

# Doctors in Secondary Schools Operational Guide



# Contents

<b>Doctors in Secondary Schools program</b> .....	<b>5</b>
Document purpose and use .....	5
Program overview .....	5
<b>Collaboration</b> .....	<b>6</b>
Collaboration partners.....	6
Governance .....	7
<b>How the DiSS program works</b> .....	<b>8</b>
Outline .....	8
Roles and responsibilities .....	8
Clinical training and support.....	14
Funding.....	15
Travel allowances .....	17
Accessing the GP .....	18
Policies and obligations.....	21
Other departmental policies and guidelines.....	22
Infrastructure and equipment .....	23
Laptops and IT support .....	24
Medical centre or GP withdrawal from DiSS.....	25
Best Practice Guide .....	25
<b>Appendix 1 - Department regional and area contacts</b> .....	<b>26</b>
<b>Appendix 2 – Induction checklist for SPLs</b> .....	<b>27</b>
<b>Appendix 3 – Service quality checklist</b> .....	<b>29</b>
<b>Appendix 4 – Policies and obligations</b> .....	<b>32</b>
Consent and confidentiality .....	32
Schools reporting obligations .....	35
Complaints and grievance resolution process .....	35
Data collection by medical centres and reporting to the department.....	36
Evaluation .....	36
<b>Appendix 5 - Training for clinical staff</b> .....	<b>37</b>
Mandatory Training .....	37
Non-mandatory training and support.....	38
<b>Appendix 6 – GP care coordination and record keeping</b> .....	<b>39</b>
Process for obtaining student Medicare details .....	39
Access for students not eligible for Medicare .....	40
Access for students enrolled at other schools .....	41
Access for students in Out of Home Care .....	41
Care coordination and record keeping .....	41
Absences of a GP and/or PN .....	42

Medical students participating in DiSS clinics.....	42
<b>Appendix 7 – Infrastructure and equipment .....</b>	<b>44</b>
Relocatable buildings .....	44
Refurbishment of existing building.....	45
Finishes, fittings and furniture .....	45
IT equipment.....	46
Medical equipment kept within DiSS clinic .....	46
Cleaning DiSS clinic facilities .....	47
Maintenance of DiSS clinics.....	47
<b>Appendix 8 - Duress Alarm system: policy and procedure .....</b>	<b>48</b>
Purpose .....	48
Policy statement.....	48
Duress Alarm system usage procedure.....	48
Responsibilities .....	49
<b>Appendix 9 – IT Guide .....</b>	<b>50</b>
Roles and responsibilities .....	50
Procurement and distribution of laptops .....	50
Activating SIM cards .....	51
Connecting to the internet .....	51
Addressing laptop or IT issues .....	51
Guidance on specific technical issues .....	51
Returning equipment.....	53
<b>Appendix 10 - Process for medical centre or GP withdrawal from DiSS program .....</b>	<b>55</b>
Informing the PHN .....	55
Informing students .....	55
Test results and follow-ups.....	56
Transfer of health information .....	56
Computer and IT information security .....	56
Materials and equipment.....	56
School handover .....	56

**Abbreviations**

<b>The department</b>	The Department of Education
<b>DiSS</b>	Doctors in Secondary Schools
<b>PHN</b>	Primary Health Network
<b>GP</b>	General Practitioner
<b>PN</b>	Practice Nurse
<b>Medical centre</b>	The medical clinic responsible for the GP and PN
<b>ST</b>	Specialist Technician
<b>SPL</b>	School Program Lead
<b>Parent</b>	Parent/carer(s)

# Doctors in Secondary Schools program

## Document purpose and use

This guide aims to provide a high-level overview of the Doctors in Secondary Schools (DiSS) program, and some basic steps and guidance on key operational areas.

The guide offers broad direction, recognising that schools are best placed to apply the program's required policies and guidelines to suit their individual context and to meet local need.

The guide details the standard delivery model of DiSS, but also notes that there are occasional deviations from this model to accommodate specific local requirements. These exceptions are rare and only approved by the department in extraordinary circumstances.

## Program overview

Students need good health and wellbeing to learn, thrive and reach their full potential – in school and in life. However, for some students it can be hard to access a General Practitioner (GP) for a range of reasons.

The Australian-first DiSS program delivers equitable, accessible and professional primary healthcare to those secondary school students who need it most.

The DiSS program funds GPs and Practice Nurses (PN) to provide medical advice and health care to students who need it the most in 100 Victorian Government secondary schools. GPs and PNs attend schools up to one day per week.

The program aims to:

- make primary health care more accessible to students
- assist young people to identify and address any health problems early
- reduce the pressure on working parents.

DiSS GPs provide students with the same services at the school, in a youth friendly environment, as those provided by GPs in the community. This includes management of physical health, mental health and sexual and reproductive health issues as well as referrals to other health services as required.

Through the DiSS program, GPs can deliver services via telehealth when remote service provision is required, and where it is safe and clinically appropriate to do so.

The program provides modern, fit-for-purpose consulting rooms in schools. All secondary school students who are enrolled in a participating school can access the GP, subject to providing the required consent for the services.

Participating schools, students and their parents do not incur any out-of-pocket expenses for consultations with the DiSS GP.

Schools receive funding to appoint a School Program Lead (SPL) to coordinate and implement the program.

# Collaboration

Establishing and integrating the DiSS program into a school requires the connection, engagement, and collaboration of a range of stakeholders, all committed to its success.

These key stakeholders include:

- The Department of Education (the department), including the central DiSS team, regional offices and Area-based health, wellbeing and specialist services
- Primary Health Networks (PHN)
- GPs
- PNs
- school principals and/or assistant principals and/or SPLs
- medical centres
- schools and the health and wellbeing teams
- students.

## Collaboration partners

The DiSS program is most successful when it links into and draws upon the range of other health and wellbeing supports available for students, including:

### Mental Health Practitioners

[Mental Health Practitioners](#) (MHP) are qualified occupational therapists, psychologists, social workers, nurses with a mental health specialisation, or counsellors of a prescribed class. Practitioners are school-based and work flexibly based on the needs of the school. The role includes:

- mental health prevention and promotion
- short term support for students including direct counselling
- coordinating supports with other services for students with complex needs.

Schools can also use advice and resources in the Schools Mental Health toolkit to support student mental health and wellbeing.

### Department Area-based Health, Wellbeing and Specialist Services branches

The department has Area-based, multi-disciplinary Health, Wellbeing Specialist Services (HWSS) branches in each of its 17 Areas. The primary contacts for the DiSS program are the HWSS managers, who can help resolve any operational issues at a school level where required. They can also escalate any major concerns, risks, or potential systemic issues to the department's central DiSS team.

Once a GP and PN have been appointed to a school in their Area, the PHN can arrange for them to meet the relevant HWSS manager (or an appropriate delegate) to provide them with background briefings on the range of other related health and wellbeing services delivered by the Area and regional offices.

See [Appendix 1](#) for full list of HWSS managers by the region.

## Student Support Services

Regionally based [Student Support Services](#) (SSS) are embedded in area-based, multi-disciplinary teams. They support schools and assist students with learning barriers to achieve their educational and developmental potential.

SSS officers include:

- psychologists
- speech pathologists
- social workers
- visiting teachers.

