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SPECIAL SUPPLEMENT

FISHERIES MANAGEMENT ACT 1994

Total Allowable Catch for Rock Lobster

I, STEVE WHAN MP, Minister for Primary Industries, provide notice pursuant to section 33 of the Fisheries Management Act 1994, ("the Act") that the Total Allowable Catch Setting and Review Committee established under section 26 of the Act, hereby:

- (a) from midnight on 30 June 2010 and pursuant to sections 28 and 33 of the Act revokes the determination titled "Total Allowable Catch for Rock Lobster" dated 23 June 2009 and published in Government Gazette No.93 of 26 June 2009 at page 3602; and
- (b) determines pursuant to section 28 of the Act and clause 14 of the Fisheries Management (Lobster Share Management Plan) Regulation 2000 that the total allowable catch for eastern rock lobster for the fishing period beginning 1 July 2010 and ending 30 June 2011 (both dates inclusive) is 131 tonnes.

Dated this 29th day of June 2010

STEVE WHAN, M.P.,
Minister for Primary Industries

FISHERIES MANAGEMENT (OCEAN TRAP AND LINE SHARE MANAGEMENT PLAN)

Regulation 2006

Order

Extension of transitional period for minimum shareholding requirements for spanner crab shares in the Ocean Trap and Line Fishery

I, RICHARD SHELDRAKE, Director-General of the Department of Industry and Investment,

1. pursuant to section 43(2) of the Interpretation Act 1987 repeal the order dated 22 December 2009 entitled "Extension of Transitional Period for Minimum Shareholding Requirements for Spanner Crab Shares in the Ocean Trap and Line Fishery" and published in Government Gazette No. 112 on 24 December 2009 at page 6847; and
2. pursuant to clause 6(6)(b) of the Appendix to the Fisheries Management (Ocean Trap and Line Share Management Plan) Regulation 2006, prescribe that for the purposes of clause 6 of that Appendix and in the case of:
 - (i) ocean trap and line – spanner crab northern zone shares; and
 - (ii) ocean trap and line – spanner crab southern zone shares,

the transitional period will end on 30 June 2011.

Dated this 29th day of June 2010.

RICHARD SHELDRAKE,
Director-General
Department of Industry and Investment

FISHERIES MANAGEMENT ACT 1994

Total Allowable Catch for Abalone

I, STEVE WHAN MP, Minister for Primary Industries pursuant to section 33 of the Fisheries Management Act 1994, (“the Act”) provide notice that the Total Allowable Catch Setting and Review Committee established under section 26 of the Act hereby:

1. from midnight on 30 June 2010, revokes pursuant to sections 28 and 33 of the Act the determination titled “Total Allowable Catch for Abalone” dated 23 June 2009; and published in Government Gazette No. 93 of 26 June 2009 at page 3602; and
2. determines pursuant to section 28 of the Act and clause 14 of the Fisheries Management (Abalone Share Management Plan) Regulation 2000 (“the Regulation”) that the total allowable catch for abalone for the fishing period beginning 1 July 2010 and ending 30 June 2011 (both dates inclusive) is 82 tonnes.

Dated this 25th day of June 2010.

STEVE WHAN, M.P.,
Minister for Primary Industries

HEALTH SERVICES ACT 1997

ORDER AS TO MODEL BY-LAWS

PURSUANT to section 39 and 60 of the Health Services Act 1997 I, DEBORA PICONE, Director-General of the Department of Health, do by this order set out the terms of Model By-laws to be used by area health services and chief executive governed statutory health corporations.

Signed at Sydney this 28th day of June 2010.

DEBORA PICONE,
Director-General

MODEL BY-LAWS

(incorporating interim amendments for a new Part 6A to establish Hospital Clinical Councils)

Part 1 - Preliminary**1. Name of the By-law**

This By-law may be cited as the [name of public health organisation] By-law.

2. Definitions

Expressions used in this By-law are defined in the Dictionary at the end of the By-law.

Part 2 - By-laws information**3. Availability of By-laws**

The Chief Executive is to ensure that copies of the current By-laws for the public health organisation are available to staff of the public health organisation and the public.

4. Amendment of By-laws

The Chief Executive is to refer any proposed amendment of Parts 5 –7 of the By-laws to the Medical Staff Executive Council.

