DOCTORS IN SECONDARY SCHOOLS PROGRAM

OPERATIONAL GUIDELINES

VERSION 2.6
MAY 2020

THE EDUCATION STATE

VICTORIA State Government | Education and Training

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FEEDBACK

These guidelines will evolve as the Doctors in Secondary Schools program is rolled out over the 100 participating schools. Feedback can be provided to doctors.in.schools@edumail.vic.gov.au.

Further revisions will be made when required.

A table setting out the amendments and additions made between Version 1 and Version 2.6 can be found at Appendix 7.

Further Advice And Key Contacts

Further advice and support about the program and these operational guidelines can be sought by contacting the Doctors in Secondary Schools team on doctors.in.schools@edumail.vic.gov.au or your Department of Education and Training Area Health and Wellbeing Specialist Services Manager.

For infrastructure queries, contact the Victorian School Building Authority (VSBA) at relocatable.school.buildings@edumail.vic.gov.au.

Murray Primary Health Network
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Contact Name: Shannon George
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Updates - Version 2.5 to Version 2.6

Page Number and Heading	Deletions or amendments
Page 5. Update: Further Advice And Key Contacts	Updated PHN contact details
Page 6. Update: Range of Services	Updated to include delivery via telehealth
Page 22. New Section: Telehealth	New guidelines on delivering telehealth

CONTEXT

Purpose of these Guidelines

This resource is designed for school staff, general practitioners (GPs) and nurses participating in the Doctors in Secondary Schools program (the program), and Department of Education and Training (the Department) staff in the central and regional offices. It includes the operational policy and supporting information, including governance, policy context and ethical and legislative responsibilities for staff involved in the program.

The aim of these guidelines is to:

- Clearly articulate the purpose and operational model of the program
- Achieve a shared understanding of the program among school staff, students, parents/carers, GPs, nurses and other key stakeholders
- Provide an overview of the roles and ethical and legislative responsibilities of GPs, nurses, relevant Medical Centres, participating schools and program coordination staff
- Provide a clear framework to support GPs and program coordination staff in the implementation of the program.

It has been developed by the Department in consultation with Victoria's six Primary Health Networks (PHNs), experts in adolescent health and key Department stakeholders.

Program Overview

The Victorian Government is making sure young people are getting the health support, advice and treatment they need so they can reach their full potential. The $43.8 million Doctors in Secondary Schools initiative is delivering on the Victorian Government's election commitment to fund general practitioners to provide medical advice and health care to those students most in need up to one day a week in 100 Victorian government secondary schools.

The objectives of the program are to:

- Make primary health care more accessible to students
- Provide support to young people through the early identification of health problems
- Reduce the pressure on working families.

This initiative will also provide modern, fit-for-purpose consulting rooms in schools. All secondary school students who are enrolled in a participating school will be able to access a GP, subject to providing the required consent for the services. Participating schools, students and their parents/carers will not incur any out-of-pocket expenses for consultations with the GP. Participating schools will receive funding to enable staff to support program coordination and relevant school staff will receive training in adolescent health and program implementation.

The program is guided by a range of key principles, including:

- Equity of access
- No cost of access to a GP at school to student or parents/carers
- Youth-friendly
- Staff trained in adolescent-health
- Student confidentiality
- Cultural safety.

The program has been developed in consultation and collaboration with a broad range of stakeholders across government, health and education bodies and academia.

The Doctors in Secondary Schools program has a staged rollout in three phases:

- 20 schools from Term 1, 2017 (from February 2017)
- 40 schools from Term 3, 2017 (from July 2017)
- 40 schools from Term 1, 2018 (from January 2018).

The program is currently funded until 31 December 2021.

Policy Context

The Victorian Government is committed to transforming Victoria into the Education State. To do this, the Victorian Government is investing heavily in a quality education for every child, regardless of their background, circumstance or postcode. The Education State agenda covers the whole life cycle of education, from early childhood, through to schools and into adulthood.

The Education State reform agenda aims to improve outcomes across the range of factors that support students to develop and be their best. Education State school targets have been developed to focus efforts on the range of factors that allow students to develop and achieve their best. Education State target areas are:

- **Learning for Life**
  More students achieving excellence in reading, maths, science and the arts

- **Happy, Healthy and Resilient Kids**
  Building the resilience of our children, and encouraging them to be more physically active

- **Breaking the Link**
  Ensuring more students stay in school and breaking the link between disadvantage and outcomes for students

- **Pride and Confidence in our Schools**
  Making sure every community has access to excellence, in every school and classroom.

Education and health are two of the most important investments in human capital and both have a considerable impact on individual wellbeing.[1] Good health and wellbeing are not only important in their own right, but are important prerequisites for early learning, educational achievement and adult outcomes.

GPs are well placed to support schools to implement health interventions, providing a link between health and education outcomes, while offering support and guidance on a broad range of health-related issues.

The Doctors in Secondary Schools program is a targeted pilot program, which complements a range of health and wellbeing services, programs and advice offered by the Department, including:

- **Student Support Services** – provide students and their families a broad range of professionals including psychologists, guidance officers, speech pathologists, social workers and visiting teachers. These services support students facing learning barriers to achieve their educational and developmental potential by providing strategies and specialised support at individual, group, school and network levels
- **Secondary School Nursing Program** – helps reduce risk for young people and promote better health in the wider community. The program plays a key role in improving health and reducing risk-taking behaviour among young people, including drug and alcohol abuse, eating disorders, obesity, depression and suicide
- **Respectful Relationships** – provides resources and guidance on violence prevention and respectful relationships education in schools
- **School Breakfast Clubs Program** – provides a free and healthy breakfast in 500 disadvantaged primary schools to students who may otherwise arrive at school hungry
- **Bully Stoppers** – supports students, parents, teachers and Principals in working together to make sure schools are safe and supportive places, where everyone is empowered to help reduce the incidence of bullying in all Victorian schools
- **PROTECT** – provides a suite of resources to support all school and organisation staff to recognise and respond promptly and effectively to any incident, disclosure or suspicion of child abuse, exploitation and sexual offending.

The Department's website provides further information to students, parents/carers and teachers on these resources, programs and initiatives available at schools: http://www.education.vic.gov.au.

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[1] Groot, W & Maassen van den Brink, H (2007),'The health effects of education', Economics of Education Review, vol.26,pp.186-200

SUMMARY OF MODEL

The key principle of the Doctors in Secondary Schools program is to offer all secondary students at the 100 participating schools free access to primary health care at their school or via telehealth. This addresses barriers to students being able to access primary health care for reasons including out-of-pocket costs, transport to a medical centre and inconvenient appointment times.

Range of Services

The GP will provide students with the same services at the school as those provided by GPs in the community, including management of physical health, mental health, sexual and reproductive health issues, and make referrals to other health services as required. GPs may also deliver services via telehealth when remote service provision is required, and where it is safe and clinically appropriate to do so.

Participating schools will each appoint a staff member to lead the program (the School Program Lead). The School Program Lead will work with the student, parents/carers, the GP and nurses to help facilitate referrals to other services when needed. There will be no out-of-pocket expenses for the student or their parent/carer for the consultation.

It is anticipated that where possible the GP will work with school health and wellbeing staff to support the broader health and wellbeing programs at the school.

As the program is designed to improve access to healthcare for adolescents, during the pilot phase, the service will not be available to staff, non-secondary school-aged students or parents/carers.

Establishing a Youth-Friendly Service

The World Health Organisation (WHO) framework on what constitutes a 'youth-friendly' health service emphasises that once a service is established it must be: accessible, acceptable and appropriate.

According to this framework:

- **Accessible services** are those that are free or low cost, have limited waiting times, convenient opening hours and locations, and allow adolescent and community input into service development
- **Acceptable services** are those that prioritise respect, privacy and confidentiality, promote information sharing and employ appropriately skilled service providers
- **Appropriate services** are comprehensive and evidence-based in what they provide (McIntyre, 2002).

Schools should ensure the WHO principles inform approaches when developing and implementing new procedures or processes for the program.

Some strategies to support student engagement with the GP and the Medical Centre may include:

- Educating students about the service and how it can support them
- Introducing the GP and Practice Nurse to each year level to build rapport and trust
- Decorating common spaces with comfortable and inviting furnishings
- Establishing roles for students in developing the service at the school, for example:
  - contributing to the design of artwork at the clinic
  - appointing a health service promotion team within the school to advise on how to increase student engagement.
- Introducing a student health reporter who can contribute articles on health promotion to the student/school newsletter or school intranet or website.

ROLES AND RESPONSIBILITIES

This section provides an overview of the roles and responsibilities to support the following:

- Victoria's Primary Health Networks
- Medical Centres
- General Practitioners
- Practice Nurses
- Secondary school program coordination staff, Principals and Secondary School Nurses
- The school community
- Departmental regions and Area-based Health, Wellbeing and Specialist Service Branches
- Department Central Office.

Primary Health Networks

Primary Health Networks are organisations funded by the Australian Government to deliver an efficient and effective primary health care system.

Victoria has six Primary Health Networks (PHNs) covering the state. They will be responsible for engaging with local Medical Centres and for the recruitment, management and ongoing monitoring of GPs and Practice Nurses working in schools in their catchment. Through the engaged local Medical Centres, PHNs will also be responsible for supporting the Medical Centre to recruit Practice Nurses, where the Medical Centre does not already employ one.

PHNs will be required to have sound quality improvement processes in place and a system for monitoring and providing support to the outreach GP to help ensure an appropriate youth-friendly health service is being provided and the GP is supported in the work being undertaken.

The six PHNs in Victoria are Murray PHN, North Western Melbourne PHN, Gippsland PHN, Eastern Melbourne PHN, South Eastern Melbourne PHN and Western Victoria PHN.

Figure 1 shows the boundaries of each network.

Figure 1: Victoria's six Primary Health Networks

Medical Centres

Medical Centres will be engaged in the program through the PHNs. For Medical Centres to be engaged they are required to be accredited against the Royal Australian College of General Practicitioners (RACGP) Standards for General Practice (at 4th or 5th edition at the time of writing). The centres will need to provide an appropriately qualified

GP and Practice Nurse, and enter into a Licence Agreement with the relevant school. If the Medical Centre does not have a Practice Nurse available or one appropriate to fill this role, they will recruit to this position.

Key roles and responsibilities of the Medical Centre include:

- Providing an appropriately qualified GP to undertake medical consultations with students on school grounds up to one day a week
- Supporting the GP to implement clinical strategies where necessary
- Providing an appropriately qualified Practice Nurse to attend the school with the GP
- Working with staff in each school to facilitate referrals to other services where necessary
- Securely storing and maintaining student medical records at the partner Medical Centre
- Processing bulk billing applications
- Managing invoicing to PHNs, and remuneration of GPs and Practice Nurses
- Fulfilling any reporting or data collection requirements.

General Practitioners

The GP will be responsible for providing medical advice and treatment to the students at the school to which they are appointed. GPs will work closely with the Practice Nurse and the School Program Lead to provide a primary health care service on the school premises or via telehealth. The GP will be engaged in the program through a Primary Health Network (PHN) and will attend the school for up to one day per week.

Participating GPs will provide the same level of healthcare support that students in participating schools can access at any Medical Centre in Victoria. This means students will be seen for a range of physical, mental and sexual and reproductive health issues, and may include the prescription of required medications.[2]

With the student's consent, GPs should engage with other health professionals working within the school and broader regional area, as well as communicating with the student's regular GP (where appropriate) to increase the health and wellbeing benefits from a multi-disciplinary approach. GPs may also make referrals to other health services if required (e.g. psychology/physiotherapy). The School Program Lead and Practice Nurse will work with the student, parents/carers and the GP to help facilitate referrals to other services when appropriate and necessary.

All participating GPs will be required to undertake training in adolescent health that conforms to the standards of accreditation for continuing professional development set by the Royal Australian College of General Practitioners (RACGP). They will also receive training on providing primary health care within a school environment, including understanding the context, roles and responsibilities, legal and consent issues and communication. GPs with experience or existing training in adolescent health may be able to complete a reduced training program, at the discretion of the Department. This training and associated costs will be paid for by the Department.

All participating GPs must undergo and successfully obtain a Working With Children Check. GPs will be reimbursed for associated costs.

Key roles and responsibilities of the GP include:

- Providing medical advice and primary health care for students in partnership with a Practice Nurse
- Working collaboratively with the School Program Lead, school health and wellbeing teams, school administrators and teachers to support promotion of the service and enhance student participation
- Supporting a child safe environment in accordance with the Child Safe Standards
- Working collaboratively with the Department's Area-based Health and Wellbeing Support Staff, including Secondary School Nurses
- Attending initial training and ongoing professional development activities related to the role
- Understanding and applying the consent and confidentiality requirements which apply to themselves, the Practice Nurse and the school
- Liaising with students, parents/carers to obtain consent, where appropriate
- Complying with all applicable Departmental policies and procedures
- Complying with any reporting or data collection requirements
- Understanding and applying the legal and policy requirements of mandatory reporting in response to all forms of child abuse and neglect
- Participating in the evaluation activities of the program.

The GP will be a partner, or an employee of a Medical Centre that will be accredited under the National General Practice Accreditation Scheme. Essential and desirable criteria for this role is included in Appendix 2.

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[2] Prescriptions will need to be filled at a local pharmacist at a cost to the student or parents/carer.

Practice Nurses

The Practice Nurse will be employed by the partner Medical Centre engaged in the program through a Primary Health Network. The nurse will provide critical support to the GP, as well as providing the clinical link between the Medical Centre and school. The nurse will liaise with the student and staff community, work with the GP and make links with other allied health professionals working within schools to support a cohesive health management approach for students. Only Registered Nurses and above may participate as Practice Nurses in the program, and they must have Australian Health Practitioner Regulation Agency (AHPRA) registration.

The Practice Nurse will be on school grounds the same time as the GP each week to provide clinical support. Where there is capacity, Practice Nurses may be able to support school-based health promotion and primary prevention activities.

All participating Practice Nurses must undergo and successfully obtain a Working With Children Check. Medical Centres will be reimbursed for associated costs.

Key roles and responsibilities of the Practice Nurse include:

- Providing clinical and relationship management support for the GP in the Doctors in Secondary Schools program
- Working with the School Program Lead to schedule appointments and follow-ups as necessary for students and coordinating referrals with secondary health and wellbeing services
- Supporting a successful relationship between the GP, Medical Centre and the school
- Supporting the School Program Lead to educate staff and parents about the and promoting it to students
- Understanding and applying the consent and confidentiality requirements which apply to the GP, themselves, and the school
- Liaising with students, parents/carers to obtain consent where appropriate
- Understanding and applying the legal and policy requirements for mandatory reporting in response to all forms of child abuse and neglect
- Working as part of the school community, particularly the school health and wellbeing team, in effectively promoting a broad social view of health
- Working collaboratively with the Department's Area-based Health and Wellbeing Support Staff, including Secondary School Nurses
- Maintaining accurate and timely records of clinical activity for assessment, planning, implementation and evaluation purposes as required, and ensuring confidentiality of information relating to students and their parents/carers.

Essential and desirable criteria for this role are included in Appendix 2.

Program Coordination

The program coordination duties are shared between the appointed School Program Lead and the Practice Nurse. This coordination model ensures the partnership between the participating school and the Medical Centre creates the most effective service in meeting the health and wellbeing needs of students.

School Program Lead

Schools will be required to appoint a Leading Teacher to hold overall responsibility for the school's program coordination duties – to be known as the School Program Lead. Schools will be provided with the funding equivalent to 0.2 FTE at Leading Teacher Entry Level pay rate to support this. The responsibility for coordination of the program within the school can also rest with an Assistant Principal if that is more appropriate than appointing the Leading Teacher (noting the school would not receive additional funding).

However, recognising that the type of staff best placed to undertake program coordination duties can vary for each school, schools will have the flexibility to deploy other members of staff (such as a Student Welfare Coordinator) to support the fulfilment of day-to-day program coordination duties alongside the Leading Teacher.

This means that, while a Leading Teacher (or Assistant Principal) must be appointed to formally oversee the program, the particular responsibilities can be delegated to the most appropriate member of staff.

As is always the case, schools determine how to allocate their budget across the school to best suit their resourcing needs, so those schools wishing to deploy a non-teaching staff member to fulfil program coordination functions may do so, and may use some of the funding provided to support this. However, the Leading Teacher (or Assistant Principal) must retain overall responsibility for program coordination.

The School Program Lead will report to the Principal any issues that may impact on students or require a response from the Principal or GP, such as any reportable medical incidents, blood borne disease or other vaccine preventable communicable diseases (e.g. influenza).

The School Program Lead will hear any grievances or issues students or parents/carers might have with the program or the student's treatment and follow relevant Departmental policies to resolve any disputes.

Key roles and responsibilities of the School Program Lead include:

- Providing leadership in the school around the implementation of the program
- Supporting the GP to deliver primary health care to students
- Collaborating with the Practice Nurse to ensure effective management of the service including making of appointments and supporting the maintenance of students' confidentiality
- Understanding and applying the consent and confidentiality requirements which apply to the GP, the Practice Nurse, and the school, and – *where required* – support the GP/Practice Nurse to obtain consent from parents/carers
- Integrating the GP service into the school's broader health and wellbeing programs
- Supporting the GP and Practice Nurse to work collaboratively with the Department's Area-based Health, Wellbeing Specialist Support Staff, including Secondary School Nurses
- Providing education and leadership around parent/carer/school community involvement in the program
- Ensuring compliance to relevant privacy legislation and providing a child safe environment in accordance with the Child Safe Standards and Mandatory Reporting requirements
- Building a positive relationship with the local Medical Centre and facilitating partnerships with community health providers for the benefit of students.

