

SUNSHINE CLINIC PRIVATE HOSPITAL BY-LAWS

Introduction, Vision, Mission and Values

About Sunshine Clinic Private Hospital

Sunshine Clinic Private Hospital is a dedicated, purpose-built mental health facility in Melbourne, committed to delivering exceptional, evidence-based care. We provide high-quality psychiatric treatment and psychosocial support underpinned by recovery-oriented and trauma-informed principles, with an unwavering commitment to the safety, dignity, and autonomy of every person accessing our services.

Vision

To drive the transformation of mental health care through compassion and innovation, and clinical excellence, creating a lasting, positive impact for individuals, families and the broader community, and beyond.

Mission

To deliver accessible, high-quality psychiatric care and psychosocial support that empowers individuals to achieve mental wellness, build resilience, and live with independence and purpose.

Values

- **Respect and Dignity:** We recognise and uphold the inherent worth, rights, and individuality of every person.
- **Integrity** – We act ethically, honestly, and transparently in all decisions and actions.
- **Excellence** – We strive for the highest standards in clinical care, safety, governance and service delivery.
- **Collaboration** – We work in genuine partnership with consumers, carers, clinicians, and the community to achieve the best possible outcomes.
- **Compassion** – We provide care with empathy, understanding, and kindness, ensuring every interaction promotes trust.

Definitions

For the purpose of these By-Laws:

- **Accredited Medical Practitioner** – A medical practitioner who has been granted Clinical Privileges at Sunshine Clinic Private Hospital in accordance with these By-Laws.

- **Accredited Allied Health Practitioner** – An allied health practitioner who has been granted Clinical Privileges at Sunshine Clinic Private Hospital in accordance with these By-Laws.
- **Clinical Privileges** – The specific clinical activities, procedures, or treatments that an Accredited Medical Practitioner or Accredited Allied Health Practitioner is authorised to perform within Sunshine Clinic Private Hospital.
- **Scope of Clinical Practice** – The extent of a practitioner’s clinical authority, as defined and approved during the accreditation process.
- **Medical Advisory Committee (MAC)** – The committee established under these By-Laws to provide advice on accreditation, clinical governance and patient care and safety.
- **Medical Director** – The senior medical officer appointed by Sunshine Clinic Private Hospital with responsibility for clinical oversight, governance, and the safe delivery of care.
- **Hospital** – Refers to Sunshine Clinic Private Hospital, including all its facilities, services, and operations.
- **Chief Executive Officer (CEO)** – The most senior executive of Sunshine Clinic Private Hospital, responsible for overall management, operational governance, and implementation of Board-approved strategies and policies.
- **Clinical Governance Committee** – The committee responsible for overseeing quality and safety systems, clinical risk management, and continuous improvement within Sunshine Clinic Private Hospital.
- **New Procedure** – A new interventional technology, treatment, or procedure being introduced at Sunshine Clinic Private Hospital for the first time, or one not routinely performed by the requesting practitioner within the Hospital.
- **Extraordinary MAC Meeting** – A meeting of the MAC convened outside the regular meeting schedule to address urgent or exceptional matters.
- **Quorum** – The minimum number of MAC members required to be present for the committee to conduct official business 50% +1 must include psychiatrists.
- **Open Disclosure** – The process of providing open, honest, and timely communication with patients when an adverse event occurs, in accordance with the Australian Open Disclosure Framework and Sunshine Clinic Private Hospital’s Duty of Candour obligations.
- **Accreditation** – The formal process of granting, reviewing, suspending, or terminating a practitioner’s Clinical Privileges at Sunshine Clinic Private Hospital.
- **Suspension of Accreditation** – The temporary withdrawal of a practitioner’s Clinical Privileges pending investigation, rectification of a specified matter, or further determination.

