



Medical Staff By-laws

INTRODUCTION

- Providing the best available care to our patients,
- Provide a safe, competitive and affordable health care service to our community.

Direct Endoscopy has developed processes for planning to facilitate a transparent management system which involves all team members. The outcome of the planning process is a set of objectives reviewed and updated annually.

This is underpinned by the Direct Endoscopy experience - consistently delivering excellent patient-centered care with compassion and dignity.

By 2021 Direct Endoscopy seeks to be the leading patient-centered organization providing day surgery services in the Victorian private sector.

This includes a strong commitment to quality improvement and education programs organized through in-house resources. Ensuring the highest possible medical care is fundamental to Direct Endoscopy's mission, which is the rationale for these By-laws.

The By-laws incorporate operational processes relevant to Direct Endoscopy.

These By-laws apply to all Medical Practitioners who provide services from a Hospital managed by Direct Endoscopy.

The Board of Management may, in its discretion, establish committees and however named to advise it and may establish a Medical Advisory Committee to advise it on medical matters pertaining to Direct Endoscopy. Under these By-laws, the Board in its discretion may also establish other committees' as required. Participants in committees, sub-committees or these By-laws should be aware of the provisions of these By-laws which concern confidentiality of those committees, sub-committees, and the requirement to avoid and declare conflicts of interest.

Medical Practitioners are subject to the processes and requirements of the Competition and Consumer Act 2010 (formerly known as the Trade Practices Act 1974) and competition law. Appropriate attention to the processes contained in the By-laws will assist all involved in satisfying these legal requirements.

These By-laws are made by the Board of Management of the Direct Endoscopy, pursuant to its powers to make regulations under section 21 of the Act. They are supplemented by a suite of policies and protocols and other supporting documents issued by Direct Endoscopy from time to time which relate to the conduct of medical practice and medical advisory/ governance mechanisms.

The Board of Management may after due consultation from time to time make, vary or revoke these By-laws but they shall be reviewed at least every three years. This will also conform to the accreditation requirements of NSQHS for regular review of governance mechanisms.

All applicants for appointment and all Appointed Practitioners are expected to comply with the Direct Endoscopy values. The Direct Endoscopy values determined by the Board of Management as at the date of commencement of these By-laws: See Appendix 1 attached to the By-Laws

1. SCOPE AND PURPOSE

Section one summarizes the regulations that establish the clinical governance processes in respect to:

1. VMO's appointments
2. VMO input into the operations of Direct Endoscopy

Direct Endoscopy's governance requirements are:

1. All Medical Practitioners will be required to hold a current 'appointment' to practice clinically at any Direct Endoscopy site.
2. All VMO appointments will be for a defined category of appointment, location(s), duration, and Scope of Practice.
3. VMO appointments will be assessed and considered according to Direct Endoscopy service need and compatibility and then clinical competence (Scope of Practice).
4. The Medical Director and CEO will first determine whether an applicant meets service needs and whether the application may proceed.
5. VMO appointments will be approved by the Board of Management Committee on the advice of the Medical Advisory Committee.

VMO re-appointment process will incorporate performance analysis from internal hospital information sources. All appointments will be made via a confidential and consistent process.

- i. Newly appointed VMO's may be supported through mentoring and other measures as required.
- ii. The Medical Advisory Committee will provide strategic advice on medical workforce development and quality of healthcare.
- iii. MAC will also provide advice on specific appointment applications which the Chief Executive Officer or MD delegate may refer to MAC.
- iv. MAC will provide strategic and operational advice on medical workforce development, quality of healthcare, Appointed Practitioner engagement and the patient experience.
- v. The Direct Endoscopy Board of Management will have overall oversight of the system, monitor compliance and consider appeals. The Board of Management will have the flexibility to determine whether appeals are undertaken by the Board of Management itself or the MAC committee.

2. OBLIGATIONS FOR APPOINTED PRACTITIONERS

There is no legal right for a Medical Practitioner to be appointed at Direct Endoscopy. To be appointed at Direct Endoscopy, a VMO must be able to demonstrate to their peers and Direct Endoscopy their commitment to Direct Endoscopy, its values and objectives.

There are benefits for a VMO being appointed by Direct Endoscopy.

In addition there are obligations.

The obligations are regarded by Direct Endoscopy as forming part of the terms and conditions of the appointment of the practitioner.

