

Credentiailling and Practice Guide

Access privileges and rules for health practitioners



March 2026





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About Southern Cross Healthcare Limited



Southern Cross Healthcare aims to advance the health and wellbeing of New Zealanders.

We are a “for purpose” driven organisation and have a not-for-profit status. This enables us to hold our primary goals, achieving excellent clinical care and striving to make independent healthcare more accessible, at the forefront of our organisation.

Founded in 1970, Southern Cross Healthcare is New Zealand’s largest independent surgical, medical, rehabilitation, and wellness group. At the core of our organisation is a national network of wholly-owned and joint venture hospitals that provide Kiwis with choice about the doctor, hospital, and treatment timeframe that best suits their needs. We believe patients come first, so their care, experience, and health outcomes are at the heart of all we do.

We are proud to be an integral part of the New Zealand healthcare system working with doctors and other clinical professionals, public health services, Accident Compensation Corporation (ACC), and insurance funders.

This guide is intended for use in hospitals that participate in the Southern Cross Healthcare credentialling programme.

- To learn more about Southern Cross Healthcare visit southerncrosshealthcare.co.nz 
- To learn more about Southern Cross visit southerncross.co.nz 

Abbreviations frequently used in this guide

ANZCA	Australian and New Zealand College of Anaesthetists
BCRC	Board Clinical Risk Committee
CEO	Chief Executive Officer
CMO	Chief Medical Officer
COO - WOH	Chief Operating Officer – Wholly Owned Hospitals
CPD	Continuing Professional Development
GM	General Manager (or their delegate)
GCOO	Group Chief Operating Officer
HCGC	Hospital Clinical Governance Committee
HSW	Health, Safety and Wellbeing
IPC	Infection Prevention and Control
MCNZ	Medical Council of New Zealand
MoH	Ministry of Health
NCGC	National Clinical Governance Committee
NIPCC	National Infection Prevention and Control Committee
PCBU	Person Conducting a Business or Undertaking
RACS	Royal Australasian College of Surgeons

Key terms used in this guide

Credentiailling is the formal process used to verify a practitioner’s credentials. It involves obtaining information from the practitioner and other sources.

Access privileges means Southern Cross Healthcare granting standard access to a particular hospital, or business, to provide safe, quality, patient-focused healthcare services according to the rules in this guide subject to GM discretion under the conditional licence.

Special circumstances access addresses how a practitioner with access privileges may invite the services of another person, who we call an invitee.

Event is an incident, accident, serious complication, near miss, or circumstance that results or could result in unintended or avoidable harm to a patient, worker or visitor, or a complaint, loss, or damages.

Introduction

Welcome

E ngā mana

E ngā reo

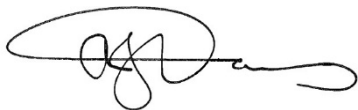
E ngā hau e wha

Tēnā koutou, tēnā koutou,
tēnā koutou katoa.

Welcome to New Zealand's largest independent network of healthcare facilities, joining over 1,200 medical practitioners. You'll be supported by a dedicated team committed to providing exceptional patient care. Our evolving set of values guides everything we do, alongside a 'just culture' that fosters learning and continuous improvement.

As with any professional organisation, we have guidelines that help ensure we deliver the best care possible. This guide outlines some key practices and directs you to additional resources, such as policy documents. These expectations align with the standards of our profession and society.

Together, we aim to create a rewarding, well-organised collaboration that benefits our patients and team.



Amanda Dawson
Acting Chief Medical Officer



Chris White
Chief Executive Officer

Who is the guide for?

The purpose of this guide is to set out the rules for your access to and ongoing practice at Southern Cross Healthcare hospitals.

This guide is primarily for doctors, dentists, and other registered health practitioners who provide independent clinical care at any of our hospitals or participating joint ventures. We refer to you as 'practitioners', or just 'you/your'.

This guide is also for other non-employee and non-credentialed persons who require limited access to the hospital to provide direct or indirect clinical care or support. This includes practitioners working under a contract (e.g. public service provider/hospital), and invitees such as technical experts, researchers, trainees, or others.

Finally, this guide informs our Southern Cross Healthcare management, hospital teams, and clinical governance committee members ('we/our' or 'us') who support the work you do.

What is in this guide and how will it help you?

The purpose of this guide is to provide you with clear, common-sense rules governing access.

In practical terms, this guide sets out the performance, professional, and commercial requirements you must satisfy to gain and maintain access to provide patient care within Southern Cross Healthcare.

Associated documents (policies, procedures, guidelines)

This guide includes links to the current versions of Southern Cross Healthcare ('we/our' or 'us') policies, procedures, and guidelines that are relevant to health practitioner access.

As a condition for access, you are required to be familiar with the intention and content of these documents.

To view the full list of associated documents, visit

healthcare.southerncross.co.nz/practitioners/practising 

Why the rules matter

Any team with a common goal in a complex setting needs rules to ensure safety.

The rules for health practitioner access privileges are essential for achieving the vision of Southern Cross Healthcare, in a manner consistent with our values and culture.

Supporting our vision

Our vision is to help people live their best lives by reimagining healthcare.

Our commitment is to put care at the heart of all we do as we deliver services expertly, efficiently, and innovatively.

Our safety culture is integral to everything we do.

The Southern Cross Healthcare team works continuously to be the network where patients choose to be treated, practitioners choose to practise, our employees choose to work, and healthcare funders choose to purchase services.

Our values – Care First, Better Together, Pursue Excellence – underpin both how we work (our **professionalism**), and what we can achieve (our **performance**). Our values are at the centre of the design and application of our rules for practitioner access, as well as the workplace rules for everyone involved with Southern Cross Healthcare. They also inform how we engage with patients and consumers to identify improvements that are based on needs and experiences.

Supporting our safety culture and fair processes

The reputation of Southern Cross Healthcare is built on operational excellence, an unwavering commitment to patient-focused care, a safe working environment, and a close working relationship with practitioners.

Safety culture

Respectful behaviour is needed for teams to function effectively. Effective teams enable better outcomes.

Everybody is required to display professional behaviours that promote a culture of safety. These behaviours include supporting peers, acting respectfully towards others, acknowledging the talents and abilities of colleagues, raising and responding to concerns, and working collegially with others.

Teamwork and cooperation are essential in any situation involving safety and nowhere is this need more evident than in the healthcare environment. We do not tolerate bullying, discrimination, or sexual harassment. We do not accept behaviour that creates or tolerates a hostile, inappropriate, or fearful working environment.

Our shared imperative is to prevent harm. We anticipate and plan for complex and changing circumstances to ensure as many things as possible go right, and we commit to organisational learning and continuous improvement.¹

The behavioural markers of these values are reflected in the performance guides of professional bodies, such as ANZCA and RACS.

Supporting our safety culture and fair process

Together, we are accountable for providing safe patient care.

A 'just culture' rejects blame. Instead, it differentiates between human error, risky behaviour, and reckless behaviour. When an adverse event occurs, we ask 'what went wrong?' rather than 'who caused the problem?' This approach allows for system improvements by encouraging reporting of errors or near-misses, objective analysis, and unbiased appraisal.

Our response to events varies according to the underlying behaviour:

- **Human error** is unintentional, such as a mistake or inadvertent action, and it can occur because of flaws in an organisation's systems. The appropriate response is usually supportive of the practitioner, and may include process improvement, re-design, and training.
- In contrast, **risky behaviour** or **reckless behaviour** involves conscious choice or disregard of substantial and unjustified risk, needlessly exposing people to harm. The appropriate response is to hold the practitioner to account, and may include training, coaching, or (where necessary) a sanction, such as suspension or withdrawal of access.

¹ <https://www.england.nhs.uk/signuptosafety/wp-content/uploads/sites/16/2015/10/safety-1-safety-2-whte-papr.pdf>

1.

How we
manage access

1.1 Our credentialling process

We manage access through our credentialling programme via two pathways:

- Standard access in the form of **access privileges**; or
- Limited access in the form of **special circumstances access**

Our clinical governance committees and management teams manage the credentialling and access of health practitioners and others.

Our credentialling process enables us to assess your suitability to be a credentialled practitioner to provide safe, quality, patient-centred services at Southern Cross Healthcare. We do this by systematically reviewing evidence of your competency, experience, current fitness, professionalism, and performance. We also consider the hospital's capacity, services, capabilities, and commercial requirements.

The hospital General Manager (GM) and Hospital Clinical Governance Committee (HCGC) consider access requests based on local circumstances, then make recommendations. The National Clinical Governance Committee (NCGC) considers these recommendations, along with other information, and decides whether to grant access and authorise a scope of practice. This committee also defines specific conditions relating to credentialling status.

A practitioner that has been granted access privileges, and been credentialled to work at our hospitals, does not have an automatic right to allocation of theatre lists by the GM.

The allocation and use of lists at our hospitals is at the continued discretion and authority of the relevant GM and our management under a conditional licence. This conditional licence may be terminated at any time, by either you or us, through the provision of three months' written notice (or earlier based on certain circumstances).

Credentialling and access privileges are reviewed periodically (see as described in section 4.4). Previous granting of credentialling and access privileges does not guarantee subsequent renewal of credentialled status. Continuation of credentialling status remains at the discretion and authorisation of the GM, HCGC and NCGC.

1.2

Our clinical governance framework – fostering excellence

In this section, we outline:

[Clinical governance structure](#)

[The committees](#)

[Management](#)



To foster excellence in clinical care, our clinical governance framework provides for:

- Maintaining and improving the safety and quality of patient care through high standards
- Defining transparent responsibility and accountability for meeting those standards
- Proactively managing clinical and workplace risks
- Maintaining a safe working environment
- Continuous and dynamic learning and improvement

Practitioners and management work together in their individual and collective clinical governance roles, so we can achieve our common purpose of excellent clinical care.

A primary responsibility of the clinical governance committees is to manage processes relating to practitioner credentialling and access using these rules. Local advice and recommendations from the HCGC, followed by national decision-making by the NCGC, ensure a robust and consistent process.

Commercial matters, such as use and allocation of lists, sub-contracting under our funder contracts and reputational issues, are managed by the hospital General Manager and our management.

We respect the independence of a practitioner and your sole responsibility for all medical decisions.

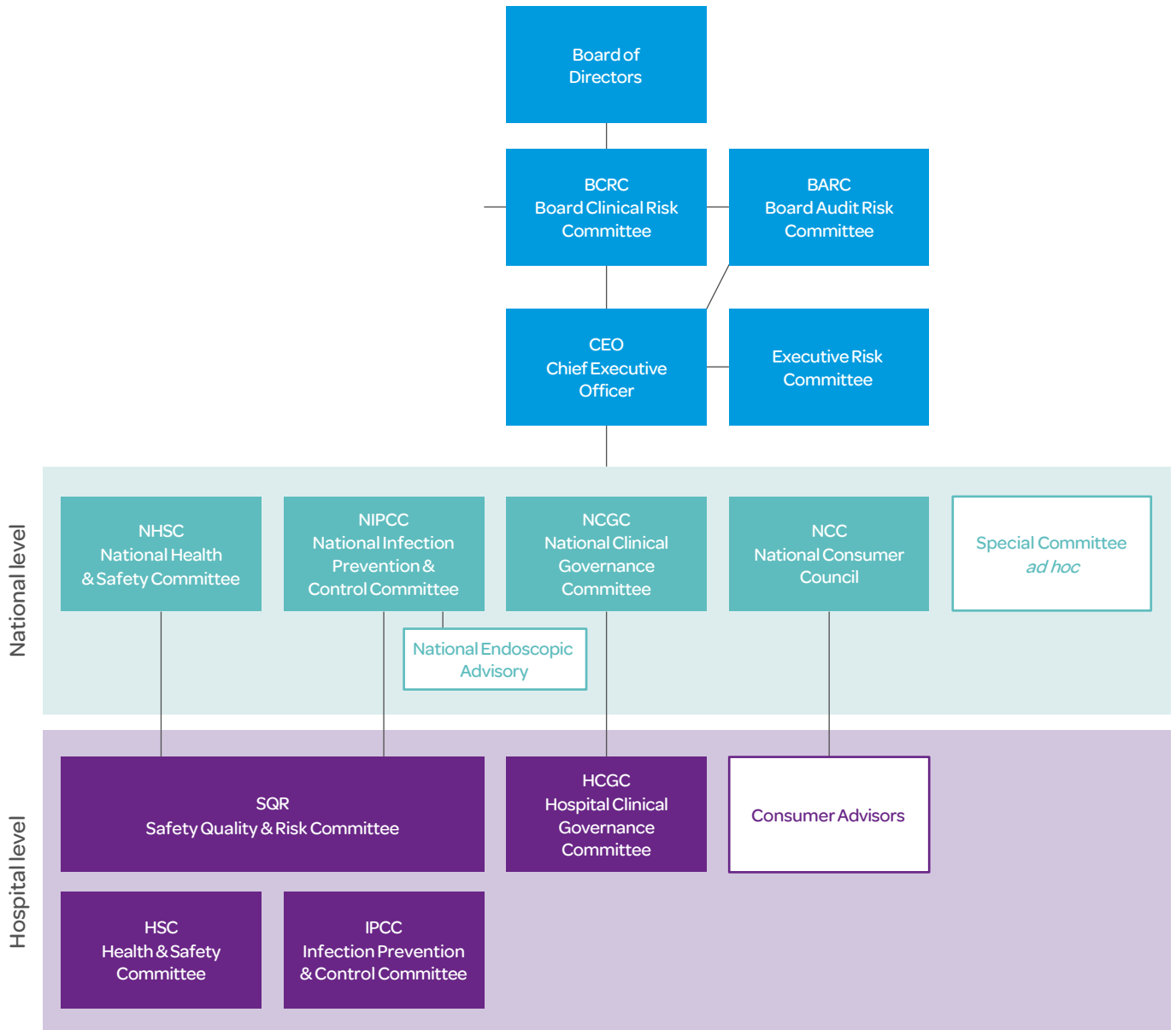
Our clinical governance structure supports effective teamwork and is designed to respond promptly and fairly to any matters of concern. We recognise that we both have duties of care² and overlapping responsibilities to maintain a safe workplace³.