## Secondary School Nurses

For schools with a department allocated Secondary School Nurse (SSN), SPLs, GPs, PNs and PHNs are encouraged to work closely with the SSN to support the integration of the DiSS program into a school.

A strong partnership between the SSN, GP, PN and other staff in a school, leads to consistent health promotion messages as part of the school's health and wellbeing programs and helps ensure specific health issues are addressed across the school population.

## Enhancing Mental Health in Secondary Schools via headspace

As part of the [Enhancing Mental Health in Secondary Schools](#) (EMHSS) program, dedicated [headspace](#) counselling services for secondary school students are established within headspace centres (schools and students more than 50 kms from a headspace centre can utilise phone counselling). This service is available to support secondary school students presenting with mental health issues such as anxiety or depression, to improve their mental health and to assist in finding the right support.

The DiSS program can provide referrals to headspace services via the EHMSS program and other community-based supports as appropriate and assists school-level planning to support student mental health needs.

## Governance

The DiSS program is led by the department's School Health Programs and Services Unit, within the Wellbeing, Health and Engagement Division. The department's central DiSS team provides overall program management and advice. Governance arrangements have been designed to balance the need for central oversight with local decision-making.

# How the DiSS program works

## Outline

- Each school participating in the DiSS program appoints an SPL. The SPL is responsible for the overall coordination of the program at their school and is critical to its success.
- The SPL, school health and wellbeing team, school administrators, teachers, departmental regional office and student leaders work together to promote the service at the school and encourage student participation.
- Meanwhile, Victoria's 6 PHNs engage medical centres that provide a GP and PN to deliver the DiSS program at participating schools.
- The GP and PN are engaged in the program through their PHN and attend the school for up to one day per week throughout the school term.
- PHNs work closely with all stakeholders to establish the DiSS clinic at the school (See [Appendix 2 for induction checklist for SPLs](#)).
- Once operational, the SPL works with the GP to provide a primary health care service at the school on either a weekly or fortnightly basis. Telehealth is also an option for consultation.
- SPLs and their respective PHNs keep in regular contact about the status of the DiSS program at their school (See [Appendix 3 for service quality checklist](#)). In the first instance, the SPL raises any queries they may have with their PHN. PHNs can escalate queries to North Western Melbourne PHN (NWMPHN) - the state's lead PHN for the DiSS program, if needing further guidance or approval. NWMPHN may refer the query to the department's central DiSS team where appropriate.
- Each PHN maintains regular contact with the department's central DiSS team on the status of the program at their participating schools and undertakes a range of reporting functions.

## Roles and responsibilities

### The Department of Education – central office

The department has overall responsibility for the administration of the program, including responsibility for policy and contract management of the 6 PHNs. Issues that cannot be resolved at the local level are managed by the department's central DiSS team.

The department's central DiSS team can be contacted on:

[doctors.in.schools@education.vic.gov.au](mailto:doctors.in.schools@education.vic.gov.au).

The department's central DiSS team's key roles and responsibilities include:

- reporting to the Office of the Minister for Education
- program governance
- program and risk management
- budget management
- asset management
- policy development and implementation

- procurement of program services
- contract management of PHNs and other providers/suppliers engaged in the program
- the provision of and support of program information technology requirements
- contract management of University of Melbourne for delivery of DiSS clinical training and support program
- review and endorse any exceptions to the standard DiSS model.

## Primary Health Networks

Primary Health Networks (PHNs) work with the department, the DiSS workforce and DiSS schools to facilitate and support the implementation of the DiSS program. PHNs key roles and responsibilities include:

- recruiting the DiSS workforce (medical centres, GP and PN) and leading their onboarding, induction and offboarding
- managing medical services, clinical governance and service quality
- managing funding to medical centres according to the DiSS funding model
- collaborating with each other to ensure consistent program implementation
- Facilitating access to GP and PN training and ongoing professional development.

PHNs contact participating schools to establish a relationship in the first instance. PHNs take the lead on developing relationships with local medical centres and health services to provide GPs and PNs to each school.

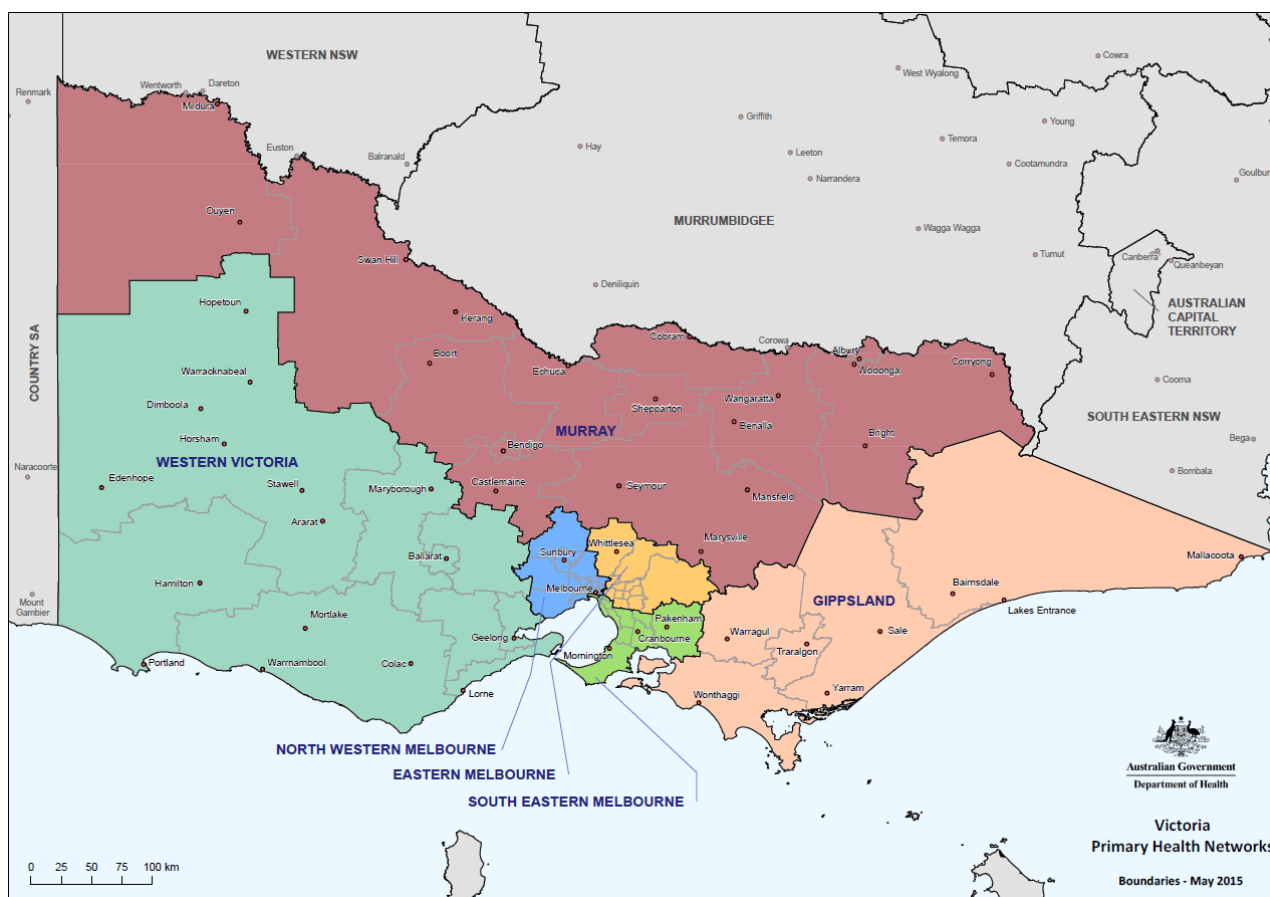
The PHNs provide the opportunity for schools to share preferences (such as for a female GP) at the commencement of the recruitment process.

