



1 PREAMBLE

The primary responsibility of all visiting medical practitioners to Cosmos Clinic and Cosmos Cosmetic Day Surgery (herein referred to as the 'Clinic') is to provide the highest standard of patient-centred care in a safe environment. This goal requires professional commitment and competence, collective activity through the medical staff organisation and close co-operation with the Clinic's staff and Management. These medical by-laws are designed to assist in this goal.

2 DEFINITIONS

"Board" means the Cosmos Medical Director and Director who are the company directors established to generally supervise the provision of cosmetic treatments and procedures and patient care at all Cosmos facilities.

"Medical Director" means the individual Medical Practitioner responsible for the standard of clinical and non-clinical services provided within the Clinic. In their absence, the Senior RN/DON will act in this capacity.

"Clinical Privileges" in relation to an appointment as a visiting practitioner or specialist, means a delineation by the Directors of the duration and scope of practice that the visiting practitioner or specialist may perform at the specified Clinic(s).

"Clinic" means;

- Cosmos Clinic (Double Bay), 10 Henrietta Street, Double Bay, NSW 2028

- Cosmos Cosmetic Day Surgery (Randwick), 162 Belmore Road, Randwick NSW 2031
- Cosmos Clinic (Adelaide), 163 Archer Street North Adelaide SA 5006
- Cosmos Cosmetic Day Surgery Adelaide, 163 Archer Street North Adelaide SA 5006
- Cosmos Clinic Canberra Suite 1, Ground Floor, Equinox 2 70 Kent Street Deakin ACT 2600 (to relocate to 1 Broula St Bruce ACT 2617 in late 2020)
- Cosmos Clinic (Gold Coast) 220 Ashmore Road Benowa QLD 4217 (to be co-located with Cosmos Gold Coast Day Hospital in 2021)
- Cosmos Gold Coast Day Hospital, Level 2 Queen St Village Southport QLD 4215 (when operational in mid-2021)
- Cosmos Clinic (Melbourne), 110 Church Street Hawthorn VIC 3122
- Cosmos Cosmetic Day Surgery (Melbourne), 110 Church Street Hawthorn VIC 3122

"Medical Advisory Committee" means the advisory committee elected by the Medical Staff Organisation of the Clinic.

"Visiting Medical Practitioner" for the purpose of these By-laws covers all medical practitioners, including Medical Directors.

3 VISITING MEDICAL PRACTITIONERS

3.1 All accredited visiting medical practitioners shall:

- 3.2.1 Ensure that all persons treated at the Clinic receive the highest possible standard of medical care through their active commitment to the quality improvement and risk management programs;

- 3.2.2 Ensure a high level of professional performance by all visiting practitioners by formal staff selection procedures and active involvement in quality improvement activities;
 - 3.2.3 Promote co-operation and communication between visiting medical practitioners and the Clinic;
 - 3.2.4 Promote educational activities for all medical practitioners associated with the Clinic;
 - 3.2.5 Support the policies and objectives of the Clinic as outlined in its statement of philosophy and objectives in the medical by-laws and other relevant Clinic memoranda.
- 3.3 All members of the medical staff organisation may refer any matter for consideration by the Medical Advisory Committee by notice in writing to the Medical Director at any time.

4 **MEDICAL ADVISORY COMMITTEE**

- 4.1 The Board shall appoint or elect a sub-committee called the Medical Advisory Committee for an indefinite period.
- 4.2 The terms of reference of the Medical Advisory Committee shall include the following:
 - 4.2.1 Examination of credentials and delineation of clinical privileges and scope of practice at each Cosmos facility for visiting medical practitioners and advising the Board on such matters.
 - 4.2.2 The development of policies relating to medical practice and medical services provided at the Clinic.

- 4.2.3 Advising the Licensee on matters concerning the clinical practice and patient-centred services at the Clinic
 - 4.2.4 Advising the Board on matters concerning patient care and safety at the Clinic, including the capacity of Cosmos Clinic to provide safe patient-centred care and appropriate services;
 - 4.2.5 Superintending the functions of clinical review (including the form and content of the medical records and clinical indicator program), education and ethics for the Clinic.
 - 4.2.6 Superintending any matters that may lead to disciplinary measures.
 - 4.2.7 The MAC has the power to co-opt other health care providers such as members of learned colleges and other relevant professional organizations.
 - 4.2.8 Suggesting to the Board the content and changes required to the medical by-laws in regular review.
 - 4.2.9 Reporting to the relevant jurisdiction's Health Ministers persistent failure by the Board to act on the committee's advice.
 - 4.2.10 Participate in the Quality Improvement and Risk Management Programs of the Centre.
 - 4.2.11 Receive and review patient care reports, clinical variances and outcomes, and advise on appropriate actions where necessary.
- 4.3 The Medical Advisory Committee will meet at least annually face-to-face or as deemed necessary by the Chairman of the Medical Advisory Committee. Videoconferencing facilities may be used in lieu of face-to-face meetings in extraordinary circumstances, as directed by the Board.

