



South Australian Rural Medical Engagement Responsibilities (SARMER)

Version 1.0
February 2010

This document is to be read in conjunction with the “South Australian Rural Medical Fee Agreement” (SARMFA), the “Country Health SA General Practitioner Fee for Service Agreement”, and the “Credentialing & Defining Scope of Clinical Practice for Country Health SA Health Service for Medical and Dental Practitioners 2009”

1. Introduction

The South Australian Rural Medical Engagement Responsibilities (SARMER) describes the expectations that medical practitioners and staff of Country Health SA Hospital Inc (CHSA) should have of each other in the support of a positive professional relationship.

Medical practitioners covered by this document are independent contractors and are recognised as having advanced medical skills relevant to the rural environment and as such are responsible for the manner in which outcomes are achieved. However, they work in an environment which is strongly controlled by CHSA to ensure a safe working environment with the best outcomes for patients.

It is in the best interest of all concerned that there are agreed responsibilities of the parties involved in the outcome for the patient. The purpose of this document is to assist in the achievement of that goal.

CHSA Mission

The mission of CHSA is to:

- deliver accessible, equitable and high quality health services to country South Australians; and
- promote health and well-being amongst country South Australians.

CHSA Values

CHSA operates from a position which values patients and consumers, staff and partners in health, and places a premium on accountability, access and equity, safety, empowerment, personal and professional integrity, respect, strength and courage.

Mainstream hospital and health services will be supported to enable them to deliver culturally appropriate and competent services to Aboriginal people, and a key enabler in this process is the implementation of the SA Health Cultural Respect Framework and the whole-of-government Cultural Inclusion Framework.

2. Mutual Obligations

Parties to the application of this document are considered to be committed to:

- recognising that each country hospital is part of South Australia’s total health care system
- ensuring sustainability of country health service provision
- making the best use of resources
- providing a focus and contributing to safety and quality systems
- ensuring effective open communication within and across communities and service providers

- engaging in discussion about service planning and clinical change that is designed to achieve ongoing and sustainable health service improvements
- respectful behaviour in all dealings
- speedy dispute resolution based on the principles of natural justice, and
- the clear delineation of the rights, responsibilities, duties and obligations of each party.

3. Policy and Practice Development

The Australian Council on Healthcare Standards (ACHS) state that Clinical Governance is “the system by which the governing body, managers and clinicians share responsibility and are held accountable for patient safety, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care.” The Clinical Governance Structures of CHSA work to set consistency of policies and clinical care standards across country South Australia.

3.1 Country Clinical Governance Committee

Role:

The role of the CHSA Clinical Governance Committee is to support the provision of safe and high quality health care for country South Australians by providing leadership and advice to the CHSA Executive and Chief Executive Officer (CEO) on all issues related to clinical care, minimising risks to consumers and quality improvement. The Country Clinical Governance Committee also acts as the Information Technology Clinical Reference Group for Country Health SA.

Functions:

The CHSA Clinical Governance Committee is responsible for:

- leading the Country Health SA clinical governance agenda in accordance with the directions established by SA Health and national policy
- providing strategic leadership for the country region in the area of clinical safety and quality
- ensuring mechanisms are in place to review and monitor the effectiveness and quality of clinical care across the region and to bring about continuous quality improvement
- provide leadership and oversight of clinical risk management in country SA
- making effective use of data, knowledge and expertise in decision making, to ensure clinical policies and procedures are based on the best possible evidence base
- sponsoring a patient focus and ensuring that the views of health service users are systematically and effectively engaged in clinical governance activities
- providing a forum for clinician participation in the decision making process in relation to country clinical service planning, and
- receiving reports and issues from sub committees and oversee their functions.

