

1.1.21 VEI By-Laws

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1 Philosophy

Vision Eye Institute's philosophy is to enhance a person's quality of life using a person centred care approach and applying the latest diagnostic technology and surgical techniques. This is demonstrated through our commitment to a quality and safety culture which is certified by both the National Safety and Quality Health Service Standards and ISO 9001:2016 Quality Management Systems.

Initially established as an ophthalmic group practice in Victoria in 2001, Vision Eye Institute has expanded and now operates as the largest private provider of ophthalmic care in Australia. The business now includes consulting suites, laser surgery and day surgeries along the eastern seaboard, with services expanding to South Australia in 2019. A number of VEI day surgeries have introduced additional specialties including Endoscopy, Pain Management, Plastics, General Surgery and Gynaecology.

We have a diverse mix of doctors practising from VEI Facilities – many of whom have introduced new surgical techniques and technologies into Australia and are highly regarded by their peers, both locally and internationally. Their dedication extends to active involvement with clinical research; teaching and examining medical students, optometry students, optometrists, and ophthalmology trainees; and presenting at local and international conferences.

In addition to private practice, a number of Vision Eye Institute doctors hold academic positions, including professorships and associate professorships. Many of our doctors also practise and/or teach at large hospitals, while others are actively involved in local and international charity programs that make use of their specialist skills and expertise.

2 Purpose of this Document

These By-Laws support our philosophy by defining the requirements for Credentialing within our organisation and supporting the selection and retention of health professionals who possess the qualifications and experience to deliver on a mutual commitment to high quality health care.

This document sets out the process for Credentialing of Medical Practitioners who wish to provide Services at any VEI Facility. It further sets out the minimum conduct requirements for Credentialed Medical Practitioners.

Every applicant for Credentialing is required to be given a copy of this document before making an application. It is an expectation of Vision Eye Institute that the By-Laws are read in their entirety by the applicant as part of the application process.

3 Application of By-Laws

All Medical Practitioners must have received written authorisation from Vision Eye Institute under these By-Laws to provide Services at a VEI Facility.

These By-Laws constitute binding obligations on each Credentialed Medical Practitioner in accordance with the Undertaking. All prospective applicants are required to read and acknowledge their understanding and willingness to comply with these By-Laws. This sign-off process is undertaken as part of the credentialing process.

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It is a requirement for continued Credentialing that Medical Practitioners comply with the By-Laws at all relevant times when admitting, caring for or treating patients.

A breach of these By-Laws may be grounds for:

- a) suspension or termination of the rights of the Medical Practitioner to provide Services at a VEI Facility; and
- b) termination of any services or other agreement or arrangement between a Medical Practitioner and Vision Eye Institute.

4 Providing Services at VEI – General Terms and Conditions

4.1 Medical Sovereignty

The Medical Practitioner retains medical sovereignty as the provider of Services.

4.2 Compliance with Law, Policies and Procedures

In providing Services at any VEI Facility, Medical Practitioners must:

- a) comply in all respects with all reasonable policies and procedures established by Vision Eye Institute with respect to the VEI Facilities, including the Code of Conduct implemented by Vision Eye Institute. A copy of each is provided within the VEI Credentialing Pack;
- b) comply with all legal requirements, statutory or otherwise, pertaining to the Medical Practitioner's practice within their Scope of Practice, including all licensing requirements under any relevant State or Federal legislation;
- c) be duly licensed, registered and properly qualified to perform duties within their Scope of Clinical Practice, including, without limitation, ensuring at all times that the Medical Practitioner maintains appropriate recognition status with Medicare Australia or the Medical Board of Australia (or equivalent requirements in the event there is a change to the Medicare system or medical practitioner registration system from that which is in existence as at the date this document was last updated);
- d) comply with all legal requirements with respect to workplace health and safety, antidiscrimination, bullying and harassment;
- e) maintain a Medicare Australia provider number; and
- f) ensure that all Medicare billing and other like procedures are in accordance with Health Insurance Act 1973 (Cth) and associated regulations, as well as any Medicare Australia requirements (or equivalent requirements in the event there is a change to the Medicare system) and best practice.

4.3 Confidentiality

Medical Practitioners must protect and keep secure all Confidential Information. Medical Practitioners must not disclose, copy, transmit or reproduce any Confidential Information for any unauthorised purpose. Confidentiality requirements set out in these By-Laws do not apply in the following circumstances:

- a) to the extent it is necessary for a Medical Practitioner to perform Services within their Scope of Clinical Practice;

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- b) where disclosure is required by the law or a regulatory body; or
- c) if the Confidential Information is or becomes generally available to the public.

4.4 Privacy

Through the course of providing Services, a Medical Practitioner will obtain Personal Information with respect to patients of each VEI Facility. Each Medical Practitioner must:

- a) comply with the Privacy Laws and Vision Eye Institute's privacy policy in relation to all Personal Information collected or dealt with by the Medical Practitioner in connection with the Services.
- b) take reasonable measures to ensure that Personal Information collected or dealt with in connection with the Services is protected against:
 - misuse or loss; and
 - unauthorised access, modification, and disclosure;
- c) give Vision Eye Institute reasonable assistance to promptly resolve any enquiry or complaint relating to Personal Information.
- d) promptly follow any reasonable direction given by Vision Eye Institute regarding the use or collection of Personal Information in connection with the Services.
- e) promptly notify Vision Eye Institute as soon as it becomes aware or suspects:
 - there has been unauthorised access to, or unauthorised disclosure of any Personal Information in relation to the Services (**Data Breach**); or
 - Personal Information in relation to the Services is lost or destroyed or becomes damaged, corrupted, or unusable (**Loss of Data**);
- f) promptly disclose to Vision Eye Institute all information relevant to any actual or suspected Data Breach or Loss of Data (including all relevant information about the processes, procedures, protocols, and security practices);
- g) co-operate with Vision Eye Institute in investigating whether a Data Breach or Loss of Data has occurred and the circumstances surrounding that Data Breach or Loss of Data; and
- h) give Vision Eye Institute all information and access required by Vision Eye Institute for the purpose of carrying out an investigation into the actual or suspected Data Breach or Loss of Data.