- 4.4 The Medical Advisory Committee shall have a minimum number of (3) three persons who are medical practitioners.
- 4.5 The Chairman of the Medical Advisory Committee shall be elected for a 5 year term by the Board.
- 4.6 The Secretary of the committee shall be the Compliance Manager.
- 4.7 All resolutions of the committee shall be determined by a quorum of members who are present and voting at the meeting, one of whom must be a Medical Director.

5 **MEDICAL DIRECTOR**

The Medical Director is a senior liaison person for the provision of regular medical services and medical functions in the Clinic.

6 **ACCREDITATION & APPOINTMENT OF VISITING MEDICAL PRACTITIONERS**

- 6.1 All visiting medical practitioners are required to be credentialed upon appointment to Cosmos Clinic, and re-credentialed triennially thereafter.
- 6.2 Any registered medical practitioner is entitled to make application for membership of the visiting medical staff of the Clinic and or seek accreditation and clinical privileges.
- 6.3 All applicants must be legally qualified medical practitioners and registered by AHPRA to practice medicine and shall hold current professional indemnity and CPR certification.
- 6.4 All applications shall be considered by the Medical Advisory Committee which shall make recommendations to the Board as to the appointment or otherwise of any medical practitioner. All references will be checked and noted.

- 6.5 The Board shall make the final decision as to the appointment or renewal of appointment of any medical practitioner as visiting medical practitioner for the Clinic.
- 6.6 All applications for appointment shall be made in such manner as determined by the Board.
- 6.7 Clinical privileges granted to any visiting medical practitioner must be general (in terms of the discipline) and specific (in terms of procedures).
- 6.8 The General Manager shall notify all persons making application for appointment of the result of the application. If successful the name of the medical practitioner shall be entered on the list of accredited visiting medical practitioners together with the privileges accorded, scope of practice and facilities at which the practitioner is accredited.
- 6.9 All visiting medical practitioners shall automatically cease to have accreditation after a period of three (3) years from initial appointment and shall make a new application for re-appointment upon the expiry of the period of three (3) years.
- 6.10 If a visiting medical practitioner wishes to change or add to their approved scope of practice, they shall re-apply for credentialing for the change/addition to their scope only and the approval period for that change/addition will be for the time remaining on their current credentialing period.
- 6.11 Visiting medical practitioners who wish to commence service delivery before the next scheduled MAC meeting will receive interim credentialing approval by Dr Joseph Ajaka for a period not exceeding 6 months. They will need to be formally credentialed by the MAC within this 6 month period, or approval granted by 3 Medical Directors (one of whom must be Dr Joseph Ajaka) if the next scheduled MAC meeting is not within the 6 month period.

- 6.12 All persons appointed as a or visiting medical practitioner shall be deemed to accept the terms and conditions as set out in these medical by-laws as amended from time to time and shall support the philosophy and objectives of the Clinic.
- 6.13 In the event of any visiting medical practitioner wishing to relinquish the appointment, at least one (1) month's prior written notice must be given to the Clinic's Medical Director of the date of termination.
- 6.14 Continuing inclusion on the list of visiting medical practitioners is subject to peer review and the satisfactory service by the visiting medical practitioner to the patients of the Clinic.
- 6.15 The Clinic reserves the right to review, modify or withdraw any privileges granted to any visiting medical practitioner and no reason need be given by the Board with respect to any such action.
- 6.16 All visiting medical practitioners credentialed at Cosmos Clinic must give written notice to the Cosmos Medical Director and each Medical Director of the facilities at which they work within seven days of any conditions or undertakings applied to their AHPRA Registration, or coming under any investigations of professional misconduct or criminal charges laid against them.
- 6.17 Cosmos Clinic will notify other Cosmos and non-Cosmos facilities where the visiting medical practitioner works of any notifications made.
- 6.18 The Board may terminate appointment of any visiting medical practitioner if the practitioner fails to observe the terms and conditions of employment of appointment or is guilty of professional misconduct, negligence or criminal charges.
- 6.19 Any visiting medical practitioner may request review of clinical status or appeal against the decision of the Clinic to modify or withdraw privileges at any time. Such review shall be undertaken by the Cosmos Medical Director in consultation with the MAC.

6.20 The approval and written advice of the Medical Director is required before a locum is allowed for a medical practitioner at the Clinic.