The following sub committees report to the Country Clinical Governance Committee:

- Safety and Quality Committee
- Country Drug and Therapeutics Committee
- CHSA Credentialling & Scope of Practice Advisory Committee
- Blood Transfusion Committee
- Infection Control Forum

3.2 Role of the Chief Portfolio Advisors

The Chief Portfolio Advisors are appointed by the CEO, CHSA. They are responsible for:

- providing clinical system advice and broad support to rural resident medical practitioners throughout country SA by way of their identified area of expertise
- acting as a point of specialty contact for clinicians in country regarding system issues, as related to their specialty area, and participation in problem resolution
- participating in the development of policy and procedures that guide clinical practice in country SA. In addition, the Chief Portfolio Advisors, CHSA, will work with the Chief Medical Adviser, CHSA and other country health staff in relation to decision making and policy setting as related to their speciality area, and
- providing leadership and coordination for the implementation of CHSA priorities and action plans within the context of the medical workforce.

Where appropriate, the Advisors will engage with the established networks and committees of relevant rural organisations throughout South Australia including, the RDASA, Rural Divisions of General Practice, RACGP, ACCRM, and Rural GP Training Providers.

3.3 Role of Principal Medical Officers

The Principal Medical Officers may be appointed by the CHSA director assigned responsibility for the relevant area (“**Cluster Director**”) in those clusters for which there is no appointed “Director of Medical Services”. Principal Medical Officers act as a principal medical advisor, and are responsible for:

- providing a clinical perspective on issues and systems within the relevant CHSA hospital(s)
- acting as a conduit between other medical practitioners and CHSA;
- providing advice on local clinical policy development and clinical protocols, and
- involvement with the development of service delivery within the relevant CHSA hospital(s) and along with other medical practitioners supports students and junior doctors in training.

Principal Medical Officers contracted under the Country Health SA Rural General Practitioner Fee for Service Agreement are remunerated in accordance with the South Australian Rural Medical Finance Agreement.

3.4 Role of Directors of Medical Services

Directors of Medical Services are appointed to the majority of larger CHSA health clusters and are responsible for the development, provision, evaluation and management of medical services locally.

Each Director of Medical Services is appointed by and is responsible to the local Cluster Director, but will also work collaboratively with the Chief Medical Advisor, CHSA and the Chief Portfolio Advisors on issues related to clinical practice.

Directors of Medical Services currently exist for the following country SA regions:

- Barossa, Gawler, Eudunda and Kapunda
- Lower South East
- Whyalla, Eastern Eyre and Far North
- Adelaide Hills, Southern Fleurieu and Kangaroo Island
- Port Augusta, Roxby Downs, Woomera, Hawker, Leigh Creek and Quorn
- Port Pirie, Port Broughton, Southern Flinders and Mid North
- Riverland Regional

3.5 Role of the Clinical Directors

Clinical Directors are appointed by the CEO, CHSA and are responsible for:

- providing leadership in the nominated area of services across CHSA
- providing leadership in the analysis, implementation and review of best practice clinical process, as well as implementation of evidence based medicine and systems on a country wide basis
- ensuring the provision of high standard, cost effective clinical services to patients through consultation with the local Directors of Health Services
- providing advice, as required, to local Directors of Health Services, on the budget and provision of human resource management and or contractors in the nominated area of services
- ensuring that relevant service staff contribute effectively to teaching/training and research, and
- contributing to the provision of high standard clinical services to patients of CHSA and to teaching/training of undergraduates and post graduates.

Clinical Directors report to the Chief Medical Advisor, CHSA and are appointed in accordance with the then current Enterprise Agreement.

3.6 Role of Chief Executive Officer, CHSA,

The Chief Executive Officer, CHSA, is responsible for supporting the achievement of strategic aims and the Regional Health Plan consistent with government policy, state-wide priorities and directions and identified population needs. Further the position is required to contribute to state-wide planning, services and programs relevant to the health reform agenda.

3.7 Role of the Chief Operating Officer

The Chief Operating Officer is a member of the Country Health Executive. The position is required to provide for the planning, leadership and management of a comprehensive range of programs and specialised strategies which focus on the promotion and improved outcomes for defined population groups. This will involve the initiation and effective management of the service delineation, research, program and system design, service standards, performance reporting and clinical leadership to successfully deploy Country Health SA resources.