4.5 Notice of Changes or Investigations

A Medical Practitioner must immediately notify Vision Eye Institute if there is any change or cancellation of their registration maintained with AHPRA, and must notify Vision Eye Institute as soon as the Medical Practitioner becomes aware of any:

- a) investigation or inquiry into the competency of the Medical Practitioner to provide Services within their Scope of Practice;
- b) professional misconduct, unprofessional conduct or unsatisfactory professional performance determined by AHPRA;

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- c) changes to any Medical Practitioner's registration under the National Law or any other applicable State or Commonwealth legislation;
- d) notification made to AHPRA in relation to the Medical Practitioner and/or any investigation into Medical Practitioner by that agency;
- e) restrictions, conditions, reprimands, or suspensions placed on the registration of the Medical Practitioner, including any suspension or cancellation of registration with AHPRA; or
- f) event or occurrence that may reasonably be expected to lead to a patient complaint or claim against the Medical Practitioner.

4.6 Conflicts of Interest

Conflict of Interest means any situation where a Medical Practitioner's personal or private interests (financial or non-financial) conflict with the interests of the role that they are performing, or a decision they are making with respect to the Services or their Scope of Clinical Practice. A Conflict of Interest includes:

- a) actual conflicts: a private or personal interest of a Medical Practitioner presents a current and direct conflict with the interests of the role they are performing or a decision they are making;
- b) potential conflicts: a private or personal interest of a Medical Practitioner could conflict with the interests of the role they are performing or a decision they are making; and
- c) perceived conflicts: a private or personal interest of a Medical Practitioner could reasonably be viewed to conflict with the interests of the role they are performing or a decision they are making.

A Medical Practitioner must disclose to Vision Eye Institute all Conflicts of Interest in writing.

4.7 Safety and Quality – Clinical Responsibilities

4.7.1 Admission, availability, communication, and discharge

Credentialed Medical Practitioners will admit (if applicable) and treat patients at the relevant VEI Facility on a regular basis and be an active provider of services at the relevant VEI Facility.

Credentialed Medical Practitioners who admit patients to the relevant VEI Facility for treatment and care must ensure that they are available to treat and care for those patients at all times, or failing that, that other arrangements as permitted by the By-Laws are put in place to ensure the continuity of treatment and care for those patients.

Credentialed Medical Practitioners must ensure that all reasonable requests by relevant VEI Facility staff are responded to in a timely manner and in particular patients are promptly attended to when reasonably requested by staff for clinical reasons.

Credentialed Medical Practitioners must be available and attend their patients in a timely manner when requested by relevant staff or be available by telephone in a timely manner to assist staff in relation to their patients. It is the responsibility of the Credentialed Medical Practitioner to ensure any changes to contact details are notified promptly to VEI. Credentialed Medical Practitioners must

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ensure their communication devices are functional and appropriate alternative arrangements are in place to contact them if their communication devices need to be turned off for any reason.

Credentialed Medical Practitioners must only treat patients within the Scope of Clinical Practice granted.

Credentialed Medical Practitioners are required to work with, and as part of a multi-disciplinary health care team, including effective communication – written and verbal, to ensure the best possible care for patients. They must at all times be aware of the importance of effective communication with other members of the health care team, referring doctors, the executive, patients, and the patient's family or next of kin, and at all times ensure appropriate communication has occurred, adequate information has been provided, and questions or concerns have been adequately responded to.

The Credentialed Medical Practitioner must provide adequate instructions to enable staff to understand what care the Credentialed Medical Practitioner requires to be delivered.

Adequate instructions and completion of clinical handover is required to be given to the relevant VEI Facility staff and other Medical Practitioners to enable them to understand what care the Credentialed Medical Practitioner requires to be delivered.

Credentialed Medical Practitioners must consider their own potential fatigue and that of other staff involved in the provision of patient care, when making patient bookings and in utilising operating theatre and procedure room time.

The Credentialed Medical Practitioner must ensure that their patients are not discharged without approval, whilst complying with the discharge policy of the Vision Day Hospital and completing all patient discharge documents required. It is the responsibility of the Credentialed Medical Practitioner to ensure all information reasonably necessary is provided to the referring practitioner, general practitioner, or other treating practitioner as required.

4.7.2 Surgery

Credentialed Medical Practitioners must effectively utilise allocated theatre sessions that have been requested by the Credentialed Medical Practitioner.

Credentialed Medical Practitioners may only utilise as surgical assistants, practitioners credentialed in accordance with these By-laws.

Credentialed Medical Practitioners acknowledge the importance of, and will strictly adhere to, various measures aimed at ensuring safety and quality during surgery, which includes but is not limited to participating in, or allowing procedures relating to correct site surgery, team time out, infection control and surgical item counts to occur.

4.7.3 Vision Day Hospital, State-based & National Safety Programs, Initiatives and Standards

Credentialed Medical Practitioners acknowledge the importance of ongoing safety and quality initiatives that may be instituted by VEI and the relevant Vision Day Hospital based upon its own safety and quality program, or safety and quality initiatives, programs or standards of State or Commonwealth health departments, statutory bodies or safety and quality organisations (including

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for example the National Australian Commission on Safety and Quality in Health Care, a State based division of a Health Department, or a State based independent statutory body).