6.21 Any complaints against a clinician shall be investigated by the MAC and appropriately and handled through the open disclosure policy and protocols.

7 REGULATIONS

7.1 The Medical Director shall be empowered to make regulations from time to time implementing the terms and conditions of these by-laws including, inter alia, the medical records which shall be kept by any visiting medical practitioner to the Clinic;

7.2 The diagnostic and therapeutic orders given in respect of any patient in the Clinic;

7.3 The keeping of a fully entered patient's file at the Clinic duly signed by the attending medical practitioner;

7.4 The provision of after-hours medical and emergency care;

7.5 The procedure for the admission of patients.

7.6 All services provided by Cosmos Clinic has relevance to the relevant Health Care Act and Regulations appropriate to each Clinic's jurisdiction, the Poisons and Therapeutic Goods Act 1966 and Regulation 2008 and the National Safety and Quality Health Service Standards where the Clinic is accredited.

8 CLINICAL REVIEW

8.1 Clinical and patient care review is to be supported by the visiting medical practitioners by involvement in the evaluation of their services and

performance and the utilisation of such information in the maintenance of optimum standards of clinical activity.

- 8.2 Clinical review is comprised of analysis of patient outcomes and variances from clinical indicator collection and regular audits, reviews and patient surveys and other feedback mechanisms.
- 8.3 It is expected that visiting medical practitioners will be willing to serve on specific Clinic committees or sub-committees as may be appointed from time to time by the MAC or the Medical Director.

9 ETHICS

The Clinic expects the highest standards of personal and professional conduct from visiting medical practitioners in accordance with the Code of Ethics of the Australian Medical Association and the various Colleges. The Clinic may take any action appropriate to the maintenance of the standards it upholds.

Any research will be undertaken according to the NHMRC Guidelines

10 ANAESTHETICS

General anaesthetic procedures must be administered by a suitably qualified medical practitioner, with specialist registration as an anaesthetist by AHPRA and in accordance with the National Law. Procedural sedation may be administered by a Medical Practitioner with airway and resuscitation skills and training in sedation, or an appropriately qualified GP Anaesthetist. Staffing levels must be in accordance with ANZCA PS09 Appendix 3 Scenario 1 and Propofol, Thiopentone and other intravenous anaesthetic agents must not be used by the proceduralist performing sedation.

The medical practitioner providing the anaesthesia must maintain a complete anaesthetic record including evidence of pre-anaesthetic evaluation that includes information on what to expect and possible

complications, anaesthetic drugs administered, progress and post-anaesthetic follow-up of the patient's condition. It is expected that post operative orders be documented for pain relief.

11 AMENDMENTS TO BY-LAWS

The medical by-laws of the Clinic may be reviewed periodically. The Medical Advisory Committee may make recommendations to the Board in relation to any amendments to the by-laws.

REGULATIONS

12.1 Clinical Records

12.1.1 Complete and accurate clinical records are necessary to maintain high standards of medical care and are the responsibility of the treating medical practitioners. They must be sufficient for present and future care of the patient and for review of patient care by formal study. Important and specific responsibilities of the treating medical practitioner include the recording or completion of:

- Admission notes/letter on a patient's condition, a provisional diagnosis and a plan of treatment. (cf. Doctor's referral letter)
- Therapeutic orders, including pre-admission medications, current medication, intravenous medications and drug sensitivities.
- Particulars of all procedures and investigations required.
- Progress observations documented in the integrated patient notes.
- Complications to be noted in Surgeon and Anaesthetist records.
- Completion of discharge sheet, and a note on outcome and follow-up needs such as medication, discharge status and destination of the patient.

Note: (a) All diagnostic and therapeutic orders shall be given in writing. Telephone orders may be given to a registered nurse, who will read the order back to the doctor for confirmation.

The record of these orders must be entered in the notes and initialed by the doctor within 24 hours of being given by telephone.

(b) The completion of the Admission/Consent Form with signature and date is vitally important and is expected in every instance.

It is required that practitioners make appropriate entries in the integrated notes provided for the patient's stay. Every entry in the clinical record is to be supported by the date and signature of the attending medical practitioner. The adequacy of the medical record constitutes an important element in considerations involving the allocation and extension of privileges to practitioners.

12.1.2 All records are confidential and remain the property of the Clinic. Records are not permitted to be removed or copied in any form, except by court order or subpoena, without the permission of the Medical Director.

12.1.3 In the event of the readmission of a patient, all previous records held shall be available for the use of the attending medical practitioner. This applies whether the patient was attended by the same practitioner or by another.

12.2 Consent

Visiting Medical Practitioners must provide their patients with a full explanation about the patients proposed treatment, including an explanation of material risks and side effects, any alternatives, any pre-operative screening that is to be undertaken and any other relevant information.