The position will support the achievement of strategic aims of the Country Health SA Health Strategy consistent with government policy, state-wide priorities and directions and identified population needs. Further, the position is required to actively contribute to state-wide planning, services and programs relevant to the health reform agenda.

4. Quality, Safety and Risk Management

4.1 Credentialing

Credentialing (previously known as clinical privileges) refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners for the purpose of forming a view about their competence, performance and professional standing.

4.2 Scope of Clinical Practice

Scope of Clinical Practice (previously known as admitting rights) follows on from Credentialing and is the formal process used to determine the scope in which medical practitioners are approved to practice within a CHSA hospital. This is based on Credentials and the approved services level of the CHSA hospital.

4.2.1 Policy Reference

“Credentialing & Defining Scope of Clinical Practice for Country Health SA Health Service for Medical and Dental Practitioner-July 2009⁽⁴⁾”

4.2.2 Responsibility of CHSA

CHSA will:

- review all actively practicing medical practitioners in SA Country Public Health Service to ensure they hold and maintain relevant Credentials and Scope of Clinical Practice
- provide advice and a liaison point for all CHSA hospitals, medical practitioners and the Central Clinical Credentials Advisory Committee
- appoint an Executive Officer to provide comprehensive administrative support to the Central Clinical Credentials Advisory Committee
- maintain all records centrally and maintain an active and accurate Credentialing and Scope of Clinical Practice database
- review and update the medical practitioner’s relevant board registration and professional indemnity insurance on an annual basis

4.2.3 Responsibility of CHSA:

CHSA must:

- ensure the practicing medical practitioner has adequate Credentials and Scope of Clinical Practice for the services being provided
- provide accurate recommendations on Scope of Clinical Practice applications
- report any concerns or issues in relation to a medical practitioner to the Central Clinical Credentials Advisory Committee for review, where necessary.
- collect data to forward to the Central committee to assist medical practitioners in providing appropriate log book information in regards to the numbers of procedures undertaken (eg anaesthetics, surgical and obstetrics caseload).
- provide guidelines on the expectations of medical practitioners to satisfy ongoing credentialing requirements.

4.2.4 Responsibility of the Medical Practitioner:

The medical practitioner that provides services must:

- maintain adequate Credentials and Scope of Clinical Practice for the services that they are providing within SA Country Public Health Services
- maintain registration with the Medical Board of South Australia
- maintain Professional Medical Indemnity Insurance that is equivalent or greater than the Credentials held
- be committed to participating in ongoing Continual Medical Education, applicable to his/her approved Credentials and provide written evidence of CME activities eg ACRRM, RACGP, MOPS statements including appropriate emergency updates (if on emergency on call rosters) and current references upon request.
- practice within his/her scope of clinical practice.
- ensure any changed situations that would affect credentials and/or scope of practice are immediately communicated to CHSA.
- notify CHSA if he/she is suspended or has any restrictions on their capacity to practice medicine imposed by the Medical Board of SA or by any other medical regulatory authorities

4.3 Quality Improvement and Accreditation

4.3.1 Policy Reference

Country Health SA Quality & Safety Strategic Priorities 2009/10
South Australian Safety and Quality Framework & Strategy 2007 – 2011'

CHSA Quality Improvement/Accreditation policies and guidelines. These policies are developed as per Quality Improvement Programs (e.g. ACHS, EQulP).

4.3.2 Responsibility of CHSA:

- demonstrate that CHSA has successfully informed medical practitioners engaged by the CHSA of all appropriate policies, standards and guidelines that affect medical practice
- ensure that all policies, standards and guidelines are readily accessible at each CHSA hospital in both written and electronic forms with the latter being a specific section of the CHSA website.
- provide, wherever practical, all medical practitioners with intranet access to legislative and policy directives, on-line access to relevant applications and professional journals
- ensure that all services provided by and through the CHSA's hospitals are delivered in line with best practice and the relevant policies, standards and guidelines including IT/ IM Resources
- ensure the provision of appropriate infrastructure at agreed levels for each CHSA hospital as mandated by CHSA Strategy December 2008
- administer and coordinate quality improvement programs and the accreditation process within the CHSA hospital, toward the achievement of accreditation.
- consult fully with all relevant medical practitioners regarding the provision and timing of Q&S and QIP events involved with CHSA's accreditation process.