Credentialed Medical Practitioners will participate in, and ensure compliance with these initiatives and programs (including if they are voluntary initiatives that the relevant Vision Day Hospital elects to participate in or undertake), whether these apply directly to the Credentialed Medical Practitioner or are imposed upon the relevant Vision Day Hospital and require assistance from the Credentialed Medical Practitioner to ensure compliance, including but not limited to the National Safety and Quality Health Service Standards and Clinical Care Standards of the Australian Commission on Safety and Quality in Health Care.

4.7.4 Treatment and Financial Consent

Credentialed Medical Practitioners must obtain fully informed consent for treatment (except where it is not practicable in cases of emergency) from the patient or their legal guardian or substitute decision maker in accordance with accepted medical and legal standards and in accordance with the policy and procedures of VEI. For the purposes of this provision, an emergency exists where immediate treatment is necessary in order to save a person's life or to prevent serious injury to a person's health.

The consent will be evidenced in writing and signed by the Medical Practitioner and patient or their legal guardian or substitute decision maker.

It is expected that fully informed consent for treatment will be obtained by the Credentialed Medical Practitioner under whom the patient is admitted or treated, in accordance with the Medical Practitioner's non-delegable duty of care. The consent process will ordinarily include: an explanation of the patient's condition and prognosis, treatment, and alternatives, informing the patient of material risks associated with treatment and alternatives, and then obtaining the consent to treatment. The consent process must also satisfy VEI's requirements from time to time as set out in its policy and procedures.

Credentialed Medical Practitioners must participate in the processes for obtaining fully informed financial consent by providing full financial disclosure to VEI and their patients.

4.7.5 Patient Records

Credentialed Medical Practitioners must ensure that:

- Patient records held by the relevant Vision Day Hospital are adequately maintained for patients treated by the Credentialed Medical Practitioner;
- Patient records satisfy VEI's policy requirements, legislative requirements, the content, and standard required by the Australian Commission on Safety and Quality in Health Care, Credentialing requirements, and health fund obligations;
- they maintain full, accurate, legible, and contemporaneous healthcare records, including in relation to each attendance upon the patient, with the entries dated, time and signed;
- they comply with all legal requirements and standards in relation to the prescription and administration of medication, and properly document all drugs orders clearly and legibly

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in the documentation maintained by the relevant Vision Day Hospital;

- Patient records include all relevant information and documents reasonably necessary to allow relevant staff and other Credentialed Medical Practitioners to care for patients;
- A procedure report is completed including a detailed account of the findings, technique undertaken, complications and post procedure orders;
- An anaesthetic report is completed, as well as documentation evidencing fully informed anaesthetic consent and post-anaesthetic evaluation;
- A discharge summary is completed as necessary that includes all relevant information reasonably required by the referring practitioner, general practitioner, or other treating practitioner for ongoing care of the patient.

4.7.6 Financial Information and Statistics

Credentialed Medical Practitioners must record all data required by VEI to meet health fund obligations, collect revenue, and allow compilation of health care statistics.

Credentialed Medical Practitioners must ensure that all Pharmaceutical Benefits Scheme prescription requirements and financial certificates are completed in accordance with the relevant VEI policy and regulatory requirements.

4.7.7 Quality Improvement, Risk management and Regulatory Agencies

Credentialed Medical Practitioners are required to attend and participate in VEI's and the relevant Vision Day Hospital's safety, quality, risk management, education and training activities, including clinical practice review and peer review activities, and as required by relevant legislation, standards and guidelines (including those standards and guidelines set by relevant Commonwealth or State governments, health departments or statutory health organisations charged with monitoring and investigating safety and quality of health care). This includes a requirement to meaningfully participate in clinical review and peer review, including review of clinical data and outcomes and respond to requests for information regarding statistical outliers, adverse events and cases flagged in incidents, clinical indicators, or key performance indicator reporting.

Credentialed Medical Practitioners will report incidents, complications, adverse events, and complaints (including in relation to the Credentialed Medical Practitioner's patients) in accordance with the relevant VEI policy and procedures, and where required by the National Medical Director or General Manager, Day Surgeries, will assist with incident management, investigation, and reviews (including root cause analysis and other systems reviews), complaints management and open disclosure processes.

Credentialed Medical Practitioners will participate in risk management activities and programs, including the implementation of risk management strategies and recommendations from system reviews, and will maintain and comply with the ongoing minimum competency and continuing professional development requirements of their professional college with respect to the approved Scope of Clinical Practice.

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Credentialed Medical Practitioners must provide all reasonable and necessary assistance in circumstances where the relevant Vision Day Hospital requires assistance from the Credentialed Medical Practitioner in order to comply with, or respond to a legal request or direction, including for example where that direction is pursuant to a court order, or from a health complaints body, AHPRA, Coroner, Police, State Health Department and its agencies or departments, Private Health Unit, and Commonwealth Government and its agencies or departments.

Credentialed Medical Practitioners shall comply with and take all reasonable actions to assist the relevant Vision Day Hospital to comply with, each of the National Safety and Quality Health Service Standards issued by the Australian Commission on Safety and Quality in Health Care and any associated clinical guidelines.

5 Governance Committees

Vision Eye Institute has in place a committee structure to promote the evaluation of the standard of care and services provided at VEI Facilities, inclusive of variations in health care outcomes and to facilitate that Vision Eye Institute and persons who provide Services at VEI Facilities comply with the requirements of all relevant legislation.

Details and information on the committees and governance structure within Vision Eye Institute are contained in the *VEI Management Committees – Terms of Reference*. This document is available upon request.

