



Policy: Quality & Safety Requirements Applying to the Indemnity for Non-Salaried Medical Practitioners

This Policy outlines responsibilities and obligations in respect to Clause 8 “Quality & Safety Requirements” as set out in the Terms and Conditions of the Indemnity for Non-Salaried Medical Practitioners, effective from 1 August 2013

Clause 8 (a) **Without limiting your other reporting requirements** in these Terms and Conditions, you must report a Claim or Potential Claim on the Hospital’s then current incident reporting system.

Reporting

1. Following an incident involving a patient under the care of the Medical Practitioner, the Medical Practitioner must ensure the patient involved in the incident is safe and that all necessary steps have been taken to support and treat the patient and to prevent injury to others. The Medical Practitioner must document the incident in the patient’s medical record. The entry should be a strictly factual account of the incident, the outcome and any treatment required. The factual account of the incident should avoid speculative comments on the cause of the incident.
2. As soon as reasonably practicable after the incident occurring, the Medical Practitioner should notify the local Chief Executive (CE)/Regional Director (RD)/Facility Manager (FM) equivalent or their delegate, of incident details.
3. Following notification to the local CE/RD/FM equivalent or their delegate, the Medical Practitioner should ensure that pages 1 and 2 of an Australian Incident Monitoring System (AIMS) form (or equivalent) are completed and forwarded to their immediate manager.
4. If the reported clinical incident has the potential to result in a medico-legal claim, the hospital / health service shall, within three (3) working days of being notified by the Medical Practitioner, notify:
 - 4.1 **For non-teaching hospitals:** the Department of Health, Legal and Legislative Services.
 - 4.2 **For teaching hospitals:** RiskCover of an incident occurring after 30/06/1997 and State Solicitor’s Office of an incident occurring prior to 01/07/1997.
5. The Medical Practitioner is required to participate in any investigation of the reported incident that may arise.

Clause 8(b) You must cooperate with the Hospital and participate in clinical governance, clinical quality assurance, quality improvement and risk management processes, projects or activities as reasonably required by the Hospital.

Clinical governance processes require the Medical Practitioner to maintain their professional credentials to a standard acceptable to the relevant professional college and the local Health Service's Credentialling Committee and to practice within the

scope and conditions of his/her individually specified clinical privileges ('Scope of Clinical Practice') at each particular location. This does not preclude the exercise of a wider scope of medical services in a medical emergency.

Clinical governance processes require the Medical Practitioner to satisfy the Credentialing Committee that they are adequately trained in any new procedure prior to using that procedure on patients.

The Medical Practitioner will also participate in other clinical governance activities as required.

Clause 8 (c)(i) participating in Medical Advisory, Credentialing and Scope of Clinical Practice, Quality Improvement and Morbidity and Mortality Committees, and clinical audit activities;

The Medical Practitioner should be aware of and participate in approved and relevant specialty clinical audits. For example, if a patient dies while under the care of a surgeon, the Medical Practitioner is required to participate in the Western Australian Audit of Surgical Mortality (WAASM). References for Statutory Reporting requirements such as anaesthetic, maternal, perinatal and infant mortality can be found in the "*Clinical Incident Management Policy 2011*"¹

Clause 8 (c)(ii) participating in investigations of serious adverse events, and serious near misses, to identify their root causes;

The Medical Practitioner is required to participate in external and internal investigations of serious adverse events.

Clause 8 (c)(iii) reporting Sentinel Events;

In addition to reporting of incidents under Clause 8 (a), all sentinel events must be notified to the Chief Medical Officer at the Department of Health within seven (7) working days. Please refer to the "*Clinical Incident Management Policy*" for reporting requirements.

Clause 8 (c)(iv) adopting and using evidence-based best practice based on either locally approved guidelines, pathways and protocols where these are available or in local use or as otherwise required by the Hospital; and

The Medical Practitioner must comply with locally approved and available guidelines, pathways and protocols unless individual patient needs dictate otherwise.

Clause 8 (c)(v) providing patients with an explanation of the proposed or planned treatment or procedure including material risks and obtaining written or other patient consent prior to any treatment or procedural intervention in accordance with Hospital policies and procedures. As part of the process key points of the consent discussion must be documented in accordance with the Hospital's policies and/or guidelines.

Clause 8 (c)(vi) participating in the Open Disclosure process, when required.

¹ See http://www.safetyandquality.health.wa.gov.au/docs/aims/Incident_Reporting_policy.pdf