In addition to the principle of professional self-regulation, the contributions of our clinical governance committee members are essential for maintaining clinical and safety standards. Members may also assist with projects and initiatives, coaching and mentoring of colleagues, addressing matters of concern, and reviews.

² Ministry of Health, Health and Disability Service Standards NZS 8134:2021

³ Health and Safety at Work Act 2015

1.2.1 Clinical governance structure



The Credentialling and Access Privileges Rules for Practitioners is a Southern Cross Healthcare Board policy. Implementation of the policy is delegated through the Chief Executive Officer (CEO) to the clinical governance committees and management, as described in this guide.

1.2.2 The committees

The **Board Clinical Risk Committee (BCRC)** and the **Board Audit and Risk Committee (BARC)** report directly to the Southern Cross Healthcare Board (Board).

To ensure we have adequate monitoring and controls in place, the BCRC and BARC assist the Board to meet its clinical governance obligations and is responsible for monitoring the implementation of clinical strategy and clinical risk.

The Executive Risk Committee is chaired by our CEO and reports to the Board Audit and Risk Committee. The committee is responsible for the management of enterprise risk and for the oversight of operational risk within the business functions and facilities. The committee also ensures risks are managed in accordance with our risk management policy, Board policies and other relevant policies and procedures.

The remaining national committees report to our CEO.

National level

The **National Clinical Governance Committee (NCGC)** monitors the Hospital Clinical Governance Committees (HCGCs) and clinical governance processes. The NCGC is the decision-making body for our credentialing programme, and members are appointed by our CEO. The NCGC grants, modifies, suspends, and withdraws access privileges. It also authorises scopes of practice, and handles matters of concern escalated by General Managers and HCGCs.

The **National Infection Prevention and Control Committee (NIPCC)** monitors the systems and processes to meet infection prevention and control standards. NIPCC membership includes specialist advisors, medical and nursing practitioners, and business representatives with a consumer focus.

The **National Health and Safety Committee (NHSC)** monitors' workplace safety systems to ensure that leadership and management processes meet or exceed legal obligations and industry standards. The expectation is that everyone is engaged, participates in, and is responsible for identifying and managing risks to maintain a safe workplace. This includes independent practitioners running their own businesses⁴.

The **National Consumer Council (NCC)** helps to improve the quality of patient experience and care. The NCC includes members who have healthcare, design, cultural, or general consumer expertise, or who have an independent voice.

The **National Endoscopic Advisory Group (NEA)** is chaired by the National Infection Prevention and Control Lead and members include managers and experts in endoscopy services and related functions. The NEA provides advice and guidance to comply with best practice endoscopy standards and sector practice.

Finally, an *ad hoc* **Special Committee** may be established at any time to assist, advice, and make non-binding recommendations to our CEO or NCGC on specific matters.

⁴ Defined under the Health and Safety at Work Act 2015 as Persons Conducting a Business or Undertaking (PCBU)

Hospital level

Each hospital in the Southern Cross Healthcare network has the following committees. Membership is by role or appointment by the General Manager:

- A **Hospital Clinical Governance Committee (HCGC)** made up of local credentialed practitioners and clinical services management. The HCGC is chaired by a medical specialist (or GM when chair in absentia), and acts as an advisory and monitoring body for all clinical matters, practice concerns, and credentialing oversight. A **Safety, Quality, and Risk (SQR) Management Committee** that may include infection prevention and control, consumer experience, and health and safety experts. These may be run as separate functions overseen by the SQR Management Committee.

1.2.3 Management

Each hospital is managed by a General Manager. The General Manager (or their delegate) is usually your primary contact for day-to-day commercial matters.

For a list of hospitals, visit <https://healthcare.southerncross.co.nz/contact-us/#hospitals> 

General Manager details can be found on hospital pages within the website.

The General Manager reports to our Chief Operating Officer – Wholly Owned Hospitals (COO - WOH), who reports to the Group Chief Operating Officer (GCOO) who in turn ultimately reports to our Chief Executive Officer (CEO).

Our CEO's role includes the leadership and management of our network of healthcare facilities. The CEO is responsible for implementing our strategic direction and plays a major part in the management of joint venture businesses.

Our CEO is supported by the Executive Leadership Team (ELT).

Several ELT members play roles in our joint ventures as directors, and our teams provide varying levels of support as agreed.

For a list of ELT members, visit healthcare.southerncross.co.nz/about-us/our-people

1.3 Relationships – collaborative independence

In this section, we outline:

[Clarifying the business relationship](#)

[You and your patients](#)

[Southern Cross Healthcare and our patients](#)



1.3.1 Clarifying the business relationship

The relationship between Southern Cross Healthcare and practitioners is based on mutual recognition of, respect for, and support of:

- Each other’s **separate** and **independent** commercial status
- **Shared objectives** for quality healthcare delivery and patient safety.

The nature of the relationship between Southern Cross Healthcare and practitioners is that of a conditional licence. Nothing else has the effect of creating any legal, contractual, fiduciary, or other relationship (such as partnership, joint venture, employer-and-employee, principal-and-agent, or independent contractor).

The distinct relationship between Southern Cross Healthcare and individual practitioners is governed by the rules in this guide. This means you may provide healthcare services at Southern Cross Healthcare hospitals, and you are licensed to enter buildings and use equipment and hospitals, for the purpose of providing such services, in accordance with your authorised scope of practice.

Even when there are temporary, ad hoc, or other business arrangements in place (such as you being a tenant within a facility or providing services under any funding contracts, whether Southern Cross Healthcare or you are the contract holder), this does not negate your independence as described by these rules.

At all times, you are accountable for maintaining and monitoring:

- Your own **professionalism and behaviour** as an entirely independent service provider conducting your own business, including maintaining a reputation congruent with your role and standing as a health professional or as a provider of health services
- Your **competency, skills, and experience** to provide the healthcare services in your authorised scope of practice
- Your **clinical performance, judgement, and fitness to practise**, which we expect to be self-managed, audited, peer-reviewed, and collegially monitored.

Southern Cross Healthcare is neither resourced nor mandated to undertake day-to-day oversight of practitioners, either in relation to their independent clinical practice, or in how they conduct their business. We are obliged to respond to behaviour that threatens safety.

1.3.2 You and your patients


Depending on your vocational speciality, you either admit patients for a service, or provide services to a patient booked by a colleague.

You may introduce the patient to other professionals (such as a physiotherapist) who you request to provide ancillary services. You may also engage the services of technical or other experts to provide services (below and [Section 5](#)).


As an independent practitioner, you usually charge patients directly for your services. Exceptions include when treatment is provided under our funding contracts, eg ACC, Health New Zealand /Te Whatu Ora or Affiliated Provider.

1.3.3 Southern Cross Healthcare and our patients

We provide hospitals, management, a range of services, and other resources to support the delivery of safe, quality patient care.



We have guidelines for practitioners to ensure the [suitability of patients](#)  for admission and ongoing care in the hospital, depending on the:

- **Patient** needs
- Nature of the **treatment**
- Capability of the **hospital** to provide services within its Ministry of Health certification (licence); the hospital's access to technology, equipment, imaging and laboratory services; staffing levels and capability; and the range of services required to support the patient

The General Manager may [decline an admission](#)  based on our policies and commercial requirements (at our discretion).



Southern Cross Healthcare directly charges the patient, or the patient's funder, for goods and services we provide.

Associated documents

-  [Policy and procedure for ensuring patient suitability for admission and care](#)
-  [Procedure for declining patient admission or provision of services](#)

1.4 How we manage special circumstances access

At times a credentialed practitioner may invite another person (called an invitee) to provide services. Experts and others who do not have standard access privileges require [special circumstances access](#) as non-employed and non-credentialed persons requiring limited access to the hospital to provide direct or indirect clinical care or support. This includes practitioners working under a funder contract (e.g. public service provider) and invitees such as visiting clinical experts, researchers and trainees for example.

Where you invite a technical advisor or medical company representative, they must complete the requirements detailed in SCH [Medical company representatives or technical support persons in the operating theatre policy](#) , including an orientation and sign the [Medical company representative access to operating theatre declaration form](#) .

2.

The rules

This section contains our rules for delivering health services through our private hospital network.

The rules apply to all practitioners with access to Southern Cross Healthcare hospitals and facilities who participate in the Southern Cross Healthcare Credentialling programme. The rules also apply to invitees who have special circumstances access.


Your healthcare practitioner registration and your membership of a professional college mean you have already committed to upholding a standard of professionalism and performance consistent with delivering safe, quality, patient-centred care. These rules complement the standards and policies of applicable professional organisations.


Our requirements are in addition to, and consistent with, your compliance with laws and standards of regulatory and professional bodies and other government agencies and the terms of any funder contracts.

The rules are grouped under three key categories:

- Professionalism
- Performance (delivery of care)
- Commercial.

At all times, you are responsible for maintaining and monitoring:

- your own **professionalism and behaviour** as an entirely independent service provider conducting your own business, including maintaining a reputation congruent with your role and standing as a health professional or as a provider of health services
- your **competency, skills, and experience** to provide the healthcare services in your authorised scope of practice
- your **clinical performance, judgement*** , and **fitness to practise**, which we expect to be self-managed, audited, peer-reviewed, and collegially-monitored

 * Good judgement includes: suitable patient selection; delivering appropriate treatment and prescribing care to reduce the risk of clinical complications and unintended outcomes; and implementing safety processes to avoid error and/or preventable harm.

2.1 Professionalism

In this section, we outline:

[How you work](#)

[Compliance with laws and standards](#)

[Privacy and confidentiality](#)


[Current fitness to practise](#)

[Communication, notifications, and disclosure](#)



2.1.1 How you work

Professionalism is about *how* you work, your behaviour, and how you conduct your business. Your professionalism is as important as your clinical performance, and is reflected in the outcomes you achieve for your patients.

Commitments	Responsibilities
<p>You commit to:</p> <ul style="list-style-type: none"> • Providing patient-centred care and working in the best interests of the patient • Participating in professional peer support, review, and oversight • Raising potential or actual safety concerns and responding appropriately to others' safety concerns • Behaving appropriately and positively while within our hospitals (examples of behaviours) • Demonstrating ethical billing practices • Contributing to maintaining and improving team performance, and planning for changing circumstances with the aim of preventing harm (consistent with the principles of Safety II⁵). 	<p>You are responsible for:</p> <ul style="list-style-type: none"> • Actively practising safety culture by engaging in training*  and processes – including speaking up and listening skills – that demonstrate competency to raise or respond to a safety concern • Demonstrating collegiality with other practitioners and team members.

 * Or demonstrating previous equivalent training.

⁵ <https://www.england.nhs.uk/signuptosafety/wp-content/uploads/sites/16/2015/10/safety-1-safety-2-white-papr.pdf>

Examples of behaviours

Value	Examples of good behaviour	Examples of poor behaviour
Teamwork	✓ Actively listens, makes eye contact, is approachable	✗ Does not listen, is defensive, talks over people, interrupts
	✓ Acknowledges and considers others' opinions	✗ Is unwilling to consider ideas from others
Responsibility	✓ Recognises and apologises for mistakes	✗ Blames others
	✓ Actively and constructively raises safety concerns	✗ Reacts negatively to feedback
Respect	✓ Smiles, greets others, talks respectfully, uses good manners	✗ Verbally abuses others, is rude, aggressive, disrespectful, dismissive
	✓ Is inclusive, asks others for their opinion	✗ Excludes people, fuels a 'them and us' mentality
Aspiration	✓ Identifies areas of improvement	✗ Resists change and new ideas
	✓ Always puts the patient at the heart of what we do	✗ Demonstrates poor situational awareness

References:

- Surgical Competence and Performance, Royal Australasian College of Surgeons (2020)
- Supporting Anaesthetists' Professionalism and Performance, Australian and New Zealand College of Anaesthetists (2024)
- Southern Cross Healthcare Safety Culture Programme

References or endorsements

You must notify the General Manager before approaching Southern Cross Healthcare employees to seek references, endorsements, or testimonials. Any references, endorsements, or testimonials may not be in the name of Southern Cross Healthcare, on our letterhead, or associated with our branding.

Professional isolation

To avoid the adverse consequences of professional isolation, you require a network of appropriate peers and named local [support colleagues](#) who practise in the same vocational speciality. Where collegial support in your vocational speciality is not available, you will need to propose alternative arrangements to the General Manager for consideration.

The group who may be most at risk of professional isolation are those who only practise in private without a public appointment.

2.1.2 Compliance with laws and standards

Commitments

You commit to complying with and assisting Southern Cross Healthcare to comply with:

All relevant legislation, including but not limited to:

- Health and Disability Services (Safety) Act 2001
- Health and Safety at Work Act 2015
- Health and Disability Commissioner Act 1994
- Misuse of Drugs Act 1977 and Medicines Act 1981
- Children's Act 2014
- Legislation and protocols governing the privacy of personal and health information (see [privacy and confidentiality](#)).

All applicable regulations, standards, and codes of conduct and ethics, including those of:

- Regulators, such as Medical Council of New Zealand, Dental Council of New Zealand,
 - Ministry of Health, Accident Compensation Corporation, WorkSafe New Zealand,
 - Health and Disability Commissioner, and Privacy Commissioner
 - New Zealand Medical Association and other relevant organisations
 - Australasian and New Zealand health practitioner colleges and other professional organisations
 - Health Quality and Safety Commission
 - All Southern Cross Healthcare policies that have notified to you from time to time.
-

Health and safety at work

You have a number of duties under New Zealand's Health and Safety at Work Act 2015 (HSWA 2015).