PHNs can access more detailed information about their roles and responsibilities from their Common Funding Agreement (CFA) with the department.

Victoria has 6 PHNs:

- North Western Melbourne PHN (leads state-wide activity) – 21 schools
- South Eastern Melbourne PHN – 19 schools
- Gippsland PHN – 9 schools
- Murray PHN – 21 schools
- Eastern Melbourne PHN – 12 schools
- Western Victoria PHN – 18 schools.

**Figure 2 – Map of Victoria’s PHN boundaries across the state**



**State-wide lead PHN**

North Western Melbourne PHN (NWMPHN) is the lead PHN for the DiSS program.

As lead PHN, NWMPHN’s key roles and responsibilities include

- proactively consulting with, providing guidance, and supporting the PHNs in identifying issues and their resolution, escalating to the department’s central DiSS team where appropriate
- developing innovative solutions to program issues in partnership with the department
- leading the resolution of program issues requiring collective action across PHNs
- providing networking opportunities and practical support to assist the PHNs to consistently implement program deliverables.

NWMPHN can access more detailed information on its roles and responsibilities from its CFA with the department.

**General Practitioners**

DiSS GPs work with the appointed PN and SPL to provide a primary health care service on the school premises or via telehealth.

Participating GPs provide the same level of healthcare support that students 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.

With the appropriate consent, GPs engage with other health professionals working within the school and broader community, as well as communicating with the student's regular GP (where appropriate) to increase the health and wellbeing benefits from a multi-disciplinary approach. More information on the DiSS program's consent and confidentiality requirements are available on the department's Policy and Advisory website: [Doctors in Secondary Schools: Guidance | education.vic.gov.au](https://www.education.vic.gov.au/Doctors-in-Secondary-Schools-Guidance)

GPs may also make referrals to other health services if required (e.g., psychology or physiotherapy). The SPL and PN work with the student, parents (where appropriate) and the GP to help facilitate referrals to other services when necessary.

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

A GPs key roles and responsibilities include:

- providing medical advice and primary health care for students in partnership with a PN
- working collaboratively with the SPL, school health and wellbeing teams, school administrators and teachers to support promotion of the service and enhance student participation
- working collaboratively with the department's Area-based Health and Wellbeing Support Staff, including SSNs
- ensuring compliance to relevant privacy legislation and providing a child safe environment in accordance with the Child Safe Standards and Mandatory Reporting requirements
- attending initial mandatory training and ongoing professional development activities related to the role
- understanding and applying the consent and confidentiality requirements that apply to themselves, the PN and the school
- liaising with students, and parents where appropriate, to obtain consent
- complying with all applicable departmental policies and procedures
- complying with any reporting or data collection requirements
- participating in the evaluation activities of the program.

The GP will be a partner or an employee of a medical centre that is accredited under the [National General Practice Accreditation Scheme](#).

## Practice Nurses

The Practice Nurse (PN) is employed by the partner medical centre engaged in the DiSS program. The PN provides critical support to the GP, as well as providing the clinical link between the medical centre and school.

The PN works with the GP, liaises with students and school staff, and makes links with other allied health professionals working within schools to support a cohesive health management approach for students.

The PN must be registered with the Nursing and Midwifery Board of Australia and hold [Australian Health Practitioner Regulation Agency](#) (AHPRA) registration.

All participating PNs must undergo and successfully obtain a Working with Children Check. Medical centres will be reimbursed for associated costs.

A PN's key roles and responsibilities include:

- providing clinical and relationship management support for the GP participating in the DiSS program
- supporting the delivery of a youth friendly service to students
- working with the SPL to schedule appointments and follow-ups as necessary for students, and coordinate referrals with secondary health and wellbeing services
- supporting a successful relationship between the GP, medical centre and the school
- supporting the SPL to educate staff and parents about the program and to promote it to students
- understanding and applying the [consent and confidentiality requirements](#) that apply to the GP, themselves, and the school
- liaising with students, and parents where appropriate, to obtain consent understanding and ensuring compliance to relevant privacy legislation and providing a child safe environment in accordance with the Child Safe Standards and Mandatory Reporting requirements
- 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 SSNs
- maintaining accurate and timely records of clinical activity for assessment, planning, implementation and evaluation purposes
- attending training and ongoing professional development activities related to the role.

## School Program Lead

Each school receives DiSS funding to appoint a Leading Teacher (or Assistant Principal) as an School Program Lead (SPL). The SPL is responsible for the overall coordination of the program at their school and is essential to its success.

While a Leading Teacher or Assistant Principal must be appointed to formally oversee the program, schools have the flexibility to deploy other appropriate members of staff (such as a Student Wellbeing Coordinator) to support the day-to-day program responsibilities alongside the Leading Teacher.

Schools are expected to always have their SPL position filled. The school must inform the department's central DiSS team, medical centre and relevant PHN as soon as possible if there is a change in SPL. A comprehensive handover should be provided to new staff taking on the responsibilities of the SPL role.

A SPL's key roles and responsibilities include:

- providing leadership in the school regarding the implementation of the program
- supporting the GP and PN to deliver primary health care to students
- collaborating with the PN to ensure effective management of the service including making of appointments and supporting maintaining students' confidentiality
- understanding and applying the [consent and confidentiality requirements](#) that apply to the GP, the PN and the school and, where required, support the GP/PN to obtain consent from parents
- integrating the GP and PN service into the school's broader health and wellbeing programs

- supporting the GP and PN to work collaboratively with the department's Area-based Health, Wellbeing Specialist Support Staff, including SSNs
- providing education and leadership around parent/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.

## Medical centres

Medical centres are engaged in the DiSS program through the PHNs. To deliver the DiSS service, medical centres must hold current or be registered for accreditation against the 5<sup>th</sup> RACGP Standards for General Practice.

The medical centres provide an appropriately qualified GP and PN and are required to enter into a Licence Agreement with the relevant school council. If the medical centre does not have a PN available or a PN appropriate to fill this role, they are required to recruit to this position.

A medical centre's key roles and responsibilities include:

- providing an appropriately qualified GP to undertake medical consultations with students on school grounds up to one day a week throughout the school term
- supporting the GP to implement clinical practices where necessary
- providing an appropriately qualified PN 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 PNs
- fulfilling reporting or data collection requirements
- ensuring compliance to relevant privacy legislation and providing a child safe environment in accordance with the Child Safe Standards and Mandatory Reporting requirements .

## Joint roles

### Program coordination

The SPL and PN share the program's coordination duties. 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.