Note: When the term 'School Program Lead' is used throughout this document, it is referring to the individual who is undertaking any of the above responsibilities, be it the nominated Leading Teacher/Assistant Principal (who holds overall oversight), or the staff member who has been delegated program coordination duties.

Changes to appointed School Program Lead: If the school changes the person appointed as the School Program Lead for any reason, the school must inform the Department central office team, Medical Centre and Clinicians, as soon as possible – schools are expected to have this position filled at all times. A comprehensive handover should be provided to any new staff taking on the responsibilities of the School Program Lead role.

School Principal

The school Principal is ultimately responsible for the welfare of students within their school. The Principal will take a lead role in establishing the program in their school, working closely with the program coordinators to facilitate the efficient and effective running of the GP clinic on their campus and educating the parent community. The Principal will have an oversight role in coordinating and managing all aspects of the program within the school.

Department of Education and Training Secondary School Nurses

Department Secondary School Nurses are strongly encouraged to work closely with School Program Leads, GPs and Practice Nurses to support the integration of the Doctors in Secondary Schools program into their school.

The Department's Secondary School Nurses work with student wellbeing teams to improve the health and wellbeing of students and the school community. The Nurses facilitate health promotion and health education activities across the school community.

The Department Secondary School Nurse has the ability to assist the school community to:

- Encourage healthier school communities
- Support transition for students from primary to secondary school and for students changing schools
- Develop greater connections for students at school, home and in the wider community

- Deliver health education and health promotion activities
- Enhance the health of students
- Facilitate student wellbeing programs to improve students health and wellbeing

A strong partnership between Department Secondary School Nurses, GPs and other staff in the school will lead to consistent health promotion messages as part of the school's health and wellbeing programs and help ensure specific health issues are addressed across the school population.

School Community

School staff and the broader school community have a role to play in promoting the program and its benefits to students.

Teachers and other staff members can actively support the implementation of the program by providing support and acting with discretion when dealing with students who are attending GP consultations, maintaining student confidentiality and where required, supporting student leave from class to attend appointments.

The School Council and the broader parent community should be kept informed of the program's implementation. The School Council is responsible for ensuring that the necessary licence agreement is obtained with the partnering Medical Centre.

Department of Education and Training – Regional Offices and Area-based Health, Wellbeing and Specialist Services Branches

An effective component for achieving a successful Doctors in Secondary Schools program is when the program is able to link in and draw on the support from its Area-based, multi-disciplinary Health, Wellbeing Specialist Services Branches.

The primary contact for the program in each of the 17 Department Areas will be the Health, Wellbeing and Specialist Services (HWSS) Managers. The HWSS Managers will play a role in supporting the resolution of any operational issues at a school level *where required*, and by escalating any major concerns, risks or potential systemic issues to the Doctors in Secondary Schools team in the Department's central office.

Once a GP and Practice Nurse have been appointed to a school in their Area, at a mutually convenient time for all parties, HWSS Managers (or an appropriate delegate) will meet with the GP and Practice Nurse to provide them with background briefings on the range of other related health and wellbeing services delivered by the Area and Regional Offices. Where a Department Secondary School Nurse attends a school regularly, it is recommended that they also attend.

HWSS Managers will be invited to attend the compulsory training for GPs, Practice Nurses and School Program Leads; although it is not compulsory for the HWSS Managers to attend.

Regional contacts are provided in **Appendix 3**.

Figure 2: Department of Education and Training Regions and Areas

Department of Education and Training
Regions and Areas

North Western Victoria Region
- Mallee
- Loddon Campaspe
- Hume Moreland
- North Eastern Melbourne

North Eastern Victoria Region
- Ovens Murray
- Goulburn
- Outer Eastern Melbourne
- Inner Eastern Melbourne

South Eastern Victoria Region
- Outer Gippsland
- Inner Gippsland
- Southern Melbourne
- Bayside Penninsula

South Western Victoria Region
- Western District
- Barwon
- Central Highlands
- Western Melbourne
- Brimbank Melton

The Department of Education and Training – Central Office

The Department has overall responsibility for the administration of the program, including responsibility for policy and contract management of the six PHNS. Issues that cannot be resolved at the local level will be managed by central office.

The Doctors in Secondary Schools team can be contacted on doctors.in.schools@edumail.vic.gov.au.

The Victorian School Building Authority (VSBA) will manage the infrastructure and facilities being used for the program. The VSBA will be responsible for managing upgrades and resolving infrastructure-related issues.

For infrastructure contact VSBA at relocatable.school.buildings@edumail.vic.gov.au.

GOVERNANCE

Program governance arrangements have been designed to balance the need for central oversight with local decision-making.

Figure 3 illustrates the advice and support, and reporting structure for the program.

Figure 3: Program Reporting and Support Structure
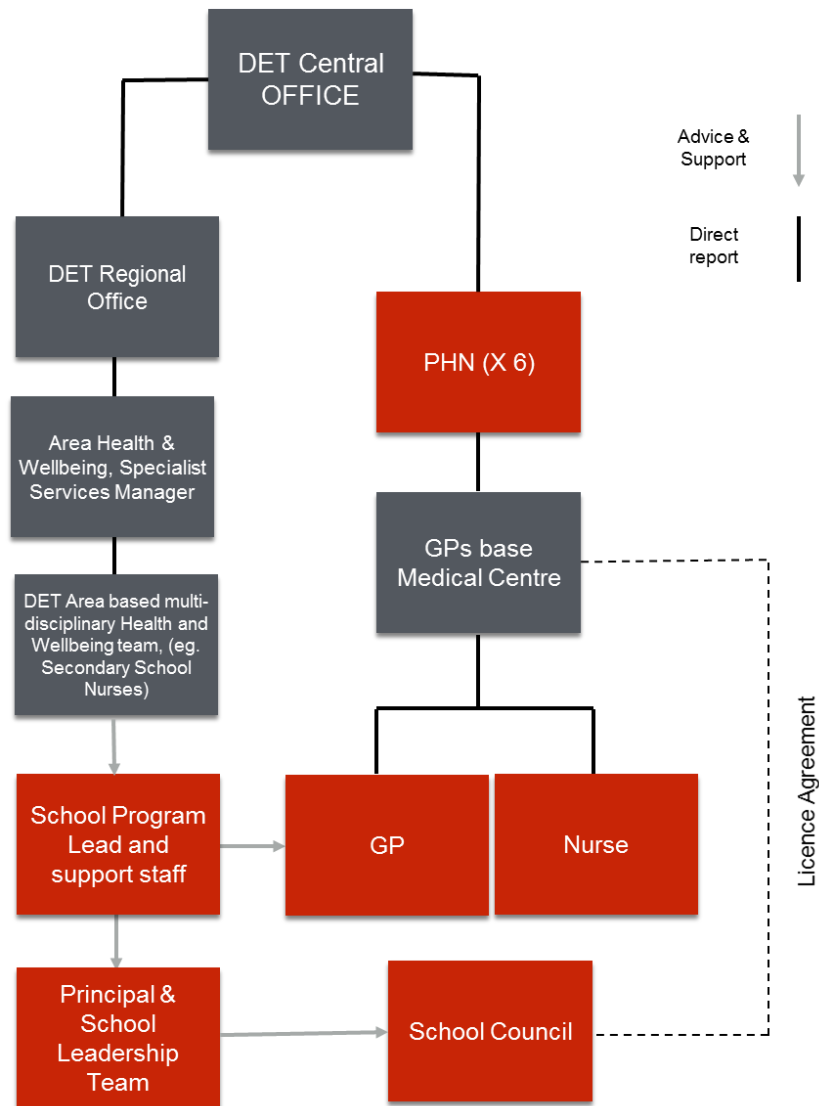
Establishing a Partnership Between a Medical Centre and a School

Primary Health Networks (PHNs) will be in contact with participating schools to establish a relationship in the first instance. PHNs will take the lead on developing relationships with local Medical Centres and health services in order to provide GPs and Practice Nurses to each school. Schools will be consulted as part of this process but are not required to drive it. The PHNs will provide the opportunity for schools to share preferences (such as for a female GP) at the commencement of the process. It is recommended that, where possible, schools engage students in the final selection decision about the GP.

Licence Agreement between School Council and the Medical Centre

While no funding or payment will be exchanged between participating schools and Medical Centres, schools are required to have a Licence Agreement with their partnering Medical Centre to authorise GPs and Practice Nurses to work on school grounds. This will be the responsibility of the school council. The Department will work with PHNs and schools to ensure Licence Agreements are established prior to the GP commencing consultations with students.

ACCESSING GP SERVICES

Schools will develop locally appropriate procedures and protocols to guide the implementation and management of the program.

School Principals will work with the School Program Lead and the clinical team to develop solutions that best fit their individual school needs.

Operating Hours

The operating hours of the school-based GP service will be determined by the school, in agreement with the GP and the Medical Centre. The GP will be available, initially at one session of four hours per week. The Department will review minimum and maximum session times as the program is rolled out, taking into account student demand, program budget and feedback from schools and Medical Centres.

Experience suggests that Mondays and Fridays are the busiest days in Medical Centres, and this factor needs to be balanced with school resources, timetabling and regular student offsite activities (e.g. VCAL). It is recommended that schools provide consultations outside class time during recess or lunch.

The program will run during school term time only. Given that the GP will be linked with a base medical centre in the community, students can maintain connection with the GP outside school, if required.

While the GP will only be funded to be at the clinic for up to one day per week, there may be flexibility for the GP to work outside school hours (during the school week) if this is the best option, and if negotiated between the school, Medical Centre and PHN.

Scheduling Appointments

The School Program Lead will work with the Medical Centre and school staff to establish a process for students to access the GP program that best suits all parties involved, while ensuring student confidentiality is protected as much as is possible.

Key principles in supporting students to access the GP include:

- Students having the opportunity to make appointments confidentially - directly with the GP/nurse/medical centre. This may involve students dropping in to the school clinic and seeking a 'walk-in' consultation immediately, making a future appointment either with the nurse or GP, or calling the base Medical Centre
- School Program Leads and Practice Nurses working closely together to maintain an effective student appointment scheduling process
- While principally a GP and Practice Nurse responsibility, schools must ensure they have systems and processes in place for keeping student health information confidential.

The following model outlines a process schools can use for scheduling GP appointments through the program, with a number of options provided to students:

1.1 The student contacts the School Program Lead directly for an appointment or asks another teacher, staff member or parent/carer to make an appointment on their behalf; or.
1.2 The student seeks an appointment directly with the Practice Nurse, GP or participating Medical Centre, either by dropping into the school GP clinic or by calling the base Medical Centre, resulting in either:
    a. Student being provided with direct consultation
    b. Student making an appointment for future consultation.
2. *If 1.1*:
    a. The School Program Lead confirms the appointment and time with the student
    b. School Program Lead contacts the Practice Nurse to advise of appointments for the next GP consultation day
    c. The student is reminded of their appointment either on the day or day before, either by the School Program Lead or by the Medical Centre (via SMS, app, in-person, etc.).
3. *If 1.2,* and appointment is scheduled during class time, the Practice Nurse is to advise the School Program Lead of the appointment.
4. Absentee protocol is followed appropriately while protecting student confidentiality.
5. Student attends consultation.

Figure 4. Appointment schedule flowchart
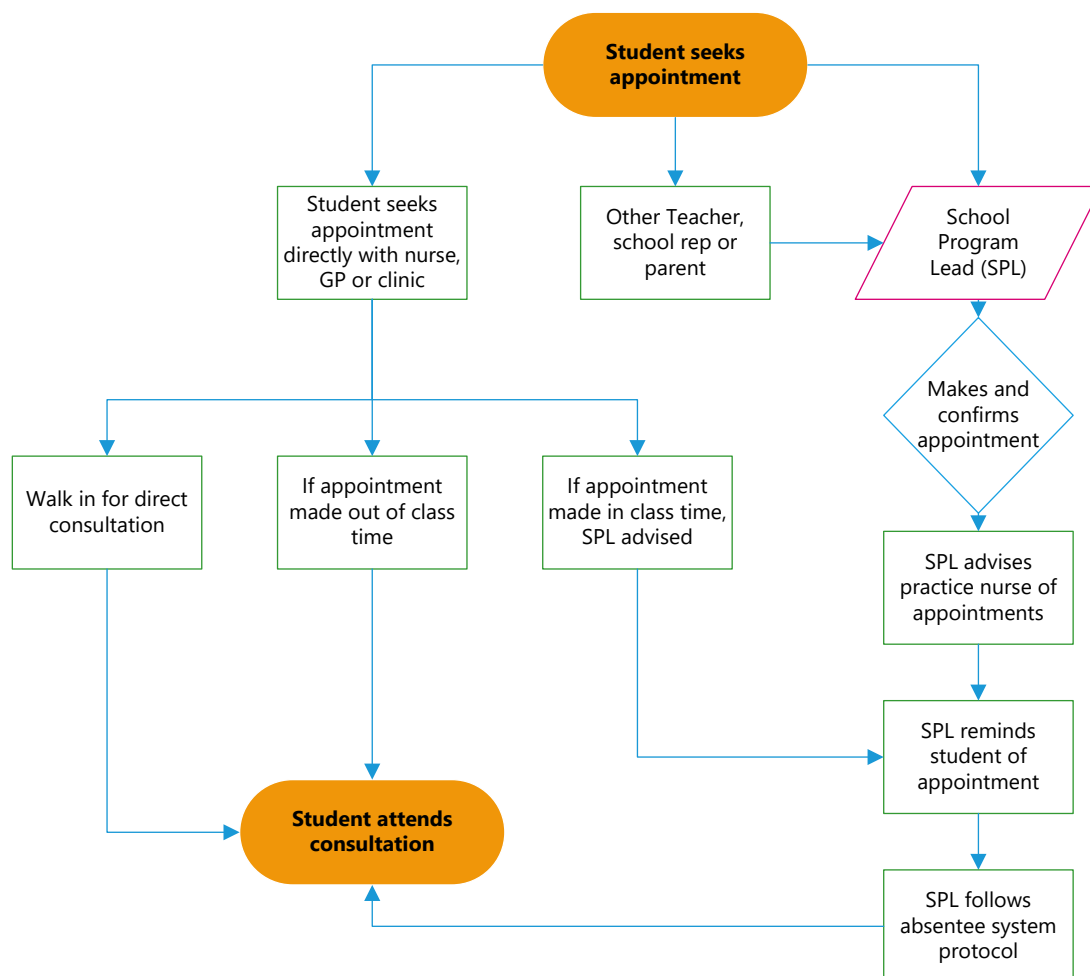
The above flowchart shows how an effective GP appointment scheduling process might work with schools able to adapt this process to best suit their individual requirements.

Managing Absences from Class and Communication Protocols

- A fundamental element to the success of this program is the ability for students to access confidential health care. This must be balanced with schools continuing to monitor student absences and maintain appropriate records.
- When managing student absences from class for GP appointments, schools must ensure the confidentiality of the student is prioritised - this is of particular importance in relation to parents or carers in the case of mature minors.
- Schools are encouraged to establish protocols that suit the school's unique context and existing systems, whilst ensuring the confidentiality of the student is maintained.
- If documenting a student's absence from class to attend a GP appointment, the Department recommends the school notes only that the student is '*Attending a Health and Wellbeing Appointment'* in the student management software (if used) and that any specific reference to the details of their appointment, including that it is with a GP, is avoided.
- Students should be able to discretely attend GP appointments without other staff members or students being informed or aware of their attendance
- All staff (including casual relief teachers and specialist teachers) should be familiar with protocols to ensure students do not have to make a case for their absence each time they have an appointment.

Examples of effective systems may include:

- Informing teachers at the start of the school day, which students have been granted leave for a GP appointment
- Providing students with discreet real time appointment reminders

- Updating appointment information throughout the day and communicating this information to relevant teachers without delay.

Student Management Systems/Software – Potential Notification to Parents

Students must be advised that if they make an appointment to see the GP during class time, the absence could be marked in the student management system as '*Attending a Health and Wellbeing Appointment'*. This means that for schools using a student management system that provides parental access, parents may be notified that the student is attending a Health and Wellbeing Appointment through this software.

Students must be advised that their parents may be notified that they attended a Health and Wellbeing appointment through the student management system – before they make the appointment. Alternatives such as appointments outside class time can be offered to those students concerned about confidentiality.

Accessing the GP

All students can visit the GP in line with the program's consent policy (see page 30). The GP will bulk bill consultations through Medicare, so there will be no out-of-pocket expenses for the student or their parent/carer.

A Medicare number must be provided at the time of the consultation to enable this. If students do not have access to their Medicare number, the GP or Practice Nurse may be able to source this on their behalf (see further information below).

In relation to Medicare records, students should be informed that:

- if a young person of any age has their own Medicare card, no information about their Medicare claims can be released to a parent or guardian without their consent
- for a young person aged 14 or over on their parent's Medicare card, information about their Medicare claims will not be released to a parent or guardian without the young person's consent
- for a young person aged under 14, on their parent's Medicare card, their parent or guardian will generally be able to access the young person's Medicare claim information without the young person's consent.

Students 15 years and older can apply to have their own Medicare card. To do this, they will need to complete a Medicare Copy or Transfer application form. This is available from www.humanservices.gov.au. The student will need to submit the form and a certified copy of their identity at a Medicare or Centrelink office.

If the student's parent/carer wants to do this for them, both the student and the parent will need to sign the *Medicare Copy or Transfer Application* form.

Process For Obtaining Medicare Details

Schools can provide parents' (or other next of kin) contact details to clinics without first seeking their consent (though best practice is to notify parents about the possibility that their details could be passed on when the program is starting at your school). Schools can also provide students' date of birth. This can be done upfront after a student has made a booking.

In relation to students' Medicare numbers (where the school has the information):

- Schools can provide the Medicare number directly to the student upon request by the student

Alternatively, if for some reason the school needs to give the Medicare number to the clinic directly, either:

- The student needs to consent, before which the school must assess whether the student is a mature minor for the purpose of consenting to the school passing on the Medicare details to the clinic; or
- The parent's consent needs to be sought.