A 'person conducting a business or undertaking' (PCBU), who is usually the employer, has the primary duty of care under the Health and Safety at Work Act 2015 (HSW Act) to ensure the health and safety of workers and others at the workplace, so far as is reasonably practicable.

Many of these duties overlap and require us to **consult, cooperate**, and **coordinate** activities to ensure we all meet our responsibilities. Consultation between you and us as PCBUs is required to identify and manage health and safety risks effectively.

As a health practitioner you are considered a person conducting a business or undertaking (PCBU).

Commitments	Responsibilities
<p data-bbox="512 503 702 534">You commit to:</p> <ul data-bbox="512 544 981 1243" style="list-style-type: none"><li data-bbox="512 544 981 617">• Complying with our health, safety and wellbeing policy .<li data-bbox="512 627 981 808">• Taking reasonable care of your own health, safety, and wellbeing, and ensuring your actions (or inactions) do not adversely affect the health, safety, and wellbeing of others<li data-bbox="512 818 981 890">• Following any reasonable instructions from Southern Cross Healthcare<li data-bbox="512 901 981 1046">• Adopting safe work practices (including proper use of safety equipment) and requiring others to do the same<li data-bbox="512 1056 981 1129">• Reporting health and safety events, hazards, and near-misses<li data-bbox="512 1139 981 1243">• Participating in matters (including training) pertaining to health, safety, and wellbeing.	<p data-bbox="981 503 1276 534">You are responsible for:</p> <ul data-bbox="981 544 1487 890" style="list-style-type: none"><li data-bbox="981 544 1487 652">• Consulting with us to ensure all workplace risks are identified and managed<li data-bbox="981 663 1487 770">• Cooperating with us to agree how the risk will be managed and what controls will be implemented<li data-bbox="981 781 1487 890">• Coordinating our activities to ensure both parties meet our obligations under the HSWA 2015.

Associated documents

-  [Health, safety and wellbeing policy](#)
-  [Guidelines for implementing the LITEN UP programme](#)
-  [Practitioner guidelines for meeting responsibilities under the Health and Safety at Work Act](#)

2.1.3 Privacy and confidentiality

Practitioner requirements

Under the New Zealand Privacy Act 2020 and the Health Information Privacy Code 2020 (Privacy Laws), those handling personal, sensitive, or health information must observe certain standards and restrictions concerning the collection, holding, using, and disclosing of that information.

Commitments

You commit to:

Complying with (and assisting us to comply with) the Privacy Laws and other relevant legislation, standards, and codes governing the privacy of health and personal information.

Keeping business information concerning Southern Cross Healthcare, and any of our hospitals, confidential.

You further acknowledge that:

Your obligation to comply with these privacy and confidentiality requirements will continue after you cease to hold access privileges at any Southern Cross Healthcare hospital.

You have the consent of a person when you disclose to us their personal, sensitive or health information. If you become aware of any breach or potential breach of any Privacy Laws you must let us know as soon as possible (and no later than 72 hours of becoming aware).

Associated documents

- 🔗 [Privacy Act 2020](#)
- 🔗 [Privacy policy](#)
- 🔗 [Privacy statement](#)
- 🔗 [Guidelines for staff to comply with the Privacy Act](#)
- 🔗 [Health Information Privacy Code 2020](#)

2.1.4 Current fitness to practise

To be fit to practise you must be able to:

- Make safe judgements
- Demonstrate the level of skill and knowledge required for safe practice and teamwork
- Behave appropriately
- Not risk infecting patients or others
- Not act in ways that adversely affect patient safety⁶

Professionalism



Maintains personal health and wellbeing

Maintains personal, mental and physical health for the wellbeing of the surgeon, and to optimise performance during surgical practice for the benefit of colleagues and patients.

Royal Australasian College of Surgeons: Surgical Competence and Performance (2020) section 4.4



⁶ <https://www.mcnz.org.nz/our-standards/fitness-to-practise/health-concerns-about-a-doctor/>

As part of your [disclosure](#) obligations, you must immediately notify the General Manager if you suffer from illness, disability, or impairment, or if there are other circumstances that may adversely affect your fitness to practise.

In some circumstances, we may require:

- A medical (or neuropsychological/cognitive) assessment from an appropriate specialist
- A report from your healthcare provider(s) about your fitness to provide healthcare services in line with your authorised scope of practice
- A second opinion about any provided information
- A period of [absence](#) (eg for recovery from injury or illness)
- A return-to-practice agreement (that may include a programme of review, monitoring, and reporting of performance, medical assessments, changes to your authorised scope of practice, or conditions on your access privileges)
- Other conditions

2.1.5 Communication, notifications, and disclosure

Communication and notifications

Effective communication includes keeping people informed, being respectful and approachable, and being attentive and responsive to concerns raised by patients, their family, or team members. Poor communication is a common factor in harm events and patient complaints.

Your tone and demeanour must promote, and not obstruct, excellent interactions in all settings.

Commitments

You commit to:

- Demonstrating competence in interactions and communication

Communication



Discusses and communicates options

Communicates decisions clearly and effectively to all involved parties and ensures patients understand the information provided.

Royal Australasian College of Surgeons: Surgical Competence and Performance (2020) section 6.2



Responsibilities

You are responsible for:

- Meeting your duties under the [Code of Health and Disability Services Consumers' Rights](#)⁷
- Promoting and contributing to an environment of positive interaction, so individuals feel well-informed by you and comfortable communicating with you, including when raising concerns about patients after hours
- Participating in any regular or periodic meetings with the General Manager, including for reviews and communication of mutual expectations
- Promptly communicating safety concerns
- Notifying the General Manager of any circumstances that meet the criteria for disclosure to Southern Cross Healthcare as soon as practicable
- Providing us with a copy of any notification and relevant reports where you are the subject of a process by a health registration authority, government agency, or employer, where applicable to your practice ([Reasons for a change of circumstances](#))
- Reading communications from us, which may include updates to this guide

⁷ Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

Responsibilities

We are responsible for:

- Notifying an external agency, authority, or organisation about matters relating to you where we consider it appropriate to do so or we are required to by law (if we are able, we will provide you with a copy of the notification)
- Promoting and fostering a culture of safety
- Encouraging feedback and suggestions, which you should provide to the General Manager
- Seeking your periodic participation in a practitioner engagement survey and providing timely feedback to you
- Periodically communicating news and important messages, including any updates to this guide

Cultural Competence and Cultural Safety



Fosters a safe and respectful healthcare environment for all patients, families and carers

- ✓ Allows adequate time to provide information in a manner that is understood by the patient, family or carer and communicates in a respectful and effective manner.
- ✗ Makes no attempt to accommodate cultural beliefs and practices.

Royal Australasian College of Surgeons: Surgical Competence and Performance (2020) section 10.2



Communicator



Discussing and communicating options

- ✓ Recognises and articulates problems to be addressed.
- ✗ Appears to make decisions on the run and then responds to difficulties with irritation, aggression or inconsistency.

Australian and New Zealand College of Anaesthetists: Supporting Anaesthetists' Professionalism and Performance (2024)



Continuous disclosure

Your access to our hospitals comes with an ongoing obligation to notify us (the General Manager or the NCGC), as soon as practicable, of any circumstances that meet the criteria for disclosure to Southern Cross Healthcare ([change of circumstance examples](#)). This includes where the circumstances:

- Affect your suitability for access privileges
- Expose our patients and/or us to risk
- May affect adversely your practice
- There are any potential, perceived or actual conflict of interests
- A reputational risk to us or yourself

We will look unfavourably on failure to disclose information in a timely manner.

At all times, you are responsible for disclosing every fact that has a material bearing on your:

- Fitness to practise
- Personal circumstances
- Credentials
- Authorised scope of practice
- Ability to deliver healthcare services to patients safely and in accordance with your authorised scope of practice
- Professional indemnity membership or insurance status
- Registration with the relevant professional registration board, including any conditions or limitations placed on such registration
- Practice elsewhere
- Adverse patient outcomes, e.g. death of a patient that requires reporting to the coroner

Responsibilities

You are responsible for:

- Disclosing every fact or circumstance that has a bearing (actual or potential) on your ability or suitability to deliver healthcare services safely and maintain your professional standing. Your obligations extend from the time of your application through to relinquishing, expiry, or withdrawal of your access privileges.
-

2.2 Performance (delivery of care)

In this section, we outline:



[Code of consumer rights](#)

[Access to the patient care environment](#)

[Infection prevention and control](#)

[Admitting patients](#)

[Informed consent](#)

[Health records](#)

[Open disclosure to patients](#)

[Use of electronic devices](#)

[Safe practices and checks](#)

[Intraoperative care](#)

[Inpatient care](#)

[Clinical emergencies and transfers](#)

[Patient discharge](#)

[Safety and quality](#)

As you are solely responsible for all medical decisions that you make, generally, Southern Cross Healthcare will not interfere with your independent clinical freedom and judgement. We will, however, take immediate action if we have concerns for patient safety, workplace safety, or consider that you have significantly breached either accepted good practice or these rules.

2.2.1 Code of consumer rights

See: [Code of Health and Disability Services Consumers' Rights](#) 





Obligations under the Code

Every provider is subject to the duties in the Code. Every provider must take action to inform consumers of their rights, and enable consumers to exercise their rights. A provider is not in breach of the Code if they have taken reasonable actions in the circumstances to give effect to the rights, and comply with the duties, in the Code. The onus is on the provider to prove that reasonable actions were taken⁸.

2.2.2 Access to the care environment

Access to the patient care environment (such as a ward or operating room) for a patient's support person or people is limited. They may only enter the patient care environment if it is in the patient's best interests, and with the agreement of the patient, practitioners, and management.

Associated documents

-  [Informed consent policy](#)
-  [Procedure for checking informed consent](#)
-  [Operating theatre agreement to treatment form process](#)
-  [Visitor policy and guidelines](#)

⁸ Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

2.2.3 Infection prevention and control

Commitments	Responsibilities
<p>You agree to:</p> <ul style="list-style-type: none"> • Demonstrate best practice hand hygiene • Adhere to accepted standard precautions and transmission-based precautions (isolation), including the correct use of personal protective equipment (PPE) • Prescribe in accordance with antimicrobial stewardship principles • Support the patient Multi-Drug Resistant Organisms (MDRO) pre-admission screening requirements and seek additional expert prescribing advice where necessary • Monitor your blood-borne infection status in line with current guidelines⁹ and report any change that could pose a risk to patients • Report and follow the procedure for any blood, body, and fluid exposures (BBFE) in our hospital • Actively engage in surgical site surveillance and act on any recommendations for improvement in practice 	<p>You are responsible for:</p> <ul style="list-style-type: none"> • Complying with approved practices that minimise the risk of infection to yourself and others • Appropriate prescribing consistent with accepted practice • Undertaking appropriate patient screening and reporting, in line with accepted MoH and Southern Cross Healthcare guidelines • Ensuring there is no action or omission that introduces contaminants to the operating theatre suite or procedure rooms • Disclosing any infection risks you may pose to patients and the workplace to the GM • Complying with audit requirements as part of a quality monitoring programme

⁹ [Australian national guidelines for the management of healthcare workers living with, or exposed to, blood-borne viruses](#)

Associated documents

- ☑ [Policy for the management of infection prevention and control](#)
- ☑ [Hand hygiene policy](#)
- ☑ [Guidelines for antimicrobial prescribing](#)
- ☑ [Recommended prophylactic antimicrobial agents and administration guide](#)
- ☑ [Surgical site skin antisepsis policy](#)
- ☑ [Multi-drug resistant organisms \(MDRO\) patient guidelines](#)
- ☑ [Multi-drug resistant organisms \(MDRO\) employee guidelines](#)
- ☑ [Standard precautions](#)
- ☑ [Surgical site surveillance programme](#)
- ☑ [Blood or body fluid exposure \(BBFE\) management](#)
- ☑ [Guidelines for the management of healthcare workers⁹](#)

2.2.4 Admitting patients

As a condition of **admission**, Southern Cross Healthcare requires every patient to complete the forms required for admission. Completed patient admission forms and information relating to the procedure should be received by the hospital *at least five working days* before admission (or seven days if a patient has specific needs).

The General Manager may [decline a patient admission](#) ☑ based on our policy and our commercial requirements.