### Risk management

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

## Licence Agreement between the medical centre and the school council

No funding or payment is exchanged between participating DiSS schools and medical centres; however, schools are required to have a Licence Agreement with their partnering medical centre within 90 days of service commencing to authorise GPs and PNs to work on school grounds.

This is the responsibility of the school council. The department's central DiSS team works with PHNs and schools to ensure Licence Agreements are established before the GP commences consultations with students.

## Clinical training and support

The department has engaged the University of Melbourne (UoM), Department of General Practice and Primary Care, to deliver the DiSS Clinical Training and Support Program.

The DiSS Clinical Training and Support program provides mandatory onboarding training, clinical training, clinical support and a point of connection for GPs and PNs.

The UoM has partnered with the Royal Children's Hospital, Orygen Youth, Sexual Health Victoria and Headspace to develop and deliver an adolescent health training program that will provide GPs and PNs with the skills, expertise and support to work with adolescents and provide a youth-friendly primary health service in schools.

All training is provided via the [UoM website Healthcare in Secondary Schools](#).

## Remuneration

The GP and PN will be compensated for their time, at their agreed hourly rate, for their attendance in clinical training:

- Eight hours of mandatory training are fully remunerated
- Up to four hours per calendar year, to attend clinical training and support activities (beyond mandatory induction training) relevant to the program. This allocation is primarily to attend professional development activities provided by the UoM.

## Mandatory training

All GPs and PNs new to the DiSS program must undertake Mandatory training. The training is delivered over multiple parts and covers program background, best practice, communication skills with adolescents, medicolegal issues and a toolkit for responding to health risks that commonly emerge.

Prior to starting in the DiSS clinic clinicians must undertake self-paced activities:

- Watch the *pre-workshop video*
- Read the *Getting Started Guide*
- Complete a *Medico-legal quiz*.

Once working on the DiSS program:

- Submit a case template (prior to attending two mandatory workshops)
- Attend Adolescent Health workshop
- Attend Clinical Communication Skills workshop.

Mandatory training must be completed within six months of commencing work at a DiSS clinic.

All components together constitute the eight hours of mandatory training and are fully remunerated at the agreed DiSS hourly rate.

All DiSS training workshops are accredited with the Royal Australian College of General Practitioners (RACGP) Continuing Professional Development program. Upon attending, GP details will automatically be lodged by the UoM with RACGP.

## Non-mandatory clinical training and support

DiSS clinicians have access to an additional clinical training and support from the UoM Clinical Training and Support Program. A variety of training resources, including events, workshops, webinar recordings, podcasts, a point-of-care-advice line, newsletters and networking opportunities can be accessed through the UoM website.

See [Appendix 5](#) for more information on clinical staff training.

## Prior learning and experience

The department requires all GPs and PNs to undertake the mandatory UoM training.

However, GPs and PNs will not be required to undertake the mandatory training if they have completed:

- a diploma or graduate diploma in Adolescent Health and Welfare from the University of Melbourne
- Australian Medical Association's Dr Yes program
- headspace's accredited Youth Mental Health module
- other significant prior learning or experience and approved by the department.

Prior adolescent health training or clinical placements are assessed on a case-by-case basis by the department via PHNs. An application for a waiver of the requirement to complete mandatory training must be made in writing to the PHN with an accompanying curriculum vitae detailing the prior relevant experience. Occasionally, GPs or PNs seeking a waiver of training may have a discussion with the DiSS medical advisor at The University of Melbourne as a part of the assessment process.

## Funding

The following information outlines funding arrangements to deliver the DiSS program and applies to:

- schools
- PHNs
- GPs
- PNs
- medical centres.

## School payments

Funding is allocated to schools for staff time for DiSS coordination and clinic cleaning and maintenance.

- SPLs: schools are provided with funding equivalent to 0.2 FTE at Leading Teacher Entry Level pay rate to fund the SPL role. This funding is provided through the Student Resource Package (SRP). Schools determine how to allocate their budget across the school to best

suit resourcing needs. Schools may deploy a non-teaching staff member to fulfil program coordination functions and may use the funding provided to support this. However, the SPL (i.e., a Leading Teacher or Assistant Principal) must retain overall responsibility for program coordination.

- Cleaning and maintenance: schools receive funding support for cleaning and maintenance either via the SRP or via the centrally administered cleaning facilities.

All school requests for additional funding to support program delivery must be provided in writing to PHNs who will then seek review and approval from the department's central DiSS team. Funds are provided through the Schools Targeted Funding Portal.

## PHN payments

The department has a contract with each PHN and funds them to implement the DiSS program. The funding amount depends on the number and location of schools delivering the program in the PHN's catchment area.

## Clinical payments

Payments to the medical centres are paid according to their contracts with their respective PHNs. Medical centres are responsible for paying their contracted GPs and PNs directly.

Any GP, PN or medical centre requests for additional funding to support program delivery must be provided in writing to their respective PHN and agreed to by the department's central DiSS team. Approved funding requests are paid via the PHNs quarterly.

Medical centres determine the hourly rate of pay for PNs (plus 18% for on costs).

## Medical centre support payments

Medical centres involved in the DiSS program are paid a Practice Management Fee (PMF).

The PMF consists of an annual once-off payment plus a weekly payment for each week during school terms for which the Medical Centre provides services, regardless of clinic frequency.

The department will review PMF payment if service is interrupted over an extended period. Schools are not involved in managing GP or PN payments.

## GP payments and billing

GPs who provide services at a DiSS school are paid a General Practitioner Incentive Payment (GPIP).

The GPIP is calculated by multiplying the number of hours the GP works by their hourly rate minus the amount the GP is entitled to be paid under the Medicare Benefits Schedule for services provided at a DiSS clinic.

## Extending clinic hours beyond 4 hours per week

If the GP, PN, PHN and SPL all agree that extra clinic time is necessary to meet demand at a school, the **PHN can approve an extension of up to 2 hours extra per week** (from 4 to 6 hours per week). Any request beyond 6 hours must be reviewed by the department and will be only approved in rare and exceptional circumstances on a case-by-case bases.

To proceed:

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

Both the GP and PN can work these extra hours, or just the PN. GPs will receive their usual incentive payment for each hour worked.

PNs will be paid up to an additional 2 hours (plus 18% for on costs), for each additional hour worked by the GP. For example, if the GP works 6 hours, the department will fund up to 11.6 hours for the PN.

### *Making the request*

To extend to 6 hours per week, the GP or medical centre should email their PHN with their rationale and confirmation that all parties agree to extra clinic hours. The PHN will consider the request and approve, if appropriate.

Any requests beyond a 6-hour clinic are to be first review and endorsed by the PHN and then provided to the department for consideration. These requests will only be approved in rare and exceptional circumstances.

**Note:** As PNs are already funded 7.6 hours, the GP and PN can agree how many additional hours the PN needs to work. Consistent with current practice, outside of the time the GP is at the school, and when the PN must be onsite, the PN can spend the additional funded hours either at the school or at the base medical centre.

## Quarterly planning sessions

Clinical teams, SPLs 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 can approve to reimburse (via PHNs) for up to 2 additional hours per school term.

## Travel allowances

### Travel distance

Eligible GPs and PNs are reimbursed for travel between the medical centre and the school, on a per kilometre basis at the current Australian Taxation Office car expenses rate.

