



668 Chapel Street, South Yarra, Victoria 3141

Medical Bylaws 2023



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1. Mission Statement

Our Mission is to provide the highest standard of patient care incorporating a holistic approach toward Liposuction, Lipo-sculpture and non-invasive procedures. Liposuction Australia/South Yarra Clinic is committed to promoting wellness and infection prevention to all patients. We do not discriminate in the provision of excellent care and aim to treat all patients with due respect. We aim to improve patient outcomes by providing information and safe management at a cost-effective level

2. Medical Advisory Committee

The role of the MAC is to:

- Review and approve credentialing and scope of practice of medical practitioners and specialists.
- Discuss and make recommendations regarding clinical related matters *and medications*
- Review, analyse and make recommendation on clinical incidents and sentinel events, including deaths and cardiac arrests.
- Review and make recommendations regarding new medical equipment and procedures.
- To approve and implement any new clinical procedures, *forms* and guidelines
- Review safety and quality data, *including audit results* and consumer /*Staff* feedback and partnership
- Review Infection control compliance, audits and responsibility for Antimicrobial Stewardship
- Review Risk register and effectiveness of controls
- Clinical indicators/ variations
- Review updated legislation
- Review compliance with Liposuction Guidelines

Chair will be appointed via Election/ Re-election every 3 years. The Chair of the Committee must be without pecuniary interest. Other members' terms will be 2 years after which time they can be re-invited or another member can be elected.

The Medical Advisory Committee may co-opt additional members as required for advice regarding access, scope of practice an introduction of new technology or new procedure.

Medical Advisory Committee meetings will meet a minimum of 4 times per year.



3. Appointment of Medical Practitioner

The Medical Advisory Committee shall appoint only professional, competent Medical Practitioner.

Initial Appointments

Upon initial application, the Medical Practitioner must provide the following to the Practice Manager at Liposuction Australia:

- Proof of identity (100 points)
- National police check history
- international police check if the applicant has lived overseas for 12 months or longer during the past 10 years
- Original qualifications or certified copy
- Original or certified copy of specialist qualifications
- evidence of current compliance with all maintenance of professional standard requirements as determined by the specialty colleges
- Medical registration including:
 - current Medical Board of Australia (AHPRA) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations, and reprimands. There should be no conditions or undertakings relating to their practice of liposuction.
 - confirmation of the type of registration (for example, general or specialist)
- Current Medical Indemnity Insurance Certificate ensuring that the cover reflects the scope of clinical practice
- Health status, (this may be discussed privately with the director of medical services (or equivalent), who will then be responsible for deciding how this will affect the scope of clinical practice)
- Continuing Professional Development (CPD) statements that are college approved or relevant to the scope of clinical determined by the health service and include either copies of compliance certificates, statements verifying CPD participation by relevant college or Australian Medical Association CPD tracker printouts. Some CPD activity should align with their scope of practice in Liposuction.
- Current CV including employment history, clinical appointments, academic appointments, quality activities
- Evidence of current compliance with all maintenance of professional standard requirements as determined by speciality boards
- Referee checks that:
 - must not be limited to unsolicited written references
 - if undertaken by verbal contact must be documented, preferably in a structured format
 - may be undertaken by templates sent to nominated referees



- consider the appropriateness and the bona fides of referees
- include referees who work largely in the specialty of the applicant practitioner and have been in a position to judge the practitioner's experience and performance during the previous three years and have no conflict of interest in providing a reference
- existing contract or employment arrangements outside of the current appointment checked, with relevant documentation available.
- Evidence of training in resuscitation/ basic life support
- Evidence to demonstrate a minimum of 100 hours supervised liposuction procedures

Re-Credentialing

Re-credentialing must be completed every three years after initial application. Applicants must complete the Re-application for Credentialing form and provide the following:

Medical registration including:

current Medical Board of Australia (AHPRA) registration

confirmation of the presence or absence of conditions, undertakings, endorsements, notations and reprimands. There should be no conditions or undertakings relating to their practice of liposuction.

confirmation of the type of registration (for example, general or specialist)

Current Medical Indemnity Insurance Certificate ensuring that the cover reflects the scope of clinical practice

CPD: college certificate or evidence of relevant CPD. Some CPD should align with their scope of practice in liposuction.