Part 3 – Conduct of meetings**5. Conduct of meetings**

- (1) Any meeting of any committee or council provided for under these by-laws may decide to allow any of its members or other invitees to participate or vote in the meeting from a location other than the place where the meeting is being held. Such participation may be by telephone, facsimile, video or other electronic medium as is appropriate to the circumstances or the business being transacted. A member of a committee or council participating from a remote location shall be regarded as being present at the meeting for the purposes of the calculation of a quorum or any other similar matter required under these by-laws.
- (2) The committee or council may determine a protocol or procedure for remote participation of members or other persons in its meetings.

Part 4 - The seal**6. The seal**

- (1) The chief executive is to ensure the safe custody of the seal of a public health organisation.
- (2) The seal of the public health organisation is to be affixed only to documents on behalf of the public health organisation when the chief executive signs such documents and the signature and sealing of the document are formally witnessed.

Part 5 - Chief Executive Committees**7. Chief Executive committees**

- (1) The Chief Executive is to establish committees to provide advice or other assistance to enable the Chief Executive to perform his/her duties under the Act. The committees are to include:
 - (a) audit;
 - (b) finance;
 - (c) health care quality; and
 - (d) such other committees as may be determined by the Chief Executive, such as governance and risk management.
- (2) For the purposes of Part 5 of this By-law only such Chief Executive committees are referred to as "committees". For the purposes of clarity, the provisions of this Part 5 do not apply to "area health advisory councils" established under section 26 of the Act or "advisory councils" established under section 52D of the Act.

8. Committee chairpersons and secretaries

- (1) The Chief Executive is to nominate a chairperson of each committee set up under this Part.
- (2) The Chief Executive is to appoint a person to act as the secretary of each committee.

9. Functions of committees

- (1) A committee is to provide advice or other assistance on issues as requested by the Chief Executive.
- (2) These issues may include:
 - (a) efficient and economic operation of:
 - (i) the public health organisation;
 - (ii) industrial relations;
 - (iii) human resources;
 - (iv) financial and asset management;
 - (b) adequate standards of patient care and services;
 - (c) health needs of the community serviced by the public health organisation;
 - (d) strategies to ensure an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services;
 - (e) effective communication with other health services and health service providers;
 - (f) adequate arrangements for effective communication and cooperation between medical practitioners, including general practitioners, providing medical services within the geographic area of the Area Health Service.

10. Committee membership

- (1) The chairperson of the audit committee is not to be the chairperson of the finance committee (or a similar committee).
- (2) The audit committee is to comprise at least three members, two persons who are not employees of, or contracted to provide services to, the public health organisation. The Chief Executive shall be a member of the audit committee but must not be the chairperson.
- (3) The Chief Executive is to appoint at least one representative of the executive staff of the public health organisation to a committee (other than the audit committee).
- (4) The Chief Executive is to appoint such medical practitioner representation as he/she considers appropriate to each committee, other than the audit and finance committees.
- (5) Where there is to be medical representation on a committee, the Chief Executive is to consult with the Medical Staff Executive Council or any relevant Medical Staff Council as applicable on the proposed appointees.
- (6) The Chief Executive may appoint any other person as a committee member as he/she thinks fit, subject to any corporate governance policy issued by the Department from time to time.
- (7) The Chief Executive may remove any committee member as he/she thinks fit, subject to any corporate governance policy issued by the Department from time to time.

11. Term of office

Any person nominated to a committee by the Chief Executive holds office for such period as the Chief Executive may determine, subject to any corporate governance policy issued by the Department from time to time.

12. Committee quorum

The quorum for a meeting of a committee is a majority of the appointed number of the committee members.

13. Attendance

A committee may invite any person to attend a committee meeting.

14. Committee voting

A decision supported by a majority of the votes cast at a meeting of a committee at which a quorum is present is to be the decision of the committee.

15. Notice of meetings and special meetings

- (1) The chairperson of a committee, or a person authorised by the chairperson to do so, is to give written notice of a meeting to each committee member at least 7 days prior to the meeting.
- (2) When the chairperson of a committee considers that a matter is of such urgency that a special meeting of a committee should be held within a period of not less than 48 hours of such a request, the chairperson may request the chief executive to give written approval to the conduct of such a special meeting. The written approval of the chief executive may determine, subject to this clause and these by-laws, the business and conduct of such a special meeting.
- (3) A special meeting shall be held, if approved, not later than seven days after receipt by the chief executive officer of such a request.
- (4) The chairperson of a committee is to ensure that at least 24 hours' notice is given of a special meeting to each member and each person invited to attend the meeting.
- (5) Notice of a special meeting is to specify the business to be considered at that meeting.
- (6) Only business specified in the notice of a special meeting is to be considered at the special meeting.
- (7) Each provision of this clause shall be subject to any corporate governance policy issued by the Department from time to time.