4.3.3 Responsibility of the Medical Practitioner

Assist CHSA to ensure that medical services are delivered effectively by:

- active participation in quality and safety and quality improvement programs of CHSA; and
- co-operating and participating in CHSA's accreditation process (availability to be agreed), and
- where required to attend Quality and Safety meetings, excluding meetings for individual patient care (eg Case Conferences), these will be reimbursed at the agreed meeting payment schedule contained within SARMFA

4.4 Patient Safety, Incidents and Reporting

4.4.1 Policy Reference

South Australian Safety and Quality Framework & Strategy 2007 – 2011'

Patient Safety Framework Policy 04-1 (PSFP-04-1) Ensuring Correct Patient, Correct Site, Correct Procedure' 2011'

4.4.2 Responsibility of CHSA

- implement all policies and procedures related to patient safety, incident and reporting
- conduct and oversee safety activities (including AIMS and assist in Root Cause Analysis)

- investigate and manage all reports of serious incidents, accidents and near-misses
- report to CHSA Quality Assurance Committee all sentinel events. The eight national sentinel events are:
 - Procedures involving the wrong patient or body part
 - Suicide
 - Retained instruments or other material requiring further surgical procedure
 - Intravascular gas embolism resulting in death or neurological damage
 - Haemolytic blood transfusion
 - Medication error leading to death
 - Maternal death or serious morbidity associated with labour or delivery
 - Infant abduction or discharge to the wrong family
- wherever possible, based on the nature of an event and the subsequent follow up process that is implemented, involve the attending medical practitioner in reviewing that event
- wherever possible, based on the nature of an event and the subsequent follow up process that is implemented, inform the medical practitioner(s) involved in an event of the outcomes of any investigation

4.4.3 Responsibility of the Medical Practitioner

- participate in all patient safety activities as agreed between the parties (eg team steps clinical handover, and hand hygiene activities)
- report all serious incidents and accidents immediately (or as soon as reasonably practicable) – to enable ease of reporting, incident forms have been replaced by the ability to contact the SA Incident Management System contact centre on 1800 668 439, for incidents such as medication errors, etc (Appendix A – Reportable Adverse Events Flow Chart)
- to report 'sentinel events' within 24 hours on the appropriate form available from CHSA to the Department of Health when they have an active role in them.
- will participate in the review of an event and be informed of the outcome within an appropriate time.

4.5 Elective Surgery

4.5.1 Policy Reference

Elective surgery and systems at South Australian country public hospitals will be managed in accordance with the 'SA Health – Country Health SA – Elective Surgery Policy'.

Department of Health 'Policy Framework and Associated Procedural Guidelines for Elective Surgery', Department of Health 'Booking List Information Systems (BLIS) Guidelines' and the policy and standards outlined in the 'Department of Health Risk Management Policy and Framework'.

4.5.2 Responsibility of CHSA

- identify procedural work which can be undertaken for the next 12 months and associated Fee For Service (FFS) expected expenditure
- provide an elective theatre roster for a period of 12 months (financial year) that is updated no later than the 20th of April each year for the following financial year so that there is a minimum of three months notice of provision of funded lists for resident/visiting providers
- provide resident/visiting providers with appropriate and timely information to enable them to plan their clinical workload and lifestyles appropriately and provide transparency to workload if additional Elective Surgery Strategy funding is secured. Theatre session rosters will be negotiated in a timely manner with affected surgeons and anaesthetists.
- ensure that all general practitioners participating in on-call rosters will be advised no less than three months in advance of their commitment to the CHSA hospital to ensure the respective clinics can then roster GP anaesthetists to the theatre roster
- advise all visiting specialists by the 20th of April each year of their commitments to the CHSA hospital for the following financial year thereby providing a reasonable degree of flexibility to both parties and
- provide resident/visiting providers with CHSA collected Elective Surgery Waiting List information as requested from “Chiron” and maintain all Elective Surgery information provided from surgeons within Department of Health’s confidentiality guidelines.