Updated CV (if applicable) including recent employment, clinical appointments, quality activities and academic appointments and teaching experience.

Annual Requirements

To fulfil credentialing requirements, the Medical practitioner must provide Liposuction Australia with the following:

Current AHPRA Medical Board Registration

Current Medical Indemnity Insurance

Relevant CPD

Hand Hygiene Certificate

If these requirements are not met annually, then clinical privileges may be revoked by the Medical Advisory Committee.



A performance review for Medical Practitioners should take place within the three year credentialing period. This will be done via a peer review of their procedural outcomes with the Medical Director and will take into consideration any patient feedback, complaints or incidents.

Change to scope of practice

If a new service is to be introduced or a Medical Practitioner wishes to extend their scope of clinical practice, they must formally undergo appropriate credentialing and scope of clinical practice processes specifically for the new service or practice.

An application for Credentialing form with the change to the scope of clinical practice requested must be completed and received by the MAC and they must provide the following:

The change of scope of clinical practice requested.

Additional procedural qualifications or experience related to the requested change

Current Medical Indemnity Insurance with cover that reflects the requested change to scope of practice

CPD: College certificate or evidence of relevant CPD

It is the responsibility of the Medical Advisory Committee to confirm that the requested changes fit with the needs and capability of the health service. The Medical Practitioner will be advised in writing.

Reduction or Narrowing of scope of clinical practice

The scope of clinical practice of a medical practitioner may be reduced by the Medical Advisory Committee if required. This could occur for example if underperformance has been identified or if the Medical Advisory Committee determines that requirements for CPD have not been met. If this occurs, the Medical Advisory Committee must notify the Medical Practitioner in writing and provide them with an amended position description with a minimum of four weeks' notice.

If a Medical Practitioner wishes to narrow their scope of clinical practice, they must formally advise the Medical Advisory Committee who will then consider the effects of the reduction on the health service and if the service is necessary.

A Medical Practitioner who has had their application for credentialing denied or clinical scope of practice restricted has the right to appeal the decision. The intention to appeal must be lodged within 10 working days of the decision.

Appeals process

A medical practitioner or dentist who has had their request for credentialing, re-credentialing, or scope of clinical practice restricted, denied, withheld or varied from the original request has the right to appeal the decision.



An appeals process must be managed independently of the credentialing and scope of clinical practice committee (or equivalent). The appeals process should allow for reconsideration of any decision made and for new information to be presented.

The intention to appeal must be lodged within 10 working days of the decision. The appeal must be lodged within one calendar month of receiving the decision.

The credentialing and scope of clinical practice appeals committee should be convened and:

comprise a majority of medical practitioners from a range of disciplines who have the necessary skills and experience to provide informed and independent advice

include at least one medical practitioner or dentist who practises in the field relevant to the clinical scope being reviewed

include a nominee of the relevant college, association or society

include a nominee (medical practitioner or dentist) of the person who is the subject of the appeal.

The appeals committee should consider all relevant material including any information the senior medical practitioner or dentist may wish to present, as well as information from the credentialing and scope of clinical practice committee.

Details of the proceedings of the appeals committee are confidential. The findings are provided to the health service board (or highest level of governance), which makes a final determination and informs the medical practitioner and the credentialing and scope of clinical practice committee in writing. Ultimately, the health service has the authority to determine employment or visiting rights and scope of clinical practice decisions related to individuals and groups of practitioners.

Legal advice may be sought by either the appeals committee or the senior medical practitioner.

Emergency Credentialing

When health services urgently need Medical Practitioners temporarily and in the event that the Medical Advisory Committee cannot meet before this time, the Medical Advisory Committee assigns responsibility to the Medical Director to credential the practitioner on a temporary basis. Temporary decisions need to be followed as soon as possible in line with formal credentialing processes. Temporary credentialing should not exceed 3 months. Ideally in the event of emergency credentialing, an application for urgent credentialing should be completed and a copy of current AHPRA registration and medical indemnity insurance received.

Emergency clinical situations

Policies and processes related to credentialing and scope of clinical practice should include provision for credentialed senior medical practitioners to administer necessary treatment outside their authorised scope of clinical practice in emergency situations where the interests of a patient are best served.

This may be where a patient may be at risk of serious harm if treatment is not provided and no medical practitioner with an appropriate authorised scope of clinical practice is available and where more appropriate options for alternative treatment or transfer are not available.