Significant deviation from the obligations may result in a review of the appointment, or a reappointment not being offered, or changes in conditions, or suspension or termination.

Appointment of an appointed VMO shall be conditional upon the practitioner:

- (a) Practicing within their approved Scope of Practice and any conditions that apply, and maintain high standards at all times.
- (b) Ensuring care of day patients until discharge to the carer.
- (c) Participation in national/state Clinical Quality Registries approved by their Clinical Institute.
- (d) Contributing to education, and/or Direct Endoscopy service (such as focus group quality activities as determined, MAC membership, mentoring etc).
- (e) Showing evidence of currency of compliance with the continuing professional development requirements of the relevant College.
- (f) Providing further information on continuing professional development activities if requested.
- (g) Demonstrating the Direct Endoscopy Values and behaviors at all times.
- (h) Supporting and promoting Direct Endoscopy's goal of becoming a leading healthcare organization in the Hospital private sector.
- (i) Adhering to the Good Medical Practice: A Code of Conduct for Doctors in Australia, as established by the Medical Board of Australia.
- (j) Complying with relevant Direct Endoscopy codes of conduct, policies, protocols and guidelines and applicable Law.
- (k) Providing informative and timely case notes and appropriate communication with patients and families, relevant clinical staff, including completion of discharge letter in a timely manner.
- (l) Remaining compliant with mandatory training as determined by Direct Endoscopy in respect to the National Safety and Quality Health Service Standards.
- (m) Maintaining sufficient level of clinical activity at Direct Endoscopy to enable the Chief Executive or delegate to be satisfied that:
 - (i) the Appointed VMO's knowledge and skills are current;
 - (ii) the Appointed VMO's familiar with the operational policy, procedures and practices of the Hospital and Direct Endoscopy; and
 - (iii) the Appointed VMO's contribute actively and meaningfully to the to Direct Endoscopy.
- (n) Maintaining appropriate professional indemnity insurance.
- (o) Maintaining registration with the Medical Board of Australia/AHPRA.
- (p) Seeking the approval of the Chief Executive Officer for any variation of Scope of Practice.
- (q) Advising the Chief Executive Officer or delegate promptly should:
 - (i) there be any variance in registration with AHPRA;
 - (ii) they be advised by the Medical Board of Australia or other responsible registered body and/or APHRA that enquiries leading to an investigation of either unsatisfactory professional performance, unprofessional conduct or professional misconduct are to be considered by the Medical Board of Australia or other responsible registration body where applicable;
 - (iii) an adverse finding (whether formal or informal) be made against him/her by AHPRA or the Medical Board of Australia (or other responsible board where applicable) or the Victorian Civil and Administrative Tribunal;
 - (iv) professional indemnity insurance or membership of a medical defense organization be made conditional or not be renewed;
 - (v) he/she be involved in an adverse event at a Direct Endoscopy facility or an adverse finding occurring at any other hospital, health service or day procedure centre.
- (r) Consenting to a National Criminal History check.
- (s) Providing appropriate proof of identity as required.
- (t) Acting in the best interest of patients and Direct Endoscopy by using resources, including facilities, theatres and support services, efficiently.
- (u) Avoiding charging excessive fees which fall outside Direct Endoscopy considers reasonable by the peers of the relevant discipline.
- (v) Not representing in any way representation of Direct Endoscopy, in any circumstances, including the use of Direct Endoscopy letterhead or use of the name "Direct Endoscopy" in business names (registered or unregistered), unless with the express written permission of the Chief Executive Officer.
- (w) If determined by Direct Endoscopy a new appointee may be required to have a mentor. The mentor will be appointed by MAC.

3. DURATION OF APPOINTMENT

A Medical Practitioner must have an appointment to be able to attend and utilise facilities of Direct Endoscopy.

Such appointments are subject to:

- (a) clinical service needs and compatibility; and
- (b) Scope of Practice competency.

The appointments are time limited.

3.1 Details of appointment

All VMO's must hold a current Direct Endoscopy appointment to practice clinically or provide professional services at any Direct Endoscopy facility.

- (a) An appointment will be clinical engagement with Direct Endoscopy which will have a defined location, duration and defined Scope of Practice.
- (b) Other categories of appointment by Direct Endoscopy that could apply are:
 - (ii) 'Provisional Appointment' refers to a situation such as where the appointment process cannot be completed because further information is required and there is a compelling service need for the VMO to practice at Direct Endoscopy.