### Travel time

GPs and PNs are eligible to claim reimbursement for time travelled if their base medical centre is more than **25** km travel (each way) from the school where they deliver the DiSS program.

To claim hourly rate for travel expenses under this policy, the medical centre and PHN need to agree this upfront and record an average time for program related travel.

### Payment process

- Clinicians submit appropriate evidence (e.g. receipts, tickets, itinerary) to PHNs for processing
- If approved, PHN reimburse the medical centre, and the department reimburses PHNs through their quarterly contract payments.

## Accessing the GP

All students can access the GP, in line with the DiSS program's consent and confidentiality policy. Consultations are bulk billed through Medicare, so there are no out-of-pocket expenses for students or their parents. A Medicare number should be provided (where possible) to the medical centre to enable this.

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 PN sources this on their behalf.

Students that do not have a Medicare number are still able to access the GP and PN and the GP or PN can source their details on their behalf.

Students should be informed that:

- for a student aged under 14, on their parent's Medicare card, their parent will be able to access the student's Medicare claim information without their consent
- for a student aged 14 or over on their parent's Medicare card, information about their Medicare claims will not be released by a DiSS GP or PN to a parent without their consent
- for a student of any age with their own Medicare card, no information about their Medicare claims can be released to a parent without their consent.

Students aged 15 years or older can have their own Medicare card. More information is available from [Services Australia, Enrolling in Medicare](#).

## Scheduling appointments and managing student absences

More detailed guidance and best practice for scheduling appointments and managing student absences from class can be found in the DiSS Best Practice Guide.

### Scheduling appointments

The process of scheduling of appointments should be easy and accessible to the student to encourage student uptake. Processes of how appointments are scheduled may vary between schools.

### 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 or DiSS clinic walk-in access can be offered to those students concerned about confidentiality.

## Supporting student access and attendance

Student access to confidential health care must be balanced with monitoring student absences and maintaining appropriate student records. When managing class absences for GP appointments, schools must ensure the confidentiality of the student is prioritised, particularly in relation to parents of mature minors. The department recommends noting that students are 'Attending a Health and Wellbeing Appointment' in the student management software and that reference to the GP is avoided.

Students must be advised of this process before making an appointment. For schools using a student management system that provides parental access, parents may be notified.

Schools should establish a process to suit the school's context and existing systems. All school staff should be made aware of the process, such as informing school staff at the start of the day which students have been granted leave from class for an appointment and providing students with discreet real-time appointment reminders.

Appointments outside class time of DiSS clinic walk-in access can be offered to students concerned about confidentiality.

## Care coordination and record keeping

The DiSS GP is responsible for coordinating a student's medical care under the program. PNs 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 its procedures and protocols. If a student transfers schools, their health records remain the property of the medical centre. If the student then attends a new medical centre, records will be shared, on request, between the 2 medical centres in the same way as they are in the community.

See [Appendix 6](#) for information on:

- Process for obtaining Medicare details
- Access for students not eligible for Medicare
- Access for students enrolled at other schools
- Access for students in Out of Home Care
- Care coordination and record keeping
- Absences of a GP and/or PN
- Medical students participating in DiSS Clinics.

## School cancellation of clinic

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

- If the school needs to cancel a DiSS clinic session, it must notify the clinic at least 5 working days before its usual day of operation
- Telehealth services can be provided on student-free or curriculum days if needed or if appointments are already scheduled. This must be agreed upon in advance by the school, Primary Care Service Providers, and PHN

- If the GP or PN can work elsewhere during the cancelled school clinic hours, they will not receive any remuneration for the lost school clinic hours that day
- If the GP or PN cannot find alternative work during the cancelled school clinic hours, the medical centre, GP and PN can bill for the usual clinic hours.
- To receive payment, the GP and PN must confirm in writing to the PHN that they were unable to find equivalent hours of work at one of their usual places of employment during the cancelled school clinic hours
- If the GP or PN does not attend the school, the travel allowance cannot be claimed.

## Use of DiSS facilities

Schools may use the DiSS facilities for student health and wellbeing support as needed when the GP and/or PN 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.

## Telehealth

Following PHN approval, GPs and PNs can deliver services via telehealth when remote service provision is required on the nominated day and time for DiSS clinic at the school, and where it is safe and clinically appropriate to do so. It is the practice manager's responsibility to inform the PHN that telehealth will be replacing in-person appointments. GPs and PNs are expected to provide the same range of services where appropriate via telehealth.

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

Students need to be provided with appropriate technological solutions to support safe, secure, and effective telephone and video consultations that meet both student clinical requirements and satisfy privacy law.

Medical centres 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 pose a barrier to students using videoconference, the SPL or PN should arrange alternative telephone arrangements.

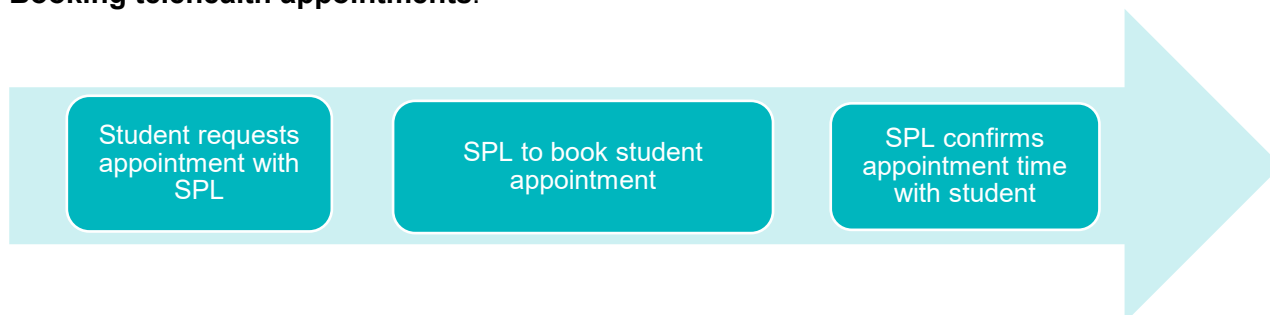
### *Scheduling and attending appointments*

The SPL should advise students and school staff on how to access the DiSS program via telehealth.