16. Meetings

- (1) A committee established to provide advice or assistance to the Chief Executive on audit or finance is to meet at such regular intervals and at such times and places as may be determined by the committee.
- (2) Any other committees are to meet as specified by the Chief Executive, subject to any corporate governance policy issued by the Department from time to time.

Part 6 - Councils representing medical staff

17. Definition

In this Part, member means a member of a council.

18. Establishment of medical staff councils

- (1) The Chief Executive is to establish either:
 - (a) a Medical Staff Council (in the case of a statutory health corporation); or
 - (b) a Medical Staff Executive Council and at least two medical staff councils (in the case of an Area Health Service).
- (2) Medical staff councils are to be composed of all visiting practitioners, staff specialists, career medical officers and dentists appointed to the public health organisation or the public hospital or hospitals which the council represents.
- (3) Sufficient medical staff councils should be established to ensure that all visiting practitioners, staff specialists, career medical officers and dentists of the public health organisation are members.

Note: For medical staff councils with five members or less refer to the special provisions under clause 28.

19. Medical staff council liaison with Chief Executive

- (1) The Chief Executive is to meet with the Medical Staff Executive Council on a regular basis at such frequencies, times and places as may be mutually agreed between them, provided that such meetings shall be held no less than four times in each calendar year.
- (2) The Chief Executive is to meet or consult with each Medical Staff Council or its representatives at least once in each twelve month period.
- (3) Compliance with subclause (2) may be satisfied by means of meeting or consultation with representatives of individual Medical Staff Councils of less than 50 members who are members of the Medical Staff Executive Council. Such consultation can be by way of the remote participation means set out in clause 5.

20. Medical Staff Executive Council

- (1) A Medical Staff Executive Council shall be composed of representatives of the Medical Staff Councils for the hospitals under the control of the public health organisation.

- (2) Subject to subclause (4), each Medical Staff Council shall nominate as its representative or representatives on the Medical Staff Executive Council -
 - (a) if the Medical Staff Council has 50 members or less, one member of that Council, provided that such a member may by agreement also act as the proxy representative for one or more other Councils with less than 50 members; or
 - (b) if the Medical Staff Council has more than 50 members, one member of that Council for every 50 members or part thereof; or
 - (c) if the Medical Staff Council has more than 50 members, and such an arrangement has been mutually agreed between the Medical Staff Council and the Chief Executive, by the chairperson and one other representative of the Council or their nominated alternate.
- (3) For the purposes of subclause (2), the number of members of a Medical Staff Council shall be determined as at 1 January in the relevant year.
- (4) The number of representatives of any Medical Staff Council on a Medical Staff Executive Council shall not exceed the total number of representatives of all other Medical Staff Councils on the Medical Staff Executive Council.

21. Functions of council

The Medical Staff Executive Council or the Medical Staff Council (if there is only one council for the public health organisation) is to provide advice to the Chief Executive on medical matters.

22. Voting at meetings of councils

- (1) Any matter put to the vote at any meeting of a council is to be decided by a show of hands, or by secret ballot if requested by a member present at that meeting.
- (2) A decision supported by a majority of the votes cast at a meeting of members at which a quorum is present is to be the decision of the council.

23. Office bearers of councils

- (1) A council is to elect a chairperson of the council and other office bearers it considers necessary from among the members.
- (2) Such elections are to be held at an ordinary meeting of a council once each calendar year.
- (3) An office bearer is to hold office until vacation of the office or until the next election, whichever occurs first.
- (4) An office bearer shall be eligible for re-election to the same office, provided that no more than three (3) consecutive terms are served, unless there are special circumstances and a further consecutive term has been approved by the Chief Executive.
- (5) The chairperson of a council is to hold office from the time of his or her election as chairperson until vacation of the office or until the next election, whichever occurs first.
- (6) If an office becomes vacant between elections, the vacancy is to be filled by an election at a special meeting of the council. The special meeting is to be held within 30 days of the vacancy occurring.