In respect to the details of appointment listed in By-laws, the Chief Executive Officer or her/his delegate, may determine in their absolute discretion whether any obligations required by By-law 2 shall not be required to be complied with.

3.2 Duration of Appointment

- (b) Reappointments will be offered for a maximum of 36 months.
The Chief Executive Officer or delegate may vary these periods.

4. APPOINTMENT MECHANISM, DECISION MAKING AND STAGES

This section describes the mechanisms for consideration of an expression for interest/application and decision making for appointment to Direct Endoscopy.

There is no right of appeal against a failure to make an initial appointment by Direct Endoscopy.

Stages of the appointment process

4.1 Location

Applications will be assessed considering an existing or predicted service need at the requested Direct Endoscopy facility. Each appointment will note primary and subsequent locations at Direct Endoscopy for providing services

4.2 Stage 1: Expressions of interest

VMO's may apply to Direct Endoscopy or respond to direct invitations or advertisements.

Stage 1 Expressions of interest will be managed by the CEO and/or Medical Director. This stage will respond to identified service gaps and workforce shortages. This will then enable Direct Endoscopy to determine service needs.

At this stage there will be an initial review of the qualifications, experience and compatibility of the applicant by the Medical Director for the relevant location to consider the clinical competence for the Scope of Practice needed at the site. If the review is favorable, Direct Endoscopy will then the application proceeds to Stage 2.

4.3 Stage 2: Clinical service assessment

Stage 2 Clinical service assessment will be conducted the Medical Director or his/her deputy for all applications whether new or reappointments. It will incorporate consideration of alignment with service needs, productivity, and adherence with Direct Endoscopy values. Scope of Practice will not be formally assessed at this stage except as it relates to service needs. Face-to-face discussions may be held to explain conditions of appointment and discuss service contributions/expectations. The Medical Director or the chair of MAC may also be consulted

The assessment will consider:

- (a) Primary location use of consulting rooms and throughput.
- (b) Resource availability at the nominated facility such as theatre time, consulting rooms, equipment, and appropriately trained staff.
- (c) Business viability, sustainability and potential growth.
- (d) Contributions to education and leadership activities.
- (e) Demonstrated collegiality with other practitioners.
- (f) Support for the Direct Endoscopy Values and behaviours⁴.
- (g) Compatibility and potential conflict of interest.
- (h) Prior performance such as Hospital throughput and adherence to Direct Endoscopy Values (for reappointments).

If the application is supported, the CEO and or Medical Director will move the application to Stage 3. If the application is not supported the applicant will be informed and no further action will be taken.

4.4 Stage 3: Scope of Practice assessment

At this point references, where required, will be sought. Information collected will be used to assess the training, experience, competence, judgement, professional capabilities and knowledge, Current Fitness, character and confidence of the applicant.

The Board of Management will forward the application to MAC. MAC will then formally assess the applicant's qualifications, experience and registration/accreditation status and the appropriateness of the references. This credentialing assessment will include:

(a) Education and formal training:

- (i) Formal qualifications accepted by relevant registration board (AHPRA)

- (ii) Fellowship details with certification of successful completion of advanced training from the relevant college or equivalent
- (iii) Diploma and accredited training programs in medical skills and advanced practices where relevant
- (b) Evidence of previous experience:
 - (i) Evidence of relevant clinical activity and experience in the Scope of Practice being proposed
 - (ii) Evidence of recent practice in the Scope of Practice requested as attested to by referees and in the curriculum vitae
- (c) Registration/accreditation status:
 - (i) Evidence of any conditions or limitations imposed by the Medical Board/AHPRA
 - (ii) Evidence of any conditions, limitations or investigations relating to accreditation/ appointment at other hospitals/health services
- (d) Appropriateness of referees
 - (i) Evidence that the referees are able to judge the clinical competence requested, based on recent and relevant experience, and also to judge compatibility with the Direct Endoscopy Values5.

The MAC will incorporate a comprehensive assessment of the capacity of the applicant to deliver the defined Scope of Practice. The assessment will focus on clinical competence, quality and service contributions to audit and education. Clinical service alignment will not be considered as this will have already been performed under Stage 2.