Commitments	Responsibilities
<p>You agree to:</p> <ul style="list-style-type: none"> • Book patients who can be managed suitably and appropriately in the hospital • Provide relevant and timely information when booking patients • Observe the rules and requirements for admission to the hospital, including use of Clinical Workstation's eAdmissions 	<p>You are responsible for:</p> <ul style="list-style-type: none"> • Ensuring that your instructions for routine patient care are up-to-date • Notifying the anaesthetist and hospital before admitting higher-risk patients, making the anaesthetist and hospital aware to enable pre-admission assessments • Discussing and booking additional care requirements (eg higher levels of care) with the hospital management in advance. Notifying the patient of this contingency and the potential for additional fees

Associated documents

- 🔗 [Policy and procedure for ensuring patient suitability for admission and care](#)
- 🔗 [Procedure for declining patient admission or provision of services](#)
- 🔗 [Southern Cross Healthcare patient admission forms](#)
- 🔗 [Health and disability services standards](#)

2.2.5 Informed consent

Commitments

You agree to:

- Obtaining and documenting informed consent before treatment, in accordance with legislation, accepted standards, and hospital requirements
- Where indicated, a decision to proceed beyond any documented consent should be reviewed by a clinical colleague or the CMO and the patient's next-of-kin or substituted decision-maker

Responsibilities

You are responsible for:

- Providing your patient with the information they need to make a fully-informed decision¹⁰
- Obtaining and documenting the process of informed consent
- Recording consent on the appropriate Southern Cross Healthcare forms¹¹
- Where consent is provided by a legal proxy (legal guardian or substituted decision maker), providing a copy of any relevant documentation with the patient's admission forms
- In response to unexpected clinical events or unconsented surgery, completing [patient open disclosure processes](#)

¹⁰ <https://www.mcnz.org.nz/assets/standards/79e1482703/Statement-on-informed-consent.pdf>

¹¹ Agreement to Treatment, Anaesthetic Consent and other as appropriate to procedure

Obligations under the Code




[Right 7\(4\)](#) :

Where a consumer is not competent to make an informed choice and give informed consent, and no person entitled to consent on behalf of the consumer is available, the provider may provide services where:

- it is in the best interests of the consumer; and
- reasonable steps have been taken to ascertain the views of the consumer; and
- either:
 - i. if the consumer's views have been ascertained, and having regard to those views, the provider believes, on reasonable grounds, that the provision of the services is consistent with the informed choice the consumer would make if he or she were competent; or
 - ii. if the consumer's views have not been ascertained, the provider takes into account the views of other suitable persons who are interested in the welfare of the consumer and available to advise the provider¹²



Associated documents

-  [Informed consent policy](#)
-  [Procedure for checking informed consent](#)
-  [Operating theatre agreement to treatment form process](#)
-  [Southern Cross Healthcare patient admission forms](#)
-  [Health and disability services standards](#)

¹² Health and Disability Commissioner ([Code of Health and Disability Services Consumers' Rights](#)) Regulations 1996 Code of Consumers Rights

2.2.6 Health records

Access to health records is limited to those who have a legitimate reason to access them. All patients have the right to access their own records.

Invitees and the health record

We record the attendance and role of any [invitee](#) or other persons in the operating room, procedure room, or other area. Where specific services are provided by an invitee, e.g. in rehabilitation, the invitee may make progress notes in the patient's record.

Commitments	Responsibilities
<p>You commit to:</p> <ul style="list-style-type: none"> Complying with the relevant professional and legislative standards to ensure full and accurate health records (including images) are maintained to enable the hospital to provide the necessary care and treatment Complying with privacy and confidentiality obligations Not copying or removing patient health records (including images) without prior permission from the GM or their delegate Acknowledging that patient health records are the property of Southern Cross Healthcare 	<p>You are responsible for:</p> <ul style="list-style-type: none"> Maintaining clear, legible, contemporaneous, comprehensive, and accurate records that report current and ongoing treatment plans Ensuring that complications, adverse events, and variations from standard clinical pathways and expectations are recorded Recording open disclosure processes Initiating ACC treatment injury claim notification processes (where applicable) Keeping other relevant practitioners, and those providing direct patient care, adequately informed of the patient's condition and planned or changed treatment and monitoring Keeping appropriate medication records <input type="checkbox"/> and complying with relevant legislation Ensuring that prescribed medications are documented in alignment with Southern Cross Healthcare policy and accepted NZ standards Ensuring that a medication reconciliation process is completed at admission, transfer, and discharge Authorising 'standing orders' and 'verbal orders' within the legislated timeframes

Associated documents

- ☑ [Guidelines for antimicrobial prescribing](#)
- ☑ [Recommended prophylactic antimicrobial agents and administration guide](#)
- ☑ [Procedure for correct surgical site/side marking and verification](#)
- ☑ [Surgical safety checklist policy](#)
- ☑ [HQSC national medication chart](#)

2.2.7 Disclosure to patients

Circumstances that require 'open disclosure'¹³ include errors that affect the patient's care but do not appear to have caused harm.

Responsibilities

You are responsible for:

- Informing patients in an open and timely manner about any adverse, unplanned, or untoward event (including near misses) or error, regardless of whether or not the patient has suffered any immediate harm as a result
- Discussing any future implications, treatment options, and monitoring where applicable
- Recording these discussions in the patient's records, to inform the care provided by others
- Initiating ACC treatment injury claim notification processes where applicable
- Informing the appropriate hospital manager

Associated document

- ☑ [Open communication and engagement policy](#)

¹³ <https://www.hdc.org.nz/making-a-complaint/complaint-process/guidance-on-open-disclosure-policies/>

2.2.8 Use of electronic devices

Commitments	Responsibilities
<p>You agree to:</p> <p>Complying with the relevant legislation to ensure the appropriate:</p> <ul style="list-style-type: none"> • Management of health information captured on electronic devices • Use of personal electronic devices in the patient care environment and remotely 	<p>You are responsible for:</p> <ul style="list-style-type: none"> • Ensuring your use of electronic devices does not cause a distraction in the clinical care environment • Ensuring any personal electronic device used in the provision of care is kept secure • Treating any clinical images or recordings that are captured with your device as confidential health records

Associated document

[NZMA Clinical images and the use of personal mobile devices guide](#)

2.2.9 Safe practices and checks

Depending on your role and the activity you are undertaking, you must adopt the appropriate standard safety practices to meet patients' individual needs, mitigate risk factors, and ensure patient and workplace safety.

Commitments	Responsibilities
<p>You agree to:</p> <ul style="list-style-type: none">• Participating fully in safety checking processes• Allocating appropriate time for safety processes to be carried out	<p>You are responsible for:</p> <ul style="list-style-type: none">• Preventing or managing the risks of undue haste to protect patients, the team, the workplace environment, and yourself from preventable harm

Associated documents

[Speaking up for safety: the safety CODE model](#)

[Guidelines for implementing the LITEN UP programme](#)

[Guidelines for safely managing surgical plume](#)

[Surgical safety checklist policy](#)

[Preventing retained surgical items – surgical count policy](#)

[Health, safety and wellbeing policy](#)

2.2.10 Intraoperative care

Commitments	Responsibilities
<p>You commit to:</p> <ul style="list-style-type: none"> • Open communication and teamwork • Leading and participating in, and allocating sufficient time for, safety practices and checks 	<p>You are responsible for:</p> <ul style="list-style-type: none"> • Checking and marking (identifying) the procedure site • Verifying that images and other health records belong to the correct patient • Verifying that relevant risk mitigation strategies are in place (e.g. prophylaxis) • Leading and participating in list briefing and de-briefing • Leading and participating in all the surgical safety checklist steps (including those for regional anaesthesia) • Participating in the surgical count • Checking and confirming specimens and their labels <p>Communicating your requirements in advance to enable safe planning for:</p> <ul style="list-style-type: none"> • Loan and other equipment, implants, specialist consumables • Blood products, donor requirements • Radiology requirements <p>You are responsible for:</p> <ul style="list-style-type: none"> • Being competent in the safe use of clinical equipment and supplies • Engaging and supporting safe handling and moving processes, patient positioning, and monitoring • Communicating the presence of invitees (eg technical and supply company representatives, clinical assistants, or visiting experts) • Complying with special circumstances access, visitor processes and responsibilities

2.2.11 Inpatient care

Commitments

You commit to:

- Communicating and interacting effectively with the multi-disciplinary healthcare team to ensure safe and appropriate care
- Always being available for contact when you have patients in the hospital

Responsibilities

You are responsible for:

- Providing adequate instructions, supervision, and clinical handover to enable the provision of quality care
- Providing your current contact details to the GM
- If not available, arranging acceptable cover (absences)

Admitting or primary practitioner:

- Attending patients with reasonable frequency (usually at least daily) and being contactable for the duration of each patient's stay
- Attending call-outs promptly (e.g. being in close proximity to the hospital) after being requested to do so when informed of significant matters that may require assessment or intervention for the duration of the patient's stay
- Being available by telephone in a timely manner
- If you share a patient's treatment and care with another practitioner you need to define who will take the lead role, ensure the patient understands and consents to these arrangements, record any subsequent alterations, and notify any changes to hospital management

Anaesthetists involved in a patient's care:

- Being available for contact, for the period the patient is in the post-anaesthetic care unit or while day stay or longer stay patients are in the hospital as clinically indicated, including while ongoing anaesthetic care is being delivered (e.g. epidural analgesia) or for issues arising from anaesthetic intervention
- Keeping the admitting practitioner fully informed of treatment and care, including updates on the patient's condition

2.2.12 Clinical emergencies and transfers

The necessary equipment and guidance to manage emergencies and transfers is maintained in a state of readiness in accessible locations. Our healthcare team will follow accepted practice guidelines concerning early detection of patient deterioration and will escalate concerns to the admitting practitioner or anaesthetist for their response.

Commitments	Responsibilities
<p>You acknowledge that:</p> <ul style="list-style-type: none"> If a patient emergency, crisis, or critical illness arises when you or another practitioner is not <i>immediately available</i>, the GM or nurse in charge will take appropriate action (this may include enlisting another practitioner or engaging ambulance services to transfer the patient to a different hospital) 	<p>You are responsible for:</p> <ul style="list-style-type: none"> Informing the healthcare team in advance of any additional supplies you consider may be necessary in the event of a clinical emergency Responding to escalation of concerns or clinical emergencies in a timely and appropriate manner Making modifications to vital signs thresholds or parameters when required Making sure investigations and tests are completed to support prompt diagnosis Seeking collegial advice as appropriate Making sure appropriate referral and timely transfer of patients to a higher level of care Documenting referral and handover records Being current in the management of clinical emergencies

Associated documents

[Transfer of patients between healthcare facilities](#)

[Adult observations and use of Early Warning Score \(EWS\) policy](#)

[Sepsis: recognition, diagnosis and early management guidelines](#)

2.2.13 Patient discharge

Commitments	Responsibilities
<p>You agree that:</p> <ul style="list-style-type: none">• Southern Cross Healthcare’s duty of care to the patient does not extend beyond discharge• We may contact patients after discharge as part of our patient experience and quality improvement activities	<p>You are responsible for:</p> <ul style="list-style-type: none">• Providing patients with appropriate after-care instructions, including who to contact for advice or care after discharge• Supporting discharge planning by providing care information before the patient’s discharge

Associated document

[!\[\]\(7981a10373b462de439a67b3b6f14328_img.jpg\) Guidelines for discharging patients](#)

2.2.14 Safety and quality

Southern Cross Healthcare clinical quality and risk teams are responsible for ensuring we have robust quality and risk systems. These systems encompass patient safety, clinical effectiveness, consumer experience, and best practice in workplace health and safety. A foundation of effective practice and appropriate care is your involvement in reviewing the quality of clinical care you provide and your involvement in quality improvement activities¹⁴.

We aim to continuously improve by recognising, celebrating, and sharing excellence amongst our credentialed practitioners and workforce.

¹⁴ [ACSQHC Credentialling and defining scope of clinical practice for clinicians \(DRAFT October 2020\)](#) p9.

Commitments


You commit to:


- Supporting and adhering to Southern Cross Healthcare policies and procedures with respect to patient deterioration, surgical safety, safety, and quality of patient care
- Complying with national programmes or standards (e.g. HQSC, MoH, and ACC)
- Benchmarking against best practice

Responsibilities

You agree to:

Cooperate with any inquiries, investigations, and reviews by:

- Immediately reporting any event* , notifiable situation, safety, quality concerns to the GM or into SafeHub (event reporting system)
- Providing relevant information and participating in event and complaint management, investigation, review, and open disclosure
- Participating in any safety, clinical quality assurance, quality improvement, or risk management activities
- Using evidence-based and accepted practice
- Participating in clinical review and peer review meetings, including review of clinical care processes and outcomes, and implementing practise improvements
- Responding promptly to requests for information regarding statistical outliers, events, and cases flagged in event, clinical indicator, or key performance reporting
- Reviewing feedback and reports from clinical audits, events, and complaints, then taking action
- Maintaining your compliance with the ongoing competency and CPD requirements of your college for your authorised scope of practice
- Maintaining a current annual practising certificate

 * Incident, accident, serious complication, near miss, or circumstance that could have or did result in unintended or avoidable harm to a patient, worker, or visitor; or a complaint, loss, or damages

Associated documents

[Surgical site surveillance programme](#)

[Adverse event reporting and management policy](#)

2.3 Commercial

In this section, we outline:



[Management of lists](#)

[Clinical equipment, devices, and supplies](#)

[Costs and fees](#)

[Absences](#)

[Emergency and disaster planning](#)

[Research](#)

[Conflicts of interest](#)

[Representation and media](#)

[Promotional activities](#)

2.3.1 Management of lists

The General Manager may at their sole discretion authorise regular allocated operating list times to support your practice. These times are dependent on the hospital's capacity, resourcing, and our commercial needs. We do not warrant that any lists will be provided or allocated to you and you do not have an automatic right to any lists. Any lists will be allocated to you on the basis of a conditional licence.

The General Manager and our management may change or remove the allocation of all or any lists by giving you three months written notice. The General Manager may shorten that period in their absolute discretion where they reasonably consider:

- there is a reputational reason
- it is reasonably required for the sustainability or effectiveness of service goals at our hospitals, or
- there is an actual, potential or perceived conflict of interest.

Commitments

You commit to:

- Considering your own potential fatigue, and that of other team members providing patient care, when making patient bookings against scheduled list times, and with consideration to post-procedure care requirements
- Monitoring and managing the timing and duration of your lists, to avoid risk to patients and other team members from the impact of fatigue
- Providing as much notice as possible if you are unable to use any list to enable the General Manager to backfill them.

The General Manager will monitor list usage. Where lists run over agreed or acceptable operating times, or are under-utilised, the General Manager will work with you to modify them.

Associated document

[Policy and guidelines for theatre list allocation and utilisation](#)

2.3.2 Clinical equipment, devices, and supplies

Reusable medical and surgical instruments

The management and use of reusable medical and surgical instruments in our hospitals must meet the requirements of the relevant standards¹⁵.