24. Ordinary meetings of councils

- (1) Ordinary meetings of a council are to be held at times and places determined by the council.
- (2) The chairperson of a council, or other office bearer of the council authorised by the chairperson to do so, is to provide written notice to each member, at least 7 days prior to an ordinary meeting.
- (3) The medical administrator of the public health organisation (however designated) is to be invited to attend all meetings of the council (unless already a member). However the council may exclude the medical administrator from any meeting, or part of a meeting, where the business under consideration relates to the conduct or performance of the medical administrator in that position.
- (4) A council may invite any other person, including any staff member of the public health organisation, to attend any of its meetings.
- (5) The council may exclude any invitee from any meeting, or part of a meeting.

25. Special meetings of councils

- (1) A special meeting of a council may be called by the chairperson of the council.
- (2) A special meeting of a council is to be called by the chairperson within forty-eight hours after the chairperson of the council receives:
 - (a) for a council with 6 to 20 members, a written request signed by a majority of the members of the council;
 - (b) for a council with more than 20 members, a written request signed by at least 11 members of the council.
- (3) The chairperson of a council is to give at least 24 hours notice of a special meeting of the council to all members.
- (4) Notice of a special meeting of a council is to specify the business to be considered at the meeting.
- (5) Only business specified in the notice is to be considered at a meeting.

26. Quorum

The quorum for a meeting of a council is:

- (a) for a Medical Staff Executive Council, a majority of the members;
- (b) for a medical staff council with 6 to 20 members, a majority of the members of the council;
- (c) for a medical staff council with more than 20 members, one tenth of the members or 11 members of the council, whichever is the greater number.

27. Minutes

The chairperson of a council, or an office bearer of the council authorised by the chairperson to do so, is to ensure that minutes are kept of all meetings of the council.

28. Smaller medical staff councils

For a council with five members or less:

- (a) clauses 24-27 of the By-law do not apply;
- (b) the Chief Executive, or a person authorised on his or her behalf, is to call a meeting of the council not later than seven days after receiving a written request for such a meeting from a member of the council;
- (c) the Chief Executive, or a person authorised on his or her behalf, is to give written notice of a meeting of the council to all members and to the medical administrator of the public health organisation (however designated);
- (d) the medical administrator of the public health organisation (however designated) is to be invited to attend all duly convened meetings of the council. However the council may exclude the medical administrator from any meeting, or part of a meeting, where the business under consideration relates to the conduct or performance of the medical administrator in that position;
- (e) the council may invite any other person to attend any meeting of the council;
- (f) the council is to ensure that minutes of a meeting of the council are kept;
- (g) the quorum for a meeting of the council is a majority of its members.

Part 6A – Hospital Clinical Councils**28A. Objectives of Interim Amendment**

- (1) To facilitate effective patient care and services through a co-operative approach between hospital executive management, clinical staff including medical practitioners, nurses, midwives and allied health practitioners, and clinical support staff to the management and efficient operation of public hospitals
- (2) to provide a forum for information sharing and to support feedback to all staff on issues affecting the administration of the hospital(s) through the members of the Council.
- (3) Hospital Clinical Councils are designed to provide a structure for consultation with, and involvement of, clinical staff in management decisions impacting public hospitals.
- (4) A Hospital Clinical Council is the key leadership group for its public hospital or hospitals and is designed to participate with the management team in ensuring that the hospital/s deliver high quality services for its/ their patients.

28B. Definitions

In this Part:

- (1) Clinical staff means a member of the NSW Health Service working in a clinical position in connection with the public health organisation, and medical and dental practitioners appointed as visiting practitioners under the Health Services Act 1997;
- (2) General Manager means the person responsible to the governance authority for the operation or management of a public hospital or hospitals;
- (3) Governance authority means the person or body responsible for exercising functions relating to the governance and control of a public health organisation;
- (4) Hospital Clinical Council includes a joint Hospital Clinical Council;
- (5) member means a member of a hospital clinical council.

28C. Establishment of hospital clinical councils

- (1) Hospital Clinical Councils are to be established within the public health organisation to provide management input for clinical staff of public hospitals.
- (2) The Governance authority must establish one Hospital Clinical Council for each public hospital in the public health organisation. Where appropriate that Council may be a Joint Hospital Clinical Council covering more than one hospital.

