|  |
| --- |
| Policy and Funding Guidelines 2022–2023 |
| **Policy Guide Addendum** |

This Policy Guide sets out the operational and service
delivery policy changes relevant to, and obligations and standards required of, government-funded healthcare organisations. The Guide is underpinned by the aim to help Victorians stay safe and healthy, and deliver a world-class healthcare system that leads to better health outcomes for all Victorians.

The Policy Guide 2022-23 was published in July 2022. This addendum highlights revisions in the guide made to current policy and other necessary changes over the first half of the 2022-23 financial year. Amendments are displayed as:

* Additions: highlighted in yellow
* Deletions: strikethrough

The Policy Guide 2022-23 is published on the Department of Health webpage: [Policy and Funding Guidelines for Health Services](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

To receive this publication in an accessible format email Commissioning and System Improvement; Accountability on <Accountability@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health April 2023.

In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

ISSN 2653-4193 (online)

Available on the [Policy and Funding Guidelines webpage](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

Contents

[1.1 Highly Specialised Therapies 4](#_Toc127829613)

[4.6 Public Fertility Care Services 5](#_Toc127829614)

[5.1.3 Local Mental Health and Wellbeing Services 6](#_Toc127829615)

[5.1.4 Area Mental Health and Wellbeing Services 6](#_Toc127829616)

[5.1.5 Statewide Services 9](#_Toc127829617)

[5.2.2 Prevention and Recovery Care 10](#_Toc127829618)

[5.3.2 Supporting Aboriginal Social and Emotional Wellbeing 11](#_Toc127829619)

[8.2.3 School Dental Program (Smile Squad) Initiative 15](#_Toc127829620)

[10 Health Workforce Training and Development 16](#_Toc127829621)

[10.1 Training and Development Funding 16](#_Toc127829622)

[10.1.1 Professional-Entry Student Placements 16](#_Toc127829623)

[10.1.2 Transition to Practice – (Graduate) Positions 17](#_Toc127829624)

[10.1.3 Postgraduate Positions – medical, nursing and midwifery 19](#_Toc127829625)

[10.1.4 Other Targeted Workforce Training and Development Programs 21](#_Toc127829626)

[10.1.5 Funding Conditions and Allocation 23](#_Toc127829627)

[15.2 Staff Safety in Victorian Health Services 25](#_Toc127829628)

[16 Meeting the Needs of all Victorians 26](#_Toc127829629)

[16.1 Culturally Safe Services for Aboriginal Victorians 27](#_Toc127829630)

[16.2 Inclusive and Accessible Healthcare for LGBTIQ+ Communities 28](#_Toc127829631)

[17.1 Maternity and Newborn Capability Levels 31](#_Toc127829632)

[20.1.2 Statutory Duty of Candour 33](#_Toc127829633)

[24 Information and Communication Technology Standards 35](#_Toc127829634)

[24.1 Governance 35](#_Toc127829635)

[24.2 Statewide Programs 36](#_Toc127829636)

[24.3 ICT Incidents and Cybersecurity 39](#_Toc127829637)

[24.4 Health ICT Asset Management 40](#_Toc127829638)

[24.5 Digital Health Foundations 40](#_Toc127829639)

[27.3 Long Service Leave 43](#_Toc127829640)

[29.1.21 Victorian Emergency Minimum Dataset 44](#_Toc127829641)

[29.5.6 Restrictive Interventions Reporting (seclusion and bodily restraint) 46](#_Toc127829642)

[29.5.7 Sexual Safety Reporting 47](#_Toc127829643)

[29.5.12 Needle and Syringe Program Information System 48](#_Toc127829644)

[26.1 Privacy 49](#_Toc127829645)

[29.9 Training and Development Funding Reporting and Eligibility requirements 50](#_Toc127829646)

[29.9.1 Eligibility Requirements 50](#_Toc127829647)

[29.9.2 Professional - entry student placements 50](#_Toc127829648)

[29.9.3 Transition to Practice (graduate) Positions 51](#_Toc127829649)

[29.9.4 Postgraduate Positions – Medical, Nursing and Midwifery 51](#_Toc127829650)

[29.9.5 Other Targeted Workforce Training and Development Programs 52](#_Toc127829651)

[30.2 Services Provided Under a Service Agreement 53](#_Toc127829652)

###

### 1.1 Highly Specialised Therapies

As set out by the *2020–25 National Health Reform Agreement*, highly specialised therapies (which include cell and gene therapies), are jointly funded by the Commonwealth, and state and territory governments, following approval by the Commonwealth’s Medical Services Advisory Committee. Highly specialised therapies are provided at selected public hospitals. The *National implementation framework* endorsed by the Health Chief Executives Forum has been developed to ensure there is a nationally consistent approach to implementing, monitoring and evaluating these therapies.

Approved highly specialised therapies and provider sites in Victoria are the:

* CAR T-cell therapy Kymriah® to treat relapsing/refractory acute lymphoblastic leukaemia in children and young adults up to the age of 25 years – at the Royal Children’s Hospital and Peter MacCallum Cancer Centre
* CAR T-cell therapy Kymriah® to treat relapsing/refractory diffuse large B-cell lymphoma, primary mediastinal B-cell lymphoma and transformed follicular lymphoma in adults – at the Peter MacCallum Cancer Centre and The Alfred
* CAR T-cell therapy Yescarta® to treat relapsing/refractory diffuse large B-cell lymphoma, primary mediastinal B-cell lymphoma and transformed follicular lymphoma, and high-grade B-cell lymphoma in adults – at the Peter MacCallum Cancer Centre and The Alfred.
* gene therapy Luxturna® to treat inherited retinal dystrophies in children and adults – at the Royal Victorian Eye and Ear Hospital
* immunotherapy Qarziba® to treat high-grade paediatric neuroblastoma – at the Royal Children’s Hospital and Monash Health.

To ensure the safe and high-quality provision of approved highly specialised therapies for specified clinical indications that are implemented in Victoria, the department will appoint provider sites. An Expression of Interest process will be conducted when more than one provider site is required to meet anticipated patient demand. Provision of these therapies is limited to sites that meet specific accreditation and capability requirements.

The department has developed the Highly specialised therapy supply agreements – Checklist for Victorian public health servicesto support department-endorsed health services providing approved highly specialised therapies to develop and execute supply agreements with a therapy manufacturer/distributor. This aligns with the existing devolved governance approach to delivering health services in Victoria’s public hospital system. This checklist will be provided by the department to endorsed health services as required.

### 4.6 Public Fertility Care Services

Public fertility care services will provide Victorians  ~~are to be progressively offered by selected public health services from 2022.~~ access to a broad range of assisted reproductive treatment including, ~~and the establishment of~~ access to a public egg and sperm bank. The goal of the state-wide program is to provide ~~for the first time in Victoria, will ensure that more~~ eligible Victorians, who are currently unable to afford treatment and/or are underserved or excluded in Victoria’s well-established private market, ~~can~~ access to fertility care services. This includes single people, LGBTIQ+ Victorians, and people with cancer or genetic conditions who need fertility care.

Victorian public fertility care services are led by Monash Health and The Royal Women’s Hospital. Services will gradually scale up with sites in Epping, Sunshine, Bendigo and Mildura commencing services by February 2023.  Further sites will be established at Warrnambool, Shepparton, Ballarat, Geelong and Heidelberg by July 2023.

Victorians who wish to access public fertility care services will require a referral from their general practitioner or relevant specialist which is forwarded to one of the participating health services.

The clinical access criteria are as follows:

* Eggs to be fertilised must be 42 years or younger at time of treatment
* There is a maximum of two stimulated treatment cycles (IVF/ICSI) per person per lifetime.

The model of care will operate under the following principles: ~~aimed at delivering public fertility care services in Victoria, including:~~

* **high-quality, safe, value-based care** – services will provide safe, evidence-based and high-value public fertility care to Victorians, which maximises the total number of people able to benefit from this initiative, using evidence-based access criteria and treatments. Providers will foster continuous improvement in the safety and quality of the fertility care they provide
* **person-centred care** – providers will offer a broad range of fertility care services that are clinically appropriate to the needs of the patient and their individual circumstances. The health and wellbeing, including emotional and mental health, of persons undergoing treatment, donors and surrogates will be protected
* **equitable access** – services will improve access to people currently underserved or excluded in Victoria’s current market, such as low-income earners, people who need access to donor or surrogacy services, people who need fertility preservation due to medical treatment and people who need genetic testing for monogenic conditions
* **Inclusive and culturally safe** – services will be inclusive of, and accessible to, a broad range of service users and families, including single people, Aboriginal Victorians, LGBTIQ+ Victorians, people with a disability, people from culturally diverse communities, and people from rural and regional communities.

Providers are required to report on output performance measures through Key Performance Indicators on a quarterly basis. The department will evaluate the services in 2023-24 to understand the impact and outcomes of the initiative. The evaluation will support the improvement of design, implementation and delivery of the initiative to support its continuation.

For more information, visit [Public Fertility Care Services](https://www.health.vic.gov.au/public-health/public-fertility-care-services) < https://www.health.vic.gov.au/public-health/public-fertility-care-services >.

### 5.1.3 Local Mental Health and Wellbeing Services

Locally based mental health and wellbeing services are currently being established for adults, older adults, and infants and children. Local services will be formally networked with Area Mental Health and Wellbeing Services, enabling a smooth transition between different levels of treatment and support.

Up to 60 Local Adult and Older Adult Mental Health and Wellbeing Services (now known as Mental Health and Wellbeing Locals) will ~~be required to~~ provide integrated treatment, care and support to people living with mental illness and substance use or addiction.

In 2022–23, the first tranche of ~~Local Adult and Older Adult Local Mental Health and Wellbeing Services will~~ commenced operating in the areas of Benalla-Wangaratta-Mansfield, Brimbank, Frankston, Greater Geelong, ~~and~~ Queenscliffe, ~~Brimbank, Whittlesea, Frankston~~, Latrobe and Whittlesea. ~~Benalla,~~ ~~Wangaratta and Mansfield~~

~~Set to open from mid-2023 onwards~~The procurement process for the next ~~21~~ nine Mental Health and Wellbeing Locals ~~Local Adult and Older Adult Mental Health and Wellbeing Services~~ will commence in early 2023. Locations in this second tranche are ~~located in~~ Dandenong, Shepparton, Melton, Mildura, Lilydale, Bendigo, Echuca and Orbost-Bairnsdale.

Future locations are Melbourne, Werribee, Truganina, Ballarat, Craigieburn, Sunbury, Ringwood, Horsham, Ararat and Warrnambool-Hamilton-Portland. ~~Warrnambool, Hamilton and Portland.~~ Three new infant, child and family local services based in community health services, and providing comprehensive care for children 0–11 years with developmental, emotional, behavioural challenges, will be established in 2022–23 in the Department of Families, Fairness and Housing regions of Brimbank-Melton, Southern Melbourne and Loddon.

### 5.1.4 Area Mental Health and Wellbeing Services

Area Mental Health and Wellbeing Services are being transformed to provide more capacity and expanded services. This includes 22 Adult and Older Adult Area Mental Health and Wellbeing Services, and 13 new Infant, Child and Youth Area Mental Health and Wellbeing Services.

The priorities for Area Mental Health and Wellbeing Services are outlined below, consistent with completed transformation plans. In 2022–23, the focus will be on implementation of these plans. Funding will continue to be provided to support transformation and deliver key priority reforms.

##### Embedding lived experience in the leadership, design and delivery of Area Mental Health and Wellbeing Services

Embedding lived experience in the leadership, decision-making, design and delivery of reform of mental health and wellbeing services will mean that implementation reflects what consumers and carers want and need, and will benefit from their valuable experiences and perspectives.

To help achieve this, Area Mental Health and Wellbeing Services will:

* support and expand their consumer and carer consultants, and their peer support workforces
* ensure people with lived experience who work from that perspective are represented on senior management teams
* use co-design and service feedback methods that are trustworthy to lived-experience communities.

##### Establishing two service streams for Area Mental Health and Wellbeing Services

Health services are to establish two service streams and resource them adequately to provide timely, developmentally appropriate treatment, care and support, with coordinated, seamless transitions between the two services of:

* the infant, child and youth area mental health and wellbeing stream for Victorians aged 0–25 and their families (inclusive of the young person’s twenty-fifth year), noting that this service stream has two distinct sub-streams of 0–11-year-olds (inclusive of the child’s eleventh year) and 12–25-year-olds
* the adult and older adult area mental health and wellbeing stream for Victorians aged 26 years and older.

##### Expanding and increasing core clinical capacity

Core clinical capacity continues to expand in 2022–23. A new allocation model has been deployed that estimates demand for tertiary-level services within each age group, using the *National mental health service planning framework*, to ensure that:

* funding reflects the level of therapeutic intervention each person needs to achieve a good therapeutic outcome
* growth is distributed to lift the activity levels of health services that have historically been funded less than their share, relative to demand
* every health service will be able to provide treatment, care and support to significantly more people.

The department will monitor health services’ performance against targets (including after-hours, and primary and secondary support). The department will have regular performance discussions with health services, including a mid-year review.

The performance management approach will evolve to ensure there is line of sight on areas that the Royal Commission into Victoria’s Mental Health System (RCVMHS) called out as essential reforms, such as the level of therapeutic intervention a person receives, the accessibility of services, and primary and secondary consultation.

With this significant expansion, it is expected that health services will actively review their current model of care in both the infant, child and youth area mental health and wellbeing stream, and the adult and adult older area mental health and wellbeing stream, to ensure it aligns with the directions in the RCVMHS’s Interim Report and Final Report, and best practice.