- **Termination of Accreditation** – The permanent withdrawal of a practitioner’s Clinical Privileges.
- **Fitness to Practise** – The ability of a practitioner to competently, safely, and ethically perform their professional role in accordance with their Scope of Clinical Practice.
- **Internal Review** – An assessment process conducted by the Medical Director and reviewed by the MAC to determine a practitioner’s Fitness to Practise.
- **External Review** – An independent assessment of a practitioner’s Fitness to Practise conducted by a suitably qualified medical practitioner not affiliated with Sunshine Clinic Private Hospital.
- **Emergency Situation** – Any situation where urgent clinical action is required to protect a patient’s health or safety when the admitting practitioner is unavailable.
- **Covering or Alternate Practitioner** – Another Accredited Medical Practitioner designated to assume clinical responsibility for patients when the admitting practitioner is unavailable.

By-Laws Purpose and Function

These By-Laws are the formal governance policies of Sunshine Clinic Private Hospital, approved by the Board, and apply to all Accredited Medical Practitioners and Accredited Allied Health Practitioners. They set out the rights, responsibilities, and obligations of accredited practitioners, and form part of the Hospital’s clinical governance framework.

These By-Laws are accessible to all staff of Sunshine Clinic Private Hospital via the Sunshine Clinic SharePoint. The Hospital recognises that the primary therapeutic relationship is between the admitting Accredited Medical Practitioner and the consumer, and these By-Laws are designed to support and protect that relationship while ensuring safe, high-quality, and compliant service delivery.

In consultation with the Board and the Medical Advisory Committee (MAC), these By-Laws may be reviewed and amended from time to time. Any approved amendments will be incorporated into this document and communicated to all Accredited Medical Practitioners and Accredited Allied Health Practitioners.

Medical Advisory Committee (MAC)

The MAC is established to provide expert clinical advice to the Chief Executive Officer and senior executives of Sunshine Clinic Private Hospital on matters relating to the accreditation of medical practitioners, patient care, clinical safety, and quality improvement. The MAC also serves as a forum for open, professional communication between accredited practitioners and Hospital management.

The MAC operates in alignment with the Australian Commission on Safety and Quality in Health Care standards and the principles of the Australian Charter of Healthcare Rights.

The composition, appointment, responsibilities, and authority of the MAC, as well as the processes for accrediting medical practitioners, are set out in the MAC Terms of Reference, which form part of the Hospital’s governance framework.

Confidential information

Subject to the exceptions set out below, every Accredited Medical Practitioner must keep confidential the following information:

- Business information concerning the Company or the Hospital;
- The proceedings relating to the insurance arrangements of the Company;
- The proceedings relating to the accreditation and determination of the Scope of Clinical Practice of the medical practitioner;
- Practice of the medical practitioner;
- Discussions relating to the performance of any Accredited Medical Practitioner;
- Internal events and clinical incidents; and
- Information concerning any patient or member of the staff of the Hospital.

The confidentiality requirements above prohibit the recipient of the confidential information from using it, copying it, disclosing it to someone else, reproducing it or making it public.

Exceptions: when confidentiality can be breached:

The confidentiality requirements above do not apply in the following circumstances:

- Where disclosure is required by law;
- Where a regulatory body requires disclosure in connection with the Accredited Medical Practitioner or the Hospital;
- Where the person to whom the confidential information concerns consents to the disclosure or waives their confidentiality; or
- Where disclosure is required to perform any requirement of these By-Laws.

Confidentiality obligations continue

The confidentiality requirements set out in these By-Laws continue with full force and effect after the Accredited Medical Practitioner ceases to be accredited.

Accreditation of Medical Practitioners

Purpose

The purpose of accreditation is to ensure that all practitioners seeking Clinical Privileges at the Hospital hold appropriate qualifications, professional registration, and relevant experience, and that their Scope of Clinical Practice is clearly defined and aligned with the Hospital's service capability.

The accreditation process complies with the requirements of the Victorian Department of Health, applicable Victorian legislation (including the *Health Services Act 1988 (Vic)* and any subordinate regulations), and recognised professional standards.

Accreditation process

The process of accrediting medical practitioners and/or allied health practitioners, including the granting, periodic review, suspension, and termination of Clinical Privileges, is the responsibility of the CEO, acting on the advice of the MAC.