5.1 Board of Directors

The Board of Directors is responsible for the corporate governance of the consolidated Vision Eye Institute group. The Board guides and monitors the business and affairs of Vision Eye Institute on behalf of the shareholders by whom they are elected and to whom they are accountable.

5.2 Clinical Care Committee

The Clinical Care Committee is the highest clinical governance committee within the organisation. Its primary purpose is to review clinical outcomes and identify strategies to improve clinical results for patients. It also reviews new procedures and patterns of surgical practice.

5.3 National Infection Control Committee

The NICC is responsible for monitoring the effectiveness of the infection control systems; implement quality improvement strategies to reduce and prevent healthcare associated infections; and communicating these to the VEI workforce to achieve appropriate outcomes.

5.4 Executive Leadership Team

The Executive Leadership Team is the highest committee overseeing the operational elements of the business. This committee reviews the day-to-day running of the business and reviews the organisation's performance so they can provide overall long-range planning, policy, and direction.

5.5 Medical Advisory Committee (MAC)

The Medical Advisory Committees (MACs) of each Vision Day Hospital have been delegated the authority and responsibility by the Board for management of their allocated facility/ies. In Victoria there is one MAC which is responsible for Boroondara Day Surgery, Whitehorse Day Surgery, Footscray Day Surgery, Camberwell Day Surgery and Panch Day Surgery Centre. All other facilities have their own MAC. The membership

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and terms of reference are designed to meet the requirements of the state based health departments overseeing private health providers in that state. Details of the Terms of Reference for the MACs can be found in the VEI Management Committees Terms of Reference. A key component of each MAC is the responsibility to grant clinical privileges and Scope of Clinical Practice to health professionals working within their specific Vision Day Hospital. The Credentialing process and requirements are detailed in the VEI Credentialing Policy and have been developed to ensure:

- a) promotion of efficient processes to confirm that medical practitioners are competent and adequately supported to provide safe, high quality care;
- b) processes are conducted in accordance with natural justice and confidentiality, without conflicts of interest or bias, and ensure that all decisions are based on equity and merit; and
- c) the medical registration status and insurance/indemnity cover of each Medical Practitioner is verified annually.

All Appointments to the Medical Advisory Committee are for a period of up to five (5) years. Reviews of all Medical Practitioners are undertaken annually, including documentation of up to date registration and indemnity insurance details.

The MACs report to the Clinical Care Committee.

The main objectives of the MACs include:

- I. Credentialing and determining Scope of Clinical Practice (as outlined above);
- II. Review of clinical indicators and adverse events;
- III. Monitoring of variations in health care outcomes
- IV. Participation in the planning, development, and implementation of quality programs in each VEI Facility;
- V. Review of clinical management and outcomes are in accordance with the requirements of these By-Laws; and
- VI. Promoting efficient clinical processes within each VEI Facility.

6 Application for Credentialing

6.1 Application

A Medical Practitioner is not permitted to provide Services at a Vision Day Hospital unless that practitioner is Credentialed by Vision Eye Institute under these By-Laws.

Each MAC has the responsibility for reviewing and endorsing all initial applications, as well as the ongoing recredentialing applications for existing Medical Practitioners. Each Application must outline the proposed Scope of Clinical Practice for the Medical Practitioner and provide information to support such Scope of Clinical Practice.

Once an Application along with the Credentialing Information is received, the credentialing process of formal review and approval through the applicable MAC will take place in accordance with item seven (7) below.

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Vision Eye Institute will only Credential doctors who meet the eligibility and qualifications requirements set out in sections 57 and 58 of the National Law, as well as any registration standards within the By-Laws.

6.2 Credentialing Information

Each Initial application must include the following:

- current AHPRA Medical Practitioner Registration, including evidence to practise as a specialist with the Australian Medical Practitioner Regulation Agency (AHPRA) and have Australasian Specialist Medical College Fellowship and status as a Fellow of an Australasian Specialist Medical College in relation to the specialty;
- provision of a minimum of two (2) professional references for verification, at the determination of the reviewer – at least one must be external to VEI;
- current Medical Indemnity;
- copies of qualifications;
- current curriculum vitae;
- details of any research or leadership positions;
- evidence of continuing education that relates to the role in which the medical practitioner is engaged, and relevant to the scope of clinical practice being sought;
- practice address and phone number;
- other hospitals which have granted professional privileges;
- evidence of recent practice, at an appropriate level that demonstrates the scope of clinical practice being sought;
- an applicant's declaration – covering matters such as any restrictions or conditions on their registration, criminal history, professional conduct and/or outstanding complaints;
- proof of identity (this should include documentation to complete a 100-point identity check); and;
- presentation of all associated requested documentation as per the policy *1.1.109 VEI Credentialing and Defining the Scope of Clinical Practice Policy*.

Each re-credentialing application must include the following:

- proof of current AHPRA Medical Practitioner Registration, a check of which is performed in the AHPRA system;
- current Medical Indemnity;
- evidence of continuing education that relates to the role in which the medical practitioner is engaged, and relevant to the current scope of clinical practice.

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7 The Process for Appointment

7.1 Application for Appointment

On receipt of a completed Application and all applicable Credentialing Information, the relevant Credentialing Officer shall review the Application and Credentialing Information including to:

- a) confirm references through confirmation of Specialist Medical College accreditation by the Australian Medical Council, or referee reports are obtained from the Medical Practitioner's nominated referees directly for review by the Medical Director;
- b) confirm AHPRA Medical Practitioner Registration, including evidence to practise as a specialist or have Australasian Specialist Medical College Fellowship and status as a Fellow of an Australasian Specialist Medical College in relation to the specialty; and
- c) refer the Application to the MAC.