Community mental health teams should be delivering the full scope of practice now expected of them since the RCVMHS, including (but not limited to):

* triage and navigation functions, and warm referrals to other parts of the mental health and wellbeing system, including Local Mental Health and Wellbeing Services where they are established
* case management at appropriate levels of intervention to achieve a positive therapeutic outcome, with a comprehensive range of best-practice pharmacological and psychology therapies available
* single-session therapy as standard practice for appropriate clients
* 24/7 crisis support
* proactive engagement of consumers who are hard to reach or prematurely disengaged from treatment, including mobile assertive outreach teams in Youth Area Mental Health and Wellbeing Services
* same or next-day follow up for mental health presentations to hospital emergency departments
* sufficient levels of consultation liaison into general medical wards
* active and respectful engagement and inclusion of families, carers and supporters, including the provision of support, therapy and/or referral to other parts of the mental health and wellbeing system
* clinical assessments for autism spectrum disorder.

Detailed business rules will be progressively developed and communicated to health services.

Recall policy has been tightened up to ensure increased community service mental health funding results in the delivery of extra services. Recall policy will be managed at the health service level and there will be no payment for overperformance. Refer to Table 1.5 in the Funding Rules for recall rates.

##### Increasing the accessibility of Area Mental Health and Wellbeing Services

Area Mental Health and Wellbeing Services are delivering an increasing proportion of activity outside of business hours. To achieve this, the proportion of activity that is delivered outside of normal business hours will increase to 20 per cent by 2024–25.

##### Primary and secondary consultation across services and the system

Area Mental Health and Wellbeing Services will receive funding to provide primary and secondary consultation.

As a core responsibility of community teams, clinicians and support staff from Area Mental Health and Wellbeing Services will actively ‘reach in’ to other systems, such as primary care, community health, early parenting centres, maternal and child health nurses, child protection, alcohol and other drugs (AOD) services, schools, universities and Victorian Technical and Further Education (TAFE), and family violence, to see Victorians engaged in these systems, provide joint clinical care with clinicians and workers in these systems, and build capability and relationships.

Primary and secondary consultation and shared models are important in establishing staged care between Area Mental Health and Wellbeing Services and Local Mental Health and Wellbeing Services. It will assist people to move between the two tiers as their needs change, and facilitate coordinated referral pathways and strong relationships at service and clinician levels, between these two tiers at local levels. Primary and secondary consultation will also help to build the capability of Local Mental Health and Wellbeing Services.

As such, Area Mental Health and Wellbeing Services will prioritise primary and secondary consultation into the three aged-based categories of Local Mental Health and Wellbeing Services, being:

* three infant and child health and wellbeing hubs (as established in three areas)
* headspace centres
* Mental Health and Wellbeing Locals ~~Local Adult and Older Adult Mental Health and Wellbeing Services~~ (as established in six areas in 2022–23).

###### Partnerships with non-government organisation that provide wellbeing supports

As a mechanism to achieve a better balance of clinical treatment and wellbeing supports, Area Mental Health and Wellbeing Services must partner with clinical mental health services and non-government providers of wellbeing supports.

This will provide for integrated wellbeing supports delivered to Victorians receiving treatment, care and support from all Area Mental Health and Wellbeing Services from 2022–23, as recommended by the RCVMHS under Core Function 1: Integrated treatment, care and support.

Further guidance about the new partnership arrangements will be provided, so they can be established by the end of 2022.

###### Integrated mental health and alcohol and other drugs treatment, care and support

Health services will be required to deliver integrated mental health, and AOD treatment, care and support for people living with mental illness and substance use or addiction. Further, health services must not exclude consumers living with substance use or addiction from accessing treatment, care and support.

~~In early 2022–23, the~~ The department ~~will~~ has released ~~high-level~~ [guidance to support the delivery of integrated treatment, care and support](https://www.health.vic.gov.au/mental-health-reform/guidance-to-support-delivery-of-integrated-treatment-care) < https://www.health.vic.gov.au/mental-health-reform/guidance-to-support-delivery-of-integrated-treatment-care>, developed in consultation with the mental health and wellbeing, and AOD sectors, which sets out key policy settings, principles and expectations to support consistent implementation of integrated treatment, care and support across both the mental health and wellbeing system, and the standalone AOD system. Specific performance obligations, reporting requirements and other expectations relating to integrated treatment, care and support will be developed in consultation with the mental health and wellbeing sector over 2023.

Youth Area Mental Health and Wellbeing Services and Adult and Older Adult Mental Health and Wellbeing Services ~~will~~ have received capability uplift funding in 2022–23 to ~~provide~~ develop and implement an approach to providing integrated mental health and AOD treatment, care and support ~~by~~ starting from the end of 2022.

##### Supporting the new ~~Local Adult and Older Adult~~ Mental Health and Wellbeing ~~Services~~ Locals

There must be strong collaboration between ~~Local~~ Mental Health and Wellbeing ~~Services~~ Locals and Area Adult and Older Adult Mental Health and Wellbeing Services, to ensure that for consumers who need to move between the different tiers of the system, health and wellbeing outcomes are optimised and efficient.

As ~~Local~~ Mental Health and Wellbeing ~~Services~~ Locals are established, they will be networked to an Area Adult and Older Adult Mental Health and Wellbeing Service.

Access to Area Adult and Older Adult Mental Health and Wellbeing Services for new consumers will be on referral from a ~~Local Adult and Older Adult Mental~~ Health and Wellbeing ~~Service~~ Local, or through a medical referral, psychiatric triage service or crisis presentation.

### 5.1.5 Statewide Services

There is a range of health-service-operated specialist mental health services that are specifically targeted to Victorians with severe and complex illnesses. To deliver the RCVMHS statewide services recommendations, statewide services must be planned and delivered in a way that minimises the distance people need to travel to connect with these services.

Over time, links between statewide services and the Victorian Collaborative Centre for Mental Health and Wellbeing, recommended in the RCVMHS’s Interim Report, will be established to take advantage of the centre’s research and knowledge-sharing capabilities.

##### A new statewide service for people with lived experience of trauma

The RCVMHS recommended the establishment of a new Statewide Trauma Service by the end of 2022, to deliver the best possible mental health and wellbeing outcomes for all people of all ages with lived experience of trauma. It is expected that the Statewide Trauma Service will be hosted within the Victorian Collaborative Centre for Mental Health and Wellbeing to facilitate system-wide opportunities for trauma education and training.

The Statewide Trauma Service will also work with Area Mental Health and Wellbeing Services to employ up to three specialist trauma practitioners by the end of 2026, who will be based in Adult and Older Adult Area Mental Health and Wellbeing Services, as well as Infant, Child and Youth Area Mental Health and Wellbeing Services.

The department ~~will seek to~~ has appointed a consortium of thirteen service providers, including a Lead Agency, to establish the Statewide Trauma Service. by the end of 2022.

##### A new statewide service for people living with mental illness and substance use or addiction

~~Comprised of a Lead Agency and an initial four Partner Providers situated across Victoria,~~ The statewide service will undertake dedicated research into mental illness and substance use or addiction, and develop education and training initiatives for a broad range of mental health, and AOD practitioners and clinicians.

The statewide service will provide specialist addiction treatment and care (primary consultations) to consumers with high-intensity substance use or addiction needs, and co-occurring mental illness. It will also provide expert advice (secondary consultations) to support and build the capacity of the mental health and AOD workforce in providing integrated care.

Turning Point will lead and coordinate the statewide service in partnership with a network of addiction specialist services (Partner Providers) located across Victoria, provided by St Vincent’s Hospital Melbourne, Austin Health (in partnership with Goulburn Valley Health), Western Health and Eastern Health

The department will work with health services during 2022–23 to establish a model of care and consumer options and pathways for the statewide service, which will commence operations ~~by the end of 2022~~ in April 2023.

### 5.2.2 Prevention and Recovery Care

Prevention and recovery care (PARC) services are short-term (usually up to 28 days), recovery-focused treatment and support services in residential settings. PARCs provide early intervention for people who are becoming unwell and for people in the early stages of recovery following an acute psychiatric inpatient admission. PARCs aim to assist in preventing acute inpatient admissions, and to assist those who are already admitted to be discharged as early as possible.

Youth PARCs are for young people aged 16 to 25 years, who are: ~~experiencing significant mental health problems and are either:~~

* experiencing mental health challenges and/or psychological distress, and would benefit from a brief intensive recovery support intervention (“step-up”); or
* in the early stages of recovery from an acute phase of mental ill health and who need a time-limited period of additional support in order to strengthen gains made from spending time in an inpatient setting (“step-down”).

~~becoming unwell, or who are unwell, but whose recovery progress has plateaued – these young people benefit from a brief intensive recovery support intervention (called step-up)~~

* ~~in the early stages of recovery from an acute phase of mental ill health and who need a time-limited period of additional support, in order to strengthen gains made from spending time in an inpatient setting, which helps to consolidate their community transition and treatment plans (step down).~~

A new statewide service framework is in development to ensure that all Youth PARCs provide a consistent model of treatment, care and support to young people aged 16–25 years.

### 5.3.2 Supporting Aboriginal Social and Emotional Wellbeing

~~The RCVMHS identified the urgent need to address mental illness and suicide in Aboriginal communities. It also highlighted the central role of self-determined Aboriginal organisations and communities, and the important role of Aboriginal culture and connection to Country for improved Aboriginal social and emotional wellbeing.~~

The RCVMHS identified the urgent need to address mental illness and suicide in Aboriginal communities. The Commission’s aspiration is for a mental health and wellbeing system where Aboriginal self-determination is respected and upheld in the design and delivery of treatment, care and support, and where Aboriginal people can choose to receive care within Aboriginal community-controlled organisations, within mainstream services or a mix of both. Irrespective of where treatment, care and support is delivered for Aboriginal people, communities and families, it is fundamental that it is safe, inclusive, respectful and responsive[[1]](#footnote-2).

All mainstream health services have an obligation to provide culturally safe care to Aboriginal people and communities, and this should be embedded across all programs in the mental health, and social and emotional wellbeing sector

The department is working in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to deliver Aboriginal social and emotional wellbeing recommendations from the RCVMHS.

Priorities for 2022–23 include:

* supporting the Balit Durn Durn Centre of Excellence in Aboriginal Social and Emotional Wellbeing (Balit Durn Durn Centre) - established by VACCHO in May 2022, the Balit Durn Durn Centre supports best practice, research, and evaluation in social and emotional wellbeing
* the Aboriginal Social and Emotional Wellbeing Scholarship program - supports Aboriginal students to access to the best quality education and training; and supports them to undertake a mental health related qualification so that they can work in the mental health and social and emotional wellbeing sectors. The scholarship program is helping meet the growing demand for qualified and skilled Aboriginal staff to work in social and emotional wellbeing teams and in the mainstream mental health sector
* the Koori Mental Health Liaison Officer (KMHLO) program – KMHLOs are employed at all rural and regional designated adult mental health services and some metropolitan designated mental health services. The KMHLO program aims to improve access for Aboriginal people to mental health services and supports high-quality, holistic and culturally appropriate health care and referrals. Program funding is allocated to Mildura Hospital, Latrobe Regional Hospital, Barwon Health, Ballarat Health Services, Albury Wodonga Health, Goulburn Valley Health, Bendigo Health and South-West Healthcare. The metropolitan services are Northern Health and The Royal Children’s Hospital
* the KMHLO program in selected Infant, Child and Youth Area Mental Health and Wellbeing Services - expansion of the KMHLO program now includes the phased employment of 10 KMHLOs over the next two years and will help improve access for Aboriginal infants, children, young people, and their families to acute mainstream mental health services
* Resourcing Aboriginal community-controlled health organisations to commission the delivery culturally appropriate, family-oriented, social and emotional wellbeing services for children and young people
* Aboriginal social and emotional wellbeing teams’ expansion - expansion of Aboriginal social and emotional wellbeing teams in 25 Aboriginal Community Controlled Health Organisations (ACCHOs) - with statewide coverage within five years. This expansion incorporates four Aboriginal social and emotional wellbeing demonstration projects formerly established through the Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017-2027
* ~~the Balit Durn Durn Centre which has been established as a Centre of Excellence in Aboriginal Social and Emotional Wellbeing. The Centre supports best practice, research and evaluation in social and emotional wellbeing~~
* ~~the Aboriginal Mental Health Traineeship Program – to provide full-time ongoing employment to Aboriginal people living in Victoria, who successfully undergo supervised workplace training and clinical placements over three years, while concurrently completing the three-year, full-time Bachelor of Health Science (Mental Health) degree at Charles Sturt University. The program is offered through Eastern Health (two positions), Bendigo Health (two positions), Alfred Health, Peninsula Health, Monash Health, Latrobe Regional Health, Mildura Base Hospital and Forensicare~~
* ~~the Aboriginal Social and Emotional Wellbeing Scholarship program – which supports Aboriginal students to undertake social and emotional wellbeing qualifications to build the growing demand for Aboriginal staff in Social and Emotional Wellbeing Teams and the mainstream sector~~
* ~~Aboriginal Social and Emotional Wellbeing Teams expansion – to achieve statewide coverage of multidisciplinary Social and Emotional Wellbeing Teams in 25 VACCHOs within five years. This incorporates four former demonstration projects funded through Balit Marup~~
* ~~Balit Marup – a significant initiative to build the clinical and therapeutic Aboriginal workforce~~
* ~~the Koori mental health liaison officer program – which is provided at all rural and regional designated mental health services and some metropolitan designated mental health services, to improve access for Aboriginal people to mental health services and support high-quality, holistic and culturally appropriate health care and referrals. Program funding is allocated to Mildura Hospital, Latrobe Regional Hospital, Barwon Health, Ballarat Health Services, Albury Wodonga Health, Goulburn Valley Health, Bendigo Health and South-West Healthcare. The metropolitan services are Northern Health and The Royal Children’s Hospital~~
* ~~Aboriginal clinical and therapeutic mental health positions – which aim to increase the Aboriginal workforce available to deliver culturally responsive, trauma-informed services that can address the social and emotional wellbeing, and mental health needs of Aboriginal people in Victoria. There are 10 Aboriginal clinical and therapeutic mental health positions in Aboriginal community-controlled organisations across rural and metropolitan areas. The clinical and therapeutic mental health positions are selected from a broad range of disciplines (such as mental health nurses, occupational therapists, psychiatrists, psychologists and social workers), as determined by the selected service provider~~
* ~~funding for five Koori mental health beds at St Vincent’s Hospital Melbourne – managed in conjunction with the Victorian Aboriginal Health Service.~~