Additionally, the GP is able to contact Medicare through a confidential phone service to obtain Medicare numbers.

If the student has been deemed to be a mature minor by the GP for the purpose of treatment (i.e. has not sought parental consent before continuing with treatment), the school can consider the student a mature minor for the purpose of obtaining their Medicare number from the school and does not need to undertake their own assessment in regards to this decision.

Access For Students Not Eligible For Medicare

The Doctors in Secondary Schools program should be accessible for all students enrolled in participating schools, including those who are not eligible for Medicare. International students, students in community detention or those whose Bridging Visa has lapsed, may not be eligible for Medicare,

Students who are overseas students undertaking formal studies in Australia are required to take out Overseas Student Health Cover (OSHC) which assists in meeting the costs of medical care that they may need while in Australia.

This insurance cover, at a minimum, must include cover for the benefit amount listed in the Medicare Benefits Schedule fee for out-of-hospital medical service, such as general practitioners. This cover should enable access to international students wanting to seek treatment with the GP at the school but requires Medical Centres to undertake an administrative process distinct from consultations that are eligible for reimbursement through Medicare.

Some participating Medical Centres may already be approved providers of one or more of the insurers and hence able to directly claim reimbursements from them (e.g. using online portals). If the participating Medical Centre is not able to directly claim reimbursement from insurers, and given GPs and Practice Nurses will not have payment facilities onsite at the schools, Medical Centres are required to manually submit hard copy claims to the insurers for services provided to international students using the forms/process specified by each insurer. Links to information about online claiming for each of the five endorsed insurance providers, in addition to claim forms, is included below.

Medical consultations claimed through private health insurance are recorded on statements provided to the policy owner. International students using their private health insurance to access the GP at school should be aware of the potential notification to parents or guardians.

Some students who do not technically hold a visa, such those in community detention or those whose Bridging Visa has lapsed, may not be eligible for Medicare. Under the Doctors in Secondary Schools program, these students as well as international students who do not want their parents to be notified of their consultation, will be able to access the GP at their school, free of charge.

The Department will pay, at $37.50 per 15 minute increment ($150 per hour), for the time GPs take to consult with a student at a participating school who is ineligible for Medicare. GPs are eligible to claim this amount regardless of the value of MBS billing claimed in the session, if:

- they can provide a justifiable reason for the ineligibility of the individual, and
- due to privacy reasons they are not able to claim compensation through other means such as private health insurance agencies, in the case of international students.

Claims for payment outside these parameters will not be approved by the Department. The claimed increments should be separately itemised on the invoice to the PHN.

Please contact the Doctors in Secondary Schools program on doctors.in.schools@edumail.vic.gov.au for further advice on these matters if required.

Access For Students Enrolled at Other Schools

Students not enrolled at a participating school, but who accesses the school for VCE/VCAL/VET classes and assessment, can access the GP. However, priority should be given to enrolled students, unless triage determines otherwise and subject to the discretion of the School Program Lead.

Access For Students in Out of Home Care

If the young person is a mature minor, they can consent to their own medical treatment.

If the young person is not considered a mature minor by the GP, consideration will need to be given to any relevant Court Orders and living arrangements. Consent to medical treatment should be made by people with parental responsibility. Where the young person has been placed in out of home care as a result of the Children's Court order, who has parental responsibility will depend on the order. The school may have a copy of an instrument of authorisation enabling the carer to make certain decisions. There will usually include routine medical care. If it is not clear who has parental responsibility for the young person, the relevant child protection office will be able to assist.

Care Coordination and Record Keeping

Responsibility for the coordination of a student's medical care under the program lies with the treating GP, and Practice Nurses may be required to provide case management support if requested by the GP.

Student medical records will remain with the Medical Centre that provides the GP, and it is expected that records will be kept in accordance with RACGP standards and the *Health Records Act 2001* (Vic). The student will be considered a patient of that Medical Centre and records will be kept in accordance with the base Medical Centre's procedures and protocols. If a student transfers schools, their health records remain the property of the Medical Centre. If the

student then goes to a new Medical Centre, records will be shared, on request, between the two Medical Centres in the same way they do currently in the community.

Absences of a GP and/or Practice Nurse

The Medical Centre has principal responsibility for managing GP and Practice Nurse absences or leave. GPs are required to provide as much advance warning as possible of planned leave to their Medical Centre, PHN and school. In managing unplanned leave, the Medical Centre must provide appropriate cover for the GP in accordance with the table and notes below and notify the school and PHN accordingly. The PHN will support the Medical Centre consider the requirements of the school and the demand for GP services to determine the most appropriate course of action.

In managing GP absences, Medical Centres will be required to follow the processes outlined below:

Notice	Number of scheduled appointments		
	0-1	2-4	4+
0-12 hours	No replacement required Appointments rescheduled	No replacement required Appointments rescheduled	Provide replacement if possible drawing from existing trained Medical Centre staff. Telehealth options may be deployed.
12-24 hours	No replacement required Appointments rescheduled	Provide replacement if possible drawing from existing trained Medical Centre staff. Telehealth options may be deployed.	A trained replacement must be provided. If Medical Centre cannot replace, PHN must use its best endeavors to find a replacement. Telehealth options may be deployed.
24-48 hours	Provide replacement drawn from existing trained Medical Centre staff.	Provide replacement if possible drawing from existing trained Medical Centre staff. Telehealth options may also be deployed.	A trained replacement must be provided. If Medical Centre cannot replace, PHN must find a suitable trained replacement. Telehealth options may be deployed.
1 week or more	Provide replacement drawn from existing trained Medical Centre staff.	Provide replacement if possible drawing from existing trained Medical Centre staff. Telehealth options may be deployed.	A trained replacement must be provided. If Medical Centre cannot replace, PHN must find a suitable trained replacement. Telehealth options may be deployed.

Note: GPs are eligible to be provided as replacement GPs if they have completed one of the online training modules. This requirement does not apply to the provision of replacement Practice Nurses. If a GP is to be used as an ongoing backup in the program, they should attend the face-to-face training.

If a GP is not replaced, the Practice Nurse does not need to attend the school but should be available to manage appointments and referrals from the base Medical Centre. Where only the Practice Nurse is unavailable to attend a clinic at a school, GPs should make best endeavours to attend the school and provide services without the assistance of a Practice Nurse.

School Cancellation of Clinic

There may be instances where a school in the program needs to cancel clinics, from time to time. In this case, the following policy applies:

- If the school needs to cancel a clinic session, this must be done by notifying the clinic at least 5 working days prior to the clinic's usual day of operation
- The school may suggest an alternate day for the week in question, but it is the decision of the attending GP if this will be accepted

- If the GP or Practice Nurse is able to work elsewhere during the cancelled school clinic hours, the GP or Practice Nurse will not receive any remuneration for the lost school clinic hours that day
- If the cancellation is less than 5 days' before the school clinic, and the GP or Practice Nurse is not able to undertake alternate work during the cancelled school clinic hours, the Medical Centre will be able to invoice for the financial guarantee for the 4 hours that would have been completed at the school by the GP, as well as 7.6 hours for the Practice Nurse's wages.
- To receive the financial guarantee, the GP and Practice Nurse must confirm in writing to the PHN that they were not able to find equivalent hours of work at one of their usual places of employment during the cancelled school clinic hours
- If the GP or Practice Nurse does not attend the school, the travel allowance cannot be claimed.

Use of GP Facilities

Schools may use the GP facilities for student health and wellbeing support as needed when the GP is not in attendance.

The consulting room should be kept in a perpetual state of readiness for the GP, and all medical equipment, IT equipment and furniture must remain in the consulting suite.

Medical Students Participating in DiSS Clinics

The DiSS program welcomes promoting the engagement of future doctors with youth friendly health care in schools through participation in the program. The school's approval and each patient's approval are the minimum requirements for medical students participating in the clinic.

Guidelines around medical student participation are provided at Appendix 2.

TELEHEALTH

GPs can deliver services via telehealth when remote service provision is required, and where it is safe and clinically appropriate to do so. It is expected that GPs and Practice Nurses will continue to provide the same range of services outlined in *Summary of Model* (page 8) where appropriate via telehealth.

Under a telehealth model, GPs and Practice Nurses will be available for appointments on the same weekday and time that the session would be held at the school DiSS clinic. The SPL should provide advice to students and school staff on how to access services via telehealth.

GPs will undertake a telehealth appointment with a student in the first instance to assess their clinical presentation. In the instance that the GP determines a telehealth consultation is not appropriate, the clinical team should make arrangements for a face-to-face consultation, either at the school clinic if appropriate or in the community. This should be arranged between schools and medical practices, with appropriate safeguards put in place.

Scheduling and Attending Appointments

Key principles in supporting students to access the GP (page 16) should continue to be observed when using telehealth. The following process is recommended:

1. Student contacts SPL
2. SPL makes appointment on behalf of student, and provides appointment details to student
3. SPL or Practice Nurse confirm student's emergency contact details and address are up to date, and ensure student has access to internet, appropriate videoconferencing technology and a private space for their appointment
   - During this process, the SPL or Practice Nurse may provide support or information to the student about the upcoming telehealth appointment
4. Student attends telehealth appointment
5. GP determines clinical appropriateness, and gains and documents informed consent for delivery of services via telehealth
   - Decisions about whether a telehealth consultation will be offered will be made by the GP and clinical team with careful consideration given to clinical appropriateness, clinical needs of patients and patient safety ([RACGP Guide to providing telephone and video consultations in general practice](#)).
6. SPL or Practice Nurse checks in with student after appointment

For visibility, it is recommended that the SPL encourages students to make telehealth appointments through the school.

If a student without an existing relationship with the GP seeks an appointment, it is recommended that the SPL provide additional support to the student and clinical team as necessary.

Funding

The funding model for telehealth services will remain as outlined in *Funding* (page 26).

Infrastructure and Equipment

GPs and Practice Nurses will provide telehealth services as directed by the medical practice. It is expected that the medical practice will implement a telehealth model using an appropriate technological solution to support safe, secure and effective telephone and video consultations that meet clinical requirements and satisfy privacy law.

Medical practices are encouraged to use the [RACGP Guide to providing telephone and video consultations in general practice](#) and the [RACGP Telehealth video consultation guide](#).

If access to internet or appropriate technology are a barrier to students using videoconference, alternative telephone arrangements should be coordinated by the SPL or Practice Nurse.

Policies and Obligations

In addition to inclusions in *Policies and Obligations* (page 32) school staff are required to be aware of and uphold all Departmental policies and procedures, including those regarding [maintaining child safety in a remote learning environment,](#) and facilitating support for students by Health, Wellbeing and Inclusion Workforces.

Other Resources

[RACGP Phone and video consultations - a "how to" presentation](#)

[RACGP Telephone and video consultations in general practice: Flowcharts](#)

INDUCTION, TRAINING AND ONGOING SUPPORT

GPs, Practice Nurses, School Program Leads and relevant support staff will be provided with training to support them in delivering the Doctors in Secondary Schools program in their school.

In addition to providing an understanding of the program's operational model, training will focus on the health and wellbeing needs of adolescents, with an emphasis on youth-friendly health care and developing key skills to engage young people and earn their trust. The training will support coordination staff by providing them with an understanding of the requirements for successfully working with GPs in the school context. All GPs, Practice Nurses and School Program Leads will be required to complete training; it will be optional for regional staff. GPs with experience or existing training in adolescent health may be able to complete a reduced training program, at the discretion of the Department.

Induction Process

The Department has prepared an induction process and checklist to guide initial discussions between relevant school staff and the clinical teams. While these Operational Guidelines provide an overview of program operations at a high level schools are required to define how the program will be implemented at a local level. The Department will provide the document directly to schools, and a copy is found at Appendix 4.

Quarterly Planning Sessions

Clinical teams, school program leads and other participating staff are encouraged to make for time for planning. To enable this, the GP should either use part of the time usually allocated for clinics, or, if necessary, the Department will be happy to reimburse them (via PHNs) for up to 2 additional hours per school term.

Service Delivery Checklist

To support schools and clinicians to deliver the best service possible, the Department has developed a Service Quality Checklist (Appendix 5). A continuation of the initial induction process and checklist, the Service Quality Checklist facilitates all parties to review how the service is going and identify opportunities for improvement. It has been developed with reference to what the evidence suggests are the important considerations for supporting the success of school-based health services. The process should be instigated and led by the School Program Lead.

IT Connectivity

Clinicians can connect to the internet to access their clinical software in the following three ways:

- Using the DET supplied 4G Telstra sim cards
- Using the school Wi-Fi
- Using the school wired connection port.

Please speak to your school technician about any internet connection issues.

IT Troubleshooting

The Department has developed an IT Troubleshooting Guide to enable IT issues to be addressed as promptly as possible and to help streamline issues to the most relevant areas. This guide is available at Appendix 6.

Training for Clinical Staff

The University of Melbourne is partnering with the Royal Children's Hospital, headspace, Family Planning Victoria, Foundation House, and the Youth Support and Advocacy Service to deliver an RACGP-accredited adolescent health training program that will provide all participating GPs and practice nurses with the relevant skills, expertise, and support to work with adolescents and provide a youth-friendly primary health service in the school.

GPs and nurses working in the program will be eligible to undertake this world-class training program and will be reimbursed for their participation.

The Training Program Model

The training program comprises a suite of components, including face-to-face and online training with a learning management system enabling a Community of Practice for sharing of resources and exchange of expertise and support.

<u>Face to face (f2f) clinical workshops</u>

A series of workshops will cover core competencies in adolescent health care and will include role play with young people from schools serviced by the program.

<u>Follow-up webinar</u>

After each workshop, participating GPs and Practice Nurses will be invited to a short webinar to debrief on the training, discuss any issues that have arisen in practice, and be orientated to the online Community of Practice.

<u>Regionally-based workshop</u>

Six regionally-based workshops, hosted by headspace in collaboration with PHNs, will be delivered in each PHN catchment to strengthen local networks and care coordination pathways between GPs, Practice Nurses and local youth-focused services.

<u>Telephone support</u>

Clinicians will have access to specialist point-of-care telephone advice lines on adolescent health, youth mental health, and sexual health issues. These advice lines will be available for them to call, as required during school weeks. Small group tele-psychiatry case mentoring will also be offered for GPs, once a week.

<u>Ongoing professional development via online modules</u>

GPs and Practice Nurses will also receive ongoing professional development opportunities and support to via online learning modules. The module that will be made available will include:

- engaging young people
- being culturally safe/trauma informed
- sexual and reproductive health
- depression and anxiety
- alcohol and substance abuse
- developmental disorders
- early psychosis/bipolar/high-risk difficult-to-engage young people
- borderline personality disorder
- GP care of transgendered and LGBTI young people
- motivational interviewing demonstration with young people
- global adolescent health, welfare and development
- responding to family violence; migrant and refugee health
- suicide prevention and response, self-harm prevention and response
- indigenous health care
- eating disorders, early detection and intervention.

Online training modules for Clinical Staff

All GPs and Practice Nurses must complete training in adolescent health before they can commence seeing patients through the program. To enable them to commence the delivery of services in the school immediately, two online learning modules have been made available as 'primers' for clinicians to undertake **if** they have yet to complete the face-to-face training:

- Australian College of Rural and Remote Medicine (ACRRM) – 'Youth Friendly Consultation Skills' (duration: 90 minutes)

- Royal Australian College of General Practice (RACGP) – 'Clinical Enhancement: Youth Mental Health' (duration: 60 minutes).

Clinicians should contact their PHN to obtain the necessary information to login to these modules. Upon successfully completing each online course, clinicians will be accredited with Professional Development points issued by RACGP and ACRRM.

Recognition of Prior Learning

Where GPs or Practice Nurses have significant prior learning or experience in adolescent health through any of the means list below, they will not be required to undertake the online training modules (though they are encouraged to). Given the face-to-face training involves a number of program and education-specific elements, the Department requires all GPs and Practice Nurses to undertake the face-to-face training at the first session they are able to attend, irrespective of prior learning or experience.

- A diploma or graduate diploma in Adolescent Health and Welfare from the University of Melbourne

- Australian Medical Association's Dr Yes program
- Formal training in adolescent health in induction with Headspace
- Prior adolescent health training or clinical placements, assessed on a case-by-case basis.

For assessment of prior learning or experience on a case-by-case basis, clinicians should provide details of their experience (e.g. CV, training certificates) to the Department via their PHN.

FUNDING

School Program Lead

Schools will be required to appoint a Leading Teacher to hold overall responsibility for the school's program coordination duties – to be called the School Program Lead. Schools will be provided with the funding equivalent to 0.2 FTE at Leading Teacher Entry Level pay rate to support this. The responsibility for coordination of the program within the school can also rest with an Assistant Principal, if that is more appropriate than a Leading Teacher (noting the school would not receive additional funding).

Recognising that the type of staff best placed to undertake program coordination duties can vary for each school, schools have the flexibility to deploy other members of staff (such as a Student Welfare Coordinator) to support the fulfilment of day-to-day program coordination duties alongside the School Program Lead.

As is always the case, schools determine how to allocate their budget across the school to best suit their resourcing needs, so those schools wishing to deploy a non-teaching staff member to fulfill program coordination functions may do so, and may use some of the funding provided to support this. However, the School Program Lead (i.e. a Leading Teacher or Assistant Principal) must retain overall responsibility for program coordination.

GP Payments and Billing

The GP service is free for students. GPs and Practice Nurses will attend schools up to one day per week. Within agreed parameters, the Department will cover the cost of the Practice Nurse's attendance, and of the GP's time that is not recovered through reimbursements from Medicare.

These payments will be administered by the PHNs to the participating Medical Centres.