4.5.3 Responsibility of the Medical Practitioner:

- advise CHSA no less than one month in advance of the cancellation of a monthly list or in the case of weekly lists, no less than a fortnight
- provide CHSA with operating lists 10 days in advance to ensure an appropriate mix and supply of consumables and instrumentation is available
- ensure that where possible patients will have his/her surgery in the local CHSA hospital instead of being added to a public metropolitan waiting list unless there are medical reasons that contraindicate this strategy
- work within Department of Health and Country Health SA Elective Surgery Strategy by providing CHSA with Waiting List forms within 10 working days from date decision was made that a patient requires an Elective Surgery procedure and advise CHSA of any changes to status of patients currently on a Elective Surgery waiting list
- assist CHSA in ensuring patients are not waiting for his/her Elective Surgery procedure for longer than the required Department of Health performance measurement targets

4.6 Immunisation of Health Professionals

4.6.1 Policy Reference

'Immunisation Guidelines for Health Care Workers in South Australia' (January 2008).

Note – These Guidelines are voluntary.

4.6.2 Responsibility of CHSA

- to implement the 'Immunisation Guidelines for Health Care Workers in South Australia'
- Medical Practitioners who are attached to and provide services for CHSA hospitals will be provided free vaccinations similar to those offered to CHSA employees.

4.6.3 Responsibility of the Medical Practitioner

Medical practitioners should strongly consider:

- taking reasonable steps to be aware of his/her own infectious disease and vaccination status to minimise the risk of transmitting infectious diseases to patients or other staff
- being vaccinated against vaccine preventable diseases such as Polio, Diphtheria / Tetanus, Hepatitis B, Influenza and Pertussis (see Immunisation Guidelines 'Vaccination recommendations' for further information), and especially those persons working in high-risk areas e.g. emergency, obstetrics and surgery
- complying with the CHSA's screening, education and vaccination program, including the 'Immunisation Guidelines for Health Care Workers in South Australia'

4.7 Medical Records and Documentation

4.7.1 Policy Reference

SA Health standards, which are applicable across the public health system.

'South Australian Medical Record Documentation and Data Capture Standards'

South Australian Public Hospital Retention Disposal Schedule (Operational Records Disposal Schedule No. 2000/0012)

4.7.2 Responsibility of CHSA

- ensure the creation, storage and maintenance of patient medical records in accordance with best practice standards, guidelines and policies.
- CHSA should help facilitate sharing of outpatient and inpatient medical records with the patient treating and usual medical practitioner in appropriate circumstances.

4.7.3 Responsibility of the Medical Practitioner

- maintain accurate contemporaneous and legible patient medical records in accordance with best practice standards, the requirements of CHSA and the 'South Australian Medical Record Documentation and Data Capture Standards' and other relevant guidelines and standards and
- ensure that medical records are not removed from the CHSA hospital, except upon prior authorisation from the CHSA

4.8 Clinical Audits and Clinical Safety and Quality Activities

4.8.1 CHSA Audits

CHSA is not only committed to quality and safety, but as a provider of services in a rural environment it is also keen to better understand the relationship between the care setting, the training, experience and competency of health care professionals, and different models of care that are conducive to best practice outcomes. To this end, Directors of Medical Services, Clinical Directors and Principal Medical Officers will engage medical practitioners from time to time in a range of CHSA initiated clinical audits and clinical safety and quality activities.

Medical practitioners will be remunerated for these activities in accordance with the criteria and the rate detailed within SARMFA (Clause 4.2) and administrative support will be provided as required.