Single-use supplies

In usual circumstances, you cannot re-use any items labelled 'single use'. We will only accept sterilised items from other organisations that are party to a Southern Cross Healthcare Reusable Medical Devices Services agreement or are the commercial supplier.

¹⁵ AS/NZS 5369:2023 Reprocessing of reusable medical devices and other devices in health and non-health related facilities (2023)

Ordering specialist medical supplies

You must advise the General Manager of any specific requirements for particular operations or procedures well in advance. You will only be able to use medical supplies that have been formally approved for use by our Clinical Product Managers. You may not bring and use your own supplies to the hospital. If you require products that we do not currently hold, please discuss your requirements with the General Manager.

We will endeavour to supply your preferred choice of products and materials, but the requirements of our procurement programme mean this may not always be possible. If this happens, we will discuss with you the supply of the closest possible and most appropriate substitute product.

Use of medical devices not supplied by Southern Cross Healthcare

You must seek prior approval from the General Manager before using any equipment or device not owned or supplied by the hospital. Use of other equipment or devices is subject to formal approval for use by our Clinical Product Managers and compliance with and Southern Cross Healthcare policies.

Associated document

- [🔗 Bringing medical devices into Southern Cross Healthcare facilities policy](#)
[Health technology assessment \(HTA\) policy](#)

2.3.3 Costs and fees

You must ensure your patients are familiar with their likely hospital costs. They should be fully informed of their obligations to make pre-payments before admission to the hospital, or settle accounts when leaving hospital (including any balance owing after a pre-payment). Patients should understand that they will receive separate accounts from the admitting practitioner, anaesthetist, and any others involved in their care (eg physiotherapist).

If a patient requests specific information on hospital fees, you must refer this request to the General Manager for an estimate.

You must inform patients covered by health insurance (including Southern Cross Health Society insurance) or ACC to contact their health insurer or funder to confirm eligibility of their possible claim before admission.

Professionalism



Demonstrates ethical billing practices

Takes responsibility to ensure that an honest and open agreement of informed financial consent occurs between the treating team and the patient or family.
Ensures only appropriate surgical treatment is offered without influence of inducement of profit or personal gain.

Royal Australasian College of Surgeons: Surgical Competence and Performance (2020)¹⁷ section 4.5



¹⁷ Linked also to the New Zealand Society of Anaesthetist Relative Value Guide

2.3.4 Absences

You are expected to attend and practise at the hospital as mutually agreed. You must inform the General Manager if you propose to be absent and will not use any allocated lists.

Notification of planned absence

You should provide the hospital booking team with eight weeks' notice of a planned absence. A minimum of four weeks is required.

Notification of unplanned absence

In the case of an unplanned absence, you must provide immediate notification to the General Manager, along with an indication of the reason for and duration of the absence. If you have patients who are already in the hospital, advice should be given as to what they should be told.

Unnotified absence

The General Manager may withdraw allocated resources, space, or lists if there has been one or more unnotified absences. The NCGC may cancel lists or withdraw credentialled status and access privileges if a practitioner has not accessed the hospital for more than three months without pre-arrangement.

Returning to practice

Depending on the duration of and reason for a period of absence, a return-to-practice process and the approval of the NCGC may be required before resuming access privileges (eg [current fitness to practise](#)).

Alternative care arrangements

If you will be unavailable to attend to patients, you are responsible for ensuring alternative care arrangements are in place consistent with our credentialling rules:

- You should arrange for a credentialed practitioner with access privileges to the hospital to manage your patients. This person must have an appropriate authorised scope of practice and be available to attend to your patients for the duration of your absence.
- Make sure the relieving practitioner is given a handover and has the ability to access patient health records.
- Notify the General Manager or nurse in charge in advance (if possible) of the details of the relieving practitioner and confirm that the patients have been made aware of the alternative care arrangements.

2.3.5 Emergency and disaster planning

Emergency plans cover both clinical and general emergencies (such as a pandemic or earthquake). Our health emergency plans (HEPs) and pandemic response plans are aligned with government agencies and emergency services, and each hospital is equipped to deal with emergencies.

Commitments	Responsibilities
<p>You agree to:</p> <ul style="list-style-type: none"> • Cooperating during drills, clinical emergencies, and states of emergency 	<p>You are responsible for:</p> <ul style="list-style-type: none"> • Being familiar with emergency procedures, equipment, and supplies at each hospital where you practise • Being familiar with the hospital's safety and security procedures

Associated documents

[Health emergency response framework](#)

[Southern Cross Healthcare communicable](#)

disease and pandemic preparedness

framework

2.3.6 Clinical research and quality improvement activities

Southern Cross Healthcare encourages practitioners who have a research study or quality improvement activity to discuss it with the General Manager. Our research and quality improvement activity policy references the National Ethical Standards for Health and Disability Research and Quality Improvement.



These standards set out the ethical requirements that:

- researchers must meet or exceed when undertaking health and disability *research*, and
- health service providers and disability service providers must meet or exceed when conducting *quality improvement activities*

Quality improvement activities are generally low risk, but nevertheless providers should conduct them according to these Standards. Research can also be low risk, but is often not, warranting higher ethical oversight.

The Standards apply whether or not research or quality improvement activities require review by an ethics committee¹⁸.



All research and improvement activities involving patients at a Southern Cross Healthcare hospital must be approved in advance by the NCGC, in accordance with our policy.

Some activities may prove challenging to accommodate in the private setting. A common constraint is that, as a private elective service provider, Southern Cross Healthcare does not carry indemnity insurance for harm that does not qualify for compensation under the Accident Compensation Amendment Act 2010.

Associated document

[Research application policy and procedure](#)


¹⁸ <https://neac.health.govt.nz/publications-and-resources/neac-publications/national-ethical-standards-for-health-and-disability-research-and-quality-improvement/>

2.3.7 Conflicts of interest

You must declare any conflicts of interest as they arise.

You must declare all actual, perceived, or potential conflicts of interest as they arise to the General Manager.

Conflicts of interest might arise or could be perceived to arise from ownership or relationships with other healthcare and commercial businesses, membership of organisations and groups of influence, and personal relationships with individuals in any way involved in your professional activities, e.g. spouses, doctors, nurses, patients.

[Doctors and health-related commercial organisations statement by Te Kaunihera Raua o Aotearoa | Medical Council of New Zealand](#)  provides guidance for practitioners in general.

2.3.8 Representation and media

You must not purport to represent Southern Cross Healthcare in any media (including social media) in any circumstances, nor state or imply that you work for or represent the views of Southern Cross Healthcare.

Our CEO is the authority permitted to comment publicly on behalf of Southern Cross Healthcare.

You must not use Southern Cross Healthcare letterhead or associate yourself with [our branding](#).

Associated document

[Southern Cross Group media and government relations policy](#)

Promotional opportunities

There may be a shared benefit in publicising a practitioner's profile or service on our website or elsewhere. We would only do so, however, with your consent. Whether such publicity remains on our website or elsewhere is solely at the discretion of Southern Cross Healthcare; we may remove it at any time without giving a reason.

3.

Addressing any
matter of concern

3.1

Our philosophy – a fair process and safe culture

Southern Cross Healthcare is committed to a culture of patient and workplace safety, and expects the organisation to run effectively and efficiently. People can (and should) speak up about concerns, and feel supported when adverse events occur, without diminishing their professional accountability.

To build and develop our safety culture, we recognise and respond – fairly and consistently – to any matter of concern about the actions of individuals and teams. We expect all parties to act with honesty, confidentiality, and to also manage conflicts of interest¹⁹.

There are a number of possible consequences if these are not complied with:

- Suspension of access privileges, pending further information or actions
- Reviewing or investigating the practitioner’s performance, behaviour, or eligibility for access privileges
- Convening a [Special Committee](#) to provide expert review
- Modifying or imposing conditions on a practitioner’s access
- Withdrawing access privileges
- Referring the matter to the relevant regulatory body or NZ Police
- Taking any other action that the National Clinical Governance Committee or Southern Cross Healthcare management considers appropriate

3.1.1. Clinical concerns

The communication pathways and processes are governed by the particular circumstances depending on whether the concerns are clinical or commercial in nature. Raising concerns to do with teams or groups, or an individual’s professionalism or clinical performance or patient concerns should generally be raised with the General Manager, an ELT member (such as the COO or CMO) or a clinical governance committee member, e.g. Hospital Clinical Governance Committee.

Ordinarily, our initial response to a matter of professional, or clinical concern will be to seek information and clarification from the practitioner, through a General Manager or peer. This would then be escalated to the HCGC and NCGC as relevant to deal with matters of clinical concerns.

¹⁹ [ACSQHC Credentialling and defining scope of clinical practice for clinicians \(DRAFT October 2020\)](#)

Such an enquiry may be triggered by a departure from usual or accepted clinical practice, such as:

- A complaint has been made
- Concern has been raised relating to adverse events, complications, or clinical outcomes
- A pattern of behaviour inconsistent with our values has become evident
- A significant reduction in, or operating outside of, an authorised scope of practice
- Being absent from a Southern Cross Healthcare hospital for a period without notice
- Performance or behaviour (or other circumstances) giving cause for concern to another party (such as a patient, the HDC, a colleague, or member of the public).

3.1.2. Commercial concerns

Commercial concerns should first be directed to and dealt with by the General Manager. The GM will consult with our management including our CEO on the relevant issue if required.

Commercial concerns are any circumstances that may affect our reputation or the sustainability or effectiveness of service goals at our hospitals, or where a conflict of interest has arisen, or our commercial requirements such as:

- A decision to discontinue or change a service
- Demands on our resources exceeding our ability to provide resources
- Practitioner's demands on our resources putting unreasonable pressures on our business, for example teaching, supervision, peer review
- Inefficient use of resources
- A situation of perceived, potential or actual competing interest
- Any other matter the General Manager or our management consider relevant based on the circumstances.

There is no right to appeal decisions made by the GM and Southern Cross management relating to commercial concerns including list allocation. Any commercial matters may be escalated to the COO- WOH, GCOO and/or the CEO as determined by the GM and not to the NCGC or other clinical governance committees.

3.1.3 Impairments that affect a practitioner's fitness to practise

We will seek and receive additional information if we have an **immediate or exceptional concern about [fitness to practise](#)**, which (if justified) could then:

- Jeopardise the safety, best interests, quality of care, or treatment of a patient
- Jeopardise the safety, or best interests, of a visitor or employee
- Jeopardise the reputation of Southern Cross Healthcare
- Hinder the efficient and effective operation of a hospital
- Threaten loss of (or imposition of conditions on) our Ministry of Health certification
- Threaten loss of our ACC partnership programme tertiary status
- Contravene (or appear to contravene) legislation

After conducting any enquiries we consider necessary to establish the facts, possible outcomes may include:

- No further action
- Modification of, or imposition of conditions on, the practitioner's authorised scope of practice
- Withdrawal of access privileges on notice
- Any other action we consider appropriate at our sole discretion.

3.2 Our process

In this section, we outline

[Initial conversations](#)

[Step one – General Manager and/or HCGC review](#)

[Step two – NCGC review](#)

[External notification](#)



3.2.1 Initial conversations

A General Manager may arrange an informal conversation following receipt of a concern or complaint about a perceived departure from accepted clinical practice, professional standards or other clinical matters which may impact credentialing status.

The purpose of this conversation is to ensure the practitioner is aware of the matter. It provides an opportunity for the practitioner to reflect on, and respond to, the concerns raised. If the General Manager is satisfied with the response, that will be the end of the matter.

As an alternative, or subsequently, the General Manager may arrange a peer-to-peer conversation. This is an informal, respectful conversation between peers that is intended to raise further awareness of the issue, suggest reflection of the behaviour, and reinforce expectations around professional accountability.

If the matter remains unresolved, the General Manager will arrange a review by the HCGC or will escalate to the NCGC. This will be guided by the CMO, or the Chief Nursing Officer (as needed).

3.2.2 Step one – General Manager and/or HCGC review

Practitioners can expect the review to:

- Occur as soon as reasonably practicable after the matter of concern occurs
- Outline clearly the nature of the concern
- Seek additional information as necessary
- Invite the practitioner to respond to the concern

There are a number of possible outcomes to the General Manager and/or HCGC review:

- No further action is deemed necessary
- The matter is resolved, which may include agreed practice changes
- The matter requires further investigation or review, with possible elevation to the NCGC
- The matter is escalated to the NCGC

The HCGC may make a non-binding recommendation that the NCGC suspend a practitioner's credentialed status or modify a practitioner's scope of practice.

Concerns of a commercial nature will only be addressed by the General Manager and our management. Any commercial matters may be escalated to the COO-WHO, GCOO and/or CEO as determined by the GM and not to the NCGC or other clinical governance committees.

3.2.3 Step two – NCGC review

Several situations may trigger the NCGC review processes:

- A resolution was not achieved at HCGC
- The matter was thought to be resolved, but has recurred
- HCGC escalates concerns (possibly with a non-binding recommendation)
- Our CEO or NCGC may receive or seek information that may be relevant to a practitioner's credentialed status, scope of practice, or other issue that may require further investigation
- NCGC may initiate a review of the performance or professional behaviour of a practitioner, the scope of practice, or the appropriateness of a practitioner continuing to be credentialed with Southern Cross Healthcare at any time

Practitioners can expect the NCGC to:

1. Inform the practitioner and clearly express the nature of the concern
2. Request additional information from the practitioner or other sources
3. Consider the concern as soon as practicable
4. Provide the practitioner an opportunity to respond to the concern
5. Consider the practitioner's response
6. Seek further information if required
7. Make a decision

Interim measures may be imposed

Any two members of the NCGC may modify or suspend a practitioner's access privileges at any time with immediate effect, by providing written notice to the practitioner, if (in those members' opinion) it is necessary or desirable to do so in the circumstances.