- (3) In determining whether to establish a Hospital or Joint Hospital Clinical Councils under subclause (2), the Governance authority is to have regard to:
 - (a) the size and budget of the public hospitals within the public health organisation;
 - (b) the number of clinical staff working at each public hospital within the public health organisation;
 - (c) whether a joint structure is the most practicable alternative for smaller hospitals;
 - (d) whether the relevant hospitals are under a common executive management structure.
 - (e) any administrative arrangements for clinical councils which existed prior to the insertion of this Part.
- (4) Nothing in this clause prevents a Governance authority from establishing an Area Clinical Council for the public health organisation in addition to Hospital Clinical Councils.

28D. Membership of Hospital Clinical Councils

- (1) The following members are ex officio members of a Hospital Clinical Council:
 - (a) the General Manager (however called) of the hospital or hospitals (who shall be the Chair);
 - (b) the Executive Medical Director (however called) for the hospital or hospitals;
 - (c) the Director of Nursing and Midwifery for the hospital or hospitals;
 - (d) the lead Allied Health manager (however called) for the hospital or hospitals;
 - (e) the principal financial officer (however called) for the hospital or hospitals.
- (2) The following senior clinical staff of the hospital or hospitals are to be appointed as members of a Hospital Clinical Council:
 - (a) as applicable, Clinical Divisional heads and Program managers (however called) for the hospital or hospitals;
 - (b) the Chair or Chairs of the relevant Medical Staff Council or Councils as a representative of the Medical Staff Council;
 - (c) such other clinical staff as the Governance authority determines to enable the Council to effectively undertake its functions having regard to the range, size, specialities and services provided by the hospital or hospitals.
- (3) Where a joint Hospital Clinical Council is established under clause 28B(2), at least 1 senior clinical staff member from each public hospital covered by the joint hospital clinical council is to be appointed.
- (4) Each Hospital Clinical Council is to consist of at least 9 members.
- (5) The relevant Governance authority may appoint a co-chairperson or deputy chairperson for a Hospital Clinical Council who will be the presiding officer in the absence of the chairperson.
- (6) Where a member of the Council is unable to attend a particular meeting of the Council, that member may nominate an alternate member to attend in their place.

28E. Liaison with the Public Health Organisation Executive

- (1) The Chief Executive and the Chairperson of the Health Advisory Council for the public health organisation must meet with each hospital clinical council at least six monthly; or
- (2) The Chief Executive will, at least once every 6 months, convene a forum to be attended by the Chief Executive, the Health Advisory Council, public health organisation executive staff, Hospital General Managers and clinical staff representatives of each of the hospital clinical councils established within the public health organisation.
- (3) The Chief Executive will provide feedback to the Council on such issues as the Council may from time to time raise and request advice on.

28F. Functions of Hospital Clinical Councils

A Hospital Clinical Council is to exercise the following functions in respect of its hospital/s:

- (1) provide leadership of the hospital/s by providing advice and recommendations and participating in management decisions to ensure:
 - (a) the achievement of the benchmarks and targets set out in the performance agreement between the Director-General and the public health organisation as they relate to the hospital/s;
 - (b) the implementation of effective quality and safety programs and the achievement of key quality performance indicators by departments and units, within the hospital/s;
 - (c) the implementation of models of care and evidence based clinical standards developed at a national and State level;
 - (d) the fostering of innovative solutions at a hospital level to improve the efficiency and effectiveness of the hospital/s;
 - (e) effective linkages between hospital clinical staff and clinician networks within the public health organisation;
 - (f) effective operational performance, and achievement of key operational performance indicators by departments and units, within the hospital/s;
 - (g) effective management of the budget of departments and units within the hospital/s subject to conditions and directions under law or Government policy, or established by the relevant Governance authority;

- (h) achievement of key financial performance indicators by department and unit managers;
 - (i) the appropriate linkages between hospital services and other services provided within the public health organisation and appropriate linkages with external local clinicians, including general practitioners;
 - (j) effective communication of key decisions with staff of the hospital/s.
- (2) provide advice on resource allocation including on the exercise of delegations for recruitment and expenditure to ensure effective and efficient utilisation of resources within the hospital/s, subject to conditions and directions established by law, Government policy or the relevant Governance authority;
 - (3) provide advice to ensure the implementation of strategies to effectively address any non-achievement of performance targets or other remedial action required within the hospital/s;
 - (4) advise the Chief Executive and the Health Advisory Council for the public health organisation on planning requirements for services within the hospital/s;
 - (5) assist in ensuring the effective implementation of Government policy and decisions of the Governance authority within the hospital/s;
 - (6) provide reports on the Council's activities and decisions to the Chief Executive and the Health Advisory Council each month through dissemination of the Minutes of meetings of the Council, or provide such reports with the frequency and in the manner determined by the relevant Governance authority.