Schools will not be involved in managing GP payments; however, program coordinators (e.g. Practice Nurses and/or School Program Lead) may be required to follow up student Medicare details where necessary.

Where possible, students will provide their Medicare number to GPs to ensure that the consultation is bulk billed. If students do not have access to their Medicare number, the GP or Practice Nurse will be able to source this on their behalf. As noted earlier in these Guidelines, in relation to Medicare records, students should be informed that:

- if a young person of any age has their own Medicare card, no information about their Medicare claims can be released to a parent or guardian without their consent
- for a young person aged 14 or over on their parent's Medicare card, information about their Medicare claims will not be released to a parent or guardian without the young person's consent
- for a young person aged under 14, on their parent's Medicare card, their parent or guardian will generally be able to access young person's Medicare claim information without the young person's consent.

Medical Centre Management Fee

As of 1 January 2018, Medical Centres participating in the program are paid a management fee to cover costs associated with program administration, which roughly equates to 7.6 hours' start-up time and 1 hour per week ongoing at the average rate of practice manager's hourly wage.

GP and Practice Nurse Travel Costs

Travel costs for GPs and Practice Nurses will be reimbursed for travel between their base Medical Centre and the school, at the current ATO rate. This rate, at July 2018, is $0.68 per kilometre travelled. Reimbursement will only be provided on a per kilometre basis, not on an hourly rate basis. The Department will review this policy regularly as the program is rolled out.

In addition, GPs and Practice Nurses whose base medical centre is more than **25 kilometres** travel (each way) from the school where they deliver services under the Program will be able to claim 100% of their hourly rate (ordinarily claimable by the GP/Practice Nurse for services in this program) pro-rated for the time travelled, in addition to the car mileage at $0.68 per kilometre rate.

To claim hourly rate for travel expenses under this policy, the clinic and the PHN will be required to agree upfront and record an average time for program related travel – this is to reduce administrative burden.

Extending Clinic Hours Beyond 4 Hours Per Week

If the GP, Practice Nurse and School Program Lead agree that extra clinic time is necessary to meet demand at a school, the Department will approve the extension of hours up to two hours extra a week.

To proceed the following requirements need to be met:

- The GP, PN and SPL all agree that there is a need to extend hours, and can provide evidence of the need for more time, such as consistently full clinic, waiting lists for appointments, no time for drop-ins etc.
- The GP and PN are willing to provide the extra hours
- The school is willing for the clinic to extend

The extension of time can be for the GP and Practice Nurse, or just the Practice Nurse.

If the GP works additional hours, the GP incentive payment will be available at the agreed hourly rate.

Practice Nurses will be paid up to an additional 2 hours (plus on costs), for each additional hour worked by the GP. So, for example, if the GP moves to 6 hours, the Department would fund **up to** 11.6 hours for the nurse.

- Given practice nurses are already funded 7.6 hours, if the GP and Practice Nurse agree, the Practice Nurse only needs to work additional hours if they feel it is necessary.
- As per current practice, outside of the time the GP is at the school (when the nurse must be there) the nurse can spend the additional funded hours either onsite at the school or back at base clinic.

When a GP/Practice Nurse would like to request longer hours at a school, either in advance or post-fact, the Department asks that the GP confirms in writing by email to the PHN that all parties agreed for the need for the extended hours. This can be for as long as is deemed necessary – but the GP (or Medical Centre, on their GP's behalf) must re-confirm every term. The PHN will then approve if appropriate. The PHN then record this information in the monthly status update report.

Any extension request by a school or a GP for greater than two hours extra a week will be approved by the Department on a case by case basis.

Funding for GPs to See Students Ineligible for Medicare

For those clinics who have exceeded the incentive payments in Medicare billing and want to see a student ineligible for Medicare (i.e. asylum seekers/ young people whose visa has lapsed), the Department will pay, in 15 minute increments of $37.50, for the time GPs take to consult with this student. GPs are eligible to claim this amount regardless of the value of MBS billing claimed in the session, if:

1. they can provide a justifiable reason for the ineligibility of the individual, and
2. they are not able to claim compensation through other means such as private health insurance agencies, in the case of international students.

Claims for payment outside these parameters will not be approved. The claimed increments should be separately itemised on the invoice to the PHN.

Training for GPs and Practice Nurses – Allowances

The Department will (via PHNs) reimburse both GPs and Practice Nurses for their attendance at face-to-face training delivered by the University of Melbourne and for approved DET/PHN Doctors in Schools Forums:

- at their hourly rate, plus 18% on-costs (for practice nurses), as agreed for their services under the program, for training time
- for car mileage per kilometre at the rate of $0.68 per kilometre
- for a clinician travelling more than 25 kilometres (each way) from their base medical centre to the forum venue, they will be eligible to claim for their travel time at their hourly rate (plus 18% on-costs for nurses)
- for parking and toll fees
- for public transport costs (and taxi costs to and from airport, if flying)
- for accommodation expenses up to $230 (GST exclusive) per night, with a maximum of one night per training day, if the training location is greater than 50 kilometres travel from the GP's or Practice Nurse's base Medical Centre
- where the clinician is required to stay overnight, they will be reimbursed for meals at the following rates: Breakfast $27.05, Lunch (catering at the training), Dinner $51.85
- for return economy flights (GST exclusive), when the training is taking place more than 2 hours away by car.

The reimbursement to GPs and Practice Nurses for costs associated with travel or accommodation must be accompanied with appropriate evidence (e.g. receipts, tickets, itinerary). Any requests for travel reimbursements outside the above policy will be considered on a case-by-case basis.

GPs and Practice Nurses will also be reimbursed for their time completing the online modules at their hourly rate (as agreed for their services under the program), for the durations noted at page 23.

Payment process:

1. Clinicians will book their own accommodation and/or flights (in accordance to policy above) and then submit appropriate evidence (e.g. receipts, tickets, itinerary) to PHNs for processing.

2. PHNs will check that receipts comply with the travel policy. If approved, PHN will reimburse the clinics.

3. Doctors in Secondary Schools will reimburse PHNs, 6 monthly, as per the usual process.

Quarterly Planning Sessions

Clinical teams, school program leads and other participating staff are encouraged to make for time for planning. To enable this, the GP should either use part of the time usually allocated for clinics, or, if necessary, the Department will be happy to reimburse them (via PHNs) for up to 2 additional hours per school term.

Cleaning, Utilities and Maintenance

Funding for cleaning (for regionally located schools only), utilities and maintenance of the facilities for the Doctors in Secondary Schools program has been included in the school's Student Resource Package.

From July 2018, all schools in metropolitan areas have their cleaning administered centrally through the Cleaning Reform Team. This includes cleaning of DiSS facilities.

INFRASTRUCTURE AND EQUIPMENT

Participating schools have been provided with modern fit-for-purpose GP consultation facilities. The design will be site-specific, and the location of the refurbishment will be undertaken in consultation with the Principal or nominated school representative.

The majority of the consulting suites are relocatable buildings, which have been located on school grounds in consultation with the Principal or nominated school representative. Two types of relocatable buildings have been constructed depending on school need and include 2 Mods and 5 Mods. The Victorian School Building Authority (VSBA) will manage this process.

Features of these facilities include:

- Wheelchair access to the consulting room
- Accessible toilet facilities situated either within or close by the consulting facilities
- Acoustic treatment to provide auditory privacy within the consulting room
- Screening or curtains to provide visual privacy within the consulting room
- Heating and cooling
- Hand cleaning facilities for staff and patients
- Where possible, a private entrance for students to encourage them to use the GP service
- Appropriate furnishings
- Medical equipment appropriate for a consulting room
- Emergency call button
- CrimSafe – window security.

The consulting suite facilities align with standard 5.1 of Standards for General Practices 4th Edition issued by RACGP.

Ensuring privacy for students visiting the GP is paramount, as research shows that confidentiality is the primary factor influencing a young person's visit to a health professional. The Department's consultants will work with each school to help ensure the location of a relocatable building or refurbished space supports this, wherever possible, within the existing school infrastructure. The VSBA will advise schools of timing for infrastructure and site inspections.

Relocatable Buildings

All relocatable buildings provided under the program remain the property of the Department. The relocatable building will stay at the school for the duration of the program.

2 Mods:

- Most relocatable buildings will be a 2 Mod purpose-built consulting facility with a total floor area of 69m2
- The 2 Mod purpose-built consulting centre consists of a dedicated GP consultation room with soundproofing for privacy and a hand basin for GP and Practice Nurse use, and a general office space provided for the school to use as they wish for a program coordinator, psychologist, etc. throughout the week. Both rooms will be provided with a desk, seating and appropriate IT equipment, with an examination bed and medical equipment in the GP room. There will also be a furnished waiting room and accessible toilet within the relocatable.

5 Mods:

- A small number of schools will receive a 5 Mod purpose-built wellness centre with a total floor area 172m2. Schools with an enrolment of over 1200 are eligible to receive these larger facilities
- The 5 Mods will contain the same facilities as the 2 Mod with the additional space being an open, flexible configuration. The consulting room, office and waiting area of the 5 Mods will be furnished by the program, and schools will need to supply furnishings appropriate for the planned use of the remaining space
- The siting of all relocatable buildings will be determined in consultation with the school Principal or the school representative, with preference given to locations that provide privacy of access to students.

Refurbishment of Existing Building

As per the relocatable buildings, the refurbished facilities will include a dedicated GP consultation room with soundproofing for privacy, a hand basin for GP and Practice Nurse use, and a general office space provided for the school to use as they wish for a program coordinator, psychologist or other health and wellbeing offerings, when the GP clinic is not open. Both rooms will be provided with a desk and seating, and the GP room will have appropriate IT equipment, an examination bed and required medical equipment. There will also be a furnished waiting room, accessible toilet facilities in close proximity and wheelchair accessibility to the area.

Finishes, Fittings, Furniture and IT Equipment

Schools will have a choice of three internal colour schemes.

Fittings, furniture and IT equipment will also include:

Fittings	Furniture
Curtain track and curtain for examination bed Mirror Pin boards Lockable cupboards Hand basin Examination light Emergency assist call button Soap dispenser 2 Waste bins Coat hooks 2 hazardous waste bins* 2 Sharps bins* 1 Sanitary bin*	2 computer desks and chairs 2 visitor chairs Seating in the waiting area **IT equipment** A desktop PC, monitor and 2 printers 2 telephones*

*To be arranged by the school.

The Department will continually assess fittings, furniture and equipment requirements. Where appropriate, and where it fits within the budget, additional equipment may be provided.

IT Equipment

The desktop computer provided in the clinic facility is configured to EduSTAR on the 'Admin Network' and is for use by the school as they see fit. Clinic buildings are hardwired to the school's 'Curriculum Network' which school staff can access if using laptops or remote devices in the building.

All participating GPs and nurses will each be provided with a laptop enabling them to remotely access their base Medical Centre's medical record software. Internet access is accessed either via the DET supplied 4G Telstra sim cards, the school Wi-Fi or the school wired connection port. GPs and Practice Nurses are required to maintain password protection on their laptops to ensure compliance with RACGP Computer and Information Security Standards.

Two printers have also been provided for the GP and nurse to use with their laptops in the delivery of their services, and for school use outside these times.

Medical Equipment Kept within the GP Facility

The GP will bring a 'doctor's bag' with them on every visit. The contents of the bag will be owned by and remain the responsibility of the GP. The doctor's bag will contain all the medical equipment required for consultations. Schools are not required to provide any medical supplies for the service. The Medical Centre is required to provide, at a minimum, the following consumables and medical equipment:

Consumables
- Gloves (sterile and nonsterile)
- Disposable syringes and needles
- Surgical masks
- Tourniquet
- Urine testing strips
- Vaginal specula.

Medical Equipment
- Ophthalmoscope
- Otoscope (Aurilscope)
- Stethoscope
- Torch
- Digital thermometer
- Blood glucose monitoring equipment
- Monofilament for sensation testing
- Patella hammer.

The medical equipment that will be in the consultation room includes:
- Digital sphygmomanometer
- Scales
- Examination couch/ bed
- Tape measure
- Stainless steel trolley on wheels
- Medical examination light.

Schools are required to supply the facilities with the following items:
- Stationary supplies
- Handwash, paper towel and toilet paper
- Hand sanitizer
- Tissues.

The medical supplies provided as part of the GP room must be kept locked at all times. A secure, lockable cupboard will be provided in the GP room for the GP's bag when the GP is in attendance. Medicines and prescription pads will not be kept in these rooms when the GP is not in attendance.

The GP and Practice Nurse will each bring their own internet-connected laptop, to be provided by the Department.

Cleaning GP Facilities

Schools will be required to keep the GP consulting rooms and adjoining facilities to a standard of cleanliness commensurate with the standards outlined in the RACGP standards. Schools may choose to expand the brief of existing school cleaning contractors. For schools in regional areas, the cost of cleaning is covered by an equivalent increase in the Student Resource Package (SRP). For schools in metropolitan areas, from July 2018 cleaning is administered centrally by the Cleaning Reform Team, which includes cleaning of DiSS facilities.

Schools will be required to provide 2 x waste disposal bins suitable for taking biohazard waste. There are several companies that handle bulk biohazard waste, as it needs to be disposed of according to Environmental Protection Agency (EPA) legislative requirements and the RACGP standards.

The cleaning responsibilities for the school GP consulting room are not expected to be burdensome for schools as they are only used for a limited time each week. Schools accessing the facility for other uses when the GP is not in attendance should ensure cleanliness standards are not compromised because of additional use of the facility.

Maintenance of GP Facilities

Each year, all schools receive an increase in their funding for building maintenance through the SRP. Schools are requested to address maintenance issues with DiSS facilities as they would for standard building maintenance issues.

What Schools Need to Do

- Appoint one person who will be responsible for preparing the facility for use and notify the program manager, Victorian School Building Authority (VSBA) via relocatable.school.buildings@edumail.vic.gov.au.
- Provide two telephone handsets, one for the consulting room and one for the office area: all clinic spaces should have a data line installed, which can be used to connect a telephone into the GP consulting room and the office.
- Arrange for the school IT technician to set up the desktop computers, DiSS laptops and printers (printers connect directly to the desktop or laptop computers, not the school network).
- Arrange for the existing cleaning provider to clean the facility on a regular basis, ensuring the clinic is cleaned thoroughly before clinic services commence. Funding will be provided in each school's SRP for this.
- Arrange for the existing waste disposal provider to supply and maintain the following facility items before the first day of operation:
  - 2 x hazardous waste bins
  - 1 x sanitary bin (except in the case of consulting suites using refurbished spaces)
  - 2 x sharps bins
- Distribute keys to facility users.
- Schools are also required to supply the facilities with the following items:
  - Stationary supplies
  - Handwash, paper towel and toilet paper
  - Hand sanitizer
  - Tissues.

POLICIES AND OBLIGATIONS

Consent and Confidentiality

The law, as it relates to minors, is that:

- Students who are **not** mature minors **cannot** give consent to their own medical treatment

- Students who **are** mature minors **can** consent to their own medical treatment

- For the purposes of the Doctors in Secondary Schools program, mature minors are students who are under the age of 18 years, and have sufficient maturity and cognitive and emotional capacity to understand the nature and consequences of seeking and obtaining health care

- Students over the age of 18 are automatically considered to be mature minors.

Any student from a participating secondary school who wants to attend the GP is able to do so as part of the Doctors in Secondary Schools program.

The program will be governed by the same laws on consent for medical treatment by a GP as are applied in the general community. As in standard practice in Medical Centres, the GP will assess if a young person is a mature minor with respect to the issue for which they are seeking medical treatment.

If the GP decides the student is not a mature minor and the student wants to pursue treatment, their parents or carers will be informed so that their consent is sought prior to commencing any treatment.

Mature Minors

Mature minors are students under the age of 18 years who are deemed by the GP as being capable of seeking and obtaining health care for their particular medical issue. To give informed consent, a patient must be able to understand what the treatment involves, what it is for, why it is needed and why it applies to them. They must also appreciate the risks associated with the treatment and be aware of the other options available, as well as the consequences of not pursuing treatment.

The assessment as to whether a young person is a mature minor may vary for different issues. For example, a GP may decide a student is cognitively mature enough to be able to consent to treatment for a health condition such as asthma, but may not be cognitively mature enough to discuss the risks and benefits of anti-depressant medication.

The aim of this program is to improve access to primary care for young Victorians. School staff should encourage parents to discuss this with their children, be clear that young people are able to seek medical treatment from a GP legally, but also emphasise that the program encourages parent or carer involvement when required, as is the case in any Medical Centre in the community.

The Department requires all 100 schools participating in the Doctors in Secondary Schools program to adhere to this policy. There are a small number of schools that already have GPs attending and have different arrangements in place. The Department will work directly with these schools to support them in the transition to the policy as the program is rolled out.

Information sheets on the consent and confidentiality policy have been developed for schools, parents and students and are available on the program website.

Information Sharing – GPs

If the student seeing a GP as part of the Doctors in Secondary Schools program is deemed by the GP to be a mature minor, then conversations between the GP and the young person will be confidential and not shared with others without the consent of the young person.

The GP may seek the consent of the student to share information from their consultation with the wellbeing staff or Principal, as is standard practice. If the young person does not consent to this information being shared, the GP will uphold their right to confidentiality. These same obligations apply to the Practice Nurse.

The following exceptions to the duty of confidentiality apply:
- The young person consents to the disclosure
- The disclosure is necessary to lessen or prevent a serious and imminent threat to any person's life, health, safety or welfare
- The disclosure is necessary to prevent a serious threat to public health, safety or welfare. For example, the young person has a notifiable disease
- There is a legal requirement for disclosure.