**Balit Murrup:** **Aboriginal social and emotional wellbeing framework 2017-2027**

Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017-2027 (Balit Murrup) was developed as part of *Victoria’s 10-year mental health* plan and embeds Aboriginal self-determination as the core principle to drive actions to improve the social and emotional wellbeing, resilience and mental health of Aboriginal people, families and communities.[[2]](#footnote-3)

In implementing key actions from Balit Murrup, key priorities for 2022–23 includes:

* the Aboriginal Mental Health Traineeship Program – continued implementation of the Aboriginal Mental Health Traineeship Program to build a skilled and qualified Aboriginal clinical mental health workforce that helps embed Aboriginal cultural safety in adult area mental health services. The traineeship program provides full-time ongoing employment to Aboriginal people living in Victoria, who successfully undergo supervised workplace training and clinical placements over three years, while concurrently completing a three-year, full-time Bachelor of Health Science (Mental Health) degree at Charles Sturt University. The program in 2022-23 has a cohort of 10 Aboriginal mental health trainees employed at: Eastern Health, Bendigo Health, Alfred Health, Peninsula Health, Monash Health, Latrobe Regional Health, Mildura Base Hospital and Forensicare
* Aboriginal clinical and therapeutic mental health positions – continued funding for 10 clinical and therapeutic mental health positions in selected Aboriginal community-controlled organisations across rural and metropolitan areas. These positions are selected from a broad range of disciplines (such as mental health nurses, occupational therapists, psychiatrists, psychologists and social workers), as determined by the Aboriginal community-controlled organisations. Importantly, these positions are increasing the capacity of the Aboriginal community-controlled sector to deliver culturally responsive, trauma-informed services that can address the social and emotional wellbeing, and mental health needs of Aboriginal people in Victoria

In 2022–23, the department will also work with VACCHO, the Aboriginal community-controlled sector and mainstream health services to:

* Support the Balit Durn Durn Centre to lead the co-design of two Aboriginal healing centres(RCVMHS recommendation 33.1)
* ~~provide primary consultation, secondary consultation and shared care for Infant for Child and Youth Area Mental Health and Wellbeing Services to support Aboriginal community-controlled health organisations~~
* ~~commission Aboriginal community-controlled health organisations to deliver culturally appropriate, family-oriented, social and emotional wellbeing services for children and young people~~
* Support the Balit Durn Durn ~~design and establish a~~ culturally appropriate, family-oriented service for infants and children who require intensive social and emotional wellbeing supports, in partnership with an Infant, Child and Youth Area Mental Health and Wellbeing Service.
* Support infant, child and youth area mental health services to improve access for Aboriginal people (RCVMHS recommendation 33.2). Funding has been allocated across 13 Infant, Child and Youth Mental Health Services (ICYMHS) to support either basic or in-depth cultural safety training, aligned with the broader cultural safety framework developed by the Aboriginal Health Division.
* Work with the Aboriginal community-controlled health sector to develop a self-determined outcomes framework for social and emotional wellbeing

~~This work with VACCHO, Aboriginal community-controlled organisations and mainstream health services will build a culturally safe and responsive service system, which will enable Aboriginal children and young people to access specialist mental health services, family-oriented therapeutic care and intensive multidisciplinary care, delivered through Aboriginal organisations, in partnership with mainstream mental health services.~~

~~All services have an obligation to provide culturally safe care to Aboriginal people and communities, and this should be embedded across all programs in the mental health, and social and emotional wellbeing sector.~~

### 8.2.3 School Dental Program (Smile Squad) Initiative

The Victorian Government’s School Dental Program offers free annual oral health examinations and free follow-up dental care for all children attending government primary and secondary schools in Victoria.

The program covers oral health education and examinations, x-rays, teeth cleaning, application of fluoride and dental sealants, fillings, root canals and mouthguards.

Oral health examinations are delivered by mobile teams of dental clinicians, using dental screening vans, who provide dental examinations and oral health promotion within a school setting, and identify children requiring treatment. Follow-up treatment is provided in fully equipped mobile vans at the school site or through referral to a local public dental clinic.

The program commenced with a proof-of-concept phase in late 2019, before pausing most operations for much of 2020 and 2021, in response to the COVID-19 pandemic. School dental program will be rolled out to all Victorian government schools by December 2023. ~~The program fully resumed rollout to schools in early 2022 and is planned to reach 100 per cent of schools by 2023~~.

Further information on the School Dental Program is available at [Smile Squad](https://www.smilesquad.vic.gov.au) <[https://www.smilesquad.vic.gov.au](https://www.smilesquad.vic.gov.au/)>

### 10 Health Workforce Training and Development

### 10.1 Training and Development Funding

Training and development funding is provided to public health services to contribute to the costs associated with the training and development of the Victorian health workforce ~~recognise the additional costs that are inherent in the teaching and training activities of public health services.~~

The funding aims to support the development of a high-quality future health workforce for Victoria through subsidising costs incurred by health services across multiple teaching and training activities. This includes:

* professional-entry student placements
* transition-to-practice positions for medical, nursing and allied health
* postgraduate medical, nursing and midwifery study
* other targeted workforce training and development initiatives.

In 2022–23, the department will confirm training and development funding for ongoing recurrent programs early in the financial year, to provide health services with greater certainty of annual budgets, with the aim of making minimal adjustments during the year, if reported activity is within the expected range.

### 10.1.1 Professional-Entry Student Placements

Subsidies to health services are allocated to support the delivery of professional-entry student placements. Subsidies are based exclusively on health services’ proportion of total (weighted) clinical placement activity for students enrolled in a professional-entry course of study in medicine, nursing (registered and enrolled), midwifery or allied health (including allied health assistants).

In 2022–23, medical biophysics, medical laboratory science and medical radiations (nuclear medicine, radiography and radiation therapy) disciplines are eligible for professional-entry student placement funding for activity recorded in Placeright, the department’s web-based student placement management system. A limited number of professional clinical placements, allied health internships, and industry-based learning positions ~~professional development year or industry-based learning positions~~ are not eligible for the professional-entry student placement subsidy, because they are funded through the transition-to-practice and postgraduate study streams of the grant. These include internships in hospital pharmacies and the employment model for midwifery.

In 2022–23, the department will provide additional funding on a time-limited basis to increase clinical placements. This is to support the Victorian Government’s commitment to expanding enrolled nurse training through the offer of free training with TAFE providers~~. Health services will be advised of the conditions of funding and application process to provide placements in 2023.~~The department has previously sought applications and allocated funding to health services for the period July to December 2022. This funding will not be available beyond 2022.

Additional funding is available in 2022–23 through the Boosting our Healthcare Workforce initiative[[3]](#footnote-4) to restore Victoria’s healthcare workforce pipeline, following significant disruption during the coronavirus (COVID-19) pandemic. This initiative supports the delivery of extra standard clinical student placement days in the public health system, to decrease the delayed and deferred placement backlog. Health services will be advised of the funding arrangements for 2022–23 as soon as these are confirmed.

The initiative is independent from the process and funding arrangements for training and development recurrent funding for Professional entry student placements. Clinical placements funded through the Boosting our healthcare workforce are additional (separate) and are not eligible for Training and Development Professional entry student placements funding.

### 10.1.2 Transition to Practice – (Graduate) Positions

Transition-to-practice programs seek to ensure new graduates make a positive transition into the public sector health workforce and are encouraged to stay working within the sector.

The department will provide funding for transition-to-practice programs in a number of areas, including:

* new graduate allied health professionals (excluding delegate workforces)
* ~~allied health graduates~~
* hospital pharmacy interns
* nurse and midwifery graduates
* medical graduates (post-graduate year (PGY) one and two – PGY1 and PGY2).

Subsidies to health services contribute to the cost of supervision and on-the-job training in the first year for approved nursing, midwifery and specified allied health graduate positions, and in the first two years for approved medical graduate positions. For details on funding eligibility and criteria, download the Program Guidelines 2022–23 ~~2021-22~~ at [Training and Development Funding](https://www.health.vic.gov.au/education-and-training/training-and-development-funding) <https://www.health.vic.gov.au/education-and-training/training-and-development-funding>.

**Allied health graduates**

The allied health graduate disciplines that are eligible for transition-to-practice training and development funding include:

* art therapy
* audiology
* exercise physiology
* dietetics and nutrition
* medical laboratory science
* medical physics
* music therapy
* nuclear medicine
* occupational therapy
* optometry
* orthoptics
* physiotherapy
* podiatry
* prosthetics and orthotics
* psychology
* radiography (diagnostic imaging)
* radiation therapy
* social work
* speech pathology.

**Allied health intern program**

Training and development subsidies are available to health services employing pharmacy interns who are completing industry-based learning, for a total of 100 positions.

**Medical prevocational training**

This funding is available to health services providing accredited positions for postgraduate year 1 medical officers (PGY1) and formal programs for postgraduate year 2 medical officers (PGY2).

In 2022-23, rural and regional health services who receive these grants are expected to offer two-year prevocational training contracts to PGY1 doctors who undertake a 12-month internship.

~~In 2021, the department extended two-year (PGY1 and PGY2) medical prevocational training contracts to all rural and regional health services, with PGY1 positions commencing in 2021.~~

~~PGY2 training and development funding has been aligned to allow these health services to offer two-year prevocational training contracts to medical interns commencing from 2021.~~

Rural and regional health services that receive training and development funding for PGY2 positions must support end-to-end training pathway positions being developed under the Victorian Rural Generalist Program.

**Mental health nursing and allied health graduates**

Public mental health services across Victoria are excluded from receiving transition-to-practice subsidies for nursing and allied health graduates, because they are provided with subsidies through Mental Health Training and Development funding.

**Enrolled Nurse Transition to Practice Program**

In 2022–23, the Enrolled Nurse Transition to Practice Program will provide funding to health services to coordinate and deliver graduate programs for newly registered enrolled nurses in their first year of practice. Health services that are eligible for funding are expected to deliver workplace-based programs designed to consolidate knowledge and skills, and transition new enrolled nurses to practice as safe, confident and accountable professionals.

This initiative is part of the Nursing and Midwifery Workforce Development Fund. It will complement the Government’s free TAFE initiative, by providing employment pathways for enrolled nurses completing a Diploma of Nursing. Additional funding for 2022–23 has been provided via the 2022–2023 State Budget[[4]](#footnote-5).

Health services may apply for funding through an expression of interest process and must address priority and eligibility criteria. Funding allocations to health services are dependent upon demand and assessment of applications.

~~Funding will be through direct allocation to health services and will vary, depending on the number of program participants. Health services will be requested to submit an Enrolled Nurse Transition to Practice Program funding application.~~

Health services should ensure all program areas comply with [*~~Saf~~e ~~Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015~~* Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015](https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015) (the Act) <https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015>. Where the department is made aware of non-compliance with the Act, funding may be withheld or recovered.

**Registered undergraduate students of nursing and midwifery**

Dedicated funding for registered undergraduate students of nursing/midwifery positions has been provided via the 2022–2023 State Budget[[5]](#footnote-6). Health services will be advised on the arrangements for the allocation of funding, once these are confirmed.

In 2022–23, transition to practice (graduate) nursing and midwifery funding may be used to fund registered undergraduate students of nursing in health services, above ratios. Funding will **not exceed** the funding that is allocated specific to nursing and midwifery graduate numbers.

### 10.1.3 Postgraduate Positions – medical, nursing and midwifery

Subsidies to health services contribute to postgraduate study or employment arrangements, including the cost of supervision, for approved positions.

All health services must reconcile actual activity each year to receive postgraduate funding. Subsidies are approved and allocated based on each health service’s activity and priority workforce considerations.

**Medical specialist training**

The following programs are available for postgraduate medical specialist training.

**Victorian Medical Specialist Training program**

~~The Victorian Medical Specialist Training program provides funding in targeted specialties to assist health services to increase the number of accredited medical specialist training positions~~ The Victorian Medical Specialist Training Program (VMST) provides funding in priority locations and disciplines to assist health services to increase the number of medical specialist training positions.

Victorian Medical Specialist Training funding criteria was changed from 2020 to focus on improved alignment between Victorian Medical Specialist Training funding and workforce policy outcomes, government priorities and opportunities for system-level reforms. All positions must be newly created and increase accredited training capacity. Funding may be provided for proposals as short as six months, or for the full length of a training program (up to five years).

All proposals will be assessed against one of two funding streams:

* **Funding stream A** expands training capacity in specialities that are considered in limited supply. Proposals for other specialties may also be considered.
* **Funding stream B** improves training capacity and capability in regional and rural health services. The department supports training that enables trainees to complete their full training program, while undertaking the majority of their training in a rural or regional location.