On receipt of the Application, the MAC shall review the Application and Credentialing Information and satisfy itself as to the professional capabilities, knowledge, current fitness, and confidence held in the applicant.

Within thirty (30 days) of an Application being submitted to the MAC for review, the MAC will reach a determination and recommend appointment or non-appointment for granting clinical privileges and the Scope of Clinical Practice. The applicant shall be advised of the decision by the MAC within five (5) Business Days of such determination being made. Interim credentialing approval can be given by the Medical Director if the application meets the minimum requirements. This allows a Medical Practitioner to commence work in their scope of clinical practice if a scheduled MAC meeting is further into the future than desired. Interim credentialing approval shall be granted within five (5) business days of the application being submitted, and prior to the applicant undertaking any work for VEI.

7.2 Duration of Credentialing

All Appointments will be for a period of five (5) years in NSW, QLD and SA and three (3) years in VIC - after which timere-credentialing will occur and be determined by the MAC.

7.3 Delineation of Clinical Privileges

All Appointments will be made specifying the Scope of Clinical Practice, which will be confirmed in writing by a letter of appointment from the MAC delegate.

7.4 Confidentiality and Disclaimer of the Review Process

Information related to any practitioner submitted, collected, or prepared by any representative of Vision Eye Institute or Medical Practitioner, for the purpose of achieving and maintaining the safety and quality of patient care, to the fullest extent permitted by law, will remain confidential and not be disseminated to anyone, except where provided for in these By-Laws.

Deliberations and decisions by the Medical Advisory Committees are made in good faith and implemented without prejudice or malice in the interest of the patients and on behalf of Vision Eye Institute.

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No liability relating to the Credentialing Process is accepted by Vision Eye Institute or any of its personnel, including any members of the Medical Advisory Committee. Each applicant who applies, releases Vision Eye Institute and all of its personnel from any such potential liability.

8 Application for Re-appointment

At least ninety (90) days prior to the expiration date of any current appointment for each Medical Practitioner, the Director of Nursing for the specific Vision Day Hospital, in conjunction with the National Director of Nursing, shall invite the applicant to submit a re-application for ongoing credentialing to be considered. It will be the responsibility of the Medical Practitioner desiring re-appointment to submit their application within thirty (30) days of receipt of the invitation. Failure to comply with these timeframes, shall cause the current credentialing of the Medical Practitioner to lapse, and render the individual no longer able to provide services at any Vision Day Hospital, until such time as the re-appointment is resolved.

Upon receipt and verification of the above information, the Director of Nursing will submit the information to the Credentialing Officer and MAC, who will review the Application in accordance with item 7.1. If the scheduled MAC meeting does not suit the re-appointment timeframe, interim re-appointment privileges can be given, prior to the formal review of the re-application at the MAC.

9 Review of Credentialing Information

9.1 Annual Review of Registration and Medical Indemnity

It is the responsibility of each Credentialed Medical Practitioner to provide Vision Eye Institute with a copy of their annual renewal of AHPRA registration and proof of current/continued Medical Indemnity.

- Note: Casual anaesthetists will have their registration and insurance confirmed at the time of appointment and then prior to the provision of services only.

9.2 Information Provided upon Request

From time to time, Vision Eye Institute may request an updated copy of any of the Credentialing Information, and a Credentialed Medical Practitioner must provide such information within fourteen days (14) of the practitioner receiving such a request in writing.

10 Review or Termination of Appointment

Vision Eye Institute may, at any time with due notice, review, terminate or suspend any Appointment it has previously granted to a Medical Practitioner if Vision Eye Institute considers:

- a) the review, termination or suspension is in the interests of the care or safety of patients and/or staff;
- b) the Medical Practitioner has failed to observe the terms and conditions of the By-Laws or approved Scope of Practice;
- c) the Medical Practitioner fails to be duly licensed, registered or properly qualified to perform the Services within their Scope of Clinical Practice;
- d) the Medical Practitioner has become permanently incapable of performing his/her duties;
- e) the Medical Practitioner is determined to have engaged in unprofessional conduct,

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negligence, or wilful misconduct by AHPRA the Australian Medical Association or an applicable MAC.

- f) the Medical Practitioner is subject to any mandatory reporting under the AHPRA regulations.
- g) the Medical Practitioner is convicted of a criminal offence that brings, or is likely to bring Vision Eye Institute into disrepute;
- h) the Medical Practitioner's Medical Indemnity is invalidated as a result of an act or omission which would result in a claim under such policy being refused by the insurer; or
- i) the Medical Practitioner materially breached relevant State or Commonwealth legislation applicable to the Services.

In making any such decision, Vision Eye Institute may consider the views of any one or more of the applicable Medical Advisory Committee(s), the National Medical Director, or the CEO.

Vision Eye Institute will notify the Medical Practitioner in writing of its decision, including reasons why the Appointment has been reviewed, terminated, or suspended.

11 Appeals

11.1 Rights of Appeal Against Decisions Affecting Credentialing

There shall be no right of appeal against a decision to not approve initial Credentialing, Temporary Credentialing, Emergency, or locum Credentialing, continued Credentialing at the end of a probationary period or with respect to the period of Temporary Credentialing, Emergency Credentialing, or locum Credentialing.

Subject to the paragraph above, a Medical Practitioner shall have the rights of appeal as set out in these By-laws.

11.2 Appeal Process

A Medical Practitioner shall have fourteen (14) days from the date of notification of a decision to which there is a right of appeal in these By-Laws to lodge an appeal against the decision.

An appeal must be in writing to VEI and received within the fourteen (14) day appeal period or else the right to appeal is lost.

Unless decided otherwise by VEI in the circumstances of the particular case, which will only be in exceptional circumstances, lodgement of an appeal does not result in a stay of the decision under appeal and the decision will stand and be actioned accordingly.