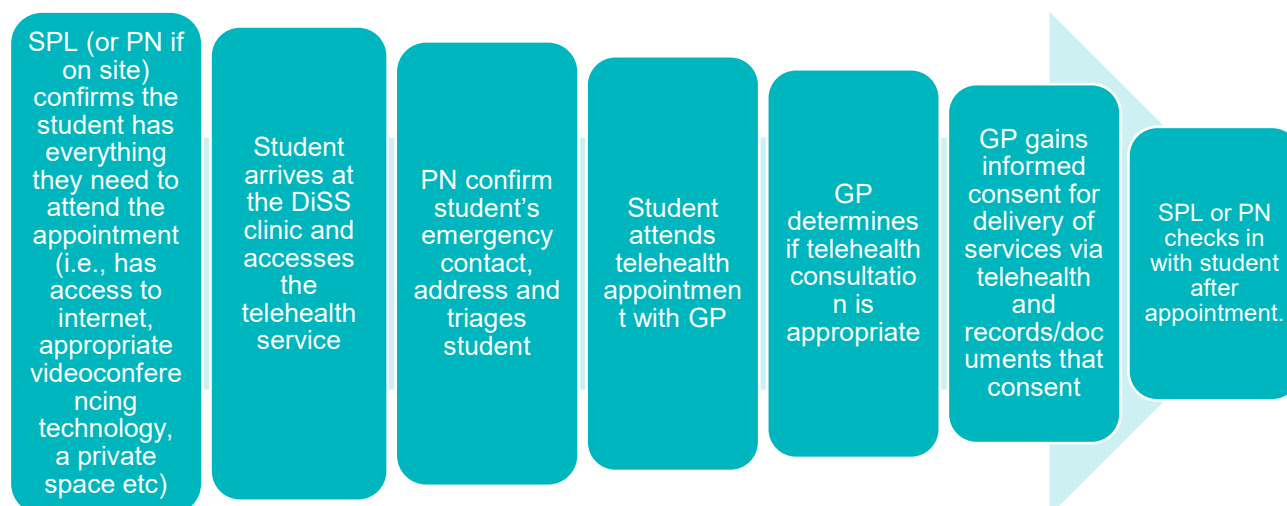
If the PN is onsite at the DiSS clinic they will assist the student to attend the telehealth appointment. Where the PN is not in attendance, the SPL will support students to attend the telehealth appointment.

The following processes are recommended and may differ between schools and clinics.

### Booking telehealth appointments:



### Accessing the telehealth service on the day of the appointment:



\*If telehealth is not appropriate, the clinical team should arrange a face-to-face consultation, either at the school DiSS clinic or in the community. This should be arranged between schools and medical centres, with appropriate safeguards put in place.

## Policies and obligations

PHNs, DiSS clinicians and SPLs need to familiarise themselves with a range of policies and legal obligations relevant to the delivery of the DiSS program at schools.

If a child safety risk is identified in the process of discharging their duties, PHNs, DiSS clinicians and SPLs should inform the school leadership of this risk for management or mitigation. If a PHN, DiSS clinician or SPL received a disclosure or forms a reasonable belief that a child is at risk of or has been abused, they should respond by following the [Four Critical Actions for Schools](#).

Guidance on reporting child abuse in schools and the four critical actions can be found at [schools.vic.gov.au](https://schools.vic.gov.au) and a summary PDF outlines the [Four Critical Actions for schools](#).

#### Action 1: Respond to an emergency

- Actions you must take if a child has just been abused or is at immediate risk of harm.

#### Action 2: Report to authorities

- You must report all incidents, suspicions and disclosures of child abuse. Failure to report physical and sexual child abuse may amount to a criminal offence.

### **Action 3: Contact parents or carers**

- When to notify parents and carers if it is suspected their child is a victim of abuse, and which relevant authorities need to be notified.

### **Action 4: Provide ongoing support**

- Actions that schools must take, where deemed appropriate, to support students who are impacted by child abuse.

See the [Appendix 4](#) for information on:

- Consent and confidentiality,
  - mature minors
- Information sharing for
  - GPs
  - parents and carers
  - child protection agencies
- Complaints and grievance resolution process
  - Complaint about school staff involved in the program
  - Complaint about a GP or PN
- Data collection by medical centres and reporting to the department
- Evaluation.

## **Other departmental policies and guidelines**

PHNs, DiSS clinicians and SPLs should read and familiarise themselves with school policies and procedures and the department policies listed below. GPs and PNs are required to act in a manner that is consistent with and supports these policies and consistent with their professional requirements, in their practice on the school site.

[Alcohol and Other Drugs](#)

[Bullying Prevention and Response](#)

[Child and Family Violence Information Sharing Schemes](#)

[Child Safe Standards](#)

[Decision Making Responsibilities for Students](#)

[Duty of Care](#)

[Equal Opportunity and Human Rights — Students](#)

[Family Violence Support](#)

[Health Care Needs](#)

[LGBTIQ Student Support](#)

[Mature Minors and Decision Making](#)

[Mental Health in Schools](#)

[Police – Department Protocol on Reporting Criminal Activity](#)

[Privacy and Information Sharing](#)

[Protecting Children — Reporting and Other Legal Obligations](#)

[Reportable Conduct](#)

[Responding to Student Sexual Offending](#)

[Requests for Information about Students](#)

[Self-Harm and Attempted Suicide Response](#)

[Sexuality and Consent Education](#)

[Student Engagement](#)

[Student Sexual Offending and Problem Sexual Behaviour](#)

[Student Support Services](#)

[Students with Disability](#)

## Policy and Advisory Library (PAL)

The [Policy and Advisory Library](#) provides operational policies and guidance for Victorian government schools. There is a comprehensive suite of policies relating to the health and wellbeing of students.

## Infrastructure and equipment

The department provides fit-for-purpose consultation suites for schools to establish the DiSS clinic onsite. The consulting rooms align with standard 5.1 of the RACGP Standards for General Practices (5th Edition). The design aims to be site-specific, and the location of the refurbishment undertaken is in consultation with the principal or nominated school representative.

Features of DiSS clinic facilities include:

- wheelchair access
- private entrance to maintain student confidentiality, where possible
- acoustic treatment to provide auditory privacy within the consulting room
- screening to provide visual privacy within the consulting room
- medical equipment
- hand washing facilities
- accessible toilet facilities within (or close to) the consulting facilities
- duress alarm
- Crimsafe window security.

See [Appendix 7](#) for information on:

- relocatable buildings
- refurbishment of existing building
- finishes, fittings, furniture
- IT equipment
- medical equipment kept within the DiSS clinic
- cleaning DiSS clinic facilities
- maintenance of DiSS clinics

See [Appendix 8](#) for information on:

- duress alarm system.

## Laptops and IT support

The GP and PN are each provided with a department laptop with a 4G Telstra SIM card and dongle through the program. These are used to access their Medical centre's clinical software.

### IT connectivity

Medical centre staff connect to the internet to access their clinical software using the Telstra SIM card, the school Wi-Fi, or the school wired connection port.

The GP and PN must ensure measures to protect practice and student data are in place, including password protection on laptops, to ensure compliance with [RACGP Information Security in General Practice guide](#).

The GP and PN will not have access to school-based systems such as Compass, HART, SOCS or CASES21 (or any other student management system) or have a department email account.

All IT equipment remains property of the department.

If a school has not been provided with the necessary IT equipment, contact the department's central DiSS team in the first instance and they will follow up with the supplier.

### Connecting to the internet

- Once the SIM card is activated and installed, the laptop will connect to the Telstra 4G network.
- Clinicians may also connect to the internet by using the school's Wi-Fi or wired connection port (more detail provided in the internet connectivity issues section in Appendix 9 – IT Guide).
- The Microsoft Office suite and the Windows operating system is activated by connecting to the department's network or by following the activation set-up prompts. Once connected to the internet via the Telstra SIM card, click on the MS Office icon on the desktop to initiate product activation.
- When logging on to the laptop for the first time, there is no initial password, and this field should be left blank. The laptop will ask the clinician to create a new password.
- The school Specialist Technician (ST) can assist with connecting to the school internet if there are any difficulties.

### Addressing laptop or IT issues

The school ST can assist with DiSS laptop IT issues including password, MS Office configuration and internet connectivity. The SPL should connect the GP or PN and the ST if support is required.