Examples:

- The student was, or is at risk, of being a victim of physical or sexual abuse, and it is necessary to report to the relevant authorities in order to protect the student from that abuse
- There is an emergency, and it is necessary to contact the Victoria Police or ambulance services to attend to the emergency
- The GP has received a subpoena to produce documents in a Court proceeding, and the information and documents are disclosed in order to comply with this obligation.

The medical records generated within the program will be owned by the Medical Centre that provides the GP. The student will be considered a patient of that Medical Centre and records will be kept in accordance with the Medical Centre's procedures and protocols.

GPs will not have access to school-based systems such as Compass, HART, SOCS or CASES21 (or any other student management system), nor will they have an Edumail account.

If a student transfers schools, their health records remain the property of the Medical Centre. If the student then goes to a new medical centre, records will be shared on request between the two in the same way that clinics in the community currently share medical records.

Information Sharing – Parents and Carers

While, under the law, young people can seek medical treatment without the consent of their parent or carer, it is important that this is balanced with a parent's or a carer's desire to be involved in the lives of their children. Schools should encourage parental involvement in the program, and parents should be recognised as important sources of information and support to young people.

Under the program, if the GP considers the young person to be a mature minor for the purpose of consenting to treatment, school staff must not disclose to a parent or carer that their child has accessed the GP unless it is with the consent of the young person, or there is some other lawful reason for the disclosure of this information. This position is consistent with the program's consent and confidentiality policy, and means in practice that: unless a school is aware that the GP has made a determination that the student is *not* a mature minor (e.g. because the GP has sought consent for treatment from the student's parent or carer), the school should assume they are not entitled to disclose the fact to the parent or carer.

Nevertheless, as is noted in the 'Appointments' section, students need to be advised that if they make an appointment to see the GP during class time, the absence may be marked in the student management system as '*Attending a Health and Wellbeing Appointment*'. This means that for schools using a student management system that provides parental access or sends notifications, parents may be notified that the student is attending a GP appointment. If this is the case, students must be advised before they make the appointment. Schools should make best efforts to offer alternative arrangements, such as appointments outside class time, where students (who are mature minors) are concerned about confidentiality.

If a parent or carer expressly states at the start of a school year or at any time during the school year, that the GP in the school should not treat their child, then the following procedure will be followed:

- The SPL is required to consider whether the student is a mature minor for the purposes of making an appointment to see the GP. They should also consider the reasons the parent has given.

- Generally, all secondary school aged students will be considered mature enough to make a decision to see the GP and the GP will then decide whether the student is a mature minor for the purposes of seeking medical treatment for the presenting issue.

- If the SPL decides that the student is not a mature minor, at that time, for the purposes of making an appointment with the GP, the SPL will inform the GP that the parent or carer of that student has not consented to the student attending the GP. If the student seeks to make an appointment with the GP at any future time, the SPL will reconsider whether the student is, at that time, a mature minor for the purposes of making an appointment and any other reasons that the parent or carer has communicated regarding whether the student can see the GP. The SPL and Principal can seek advice from Legal Division if necessary.

- Where a SPL is in doubt about whether the student is a mature minor for the purposes of making an appointment to see the GP, they should consult with relevant school staff. They must also consult with the GP (without disclosing the student's identity, unless they have consent). In most cases, it will be in the best interests of the student to allow the student to make an appointment and the GP can then make an assessment about maturity for treatment.

If a young person attends the GP and is considered a mature minor, they can consent to that treatment without the consent of their parent or carer.

If the young person is not a mature minor, the GP will seek consent for medical treatment from the parents or carers prior to proceeding with any treatment. Under these circumstances, the GP must ask the student if they wish to continue before seeking a parent or carer's consent.

There may be an occasion that a parent or carer contacts the School Program Lead to ask whether their child has made an appointment with the GP at the school:

- If the questions relates to an appointment in the future, the GP will not have assessed whether the student is a mature minor.

- If the SPL considers the student to be a mature minor for the purposes of managing their health information, then no information should be given to the parent or carer about whether an appointment has been made. However, where there are no welfare concerns, the SPL can encourage the parent to talk directly their child.

- If the SPL considers the student is not a mature minor for the purposes of managing their health information, then the parent is the legal representative of the child and has the right to access this information (i.e. about whether an appointment has been made). The student should be informed of this request by the parent.

- If in any doubt about whether the student is a mature minor for the purposes of managing their health information the SPL must consult with the GP and may also consult with other relevant school staff as appropriate.

- If the parent is asking about whether the student has ever seen the GP (in the past), they would know this information if the student **had** seen the GP and the student was considered **not** to be a mature minor because the GP would have involved the parent/carer if the GP did not think the student was a mature minor.

- If the GP had seen the student in the past and the GP assessed the student as a mature minor then the fact of this appointment cannot be disclosed to the parents/carers without the student's consent (but noting that if the child is under 14 the parent will be able to find out the date of appointment and name of doctor through Medicare). The SPL, therefore, cannot advise the parent about past appointments but can, where there are no welfare concerns, encourage the parent to talk to their child directly.

If a school needs further advice on these issues, it is encouraged to contact the Department's Legal Division via email – legal.services@edumail.vic.gov.au or phone – 03 9637 3146.

Information Sharing – Child Protection Agencies

Protecting children from harm and promoting their development is only possible where assessments and case plans are based on adequate information. This requires child protection professionals involved with the family, and other relevant members of the community, to be able to share relevant information in a timely and effective manner. Equally, parents, children and other individuals have a right to expect their privacy is respected and personal information is not misused.

The *Children Youth and Families Act 2005* (Vic) (CYFA) provides for information sharing to the Department of Health and Human Services (DHHS) Child Protection and ChildFIRST by classifying some individuals and groups of professionals as information holders. Information holders in Victoria include:

- Teachers registered with the Victorian Institute of Teaching (VIT)
- Staff who have been granted permission to teach by the VIT
- Victorian School Principals
- Registered psychologists
- Nurses
- Registered medical practitioners.

Under the CYFA, Information holders may share information with Child Protection and Child FIRST that is relevant to the protection or development of a child, where:

- the information holder has formed a reasonable belief that the child is in need of protection
- Child Protection and/or Child FIRST have received a report regarding the child
- a protection order is in place regarding the child.

Under the CYFA, it is not a reasonable excuse for a person to refuse or fail to give information or produce documents to an authorised Child Protection officer on the ground of patient confidentiality.

Information holders can share information with Child Protection and Child FIRST without the consent of the child to whom the information relates or the consent of that child's parents, carer or guardian. However, whenever possible, information holders should seek consent from a young person (if they are a mature minor) or the child's parents, carers or guardians (if they are not considered to be a mature minor) before sharing their information, provided that by doing so, they do not place the child or another person at risk. Other than in urgent situations, school staff should consult with their Principal or manager before disclosing information about a child or their family without their consent.

Once a family service (such as Child FIRST or other service agency) begins to provide services to a family, information can be shared by schools with the family service or agency only with the consent of the child's parents, carers or guardians and, if deemed to be a mature minor for the purposes of this consent, the child. This is because service provision in these circumstances is by voluntary agreement between the family and the service provider. Family services may consult with DHHS Child Protection at any time.

All other personal information can only be shared in accordance with the *Privacy and Data Protection Act 2014 (Vic)* and *Health Records Act 2001* (Vic).

New Criminal Offences

Failure to Disclose

This offence applies to all adults (not just professionals who work with children) who form a reasonable belief that another adult may have committed a sexual offence against a child under 16 years of age and fail to report this information to the Victoria Police.

Failing to disclose a sexual offence based on concerns for the interests of the perpetrator or organisation (e.g. concerns about reputation, legal liability or financial status) will not be regarded as a reasonable excuse.

A registered medical practitioner or counsellor is not required to disclose information to police if the information is obtained from a child whilst providing treatment and assistance to that child in relation to sexual abuse. However, under the mandatory reporting obligations, a registered medical practitioner would still be required to report to DHHS if they form a reasonable belief that a child has been sexually abused and is in need of protection. This exemption is not designed to prevent the reporting of child sexual abuse, but rather to protect the registered medical practitioner or counsellor from criminal liability.

If an adult provides information to a medical practitioner or counsellor regarding the sexual abuse of a child, the medical practitioner or counsellor would be required to disclose that information to police unless another exemption applies.

Failure to Protect

This offence applies to a person in a position of authority within an organisation who:

- knows of a substantial risk that a child under the age of 16, under the care, supervision or authority of the organisation will become a victim of a sexual offence committed by an adult associated with the organisation (e.g. employee, contractors, volunteer, visitor); and
- negligently fails to remove or reduce the risk of harm.

Within a school setting, a position of authority includes Principals and Assistant Principals and staff in institutional management positions (for example in government schools this includes Regional Directors and other senior managers).

Duty of Care Obligations

School staff including Principals, all staff registered with the VIT, chaplains, doctors and nurses have a duty to take reasonable steps to protect students from harm that is reasonably foreseeable.

The question of what constitutes 'reasonable steps' will depend on the individual circumstances of each case. Staff might be in breach of their duty of care towards a student if they fail to act in the way a reasonable or diligent professional would have acted in the same situation. The seven Child Safe Standards provide a framework to identify the ways in which schools and individual school staff can take 'reasonable steps' to prevent child abuse.

All school staff must be familiar with their Duty of Care obligations. Information can be shared between Department staff that is required to be shared in order for staff to discharge their duty of care. For example, if a student is being bullied, the teacher who is aware of this should share that information with wellbeing staff or other relevant staff at the school to ensure that appropriate wellbeing supports and strategies are being implemented for that student.

To support school staff to discharge their duty of care to students, the GP is encouraged to inform relevant school staff of a serious and imminent threat to a child's life, health, safety or welfare, but only if they consider that doing so will lessen or prevent this threat from occurring. Consent to share the information is not required in these circumstances.

The GP is also strongly encouraged to seek the consent of the child's parents or carers, and if deemed to be a mature minor for the purposes of this consent, the child, to share protective of other concerns with relevant school staff, if they consider that doing so will help to support and protect the safety, health or wellbeing of the child.

More information can be found at:

[Duty of Care Obligations](#)

[Duty of Care – School Policy Advisory Guide](#)

[Child Safe Standards.](#)

Child Protection and Reporting Obligations

Schools have an important role to play in supporting children and their families and in protecting students who may be at risk of harm due to abuse, including neglect or other protective concerns. School staff in close daily contact with students are well placed to observe when a child or young person appears to be at risk of harm.

Under the CYFA, there are certain classes of professionals who are classified as 'mandatory reporters'. Within a school, mandatory reporters include all:

- VIT registered teachers
- Staff who have been granted permission to teach by the VIT
- Registered doctors and nurses.

All mandatory reporters must make a report to DHHS Child Protection as soon as practicable, if, during the course of carrying out their professional roles and responsibilities, they form a belief on reasonable grounds that:

- A child has suffered, or is likely to suffer, significant harm as a result of physical abuse and/or sexual abuse; and
- The child's parents have not protected, or are unlikely to protect, the child from harm of that type.

All other school staff who form a belief on reasonable grounds that a child or young person:

- Is in need of protection, should report their concerns to DHHS Child Protection or Victoria Police
- Is displaying sexually abusive behaviours and is in need of therapeutic treatment, should report their concerns to DHHS Child Protection.

The identity of a reporter is confidential and may only be disclosed with consent of the reporter or by an order of a court. As such, the GP is not required to inform school staff that they have made a report to DHHS Child Protection. However, the GP is encouraged to inform relevant school staff of a serious and imminent threat to a child's life, health, safety or welfare, but only if they consider that doing so will lessen or prevent this threat from occurring. Consent to share the information is not required in these circumstances.

The GP is also strongly encouraged to seek the consent of the child's parents or carers and, if deemed to be a mature minor for the purposes of this consent, the child, to share protective or other concerns with relevant school staff, if they consider that doing so will help to support and protect the safety, health or wellbeing of the child.

More information can be found in the [Joint Protocol – Protecting the safety and wellbeing of children and young people](#) and at [Child Protection Reporting obligations in the School Policy and Advisory Guide.](#)

Reportable Conduct Scheme

The Reportable Conduct Scheme is a child safety mechanism introduced as a result of the Betrayal of Trust report. Department policy is that the Department's Employee Conduct Branch has responsibility for reporting any allegations of 'reportable conduct' raised against Department employees (and contactors, volunteers, allied health workers and other office holders) who are 18 years or over to the Commission for Children and Young People (CCYP), on behalf of the Department.

There is an allegation of reportable conduct where a person has a reasonable belief that there has been:

- a sexual offence, sexual misconduct or physical violence committed against, with or in the presence of a child;
- behaviour causing significant emotional or psychological harm to a child; or
- significant neglect of a child, or misconduct involving any of the above.

Principals should notify the Employee Conduct Branch as soon as possible after becoming aware of a reportable allegation, so that the Employee Conduct Branch can assess the allegations and report them to the CCYP, if appropriate.

GPs should notify the Principal or the relevant regional director as soon as possible after becoming aware of a reportable allegation involving school staff (including Principals, assistant Principals, teachers, education support staff), contractors, volunteers (including parents), allied health staff, school council employees.

Principals must still contact Victoria Police if they suspect a criminal offence involving a child has occurred.

The Scheme does not change mandatory reporting or other reporting responsibilities.

Child Safe Standards

The Victorian Government is committed to the safety and wellbeing of all children and young people. As part of the Victorian Government's commitment to implementing the recommendations of the *Betrayal of Trust* report, which found that more must be done to prevent and respond to child abuse in our community, there is a new regulatory landscape surrounding child safety, underpinned by the new Child Safe Standards.

The Child Safe Standards are compulsory minimum standards for all organisations involved in child-related work, including Victorian early childhood services, schools, and higher education and training providers to ensure they are well prepared to protect children from abuse and neglect.

The Child Safe Standards require schools to develop and implement:

1. Strategies to embed an organisational culture of child safety

2. A child safe policy or statement of commitment to child safety

3. A child safety code of conduct

4. Screening, supervision, training and other human resources practices that reduce the risk of child abuse

5. Procedures for responding to and reporting suspected child abuse

6. Strategies to identify and reduce or remove risks of child abuse

7. Strategies to promote child participation and empowerment.

GPs should familiarise themselves with the school's child safe policy and code of conduct as well as other relevant school policies that support child safety.

Responding to All Forms of Abuse

In order to support schools to understand and comply with the Child Safe Standards, the Department has launched a suite of resources, known as PROTECT. The resources include guidance called *Identifying and Responding to All Forms of Child Abuse in Victorian Schools.* This guidance requires school staff to follow four critical actions in order to respond to any incident, disclosure or suspicion of child abuse. These critical actions are responding to an emergency, reporting to authorities, contacting the parents/carers of the affected students and providing ongoing support (see Figure 5, below).

The PROTECT resources can be found here.

Further information on responding to all forms of abuse can be found on the Department PROTECT portal.

The Four Critical Actions for Schools flowchart can also be accessed here.

Figure 5: Four critical actions for schools – Responding to incidents, disclosures and suspicions of child abuse
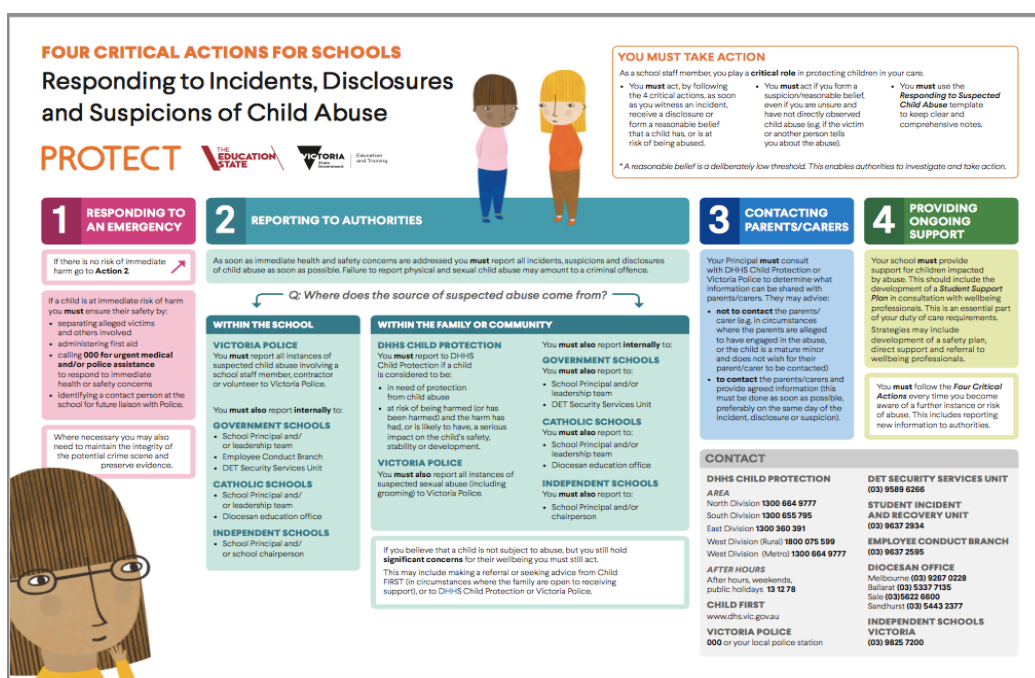
Other Departmental Policies and Guidelines

GPs and Practice Nurses should read and familiarise themselves with school policies and procedures and the Department policies listed below. GPs and Practice Nurses are required to act in a manner that is consistent with and supports these policies wherever practicable and consistent with their professional requirements, in their practice on the school site.

Bullying
Child Protection–Reporting Obligations (includes link to Child Protection–Mandatory Reporting eLearning module)
Guidelines to assist with responding to attempted suicide or suicide by a student
Health and Wellbeing Services
Health Care Needs
Human Rights and Anti-Discrimination Requirements
Police - Department Protocols
Responding to Allegations of Student Sexual Assault
Duty of Care
Responding to Student Sexual Assault
Student Engagement
Student Health
Student Support Services
Suicide Awareness Strategy.