Accreditation is a condition of practising within the Hospital, and all accredited practitioners must comply with these By-Laws, Hospital policies, and applicable laws and professional codes at all times.

Introduction of New Clinical Services, Procedures and Other Interventions

Definition of New Procedure

A “New Procedure” refers to:

- Any interventional technology, treatment, or procedure being introduced at the Hospital for the first time; or
- Any interventional technology, treatment, or procedure not routinely performed by the Accredited Medical Practitioner or Accredited Allied Health Practitioner who is seeking to perform it at the Hospital for the first time.

A procedure may also be deemed a New Procedure (or substantially new) at the discretion of the Medical Director or the CEO.

Approval Process

1. **Written Approval Required** – Once deemed a New Procedure, and prior to treating patients, the Accredited Medical Practitioner or Accredited Allied Health Practitioner must obtain written approval from the MAC.
2. **Temporary Approval** – If MAC approval is required before the next scheduled MAC meeting, the CEO, in conjunction with the Medical Director, may grant temporary approval.
3. **MAC Considerations** – Before granting approval, the MAC must consider:
 - Whether the practitioner’s medical indemnity insurance adequately covers the New Procedure.
 - What training or credentialing is required, and whether such training is available (e.g., via the manufacturer or another accredited body).
4. **Final Approval** – Patients may only be admitted for treatment with the New Procedure once the MAC (or CEO/Medical Director in the case of temporary approval) is satisfied that all requirements have been met.

Participation in Research Activities

No medical research activities will be undertaken at Sunshine Clinic Private Hospital without prior written approval.

Before providing approval, the MAC requires the following:

1. **Written Proposal** – A letter from the Accredited Medical Practitioner(s) involved describing:

- Their planned involvement;
 - The procedures to be undertaken; and
 - The anticipated impact on the Hospital's operations and resources.
2. **Ethics Approval** – Proof that approval has been obtained from an appropriate National Health and Medical Research Council (NHMRC) constituted human research ethics committee, and confirmation that necessary insurance cover is provided under current Hospital insurance policies.
 3. **Protocol Compliance** – Confirmation that the protocol contained within the ethics committee application can be complied with and accurately reflects the Hospital's service capacity.
 4. **Risk Assessment** – An independent assessment by the MAC of the clinical risks involved, with external advice obtained where necessary.
 5. **Resource Assessment** – Assessment by the CEO of the nursing, consumables, and equipment requirements relating to the study.
 6. **Insurance Confirmation** – Verification by the CEO that the Hospital's insurance provides appropriate cover for any proposed medical research activities.

If the proposed research activities involve the introduction of a New Procedure, the "Introduction of New Clinical Services, Procedures and Other Interventions" process must also be followed.

Responsibilities of Medical Practitioners and Allied Health Practitioners

Professional conduct

Accredited Medical Practitioners and Accredited Allied Health Practitioners are required to comply with Sunshine Clinic's policies as well as any Standards, Regulations, Acts, and policies relating to their practice as an Accredited Practitioner.

An Accredited Medical Practitioner or Accredited Allied Health Practitioner is required to always treat patients in accordance with their Scope of Clinical Practice as defined by the terms of their accreditation, and within the limits of their professional registration.

Use of logos and trademarks

Practitioners must not use any Sunshine Clinic Private Hospital trademark, logo, or letterhead in a way that implies representation of the Hospital without prior written approval from the CEO or their delegate.

Behaviours in violation of By-Laws

Accredited Medical Practitioners or Accredited Allied Health Practitioners must report to the CEO knowledge of any violation of these By-Laws, or any information of concern that may indicate that an Accredited Medical Practitioner or Accredited Allied Health Practitioner is unfit for practice.

Disclosure obligations

Accredited Medical Practitioners or Accredited Allied Health Practitioners must disclose any instances that they (or any related party) may be required to make by law, including, but not limited to, compliance with applicable Acts or Regulations, and where appropriate, to an Accredited Medical Practitioner or Accredited Allied Health Practitioners membership or registration with a professional body such as the Australian Health Practitioner Regulation Agency (AHPRA).

