anaesthetic consent and shall maintain a complete anaesthesia record to include evidence of pre-anaesthetic evaluation and post-anaesthetic follow-up of the client's condition.

The Anaesthetist is responsible for accurately recording the use of Schedule 8 controlled drugs in the Ward Register of Drugs of Addiction at the Clinic. Failure to do so shall be brought to the attention of the Medical Director for appropriate action. Two qualified team members (a doctor and a Registered Nurse or two Registered Nurses) must check the quantity of drugs in stock. This must be performed at the beginning and end of each day

the Clinic is in operation. Any discrepancies must be immediately reported the Nurse Unit Manager.

All orders for treatment shall be in writing and signed by the attending medical practitioner. Where necessary a verbal order is acceptable when it is given to a duly authorised person functioning within their scope of competence and duly signed by the attending practitioner within twenty four (24) hours of dictating the verbal order. Repeated failure to do so shall be brought to the attention of the Medical Director for appropriate action.

The medical practitioner's orders must be written clearly, legibly and completely. Orders that are illegible or improperly written will not be carried out until rewritten by the medical practitioner or the order is understood by the nurse.

Request forms for Diagnostic Imaging and Pathology shall be filled out (including provision of necessary clinical data) and signed by the attending medical practitioner. All Diagnostic Imaging and Pathology reports are to be included in the client's medical record within twenty four (24) hours after being received and reviewed as soon as practical.

Medical practitioners will co-operate in a timely and efficient manner with any investigation being undertaken by MSI Australia's lawyers.

Medical practitioners will comply with all relevant state and commonwealth legislation including, but not limited to, the legislation forwarded through the National Medical Advisory Committee.

In addition, the contracts in place between MSI Australia and the medical practitioners should include a clause to the effect that the medical practitioner agrees to abide by and be bound by MSI Australia's Bylaws and Regulations, and this obligation shall, where relevant, survive termination of the contract.

8. RESPONSIBILITIES OF MSI AUSTRALIA CLINICAL SERVICE PROVIDERS

Clients must be able to trust their service provider with their lives and well-being.

To justify that trust, all professions must maintain the highest possible standard of practice and care and show respect for the people under their care.

In particular, service providers must:

- Recognise the client as the most important person
- Make client care their first concern
- Treat everyone politely and considerately
- Respect dignity and privacy
- Listen to and respect the views of all clients regardless of gender, race, religion, sexuality or age
- Provide information in appropriate and understandable terminology
- Respect the right of clients to be fully involved in decisions about their care
- Ensure that every client has sufficient accurate and understandable information on which to base informed decisions about their care

- Keep their professional knowledge and skills up to date
- Recognise the limits of their professional competence
- Be honest and trustworthy
- Respect and protect confidential information
- Ensure that personal beliefs do not prejudice their clients' care
- Act quickly to protect everyone from risk if they have a good reason to believe that they or a colleague may not be fit to practice
- Work with colleagues in the ways that best serve the interests of clients
- Not abuse their position of trust

In all these matters, service providers must never discriminate against clients or colleagues and they must always be prepared to justify their actions to them.

9. REFERENCES

- Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards, 2nd Edition 2017. Clinical Performance and Effectiveness Standard. Actions [1.23](#), [1.24](#)
- Australian Commission on Safety and Quality in Health Care. Credentialing Health Practitioners and Defining Their Scope of Clinical Practice, December 2015 [Link](#)
- Australian Council for Safety and Quality in Healthcare. Standard for Credentialing and Defining the Scope of Clinical Practice, July 2004 [Link](#)

10. DOCUMENT GOVERNANCE

| | | | |
|-----------------------------|------------------|----------------------------|------------|
| DOCUMENT OWNER | Medical Director | | |
| DEPARTMENT/CLINIC | | | |
| WORKING GROUP | | DATE RATIFIED | |
| GOVERNANCE COMMITTEE | Executive | DATE of ENDORSEMENT | 11/01/2022 |