4.8.2 State-wide Audits

CHSA is required to collect a range of data for which input from medical practitioners and associated health professionals is required. These include but are not limited to:

- South Australian Audit of Peri-operative Mortality (SAAPM)
- Pregnancy Outcome
- Cancer Registry
- Peri-natal Mortality

4.8.3 Responsibility of CHSA

- oversee, encourage and coordinate input to clinical audits and clinical safety and quality activities as necessary in a 'no blame' environment
- participate in clinical audits as required
- provide feedback to all the participants within 28 days of the audit being completed
- reimburse medical practitioners for attendance at clinical audit and clinical safety and quality activities meetings in accordance with SARMFA, and
- provide approved list of meetings to medical practitioners quarterly.

4.8.4 Responsibility of the Medical Practitioner

- participate in up to two clinical audits/clinical safety activities per year as conducted by CHSA, plus any that may be required to address specific issues or problems. Audits may include peer review of de-identified medical records and the provision of information as required under legislation. Non procedural medical practitioners must attend two meetings per year, whilst procedural medical practitioners must attend two meetings per year (as above), and an extra one meeting per year for procedural discipline issues.

4.9 Priority of Treatment

4.9.1 Responsibility of CHSA

- to ensure that medical practitioners are provided with accurate and up to date information relevant to the priority of treating patients.
- to ensure, where the opportunity presents, that patients are clearly informed prior to attending the local Emergency Department of local arrangements that may involve them being charged for services provided by the local medical practitioner
- to ensure that information provided by the medical practitioner in regard to his/her fee structure for after hours services provided to patients is displayed appropriately in Emergency departments, and
- that Health Information Lines (eg *healthdirect*) will be advised that for some CHSA hospitals, fees may be charged for outpatient attendances and to bring relevant identification with them (eg Medicare card).

4.9.2 Responsibility of the Medical Practitioner

- to ensure that clinical need is the primary factor to be considered for priority of treatment. Where patients' clinical needs are not significantly different, the patient who had been waiting longest for medical services shall be given priority.

4.10 Treatment of Relative or Dependant

Normally, it is not expected that a medical practitioner would treat one of his/her relatives or dependants as an admitted patient. For the rare occasion for an urgent acute illness requiring admission, where the medical practitioner is on-call and no other medical practitioner is available, then an initial payment may be made. However, it is expected that the medical practitioner will be transferring the care of the patient to another medical practitioner as soon as practicable, in line with ethical practice.

4.11 Out of Hospital Strategy

4.11.1 Responsibility of CHSA

- CHSA will support people in the community by providing integrated service responses for individuals living with chronic disease with priority areas of cardiology, respiratory and endocrinology.
- the program response will involve and engage medical practitioners in local strategies including increased coordination and support for those patients with frequent admissions and a flexible service response to encourage early discharge to home for those with suitable clinical requirements.
- CHSA will consult with medical practitioners to determine an agreed method of achieving the goals of the 'Out of Hospital Strategy'.

4.11.2 Responsibility of the Medical Practitioner

- the medical practitioner will negotiate in good faith with CHSA to assist the provision of this service.

5. Relationships and Partnerships

5.1 Orientation / Induction

5.1.1 Policy References

'Corporate Induction Policy'. This is a SA Health policy, which is applicable across the public health system and will be of assistance to medical practitioners delivering outcomes to CHSA

Local CHSA hospital 'Orientation / Induction Policy' – adapted from the Department of Health's Corporate Induction Policy.

'Rural Doctors Workforce Agency Orientation Manual'

'Code of Professional Conduct'- Medical Board of SA

'Code of Conduct for South Australian Public Sector Employees' – Commissioner of Public Employment, March 2009.

5.1.2 Responsibility of CHSA

- provide a formal orientation / induction to all new medical practitioners, as independent contractors to CHSA, on commencement. This will include ensuring all doctors have appropriate orientation on CHSA IT resources-including access to clinical protocols on line etc and that these are easily accessible at all times by the medical practitioner
- familiarise all new medical practitioners with the existence and location of all relevant documents including values, goals, strategic directions, plans, policies, guidelines, procedures, by-laws and protocols relevant to his/her practice in the CHSA hospital; and
- familiarise all new medical practitioners with the work environment including organisational cultures, work relationships, structures, systems and resources.