Upon receipt of an appeal notice, it will immediately be forwarded to the CEO.

VEI will nominate an Appeal Committee to hear the appeal, establish terms of reference, and submit all relevant material to the chairperson of the Appeal Committee.

The Appeal Committee shall comprise at least three (3) persons and will include:

- I. a nominee of VEI, who may be a Credentialed Medical Practitioner, who must be

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independent of the decision under appeal regarding the Medical Practitioner, and who will be the chairperson of the Appeal Committee;

- II. a nominee of the relevant Vision Day Hospital, who may be a Credentialed Medical Practitioner, and who must be independent of the decision under appeal regarding the Medical Practitioner;
- III. any other member or members who bring specific expertise to the decision under appeal, as determined by VEI, who must be independent of the decision under appeal regarding the Medical Practitioner, and who may be a Credentialed Medical Practitioner. VEI at its complete discretion may invite the appellant to make suggestions or comments on the proposed additional members of the Appeal Committee [other than the nominees in (i) and (ii) above] but is not bound to follow the suggestions or comments.

Before accepting the appointment, the nominees will confirm that they do not have a known conflict of interest with the appellant and will sign a confidentiality agreement. Once all members of the Appeal Committee have accepted the appointment, VEI will notify the appellant of the members of the Appeal Committee.

Unless a shorter timeframe is agreed by the appellant and the Appeal Committee, the appellant shall be provided with at least 14 days' notice of the date for determination of the appeal by the Appeal Committee. The notice from the Appeal Committee will ordinarily set out the date for determination of the appeal, the members of the Appeal Committee, the process that will be adopted, and will invite the appellant to make a submission about the decision under appeal. Subject to an agreement to confidentiality from the appellant, the chairperson may provide the appellant with copies of material to be relied upon by the Appeal Committee.

The appellant will be given the opportunity to make a submission to the Appeal Committee. The Appeal Committee shall determine whether the submission by the appellant may be in writing or in person or both.

If the appellant elects to provide written submissions to the Appeal Committee, following such a request from the Appeal Committee for a written submission, unless a longer time frame is agreed between the appellant and Appeal Committee the written submission will be provided within 7 days of the request.

The Director of Nursing/GM of the relevant Vision Day Hospital (or nominee) may present to the Appeals Committee in order to support the decision under appeal.

If the appellant attends before the Appeal Committee to answer questions and to make submissions, the appellant is not entitled to have formal legal representation at the meeting of the Appeal 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 Appeal Committee.

The appellant shall not be present during Appeal Committee deliberations except when invited to be heard in respect of his/her appeal.

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The chairperson of the Appeal Committee shall determine any question of procedure for the Appeal Committee, with questions of procedure entirely within the discretion of the chairperson of the Appeal Committee.

The Appeal Committee will make a written recommendation regarding the appeal to VEI, including provision of reasons for the recommendation. The recommendation may be made by a majority of the members of the Appeal Committee and if an even number of Appeal Committee members, then the chairperson has the deciding vote. A copy of the recommendation will be provided to the appellant.

VEI will consider the recommendation of the Appeal Committee and decide about the appeal.

The decision of VEI will be notified in writing to the appellant. The decision of VEI is final and binding, and there is no further appeal allowed under these By-Laws from this decision.

The decision of VEI in relation to the appeal will be notified to all other relevant Vision Day Surgeries where the Medical Practitioner holds Credentialing.

If a notification has already been given to an external agency, such as a registration Board, then VEI will notify that external agency of the appeal decision. If a notification has not already been given, VEI will decide whether notification should now occur based upon the relevant considerations for notification to an external agency as set out in these By-laws relating to the decision under appeal.

12 Admitting Patients

12.1 Admitting Practitioner

A Medical Practitioner must not admit a client to a VEI Facility or to receive Services from a VEI Facility unless authorised to do so by Vision Eye Institute (including authorisation under any terms of employment, contract for services or Appointment).

The relevant Credentialled Medical Practitioner or Director of Nursing reserve the right to refuse any admission that they consider may adversely affect the relevant VEI Facility's operational performance, reputation, or safety.

The Credentialled Medical Practitioner admitting a patient to any VEI Facility will be regarded as the Medical Practitioner responsible for that patient. Discharge of a patient may be authorised only by the responsible Medical Practitioner or by his/her delegate. Any transfer of care of a patient must be recorded by the admitting Medical Practitioner in the medical record.

For each admitted patient under the care of a Credentialled Medical Practitioner, the Medical Practitioner must:

- attend to clients as often as is necessary to ensure safe, high quality client care;
- use all reasonable means to keep every client under the Medical Practitioner's care fully informed of the client's condition, management, and progress, and to respond to reasonable requests for information from nominated family members;
- be available, or deputise another appropriately qualified authorised personnel, for emergency calls with respect to their clients; and

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- make appropriate arrangements (including by ensuring that other suitably qualified authorised personnel are available) for client care when the Medical Practitioner is ill, on leave or otherwise unable to attend their clients.

12.2 Emergency Privileges

In the case of an emergency, any Medical Practitioner, regardless of privileges or Scope of Clinical Practice previously granted, shall be permitted, and assisted to do everything possible for the immediate critical care of a patient, using every facility of the VEI Facility as necessary, including the calling of any consultant necessary to continue to treat the patient. For the purpose of this section, an "emergency" is defined as a condition in which serious harm could result to the patient, or the patient is in immediate danger or in which any delay in administering treatment would add to that danger.

Emergency privileges can be requested by non-Credentialed practitioners. An application form will be required, and copies of relevant documentation provided for review and approval by the relevant Medical Director. Verbal privileges may be granted by the Medical Director in such emergency situations only.