**Note:** School STs should not be contacted directly by the PHN or clinicians.

Given the part-time presence of both clinicians and STs on school sites, the SPL may be required to facilitate the support provided by the ST where appropriate.

Where issues need to be escalated, the SPL contacts the PHN to discuss the issue with the department's central DiSS team.

## Returning equipment

The department schedules state-wide IT ‘sweeps’ twice a year. Laptops cannot be collected from any non-school location.

If a PHN has laptops at their office that are end of life, they will need to be taken to a DiSS school for collection.

The PHNs update the Smartsheet log with the details of the Serial Number Identification number (SNID) and which school the laptops have been taken to. The department’s IT collection suppliers are very specific about this — if the SNID is different or at the wrong address, the laptops will not be collected.

Following clinician withdrawal from the DiSS program, program laptops must be returned to the school.

For more guidance on IT support see [Appendix 9](#).

## Medical centre or GP withdrawal from DiSS

There may be times when a medical centre withdraws from the program or times when just the GP withdraws while the medical centre remains engaged in the program.

If appropriate, the PHN and the department’s central DiSS team will explore any available options to retain the medical centre or GP in the program, including flexible options in service delivery days and times.

In the event a medical centre or GP still chooses to withdraw, processes have been outlined in [Appendix 10](#):

- Informing the PHN
- Informing students
- Test results and follow-ups
- Transfer of health information
- Computer and IT information security
- Materials and equipment
- Exit interview form.

## Best Practice Guide

The DiSS Best Practice Guide (which SPLs and schools may find useful) contains more detailed guidance and examples of best practice on the following topics:

- School integration
- Awareness
- Youth-friendly service
- Making and attending appointments
- Student participation
- Collaboration.

# Appendix 1 - Department regional and area contacts

The Department of Education (the department) has Area-based, multi-disciplinary Health, Wellbeing and Specialist Services (HWSS) branches in each of its 17 Areas.

The primary contacts for the DiSS program are the HWSS managers, who can help resolve any operational issues at a school level, where required. They can also escalate any major concerns, risks, or potential systemic issues to the department's central DiSS team.

A map of the region boundaries and list of the supporting local area teams is available [online](#).

<b>NWVR</b>			
Loddon Campaspe	Rick Simms	Rick.Simms@education.vic.gov.au	4433 7552
Mallee	Catherine Murphy	Catherine.Murphy3@education.vic.gov.au	5077 3159
Hume/Merri-bek	Amanda Wheeler	Amanda.Wheeler@education.vic.gov.au	9084 9072
North East Melbourne	Maryanne Panucci	Maryanne.Panucci@education.vic.gov.au	8468 9311
<b>SWVR</b>			
West Melbourne	Kenneth Roberts	Kenneth.Roberts@education.vic.gov.au	7005 1835
Warrnambool	Robyn Ledin	Robyn.Ledin@education.vic.gov.au	8871 2556
Central Highlands	Melanie Stones	Melanie.Stones@education.vic.gov.au	4334 0585
Brimbank Melton	Josie Motta	Josie.Motta@education.vic.gov.au	9194 6356
	Tina Brooks	Tina.Brooks@education.vic.gov.au	9194 6308
Barwon	Nicola Stuart	Nicola.Stuart@education.vic.gov.au	5194 4148
<b>SEVR</b>			
Bayside Peninsula	Lynne Venning	Lynne.Venning@education.vic.gov.au	8766 5613
Southern Melbourne	Julie Stecher	Julie.Stecher@education.vic.gov.au	8904 2621
Outer Gippsland	Christina Rush	Christina.Rush@education.vic.gov.au	4113 7427
Inner Gippsland	TBC	doctors.in.schools@education.vic.gov.au	
<b>NEVR</b>			
Goulburn	Nicole Reidy	Nicole.Reidy@education.vic.gov.au	5858 8943
Ovens Murray	Felicia Towner	Felicia.Towner@education.vic.gov.au	5771 4432
Outer East	Bianca Wiedemann	Bianca.Wiedemann@education.vic.gov.au	7022 1722
Inner East	Caryn Pearson	Caryn.Pearson@education.vic.gov.au	7022 0844

# Appendix 2 – Induction checklist for SPLs

This induction checklist provides the School Program Lead (SPL) a guide on the topics to cover in their initial discussions between school and clinical staff and required actions when setting up a DiSS clinic at their school.

These initial discussions should ideally include:

- GPs
- PNs
- department area-based staff where appropriate
- other school-based health and wellbeing staff
- PHN representative
- school principal

Checklist	Comments
<p><b>Overview/background of school</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> give the GP and PN the contact details of all relevant school health and wellbeing staff and other visiting practitioners</li> <li><input type="checkbox"/> provide a snapshot of the school community</li> <li><input type="checkbox"/> introduce them to other key stakeholders e.g., Student Representative Council</li> </ul>	
<p><b>Operating hours</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> confirm the most appropriate time and day for the clinic to operate</li> <li><input type="checkbox"/> confirm whether 'drop-in' times will be scheduled</li> <li><input type="checkbox"/> confirm if these hours will be consistent every week</li> </ul>	
<p><b>Appointments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> confirm process for students to make an appointment</li> <li><input type="checkbox"/> confirm how appointments will be communicated with the GP and PN</li> <li><input type="checkbox"/> confirm how follow-up appointments will be scheduled</li> <li><input type="checkbox"/> confirm the student absence protocol and the role clinical staff will play</li> <li><input type="checkbox"/> confirm appointment length</li> <li><input type="checkbox"/> confirm process for registering new patients/engaging with family GP</li> </ul>	
<p><b>Roles and responsibilities</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ensure all key school and clinical staff are clear on their roles and responsibilities</li> <li><input type="checkbox"/> identify other stakeholders in the school community</li> </ul>	
<p><b>Information sharing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> inform the GP how the school manages personal and health information of students</li> <li><input type="checkbox"/> ensure the school understands how the GP manages personal and health information</li> <li><input type="checkbox"/> discuss and confirm under what circumstances information is shared</li> </ul>	

Checklist	Comments
<input type="checkbox"/> discuss and confirm what information can be shared with parents, under what circumstances, and by who	
<b>Consent</b> <input type="checkbox"/> discuss DiSS consent and confidentiality protocols <input type="checkbox"/> discuss department's Mature Minor and Decision Making policy	
<b>Child Safe Standards</b> <input type="checkbox"/> discuss the Child Safe Standards and its application at your school, with reference to school child safety policies <input type="checkbox"/> discuss the importance of school and clinical staff proactively sharing information with each other under the Family Violence and Child Information Sharing Schemes, where appropriate to do so and where the information does not fall within one of the exceptions for information sharing	
<b>Referral pathways and other information</b> <input type="checkbox"/> share relevant information on existing referral pathways, key local organisations, and other department programs	
<b>Site inspection/induction</b> <input type="checkbox"/> walk through consultation room and discuss its set up <input type="checkbox"/> identify what IT services are required <input type="checkbox"/> discuss school protocols e.g., Emergency Management Protocols <input type="checkbox"/> discuss access arrangements for GP and PN e.g., parking, keys <input type="checkbox"/> test duress alarm and establish processes for its use	
<b>Promotion and integration</b> <input type="checkbox"/> discuss how the clinical team and DiSS program will be promoted to the school community <input type="checkbox"/> discuss the range of health and wellbeing services on offer to students <input type="checkbox"/> discuss how the clinical team will be integrated into the whole school wellbeing team e.g., their role in engaging in the broader health and wellbeing programs	
<b>Licence agreement</b> <input type="checkbox"/> discuss the licence agreement conditions and confirm agreement	

# Appendix 3 – Service quality checklist

This Service Quality Checklist is a continuation of the Induction Checklist process.