5.1.3 Responsibility of the Medical Practitioner

- actively engage in the CHSA orientation / induction process to enable an informed use of all the resources and facilities available
- seek clarification or advice if required and
- familiarise themselves with CHSA and the CHSA hospital, its operations, services, staff, relevant policies, guidelines, procedures, by-laws and protocols.

5.2 Consultation, Liaison and Service Planning meetings

5.2.1 Responsibility of CHSA

- CHSA representatives should meet with medical practitioner(s) on a regular basis, documenting these meetings and with agreed forward actions and timeframes to be documented and promptly circulated
- where CHSA proposes to implement changes in program, organisation, structure or technology that are likely to affect medical practitioners, CHSA shall consult with the medical practitioners during the planning process as far as possible,
- in circumstances where CHSA may need to cease an existing service they shall negotiate with all affected medical practitioners and provide a period of notice of not less than three months and wherever possible 12 calendar months notice, and
- reimburse medical practitioners in accordance with SARMFA (Clause 4.2) for attendance at meetings with CHSA at the request of either CHSA. The Cluster Director will provide approved list of meetings.

5.2.2 Responsibility of the Medical Practitioner

- medical practitioners shall meet with CHSA representatives on a regular basis to assist with communication and planning at a time appropriate to the medical practitioner. There is an expectation of up to four meetings per year.

- in circumstances where a medical practitioner plans to cease an existing service they shall negotiate with CHSA and provide a period of notice of not less than three months and wherever possible 12 calendar months notice will be given.
- medical practitioners may cease providing an existing service without notice if through personal ill health or his/her immediate family members they are unable to continue to provide the service.

5.3 **Criminal History / Police Checks**

5.3.1 **Policy Reference**

'Criminal History Report Policy Directive' (SA Health).

'Country Health SA Hospital Criminal History Check'

Consistent with the 'Criminal History Report Policy Directive (SA Health)', the medical practitioner, as service provider, will be required to undergo a criminal history check prior to the provision of services and repeated every three years for maintenance or current credential and scope of practice for CHSA. The initial criminal history check will be at the expense of the medical practitioner. Expenses relating to each repeat of the criminal history check will be paid for by either CHSA or the medical practitioner (as agreed between the parties).

5.4 **Confidentiality**

5.4.1 **Policy References**

Code of Ethics, AMA (2004) editorially revised 2006

South Australian Medical Record Documentation and Data Capture Standards, SA Health (2000)

Freedom of Information Act 1991 (SA)

Code of Fair Information Practice 2006

Privacy Act 1988 (Cth)

Code of Professional Conduct, Medical Board of South Australia

5.4.2 **Responsibility of CHSA**

- oversee and administer and maintain the overall safety, storage and quality of CHSA patient medical records; and
- maintain the confidentiality of patient's personal health information in accordance with privacy requirements, relevant legislation, organisational guidelines and as otherwise lawfully permitted and required

5.4.3 **Responsibility of the Medical Practitioner**

- maintain the confidentiality of patient's personal health information in accordance with privacy requirements, relevant legislation, organisational guidelines and as otherwise lawfully permitted and required

- ensure security of storage, access and utilisation of patient information and
- ensure that the medical record is not removed from the CHSA hospital unless prior authorisation is given by CHSA.

5.5 Occupational Health, Safety & Welfare

5.5.1 Policy References

'SA Health – Workforce Safety and Wellbeing Unit'.
Occupational Health Safety & Welfare Act 1986 (SA)
Occupational Health, Safety and Welfare (Penalties) Amendment Act 2007

5.5.2 Responsibility of CHSA

To meet its duty of care responsibilities, CHSA will ensure a safe and healthy environment to eliminate risks to the health, safety and welfare of persons in the workplace by:

- securing and promoting the health, safety and welfare of people at work
- promoting the adoption of safe work practices
- protecting people against workplace health and safety risks
- identifying risks and developing measures to eliminate those risks and
- ensuring that all persons entering the CHSA hospital comply with Occupational Health, Safety and Welfare legislation and associated CHSA policies, guidelines, procedures, by-laws and protocols.
- ensuring that all medical practitioners that use the premises and facilities are informed of the location and availability of all relevant policies.
- being aware of unsafe working hours and the need of medical practitioners to provide primary health care to the community through his/her own general practices.