Privacy and Confidentiality

Accredited Medical Practitioners and Accredited Allied Health Practitioners must abide by patient confidentiality principles as well as the confidentiality provisions described above.

Open disclosure

Accredited Medical Practitioners and Accredited Allied Health Practitioners agree to adhere to Open Disclosure principles as well as the Sunshine Clinic's Policies and Procedures on Open Disclosure.

Participate in quality activities.

Sunshine Clinic Private Hospital will undertake reviews and audits in the interests of maintaining quality assurance and professional standards. All Accredited Medical Practitioners and Accredited Allied Health Practitioners are required to participate where relevant, and to comply with relevant policies, procedures and guidelines of the Hospital and, where relevant, other best-practice guidelines, including the clinical care standards developed by the Australian Commission of Safety and Quality in Health Care.

Accredited Medical Practitioners and Accredited Allied Health Practitioners are required to participate in continuing professional educational activities as appropriate and as required by their relevant professional body. They will contribute to continuous improvement by recommending enhancements that may improve the quality and safety of patient care. This is overseen by the Clinical Governance Committee of the Hospital, which is responsible for identifying and implementing strategies to support continuous improvement in clinical governance.

Accredited Medical Practitioners and Accredited Allied Health Practitioners will participate in the timely collection of data pertaining to the Hospital's participation in Clinical Indicator collection or other quality activities.

Professional Obligations

Accredited Medical Practitioners and Accredited Allied Health Practitioners will ensure that adequate indemnity insurance appropriate to the Scope of Clinical Practice is maintained at all times.

Accredited Medical Practitioners and Accredited Allied Health Practitioners are required to provide the Hospital with evidence of compliance with continuing professional development, mandatory education, and training requirements as stipulated by their relevant professional body on an annual basis.

Alterations to credentials

Accredited Medical and Allied Health Practitioners are required to promptly advise the CEO if any of the following occur:

- A statutory professional registration board makes an adverse finding against the practitioner
- A statutory professional registration board revokes or suspends their registration or places any condition, notation or limitation on the practitioner's registration or right to practise
- The Practitioner's appointment as an Accredited Medical Practitioner or Accredited Allied Health Practitioner at another Hospital is changed in any way
- The Accredited Medical Practitioner or Accredited Allied Health Practitioner is charged with or convicted of a serious criminal offence.

Suspension of accreditation

On the advice of the Medical Director, the CEO may immediately suspend the accreditation of an Accredited Medical Practitioner or Accredited Allied Health Practitioner where it is considered that continuation of their practice may pose a risk to patient safety, staff safety, or the effective operation of the Hospital. Grounds for suspension may include (but are not limited to):

- Patient care or safety being compromised;
- The efficient operation of the Hospital being unduly hindered;
- Breach of these By-Laws; or
- Circumstances requiring urgent action that cannot reasonably be deferred until the next MAC meeting.

Suspension may be imposed:

- As an interim measure pending further investigation or determination of whether accreditation should be varied, terminated, or otherwise conditioned; or
- In circumstances where the CEO and Medical Director reasonably believe the matter can be rectified within a specified period by the practitioner.

The Medical Director will advise the practitioner in writing of:

- The reasons for the suspension;
- Any actions required to address the matter; and
- The timeframe within which a response is required.

Suspension will ordinarily be followed by a "show cause" process, except in circumstances of serious and unambiguous misconduct (e.g. criminal charges for violence) where immediate termination of accreditation may be warranted.

A practitioner may request the Medical Director to suspend accreditation for a stated period for good cause, such as study leave, to preserve the practitioner's right to automatically resume accreditation at the end of the period without having to reapply for accreditation or without threat of termination for non-use of privileges.