28G. Information to be made available to the Council

The General Manager is to ensure the Council is provided with such information, including financial and operational performance reports, as is necessary to enable it to properly undertake its functions.

28H. Voting at meetings of councils

- (1) Any matter put to the vote at any meeting of a council is to be decided by a show of hands, or by secret ballot if requested by a member present at that meeting.
- (3) A decision supported by a majority of the votes cast at a meeting of members at which a quorum is present is to be the decision of the council.

28I. Meetings of Councils

- (1) A Hospital Clinical Councils will meet on at least monthly basis.
- (2) Meetings of a council are to be held at times and places determined by the Council.
- (3) The Chairperson or presiding officer of a council, is to ensure written notice is provided to each member, at least 7 days prior to an ordinary meeting.
- (4) A council may invite such executive staff or other staff or other persons to attend all or part of the Council's meetings.

28J. Special Meetings of Councils

- (1) Where the Chairperson of the Council considers that a matter is of such urgency that a special meeting of a Council should be held within 48 hours, the chairperson may request the Governing authority to give written approval to the conduct of a special meeting.
- (2) The written approval of the Governing authority may determine, subject to this clause and these by-laws, the business and conduct of such a special meeting.
- (3) Notice of the special meeting is to specify the business to be considered at the meeting.
- (4) The Chairperson is to ensure that at least 24 hours notice is given of a special meeting to each member and each person invited to attend the meeting.
- (5) Only business specified in the notice of a special meeting is to be considered at the special meeting.
- (6) The special meeting shall be held, if approved, not later than seven days after receipt by the Governing authority of a request under subclause (1).

28K Conduct of Meetings and special meetings

The provisions of Part 3 of this By-law applies to the conduct of meetings of Hospital Clinical Councils.

28L. Quorum

The quorum for a meeting of a council is a majority of the members.

28M. Minutes

The Chairperson of a Council or the member presiding from time to time is to ensure that minutes are kept of all meetings of the Council.

Part 7 - Medical and Dental Appointments Advisory Committee**29. Establishment of Medical and Dental Appointments Advisory Committee**

- (1) The Chief Executive is to establish a committee called the Medical and Dental Appointments Advisory Committee which will:
 - (a) provide advice, and where appropriate, make recommendations with reasons, to the Chief Executive concerning matters relating to the appointment or proposed appointment of visiting practitioners or staff specialists;
 - (b) consider any application that has been referred to the Committee by the Chief Executive for:
 - (i) appointment of a visiting practitioner or staff specialist; or
 - (ii) proposal to appoint a person as a visiting practitioner or staff specialist.
 - (c) provide advice, and where appropriate, make recommendations with reasons, to the Chief Executive concerning the clinical privileges which should be allowed to visiting practitioners, staff specialists and other dentists.
- (2) Where the Chief Executive has delegated such a function to that position, the medical administrator of the public health organisation (however designated) may appoint a visiting practitioner or staff specialist to an available position for a single period not exceeding three (3) months. However any exercise of this delegation shall be subject to the advice of the relevant Medical and Dental Appointments Advisory Committee, if the advice or recommendation of that Committee is required for that position.
- (3) The Committee may form sub-committees, whether at a hospital or otherwise, to provide advice or other assistance to enable it to perform its duties referred to in this clause.