School Policy and Advisory Guide

The School Policy and Advisory Guide provides Victorian government schools with quick and easy access to governance and operational policies and advice. There is a comprehensive suite of policies relating to the health and wellbeing of students from anaphylaxis to epilepsy and immunisation.

Complaints and Grievance Resolution Process

The Department recognises that it is in the best interest of students for there to be a trusting and cooperative relationship between parents and the school. Complaints are an important way for the school community to provide information and feedback to a school. The Department considers that every complaint provides a valuable opportunity for reflection and learning. The Department recognises a parent's right to make a complaint and its responsibility to provide a framework within which efforts can be made to resolve complaints.

Parent complaints are best handled at the school level in an environment where parents feel able to speak up about issues concerning their children.

An effective complaint-handling system has a clear process for resolving complaints, treats people fairly, is timely and provides those people involved in a complaint with a fair opportunity to respond to issues and to present their views. Differences of opinion should be resolved in a manner that ensures:

- The child or young person's safety and wellbeing is paramount
- They are resolved at the most immediate level possible; however, line management should be involved if initial attempts to resolve differences are not successful
- They are addressed as soon as possible after they arise.

All schools are required to develop, maintain and publicise a fair, effective and efficient complaint-handling process, which includes complaints regarding the program, so that complaints about events or decisions at the school can be addressed.

Parents of students who have a complaint relating to the Doctors in Secondary Schools program should, in the first instance, make the complaint to the School Program Lead.

More information about handling complaints can be found on the Department website.

Complaint about school staff involved in the program

Parents should be supported to raise concerns about any aspect of their child's education, including the Doctors in Secondary Schools program. The school and Department will follow the procedures outlined in the Department complaints policy.

When handling complaints, it is important to remember:

- For parents - your child's school is your first point of contact
- Concerns are best resolved at the school
- A positive relationship between parent and school is important
- The issues raised might be governed by Department policies and guidelines.

When addressing a complaint, it is expected that all parties will:
- Show respect and understanding of each other's point of view
- Operate within applicable legislation
- Acknowledge that their goal is to achieve an outcome acceptable to all parties
- Act in good faith and in a calm and courteous manner
- Recognise that all parties have rights and responsibilities which must be balanced.

Further information can also be found on the Department website

Complaint about a GP or Practice Nurse

In the event of a complaint being made about a GP or a Practice Nurse, the complainant should address their concerns to the Medical Centre. The Medical Centre should attempt to resolve the patient complaint and the clinic should be open to discussing the complaint. If the matter cannot be resolved, the Health Complaints Commissioner can be contacted by the Medical Centre or by the patient for advice and possible mediation.

The Health Complaints Commissioner is an independent and accessible ombudsman.

> Health Complaints Commissioner
> www.hcc.vic.gov.au
> Level 26/570 Bourke St Melbourne, Vic 3000
> Complaints and information: 1300 582 113
> Email: hcc@dhhs.vic.gov.au

Risk Management

Schools are responsible for managing risks associated with implementation and management of the Doctors in Secondary Schools program. Schools should ensure this initiative is incorporated into their broader school risk management process. Risks should be identified, and mitigation strategies developed.

Data Collection by Medical Centres and Reporting to the Department

Medical Centres should ensure that their intake of patients complies with their ordinary notice and consent obligations under the *Health Records Act 2001* (Vic) and other applicable privacy laws, including the Privacy Act 1988 (Cth).

High-level reporting will be provided by Medical Centres to the Department, via PHNs. That data will be in a form that is sufficiently aggregated and de-identified so as to avoid constituting 'health information' under the *Health Records Act 2001* (Vic) (such that no individual's identity is reasonably ascertainable from the data).[3] That reporting data will be collected and used by the Department primarily for the purposes of administering the Program (e.g. funding, management, planning, monitoring, improvement or evaluation of the health services). The data may also be used to publicly report on Program outcomes at an appropriately aggregated level.

Notwithstanding it will be de-identified data, the Department will limit access to the dataset to only those DET staff who require access for the approved purposes, and otherwise take measures to keep the dataset secured from unauthorised access or disclosure (including both hard copies and soft copies of the dataset).

The Department is currently working with PHNs and Medical Centres to plan an enhanced data collection and governance system to extract de-identified data on a larger number of indicators in an automated and aggregated manner to:

- monitor program progress and impacts
- identify issues and opportunities for program improvements, and
- guide service delivery of existing health promotion programs and services.

This new system is intended to reduce the data entry and reporting burden on clinic staff and enhance data quality through a more consist data collection approach.

This system will be established to ensure that data is managed in-line with the consent, privacy requirements and data sharing agreements currently in place between PHNs, Medical Centres and DiSS clinics as well as in accordance with all applicable Victorian and Federal privacy laws related to consent and privacy, including the Privacy and Data Protection Act (2014) and Health Records Act 2001 (Vic).

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[3] Under the *Health Records Act 2001* (Vic), Medical Centres are permitted to use and disclose 'health information' for the purpose of funding, management, planning, monitoring, improvement or evaluation of health services, and where reasonable steps are taken to de-identify the information.

Planning is also underway to establish the most appropriate approach for sharing data back to schools to support best practice in school program implementation.

Evaluation

Participating schools will be expected to participate in a program evaluation, which may include data collection and interviews with GPs, Practice Nurses, staff, parents and students.

The Department has engaged a third party to undertake the evaluation of the program, and all participants in the program may be approached to provide feedback through surveys or interviews over the course of the implementation.

Planning is underway to establish a coordinated approach to provide Evaluation Summary Reports back to schools to support best practice in school program implementation.

Appendix 1: Participating schools

PHASE ONE - Roll Out Term 1, 2017

School Name	Campus	DET Region	DET Area	PHN
Yarrawonga College P-12	Pinniger Street Campus	NORTH-EASTERN VICTORIA	Goulburn Area	Murray
Boronia K-12 College	Rangeview Campus	NORTH-EASTERN VICTORIA	Outer Eastern Melbourne Area	Eastern
Upper Yarra Secondary College	Upper Yarra Secondary College	NORTH-EASTERN VICTORIA	Outer Eastern Melbourne Area	Eastern
Craigieburn Secondary College	Craigieburn Secondary College	NORTH-WESTERN VICTORIA	Hume Moreland Area	North Western
Sunbury College	Sunbury College	NORTH-WESTERN VICTORIA	Hume Moreland Area	North Western
Crusoe 7-10 Secondary College	Crusoe 7-10 Secondary College	NORTH-WESTERN VICTORIA	Loddon Area	Murray
Kyneton Secondary College	Kyneton Secondary College	NORTH-WESTERN VICTORIA	Loddon Area	Murray
Wedderburn College	Wedderburn College	NORTH-WESTERN VICTORIA	Loddon Area	Murray
Whittlesea Secondary College	Whittlesea Secondary College	NORTH-WESTERN VICTORIA	North Eastern Melbourne Area	Eastern
Monterey Secondary College	Monterey Secondary College	SOUTH-EASTERN VICTORIA	Bayside Peninsula Area	South East
Rosebud Secondary College	Rosebud Secondary College	SOUTH-EASTERN VICTORIA	Bayside Peninsula Area	South East
Traralgon College	East Campus	SOUTH-EASTERN VICTORIA	Inner Gippsland Area	Gippsland
Narre Warren South P-12 College	Narre Warren South P-12 College	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Oakwood School	Noble Park Campus	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Pakenham Secondary College	Pakenham Secondary College	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Ballarat Secondary College	Mount Rowan Campus	SOUTH-WESTERN VICTORIA	Central Highlands Area	Western
Mount Clear College	Mount Clear College	SOUTH-WESTERN VICTORIA	Central Highlands Area	Western
Brauer Secondary College	Brauer Secondary College	SOUTH-WESTERN VICTORIA	Western District Area	Western
Portland Secondary College	Portland Secondary College	SOUTH-WESTERN VICTORIA	Western District Area	Western
Mount Alexander 7-12 College	Mount Alexander 7-12 College	SOUTH-WESTERN VICTORIA	Western Melbourne Area	North Western

PHASE TWO – Rollout from Term 3, 2017

School Name	Campus	DET Region	DET Area	PHN
Alexandra Secondary College	Alexandra Secondary College	NORTH-EASTERN VICTORIA	Goulburn Area	Murray
Benalla P-12 College	Barkly Street Campus	NORTH-EASTERN VICTORIA	Ovens Murray Area	Murray
Healesville High School	Healesville High School	NORTH-EASTERN VICTORIA	Outer Eastern Melbourne Area	Eastern
Seymour College	Seymour College	NORTH-EASTERN VICTORIA	Goulburn Area	Murray
Shepparton High School	Shepparton High School	NORTH-EASTERN VICTORIA	Goulburn Area	Murray
Wallan Secondary College	Wallan Secondary College	NORTH-EASTERN VICTORIA	Goulburn Area	Eastern
Wodonga Senior Secondary College	Wodonga Senior Secondary College	NORTH-EASTERN VICTORIA	Ovens Murray Area	Murray
Charles La Trobe P-12 College	The Pavilion Campus - Preston East	NORTH-WESTERN VICTORIA	North Eastern Melbourne Area	Eastern
Eaglehawk Secondary College	Eaglehawk Secondary College	NORTH-WESTERN VICTORIA	Loddon Area	Murray
Glenroy Secondary College	Glenroy Secondary College	NORTH-WESTERN VICTORIA	Hume Moreland Area	North Western
Lalor North Secondary College	Lalor North Secondary College	NORTH-WESTERN VICTORIA	North Eastern Melbourne Area	Eastern
Maryborough Education Centre	Balaclava Road Campus	NORTH-WESTERN VICTORIA	Loddon Area	Western
Red Cliffs Secondary College	Red Cliffs Secondary College	NORTH-WESTERN VICTORIA	Mallee Area	Murray
Roxburgh College	Roxburgh College	NORTH-WESTERN VICTORIA	Hume Moreland Area	North Western
Bairnsdale Secondary College	Bairnsdale Secondary College	SOUTH-EASTERN VICTORIA	Outer Gippsland Area	Gippsland
Carrum Downs Secondary College	Carrum Downs Secondary College	SOUTH-EASTERN VICTORIA	Bayside Peninsula Area	South East
Cranbourne Secondary College	Cranbourne Secondary College	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Dandenong High School	Dandenong Campus	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Drouin Secondary College	Drouin Secondary College	SOUTH-EASTERN VICTORIA	Inner Gippsland Area	Gippsland
Gleneagles Secondary College	Gleneagles Secondary College	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Keysborough Secondary College	Acacia Campus	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Kurnai College	Morwell Campus	SOUTH-EASTERN VICTORIA	Inner Gippsland Area	Gippsland
McClelland Secondary College	McClelland Secondary College	SOUTH-EASTERN VICTORIA	Bayside Peninsula Area	South East
Noble Park Secondary College	Noble Park Secondary College	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Patterson River Secondary College	Patterson River Secondary College	SOUTH-EASTERN VICTORIA	Bayside Peninsula Area	South East
Sale College	Macalister Campus	SOUTH-EASTERN VICTORIA	Outer Gippsland Area	Gippsland
Ararat Secondary College	Ararat Secondary College	SOUTH-WESTERN VICTORIA	Central Highlands Area	Western

School Name	Campus	DET Region	DET Area	PHN
Bayside P-12 College	Paisley Campus	SOUTH-WESTERN VICTORIA	Western Melbourne Area	North Western
Beaufort Secondary College	Beaufort Secondary College	SOUTH-WESTERN VICTORIA	Central Highlands Area	Western
Braybrook College	Braybrook College	SOUTH-WESTERN VICTORIA	Western Melbourne Area	North Western
Copperfield College	Delahey Senior Campus	SOUTH-WESTERN VICTORIA	Brimbank Melton Area	North Western
Geelong High School	Geelong High School	SOUTH-WESTERN VICTORIA	Barwon Area	Western
Laverton P-12 College	Laverton P-12 College	SOUTH-WESTERN VICTORIA	Western Melbourne Area	North Western
Manor Lakes P-12 College	Manor Lakes P-12 College	SOUTH-WESTERN VICTORIA	Western Melbourne Area	North Western
Melton Secondary College	Melton Secondary College	SOUTH-WESTERN VICTORIA	Brimbank Melton Area	North Western
Newcomb Secondary College	Newcomb Secondary College	SOUTH-WESTERN VICTORIA	Barwon Area	Western
North Geelong Secondary College	North Geelong Secondary College	SOUTH-WESTERN VICTORIA	Barwon Area	Western
Phoenix P-12 Community College	Sebastopol Campus	SOUTH-WESTERN VICTORIA	Central Highlands Area	Western
St Albans Secondary College	St Albans Secondary College	SOUTH-WESTERN VICTORIA	Brimbank Melton Area	North Western
The Grange P-12 College	The Grange P-12 College	SOUTH-WESTERN VICTORIA	Western Melbourne Area	North Western

PHASE THREE – Rollout from Term 1, 2018

School Name	Campus	DET Region	DET Area	PHN
Bayswater Secondary College	Bayswater Secondary College	NORTH-EASTERN VICTORIA	Outer Eastern Melbourne Area	Eastern
Croydon Community School	Croydon Community School	NORTH-EASTERN VICTORIA	Outer Eastern Melbourne Area	Eastern
McGuire College	McGuire College	NORTH-EASTERN VICTORIA	Goulburn Area	Murray
Melba Secondary College	Senior Campus	NORTH-EASTERN VICTORIA	Outer Eastern Melbourne Area	Eastern
Numurkah Secondary College	Numurkah Secondary College	NORTH-EASTERN VICTORIA	Goulburn Area	Murray
Rutherglen High School	Rutherglen High School	NORTH-EASTERN VICTORIA	Ovens Murray Area	Murray
Scoresby Secondary College	Scoresby Secondary College	NORTH-EASTERN VICTORIA	Outer Eastern Melbourne Area	Eastern
Wodonga Middle Years College	Huon Campus	NORTH-EASTERN VICTORIA	Ovens Murray Area	Murray
Yarra Hills Secondary College	Mooroolbark Campus	NORTH-EASTERN VICTORIA	Outer Eastern Melbourne Area	Eastern
Hume Central Secondary College	Town Park Campus	NORTH-WESTERN VICTORIA	Hume Moreland Area	North Western
Irymple Secondary College	Irymple Secondary College	NORTH-WESTERN VICTORIA	Mallee Area	Murray
Kerang Technical High School	Kerang Technical High School	NORTH-WESTERN VICTORIA	Mallee Area	Murray
Merbein P-10 College	Secondary Campus	NORTH-WESTERN VICTORIA	Mallee Area	Murray
Mount Ridley P-12 College	Mount Ridley P-12 College	NORTH-WESTERN VICTORIA	Hume Moreland Area	North Western
Ouyen P-12 College	Ouyen P-12 College	NORTH-WESTERN VICTORIA	Mallee Area	Murray
Reservoir High School	Reservoir Campus	NORTH-WESTERN VICTORIA	North Eastern Melbourne Area	North Western
Robinvale College (interim name)	Robinvale College (interim name)	NORTH-WESTERN VICTORIA	Mallee Area	Murray
Swan Hill College	Swan Hill College	NORTH-WESTERN VICTORIA	Mallee Area	Murray
Weeroona College Bendigo	Weeroona College Bendigo	NORTH-WESTERN VICTORIA	Loddon Area	Murray
Cranbourne East Secondary College	Cranbourne East Secondary College	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Fountain Gate Secondary College	Fountain Gate Secondary College	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Hallam Senior Secondary College	Hallam Senior Secondary College	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Lyndale Secondary College	Lyndale Secondary College	SOUTH-EASTERN VICTORIA	Southern Melbourne Area	South East
Maffra Secondary College	Maffra Secondary College	SOUTH-EASTERN VICTORIA	Outer Gippsland Area	Gippsland
Mornington Secondary College	Senior Campus	SOUTH-EASTERN VICTORIA	Bayside Peninsula Area	South East

School Name	Campus	DET Region	DET Area	PHN
Neerim District Secondary College	Neerim District Secondary College	SOUTH-EASTERN VICTORIA	Inner Gippsland Area	Gippsland
Swifts Creek P-12 School	Tambo Campus	SOUTH-EASTERN VICTORIA	Outer Gippsland Area	Gippsland
Warragul Regional College	Warragul Regional College	SOUTH-EASTERN VICTORIA	Inner Gippsland Area	Gippsland
Bacchus Marsh College	Maddingley Campus	SOUTH-WESTERN VICTORIA	Central Highlands Area	North Western
Camperdown College	Wilson Street	SOUTH-WESTERN VICTORIA	Western District Area	Western
Casterton Secondary College	Casterton Secondary College	SOUTH-WESTERN VICTORIA	Western District Area	Western
Colac Secondary College	Colac Secondary College	SOUTH-WESTERN VICTORIA	Barwon Area	Western
Footscray City College	Footscray City Campus	SOUTH-WESTERN VICTORIA	Western Melbourne Area	North Western
Heywood District Secondary College	Heywood District Secondary College	SOUTH-WESTERN VICTORIA	Western District Area	Western
Horsham College	Horsham High Campus	SOUTH-WESTERN VICTORIA	Western District Area	Western
Keilor Downs Secondary College	Keilor Downs Secondary College	SOUTH-WESTERN VICTORIA	Brimbank Melton Area	North Western
Kurunjang Secondary College	Kurunjang Secondary College	SOUTH-WESTERN VICTORIA	Brimbank Melton Area	North Western
Lavers Hill P-12 College	Lavers Hill P-12 College	SOUTH-WESTERN VICTORIA	Barwon Area	Western
St Arnaud Secondary College	St Arnaud Secondary College	SOUTH-WESTERN VICTORIA	Western District Area	Western
Victoria University Secondary College	Brimbank Campus	SOUTH-WESTERN VICTORIA	Brimbank Melton Area	North Western

Appendix 2: Criteria for GPs and Practice Nurses

GP essential and desirable criteria

Essential criteria:

- Have a medical degree with license to practice in Australia
- Have appropriate professional indemnity insurance cover
- Have an Australian Health Practitioner Regulation Agency (AHPRA) registration with no restrictions on scope of practice
- Experience in working within a multi-disciplinary team
- Excellent oral and written communication skills both with patients and professional staff, including school staff, community health providers and other GPs involved with the care of the young person
- Take a non-judgemental approach to care on any clinical issue that may arise
- Understand the concept of care coordination for patients with complex needs and vulnerability, as well as the concept of harm minimisation
- Undergo and successfully obtain a Working With Children's check.