Once all criteria have been assessed by MAC, the application will be referred to BOM for endorsement and engagement of the applicant.

The assessment will include consideration of:

- (i) Quality of care indicators such as audit indicators, complaints.
- (ii) Scope of Practice competency.
- (iii) Referee reports (if applicable).
- (iv) Clinical Reviewer reports (if applicable).
- (v) The training, experience, judgement, professional capabilities and knowledge, Current Fitness, character and confidence held in the applicant.

This process will ensure that Direct Endoscopy takes responsibility for new appointments and reappointments to maximize quality and engagement with the facilities.

4.6 Stage 5: Approval of appointment

An offer of appointment shall be made in writing by CEO including any required acknowledgements and an appointment will be effective once accepted in writing by the recommended appointee.

4.7 Change of Scope of Practice

Where an Appointed Practitioner seeks to expand or change their Scope of Practice this can occur either as part of an application for a reappointment or during an existing appointment. In the latter case, the duration of an approved scope change will align with the existing appointment.

Requests for an expanded Scope of Practice will first go through a needs assessment, followed by assessment of credentials and then granting of Scope of Practice expansion if agreed by the MAC and endorsed by the Board of Management

4.8 Reapplication

Applicants for new appointments (and who shall have no right of appeal) and reappointments, who are not supported, may not reapply for a minimum of 12 months, unless determined otherwise by the Board of Management as a result of an appeal.

4.9 Referees

- (a) Initial application - All applicants for initial appointment are required to nominate referees. A minimum of two referees from the same specialty will be required who have recent, first-hand experience of the applicant's work, one of whom should preferably be a Direct Endoscopy VMO. Referees should be selected for their expertise in the applied for specialty and be financially, professionally and personally independent of the applicant.
- (b) Subsequent reappointment application Reappointments will not normally require references as there will be a review of the applicant's existing Direct Endoscopy performance record by the MAC and the Medical Director. References may be requested if required.
- (c) The Chief Executive Officer or delegate shall appropriately advise any Appointed Practitioner in respect to any determination under the By-laws.

4.10 Appeals

- (a) Initial appointment application/no rights of appeal
 - (i) There will be no rights of appeal for rejection of new applicants (i.e. the applicant does not hold a current appointment which is up for renewal). Applicants who have held a past but not current appointment are deemed to be new applicants.
 - (ii) No right of appeal arises where the appointment of an Appointed Practitioner is suspended or terminated in accordance with By-Laws 5.3
- (b) Reappointment appeals There will be rights of appeal for rejection of reappointment where applications have not been successful or varied under Stage 3 and 4 (Scope of Practice).
- (c) Appeal to Board of Management Appeals from the appointment determinations of the Chief Executive Officer or delegate of an Appointed Practitioner eligible to lodge an appeal in accordance with these By-laws will be considered by the Board of Management. The Board of Management may establish a sub-committee to undertake such a role. The Board of Management will have the power to affirm the determination, vary the previous determination or vacate the determination.

The Chief Executive Officer may be a member of the appeal committee or exercise powers as a member of the Board of Management associated with an appeal where the Chief Executive Officer was not the relevant decision maker.

5 MEDICAL ADVISORY AND GOVERNANCE MECHANISMS

There is an established Medical advisory committee for the Direct Endoscopy Group
Communication will occur to clinicians generated from the MAC .

Appointments to the MAC will be established by the Directors of Direct Endoscopy.

The term of tenure shall be determined on a case by case basis by the Directors and remains subject to continuing as a member of the Medical Advisory Committee.

5.1 Membership

Ex-officio members will be:

> The Chief Executive Officer

Appointed members will be:

Members appointed from time to time with the approval of the Board of Management, will include at least one, preferably two members from each specialty.

5.2 Secretary

The Administrative Manager will attend each meeting and will be responsible for the recording of minutes and attachment of relevant documents

5.3 Quorum

A quorum shall consist of half of the membership plus one.

5.3 Meeting Timeframe

Ordinary meetings shall be held at least once every three months provided that at least 14 days notice shall be given of every ordinary meeting. A special meeting may be called by the Chief Executive Officer or Chair in consultation with the Chief Executive Officer.

5.4 Reporting Structure

The Committee reports to the Board of Management through the Chairperson of the Committee.