30. Composition of Medical and Dental Appointments Advisory Committee

The Medical and Dental Appointments Advisory Committee shall be composed of:

- (a) two members appointed by the Chief Executive (at least one of whom is not a medical practitioner), one of whom is to be nominated by the Chief Executive as the chairperson of the Committee;
- (b) two representatives of the Council nominated by the Council to be on the Committee;
- (c) the Chief Executive of the public health organisation or his/her nominee;
- (d) the medical administrator of the public health organisation (however designated) or his/her nominee;
- (e) such of the following persons (being medical practitioners or dentists) appointed by the Chief Executive as are necessary, in the Chief Executive's opinion, following consultation with the two representatives of the Council, to the proper consideration of a matter or class of matters referred to the Committee:
 - (i) one representative of the public health organisation, having regard to the matter under consideration;
 - (ii) one representative of an appropriate professional medical college or body whose discipline is relevant to the matter under consideration and who is not a member of the Council of the public health organisation;
 - (iii) one representative of each university affiliated with the public health organisation for the purposes of the training of medical practitioners or dentists;
- (f) where a matter or class of matters referred to the Committee concerns an appointment of a person as a visiting practitioner or staff specialist to a hospital or hospitals under the control of an area health service, a representative of the Medical Staff Council, if any, for each hospital to which the appointment relates and who is nominated by that Council; and
- (g) where a matter or class of matters referred to the Committee concerns the clinical privileges of a visiting practitioner or staff specialist, a representative of the Medical Staff Council, if any, for each hospital to which the appointment relates and who is nominated by that Council.

31. Term of office

- (1) A member of the Medical and Dental Appointments Advisory Committee who is nominated by the Chief Executive shall hold office for such period as the Chief Executive determines.
- (2) A member of the Medical and Dental Appointments Advisory Committee who is a representative of the Council is to hold office for such period as the Council determines.
- (3) Where a member has been appointed to, or is nominated to be on, the Medical and Dental Appointments Advisory Committee for the purpose of considering a particular matter or matters, he or she is a member only for the period or periods during which that matter or matters is under consideration by the Committee.
- (4) A member of the Medical and Dental Appointments Advisory Committee shall absent themselves from the meeting during any discussion by the Committee of the appointment or clinical privileges of that member.

32. Committee meetings

The provisions of clauses 26 and 27 (quorum and minutes) of this By-law, with necessary adaptation, are to also apply to meetings of the Medical and Dental Appointments Advisory Committee.

Part 8 - Credentials (Clinical Privileges) Subcommittee

33. Credentials (Clinical Privileges) Subcommittee

- (1) The Medical and Dental Appointments Advisory Committee is to establish at least one subcommittee called the Credentials (Clinical Privileges) Subcommittee (in this part called the “credentials subcommittee”) to provide advice to the Medical and Dental Appointments Advisory Committee on all matters concerning the clinical privileges of visiting practitioners or staff specialists, including the following:
 - (a) the clinical privileges to be allowed to an applicant or person proposed for appointment as a visiting practitioner;
 - (b) the clinical privileges to be allowed to a staff specialist on appointment;
 - (c) the review of the clinical privileges of a visiting practitioner or staff specialist at the request of the visiting practitioner or staff specialist; and
 - (d) the review of the clinical privileges of a visiting practitioner or staff specialist at the request of the public health organisation.
- (2) Any matter concerning the clinical privileges of any person:
 - (a) who is appointed as a staff specialist or a visiting practitioner, or
 - (b) who the Medical and Dental Appointments Advisory Committee is considering recommending for appointment as a staff specialist or a visiting practitioner is to be referred to the credentials subcommittee for advice.
- (3) In considering all matters concerning clinical privileges the credentials subcommittee is to have regard to the delineated role of the relevant health facility approved by the Department.

34. Composition of the credentials subcommittee

- (1) The credentials subcommittee is to consist of:
 - (a) at least two members of the Medical and Dental Appointments Advisory Committee who are medical practitioners or dentists, nominated by the Medical and Dental Appointments Advisory Committee; and
 - (b) any other medical practitioners or dentists appointed by the Medical and Dental Appointments Advisory Committee who that Committee considers are necessary to consider the matter or matters referred to the credentials subcommittee for advice.
- (2) The Medical and Dental Appointments Advisory Committee is to nominate one of the persons under subclause (1)
 - (a) as chairperson of the credentials subcommittee.
- (3) In appointing members of the credentials subcommittee under subclause (1)(b), the Medical and Dental Appointments Advisory Committee is to ensure that the appointments are consistent with any Departmental guidelines, Policy Directives or Information Bulletins relating to the delineation of clinical privileges and/or the composition of the credentials subcommittee.

35. Term of Office

A member appointed to or nominated to be on the credentials subcommittee, for the purpose of considering a particular matter or matters, is a member for the period or periods during which the matter or matters is considered by the subcommittee.