5.5.3 Responsibility of the Medical Practitioner

- to make themselves aware of and adhere to all relevant policies, guidelines, procedures, by-laws and protocols used by CHSA including those related to Occupational Health, Safety & Welfare
- support the promotion of safe work practices and
- identify and report risks in conjunction with CHSA representatives.
- be cognisant of the effect of unsafe hours on his/her performance.

5.6 Conduct

5.6.1 Policy References

Code of Ethics, AMA (2004) editorially revised 2006
 Code of Professional Conduct, Medical Board of South Australia

5.6.2 Responsibility of CHSA

- act professionally at all times and treat the medical practitioner and his/her staff with respect and courtesy
- approach health care as a collaboration between multiple players and
- act honestly in all dealings with the medical practitioner and practice staff

5.6.3 Responsibility of the Medical Practitioner

- act professionally and treat all CHSA staff, members of the public and colleagues with respect and courtesy
- approach health care as a collaboration between multiple service providers
- act honestly when performing his/her duties and
- to adhere to all CHSA policies, procedures and protocols where they are not in conflict with legislation and the requirements of the Medical Board and the code of ethics of the AMA.

5.7 Bullying / Discrimination / Harassment

5.7.1 Policy References

'Bullying, Discrimination and Harassment Policy'
Equal Opportunity Act, 1984. The *Occupational Health, Safety & Welfare Act 1986*, Section 55A of the Amended Act includes a definition of *Workplace Bullying* and details the methodology involved for the investigation, mediation and conciliation of involved parties.

5.7.2 Responsibility of CHSA

- ensure a safe and healthy work environment and to eliminate risks to the health, safety and welfare of persons in the workplace
- ensure that the CHSA hospital is free of discrimination as far as reasonably possible, for the benefit of CHSA staff, independent contractors, volunteers, visitors, patients, members of the public and colleagues as per policy, equal opportunity or other anti-discrimination legislation
- conduct and investigate all claims of bullying, discrimination and/or harassment in the workplace and
- ensure that there is natural justice and fully inform all those involved in a claim of the findings and provide the opportunity to appeal the findings.

5.7.3 Responsibility of the Medical Practitioner

- will not engage in bullying or other forms of harassment, including sexual harassment

- will abide by the relevant legislation and related CHSA policies/procedures regarding bullying, discrimination and harassment and
- will not discriminate directly or indirectly in the treatment of CHSA staff, patients, members of the public, visitors and colleagues on any grounds covered by CHSA policy, equal opportunity or other anti-discrimination legislation

6. Facilities and Equipment

6.1 Responsibility of CHSA

As well as providing a safe environment, CHSA agree to provide resources as is reasonably required for the treatment of public patients.

In addition, each unit should have available as appropriate the following:

- Video-conferencing, tele-radiological, fax and email facilities
- Medical monitoring equipment including as appropriate Imaging , CTG and ECG facilities, and Point of Care testing
- Means for medical practitioners to immediately access his/her practice notes in the emergency department through a dedicated computer terminal and broadband connection.
- Drug formulary will be as specified by the CHSA Drugs and Therapeutics Committee for the services provided by the unit.
- Accessible computers to enable discharge planning to be completed in a timely and efficient manner.
- IT links that are easily accessible 24 hrs a day in clinical areas to access clinical protocols and guidelines

6.2 Responsibility of the Medical Practitioner

- To be fully trained in the equipment provided by CHSA relevant to his/her practice.
- Where the medical practitioner enables his/her practice notes to be accessible by the medical practitioner at the CHSA hospital that this is under appropriate protocols that protect the privacy of the patient.