**Victorian Basic Paediatric Training Consortium**

The Victorian Basic Paediatric Training Consortium aims to support equitable access to specialist training opportunities across Victoria, and deliver high-quality paediatric care aligned with community need. This includes improving the supply of rural and outer metropolitan paediatricians through developing end-to-end training pathways.

All hospitals that are accredited for basic paediatric training in Victoria are members of the consortium. The Victorian Basic Paediatric Training Consortium replaces the former Victorian Paediatric Training Program.

The consortium established the Extended Rural Stream, which provides a pathway for trainees to complete at least half of their basic paediatric training in rural and regional sites. The pilot commenced in 2022 and enables trainees to undertake most of their training in rural and regional locations. This promotes better recruitment and retention of paediatricians in rural and regional areas.

The consortium is supported by formal governance arrangements to provide oversight and management of the ~~statewide~~ state-wide basic paediatrics training program.

**Basic Physician Training Consortia**

The Basic Physician Training Consortia program provides annual funding to five consortia, which include all Victorian hospitals with accredited physician training positions. This supports distribution and management of basic physician trainees, addresses workforce shortages, and improves the quality of education and training in rural Victoria.

Positions are made available through this program via the ‘match’ undertaken annually by the Postgraduate Medical Council of Victoria.

**Postgraduate Nursing and midwifery**

The postgraduate nursing and midwifery program provides funding for health services to provide clinical support for registered nurses and midwives undertaking postgraduate studies in areas of clinical practice where there is an identified workforce need, and that lead to an award classification of graduate certificate, graduate diploma or master-level studies.

Hospital operators should ensure all program areas comply with the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*. Where the department is made aware of non-compliance with the Act, funding may be withheld or recovered.

**Nursing and midwifery postgraduate scholarships**

Nursing and midwifery postgraduate scholarships are provided to public health services to support registered nurses and midwives to undertake postgraduate study, in areas of clinical practice where there is an identified workforce need. Identified priority clinical areas for 2022-23 are detailed in the 2022-23 Training & Development Funding Program Guidelines.

In addition, targeted funding is available to support registered nurses to undertake postgraduate midwifery studies in rural public health services, or regional consortia, which provide maternity services.

Previously, funding under the nursing and midwifery postgraduate scholarship program was allocated to health services on a proportional basis. Given the additional funding allocated to this program the funding arrangements for this program have changed in 2022-23.

In 2022-23, the following arrangements will apply:

* all nurses and midwives employed in Victorian public health services and undertaking an eligible clinical postgraduate course in a priority clinical area (commencing in 2023) will be eligible for a scholarship, with other relevant clinical specialties also considered based on available funding
* the value of this scholarship will cover the out-of-pocket course fees for the postgraduate qualification
* health services are responsible for dissemination of information regarding scholarships, managing the application process, disbursing funds and monitoring outcomes of the scholarship program
* funding will be distributed to each health service (rather than consortia in regional and rural areas), with the exception of the rural midwifery postgraduate scholarships.

As per previous scholarship arrangements, the nurse or midwife must agree to complete the course and work in the target area of practice in the Victorian public health service for a period of two years 0.8 EFT (or pro-rata equivalent) including the year of postgraduate study.

~~In 2022–23, the department will be prioritising postgraduate qualifications that assist health services to implement the amended~~ *~~Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015~~*~~.~~

### 10.1.4 Other Targeted Workforce Training and Development Programs

**Allied Health Leadership Program**

The *Allied health workforce enhancement plan* provides funding for initiatives that collectively build the capacity and capability of the allied health sector to deliver high-quality and safe care, and enhance client outcomes.

The Allied Health Leadership Program, an initiative under the *Allied health workforce enhancement plan*, is underpinned by the *Allied health leadership development framework*, which identifies stages of scaffolded leadership development across the career continuum. This framework informs the delivery of targeted allied health leadership capacity building initiatives.

**Allied health research translation and clinical educator roles**

To further enhance allied health workforce development, 10 senior allied health research and knowledge translation roles and 10 clinical educator positions have been implemented across Victorian health services.

**Continuing Nursing and Midwifery Education program**

The Continuing Nursing and Midwifery Education program provides funding to health services to support planned and targeted nursing and midwifery education, which maintains and improves the skills and knowledge of nurses and midwives employed in their organisation.

~~Funding is allocated on the basis of total nursing and midwifery full-time-equivalent staff.~~

Funding is allocated proportionally across health services based on total nursing and midwifery full-time-equivalent staffing (as at 30 June 2022).

Forty per cent of total funding is allocated to the rural sector, in recognition of increased costs associated with providing education in rural areas.

**~~Nursing and midwifery postgraduate scholarships~~**

~~Nursing and midwifery postgraduate scholarships are provided to public health services to support registered nurses and midwives to undertake postgraduate study, in areas of clinical practice where there is an identified workforce need. Identified priority clinical areas for 2022-23 are detailed in the 2022-23 Training & Development Funding Program Guidelines.~~

~~Previously, funding under the nursing and midwifery postgraduate scholarship program was allocated to health services on a proportional basis. Given the additional funding allocated to this program in 2022-23 and 2023-24), the funding arrangements for this program have changed.~~

~~Scholarships will be available for all eligible participants commencing in nursing and midwifery postgraduate programs delivered by Victorian public health services in 2023 (depending on funding availability).~~

~~In 2022-23, metropolitan public health services and regional consortia fund holders will receive funding disbursed via the department’s modelling and payments system (MAPS). Health services will in turn provide the scholarship to program participants.~~

~~Scholarship funding is allocated annually to eligible public health services (or for rural health services to fundholders within the five rural health regions), and is calculated based on nursing and midwifery full-time-equivalent staff.~~

**Maternity Connect Program**

The Maternity Connect Program provides funding to support the ongoing education of rural midwives and neonatal nurses, through facilitating clinical placements in larger, higher-acuity services. The funding covers travel and accommodation of participants, backfill of staff for the rural service, and a subsidy for the placement service to ensure clinical support. Participants are prioritised according to rural workforce need and the availability of placements.

Eligibility for funding through the program is determined in collaboration with health services.

**Prevocational medical education and training**

Prevocational medical education and training funding is provided to health services to support junior medical staff training, primarily through employing medical education officers. Funding is limited to the size of the funding pool, with the allocated model including a base payment per health service, plus a per capita allocation for each intern position. Rural and regional health services also receive a rural loading on the per capita allocation.

**Rural Clinical Academic Program**

The Rural Clinical Academic Program supports rural and regional health services that, in conjunction with Rural Clinical Schools, provide academic teaching and regional coordination for medical students who are hosted at the health service for an extended period. The funding recognises the increased costs of providing academic teaching, support, coordination and infrastructure for medical students, while they are based at a rural and regional health service for a period longer than six weeks.

The program is intended to ensure the types of learning experiences that medical students receive in rural and regional health services are of a high quality, and demonstrate the varied and rewarding work occurring in these services. This funding is provided in addition to other training and development funding for professional-entry clinical placements that help students acquire clinical skills through applying theoretical knowledge to practice.

**Victorian Rural Generalist Program**

The Victorian Rural Generalist Program supports the development of end-to-end training pathways for rural generalists leading to employment in rural and regional Victoria.

The program supports rural and regional medical practitioners to gain advanced skills as part of supported pathways of general practice training, to gain either the Fellowship of the Australian College of Rural and Remote Medicine or the Fellowship of the Royal Australian College of General Practitioners and the Fellowship of Advanced Rural General Practice. It includes training positions in areas such as obstetrics, anaesthetics, emergency medicine, paediatrics, Aboriginal health and mental health.

This helps ensure Victorian rural generalists are well equipped to work across rural and general practice and hospital settings.

The program supports specific rural generalist positions across the training pathway, including:

* Rural Generalist Year 1 (intern year)
* Rural Generalist Year 2 (PGY2 year)
* Rural Generalist Advanced (PGY3+ year)
* Rural Generalist Consolidation (post-procedural advanced skills year).

Recruitment to training positions under this program is undertaken via the state-wide match process managed by Postgraduate Medical Council of Victoria (PMCV).

The Victorian Rural Generalist Program is supported by a state-wide lead and four clinical leads to mentor and support trainees. Coordinators based in health services across each of the five rural regions also support development of the program. The program is governed by the *Victorian Rural Generalist Program management framework*, which includes regional networks and a statewide reference committee.

**Rural health workforce support**

The department works collaboratively with Rural Workforce Agency Victoria to support a range of identified rural workforce development requirements across Victoria. It works directly with rural and regional health services and community GPs to support recruitment of locums, including GPs providing services in public health services. Funding is allocated to provide locum support, and to support professional development for the rural medical and allied health workforces.

### 10.1.5 Funding Conditions and Allocation

Health services that receive training and development grant funding should ensure they meet eligibility and reporting requirements, as outlined in section ~~29~~ 6 of the ‘Reporting and funding requirements’ in the [Training and Development Funding Program Guidelines 2022-23](https://www.health.vic.gov.au/education-and-training/training-and-development-funding) (page 32).~~Training and Development Funding Reporting and ’.~~

Nursing and midwifery program areas must comply with the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*. Where the department is made aware of noncompliance with the Act, training and development grant funding may be withheld or recovered.

All programs supported through training and development funding must conform to the most recent versions of guidelines (where available), including the guidelines and standards set by the Australian Health Practitioner Regulation Agency and the national health practitioner boards.

The total grant pool limits the amount of funding allocated to individual health services. Reporting of eligible activity by health services to the department is essential to ensure timely and appropriate allocations of funding.

If programs or training positions include a period of rotating placements, lead organisations are required to ensure the other host organisation(s) receive a pro rata portion of the grant that is equal to the length of the rotation.

For more information, visit [Health Workforce](https://www.health.vic.gov.au/health-workforce) <https://www.health.vic.gov.au/health-workforce> or download the Program Guidelines 2022–23 ~~2021-22~~ at [Training and Development Funding](https://www.health.vic.gov.au/education-and-training/training-and-development-funding) <https://www.health.vic.gov.au/education-and-training/training-and-development-funding>.

### 15.2 Staff Safety in Victorian Health Services

All funded organisations are responsible for the safety of their staff, patients and visitors. Funded organisations must have systems and processes in place to enable them to identify, assess and control occupational health and safety risks, in accordance with their obligations pursuant to the *[Occupational Health and Safety Act 2004](https://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/032)* <https://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/032>.

The department is committed to working collaboratively with health and community services to enhance the health, safety and wellbeing of staff. ~~Fundamental to this work will be an emphasis on building a positive and respectful workplace culture, including actions focused on addressing systemic issues, in relation to bullying and harassment, and occupational violence and aggression.~~

## 16 Meeting the Needs of all Victorians

The department is focused on improving the lives of all Victorians, especially people and communities at risk or with increased need. This requires a focus on understanding our communities better, including the diverse range of Victorian cultures, languages and ways in which people identify.

An intersectional approach recognises that communities are not homogenous, and services must reflect the unique needs of community and individuals. Health services are required ensure the following whole-of-government and Department of Health strategy and policy documents guide local policy and service development:

* [Safe and strong: A Victorian Gender Equality Strategy](https://www.vic.gov.au/safe-and-strong-victorian-gender-equality) <https://www.vic.gov.au/safe-and-strong-victorian-gender-equality>
* [Victorian and proud of it: Victoria’s Multicultural Policy Statement](https://www.vic.gov.au/multicultural-policy-statement) <https://www.vic.gov.au/multicultural-policy-statement>
* [Inclusive Victoria: state disability plan (2022–2026)](https://www.vic.gov.au/inclusive-language-guide) <https://www.vic.gov.au/state-disability-plan>
* [Victorian Autism Plan](https://www.statedisabilityplan.vic.gov.au/victoria-autism-plan) <https://www.statedisabilityplan.vic.gov.au/victoria-autism-plan>
* [The Victorian LGBTIQ+ Strategy 2022-32](https://www.vic.gov.au/victorian-lgbtiq-strategy) <https://www.vic.gov.au/victorian-lgbtiq-strategy>
* [*Our promise, Your future: Victoria’s youth strategy 2022–2027*](https://www.vic.gov.au/victorias-youth-strategy-2022-2027)<<https://www.vic.gov.au/victorias-youth-strategy-2022-2027>> [~~Youth Policy: Building Stronger Youth Engagement in Victoria~~](https://www.youthcentral.vic.gov.au/get-involved/youth-programs-and-events/victorian-government-youth-policy)~~https://www.youthcentral.vic.gov.au/get-involved/youth-programs-and-events/victorian-government-youth-policy>~~
* [*Aboriginal and Torres Strait Islander Cultural Safety Framework*](https://www.health.vic.gov.au/health-strategies/aboriginal-and-torres-strait-islander-cultural-safety) <https://www.health.vic.gov.au/health-strategies/aboriginal-and-torres-strait-islander-cultural-safety>
* [Department of Health’s Operational Plan 2022–23](https://www.health.vic.gov.au/department-of-health-operational-plan-2022-23) ~~2021-22~~ <https://www.health.vic.gov.au/department-of-health-operational-plan-2022-23>> ~~<https://www.health.vic.gov.au/about/our-operational-plan>~~
* [~~The Premier’s Circular No. 2015/02 Good Board Governance~~](https://www.vic.gov.au/good-board-governance)  [Diversity on Victorian Government Board Guidelines](https://www.vic.gov.au/diversity-victorian-government-board-guidelines) <https://www.vic.gov.au/diversity-victorian-government-board-guidelines > (outlining the government’s guidelines on diversity and inclusion in board recruitment and appointment ~~drive to obtain more equitable gender and cultural representation on boards~~)

Guidance on the needs of particular diverse communities is outlined in more detail in the following sections. In addition, the following documents provide guidance on working in an intersectional, person-centred approach:

* [Designing for Diversity – policy and service design resources](https://www.health.vic.gov.au/populations/designing-for-diversity) <https://www.health.vic.gov.au/populations/designing-for-diversity>
* [*Safer Care Victoria’s Partnering in healthcare framework*](https://www.bettersafercare.vic.gov.au/support-and-training/partnering-with-consumers/pih) <https://www.bettersafercare.vic.gov.au/support-and-training/partnering-with-consumers/pih>
* [~~Service Guideline for Gender Sensitivity and Safety~~](https://www.health.vic.gov.au/publications/service-guideline-for-gender-sensitivity-and-safety) ~~<https://www.health.vic.gov.au/publications/service-guideline-for-gender-sensitivity-and-safety>~~

Services should consider the effectiveness of the ways in which they respond to diversity in the Victorian community. They should seek to engage broadly with the communities they serve in service planning, and constantly monitor how well they are delivering for all, ensuring no group is under-served.