5.5 Minutes

Minutes of all meetings shall be recorded by the Administration Manager and shall be distributed to the MAC prior to the next meeting.

Minutes of a meeting shall be confirmed by resolution and endorsed by the Chair at the next meeting and minutes so confirmed shall be taken as evidence of the business of the previous meeting.

Minutes of a meeting will be made available to the Board of Management

Matters discussed at the meeting may be reported to the Board of Management by the Medical Advisory. A copy of the MAC minutes will be tabled at the BOM meeting for action and/or endorsement. The Medical Advisory Committee minutes and reports are a standing agenda item on the BOM terms of reference.

5.6 Terms of Reference

The Terms of Reference are reviewed on at least a biannual basis.

Amendments to the Terms of Reference, and the roles and responsibilities of the Chair, are approved by the Board of Management in consultation with the Committee.

6. GENERAL PROVISIONS AND INTERPRETATION

6.1 Obligations in respect to conflicts of interest.

The Medical Advisory Committee will record in the minutes any disclosure made under By-laws. The disclosure will be recorded in the minutes of the meeting and declared by the member.

Where a disclosure has been made of a perceived or real conflict of interest the committee, shall determine whether the person concerned should be absent from the meeting where the relevant issue is to be discussed. The action taken should also be recorded in the minutes of the meeting.

6.2 Rules for interpreting the By-laws

The following rules also apply in interpreting these By-laws, except where the context makes it clear that a rule is not intended to apply.

(a) A reference to legislation also means legislation as amended, re-enacted or replaced, and includes any subordinate legislation issued under it.

(b) Reference to a document or agreement, either amended, supplemented or replaced will identified, noted in the minutes and attached or future reference

6.3 Titles

In these By-laws where there is use of a title may choose to use whichever designation that person so wishes.

6.4 Quorum

(a) where there is an odd number of members of the committee or group, a majority of the members; or

(b) where there is an even number of members of the committee or group, one half of the number of the members plus one, unless otherwise specified by the Board of Management.

(c) Refer to the Terms of Reference of the particular committee for current quorum requirements

6.5 Resolutions without meetings

A decision may be made by a committee established by the Board of Management pursuant to these By-laws without a meeting if a consent in writing setting forth such a decision is signed by and agreed to by a majority of the committee.

6.6 Meeting by electronic means

A committee established by the Board of Management under the pursuant to these By-laws may hold any meeting by electronic means whereby participants can be heard and can hear but are not necessarily in the same place. The requirements of these By-laws shall nonetheless apply to such a meeting.

6.7 Confidentiality

Information provided to any committee or person which is provided in confidence shall be regarded as confidential and is not to be disclosed to any third party or beyond the particular forum for purposes which the information is made available except for disclosure of notifiable conduct as required by law.

6.8 Review of By-laws

The Board of Management may after due consultation from time to time make, vary or revoke these By-laws but they shall be reviewed at least every three years.

Definitions Relating to these By-laws

AHPRA means The Australian Health Practitioner Regulation Agency which is the organisation responsible for the registration and supervision of health professions across Australia.

Appointment means the engagement of a Visiting Medical Officer to provide services within a Hospital/Facility behalf of Direct Endoscopy

Appointment Guidelines means the guidelines attached or as promulgated by the Board from time to time specifying the appointment of Visiting Medical Officers at Direct Endoscopy

Appointed Visiting Medical Officer means a Medical Practitioner by Direct Endoscopy and allowed Scope of Practice.

Appointment as a Visiting Medical Officer under these By-laws is a prerequisite to practice at a Direct Endoscopy Hospitals.

By-laws means these By-laws.

“Clinical Reviewer” is a suitably qualified and experienced Specialist who is willing to provide an assessment of a Specialist application in his/her specialty in a timely, objective, confidential and appropriately independent manner.

Credentialing is the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of Visiting Medical Officers for the purpose of forming a view about their competence, performance and professional suitability and compatibility to provide safe care.

“Current Fitness” is the current fitness required of an Appointed Visiting Medical Officer, to carry out the Scope of Practice sought or currently held. A person is not to be considered as having current fitness if that person suffers from any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person’s physical or mental capacity to practice medicine and carry out the Scope of Practice sought or granted. Intoxication by alcohol or drugs is considered to be a physical or mental disorder which if in place would warrant an assessment of current fitness.