Termination of accreditation

On the advice of the Medical Director and CEO, Sunshine Clinic Private Hospital may terminate an Accredited Medical Practitioner or Accredited Allied Health Practitioner's accreditation in the following circumstances:

- The Accredited Medical Practitioner or Accredited Allied Health Practitioner fails to rectify a matter noted in accordance with the above
- A statutory professional registration board makes an adverse finding against the Accredited Medical Practitioner or Accredited Allied Health Practitioner or places any condition, notation or limitation on their registration or right to practise
- The Accredited Medical Practitioner or Accredited Allied Health Practitioner's registration or right to practise is cancelled
- The Practitioner has not exercised admission rights for a continuous period of twelve (12) months. Beyond this time, any subsequent application for accreditation will be treated as a new application and not as a re-credentialling.
- The clinical services provided by the Hospital change (for example, where the Hospital ceases to offer a particular service or therapy, such as repetitive Transcranial Magnetic Stimulation), and the Practitioner's accreditation is no longer applicable.
- The professional conduct or performance of the Accredited Medical Practitioner or Accredited Allied Health Practitioner is reasonably determined to be below acceptable standards of professional responsibility or care. Except in clear and serious cases warranting immediate termination (for example, substantiated patient harm, urgent risk to safety, or criminal conduct), such determinations will first be referred for independent external review before a final decision is made. The external review will be conducted by an appropriately qualified external reviewer or body to ensure impartiality and procedural fairness.
- The Accredited Medical Practitioner or Accredited Allied Health Practitioner is convicted of a serious criminal offence or any other serious offence which may adversely affect their ability to discharge their duty of care owed to patients.

Fitness to practice

An assessment of an Accredited Medical Practitioner or Accredited Allied Health Practitioner's fitness to practice evaluates the confidence able to be placed in the practitioner's ability to discharge the duty of care owed to patients. An assessment of fitness to practice may be undertaken by Internal and/or External Review.

Internal Review of fitness to practice

An Internal Review may be initiated by the Medical Director and undertaken by the Medical

Director and the MAC. The Internal Review may be undertaken as part of an ordinary MAC meeting or by an Extraordinary MAC meeting. The meeting must consist of a Quorum and result in a vote by MAC members to recommend whether to continue, impose conditions upon, suspend or terminate an Accredited Medical Practitioner or Accredited Allied Health Practitioner's accreditation based on the MAC's assessment of the Accredited Allied Health Practitioner's current fitness to practice. Following an assessment, the Medical Director will communicate in writing the MAC's recommendation to the CEO.

If the Accredited Medical Practitioner or Accredited Allied Health Practitioner concerned disputes the decision of Sunshine Clinic Private Hospital following an Internal Review of fitness to practice, the Accredited Medical Practitioner or Accredited Allied Health Practitioner may request an External Review.

External Review of fitness to practice

An External Review may be initiated by the Medical Director and undertaken by a Medical Practitioner (Reviewer) who is not an Accredited Medical Practitioner of the Hospital and independent of the Accredited Medical Practitioner or Accredited Allied Health Practitioner who is subject of the review. The Reviewer is required to provide a report to the CEO and Medical Director. The report will be required to contain a summary of the Reviewer's assessment of the Accredited Medical Practitioner or Accredited Allied Health Practitioner's fitness to practice, as well as a recommendation to continue, impose conditions upon, suspend or revoke the Accredited Medical Practitioner or Accredited Allied Health Practitioner's accreditation.

Sunshine Clinic Private Hospital obligations following Internal or External Review.

On receipt of the MAC's written recommendation following an Internal Review, or the External Reviewer's report following an External Review, the CEO shall consider and respond in writing to MAC and the affected Medical Practitioner or Accredited Allied Health Practitioner regarding the recommendation within 7 days.

Resignation

An Accredited Medical Practitioner or Accredited Allied Health Practitioner who wishes to resign their accreditation status shall forward a written resignation to the chairman of the MAC, giving 14 days' notice.

Appeals relating to re-accreditation and Scope of Clinical Practice decisions

If an Accredited Medical Practitioner or Accredited Allied Health Practitioner disputes a decision not to reappoint the Accredited Medical Practitioner or Accredited Allied Health Practitioner, or to impose conditions varying the Accredited Medical Practitioner or Accredited Allied Health Practitioner's Scope of Clinical Practice on re-accreditation, the Accredited Medical Practitioner or Accredited Allied Health Practitioner may request a review of the decision up to 30 days after notice of the finding is deemed to have been received. A request for review must be in writing and addressed to the Medical Director of the Hospital.