Such circumstances might be to ensure the welfare of patients or employees, protect the reputation of Southern Cross Healthcare, for business imperatives, or for any other reason those members consider sufficiently serious (whether or not a practitioner's credentialled status or scope of practice is under review).

Possible final outcomes decided by NCGC

NCGC will notify the practitioner of its decision (without needing to give reasons) on any matters of concern.

There are several possible outcomes. NCGC may:

- Take no further action
- Request a review or investigation of the practitioner's performance, behaviour, or suitability for access privileges
- Convene a [Special Committee](#) to provide expert review
- Agree practice changes with the practitioner
- Modify a practitioner's access conditions
- Suspend or withdraw access privileges
- Refer the matter to the relevant regulatory body or NZ Police
- Take any other action that it considers appropriate.

3.2.4 External notification of modification, suspension, or withdrawal of access privileges

The NCGC will notify any regulatory body (or other organisations or persons) of modification, suspension, or withdrawal of access privileges if, in its opinion, the information ought to be disclosed for legal, ethical or safety reasons. Refer to [continuing disclosure](#) responsibilities.

To learn more about our notification policy, review our [Memorandum of Understanding with the Medical Council of New Zealand \(MoU\)](#) [↗](#), in which both parties commit to sharing relevant information and the credentialling and access arrangements we have with medical practitioner

Such notices will be made in writing. Copies will be provided to the practitioner, General Manager, the HCGC, and to any other persons or organisations that should receive this information.

Associated documents

[A just culture guide](#)

[Hospital Clinical Governance Committee event review guidelines](#)

3.3 Appeals against National Clinical Governance Committee decisions

In this section, we outline:

[What you can and cannot appeal](#)

[The appeal process steps](#)





The sole ground for an appeal against a decision of the NCGC relating to credentialing status is that the process followed was unfair. An appeal cannot be made on the *substance* of the decision.

Only credentialed practitioners with standard access privileges may appeal a decision of the NCGC.

3.3.1 What you can and cannot appeal

Credentialed practitioners with standard access privileges may appeal any of the following decisions by the NCGC:

- A modification restricting or reducing your scope of practice (**except** the decisions listed below marked* )
- An amendment reducing the expiry date of the period of standard access privileges
- The imposition of specific conditions on standard access privileges
- The suspension of access privileges
- The withdrawal of access privileges.

 * Not to allow, or to require cessation of, certain types of procedures, advice, or treatment on the basis of health and safety, moral, ethical, or economic grounds; or that certain types of clinical practice may damage the reputation of the hospital and/ or Southern Cross Healthcare.

Any commercial decisions made by the GM and our management (including but not limited to list allocation) have no rights of appeal through the NCGC or any other clinical committees as set out above.

3.3.2 The appeal process steps

1. A practitioner must lodge an appeal in writing to the Chair of the NCGC within 30 calendar days of the date of the decision.

The request must identify the process error(s) that are the grounds for the claim that the decision was made in a procedurally unfair manner, and must include all information the practitioner wishes to be considered.
2. At its discretion, the NCGC may require a reasonable fee to be paid in advance for the consideration of an appeal. Such a fee will take into account Southern Cross Healthcare's reasonable costs of facilitating, running, and determining the appeal. If the appeal is successful, the NCGC will refund the fee in full.
3. Southern Cross Healthcare may request or receive further information from internal or external sources; or seek advice with respect to any request for an appeal.
4. Appeals are undertaken by an independent arbiter who is appointed by Southern Cross Healthcare and has no conflicts of interest:
 - The independent arbiter decides if the NCGC's processes were fair or unfair, based on the rules
 - The independent arbiter will consider the appeal, and within a further 30 calendar days notify the appellant and Southern Cross Healthcare of their decision
 - If the independent arbiter decides the NCGC decision was procedurally unfair, the NCGC's decision will be set aside and referred back to the NCGC to reconsider the decision, having complied with the independent arbiter's findings
5. Appeals are final.

4.

Access privileges

4.1 Overview

Pre-application enquiry

An enquiry may progress to an application for access privileges where our [eligibility criteria](#) and your service requirements can both be met.

There are three types of access privileges: temporary, provisional, and standard.

Temporary access privileges

The purpose of **temporary access privileges** is to provide up to three months for:

- Us to receive and evaluate materials supporting an application for access privileges
- Applicants to commence practising before the application has been finally determined

Granting temporary access privileges and an associated scope of practice is solely at our discretion. It does not guarantee that we will subsequently grant access privileges or authorise the applied-for scope of practice.

Temporary access privileges are granted by the General Manager on the advice of the HCGC. Temporary access privileges may be withdrawn (by the General Manager, CEO, or the NCGC) with immediate effect and without cause at any time by giving written notice to the practitioner.

Provisional access privileges

The purpose of **provisional access privileges** is to provide a probationary period of access before granting or declining standard access privileges. This probationary period can last up to 12 months. Granting provisional access privileges does not guarantee that we will grant standard access privileges.

Where the NCGC decides not to grant standard access privileges or does not extend a provisional period, the NCGC is not obliged to provide reasons.

Standard access privileges

The NCGC may grant **standard access privileges** for a period of up to three years. Access privileges may be withdrawn if ongoing requirements are not met.

Granting standard access privileges does not guarantee that we will grant subsequent renewal of those privileges.

4.2 Eligibility criteria

The eligibility criteria comprise **general conditions** applicable to all practitioners and **specific conditions**, including the duration of access privileges and authorised scope of practice, which apply to individual practitioners at a named hospital.

Should there be inconsistencies between any specific conditions and the general conditions, the specific conditions prevail.

Requisite safety checks

You must be willing to complete requisite safety checks, such as children's worker safety checks and other NZ Police checks, as appropriate.

You must also meet any other eligibility criteria considered relevant by Southern Cross Healthcare at the time of your application and during the term of any access privileges granted. This includes you agreeing to our consulting organisations and individuals regarding your eligibility.

4.3

How to apply for access privileges

In this section, we outline:



[Your initial enquiry](#)

[Submitting your application](#)

[The process](#)

[General conditions](#)

[Specific conditions](#)

[Authorising your scope of practice](#)

[Changes to access privileges](#)

[Withdrawal on notice](#)

4.3.1 Your initial enquiry

Practitioners who meet our eligibility criteria may apply for access privileges. If eligible, you should first contact the General Manager of the Southern Cross Healthcare hospital where you wish to practise. The General Manager will meet with you to discuss your application. The General Manager is not obliged to progress any application.

Required information

You must supply the information listed in the **required information** column of the eligibility criteria table.

4.3.2 Submitting your application

Applications must be submitted using Southern Cross Healthcare application forms.

We will provide you with the relevant forms and scope of practice template.

Important note: By applying for access privileges, you are agreeing to the rules in this guide. These rules govern your ongoing access privileges at our hospitals, should your application be successful.

The General Manager will consider the application in the context of your capabilities (competence, experience, fitness, professionalism, performance) and our organisational needs. The General Manager may seek further information or advice before deciding whether to progress your application.

Your applied-for scope of practice

You are required to define your applied-for scope of practice at the hospital as part of your application for access privileges, and for any future renewals.

Scopes of practice fall into two classifications.

General classification

These are procedures typically performed by most practitioners in their vocational speciality.

Advanced classification

These are procedures representing advanced, complex, highly-specialised, emerging, or new techniques; or procedures that are significant extensions to an existing technique, for which gaining specific competency requires additional training and experience in addition to ongoing proficiency²⁰. Evidence to support your applied-for scope of advanced practice will be required. Refer to [extend or add services, procedures, or techniques](#)

²⁰ [ACSQHC Credentialling and defining scope of clinical practice for clinicians \(DRAFT October 2020\)](#), p16

Current scopes of practice

The current **scopes of practice templates** are accessible through the General Manager and available on our website. We regularly review these templates to reflect current practice.

If you are granted access privileges, the NCGC will determine and [authorise your scope of practice](#), along with individual conditions and subsequent modifications.

Referees

You must propose three [independent referees](#) of appropriate character and standing. Two of your referees must be practising in the same vocational speciality, ideally in the same region as you. Where possible, your referees should have first-hand experience of your practice²¹. For advanced scopes of practice, two of your referees must have direct knowledge of your abilities in the specific area or procedures you are applying for.

We may request other confidential references and information from persons and organisations in addition to your nominated referees. Refer to [evaluative material](#).

²¹ Ibid., p11

Your collegial support

You need to provide the details of two SCH-credentialed colleagues who have agreed to provide support for you in your area of practice at our hospital. This support includes the ability to provide cover in the event of an emergency which, at short notice, prevents you from practising. Where collegial support in your vocational speciality is not available, you will need to propose alternative arrangement to the General Manager for consideration.

The likelihood of needing to use collegial support is low. The requirement confirms you have colleagues who are prepared to practically back you up, if needed, and is a **confirmation of professional standing over and above the role of a referee**. These collegial supporters are not required to be your cover for planned absences.

The independence of your referees

Referees should possess relevant expertise and have first-hand experience of your work. We acknowledge the possibility that your referees may have a professional relationship with you through working in the same practice. However, where possible, referees should be financially, professionally, and personally independent of you and not stand to gain personal benefit or advantage by acting as your referee. In all cases, referees must declare any and all connections to you.

Evaluative material

Evaluative material is defined in the Privacy Laws and allows organisations to keep information and information sources confidential if the material has been *specifically obtained to determine someone's suitability* for a range of purposes. Evaluative material is used to determine initial and ongoing suitability of a practitioner to access our hospitals. As the Privacy Commissioner advises, this material 'may be a judgment about the person's skills, character and qualities,' which is precisely the kind of information Southern Cross Healthcare needs from [referees](#). This information enables us to determine the suitability of practitioners for access privileges at our hospitals. Evaluative material is also used to ensure continued suitability for access privileges, or as part of a review into [matters of concern](#) about a practitioner.

Accordingly, you agree to:


Southern Cross Healthcare seeking and receiving confidential information from any source in relation to you applying for or holding access privileges at any of our hospitals. You also agree to waive rights (if any) to access those evaluative materials, including after ceasing to hold access privileges.

Notification of confidentiality or non-disclosure agreements

You must inform us (either in your application for access privileges or subsequently to the General Manager) of the existence of any confidentiality arrangements or non-disclosure agreements to which you are a party that might relate to your suitability as a practitioner with access privileges at any Southern Cross Healthcare hospital.

When confidentiality does not apply

The confidentiality requirements of these rules do not apply:

- Where disclosure is required by law, including a regulatory body, e.g. notifications or reporting.
- Where use and/or disclosure of personal information is consistent with privacy obligations.
- Where the person benefiting from the confidentiality consents to the disclosure or waives the confidentiality.
- Where disclosure is required to perform a requirement of these rules. For example, providing information in the interests of patient safety, such as quality assurance activities consistent with continuous disclosure in the context of adverse events, clinical outcomes, and the sharing of lessons learned from the review of adverse events.
- Under protected disclosure legislation where, in good faith, you question and/or report breaches of the Southern Cross code of conduct or other wrongdoing. The process for reporting breaches is detailed in the [Southern Cross Healthcare code of conduct](#) .

4.3.3 The process of credentialling and access privileges

Type	Duration	Authority	The process
Pre-application	-	-	<ol style="list-style-type: none"> 1. The practitioner makes an enquiry to the GM of the applicable hospital.
Temporary access	Up to 3 months	GM, with advice from HCGC (may include the COO - WOH, CMO)	<ol style="list-style-type: none"> 2. The practitioner, after discussion with the GM, completes an application. Refer to how to apply for access privileges 3. The GM provides the HCGC (or an individual member) with the practitioner's completed application (<i>excluding</i> confidential health status information) and supporting materials. 4. The GM or HCGC may request additional information from the applicant, referees, or other sources if required for consideration of the application. 5. The GM advises the practitioner of their and the HCGC's decision. If the application is successful, the GM will list conditions (including an authorised scope of practice and the duration of the temporary access), advise the practitioner, inform the HCGC and NCGC,¹ and make a record in the national register. 6. The GM ensures the practitioner completes orientation to the hospital.

Type	Duration ¹	Authority	The process
Provisional access privileges	Up to 12 months	NCGC	<p>7. The GM and HCGC make a non-binding recommendation regarding access privileges, which the GM submits to NCGC with the practitioner’s completed application (<i>including</i> confidential health status information) and supporting materials. If the practitioner has been granted a temporary term, submission must be before expiry of the temporary term.</p> <p>8. The NCGC may request additional information² from the applicant, referees, or other sources (including confidential evaluative material) if required for consideration of the application.</p> <p>9. The NCGC advises the practitioner, GM, and HCGC of its decision. If the application is successful, the NCGC will list conditions (including authorised scope of practice and duration of provisional access privileges), advise the practitioner, inform the GM and HCGC, and record the decision in the national register.</p> <p>10. The GM confirms completion of orientation with the practitioner.</p>

Type	Duration ¹	Authority	The process
Standard access privileges	Up to 3 years	NCGC	<p>11. The GM verifies continued suitability with practitioner, HCGC, and makes a non-binding recommendation to NCGC before expiry of the provisional term.</p> <p>12. The NCGC may request additional information² from the applicant, referees, or other sources (including confidential evaluative material) if required for consideration of the application.</p> <p>13. The NCGC advises the practitioner, GM, and HCGC of its decision. If the application is successful, the NCGC will list conditions (including authorised scope of practice and duration of standard access privileges), advise the practitioner, inform the HCGC and NCGC, and make a record in the national register.</p> <p>14. The GM and or the CMO may meet with the practitioner during the access privileges period.</p>
Renewal – Standard – After age 60	Up to 3 years	NCGC	15. Refer to how to renew access privileges . Optional interview after age 60.
– After age 70	Up to 12 months	NCGC	16. Refer to how to renew access privileges .