All such instances should be formally reviewed by the credentialing and scope of clinical practice committee (or equivalent) and a formal report issued.



Statewide emergencies

In the event of a state of emergency declared under section 198(1) of the Public Health and Wellbeing Act 2008 and/or a state of disaster declared under section 23(1) of the Emergency Management Act 2013, agile movement of senior medical practitioners between Victorian health services may be required. This in turn necessitates that the automatic and immediate reciprocity of credentialing be granted. Reciprocity of scope of practice should be health service specific to align with the service's functions and circumstances. Reciprocity should apply between private and public health services.

Evidence of credentialing and scope of clinical practice should be provided by way of a letter from the employing health service certifying that the medical practitioner has been credentialed, the date of renewal and that there are no known restrictions/conditions on their registration. All credentialing renewals should be automatically deferred until post the emergency period.

A register of all credentialed medical practitioners will be kept and regularly updated. The Register consists of their registration type, registration number, expiry date, any conditions on registration, indemnity insurance level and expiry date, date of credentialing, date of CPD and date of hand hygiene certificate.

All Medical Practitioners must notify the Practice Manager immediately if any conditions have been placed on their Medical Registration or any other changes to registration or insurance occur.

All credentialed Medical Practitioners agree to participate in performance reviews to ensure their competence in the practice that they undertake.

Tenure

The tenure of Accreditation shall be for 3 years. After the 3 years, the applicant must complete a Re-application for credentialing and provide current AHPRA medical registration, current medical indemnity insurance, CPD evidence and updated CV (if applicable). The application will be presented at MAC and MAC will decide if the Medical Practitioner application is successful. All applicants will be notified in writing of the outcome.

All applications for appointment to the Medical Staff shall be made to the Medical Advisory Committee through the Practice Manager.

The Committee retains the absolute discretion to take any action it deems to be in the best interests of the Centre and the decision of the Committee shall be final.

The Medical Director or in his absence the Practice Manager is authorised to act for and on behalf of the Medical Advisory Committee in granting interim Accreditation such as in an emergency credentialing situation and in suspending Accreditation without prior notice until the next meeting of the Committee at which time ratification or review of such action can take place. In the event of emergency credentialing, a current AHPRA medical registration and current medical indemnity insurance certificate must be sighted along with a 100 point ID check. If possible, verbal confirmation should be obtained by at least 1 referee. The medical practitioner must then go through the formal credentialing process at the next MAC meeting.



Appeals against decisions of the Medical Advisory Committee may be made and will be considered by the full committee who will ensure that all decisions comply with the rules of natural justice.

4. Responsibilities of Credentialed Medical Practitioner

The responsible Credentialed Medical Practitioner shall –

- the Credentialed Medical Practitioner who arranged the admission of the patient to the Centre; or
- where no Credentialed Medical Practitioner arranged such admission, the Credentialed Medical Practitioner who has assumed responsibility for the medical care and treatment of the patient and has overall accountability for patients care
- Be part of multidisciplinary collaboration and teamwork

Inability to Contact Responsible Credentialed Medical Practitioner

Where a situation arises where, in the opinion of the Registered Nurse who is in charge of the patient at the time, requires the attention of the Responsible Credentialed Medical Practitioner, every reasonable effort will be made to communicate with the Responsible Credentialed Medical Practitioner with regard to the situation and consult with him as to the care and treatment of the patient. However, if Responsible Credentialed Medical Practitioner cannot be contacted, the Centre has the right to take whatever action it considers necessary in the interest of the patient. This may include the calling of another credentialed medical practitioner to care for the patient, or the transfer of the patient to hospital. In either case the Responsible Credentialed Medical Practitioner will be advised of the action as soon as possible.

5. Consent for Medical Treatment

It is the responsibility of the Credentialed Medical Practitioner to ensure that the consent of patients to the nature and form of all treatment is obtained prior to the day of surgery. Informed consent must involve a detailed conversation. Prior to signing consent, patients are provided with pre-procedure patient instructions, post procedure instructions and liposuction patient information sheet which explains clearly about the procedure to be performed, the preparation, cautions, side effects and potential complications, alternatives and options for management and what to expect in the post operative period to ensure that patient is well informed of their choices.