36. Committee meetings

The provisions of clauses 26 and 27 (quorum and minutes) of this By-law, with necessary adaptation, are to also apply to meetings of the credentials subcommittee.

Part 9 - Rules

37. Rules

The Chief Executive may make rules for the proper functioning of the public health organisation. These rules should not be inconsistent with the Act, the associated regulations and this By-law.

Dictionary

Explanatory Notes

Certain words and phrases used in the by-law are ‘defined’ in the dictionary. These largely repeat those used in the Health Services Act so that the use of such words in the by-law is consistent with the Act.

Act means the Health Services Act 1997;

Chief Executive means respectively the chief executive of an area health service or statutory health corporation as applicable;

clinical privileges means the kind of clinical work (subject to any restrictions) that the public health organisation determines the visiting practitioner or staff specialist is to be allowed to perform at any of its hospitals or health services;

council means a Medical Staff Executive Council, a medical staff council, or a clinical council as applicable;

dentist means a person registered, or taken to be registered, as a dentist under the Dental Practice Act 2001;

Department means the Department of Health, and departmental has an equivalent meaning;

executive staff means the persons appointed by the public health organisation to its management structure and any persons appointed to act for the time being in those positions;

health service means any of the following

- (a) any hospital service,
- (b) any medical service,
- (c) any paramedical service,
- (d) any community health service,
- (e) any environmental health service,
- (f) any other service (including any service of a class or description prescribed by the regulations) relating to the maintenance or improvement of the health, or the restoration to health, of persons or the prevention of disease in or injury to persons.

hospital means an institution at which relief is given to sick or injured people through the provision of care or treatment;

medical practitioner means a person who is registered, or taken to be registered, under the Medical Practice Act 1992;

public health organisation means

- (a) an area health service, or
- (b) a chief executive governed statutory health corporation

as applicable.

public hospital means a hospital controlled by an area health service or a statutory health corporation;

regulations means the regulations made under the Act;

staff specialist means a medical practitioner employed by the public health organisation as a staff specialist under the Salaried Senior Medical Practitioners (State) Award;

visiting practitioner means a medical practitioner or dentist who is appointed by a public health organisation (otherwise than as an employee) to practise as a medical practitioner or dentist in accordance with such conditions of appointment at any of its public hospitals or health services as may be specified in an appointment agreement.

INDUSTRIAL RELATIONS ACT 1996

Appointment of Acting Commissioner of Industrial Relations Commission

HER Excellency the Governor, with the advice of the Executive Council, and in pursuance of Clause 2(1) of Schedule 2 to the Industrial Relations Act 1996, has approved the appointment of Patricia Ann Lynch as an Acting Commissioner of the Industrial Relations Commission of New South Wales, for a period commencing on 1 July 2010 and ending on 31 December 2010.

PAUL GERARD LYNCH, M.P.,
Minister for Industrial Relations

INDUSTRIAL RELATIONS ACT 1996

Appointment of Acting Commissioner of Industrial Relations Commission

HER Excellency the Governor, with the advice of the Executive Council, and in pursuance of Clause 2(1) of Schedule 2 to the Industrial Relations Act 1996, has approved the appointment of Mark Frederick Oakman as an Acting Commissioner of the Industrial Relations Commission of New South Wales, for a period commencing on 1 July 2010 and ending on 31 December 2010.

PAUL GERARD LYNCH, M.P.,
Minister for Industrial Relations

SCALE OF ALLOWANCES PAID TO WITNESSES

Erratum

THE notice Scale of Allowances Paid to Witnesses published in the Government Gazette on 11 June 2010, Gazette No. 74, folios 2399-2400 contained incorrect references in the asterisk notes. Corrections to the notice are in bold:

- (*) – correct reference - Clause 29.1.3, Table 1 (Item No. 1), Part B-Monetary Rates to the Crown Employees (Public Service Conditions of Employment) Award 2009
- (**) – correct reference - Clause 26.8.2, Table 1 (Item No. 2), Part B-Monetary Rates to the Crown Employees (Public Service Conditions of Employment) Award 2009
- (***) – correct reference - Casual rate for private motor vehicles with engine capacity 2601cc and over, as shown in Table 1 (Item No. 6), Part B-Monetary Rates to the Crown Employees (Public Service Conditions of Employment) Award 2009

This erratum now amends these errors with the gazettal date remaining the 11 June 2010.