12.3 Documentation and Reports

- a) All orders for treatment of admitted patients shall be in writing. A verbal order shall be considered to be in writing if dictated to a duly authorised person, functioning within his/her sphere of competence, and signed by the responsible practitioner.
- b) The practitioner's orders must be written clearly, legibly, and completely. Orders which are illegible or improperly written will not be carried out until they are rewritten or understood.
- c) Consultation request forms for radiology and pathology shall be completed and signed by the Credentialed Medical Practitioner who is responsible for providing necessary clinical data.
- d) Credentialed Medical Practitioners will report to the relevant Director of Nursing any incidents, infections or adverse events and will assist with incident management, investigation, and reviews (including root cause analysis and other system reviews) and open disclosure processes.

12.4 Rights and Responsibilities

Vision Eye Institute has adopted the Australian Charter of Health Care Rights (Australian Commission on Safety and Quality in Health Care) with copies on display and available for all patients. The Charter ensures patients are made aware of their rights and responsibilities during their episode of care.

12.5 Experimental Procedures

Vision Eye Institute requires high standards of personal and professional conduct in accordance with the Code of Ethics of the Australian Medical Association and regulatory bodies. Participation in experimental procedures or research must be approved prior to treatment by the relevant Ethics Committee and / or the Clinical Care Committee.

12.6 Open Disclosure

Vision Eye Institute has a policy of open disclosure in relation to any incident/adverse event that causes harm or has the potential to cause harm to a patient whilst a patient is receiving treatment at a VEI facility. In the event of an incident/adverse event the following applies:

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- a) A full explanation of the event, including the possible consequences, must be provided to the patient, and clearly documented in the patient files, from the facility where the event occurred.
- b) An Incident Report must be completed in RiskMan, and a full investigation needs to be conducted including processes put in place to prevent the incident occurring again.
- c) All patient incidents must be reported to the Medical Advisory Committee.

For further information on open disclosure please refer to the VEI Open Disclosure Policy.

12.7 Introduction of New Products, Services or Technology

New products, services or technology includes, but is not limited to:

- Non-approved products;
- Clinical trials;
- Revised use of technology; or
- More than incremental development or changes to established treatment.

To ensure consideration is given to the safety and quality of care for our patients and to ensure an implementation strategy is developed, the introduction of any new products, services or technology shall only be carried out if:

- a) it is to be carried out by a Medical Practitioner with the appropriate credentials and clinical privileges granted in accordance with these By-Laws;
- b) appropriate insurance cover is in place;
- c) it is within the Medical Practitioner's Scope of Practice and AHPRA registration; and
- d) the Medical Practitioner has submitted details to the Medical Director for appropriate review and approval by the Clinical Care Committee prior to implementation.

For more information refer to VEI policy *1.2.20 Introduction of New Services and Procedures*.

13 Systems Access and Security

Any use of or access to Vision Eye Institute's premises, information, assets, and systems (including computers, networks, and voicemail) granted to a Credentialed Medical Practitioner is subject to the following conditions:

- a) the Medical Practitioner will, comply with all reasonable security regulations, procedures, and directions which Vision Eye Institute may give from time to time regarding any aspect of security or access;
- b) without limiting the operation of item a), the Medical Practitioner will ensure that, when accessing Vision Eye Institute's information, assets and systems, they have adequate security measures in place to comply with the obligations under this item 13 and that such access will not impair the integrity or availability of Vision Eye Institute's information, assets and systems or the confidentiality of the information;
- c) such use or access is only granted to the Medical Practitioner for the purpose of performing

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the Services and is limited to the specific premises and information, assets and systems and time periods (if any) designated by Vision Eye Institute from time to time; and

- d) Vision Eye Institute does not warrant that access to Vision Eye Institute's information, assets or systems will be continuous or fault-free.

14 Revision of By-Laws

Vision Eye Institute may from time to time amend any By-Laws. Vision Eye Institute will inform relevant personnel of any change to these By-Laws within 30 days of these By-Laws taking effect. A copy of the current By-Laws will be available on the Vision Eye Institute and Vision Hospital Group websites.

15 Interpretation

In these By-Laws unless the context requires otherwise:

- a) the singular includes the plural and vice versa and the headings are used for convenience only and do not affect the interpretation of the By-Laws;
- b) other grammatical forms of defined words or expressions have corresponding meanings;
- c) a reference to a document includes the document as modified from time to time and any document replacing it; and a reference to all or any part of a statute, rule, regulation, or ordinance (statute) includes that statute as amended, consolidated, re-enacted, or replaced from time to time;
- d) the word "person" includes a natural person, partnership, body corporate, association, governmental or local authority, agency and anybody or entity whether incorporated or not;
- e) the word "month" means calendar month and the word "year" means twelve (12) months;
- f) the words "in writing" include any communication sent by letter, facsimile transmission or email or any other form of communication capable of being read by the recipient;
- g) wherever "include", "for example" or any form of those words or similar expressions is used, it must be construed as if it were followed by "(without being limited to)"; and
- h) a reference to any agency or body, if that agency or body ceases to exist or is reconstituted, renamed, or replaced or has its powers or functions removed (defunct body), means the agency or body which performs most closely the functions of the defunct body.

16 Definitions and Interpretation

In these By-Laws, unless otherwise indicated:

Application	an application to provide Services at a VEI Facility where the Medical Practitioner submits their clinical profile
Appointment	a right to provide Services at any VEI Facility in accordance with the terms of these By-Laws.