Visiting Medical Practitioners must also ensure that each patient consents to the proposed treatment. In all cases, the patient or his or her authorized representative must sign an appropriate Consent Form. The doctor obtaining consent must complete and sign the form.

For children under 14, consent must be obtained from a parent or legal guardian. For children aged 14 or 15, consent should be obtained from both the child and a parent or guardian, unless circumstances prevent this or there is a special reason not to obtain

consent from the parent or guardian. Children aged 16 and over can give a valid consent themselves as long as they are able to understand the proposed treatment and its ramification, although a parent, guardian or other accompanying adult would normally be involved in the decision-making process

NB. Cosmos Clinic does not provide treatment to children.

For non-English speaking patients, a translator may have to be obtained. If a translator has been obtained, the name and position of the translator must be recorded in the patient's record. The relatives of non-English speaking patients may assist in the translation if required.

Visiting Medical Practitioners must comply with their obligations under the Medical Practice Act (1992), the Privacy Amendment (Private Sector) Act 2000 and the Health Records and Information Privacy Act (HRIP) 2002 particularly in relation to obtaining consent for the use and disclosure of the patient's personal health information.

12.3 Emergency

12.3.1 In cases of a medical emergency or clinical deterioration, the Clinic (an administrator, a medical practitioner or senior nurse) may take such action as it deems fit in the interests of the patient. This may include a request for attention by an available practitioner. In such cases the following provisions apply:

12.3.2 The patient's doctor, and the Medical Director, will be advised of the circumstances of the patient and of the action taken as soon as possible.

12.3.3 The patient will generally be returned to the care of the doctor in charge of the case as soon as possible, who will

then give their own instructions regarding further care and consultations.

The Clinic assumes:

- (a) Willingness on the part of its visiting practitioners to assist the Clinic where possible and necessary in case of emergency or special demand,
- (b) Willingness by practitioners to provide after-hours care where these are necessary to provide adequate security and continuity of patient care.

12.4 Admission Criteria

12.4.1 Admissions to the Clinic must be under the care of an accredited medical practitioner.

12.4.2 All admissions must comply with the Clinic's Admission criteria

12.5 General

12.5.1 Clinical and patient care review is to be encouraged and supported by the visiting medical practitioners, who shall evaluate services and performances and use such information to create and maintain the Clinic's optimum clinical activities.

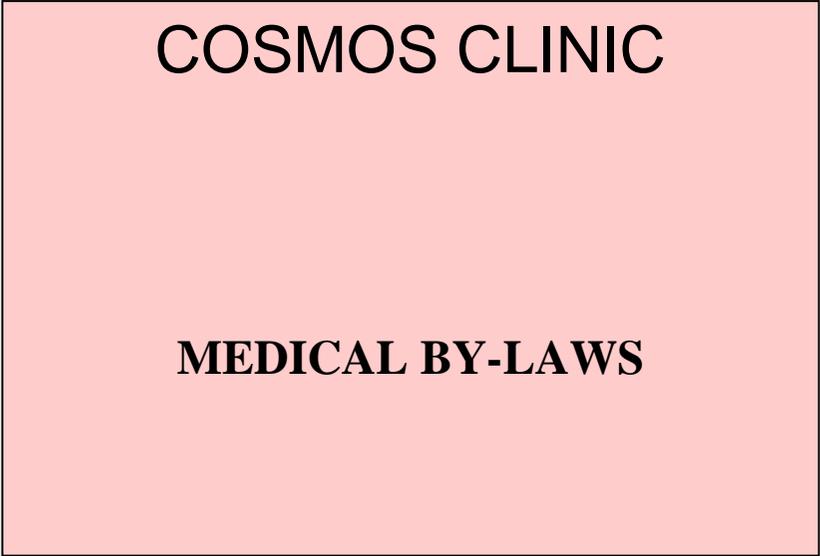
12.5.2 The Clinic's procedures relating to patient care must be strictly adhered to and comply with the NSQHS Standards where the Clinic is an accredited facility.

12.5.3 Visiting medical practitioners should make themselves aware of the emergency procedures as implemented by the Clinic and shall assist as able in an emergency.

12.5.4 Any proposed new treatments/procedures should be formally submitted to the MAC for discussion and recommendations to the Board for approval prior to introduction. There should be evidence to support the

efficacy and safety of the intervention / procedure and that adequate resource utilisation is assessed.

- 12.5.5** All procedures/interventions are subject to regular review and audits as scheduled in the Quality Activities Schedule. Incident reporting is according to local policies and jurisdictional guidelines and regulations and the Clinic's risk management program.



COSMOS CLINIC

MEDICAL BY-LAWS