### 16.1 Culturally Safe Services for Aboriginal Victorians

All Victorian public health services are required to deliver culturally safe care to Aboriginal patients and families, and to provide culturally safe workplaces for Aboriginal employees, as articulated in the SOP.

Aboriginal Victorians are overrepresented in the healthcare system and face significant disparities in health outcomes. Aboriginal cultural safety is a key determinant to improving access to health services and improving health outcomes for Aboriginal Victorians. It is also an important enabler for the quality of prevention, early intervention, tertiary care, and ‘Closing the Gap’ in health and wellbeing outcomes.

Aboriginal cultural safety occurs when Aboriginal people and communities feel respected and safe – and the cultural richness, diversity, histories, strength, and knowledge held by Victoria’s Aboriginal communities is recognised, understood and valued. For more information, visit [Aboriginal and Torres Strait Islander cultural safety](https://www.health.vic.gov.au/health-strategies/aboriginal-and-torres-strait-islander-cultural-safety) <https://health.vic.gov.au/health-strategies/aboriginal-and-torres-strait-islander-cultural-safety>.

Cultural safety is underpinned by Aboriginal self-determination where Aboriginal voice contributes to the design and delivery of services, as articulated in the Victorian Government's [*Self-Determination Reform Framework*](https://www.firstpeoplesrelations.vic.gov.au/self-determination-reform-framework) <https://www.firstpeoplesrelations.vic.gov.au/self-determination-reform-framework>.

To strengthen the cultural safety of health care across the organisation and improve Aboriginal health outcomes, health services are required to demonstrate:

* CEO and executive leadership to drive cultural safety and Aboriginal self-determination
* partnerships with Aboriginal community-controlled health organisations, respected Aboriginal leaders and Elders, and Aboriginal communities to deliver healthcare improvements
* Aboriginal employment plans in line with agreed public service workforce targets, and demonstration of increased Aboriginal employment, including leadership positions and across all clinical and non-clinical roles
* plans to identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users – including improved patient identification, discharge planning and outpatient care
* delivery of best-practice Aboriginal cultural safety training to all health service employees
* a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture
* effective Aboriginal and Torres Strait Islander patient identification, including quality improvement processes to continually improve in this area
* strategies to increase transparency and accountability of cultural safety across health services by monitoring of Aboriginal health data, and cultural safety indicators and targets. This includes oversight by the health service board, executive and Aboriginal governance groups, and data-sharing agreements with Aboriginal community-controlled health organisations.

These requirements align with the National Safety and Quality Health Service (NSQHS) Standards, and health services are encouraged to review the [NSQHS Standards User guide for Aboriginal and Torres Strait Islander health](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-aboriginal-and-torres-strait-islander-health) <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-aboriginal-and-torres-strait-islander-health>.

For further guidance, tools and resources for health services, visit:

* [Aboriginal cultural safety in health services: Guidance notes and resources](https://www.health.vic.gov.au/site-4/publications/aboriginal-cultural-safety-in-health-services-guidance-notes-and-resources) <https://www.health.vic.gov.au/site-4/publications/aboriginal-cultural-safety-in-health-services-guidance-notes-and-resources>
* [VACCHO Accreditation Programs](https://www.vaccho.org.au/cultural-safety-services/accreditation-programs/) <https://www.vaccho.org.au/cultural-safety-services/accreditation-programs>.

### 16.2 Inclusive and Accessible Healthcare for LGBTIQ+ Communities

Discrimination, stigma and exclusion continues to drive poorer health outcomes for some lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) Victorians experiencing poorer health outcomes[[6]](#footnote-7).

The [Victorian LGBTIQ+ Strategy 2022–2032](file:///C%3A/Users/BridieW/AppData/Roaming/Microsoft/Word/Victorian%20LGBTIQ%2B%20Strategy%202022%E2%80%932032) <https://www.vic.gov.au/victorian-lgbtiq-strategy> provides a vision and plan for LGBTIQ+ equality and inclusion. It outlines that Victorian health services should be approachable, welcoming, safe and inclusive for LGBTIQ+ Victorians. It also outlines that LGBTIQ+ people must be able to access services that meet their needs, and that their health service experience should result in improved life outcomes.

The department expects all funded services to develop and implement local policies, procedures and training, so that LGBTIQ+ Victorians experience inclusive and accessible health care.

The Victorian Government has developed a number of documents to provide guidance to services, including:

* [Understanding lesbian, gay, bisexual, transgender and intersex health](https://www.health.vic.gov.au/populations/understanding-lesbian-gay-bisexual-transgender-and-intersex-health) <https://www.health.vic.gov.au/populations/understanding-lesbian-gay-bisexual-transgender-and-intersex-health>
* [Data collection standards – lesbian, gay, bisexual, transgender and intersex communities](https://www.vic.gov.au/victorian-family-violence-data-collection-framework/data-collection-standards-lesbian-gay-bisexual) <https://www.vic.gov.au/victorian-family-violence-data-collection-framework/data-collection-standards-lesbian-gay-bisexual>
* [~~Rainbow eQuality, a guide to LGBTI-inclusive practice for health and community service agencies~~](https://www.health.vic.gov.au/populations/rainbow-equality) ~~<https://www.health.vic.gov.au/populations/rainbow-equality>~~
* [LGBTIQ+ Inclusive Language Guide](https://www.vic.gov.au/inclusive-language-guide) <https://www.vic.gov.au/inclusive-language-guide>.

Funded organisations are encouraged to consider working towards the Rainbow Tick accreditation. The Rainbow Tick guides organisations through a cycle of self-assessment and review by external assessors, to determine the extent to which the organisation (or a service within the organisation) meets the needs of LGBTIQ+ consumers. Further information is available from [Rainbow Health Australia](https://rainbowhealthaustralia.org.au/rainbow-tick) [~~https://rainbowhealthaustralia.org.au/~~](https://rainbowhealthaustralia.org.au/)~~>~~ <https://rainbowhealthaustralia.org.au/rainbow-tick>.

A whole-of-government LGBTIQ+ Taskforce, supported by a departmental Health and Wellbeing Working Group, an Intersex Expert Advisory Group and a Trans and Gender Diverse Expert Advisory Group, and the Commissioner for LGBTIQ+ Communities provide advice to the department on the delivery of inclusive and accessible health care. Funded organisations can engage these groups by ~~emailing the LGBTQI Secretariat~~ emailing the LGBTIQ Secretariat <LGBTIQSecretariat@health.vic.gov.au>.

#### 16.2.1 Trans and Gender Diverse People

A transgender person is someone whose gender is different to what was assigned to them at birth. Gender diverse generally refers to a range of genders expressed in different ways. Trans and gender diverse people are part of the broader LGBTIQ+ community and have distinct healthcare and social support needs, particularly during the difficult process of questioning, defining and affirming their gender identity.

Health services should provide an inclusive environment for trans and gender diverse people, ensuring services meet their unique care needs and choices. This includes using pronouns and names preferred by the individual, providing non-gendered facilities where possible, minimising potentially harmful encounters with other patients, and avoiding assumptions about gender and sex-specific health issues.

It also means providing respectful, supportive advice on access to health services associated with gender affirmation, such as support to explore gender identity, medical treatment to affirm gender, speech therapy and voice training, and mental health and wellbeing support.

Funded organisations are encouraged to seek advice and resources from peak bodies and associations to drive service improvement and build workforce capability.

More information and resources on trans and gender diverse health and wellbeing, and funded initiatives, is available:

* [Trans and gender diverse health and wellbeing](https://www.health.vic.gov.au/populations/trans-and-gender-diverse-health-and-wellbeing) <https://www.health.vic.gov.au/populations/trans-and-gender-diverse-health-and-wellbeing>
* [~~Service Guideline for Gender Sensitivity and Safety~~](https://www.health.vic.gov.au/publications/service-guideline-for-gender-sensitivity-and-safety) *~~<~~*~~https://www.health.vic.gov.au/publications/service-guideline-for-gender-sensitivity-and-safety>~~

The department funds a number of specialist gender services that can be engaged by health services for information and support.

In 2021–22, the Victorian Government provided $21.4 million over four years to deliver additional mental health support, primary medical care and peer supports for trans and gender diverse young people. This includes an expansion of health and mental health services, and primary care at Monash Health, The Royal Children’s Hospital and Orygen, and peer and family supports at Transgender Victoria, Transcend, and Monash Health, as well as the development of improved pathways between specialist gender services.

The 2022–23 State Budget committed $1.5 million over two years towards the Trans and Gender Diverse in Community Health program, which delivers peer navigator support, two multidisciplinary clinics in Preston and Ballarat, and a statewide trans and gender diverse health training and capacity building program.

For more information, visit [Your Community Health](https://www.yourch.org.au/service-access/trans-and-gender-diverse-health) <https://www.yourch.org.au/service-access/trans-and-gender-diverse-health>.

#### 16.2.2 People with an Intersex Variation

~~People with intersex variations are born with physical, hormonal or genetic features that do not fit the typical expectations for male or female bodies.~~

'People with intersex variations' is an umbrella term for people born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male. Other terms used to ~~‘People with intersex variations’ is one of a number of terms used to~~ refer to people who have variations in parts of the body associated with sex and/or reproductive development~~. Other terms~~ include ‘differences of sex development’ or 'variations of sex characteristics'.

Health services should understand what intersex is, including the difference between intersex and sexual orientation, intersex and transgender, and intersex and gender diversity.

Health services should also understand the potentially lifelong health impacts of conducting surgeries on intersex children, and/or giving them hormones to 'normalise' their genitals and remove gonads.

Health service staff should avoid asking questions related to a person’s intersex status, unless clinically necessary.

Funded organisations are encouraged to seek advice and resources from peak bodies and associations to drive service improvement and build workforce capability. Further information, guidelines and resources on the health needs and on supporting people with an intersex variation can be found at [Health of people with intersex variations](https://www.health.vic.gov.au/populations/health-of-people-with-intersex-variations) <https://www.health.vic.gov.au/populations/health-of-people-with-intersex-variations>.

The [(i) Am Equal future directions paper](https://www.health.vic.gov.au/publications/i-am-equal) <https://www.health.vic.gov.au/publications/i-am-equal> sets out the Victorian Government’s commitment to improve health and wellbeing outcomes, and experiences of people with intersex variations. The department is currently progressing work to establish the intersex protection system, inclusive of a mechanism to prohibit deferrable medical interventions modifying a person’s sex characteristics without personal consent, an oversight panel, and provisions to ensure the collection of data and transparency over what treatments are being performed.

### 17.1 Maternity and Newborn Capability Levels

The [*Capability frameworks for Victorian maternity and newborn services*](https://www.health.vic.gov.au/patient-care/maternity-and-newborn-care-in-victoria) *<*https://www.health.vic.gov.au/patient-care/maternity-and-newborn-care-in-victoria> describe the requirements for Victorian public health services to provide safe and high-quality maternity and newborn care across six levels, including the required workforce, infrastructure, equipment and clinical support services.

Service capability levels for all Victorian public health services providing planned maternity and newborn care are reviewed every two years ~~maternity~~ and determined by the department, in conjunction with individual services. Health services must operate within their agreed and published maternity and newborn capability levels.

The capability levels, including the frameworks, can be downloaded at [Capability frameworks for maternity and newborn services](https://www.health.vic.gov.au/patient-care/maternity-and-newborn-care-in-victoria) <https://www.health.vic.gov.au/patient-care/maternity-and-newborn-care-in-victoria>.

#### 18.10.2 Mental Health Performance and Accountability Framework

The *Mental health performance and accountability framework* (MH PAF) specifies the department’s current performance and accountability requirements for funded clinical mental health services. It outlines how the department will measure, monitor and assess performance at the agency, service and program levels. This framework provides a key mechanism for monitoring whether a mental health service is delivering services that are consistent with the department’s requirements.

The RCVHMS recognised that achieving good outcomes for individuals, including people with lived experience of mental illness or psychological distress, families, carers and supporters, for the workforce and the wider community, is fundamentally important and foundational to the system’s reform agenda. The RCVMHS recommended a new *Mental Health and Wellbeing Outcomes Framework* be developed that adopts a broad view of mental health and wellbeing outcomes, which is used to drive system reform.

Within an outcomes approach, outcomes and performance are inextricably linked. Outcomes measure the achievement of intended goals, or the actual change or difference resulting from an intervention, and performance metrics tell us what actions have been taken to achieve outcomes.