1. The NCGC may extend or reduce the duration of any access period.
2. Some of this information (usually evaluative material) may be given in confidence, in which case the practitioner will not be entitled to it.

Transportability of access privileges between Southern Cross Healthcare hospitals

Access privileges apply to specific Southern Cross Healthcare hospitals. The NCGC may, at its complete discretion, allow a practitioner with access privileges at one Southern Cross Healthcare hospital to enjoy access privileges at other Southern Cross Healthcare hospitals without the practitioner having to make a further application. Where a hospital's services and capability differ, the scope of practice will be determined specifically for that facility²².

Transportability of access privileges between organisations



The NCGC may, at its absolute discretion, allow a practitioner with access privileges at a different organisation (such as a District Health Board) to be granted temporary access privileges at Southern Cross Healthcare hospitals without the practitioner having to make a full application. However, the scope of practice will be determined specifically for the Southern Cross Healthcare hospital the practitioner will be accessing, and future ongoing practice at Southern Cross Healthcare will necessitate a full application.

²² ACSQHC Credentiaing and defining scope of clinical practice for clinicians (DRAFT October 2020), Part 7

²³ Ibid.



4.3.4 General conditions


You must be eligible to apply for access and to provide clinical services. If access privileges are approved, you must continually satisfy the eligibility criteria.



Assessment areas	Eligibility criteria	Required information	What we assess - examples	What we monitor - examples
Competency What you know how to do	You must be: Vocationally registered with the Medical Council of New Zealand (MCNZ) or other regulatory body and hold an annual practising certificate.	You must provide: Annual practising certificate (APC). Information on any conditions on your practice. Evidence of your qualifications and training, including for procedures classified as advanced .	<ul style="list-style-type: none"> Registration. Your training and qualifications. Your certifications. 	continuous disclosure*  APC
Experience What you have done	Experienced. Typically this would require at least one year working as a public hospital specialist or equivalent. This is to ensure practical experience in patient care at specialist level. Further training and qualifications supporting your applied-for scope of practice.	Evidence of recent practice at an appropriate level.	<ul style="list-style-type: none"> Your professional standing. Your leadership and academic roles. Your current and previous employers, colleagues, practices, businesses, institutions, or other healthcare organisations or services where you have roles (organisation, role, applied-for scope of practice, or service and duration of tenure). 	continuous disclosure*  Observation.


Assessment areas	Eligibility criteria	Required information	What we assess - examples	What we monitor - examples
<p>Current fitness</p> <p>Your ability to perform</p>	<p>You must be currently (and in the foreseeable future):</p> <p>Fit to practise your applied-for scope of practice:</p> <p>Make safe judgements.</p> <p>Demonstrate the skills and knowledge required for safe practice:</p> <ul style="list-style-type: none"> Behave appropriately Not risk infecting patients Not act in ways that impact patient safety²⁴ 	<p>You must provide:</p> <p>Information about any illness, disability, impairment, or any other circumstance that may adversely affect your fitness to practise. Such information may also include allergies, sensitivities, or dietary restrictions.</p> <p>Information about:</p> <ul style="list-style-type: none"> Access privileges at another hospital and whether those privileges have ever been suspended, modified, varied, or withdrawn at your request or otherwise Any issues with your behaviour, performance, or applied-for scope of practice at another hospital 	<ul style="list-style-type: none"> Observation. Reports. 	<p>Impairment disclosure.</p> <p>Observation.</p>


²⁴ <https://www.mcnz.org.nz/our-standards/fitness-to-practise/health-concerns-about-a-doctor/>

Assessment areas	Eligibility criteria	Required information	What we assess - examples	What we monitor - examples
Professionalism How you work	<p>You must practise and maintain:</p> <p>Professional behaviours that promote a culture of safety:</p> <ul style="list-style-type: none"> Supporting peers Acting respectfully towards others Acknowledging the talents and abilities of colleagues Working as part of a team. Raising and responding to concerns Working collegially with others <p>You must have and maintain:</p> <p>Explicit and operationally appropriate arrangements for collegial support**  for your applied-for scope of practice at each proposed hospital.</p>	<p>You must provide:</p> <p>Three referees to help us confirm:</p> <ul style="list-style-type: none"> Your competence, experience, character, behaviour, and professional standing The suitability of your applied-for scope of practice Your professional ability to provide safe, high-quality, patient-centred healthcare in keeping with our vision Your behavioural fit with our values and safety culture <p>Information about your professional memberships.</p> <p>You must disclose:</p> <p>Any change of circumstances that affect your suitability for access privileges, expose our patients and us to risk, or may affect your practice and reputation.</p> <ul style="list-style-type: none"> Any circumstance that affects your fitness to practise 	<ul style="list-style-type: none"> Your references and evaluative material. Your memberships. Your indemnity membership or insurance. Your patient outcomes. Your professional behaviours. Your duties under the Health and Safety at Work Act. 	<p>continuous disclosure* </p> <p>Valid indemnity cover.</p> <p>Collegial monitoring.</p> <p>Observation.</p> <p>Interactions.</p> <p>Patient complaints.</p> <p>Staff concerns.</p> <p>Compliance with your:</p> <ul style="list-style-type: none"> Authorised scope of practice General and special conditions

Assessment areas	Eligibility criteria	Required information	What we assess - examples	What we monitor - examples
<p>Performance</p> <p>The outcomes you achieve</p>	<p>You must be:</p> <p>A member of a recognised speciality college (or similar organisation) and be meeting a recognised CPD programme. Your measurable outcomes are expected to be within the range of your peers and speciality college standards (including infection rates, operating times, and expected outcomes).</p> <p>You must have and maintain:</p> <p>Valid professional indemnity organisation membership or insurance cover to our satisfaction.</p>	<p>You must provide:</p> <p>Three referees to help us confirm:</p> <ul style="list-style-type: none"> Your competence, experience, character, behaviour, and professional standing The suitability of your applied-for scope of practice Your professional ability to provide safe, high-quality, patient-centred healthcare in keeping with our vision Your behavioural fit with our values and safety culture <p>Information about your professional memberships.</p> <p>You must disclose:</p> <p>Any change of circumstances that affect your suitability for access privileges, expose our patients and us to risk, or may affect your practice and reputation.</p> <ul style="list-style-type: none"> Any circumstance that affects your fitness to practise 	<ul style="list-style-type: none"> Your references and evaluative material. Your memberships. Your indemnity membership or insurance. Your patient outcomes. Your professional behaviours. Your duties under the Health and Safety at Work Act. 	<p>continuous disclosure* </p> <p>Valid indemnity cover.</p> <p>Collegial monitoring.</p> <p>Observation.</p> <p>Interactions.</p> <p>Patient complaints.</p> <p>Staff concerns.</p> <p>Compliance with your:</p> <ul style="list-style-type: none"> Authorised scope of practice General and special conditions

Assessment areas	Eligibility criteria	Required information	What we assess - examples	What we monitor - examples
<p>Commercial</p> <p>How you operate your independent clinical practice and conduct your business in relation to our culture** and public expectations</p>		<ul style="list-style-type: none"> Information about the services you propose to provide. Your references. 	<ul style="list-style-type: none"> Your professional and personal reputation. Trust and reliability. Type and volume of services. Effective use of operating lists. Performance and behaviour. Teamwork and respectful interactions. Compliance with our policies, procedures, and guidelines. Compliance with these rules. Indemnity cover. 	<p>Clinical, business, and strategic fit.</p> <p>Optimal business arrangements.</p> <p>Optimal scheduling and logistics.</p> <p>Transparency (continuous disclosure*).</p> <p>Fit with our culture of safety.</p>

 * Continuous disclosure is proactively notifying the General Manager of every fact or circumstance that has an actual or potential bearing on your ability or suitability to deliver healthcare services safely

 ** Where collegial support in your vocational speciality is not available locally, you must propose alternative arrangements for discussion and agreement with the General Manager.

What we consider when reviewing your application

We consider the information you provide, and any other information that we obtain, to decide if allowing you access privileges will align with:

- Our clinical, commercial, and strategic objectives, needs, and priorities regarding the type and volume of services you are likely to provide at the hospital
- Your likely impact on the efficient and effective operation of the particular hospital(s) you propose to work in, and that of Southern Cross Healthcare in general
- Your propensity to behave consistently in a manner congruent with our culture of safety, including meeting our expectations for effective teamwork and respectful interaction
- Assessment of your compliance with our policies, procedures, and guidelines (**associated documents**)
- Our requirement for [disclosure](#) when indicated

4.3.5 Specific conditions

Specific conditions apply to individual practitioners as the NCGC sees fit. At a minimum, these include the location and duration of your access privileges, and your authorised scope of practice.

4.3.6 Authorising your scope of practice

A practitioner's authorised scope of practice is specific to a particular hospital. Authorisation requires us to be satisfied with your abilities, in addition to consideration of commercial need, alignment with our strategic objectives, and on the capability of the Southern Cross Healthcare hospital to accommodate your scope of practice.

An authorised scope of practice enables a practitioner at a particular hospital to (depending on speciality):

- Perform particular types of surgery, procedures, or techniques
- Provide anaesthetics, particular clinical services, and post-operative care
- Use particular medical devices
- Treat patients.

4.3.7 Changes to access privileges

Access privileges may be [modified](#) (extended, limited, or reduced), relinquished, suspended, or withdrawn.

You may relinquish your access privileges upon giving notice to the General Manager of the applicable Southern Cross Healthcare hospital. Upon receipt of your notification, your access privileges will cease and the General Manager will advise both the HCGC and NCGC.

Access privileges are for a defined period and expire unless an application for renewal has been submitted.

4.3.8 Withdrawal of access privileges on notice

The NCGC may withdraw a practitioner's access privileges by giving the practitioner three months' notice (or less if needed for patient or workplace safety, or other reasons).

4.4

How to renew access privileges

Application to renew access privileges will be welcomed in most circumstances. However, you should not assume renewal of access privileges is automatic. Renewal gives all of us an opportunity to review and determine the mutual benefits of your ongoing access.

4.4.1 The planned review and renewal process

The duration of access privileges is determined by the NCGC, but will not usually exceed three years.

The practitioner should apply for renewal of access privileges three months before expiry.

In principle, the planned review and renewal process follows the same process as the initial application. It provides an opportunity for assessing your compliance with these rules, considers any changes, and confirms current service provision against organisational requirements²⁵. However, the NCGC may:

4. Access privileges

- Waive any requirements that appear unnecessary or irrelevant
- Impose additional requirements that it considers necessary or relevant, such as confirmation of [current fitness](#) or adjustment of case load
- Grant standard access privileges with new [specific conditions](#)
- Grant standard access privileges subject to a modified scope of practice

In all cases, the NCGC:

- Will notify the practitioner of its decision, and copy the General Manager and the HCGC
- May amend an individual's renewal process at any time
- Is not obliged to give reasons for its decisions

²⁵ ACSQHC Credentialling and defining scope of clinical practice for clinicians (DRAFT October 2020), p5

Standard renewals

The General Manager or the NCGC will inform you if the process is different to your initial application process. References are usually *not* required.

Renewals after 60 years of age

The NCGC will inform you if the process is different to your initial application process. New or updated references are typically *required* for your first renewal after turning 60 years of age. We may offer a mentoring conversation with a colleague (focusing on late-career plans).

Renewals after 70 years of age

The maximum access period granted after attaining 70 years of age is one year. References are *required each year*, and we may require an assessment of fitness.

4.5

How to modify your scope of practice

In this section, we outline:

[Extend or add services, procedures, or techniques](#)

[Reduce or limit your range of services, procedures, or techniques](#)



4.5.1 Extend or add services, procedures, or techniques

Our focus in these provisions is on the safe introduction of new services, procedures, technologies, or treatments; and areas of new practice (or practice new to a practitioner), to ensure a safe transition from introduction to common practice²⁶. If you are considering extending your services, procedures, or techniques – including the introduction and use of a new medical device – you must seek and obtain prior approval from the NCGC.

You may submit an application to extend your scope of practice at any time. This is initially considered by the General Manager, COO-WOH, and the HCGC, who make their recommendation to the NCGC. Before the NCGC considers extending an authorised scope of practice, the hospital must confirm that it has the capability to accommodate the extension²⁷.

Southern Cross Healthcare is under no obligation to authorise an extension to the scope of practice.

Applications for extending a scope of practice must include the types of cases or procedures, along with evidence of safety, efficacy to patients, sustainability, and ethics approvals (where indicated). This evidence should include, as applicable:

- Prior training and supervised practice in the specific area, relevant experience, additional skills, competencies, or qualifications obtained
- Consistency with accepted practice standards and guidelines
- Planned quality assurance activities (such as a record of outcomes, peer review, audit, proctoring, and benchmarking)

²⁶ Ibid.

²⁷ [ACSQHC Credentialing and defining scope of clinical practice for clinicians \(DRAFT October 2020\)](#), p27

- Where applicable, membership of a professional group, sub-speciality society, or college; and registration in the recognised field of speciality practice to be authorised²⁸
- Volumes and frequency of procedures needed to maintain ongoing proficiency
- Support and resources required, such as personnel, level of care, and equipment requirements

The NCGC will consider the benefits and risks associated with the proposed extension and may seek advice from experts. At its sole discretion, the NCGC will advise the practitioner of its decision and inform the General Manager and HCGC.

Any related requirements will be stipulated in its decision. For example: ensuring the practitioner will procure appropriate patient informed consent, ensure appropriate patient selection, ensure team members are adequately trained, and ensure that outcomes are monitored.