The requested review will be undertaken by the Medical Director and the MAC. This may be undertaken as part of an ordinary MAC meeting or by an Extraordinary MAC meeting. Following the assessment, the Medical Director will communicate in writing the MAC's

recommendation to the Accredited Medical Practitioner or Accredited Allied Health Practitioner and the CEO.

Clinical Guidelines

Patient rights and responsibilities

Accredited Medical Practitioners and Accredited Allied Health Practitioners will adhere to the principles of the Australian Charter of Healthcare Rights.

Management of care

An Accredited Medical Practitioner and Accredited Allied Health Practitioner are required to provide professional services with due skill, care and diligence in undertaking the responsibilities of diagnosis and care, the selection and performance of the appropriate procedures/interventions, and appropriate planning for safe discharge of a patient.

Attend/Review patients

Accredited Medical Practitioners and Accredited Allied Health Practitioners are required to ensure that all reasonable requests by Hospital staff are responded to in a timely manner and, in particular, patients are promptly attended to when reasonably requested by Hospital staff for valid clinical reason. Arrangements for alternate medical care must be in place and communicated to the Hospital if the admitting practitioner is unable to attend the Hospital for any reason.

Other Accredited Medical Practitioner or Accredited Allied Health Practitioner requirements

Admission Criteria

Accredited Medical Practitioners or Accredited Allied Health Practitioners must adhere to the Hospital's admission criteria at all times.

Consent

Explanation of the nature and risks of any treatment plan or procedure is essential and is to be undertaken personally by the Accredited Medical Practitioner or Accredited Allied Health Practitioner. The practitioner admitting the patient must ensure that consent for any procedure is documented (and signed by both the patient and Accredited Medical Practitioner) on the Hospital's consent form prior to commencement of the procedure.

Financial Consent and Fee Conduct

Accredited Medical Practitioners or Accredited Allied Health Practitioners must confirm with accepted standards of Informed Financial Consent. Accredited Medical Practitioners or Accredited Allied Health Practitioners also agree to ensure that the professional fees charged to patients are justifiable and reasonable and do not exploit a patient's need or take financial advantage of the patient.

Medication Management

Accredited Medical Practitioners must write all medication orders in the patient's medical record, as well as complete any necessary prescription forms.

When medication is ordered by telephone, the order must be communicated to the Registered Nurse and verified by a second nurse, who may be either a Registered Nurse or an Enrolled Nurse with the appropriate medication endorsement. The prescribing medical

practitioner must subsequently confirm and sign the medication order on the patient's medication order sheet at the time of their next attendance at the Hospital.

Medical record documentation

An Accredited Medical Practitioner or Accredited Allied Health Practitioner must ensure that patient medical records are adequately and accurately maintained, including that they:

- Satisfy the standards required by NSQHSS accreditation practices and government legislation
- Include all information and discharge instructions reasonably necessary to allow the Hospital to care for patients

Adherence to Hospital Policies and Procedures

All Accredited Medical Practitioners and Accredited Allied Health Practitioners will adhere to the Hospital's policies and procedures as amended from time to time.

Emergency situations

Accredited Medical Practitioners must advise the CEO in writing of any changes to their contact details (including mobile telephone numbers, email and postal addresses) along with the contact details for any covering or alternate practitioners responsible in the event of the Accredited Medical Practitioner being unavailable. In the event of an emergency involving a patient where the Accredited Medical Practitioner cannot be contacted immediately, the Medical Director or their delegate must be contacted for instructions and will determine the necessary actions to be taken in the best interests of the patient. The Accredited Medical Practitioner will be notified as soon as possible, and ongoing care of the patient will remain the Accredited Medical Practitioner's responsibility.

Discharge of Patients

Discharge instructions are required to be completed by Accredited Medical Practitioners in a timely manner, and all information reasonably necessary to safely discharge a patient.