The department is developing the new framework as a key instrument to embed an outcomes approach in system reform and accountability. It will support evolution of the mental health and wellbeing system using a whole-of-system approach, enabling service providers, regions, communities and all levels of government to collaborate and drive positive change.

While this new framework is being developed, which will include a review of the current MH PAF measures for relevance and alignment against system outcomes, the MH PAF remains valid for performance and accountability requirements for services to monitor performance activity.

The new *Mental Health and Wellbeing Outcomes Framework* is expected to be finalised ~~by the end of this year~~ in early 2023, with implementation of the framework to commence immediately after it is finalised and endorsed.

### 20.1.2 Statutory Duty of Candour

The *Health Legislation Amendment (Quality and Safety) Act 2022* has introduced new reforms including requiring relevant health services to undertake Statutory Duty of Candour (SDC) processes when a ‘serious adverse patient safety event’ (SAPSE) occurs. Health service entities must refer to relevant regulations to view the SAPSE definition, which will be equivalent to ISR 1 and 2 in the Victorian Health Incident Management System (VHIMS). The SDC builds on existing requirements under the Australian Open Disclosure Framework.  ~~From 30 November 2022, a new Statutory Duty of Candour (SDC) legislation will commence for:~~

Relevant health service entities include:

* public health services
* public hospitals
* multi-purpose services
* denominational hospitals
* private hospitals
* day procedure centres
* ambulance services within the meaning of the *Ambulance Services Act 1986*
* non-emergency patient transport services within the meaning of the *Non-Emergency Patient Transport and First Aid Services Act 2003*, and
* the Victorian Institute of Forensic Mental Health established by section 328 of the *Mental Health Act 2014.* ~~Victorian Institute of Forensic Mental Health~~

When a patient suffers a ~~Serious Adverse Patient Safety Event (~~SAPSE, these health service entities will be required to comply with the SDC by providing an apology, a written account of the facts, a description of the health service entity’s response, and the steps taken to prevent re-occurrence of the event. They will also need to comply with the [*Victorian Duty of Candour Guidelines*](https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour)<https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour>.*~~Victorian Duty of Candour Guidelines~~*~~. The duty will build on existing requirements under the Australian Open Disclosure Framework.~~

Public health service entities will be required to comply with the reporting requirements outlined within these Policy and Funding Guidelines. ~~The requirements, including reporting commencement date, will be provided as soon as possible.~~

The following aggregate data metrics must be extracted from the relevant source (e.g. clinical incident management system or electronic medical record) and entered into an Agency Information Management System (AIMS) form, to be submitted to the Victorian Agency for Health Information (VAHI) **quarterly**:

* Number of SAPSE occurring within the 3 month reporting period

For these SAPSE:

* Instances where the SDC was commenced, by offering an initial apology and acknowledgement, within the 6 month reporting period.
* Instances where SDC was completed, by providing a copy of the review report, within the 6 month reporting period.
* Instances where the patient/next-of-kin/carer opted out.

The goal of the AIMS SDC data collection is to report key performance metrics to enable health services to monitor compliance against their legal obligations.

Health service entities will be required to report SDC aligned performance measures from 1 July 2023, with voluntary/optional reporting via the AIMS collection for SAPSEs from 1 January 2023. SAPSEs that occur in Jul-Sep 2023, with the SDC spanning from Jul-Dec 2023, will require a mandated AIMS form submission due by 14 January 2024.

The purpose of a SDC data lag across 2 quarters, is that the SDC ‘completion’ can take 50-75 business days until a report is provided to the patient/family/carer.

Guidance, training modules and additional resources can be accessed from: [Statutory Duty of Candour and protections for SAPSE reviews](https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour) <https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour>. The SDC team can be contacted by emailing <dutyofcandour@health.vic.gov.au>.

~~Guidance, additional resources and the legislation can be accessed from~~ [~~Duty of candour and review protections | Safer Care Victoria (bettersafercare.vic.gov.au)~~](https://www.bettersafercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour#:~:text=around%20adverse%20events.-,Statutory%20duty%20of%20candour,and%20improvements%20put%20in%20place.)

## 24 Information and Communication Technology Standards

Health services are required to operate their information and communication technology (ICT) safely, securely, cost effectively, and in alignment with Victorian and national digital health strategies.

Health services have accountability and responsibility through their boards for deploying ICT and digital health technology to support service delivery within their health service, based on their local needs.

*Victoria’s digital health roadmap* (Roadmap) was released in 2021. ~~It replaces Digitising health.~~

The *Roadmap* sets direction for lifting digital health maturity across the sector ~~for the next five years~~. Five programs of work ~~will~~ continue to improve the safety and quality of health care by:

* improving health service resilience against technology outages and cyber attacks
* reducing the risks to patient safety associated with paper-based care processes
* embedding patient-centred care by joining up healthcare records
* creating more options for people to use home-based and virtual care, and care closer to home
* giving consumers access to their own healthcare information.

The *Roadmap* ~~aligns with and~~ supports Pathology Reform and the recommendations from the *RCVMHS’s Final Report, Volume 5: Transforming the system – innovation and implementation*, particularly the chapters ‘Integrating digital technology’and‘New approaches to information management’*.*

Rural health services must participate in an ICT Alliance, as specified in the Rural public health care agencies alliances policy 2020 (amended Feb 2021).

### Governance

The department’s ~~Digital Health branch~~ supports Victorian public health services in their delivery of digital health solutions, including:

* lifting digital health maturity
* enhancing the safety, quality and acceptability of patient care through the digitisation of care
* risk reduction in the health sector through investment in cyber security, ICT infrastructure, and resilience planning and best practice
* operating health sector applications and ICT services
* providing a 24/7 ICT and cyber incident management service.

The Digital Health branch also works to support Victoria’s public health sector to:

* reduce the risks to patient safety associated with paper-based care processes
* embed patient-centred care by joining up healthcare records
* optimise the patient experience through a comprehensive commitment to ‘better at home’ and virtual care
* give consumers access to more of their own healthcare information.

Digital health matters are governed via three sector bodies, with the Digital Health branch providing secretariat support.

The Victorian Health Chief Information Officer Forum, which meets monthly, is the sector’s primary ICT information-sharing and decision-making forum, seeking to achieve a consistent and interoperable public health system for Victoria.

The forum is chaired by a health service chief information officer, with secretariat support provided by the Digital Health branch. Health service and Rural Health ICT Alliance chief information officers (or their equivalent) are expected to attend and contribute to its working groups, which cover:

* cybersecurity (public/community health service and medical device)
* ICT operational assurance
* the Clinical Grade Network
* the standardised emergency number
* sector-wide procurement
* standards.

Working groups are established as initiatives of relevance to the sector. They are formed to assist in realising efficiencies, and in optimising security, consistency and interoperability in Victoria’s public health system.

Regular monthly meetings are also conducted with rural and regional CIOs, usually on the same day as the Victorian Health Chief Information Officer Forum, to make effective and efficient use of ~~busy people’s~~ time.

The Victorian Clinical Informatics Council meets three times a year. It is the sector’s peak clinical informatics advisory body ~~for lifting digital health maturity.~~ Its role is to identify and promote best practice in digital health adoption, and support realisation of the *Roadmap*.

The Council is chaired by a senior clinician with expertise in digital health. Membership is drawn from healthcare professionals with contemporary experience and Victorian digital health professional leaders.

The Council will achieve its objectives by:

* representing the opinions of broader groups with particular expertise and experience in relevant areas
* recommending establishment of time-limited clinical advisory groups for specific initiatives
* advocating for investment and application of digital health systems and research, to achieve ongoing improvement in patient safety, quality of care and the patient experience
* keeping abreast of, sharing and disseminating emerging evidence-based digital health best practices
* advising on safety and quality risk mitigation and remediation pertaining to identified issues with clinical information systems
* identifying priorities based on clinical safety and quality needs.

### Statewide Programs

The Digital Health branch is responsible for developing, establishing and maintaining the overarching programs that:

* underpin digital health investment
* realise health reform
* optimise continuity of care.

Health services and their respective boards continue to be accountable for local digital health strategies, plans and activities. These strategies, plans and activities align with Victoria’s Roadmapand statewide programs.

This model of two-tiered accountability facilitates information sharing, protects patient and clinical data, mitigates risk and leverages aggregated purchasing power.

#### Secure and Resilient Systems

Victoria’s Roadmap sets out a program of work to improve the reliability and resilience of healthcare information systems.

Health services are required to participate in a number of statewide programs, including the:

* Victorian Health Service Cyber Security Program
* Victorian ICT Operational Assurance Program
* Victorian Business Impact Assessment Program.

Rural and regional health services must participate in ICT Alliances via joint venture agreements, as specified in the Rural public health care agencies’ information and communications technology (ICT) Alliance Policy 2020.

Non-participation in any of these programs puts at risk the integrity of healthcare ~~delivery, and~~ delivery and requires approval from the health service board and negotiation with the Digital Health branch.

**ICT Recovery Planning**

Health services must develop and maintain their Business Impact Analysis (BIA) and conduct their Disaster Recovery tests regularly. Recovery testing results are to be reported to the Digital Health branch every two years commencing 2023-24.

In its 2016-2017 audit of Public hospitals, the Victorian Auditor-General stated that *by not resolving long-standing IT systems control issues, public hospitals are at continual significant risk of their systems and data becoming unreliable. Common unresolved IT systems issues include incomplete policies for managing IT systems, such as disaster recovery and business continuity plans.*

Requirements for ICT recovery planning (the process for recovering ICT systems) can be derived from the Business Impact Analysis (BIA). The BIA lays the cornerstone of a standards-based approach to all Business Continuity Management (BCM) practices, including establishing requirements for developing ICT (Disaster) Recovery solutions.

The increasing frequency and severity of environmental disruption events, such as severe weather, flood and bushfire, increases the likelihood and impact of ICT outages. Consequently, outages can become more disruptive than in the past.

**Business Recovery and ICT dependencies**

Capturing the relationship between business activities and ICT systems is critical when designing and specifying the recovery requirements of new ICT solutions and services. A key attribute of all activities assessed during the BIA is the Recovery Time Objective (RTO). Activities that have highly effective manual workarounds and a low reliance on ICT systems being available can be sustained for longer periods and will likely have a longer ICT RTO. Activities that have no (or relatively ineffective) manual workarounds, quickly generate large backlogs, and a high reliance on ICT systems being available, cannot be sustained for long periods and will have a shorter ICT RTO.

#### Connecting Care

Connecting Care is one of the five programs of work that have been identified in the Roadmap. The objective of Connecting Care is to securely enable continuity of care to support Victorians in their journey across health settings and providers.

Joining up patient and client care requires commitment from the department and health services to participate in and jointly deliver the following pieces of work.

##### My Health Record expansion

Connection to My Health Record across Victorian public health services is designed to enhance patient safety. During 2022–23, health services with a connection to My Health Record, which enables them to upload documents, are expected to work towards uploading:

* 50% of pathology test results to My Health Record
* 75% of discharge summaries to My Health Record.

These targets will be reviewed as the routine use of My Health Record increases.

##### Unique Patient Identification

Unique Patient Identification provides a unified view of patient details and identifiers across Victorian health services, as recommended in Targeting zero. The system provides a foundation for clinical information sharing across health services and provides a valuable tool to health services for the management of patient identification.

##### Contemporary Information Architecture for Mental Health and Wellbeing

The RCVMHS recommended that the Victorian Government develop, fund and implement modern infrastructure for ICT systems, including a new mental health information and data exchange and repository, replacement for the department’s legacy Client Management Interface/Operational Data Store (CMI/ODS) system, and development of a consumer portal.

During 2022–23 and beyond, the department will ~~be~~ work~~ing with~~ providers of clinical mental health services to ~~participate in, and provide input into, initiatives that~~ support the design and implementation of these systems.

##### ~~Health information sharing to include p~~Pathology Reform

During 2022–23, public health services will be expected to participate in the design and implementation of the pathology Health Information Exchange.

##### Safer Transfer of Care

The Safer Transfer of Care Program aims to expand the use of electronic referrals (eReferrals) to reduce or eliminate the use of printed letters and faxed documents between the primary and acute health sectors. During 2022–23, public health services will be expected to adopt the use of eReferrals ~~to enable sharing of information between the primary and the acute sectors,~~ particularly as it relates to streamlining of service delivery of elective surgery workflows through Health Service Partnerships.

#### Strategic ICT Investments

Prior to approaching the market for strategic ICT investments, health services must seek approval from the Secretary of the department. Strategic projects should align with the *Roadmap.* Where there is ambiguity, health services must consult with the Digital Health branch.

Health services must report their ICT strategies, plans and projects to the Digital Health branch. The branch has a planning and assurance role for the sector to ensure:

* minimum levels of ICT and cybersecurity capability are in place to support safe clinical care, mitigate risk of unplanned outages and cyber threats, and provide a standard approach to incident management and resolution of issues
* appropriate project governance and planning is in place to support the delivery of successful ICT-enabled health service projects
* engagement with the Digital Health branch for project assurance on the full life cycle of the project.

All health service projects with an ICT component greater than $1 million are to be subjected to departmental project assurance and must be reported via the Digital Health branch to the Department of Government Services ~~Premier and Cabinet~~, for inclusion in the public quarterly ICT project dashboard. Projects managed by a Rural Health ICT Alliances are to be reported by the Alliance. Alliance member projects are also to be reported, via the designated Alliance project reporting co-ordinator for submission. All projects on this dashboard with an ICT budget exceeding $10 million are to be subjected to independent project quality assurance, commissioned by the Digital Health branch.