Desirable criteria – experience in, and understanding of, any of the following:

- Child and adolescent health
- Mental health
- Drug and alcohol services
- Forensic health services
- Community health
- Indigenous health
- Refugee and migrant health
- Sexual and reproductive health.

Practice Nurse

Essential criteria:

- Qualified Registered Nurse - Division 1
- Competency and experience in adolescent health and development, primary health care, community health, mental health, public health and/or health promotion
- Registration with the Australian Health Practitioner Regulation Agency (AHPRA)
- Undergo and successfully obtain a Working With Children's check.

Desirable criteria – experience in, and understanding of, any of the following:

- Child and adolescent health
- Mental health
- Drug and alcohol services
- Forensic health services
- Community health
- Indigenous health
- Refugee and migrant health
- Sexual and reproductive health.

Medical Centre

Essential criteria:

- Hold current accreditation against the RACGP Standards for General Practice (4th or 5th Edition) under the National General Practice Accreditation Scheme or be registered for accreditation
- Access to medical record software and willingness to install clinical audit/extraction tools
- Provide exclusively bulk billed services for students (or willingness to do so).

Guidelines for medical students participating in DiSS clinics

- The school's approval and each patient's approval are the minimum requirements for medical students participating in the clinic.
- The suitability of a medical student to consult with their GP supervisor at a school requires a case-by-case assessment by the supervising GP, taking into account the GP's knowledge of the school, the student cohort and the school health and wellbeing team.
- Medical students must be on rotation from an Australian university and on placement with the general practice providing services to the school and thereby indemnified by the University and supervised under the placement agreement the general practice has with the University.
- All medical students must complete the online training before they visit the school, or attend a DiSS face to face training program with their GP supervisor.
- Medical students must provide a copy of their WWCC and certificate of completion of the online training to the PHN.
- The supervising GP should be familiar with the school, the students and the health and wellbeing team before introducing medical students.
- The supervising GP must assess each medical student's maturity and competence before they are permitted to consult with students. Some medical students may have prior work experience with youth or consulting and likely to be better placed in this respect (e.g. who have been nurses or paramedics).
- School students, like any patient, have to be given the choice about whether they are happy to have a consult with a medical student.
- Only the supervising GP can make the final clinical and treatment decisions. The GP is responsible for any history, examination or investigations recorded in the medical record about the consultation.

The ultimate care of the student remains the responsibility of the supervising GP, as is the case with all medical student consultations in any practice.

Appendix 3: DET Regional Contacts

South Western Victoria Region

Central Highlands Area
• Ararat • Ballarat • Golden Plains • Hepburn • Moorabool • Pyrenees.
Ballarat Office
Postal address and location: 109 Armstrong Street North, Ballarat, Victoria 3350 Phone: (03) 5337 8444

Western Melbourne Area	**Brimbank Melton Area**
• Hobsons Bay • Maribrynong • Melbourne • Moonee Valley • Wyndham.	• Brimbank • Melton.
Footscray Office	
Postal address: PO Box 2141, Footscray, Victoria 3011 Location: 900/1 McNab Avenue, Footscray, Victoria 3011 Phone: (03) 8397 0300	

Barwon Area
• Colac Otway • Greater Geelong • Queenscliffe • Surf Coast.
Geelong Office
Postal address: PO Box 2086, Geelong, Victoria 3220 Location: 5A Little Ryrie Street, Geelong, Victoria 3220 Phone: (03) 5225 1000

Western District
• Corangamite • Glenelg • Hindmarsh • Horsham • Moyne • Northern Grampians • Southern Grampians • Warrnambool • West Wimmera • Yarriambiack.

Horsham	Warrnambool
Postal address and location: 26 Darlot Street, Horsham, Victoria 3400 Phone: (03) 5310 5300	Postal address: PO Box 1127, Warrnambool 3280 Location: 99 Fairy Street, Warrnambool, Victoria, 3280 Phone: 1300 333 232

South Eastern Victoria

Southern Melbourne Area	Bayside Peninsula Area
• Cardinia • Casey • Greater Dandenong.	• Frankston • Glen Eira • Kingston • Mornington Peninsula • Port Phillip • Stonnington.

Dandenong Office

Postal address: PO Box 5, Dandenong 3175
Location: 165-169 Thomas Street, Dandenong 3175
Phone: (03) 8765 5600

Inner Gippsland Area	Outer Gippsland Area
• Bass Coast • Baw Baw • Latrobe • South Gippsland.	• East Gippsland • Wellington.

Moe Office

Postal address: PO Box 381, Moe, Victoria 3825
Location: Corner Kirk and Haigh Streets, Moe, Victoria 3825
Telephone: (03) 5127 0400

North Western Region

North Eastern Melbourne Area	Hume Moreland Area
• Banyule • Darebin • Nillumbik • Whittlesea • Yarra.	• Hume • Moreland.

Coburg Office

Postal address: Locked Bag 2001, Coburg, VIC 3058
Location: Level 2, 189 Urquhart Street, Coburg, VIC 3058
Phone: (03) 9488 9488

Loddon Campaspe Area	Mallee Area
• Campaspe • Central Goldfields • Greater Bendigo • Loddon • Macedon Ranges	• Buloke • Gannawarra • Mildura • Swan Hill.

• Mount Alexander.	

Bendigo Office

Postal address: PO Box 442, Bendigo, Victoria 3552
Location: 7-15 McLaren Street, Bendigo, Victoria 3550
Phone: (03) 5440 3111

North Eastern Region

Goulburn Area	**Ovens Murray Area**
• Greater Shepparton • Mitchell • Moira • Murrindindi • Strathbogie.	• Alpine • Benalla • Indigo • Mansfield • Towong • Wangaratta • Wodonga.

Benalla Office

Postal address: PO Box 403, Benalla, Victoria, 3672
Location: 152 Bridge Street East, Benalla, Victoria 3672
Phone: (03) 8392 9500

Inner Eastern Melbourne	**Outer Eastern Melbourne Area**
• Boroondara • Manningham • Monash • Whitehorse.	• Knox • Maroondah • Yarra Ranges.

Glen Waverley Office

Postal address and location:
Level 3, 295 Springvale Road, Glen Waverley, Victoria 3150
Phone: (03) 8392 9300

Appendix 4: Induction Process

This induction process provides a framework to guide initial discussions between relevant school staff and the clinical teams. The Doctors in Secondary Schools Operational Guidelines provide an overview of program operations at a high level but schools are required to define how the program will be implemented at a local level.

Steps to complete school induction process:

1.	Provide GP and Practice Nurse contact details of relevant school staff and visiting practitioner	Pg. 1
2.	Complete induction checklist with GP, Practice Nurse and other key stakeholders	Pg. 2 - 3
3.	Discuss case studies with GP and Practice Nurse	Pgs. 4 - 7

Contact details to provide to the GP and Practice Nurse

Please provide contact details of relevant school staff:

School Wellbeing Team: Contacts			
Name/s	Position	Phone	Email Address

So the GP and Practice Nurse are fully informed about the range of health and wellbeing services on offer to students, please provide details of all visiting practitioners:

Visiting Practitioners Attending School					
Name/s	Specialty/Position	Phone	Email Address	No. Days at School	How are Practitioners Funded?
	e.g. Speech Pathologist, school/student aids, Social Workers, Lawyers etc.				e.g. DET, external body, volunteering

Induction Checklist

Recommended participants:

- School Program Lead
- GP(s)
- Practice Nurse(s)
- DET area-based Health & Wellbeing Specialist Service Manager

- DET Secondary School Nurse
- Other school-based health and wellbeing staff (e.g. Student wellbeing team members)
- Primary Health Network representative
- Principal

Topic / questions	Operational Guidelines section
1. Overview of the school □ *Provide a snap shot of the school community* □ *Discuss other key stakeholders to introduce the clinical team to e.g. SRC*	
2. Operating hours □ *Discuss the most appropriate day and time for the clinic to operate* □ *When will 'drop-in' times be scheduled?* □ *Are these hours consistent every week?*	Accessing GP services
3. Appointments □ *Who will be taking the appointments?* □ *How and when will appointments be communicated with the GP and Practice Nurse?* □ *How will follow up appointments be scheduled?* □ *What is the student absence protocol, and what role does the clinical staff play?* □ *Discuss appointment length*	Scheduling Appointments
4. Roles and Responsibilities □ *Ensure clarity around the roles and responsibilities of key school staff and clinical staff.* □ *Discuss other key stakeholders in the school community and the region.*	Roles and Responsibilities
5. Information Sharing □ *What does the GP need to understand about how schools manage personal and health information of students?* □ *What does the school need to understand about how the GP manages personal and health information?* □ *Under what circumstances is information shared?* □ *What information can be shared with parents/carers? Who shares that information?*	Policies and Obligations
6. Consent □ *Discuss Doctors in Schools consent and confidentiality policy.* □ *Discuss protocols around information sharing (e.g. with parents) and ensure clarity on situations where are parent may not wish a student to attend the GP.*	Policies and Obligations
7. Child Safe Standards □ *Discuss the Child Safe Standards and its application at school* □ *Discuss the obligations for school staff and clinical staff as mandatory reporters.*	Policies and Obligations
8. Referral pathways and other information □ *Share relevant information on existing referral pathways, key local organisations, other DET programs.*	
9. Site inspection/induction □ *Walk through consultation room and discuss set up.* □ *What IT services are required?* □ *Discuss school protocols e.g. Emergency Management Protocols* □ *Discuss access arrangements for GP/Practice Nurse e.g. Parking, keys*	Infrastructure and Equipment
10. Promotion and Integration □ *Discuss how the clinical team will be promoted to the school community* □ *Discuss how the clinical team will be integrated into the whole school wellbeing team e.g. Their role in engaging in broader health and wellbeing programs*	
11. Licence Agreement □ *Discuss the licence agreement conditions*	Governance
12. Work through case studies □ *Discuss one simple and one complex case study as provided.*	

Induction – Case Studies

Case Study 1: Abuk, 13 years old - tired in class, recently arrived refugee

Case Details

Abuk has been encouraged by her teacher to come to the clinic because she is often very tired in class. She is shy and her English is limited when talking about more complex subjects. She explains that she is in year seven and is struggling to develop her literacy and numeracy skills at school, but enjoys playing soccer with her friends at lunch time and during the breaks. She is having some trouble sleeping at night, because she often has nightmares. She understands about the school-based health service and is happy for the teacher to make an appointment with the GP/Nurse.

You find that you can talk well enough with Abuk without an interpreter at this stage. About a year ago, she came to Australia with her mother and siblings to join her father who was already here. She is South Sudanese, and spent many years in Kenyan refugee camps before her mother and father found the means to reunite the family in Australia.

She has four other siblings, three of whom attend the same Secondary College. They have all had very disrupted formal education, and their parents have very little experience in dealing with schools.

Abuk tells you that she is also worried because her teacher keeps sending emails, which Abuk's older brother Michael reads from his phone, when he has credit that express concern that Abuk needs extra support in reading. Abuk's mum speaks very little English, and she does shift work, so she is not able to help Abuk with her reading at home. She does not have a driver's license and cannot drive Abuk to the local library homework club, which is too far to walk to. Her father can drive, but he also does shift work for very long hours, so is not often around to drive the children around.

Questions

1. Is Abuk mature enough to engage in an initial discussion to evaluate her issues?
2. What are the list of issues Abuk has that are impacting on her health and education?
3. Can the GP/Nurse address these issues alone or are they likely to require team support?
4. What team needs to be assembled to help Abuk with her issues?
5. What roles can the school program lead, GP and nurse have in helping Abuk with her issues?
6. How can the consult be conducted in a trauma informed and sensitive way?
7. How would interpreters be involved?
8. How does the young person get the appointment with the school-based health service?
9. How is the level of maturity assessed and who is involved?
10. What are the needs of the young person?
11. What other services need to be mobilised?

Points of consideration for Abuk case

o   Most likely this case will need parental involvement which will require translation services
o   Common for traumatic experiences to surface as mental health issues
o   Trauma informed care is an organisational structure and treatment framework that involves understanding, recognizing, and responding to the effect of all types of trauma. It also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors build a sense of control and empowerment.
o   Things impacting on Abuk's health and education include past trauma, family disruption, literacy/learning issues, cross-cultural understandings/ attitudes to health and education
o   Team support could include support by social workers at school, local community health, CALD/Refugee support worker, interpreters for parents, counsellor skilled in refugee experience or trauma
o   Important for both clinical and school team to support learning and peer inclusion, including the encouragement of protective factors (in this case soccer).

Case Study 2: Cynthia, 15 years old: Sexually active, in Out-of-home-care

Case Details

Cynthia, who lives in a group home under the care of the state, is in year 10 at Penguin Secondary College. She is one of the 5500 students in Victorian schools who have out of home caring arrangements because of existing intervention orders with her family. She has just become sexually active with an 18 year old boy who she met at a previous residential care unit. This relationship is consensual. She wants some contraception as two days ago she had sex without a condom and is now worried - her last period ended one week ago. Cynthia makes an appointment via the School Program Lead to see the GP. She attends during class time.

Assume the GP assesses Cynthia as a mature minor as she has been living independently for some time, has understood the treatments, risks and consequences of not treating and follow-up. However, she requires financial support to pay for contraceptives or related treatment that cannot be provided by the GP clinic.

The GP asks about who her legal guardians are and if she can work with them to obtain the contraceptives. Cynthia informs the GP that she has a case worker who manages her day to day care and the monthly supervised visits she has with her birth mother.

Questions

1. What, if any information can be shared with the GP prior to the appointment (the School Program Lead does not know the reason Cynthia wants to see the GP)?
2. What are the clinical issues in this case?
3. Is Cynthia a mature minor for all these issues?
4. Who would need to consent to her treatments if not mature?
5. Cynthia is under-age for having sex with someone >2 years older?
6. How would the GP work with the School Program Lead to organise support for Cynthia's management?
7. How does the young person get the appointment with the school-based health service?
8. How is the level of maturity assessed and who is involved
9. What are the needs of the young person?
10. What other services need to be mobilised?

Points of considerations for Cynthia case

o Cynthia likely to be considered a mature minor as she has been living semi-independently. If not the GP will need to know about who to contact for consent purposes – the GP can ask the student for permission to seek this information from the School Program Lead, this is not health information and it can be shared with the students consent.

o Age of consent and risk – the GP would undertake a risk assessment around the age of Cynthia's partner. It is not reportable by the GP unless there is suspicion of sexual assault.

o Need to consider cost of ongoing contraceptives.

Appendix 5: Service Quality Checklist

The Service Quality Checklist provides a process for schools and clinicians to pause, assess how the service is going, and consider possibilities for improvement. The checklist functions as a continuation of the initial Induction process, allowing all parties to review the service in operation, and provides us with examples of best practice and common issues in implementation.

We request all schools to complete the Service Quality Checklist at the beginning of the term and **submit within two weeks of completion**. The objective is to support schools with an overview of the most important considerations that may support the delivery of a best practice Doctors in Secondary Schools service. This process is not intended to be onerous and we expect schools should be able to complete it successfully in under an hour.