Surgery will not proceed until consent is obtained.

A cooling off period of at least seven days between an adult patient giving informed consent and the procedure is required.

6. Pre Admission Advise



All patients must undergo Pre-admission screening with the consultant and Surgeon prior to procedure to ensure they are suitable for the facility and a day procedure setting.

Pre-admission assessment must be documented in the patients' healthcare record. All Credentialed Medical Practitioners must adhere to the the Liposuction Australia Pre-admission policy and exclusion criteria. It is the responsibility of the Medical Practitioner to refer patients to another facility if they fall within our exclusion criteria or for further tests/consultations if required. The clinical pre-admission performed by the Clinician performing the liposuction must be completed at least seven days prior to the admission.

7. Medical Record Documentation

During the course of a patient's treatment at the Centre, concise, legible and relevant information shall be documented in the patient's medical record. All documentation must be completed fully.

All orders for treatment of the patients shall be clearly conveyed to the nursing staff by the Responsible Credentialed Medical Practitioner directing such treatment.

Ambulatory Report must be completed for each procedure including documentation of medications given and vital observations.

The nursing staff must be provided with clear written instructions regarding discharge of patients and the arrangements for follow-up.

8. Disclosure of Patient Information

Liposuction Australia is committed to the protection of personal privacy of our patients and staff. Our policy is based on the Health Records Act 2001, (VIC) and the Australian Privacy Principles as detailed in the 'The Privacy Act 2000 as amended'. The policy deals with the collection, use and disclosure of personal health information as well as access and correction, data security and data retention.

Liposuction Australia complies with the Notifiable Data Breach scheme. We notify affected individuals and the Office of the Australian Information Commissioner (OAIC) when a data breach is likely to result in serious harm to individuals whose personal information is involved in the breach.

A data breach occurs when personal information held by an organisation is lost or subjected to unauthorised access or disclosure.

9. Open Disclosure of Adverse Patient Events

Liposuction Australia has a policy of open disclosure for all clinical adverse events and follows the open disclosure principles of the Open Disclosure Standard 2011 Australian Commission on Safety and Quality in Healthcare and Victorian Duty of Candour Guidelines for Serious Adverse Patient Safety Events (SAPSE)

It is the responsibility of the Credentialed Medical Practitioner to complete the Open Disclosure Procedure. All staff are required to complete open disclosure education.



10. Code of Conduct

It is expected that in line with the Occupational and Safety Regulations 2007 (as amended 2014), all credentialed Medical Practitioners will adhere to the hospital code of conduct when dealing with all staff, visitors and contractors at Liposuction Australia. Serious breaches of the code of conduct will result in a review of credentialed status at Liposuction Australia.

11. Antimicrobial Stewardship

It is the policy of Liposuction Australia that prescribing of antibiotics will be in accordance with Therapeutic Guidelines - Antibiotics. If Antibiotics are prescribed or used, they must be documented in the Antibiotic Register and include time, route, dose, patient weight and indication. An audit of antibiotic use will be audited by our Infection Prevention Australia Infection Control Consultant.

12. Conduct of Procedures

Responsible Credentialed Medical Practitioner shall adopt the Centre's policies and procedures in the conduct of patient treatment at the Centre and comply with the National Standards of Safety and Quality in Health Services, *Department of Health Guidelines, Guidelines for Providers of Liposuction and Infection Control Policies*.

13. Quality & Safety

Responsible Credentialed Medical Practitioners are expected contribute to the ongoing quality and safety of the Centre by participation in the quality management program through peer review, collection of relevant clinical indicators and assistance with quality and safety activities as required. All Credentialed Medical Practitioners are to follow Liposuction Australia policies and procedures, National Safety & Quality Health Service Standards, Infection Control Standards, Dept of Health regulations and Liposuction Guidelines.

14. Partnering with Consumers

Patients and their carers are to be involved in shared decision making, informed consent and all aspects of their care in relation to the procedure, pre-admission and discharge planning. They must be provided with adequate written information for pre-procedure and discharge including phone numbers in case of any concerns. Patient goals and needs should be taken into consideration when care planning. Patients will be asked to participate in patient experience surveys and providing patient experience stories.

15. Maximum Removal amount

The maximum amount for removal as per Department of Health Liposuction Guidelines is 5 litres.



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