Associated document

[Bringing medical devices into Southern Cross Healthcare facilities policy](#)
[Health technology assessment \(HTA\) policy](#)

4.5.2 Reduce or limit your range of services, procedures, or techniques

By the practitioner

You may reduce or limit your scope of practice at any time by notifying the General Manager, who will in turn notify the HCGC and the NCGC.

By Southern Cross Healthcare

The NCGC may, at any time, introduce restrictions or conditions on a practitioner's scope of practice.

Such a step might be taken due to changes in the hospital's ability to support a particular practice, changes in the commercial needs of Southern Cross Healthcare, or because of concerns raised relating to a practitioner's performance, professionalism, outcomes, or other considerations. Refer to [addressing any matters of concern](#).

²⁸ [ACSQHC Credentialling and defining scope of clinical practice for clinicians \(DRAFT October 2020\)](#), p17

5.

Special circumstances
access for invitees

5.1



An overview of special circumstances access

Special circumstances access refers to all limited access to the patient care environment and is granted to people who are not employees or not credentialed, but provide direct or indirect clinical care or support.


This is either:



- For a credentialed practitioner to invite other team members (invitees) to support the provision of patient care, or
- To provide access to employees of a public hospital (or other organisation) for contract work

Experts, clinical observers, and trainees who do not have credentialling or access may only access the patient care environment with the written consent of the practitioner, the patient, and the General Manager.

Invitees	Examples
A. providing <i>direct</i> clinical care to Southern Cross Healthcare patients	<ul style="list-style-type: none"> • Clinical assistants • Visiting experts • Qualified medical trainees • Fellows or MCNZ provisional scope • Exceptional circumstances, e.g. crisis response • Physiotherapy, laboratory, or radiology provider* 
B. <i>not</i> providing direct clinical care to Southern Cross Healthcare patients	<ul style="list-style-type: none"> • Visiting experts • Researchers • Peer reviewers • Observers • Practitioners leasing and occupying clinical space** 
Contract team	Examples
C. Public hospital (or other) employees	<ul style="list-style-type: none"> • Surgeons • Anaesthetists • Technicians • Nurses

 * Where not covered by an agreement

 ** Practitioners and other professionals working in **leased/tenanted/occupied spaces** at Southern Cross Healthcare hospitals

 *** [medical company representatives and technical support persons in the operating theatre policy](#)  details access requirements for these persons, and includes that for their first visit they complete an orientation to the facility and sign a declaration form.

Access periods depend on the specified purpose or service. They are generally limited to the duration of the visit for a visiting expert: two years for a technical expert or the term of the contract for practitioners funded by a third party subject in both cases to the authority of the GM


Associated document

[Medical company representatives or technical support persons in the operating theatre](#)

[Medical Company Representative Access to Operating Theatre Declaration Form](#)


5.2 Special circumstances access: roles, responsibilities, and commitments

Credentialed practitioner

Role	Responsibilities	Commitments
<p>The credentialed practitioner who invites others to support the provision of patient care</p>	<p>You are responsible for the behaviour and overall professionalism of your invitees, in accordance with this guide and strictly within the specified purpose of your engagement with them.* </p> <p>You are also responsible for:</p> <ul style="list-style-type: none"> • Giving reasonable notice to the GM of new invitees • The indemnity cover of your invitees • Ensuring the timely completion of our special circumstances access application form by your invitees • Ensuring the credentials and ongoing performance of your invitees meet professional accepted practice standards, and follow our policies and procedures • Informing your patients in advance of them receiving services and any charges they may incur 	<p>You agree that:</p> <ul style="list-style-type: none"> • Southern Cross Healthcare will hold no responsibility • for any acts, errors, or omissions of your invitees.

Invitee

Role	Responsibilities	Commitments
<p>An invitee providing direct or indirect clinical care</p>	<p>You are responsible for:</p> <p>Specifying the purpose of access, first to the GM and subsequently in the application form.</p> <p>Providing the GM with all information relevant to your application, including:</p> <ul style="list-style-type: none"> • Confirmation of APC (if appropriate) • Proof of indemnity cover (personal, or via an inviting practitioner) <p>If granted access, you are also responsible for:</p> <p>Informing the theatre manager or GM immediately if there is an adverse or notifiable event or near miss, and for participating in the investigation as required.</p> <p>Informing the GM if you have to notify or respond to an external agency regarding a circumstance relating to your performance.</p>	<p>You acknowledge that:</p> <p>You have no right of appeal on any decision relating to special circumstances access.</p> <p>If granted access, you commit to:</p> <p>Participating in orientation at each hospital to which you have been granted access.</p> <p>Working only towards your stated purpose and within your scope of practice (if applicable).</p> <p>If granted access, you agree that:</p> <p>You will hold Southern Cross Healthcare harmless for any acts, errors, or omissions on your part that gives rise to any liability, cost, or loss.</p> <p>You acknowledge that:</p> <p>Your inviting practitioner takes sole responsibility for your credentials, performance, and behaviour being appropriate for your purpose, scope, task, and role.</p>

 * Communicating the presence of invitees and complying with special circumstances access, and visitor processes and responsibilities.

The contract team

Role	Responsibilities	Commitments
Public hospital (or other) employees	<p>You are responsible for:</p> <p>Specifying the purpose of access, first to the GM and subsequently in the application form consistent with the service contract</p> <p>Providing the GM with all information relevant to your application, including:</p> <ul style="list-style-type: none"> • Confirmation of APC (if appropriate) • Proof of indemnity cover (personal or via an inviting practitioner) <p>If granted access, you are also responsible for:</p> <p>Informing the theatre manager or GM immediately if there is an adverse or notifiable event or near miss, and for participating in the investigation as required.</p>	<p>You acknowledge that:</p> <p>You have no right of appeal on any decision relating to special circumstances access.</p> <p>If granted access, you commit to:</p> <p>Participating in orientation at each hospital to which you have been granted access.</p> <p>Working only towards your stated purpose and within your scope of practice (if applicable).</p> <p>Your credentials, performance, and behaviour being appropriate to fulfil the contract.</p> <p>If granted access, you agree that:</p> <p>You will hold Southern Cross Healthcare harmless for any acts, errors, or omissions on your part that give rise to any liability, cost, or loss.</p>

Southern Cross management

Role	Responsibilities
General Manager	<p>The GM is responsible for:</p> <p>Granting special circumstances access after advice from at least one medical member of HCGC confirming when the applicant will have direct clinical access.</p> <p>Notifying access decisions to applicants as soon as is reasonably practicable, with copies to HCGC and NCGC.</p> <p>Maintaining a record in the national register.</p> <p>Ensuring familiarisation appropriate to the access type, and to meet health and safety obligations.</p> <p>Keeping records about special circumstances access applications, confirmations, and any other information relevant for seven years.</p> <p>Withdrawing access, which can be with immediate effect, without cause, and at any time, by giving written notice. This can also be done by the HCGC, NCGC, and CEO. If the practitioner is an invitee, the inviting practitioner will also be notified.</p>
Theatre Manager	<p>The Theatre Manager is responsible for:</p> <p>Noting the invitee name and role in the patient's health record.</p>

6.

Legal footnotes

Southern Cross Healthcare has no legal obligation to grant or renew access privileges to any practitioner or access to any person.

Rules for interpreting

If you are unsure of the meaning of any rule, seek guidance from the General Manager or Southern Cross Healthcare's CEO.

Any dispute or difference that may arise as to the meaning or interpretation of these rules, any committees established, or the validity of any meeting will be determined by our CEO, General Manager, and the NCGC.

Compliance and failure to comply

Practitioners must comply with these rules.

In pursuing a culture of safety, Southern Cross Healthcare will not tolerate departures from relevant standards and widely-accepted good practices, except where there is robust clinical or commercial justification.

If you fail to comply with these rules, you will be contacted by the applicable General Manager as per our process for [managing matters of concern](#).

Authority, changes, and review


These rules are approved by the Board, delegated to our CEO and the NCGC, to apply to services provided by practitioners at our hospitals in New Zealand.

The Board may change or replace these rules at any time and will review them at least every five years.

Any changes apply to all practitioners and will take effect from the date specified in the resolution by the Board or as otherwise specified by our CEO.

Practitioners with current access privileges to our hospitals will be informed of any changes to the rules and must comply with the rules as amended.

The current version of the rules is available on our website.

To check if this document contains the current rules, visit healthcare.southerncross.co.nz/practitioners/practising 

Use of the Southern Cross Trade Mark

In this section:

Southern Cross Group means Southern Cross Healthcare Limited, the Southern Cross Medical Care Society, and any of their related companies.

Southern Cross Trade Mark means the trade marks “Southern Cross” and “Southern Cross Healthcare”



You acknowledge that Southern Cross Medical Care Society is the exclusive owner of the Southern Cross Trade Mark (together with copyright that may subsist in logos) and that you have no right, title or interest in or to the Southern Cross Trade Mark. All goodwill resulting from the use of the Southern Cross Trade Mark shall inure to the benefit of Southern Cross Medical Care Society.

You will not, directly or indirectly:

- challenge or oppose any use by the Southern Cross Group of the Southern Cross Trade Mark anywhere in the world;
- challenge, oppose or revoke any registration of (or application to register) the Southern Cross Trade Mark by the Southern Cross Group or any person permitted to do so by the Southern Cross Group anywhere in the world (or make any application to do so; and
- use, apply for, or obtain registration of, any trade mark, company name, domain name or similar thing (or as part of any trade mark, company name, domain name or similar thing) comprising words, phrases, combinations of words and/or logos containing the Southern Cross Trade Mark or anything confusingly or deceptively similar to, or a colourable imitation of, the Southern Cross Trade Mark in any part of the world for any products or services.

You must not use the Southern Cross Trade Mark in any manner which:

- would be detrimental to or inconsistent with the good name, reputation and/or image associated with the Southern Cross Trade Mark and/or the Southern Cross Group; or
- receives publicity which is detrimental to the Southern Cross Group's reputation and which in the reasonable opinion of SCHL, may cause a loss of reputation, or adversely affect the goodwill and reputation associated with the Southern Cross Group or the Southern Cross Trade Mark.

If access privileges are withdrawn or expire, any right you may have had to use the Southern Cross Trade Mark terminates immediately and, at Southern Cross Healthcare's request, you will destroy or deliver to Southern Cross Healthcare all materials in which the Southern Cross Trade Mark is used which are in your possession, custody or control.

7.

Appendix:
Change of
circumstance
examples

Examples of circumstances that you should notify to the General Manager or NCGC as soon as practicable.

Circumstance	Examples
Health status	<p>Your fitness to practise has changed.</p> <p>The presence of a blood-borne virus if you perform exposure-prone procedures.</p> <p>The presence of a multi-drug resistant organism, eg methicillin-resistant <i>Staphylococcus aureus</i> (MRSA).</p>
Indemnity arrangements	<p>Your insurance cover or membership of an indemnity organisation is not current (not renewed, declined, or revoked) or has had conditions imposed.</p> <p>You have notified your indemnity organisation of an issue and the status of that issue.</p>
Investigations or reviews	<p>You are subject to a practice review or investigation by a health registration authority, college, or other organisation.</p> <p>You are the subject of any criminal and/or civil investigation, charges, or prosecution; or you are awaiting the hearing of any such charges (eg Coronial, Health Practitioners Disciplinary Tribunal, Health and Disability Commissioner, Accident Compensation Corporation, or other funder).</p>
Matters of Concern	<p>A complaint, claim, or allegation relating to your performance or behaviour has been made against you, whether or not proved (eg from a patient, employer, colleague, or facility).</p> <p>You are undergoing an inquiry or review, including imposed practice visits.</p> <p>A circumstance has occurred that could pose a reputational risk to you or Southern Cross Healthcare.</p> <p>You have received, or are aware of, forthcoming significant media coverage.</p>
Notifications	<p>You (or another party) have notified a health registration authority or other organisation of any matters relating to your practice.</p>

Circumstance	Examples
Outcomes	<p>You have ceased to be registered or are suspended from registration; or conditions, limitations, or restrictions have been imposed under the Health Practitioners Competence Assurance Act 2003 (eg MCNZ).</p> <p>You have had an adverse finding made against you.</p> <p>You have received recommendations, the imposition of conditions, monitoring, or material changes to the conditions or status of your professional registration, membership of any organisation, employment, or practice arrangements.</p> <p>Limits or constraints have been placed on you at another hospital or health facility, including any self-imposed restrictions.</p> <p>You have been deemed unfit to practise (for any reason) by any relevant health registration authority, overseas regulatory body, employer, or other organisation or person.</p> <p>You have been found guilty of professional misconduct or unsatisfactory professional conduct by any inquiry, investigation, or hearing; or by any disciplinary or professional body.</p> <p>You have been charged with, or convicted of, any criminal offence.</p> <p>You have had funding arrangements (with ACC, public service provider/hospital, healthcare insurers, or suppliers) withdrawn or restricted for any reason.</p> <p>You have complaints or accidents relating to any Southern Cross Healthcare patient that need to be notified to the ACC, MoH, HDC and or your registering body.</p>

Circumstance	Examples
Quality activities	<p>A practice visit or peer review has been arranged or requested.</p> <p><i>Self-organised activities for CME do not need to be notified (except for invitees to our facilities, where prior approval from the GM is required).</i></p>
Performance issues	<p>You are unable to meet your college CPD or Medical Council requirements.</p> <p>Your scope of practice has been modified or is under review by another facility.</p> <p>You are party to any confidentiality arrangements or non-disclosure agreements that contain information relating to your suitability as a practitioner, including overseas.</p>
Personal circumstance change	<p>You have moved to another region or you have changed your practice locations.</p> <p>Your contact details have changed.</p>