Recommended participants:
- School Program Lead (Leads this process)
- GP
- Practice Nurse

May also include:
- Practice Manager
- DET Secondary School Nurse
- Assistant Principal and/or Principal.
- School Health and Wellbeing staff
- Student leaders
- Primary Health Network representative
- DET area-based Health & Wellbeing Specialist Service Manager or delegate

Service Quality Checklist process:
1. SPL to invite participants and schedule time (during clinic hours) to complete the checklist.
2. Complete checklist with GP, Practice Nurse and other key stakeholders
3. Briefly document responses and actions & **submit the completed checklist to doctors.in.schools@edumail.vic.gov.au within two weeks of completion.**

Topic / questions	Response / actions
1. Overview of last term's activities ☐ *What went well?* ☐ *What could be improved?*	
2. Clinic times ☐ *Did clinic times enable student to access the service?* ☐ *Does the service allow for 'drop-ins'?* ☐ *Will the same operating day/hours be maintained?* ☐ *SPL to advise of term calendar (e.g. curriculum days, excursions, exams)* ☐ *GP and PN to advise of any upcoming leave*	
3. Appointments ☐ *Confirm process for scheduling appointments and discuss any issues/successes from last term* ☐ *Confirm process for registering new patients/engaging with family doctor* ☐ *Are systems in place for reminders, recalls, Did Not Attends?* ☐ *Does the appointment process fit with school policies (e.g. support for class absence)?* ☐ *Where a student does not consent to notify parents/carers regarding appointment reminders, is there provision for an alternative contact person to be documented? What about the SPL?*	
4. Service uptake ☐ *Does the service have capacity to meet demand?* ☐ *Are there any school policies or processes (e.g. refusing to release students from class) that limit access to the service?* ☐ *If under-utilised, are there options available to increase awareness of the service?* ☐ *If over-utilised, are there solutions available to increase capacity (e.g. triage, shared tasks)*	

Topic / questions	Response / actions
5. Promotion and Integration ☐ *How has the service been promoted to the students? Staff? Parents? What additional activities have/could be planned for this term?* ☐ *Has the clinical team been introduced to the whole school community (teachers, school staff, students, parents)?* ☐ *Are clinic open times and appointment processes advertised?* ☐ *Has a working relationship between the clinical team and the whole school Health & Wellbeing team been established? (e.g. do they meet regularly to discuss prevalent student health issues)?* ☐ *What health promotion sessions/programs were undertaken last term? What is planned for this term? How could the clinical team provide support?*	
6. Roles and Responsibilities ☐ *Does the SPL feel that they have sufficient time available to perform their role?* ☐ *Is further support required to deliver the service (e.g. training, additional staffing, extra hours)?* ☐ *Are the clinicians aware of other relevant key stakeholders in the school community and local area who may support the service? (e.g. DET Secondary School Nurse, Student Support Officers, in-reach counselors, other health & wellbeing staff)?*	
7. Referrals to internal services ☐ *What other school or Departmental health and wellbeing services did students attending the clinic service last term use?* ☐ *Was there a perceived or identified need for additional services? If so, could anything be done to support these?*	
8. Referrals to external services ☐ *What, if any, external health and wellbeing services did clinicians refer students to last term?* ☐ *How accessible were external services to young people? Was there a perceived or identified unmet need for additional external services?* ☐ *Were families involved in external referrals and were there any issues or barriers in communicating with families?*	
9. Information sharing, consent and confidentiality ☐ *Were there any issues concerning confidentiality? How were they handled?* ☐ *Were there any system errors which resulted in unintentional breaches of confidentiality (e.g. letters sent to student's homes without consent, pathology invoices sent due to lack of Medicare number)?* ☐ *Are there any lingering confidentiality or privacy concerns? Consult the Operational Guidelines or contact the Department if so.* ☐ *Were there any complaints last term? How were these managed? Any considerations for this term?*	
10. Facilities and medical record software ☐ *Are the facilities, including equipment and IT, clean and in good working order?* ☐ *Are there any physical barriers (e.g. difficulty of access, non-privacy of clinic) that limit access to the service?* ☐ *Clinic to confirm it has setup the school as a distinct consultation/visit location in their medical record software – see guidance here and here.*	

Once complete, please submit to doctors.in.schools@edumail.vic.gov.au

Appendix 6: IT Troubleshooting Guide

To enable IT issues to be addressed as promptly as possible, DET has developed this guide to help streamline issues to the most relevant area.

Initiation

1. PHN will arrange for distribution of laptops and SIM card to clinicians, ensuring all clinicians using a laptop complete and sign the Licence Agreement, sending these executed agreements to DET.
2. Prior to the clinician commencing service, the PHNs will request activation of the SIM cards for each laptop by emailing VicGovt.TCS@team.telstra.com (and cc Thanh.Duong@team.telstra.com), providing:
   a. SIM card numbers
   b. Mobile account number is 4588807414, Plan for the sim cards is : $40/4.5GB Vic Gov 4.5GB Data Plan - Power User.
3. Record all laptop SNID #s, SIM card #s, mobile #s, and clinician details in the Laptop Log.
4. Once the SIM card is activated and installed in each laptop it *should* be able to provide internet signal directly to the laptops.
   a. Note: all laptops must connect to the internet using SIM cards, and not the school wireless network.
   b. If the SIM cards are not providing sufficient signal to enable access to base clinic software, we can invest in signal boosters (Nighthawks, antennas). Please contact the DiSS team if confirmed that these are required. Unfortunately, the relocatable buildings where most DiSS facilities are located are known for retarding the internet signal.
5. When logging on to the notebook for the first time, there is no initial password and this field should be left blank; the notebook will then require a new and unique password to be created and remembered by the user (GP or PN).
6. As part of the initial setup, Microsoft Office and the Windows system need to be activated on each laptop. The software activation can be done by the PHN or clinician. Once you have logged into the notebook and connected to the internet via the Telstra SIM card, click on the MS Office icon on the desktop to initiate the product activation.

Issues

1. Clinics are to raise IT issues (e.g. password issues, MS Office configuration, lack of connectivity) in the first instance with the school IT technician, via the SPL. However, not all schools employ a local IT technician or they may be unavailable. The Department supplies a Specialist Technician (ST) to all schools; these STs are onsite at Secondary Schools from 2 to 5 days per week and are available to assist. Please ask your SPL or school Business Manager for their contact details.
2. If the IT issue is hardware or service related, the school IT technician should contact the following suppliers to lodge the details of the fault:
   a. **For internet connectivity issues**, please contact the Telstra Customer Service Centre on 1800 730 062, Option 1, 2, 1, providing the SIM card and mobile numbers and noting the Telstra Business Account Number: 458 880 7414. If the fault requires the purchase of additional hardware, such as a Nighthawk or antenna, please contact the DiSS team to authorise.

      If you are having trouble getting a resolution from Telstra, Adrian Baynes, Aligned Service Delivery Manager for DET, can assist with any service related issues - adrian.baynes@team.telstra.com, 8694 1666 or 0409 790 391.
   b. **For laptop hardware issue**s, please contact ACER Computers on servicekac.aca@acer.com or 1300 139 211, providing the Serial Number and SNID, found at the underside of the laptop (see accompanying User Contact Guide)
   c. **For printer hardware issues**, please contact Learning with Technologies on 1300 550 717, Jason Legg, jasonl@lwt.com.au.
3. For notebook configuration issues, including passwords and software activation, school-based technicians and DET Specialist Technicians should escalate these through their usual channels.
4. If the IT issue cannot be resolved after following the above steps, please contact the DiSS team by calling 9097 1171 or emailing doctors.in.schools@edumail.vic.gov.au.

Appendix 7: Process for a clinic or GP withdrawing from the DiSS program

There may be times when a clinic withdraws from the program, and at other times just the GP may withdraw from the program while the clinic remains engaged in the program.

Once a clinic has notified the PHN that the clinic or GP intends to withdraw from the DiSS program, the following actions should be undertaken as soon as possible. Please see below for the Clinic/GP Withdrawal Template to record the required information.

If appropriate, the PHN and DET will explore any available options to retain the clinic or GP in the program, including flexible options in service delivery days and times.

If clinic or GP still chooses to withdraw the following actions are to be taken:

Informing the PHN

As soon as a practice or GP decides to withdraw from the program, the practice should inform the PHN and organise a meeting with the PHN to notify and discuss the decision. The PHN will then inform the school of the clinic withdrawing and organise a meeting between the practice, PHN and School, at which time the Exit Interview Form (below) will be completed, and approximate timelines for withdrawal will also be discussed and agreed upon. In some cases the PHN may need to meet separately with the school and clinic.

Informing Young People

Generally, a minimum of 30 days notification should be given to young people. The practice should place a sign on their door and in the office announcing the move or change of GP at least 30 days in advance.

The practice should also develop information sheets with details on accessing medical records from the base clinic, and transfer to another general practice or the base clinic, as well as the clinic address should a patient want to attend the base clinic.

The SPL should be consulted on the best way to inform the students that the clinic is withdrawing or the GP is changing. When the DISS clinic is closed, the SPL should reiterate and inform the young people looking to access services, where they can contact a GP if needed.

Test results and follow-ups

Communicating with young people regarding their test results is a critical aspect of maintaining continuity of care. The practice needs to have arrangements in place to provide young people with their results after cessation of service of the practice from the school.

The practice should also make every effort to identify pathways of continued care for young people needing follow-up appointments, such as through the GPs home clinic or other referrals deemed necessary for the young person.

Clinics can refer to the RACGP standard for general practices (4th edition) Standard 1.5 Continuity of care: https://www.racgp.org.au/your-practice/standards/standards4thedition/practice-services/1-5/continuity-of-comprehensive-care-and-the-therapeutic-relationship/

Transfer of health information

The clinic should obtain consent from young people to have their health information forwarded to the new provider once recruited by PHN. The new clinic should also show a commitment to accept these records in order to ensure continuity of care.

Clinics can refer to the Guidelines on Privacy in the Private Health Sector 2001, section 10: https://gp2u.com.au/static/documents/Guidelines-on-Privacy-in-the-Private-Health-Sector-2001.pdf

Computer and IT information Security

It is essential that the clinic seeks advice from their IT provider regarding all electronic health records. For further information about clinical records security, clinics can refer to the RACGP standards below:

• RACGP standards for general practices (4th Edition):
https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Security/Information-Security-in-General-Practice.pdf

• RACGP computer and information security standards (2nd Edition):
https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/Computer-and-information-security.pdf

Materials and Equipment

After the practice has removed the health information and clinical software from the DET laptops, the laptops will either remain at the school with the SPL or the School Technician or be held by the PHN. The school technician will ensure all medical and clinic information is removed from the laptops prior to them being issued to the next practice. If the practice purchased a Doctor's Bag for this program with DET funds, the bag will be locked in the clinic cupboard, after disposing of all medications, or be held by the PHN until a new clinic is engaged for the school.

Benefitting the School Community

General practice plays an important role in benefitting the wider community it is serving. It is recommended that when a practice withdraws from the program, they identify and share the most popular health issues faced by the school in a handover document. A sample document is attached below.

Exit interview form

Background	
School	
PHN contact	
Clinic Withdrawing	
Clinic name and contact details	
Date of Meeting	
GP Feedback	
What is the main reason the clinic is withdrawing from the program?	
GP thoughts on how well the program has been running at the school, including any current issues.	
Would the clinic or GP consider re-engaging with the program in the future? Why or why not?	
SPL Feedback	

How has the service been going?	
Are there any issues that need to be followed up? Who will do this?	
What are the main challenges/lessons learned in managing the school clinic.	

School handover document

School Name	
Practice Name	
Date	

Health Needs	Education Stakeholder	Possible Role
For Example: *1. Asthma is very popular amongst students at this school*	*Health and Wellbeing Coordinator*	*Supporting adolescents and young adults to self-manage their asthma*

*Add more rows if required

Appendix 8: School Program Lead – Handover Checklist

If the school changes the person appointed as the School Program Lead (SPL) for any reason, the school must inform the Department central office team, Medical Centre and Clinicians, as soon as possible – schools are expected to have this position filled at all times. A comprehensive handover should be provided to any new staff taking on the responsibilities of the School Program Lead role.

Handover when a new SPL is appointed

When there is a change of SPL in the program, it is essential that a thorough and well documented handover is provided to the new SPL or to a temporary SPL until the new SPL becomes available. A successful DiSS program can be set back significantly when there is a change of SPL without a thorough handover. The departing SPL handover to the new SPL should complete the following checklist:

Action	Completed?
The opportunity for the new SPL to shadow the departing SPL, on a clinic day prior to the SPLs departure	
Informing the school community, including the students, about the changes and when they will come into effect	
Face to face introductions with the clinic staff, wellbeing team and school nurse	
Orientation to the general running of the program as per the most current version of the DiSS Operational Guidelines, including managing and ensuring privacy and confidentiality, information on Medicare and My Health Record, and managing students who are not eligible for Medicare	
Familiarisation with the appointment system including, student retrieval from class, managing follow ups and non-attendances at appointments	
Discussion of the SPL roles and responsibilities document	
Organising a handover meeting with school and clinic staff	

Appendix 9: Summary of changes

Version 1 to Version 2

Heading and Page Number Version 2.0	Deletions or amendments
Further advice and key contacts p. 4	Updated contact details for Primary Health Network representatives.
Department of Education and Training Secondary School Nurses p. 11	Amended section to provide more information about the role of the SNNP and interaction with Doctors in Secondary School program.
Establishing a Partnership Between a Medical Centre and a School p.16	Included sentence encouraging schools to engage students in the final selection.
New section Access for students ineligible for Medicare p.18	New section – Access for students ineligible for Medicare p.18
New Section Access for students enrolled at other schools p. 19	Includes direction for schools on how to manage requests from visiting students from neighbouring schools.
New Section Access for students in Out of Home care p. 19	Gives direction to schools about managing access to students who are in Out of Home care.
New Section Induction Process p.21	Includes information about an induction process for schools to follow when initially meeting with their clinical staff.
New Section Online training modules for clinical staff p.22	Includes information about online training modules available for GP and Practice Nurses involved in the program.
New Section Recognition of Prior Learning p.22	Includes information on how to DET will assess recognition of prior learning for GPs.
GP Payments and billing p. 23	Amended to more accurately reflect payment system.
GP and Practice Nurse Travel costs p. 23	Amended travel policy to include additional payments for GPs and Practice Nurses working in areas of workforce shortage.
New Section Training for GPs and Practice Nurses (including reimbursement) p.24	Includes further specific information on the required online modules for GPs and Practice Nurses to undertake.
New Section IT Equipment p.26	Includes information about the IT equipment in the GP clinic and laptops provided to the GPs.
Information Sharing – Parents and Carers p. 29	Amended to include direction for schools should a parent or carer expressly state at the start of a school year or at any time during the school year, that they GP should not treat their child and should a parent or carer contact the school to ask whether their child has made an appointment with the GP.
New Section New Criminal Offences p.31	Included information on the Failure to Disclose and Failure to Protect offences.
Child protection and reporting obligations p.32	Amended to include explicit direction around mandatory reporting for doctors and nurses and information on the new criminal offences – failure to disclose and failure to protect.
New Section Reportable Conduct Scheme p.32	Included information on the DET Reportable Conduct Scheme.
Phase 2 Schools PHN allocation p. 39	Correctly allocated Bayside P-12 to North Western Melbourne PHN.
New section Appendix Four: Induction process p.46	Included Induction process document for schools to follow.
New Section Appendix Five: Summary of changes from Version 1.0 p.52	Included summary of changes table from Version 1 to Version 2

VERSION 2.0 TO VERSION 2.1

Heading and Page Number Version 2.1	Deletions or amendments
Access for students not eligible for Medicare p.18	Included further information about the confidentiality for international students.
Phase 2 Schools PHN allocation p. 39	Correctly allocated Charles La Trobe P-12 College to Eastern PHN

VERSION 2.1 TO VERSION 2.2

Heading and Page Number Version 2.2	Deletions or amendments
School Program Lead p. 11	Reminder to schools to advise the central office team (and their Medical Centre and Clinicians) of any changes to the School Program Lead and to ensure proper handover occurs if there are changes in staff.
Access for students not eligible for Medicare p. 18	Includes information on the process for GPs consulting with Medicare ineligible students
New Section School cancellation of a clinic session p.20	Included information on process should a school cancel the clinic
Training for Clinical Staff p. 21	Included further information regarding the Adolescent Health training provided by the University of Melbourne
New Section Training for GPs and Practice Nurses (including reimbursements) – allowances p.25	Includes information on the reimbursement of travel costs for training attendance

VERSION 2.2 TO VERSION 2.3

Heading and Page Number Version 2.3	Deletions or amendments
New Section Process for obtaining Medicare details p.18	Included process to guide the clinical staff obtaining student Medicare details from the school
New Section IT Troubleshooting p.22	Included to provide guidance around IT.
New Section Service Delivery Checklist p.22	Included information about the process to support schools and clinicians deliver the best service possible.
New Section Quarterly Planning Session p.22	Included information on the availability of funding to support planning sessions with school and clinical staff.
Clarification on RACGP modules p.23	Updated to reflect all modules available regardless of RACGP membership status.
New section Medical Centre Management Fee p.24	Included information about the availability of the Medical Centre Management Fee
New Section Extending clinic hours beyond 4 hours per week p.25	Included policy position on the extension of hours if required in a clinic.
New Section Quarterly Planning Sessions p. 25	Included information on the availability of funding to support planning sessions with school and clinical staff.

VERSION 2.3 TO VERSION 2.4

Heading and Page Number Version 2.4	Deletions or amendments
PHN Contacts p.4	Included updated contact details
Program Overview p.6	Updated pilot program funding period
New Section Medical students participating in DiSS clinics p.21	Included details on medical students participating in the DiSS program, with more information at Appendix 2
GP and Practice Nurse Travel Costs p.24	Updated ATO reimbursement rate and added new information based on revised travel policy
New Section Funding for GPs to see students ineligible for Medicare p.24	Included details on reimbursement for GPs seeing students without Medicare cards when incentive threshold has been reached
Training for GPs and Practice Nurses p.24-5	Updated to include revised allowances
Data Collection p.38	Updated to include new processes
Evaluation p.38	Updated to include reference to reporting
New Section Guidelines for medical students participating in DiSS clinics Appendix 2	Included guidelines for medical student participation in clinics under supervising GPs

VERSION 2.4 TO VERSION 2.5

Heading and Page Number Version 2.5	Deletions or amendments
Program Overview p. 5	Amendment of reference to program as a 'pilot' Removal of 'are commencing' future tense
Access for students not eligible for Medicare p.18	Added line clarifying students who may be ineligible
Access for students not eligible for Medicare p.18	Deleted line about discussions with insurers Added line about international students not wanting their parents notified Updated hourly rate to $150
IT Connectivity p. 22	New section added detailing connectivity options
Extending clinic hours beyond 4 hours per week p. 25	Added process for approving extra clinic hours
Cleaning, utilities and maintenance p. 26	Added reference to Cleaning Reform Team work
IT Equipment p. 28	Line added on internet connectivity options
Cleaning GP Facilities p. 29	Added reference to Cleaning Reform Team work
Maintenance of GP facilities p. 29	New section detailing maintenance funding and process
Appendix 7: Clinic withdrawal process p. 59	New section detailing the withdrawal process
Appendix 8: SPL Handover Checklist	New section added detailing handover process

VERSION 2.5 TO VERSION 2.6

Page Number and Heading	Deletions or amendments
Page 5. Update: Further Advice And Key Contacts	Updated PHN contact details
Page 6. Update: Range of Services	Updated to include delivery via telehealth
Page 22. New Section: Telehealth	New guidelines on delivering telehealth