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AHPRA	Australian Health Practitioner Regulation Agency (AHPRA) is the national organisation responsible for implementing the National Registration and Accreditation Scheme (the National Scheme) across Australia
AMA	Australian Medical Association
Board/Board of Directors	the Vision Eye Institute Limited Board of Directors
By-laws	these by laws
Credentialed	a Medical Practitioner whose Application has been approved and has received an Appointment to provide Services at any VEI Facility under these By-Laws
Credentialing	the formal process used to verify the qualifications, experience, and professional standing (including history of and current status with respect to professional registration, disciplinary actions, Medical Indemnity, and criminal record) of 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 specific organisational environments
Credentialing Information	the information in item 6.2 of these By-Laws
Credentialing Officer	Director of Nursing or member of senior management who is responsible for coordinating the Application and Credentialing process
Confidential Information	<p>all information belonging or relating to Vision Eye Institute (including its related entities) whether oral, graphic, electronic, written or in any other form, that is:</p> <p class="list-item-l1">(a) or should reasonably be regarded as, confidential to the party to whom it belongs or relates; or</p> <p class="list-item-l1">(b) not generally available to the public at the time of disclosure other than by reason of a breach of these By-Laws, and</p> <p>for the avoidance of doubt, includes any Medical Records, policies, and procedures of Vision Eye Institute.</p>
Director of Nursing (DON)	the Senior Registered Nurse of the applicable Vision Day Hospital
Medical Indemnity	insurance product to comply with Medical Indemnity (Prudential Supervision and Product Standards) Act 2003 (Cth)

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Medical Advisory Committee (MAC)	the committee of Medical Practitioners who provide oversight of their nominated Vision Day Hospital and conduct the Credentialing process with respect to that day surgery
Medical Director – site specific	the senior Medical Practitioner nominated to this role by Vision Eye Institute
Medical Practitioner	<p>a person who is registered to practise medicine within the relevant State or Territory (such as ophthalmologists and anaesthetists) who:</p> <p>(a) has obtained a higher medical qualification in their nominated speciality, and</p> <p>(b) has been recognised as a specialist in their nominated category, for the purpose of the Health Insurance Act 1973 (Commonwealth)</p>
Medical Record	the health and medical records with respect to a patient treated at a VEI Facility
National Law	the Health Practitioner Regulation National Law as enacted in each applicable State and Territory
National Medical Director	The National Medical Director role at VEI/VHG is a Board appointed position tasked with advising and supporting the VEI Board and Executive Leadership Team (ELT) on key matters relevant to the Partner Doctor group.
Personal Information	information or an opinion about an identified individual, or an individual who is reasonably identifiable, whether the information or opinion is true or not; and whether the information or opinion is recorded in a material form or not
Privacy Laws	the Privacy Act 1988 (Cth), the Spam Act 2003 (Cth), the Health Records and Information Privacy Act 2002 (NSW), the Health Records (Privacy and Access) Act 1997 (ACT), the Health Records Act 2001 (Vic) and all other laws, rules, regulations, and Codes of Practice issued under the foregoing that apply to a party, and which relate to the privacy, confidentiality, protection, or processing of Personal Information.
Re-credentialing	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 medical 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.
Scope of Clinical Practice	an individual Medical Practitioner's scope of clinical practice within a VEI Facility based on the individual's credentials, competence, performance and professional suitability and the needs and the capability of the VEI Facility to support such clinical practice.
Services	any health care service provided to patients at a VEI Facility, including any ophthalmic services.
Surgeon's assistant	a surgeon's assistant or surgical assistant performs a specialized role, as part of the healthcare team that performs surgical procedures. The role may be carried out by a Doctor of Medicine,

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	nurses who have completed nursing credentials and certifications or an allied health professional with appropriate training in surgery.
Vision Day Hospital (VDS)	any day surgery operated by Vision Eye Institute including: <ul style="list-style-type: none"> • North Queensland Day Surgical Centre • RiverCity Private Hospital • Forest Road Day Surgery • Chatswood Day Surgery • Whitehorse Day Surgery • Boroondara Day Surgery • Camberwell Day Surgery • Footscray Day Surgery • Panch Day Surgery Centre • Windsor Gardens Day Surgery • Vision Centre Day Surgery
VEI Facility	any clinic, centre or hospital operated by Vision Eye Institute, including any Vision Day Hospital.
Vision Eye Institute (VEI)	Vision Eye Institute Limited and all of its related bodies corporate (as that term is defined in the <i>Corporations Act 2001 (Cth)</i>)
Visiting Medical Officer (VMO)	medical or allied health professionals, approved to perform work as an appointed practitioner at a Vision Day Hospital, other than as an employee

17 References

Name/Link	Source
VEI Credentialing Policy	VEI Internal
VEI Employee Handbook	VEI Internal
VEI Code of Conduct	VEI Internal
Australian Charter of Healthcare Rights (2019)	Australian Commission on Safety and Quality in Health Care
Australian Open Disclosure Framework Better communication, a better way to care (2013)	Office of the Australian Information Commissioner – Australian Government
Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners (2015)	Australian Commission on Safety and Quality in Health Care
Health Practitioner Regulation National Law (NSW) No 86a	Australian Health Practitioner Regulation Agency

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Health Practitioner Regulation National Law (Queensland) From 1 July 2014: Health Ombudsman Act 2013	Australian Health Practitioner Regulation Agency
Health Practitioner Regulation National Law (South Australia) Act 2010	Australian Health Practitioner Regulation Agency
Health Practitioner Regulation National Law Act 2009	Australian Health Practitioner Regulation Agency
Medical Board of Australia	Australian Health Practitioner Regulation Agency
Medical Indemnity (Prudential Supervision and Product Standards) Act 2003 (Cth).	
Privacy Act 1988	Office of the Australian Information Commissioner
Specialist Medical Colleges	Australian Medical Council

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