Health services must ensure that all strategic ICT procurements are conducted in a manner consistent with the relevant Victorian Government Purchasing Board best-practice procurement guidelines and HealthShare Victoria health purchasing policies. Exemption from these guidelines and policies requires approval from the Secretary of the department.

**Assessment using Victoria’s Digital Health Maturity Model**

The Victorian Auditor-General 2017 report, *ICT Strategic Planning in the Health Sector*, recommended that the department require comprehensive assessment of health ICT maturity, to ensure digital health investment decisions have been informed by a comprehensive understanding of clinical ICT maturity. In 2019, Victoria’s Digital Health Maturity Model was developed and maturity assessments across health services were conducted.

During 2022–23, public health services are expected to participate in the next maturity assessment, with the expectation of participation by health services at least every two years thereafter.

### ICT Incidents and Cybersecurity

In its role as system manager, the Digital Health branch’s Incident Management Team must be informed of major ICT incidents within the hour, when they occur in health services or their third-party providers. All cybersecurity incidents, regardless of severity, must be reported to the Incident Management Team as soon as the intrusion is detected or suspected. Reporting of cybersecurity and ICT incidents can be done by calling 1300 598 686 or emailing the Incident Management Team <Digital.Health.Incident.Notification@health.vic.gov.au>.

The Health Sector ICT and Cyber Security Incident Management Team has the mandate for managing all sector-wide ICT incidents. In many cases, the Digital Health branch can help resolve incidents without referral to other third parties. Health services must have an incident management plan in place to manage local incidents~~. A template has been provided to health services and is available to guide development of local plans~~. For any health service that does not have a plan in place, the department’s Health Sector Chief Information Security Officer and Incident Manager should be contacted for assistance.

Health services are required to use department-sponsored cybersecurity tools and must ensure they are maintained. Where a health service can demonstrate that they have an equal or more advanced tool in place, an exemption may be granted.

### Health ICT Asset Management

Health services must manage, maintain and replace assets, in accordance with the Standing Directions and the Victorian Government’s AMAF. Compliance with AMAF applies to ICT assets.

Asset management refers to an organisation’s coordinated activities to realise the full value of assets in delivering service delivery objectives. It is carried out over the whole asset life cycle.

The four key stages of the asset life cycle are:

* planning – determination of asset requirements, based on an assessment of both service delivery needs and the capability of the existing asset base to meet these needs
* acquisition – procurement of assets to meet an identified service need, including the assessment of procurement options
* operation and maintenance – management and use of an asset to deliver services, including maintenance
* disposal – treatment of an asset that has either reached the end of its useful life, is considered surplus, or is underperforming.

Health services must submit ICT asset management data on a quarterly basis. The supply of data is essential in assisting with cyber incidents and provides evidence on the need for investment, which can then support the full appropriation of technology refresh grants.

The ICT assets that are in scope include:

* servers (virtual and physical)
* applications (client-side, on-premise data centre and cloud-hosted)
* databases and middleware
* network appliances (wi-fi access points, firewalls, switches, routers, bridges, gateways, modems, repeaters and hubs)
* PCs (laptops and desktops)
* mobile devices, smartphones, tablets and SIM cards issued by the department or agency
* business critical IP phones and phone lines, and cloud phone systems
* networked multifunction devices, printers, scanners and faxes
* security certificates
* cloud applications (SaaS)
* cloud platforms (PaaS)
* cloud infrastructure (IaaS)
* outsourced, third-party hosted and managed services
* IoT, embedded systems and electronic medical devices.

### Digital Health Foundations

Victorian public health services must apply statewide and national digital health ICT standards and guidelines in their programs of care.

Statewide standards include:

* *Virtual care* standard and guide – articulates the minimum requirements to successfully implement and maintain virtual care services in Victorian public health services
* *eReferral standard* – articulates the principles and design considerations required to successfully implement and manage effective transition of care
* *Governance and use of the National Health Service Directory* (NHSD) – describes how to upload data into the NHSD system, and how to upload its data to health applications. NHSD is the primary source for services directory and location information. Health services use this directory as the primary source for practitioner information, for the purposes of distributing discharge summaries to general practitioners and specialists, and for identifying eReferral recipients
* *Clinical Information System* (CIS) and Electronic Medical Record (EMR) application and interoperability standard – articulates the minimum set of functional requirements for implementation of CIS and EMR by VPHS.
* *Patient Administration System* (PAS) and Interoperability standard – defines the minimum set of functional requirements for implementation of the patient administration system
* *Queue management and outpatient system integration principals* – provides the recommended approach for interoperability between an outpatient appointment booking system and an outpatient queue management application
* *Medications management interface standard* – describes the approach for interfacing of an electronic prescribing system to a pharmacy application.

For more information, visit [Digital health standards and guidelines](https://www.health.vic.gov.au/quality-safety-service/digital-health-standards-and-guidelines) <https://www.health.vic.gov.au/quality-safety-service/digital-health-standards-and-guidelines>.

National standards include:

* standard national clinical documents, including *eReferral*, *Discharge summary*, *Shared health summary* and *Event summary*, accessed at the [Australian Digital Health Agency’s Clinical documents](https://developer.digitalhealth.gov.au/topic/clinical-documents) <https://developer.digitalhealth.gov.au/topic/clinical-documents>.
* national terminology for enterprise-wide electronic medical record implementations at [Australian standard terminology and the Australian Medicines Terminology](https://www.digitalhealth.gov.au/newsroom/product-releases) <https://www.digitalhealth.gov.au/newsroom/product-releases>
* interactions with My Health Record are cited in Actions 1.17 and 1.18 of the [NSQHS Standards](https://www.safetyandquality.gov.au/our-work/clinical-governance/clinical-governance-standard) <https://www.safetyandquality.gov.au/our-work/clinical-governance/clinical-governance-standard>
* provision of clinical documents to My Health Record and provision of viewing access to clinical staff, to enhance the safety and continuity of patient care and meet the requirements of the *My Health Record Act 2012* (Cth) – this includes the ability to apply national individual healthcare identifiers for patients, healthcare provider identifiers for individual clinicians and healthcare provider identifiers for organisations, as well as other requirements under the *Healthcare Identifiers Act 2010* (Cth)
* the *National Product Catalogue* and associated standards and specifications, which are specified by GS1 at the [National Product Catalogue webpage](https://www.gs1au.org/our-services/national-product-catalogue) <https://www.gs1au.org/our-services/national-product-catalogue>
* the [*National ehealth security and access framework*](https://developer.digitalhealth.gov.au/specifications/ehealth-foundations/ep-1544-2014)<https://developer.digitalhealth.gov.au/specifications/ehealth-foundations/ep-1544-2014>, which is maintained by the Australian Digital Health Agency through its national Cybersecurity Centre
* the *Health Records Act 2001 Health Privacy Principles*, for security of health information, and for storing personal and sensitive information outside of Victoria
* compliance and alignment with the Baseline Cybersecurity Controls based on ASD Essentials 8, Centre for Internet Security, and the *National Institute of Standard and Technology (NIST) framework*. These controls outline the minimum security controls that public health services and community health centres must implement, to protect their systems and their patient/client data against a range of adversaries
* ~~Standards Australia’s~~ [*~~Digital hospitals handbook~~*](https://www.standards.org.au/news/new-australian-publication-to-accelerate-digital-hospitals)~~<~~[~~https://www.standards.org.au/news/new-australian-publication-to-accelerate-digital-hospitals~~](https://www.standards.org.au/news/new-australian-publication-to-accelerate-digital-hospitals)~~>~~
* the *National guidelines for on-screen display of medicines information* and *National guidelines for on-screen presentation of discharge summaries*, which are maintained by the Australian Commission on Safety and Quality in Health Care. Reference documents can be found on the [Australian Commission on Safety and Quality in Health Care website](https://www.safetyandquality.gov.au/our-work/e-health-safety) <https://www.safetyandquality.gov.au/our-work/e-health-safety>.
* the AMAF, which applies to non-current assets (physical and intangible), but not financial assets, controlled by government departments, agencies, corporations, authorities, and other bodies that are captured by the Standing Directions of the Minister for Finance made under the Financial Management Act. Reference to the standing directions can be found on the [AMAF webpage](https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework) <https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework>.

The Australian Digital Health Agency website is a useful source of reference material for digital health planning. Technical specifications can be found on the agency’s [resources for implementers and developers](https://digitalhealth.gov.au/implementation-resources) <https://digitalhealth.gov.au/implementation-resources>. The information contained on this site is subject to change.

### 27.3 Long Service Leave

The department assumes the liability arising from the net increase in the long service leave provision for public hospitals, denominational hospitals, and some statutory authorities (‘eligible agencies’), except for changes to the long service leave provision due to any subsequent recognition of gains or losses on revaluation, which is in accordance with the Department of Treasury and Finance’s *Resource Management Framework*. All agencies must, however, reflect the movements in the long service leave provision associated with the revaluations in their long service leave provision, in accordance with accounting standards.

The department funds the annual increase in the long service leave provision[[7]](#footnote-8) of its eligible agencies as follows:

* An amount equal to 2.8 per cent of defined salaries and wages is included in price and paid as grants to the department’s eligible agencies (with a few exceptions).
* A grant payable to the department’s eligible agencies is recognised for the balance not paid as the grant described above (a debtor in respect of this non-cash grant will be recognised by each eligible agency).

Eligible agencies will continue to manage their long service leave and cash requirements. Long service leave funding paid by the department in excess of actual long service leave payouts during the current and prior financial years, should be maintained and managed by eligible agencies, and be used as the first call for any future settlements over and above the (current) 2.8 per cent of long service leave included in price.

### 29.1.21 Victorian Emergency Minimum Dataset

Public health services reporting to the VEMD must adhere to the timelines in Table 6a.

Table 6a : Victorian Emergency Minimum Dataset timelines

| VEMD | Timeline |
| --- | --- |
| All presentations to be submitted every weekday  | All presentations must be supplied by 5.00 pm the following business day |
| All presentations for the full month without errors | Must be complete and correct – that is, zero rejections and notifiable edits by 5.00 pm on the tenth day of the following month, or the prior business day |

Any corrections to 2022-23 data must be submitted before final consolidation of the VEMD on 27 July 2023.

**Penalties for noncompliance**

Where health services are noncompliant with the timelines specified above, the department may apply penalties that include:

* up to $5,000 per month, if presentations for the first 14 days of the month are not submitted by the timelines specified in Table 3
* up to $10,000 per month, if presentations for the full month are not submitted by the timelines specified in Table 3
* up to $10,000 per month, if a file with all presentations for the full month contains errors by the timelines specified in Table 3.

Data flagged as unfit for reporting and analysis will be regarded as noncompliant and penalties as above may apply.

**Exemptions from penalties**

If difficulties are anticipated in meeting the relevant data submission timeframes, the health service must contact the department, indicating the nature of the difficulties, remedial action being taken and the expected submission schedule.

A pro forma to assist this process is provided on the HDSS website under VEMD webpage <https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd> and must be submitted if a health service cannot meet the reporting deadline.

Requests for an exemption from late penalties will only be considered if received prior to the relevant deadlines, and if the manual aggregate data spreadsheet has been completed by the due date. Extensions or exemptions are not issued in advance. Late submissions penalties are assessed after the end-of-year consolidation deadline, taking into account the health service’s compliance performance for the financial year.

For any full month period that the health service is unable to supply unit record data, the health service is required to submit aggregate data using the manual aggregate data spreadsheet. The spreadsheet is available from the [VEMD webpage](https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd) <https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd>. The health service must submit the completed spreadsheet by the 10th of the month.

Failure to complete the manual aggregate data spreadsheet by the due date may result in late submission penalties.

**Data resubmissions for previous months**

Health services wishing to resubmit data for a previous period must complete a VEMD data resubmission request, as soon as the health service is aware of the circumstances requiring resubmission. The request form must be submitted prior to the resubmissions. Resubmissions received without the request form will not be processed.

The pro forma is available on the [VEMD webpage](https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd) <https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd>.

**Software upgrades and migrations**

Health services undertaking software migrations must undertake VEMD data submission testing before resuming live VEMD data submission. Health services will be exempt from late data submission penalties for an agreed period of up to two months, provided the manual aggregate data spreadsheet is completed on time.

Health services undertaking software upgrades will be exempt from late data submission penalties for one month, provided the manual aggregate data spreadsheet is completed on time.

### 29.5.6 Restrictive Interventions Reporting (seclusion and bodily restraint)

The Mental Health Act closely regulates the use of ‘restrictive interventions’. Part 6 of the Act outlines when restrictive interventions can be used, who can authorise them, and the monitoring of restrictive interventions when used. Section 3 of the Act defines ‘restrictive interventions’ as ‘bodily restraint or seclusion’.

All restrictive interventions are required to be reported to the Chief Psychiatrist.

In accordance with the Mental Health Act and the Chief Psychiatrist’s guideline [Restrictive interventions in designated mental health services](https://www.health.vic.gov.au/key-staff/reducing-restrictive-interventions) <https://www.health.vic.gov.au/key-staff/reducing-restrictive-interventions>, an authorised psychiatrist must give a written report to the Chief Psychiatrist on the use of any restrictive intervention (s. 108(1) of the Act). This report must contain the details required by the Chief Psychiatrist, and be given to the Chief Psychiatrist within the time stipulated (s. 108 of the Act).

In practice, this information is entered monthly onto the CMI database in each service, and must include information relating to restrictive interventions, which have occurred in emergency departments and other areas, where the intervention has occurred with people receiving compulsory treatment under the Act.