“Direct Endoscopy”, means Centaurus Group Pty Ltd trading as Direct Endoscopy.

“Values” means the values determined by the Board of Management and published by Direct Endoscopy from time to time and as attached to these By-laws

“Medical Advisory Committee (MAC” means the Medical Advisory Committee established to provide advice on medical matters pertaining to Direct Endoscopy Hospitals.

“Visiting Medical Officer” means a person who is registered under the Health Practitioner Regulation National Law (Victoria) Act 2009.

“Hospital includes”: (a) Bayside Day Procedure and Specialist Centre (Frankston); (b) Knox Day Hospital; (c) Casey Day Procedure and Specialist Centre (Narre Warren); (d) Rosebud Day Hospital; (e) Hampton Day Hospital; or any other hospital owned or operated by the Direct Endoscopy

“Law” means any law (including subordinate or delegated legislation or statutory instruments of any kind) of Australia or relevant State or Territory and also any judgment, order, policy, guideline, official directive or request (even if it does not have the force of law) of any Government Agency or regulatory body.

“Medical Board” or “Medical Board of Australia” means the Medical Board of Australia established under the *Health Practitioner Regulation National Law (Victoria) Act 2009*.

“Regulation” means a regulation made under the Act.

“Scope of Practice” means the specific medical services or procedures permitted to be undertaken by an Appointed Visiting Medical Officer. Defining the scope of clinical practice follows on from credentialing and involves delineating the extent of an individual Visiting Medical Officer’s clinical practice, based on the

individual's credentials, competence, performance and professional suitability and compatibility, and the needs and the capability of the organization to support the Visiting Medical Officer's scope of clinical practice.

"Specialist Practitioner" or "Specialist" means a Visiting Medical Officer who has been recognized as a specialist in their nominated category, for the purpose of the Health Insurance Act 1973 (Cth).

Appendix 1
Direct Endoscopy Values and Behaviors**Respect**

- > I treat others with sensitivity and dignity
- > I value and accept others' differences
- > I treat others as I would wish to be treated
- > I always try to challenge those who bully, intimidate, undermine or blame others
- > I preserve the privacy and confidentiality of all
- > Any information I convey about others is factual and relevant to my role at Direct Endoscopy
- > I do my best to acknowledge employees and customers with eye contact and a greeting

Excellence

- > I always strive to have a positive attitude and do my best
- > I encourage others to also achieve their full potential
- > I willingly share my ideas and knowledge with others
- > I endeavor to take pride in all that I do
- > I am committed to maintaining the highest standards
- > I always endeavor to do things right the first time
- > I strive towards maintaining the highest standards of safety for patients, employees and visitors in my work environment

Community

- > I am a team player
- > I care about the safety and well-being of others around me
- > I always aim to speak positively and constructively about Direct Endoscopy
- > I always aim to manage problems or issues constructively within the Direct Endoscopy with clinical and administrative teams
- > I am proud to work at Direct Endoscopy and contribute to the program in which we operate
- > I try not to impact on the work of others by saying "it's not my job"
- > I always seek to enhance Direct Endoscopy's reputation

Compassion

- > I show empathy and support to patients and their families at a time of vulnerability
- > I endeavor to care for and support others
- > I am sympathetic to the emotions and feelings of others
- > I try to build trust with others
- > I do my best to make time for and listen to others
- > I strive to address concerns with kindness and consideration

Integrity

- > I am open, honest and transparent in my approach
- > I do what I say I will do
- > I respect and display Direct Endoscopy professional standards and policies
- > My appearance and dress are professional and reflect my respect for our customers
- > I promote professional behavior in myself and others
- > I take pride in my department, contributing towards maintaining a clean and safe working environment that is litter-free
- > I strive to gain the trust of others
- > I will only utilize my position for the benefit of the organization and our customers

Accountability

- > I am responsible for my decisions and actions
- > I feel a personal responsibility for the reputation of Direct Endoscopy
- > I take an active interest in things being done well at Direct Endoscopy
- > I am open and honest if I make a mistake and regard this as an opportunity to learn
- > I actively listen and communicate honestly with others
- > I am accountable for the skills required for my position and undertake appropriate training to maintain these competencies
- > I do my best to take action to improve things that are not right and challenge those whose behavior is not representative of our values
- > I have an understanding of the impact on others when my behavior are not in accordance with Direct Endoscopy values