The service must also provide appropriate information to persons subject to restrictive interventions about their rights, including post-intervention support.

##### Episodes of extended seclusion

In addition to the routine monthly Seclusion Register reporting procedures, designated mental health services must provide a clinical report to the Chief Psychiatrist of any episode of seclusion that exceeds 12 hours for adults (and four hours for aged/children/youth). Should the episode of seclusion exceed 48 hours, it is expected that escalation processes, including case conferencing and second opinions, occur. Where an extended period of seclusion in excess of 48 hours is anticipated, the decision must be discussed with the authorised psychiatrist or delegate, to ensure there has been a discussion outlining the strategies aimed at reducing the behaviours, and the need for a restrictive intervention.

When seclusion is used for extended periods of time or on a recurrent basis, it is good clinical practice for mental health services to undertake case conferencing and a second opinion, external to the treating team, to develop a care plan that outlines strategies for reducing behaviour and the need for seclusion. If the seclusion episode exceeds seven consecutive days, the authorised psychiatrist or delegate must contact the Chief Psychiatrist and provide a clinical report and care plan.

##### Extended admission to a high-dependency area

~~Designated mental health services must notify the Chief Psychiatrist of any extended admission to a high-dependency area that is continuous and exceeds 48 hours. This report must be made~~ **~~before~~** ~~the episode has exceeded 48 hours.~~

~~Where an extended period of seclusion in excess of 48 hours is anticipated, the authorised psychiatrist or delegate must provide the Chief Psychiatrist with a written clinical summary and management plan, at the time of notification.~~

For any admission to a high-dependency area exceeding 30 consecutive days, and at any time on request thereafter, mental health services will be required to present evidence of an active case-conferencing process to assist in bringing the admission to conclusion~~. for any admission to a high-dependency area exceeding 30 consecutive days, and at any time on request thereafter.~~

### 29.5.7 Sexual Safety Reporting

All sexual safety incidents that occur in ~~acute inpatient units, or secure extended care units, of designated mental health services~~ publicly funded health services where people are receiving mental health treatment and care must be notified to the Chief Psychiatrist within 24 hours. This includes any known, suspected or alleged instances of sexual activity (including seemingly consensual sexual activity), sexual harassment or sexual assault.

This reporting requirement applies across child and adolescent, adult, and aged mental health services, emergency departments, and any other hospital locations where people are receiving mental health treatment and care.

~~with m~~More information is available at [Sexual safety notification to the Chief Psychiatrist](https://www.health.vic.gov.au/publications/sexual-safety-notification-to-the-chief-psychiatrist) <https://www.health.vic.gov.au/publications/sexual-safety-notification-to-the-chief-psychiatrist>.

### 29.5.12 Needle and Syringe Program Information System

The Victorian and Commonwealth Governments fund services to reduce the harms associated with AOD use. The harm reduction services data collection records the level of activity in these services, in terms of contacts, service provision (for example, needles provided and returned, education and referrals) and responses to harm reduction questions, as well as information about the free provision of a range of injecting and safe-sex equipment, and the disposal of returned waste.

Harm reduction services data is provided by:

* needle and syringe programs
* mobile overdose response services
* mobile drug safety workers.

All primary needle and syringe program providers and recipients of *Ice Action Plan* funding must report via the Needle and Syringe Program Portal.

~~All primary needle and syringe program providers and recipients of Ice action plan funding must report via the Needle and Syringe Program Portal monthly by the end of each month, via the Needle and Syringe Program Information System reporting application. Organisations using the application can generate the extract and~~ ~~email it to the Needle and Syringe Program~~ ~~<nsp-is@dhhs.vic.gov.au>.~~

~~Paper-based surveys should be sent to the department by~~ ~~emailing NSP Data collection~~ ~~<nspis@dhhs.vic.gov.au>.~~

### Privacy

Funding is provided on the condition that the funded organisation:

* complies with the provisions of the Privacy and Data Protection Act 2014, the Health Records Act 2001 ~~2012~~, *and* other information-sharing and privacy obligations imposed by law, codes of practice or guidelines made under those laws in performing funded services
* ensures its employees, officers, agents and subcontractors comply with the Acts and the terms of a funding agreement.

### Training and Development Funding Reporting and Eligibility requirements

### 29.9.1 Eligibility Requirements

All public health services and Forensicare are eligible to receive training and development funding.

To receive funding, organisations must:

* ensure all funded programs conform to the most recent versions of guidelines (where available), including the guidelines and standards set by the Australian Health Practitioner Regulation Agency and the national health practitioner boards
* comply with specific eligibility and reporting requirements for each stream (described below)
* report against the mandatory externally reportable Best practice clinical learning environment *(BPCLE) framework* indicators through the BPCLE tool.

More information regarding the *BPCLE framework,* and detailed guidelines for the training and development funding, are available at:

* [*BPCLE framework*](https://www.health.vic.gov.au/education-and-training/best-practice-clinical-learning-environment-bpcle-framework) <https://www.health.vic.gov.au/education-and-training/best-practice-clinical-learning-environment-bpcle-framework>.
* [Training and development funding](https://www.health.vic.gov.au/education-and-training/training-and-development-funding) <https://www.health.vic.gov.au/education-and-training/training-and-development-funding>.

### 29.9.2 Professional - entry student placements

Professional-entry student placement funding is provided for eligible clinical placement days reported for eligible disciplines and courses at Victorian public health services. For details of eligible activity, disciplines and courses, refer to the ~~Training and Development Funding – Program Guidelines 2021–22~~ [*Training and Development Funding Program Guidelines 2022–23*](https://www.health.vic.gov.au/education-and-training/training-and-development-funding) <https://www.health.vic.gov.au/education-and-training/training-and-development-funding>.

To access the professional-entry student placement subsidy, health services must:

* plan and report clinical placement activity through Placeright biannually (or via the HealthCollect portal for agreed medical placement activity not yet managed via Placeright)
* adhere to the Standardised schedule of fees for clinical placement of students in Victorian public health services, including recording of fees in Placeright (or reporting via HealthCollect portal for agreed medical student placement activity not yet managed via Placeright).

Health services are also encouraged to:

* establish a Student Placement Agreement with all education provider partners, including uploading to Placeright, where the system is used to manage eligible funded activity
* adhere to the Standard Student Induction Protocol to ensure conformity of practices across the sector.

Note that templates provided by the department have been updated by a sector-led working group, and now reflect industry expectations for clinical placements in health services. More information on these resources is available at:

* [Fee schedule for clinical placement in public health services](https://www.health.vic.gov.au/education-and-training/fee-schedule-for-clinical-placement-in-public-health-services) <https://www.health.vic.gov.au/education-and-training/fee-schedule-for-clinical-placement-in-public-health-services>
* [Placeright](https://www.health.vic.gov.au/education-and-training/placeright) <https://www.health.vic.gov.au/education-and-training/placeright>
* [Student Placement Agreement](https://www.health.vic.gov.au/education-and-training/student-placement-agreement) <https://www.health.vic.gov.au/education-and-training/student-placement-agreement>
* [Standardised student induction protocol](https://www.health.vic.gov.au/education-and-training/standardised-student-induction-protocol) <https://www.health.vic.gov.au/education-and-training/standardised-student-induction-protocol>.

### 29.9.3 Transition to Practice (graduate) Positions

To access transition to practice funding for allied health, medical (year one and two), and nursing or midwifery graduates, the following criteria must be met:

* Transition to practice (graduate) positions for medical, nursing and midwifery are filled through the statewide matching process, or by another process as determined by the department.
* Health services must report on the headcount and full-time equivalent (FTE) of new graduates for the previous calendar year, and a projection for the forthcoming year.
* Health services must allocate adequate training and supervision to each position, and meet the accreditation requirements where relevant, and must advise the department if a graduate does not commence in, or complete, an allocated position.
* No fees may be charged to graduates applying for, undertaking or exiting from transition to practice programs.
* Health services participating in the department’s pilot of two year (PGY1 and PGY2) medical prevocational training contracts will be required to:
	+ provide written offers of PGY2 employment to all their medical interns
	+ have in place duly signed two-year prevocational contracts (in the case of acceptances) by December 2021
	+ report all medical intern responses to offers of PGY2 employment (acceptances, declines and non-responses)
	+ report any request to prematurely terminate the two-year prevocational training contract.

For eligibility criteria, refer to [[Training and development funding](https://www.health.vic.gov.au/education-and-training/training-and-development-funding)](https://www2.health.vic.gov.au/health-workforce/education-and-training/training-development-grant) <https://www.health.vic.gov.au/education-and-training/training-and-development-funding>.

### 29.9.4 Postgraduate Positions – Medical, Nursing and Midwifery

All health services must reconcile actual activity at the completion of the calendar year.

All health services receiving funding for the Victorian Medical Specialist Program, Victorian Basic Paediatric Training Program, and Basic Physician Training Consortia Program must complete the relevant program reports. This includes providing confirmation at each stage of training, including at recruitment, resignation, completion or any other change in the training pathway.

Funded postgraduate nursing and midwifery programs must lead to an award classification at graduate certificate, graduate diploma or master level. Where students are enrolled in a master-level program with exit points at graduate certificate or graduate diploma level, only the graduate certificate or graduate diploma components are eligible.

Master-level studies that lead to endorsement as a nurse practitioner may be eligible. However, individuals receiving Nurse Practitioner Candidate Support Packages are excluded. Postgraduate activity, including FTE and headcount of staff who undertook postgraduate study during the calendar year, must be reported via Health Collect.

Eligible postgraduate education programs must include a requirement for supervised clinical support.

Postgraduate (entry-to-practice) clinical placement model midwifery studies are not eligible for this stream of the training and development grant, but are eligible for a professional-entry student placement subsidy.

For eligibility criteria, refer to [[Training and development funding](https://www.health.vic.gov.au/education-and-training/training-and-development-funding)](https://www2.health.vic.gov.au/health-workforce/education-and-training/training-development-grant) <https://www.health.vic.gov.au/education-and-training/training-and-development-funding>.

### 29.9.5 Other Targeted Workforce Training and Development Programs

##### Nursing and midwifery postgraduate scholarships

~~The department requires annual reporting of the value and number of scholarships allocated and the field of study undertaken. Health services receiving this stream of funding will be provided with guidelines on the allocation and reporting requirements.~~ Health services are required to submit details to the department about the number of scholarships required, the value of each (depending on the fee for each program participant) and the area of practice. The department will then provide this funding to the health service, which will in turn provide the scholarship to program participants.

##### Continuing nursing and midwifery education

The department requires the reconciliation of continuing nursing and midwifery activity that occurred in each fiscal year. A link to an online reporting form will be provided to funding recipients.

##### Prevocational medical education and training

The department requires annual reconciliation of the expenditure of funds allocated for prevocational medical education and training. Health services receiving this stream of funding will be provided with a reporting template.

##### Rural Clinical Academic program

Rural clinical academic program accountability requires that health services and their partner universities jointly sign off on an annual acquittal of prior-year funding and provide a current-year funding submission. A template will be provided for participating health services to complete.

##### Mental health – clinical and non-clinical academic positions

The mental health clinical and non-clinical academic program requires auspice services and agencies to provide details of academic position holder activity, and contribution to mental health workforce development. A 2021–23 template has been provided to auspice services for completion.

##### Mental health – training and development grants

Block funding for mental health workforce development within designated mental health services is provided, to support internal resources to deliver targeted workforce development to meet local needs. There are also expectations that funding supports some contribution of these resources to a statewide calendar managed by the Centre for Mental Health Learning from 1 April 2020. Templates will be provided to mental health services in 2022–23 for completion, requesting details of learning and development resources that are supported by the funding.

### 30.2 Services Provided Under a Service Agreement

Table 16: Mental health service – performance targets and monitoring

**Note**: Some targets are provided in the *Mental health performance and accountability framework* and related processes. These targets are referenced in the below table via the initialism ‘tbc’.

| **Domain** | Measure or indicator | Unit | Adult report | CAMHS report | Older person report  | Government target | Frequency | Status |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Accessibility | Percentage of mental health-related emergency department presentations with a length of stay in the ED of less than four hours | Per cent | Yes | Yes | Yes | ~~tbc~~<81% | Quarterly | Mandatory |
|  |  |  |  |  |  |  |  |  |

Table 17: Primary, community and dental health – performance targets and monitoring

| Activity no. | Activity name | Measure description | Unit of measure | Frequency | Status | Output type |
| --- | --- | --- | --- | --- | --- | --- |
| 27019 | RDHM Dental Care | Number of clients | Clients | Yearly | Mandatory | Key output measure |

1. Royal Commission into Victoria’s Mental Health System, Final Report, Volume 3, Chapter 20, pg. 143 [↑](#footnote-ref-2)
2. Korin Korin Balit-Djak; Aboriginal health, wellbeing and safety strategic plan 2017-2027, pg. 17 [↑](#footnote-ref-3)
3. Page 13 of [Training and Development Funding – Program Guidelines 2022–2](https://www.health.vic.gov.au/education-and-training/training-and-development-funding)3 <https://www.health.vic.gov.au/education-and-training/training-and-development-funding>. [↑](#footnote-ref-4)
4. 2022–23 State Budget, Budget Paper 3, page 62. [↑](#footnote-ref-5)
5. 2022–23 State Budget, Budget Paper 3, page 62. [↑](#footnote-ref-6)
6. <https://vahi.vic.gov.au/report/population-health/health-and-wellbeing-lgbtiq-population-victoria>. [↑](#footnote-ref-7)
7. The increase excludes the impact of bond rate and probability factors (revaluations). [↑](#footnote-ref-8)