It has been developed to support schools and clinicians to review service delivery and to identify opportunities for improvement. The SPL should lead this process.

This checklist provides key stakeholders an overview of the elements they need to consider in delivering a best practice DISS program at their school.

Recommended participants are the GP and PN from the medical centre but may also include:

- practice manager
- department area-based staff such as Secondary School Nurse, HWSS manager or delegate
- Assistant Principal/Principal
- school health and wellbeing staff
- student leaders
- PHN representative.

Topics to discuss	Response/actions
<p><b>Overview of previous term’s activities</b></p> <p><input type="checkbox"/> what went well</p> <p><input type="checkbox"/> what could be improved</p>	
<p><b>Clinic times</b></p> <p><input type="checkbox"/> discuss whether clinic times enabled students to access the service</p> <p><input type="checkbox"/> discuss whether the service allowed for ‘drop-ins’</p> <p><input type="checkbox"/> confirm if the same operating day/hours will be maintained</p> <p><input type="checkbox"/> SPL to advise of term calendar (e.g., curriculum days, excursions, exams)</p> <p><input type="checkbox"/> GP and PN to advise of any upcoming leave</p> <p><input type="checkbox"/> Are the clinic times clearly advised on DISS clinic building and throughout school for students to see</p>	
<p><b>Appointments</b></p> <p><input type="checkbox"/> confirm process for scheduling appointments and discuss any challenges/successes from previous term</p> <p><input type="checkbox"/> confirm process for registering new patients/engaging with GP</p> <p><input type="checkbox"/> confirm that systems are in place for reminders, recalls, ‘Did Not Attends’ etc.</p> <p><input type="checkbox"/> confirm that the appointment process aligns with school policies (e.g., support for class absence)</p> <p><input type="checkbox"/> confirm that an alternative contact person can be listed (for example an SPL) if a student does not consent to their parents being notified about appointment reminders</p>	

Topics to discuss	Response/actions
<input type="checkbox"/> Confirm that appointment process supports the privacy and confidentiality of students	
<p><b>Service uptake</b></p> <input type="checkbox"/> discuss if the service has capacity to meet demand <input type="checkbox"/> discuss previous terms data of number of student attendances to DiSS and DNAs. Discuss process for DNAs. <input type="checkbox"/> discuss if there are any school policies or processes (e.g., refusing to release students from class) that limit access to the service <input type="checkbox"/> discuss what options there are to increase awareness of the service if it is under utilised <input type="checkbox"/> if over-utilised, are there solutions available to increase capacity (e.g., triage, shared tasks)	
<p><b>Promotion and integration</b></p> <input type="checkbox"/> discuss how the service has been promoted to students, school staff and parents and what additional activities have/could be planned for this term <input type="checkbox"/> discuss how new students and staff are introduced to the DiSS service <input type="checkbox"/> confirm that the clinical team has been introduced to the whole school community (school staff, students, parents) <input type="checkbox"/> confirm that clinic open times and appointment processes are being advertised <input type="checkbox"/> discuss the working relationship between the clinical team and the school health and wellbeing team (e.g., regular catchups to discuss prevalent student health issues) and how it could be strengthened/improved <input type="checkbox"/> discuss the health promotion sessions/programs delivered during the previous term, what is planned for the next term, and how the clinical team can provide support	
<p><b>Roles and responsibilities</b></p> <input type="checkbox"/> discuss if the SPL feels they have sufficient time to perform their role and any additional support they require <input type="checkbox"/> discuss if further support is required to deliver the service (e.g., training, additional staffing, etc.) <input type="checkbox"/> confirm that the clinicians are aware of other relevant key stakeholders in the school community and local area who can support the service (e.g., Secondary School Nurse, Student Support Officers, counsellors, other health/wellbeing staff, services within the community)	
<p><b>Referrals to internal services</b></p> <input type="checkbox"/> discuss what other school or department health and wellbeing services students who attended the DiSS program last term also used <input type="checkbox"/> discuss if there was a need for additional services and, if so, how can these be accessed	

Topics to discuss	Response/actions
<p><b>Referrals to external services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> discuss what, if any, external health and wellbeing services clinicians referred students to the previous term</li> <li><input type="checkbox"/> discuss how accessible external services were to students and the best way to access support</li> <li><input type="checkbox"/> discuss if families were involved in external referrals and if there were any issues or barriers in communicating with them and how these were resolved</li> </ul>	
<p><b>Information sharing, consent and confidentiality</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> discuss if there were any issues concerning confidentiality and, if so, how they were they handled/resolved</li> <li><input type="checkbox"/> discuss if there were any system errors that 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) and action required to prevent this from occurring in the future</li> <li><input type="checkbox"/> identify any unresolved confidentiality or privacy concerns and consult the report any privacy breaches to the department's Privacy Unit (<a href="mailto:privacy@education.vic.gov.au">privacy@education.vic.gov.au</a>)</li> <li><input type="checkbox"/> discuss whether there were any complaints the previous term, how they were managed, and any considerations for next term</li> </ul>	
<p><b>Facilities and medical record software</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> confirm whether the facilities, including equipment and IT are clean and in good working order?</li> <li><input type="checkbox"/> Discuss whether there any physical barriers (e.g., difficulty of access, privacy of clinic) that limits access to the service and how these can be addressed</li> <li><input type="checkbox"/> medical centre to confirm it has setup the school as a distinct consultation/visit location in their medical record software</li> </ul>	

# Appendix 4 – Policies and obligations

PHNs, DiSS clinicians and SPLs need to familiarise themselves with a range of policies and legal obligations relating to the delivery of the DiSS program at schools.

## Consent and confidentiality

The DiSS program is 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 student is a mature minor with respect to the issue for which they are seeking medical treatment.

The Policy and Advisory Library contains the department's DiSS policy on consent and confidentiality. [Doctors in Secondary Schools: Guidance | education.vic.gov.au](https://www.education.vic.gov.au/Doctors-in-Secondary-Schools-Guidance)

The program's consent and confidentiality policy were developed in consultation with experts including the Australian Medical Association, the Australian Education Union, Parents Victoria and the Victorian Association of Secondary School Principals.

## Consent

Victorian law is clear on consent for medical treatment by a GP:

- Young people who are mature minors can consent to their own medical treatment.
- Young people who are not mature minors cannot consent to their own medical treatment.
- Mature minors are students who are under the age of 18 years who have sufficient maturity and cognitive and emotional capacity to understand the nature and consequences of seeking and obtaining health care, as determined by the GP.

## Decision to make a GP appointment

- As a general rule, all secondary school aged students will be considered mature enough to decide to make an appointment with the GP.
- Schools are therefore not required to consider the department's Mature Minor policy when a student makes an appointment with the GP. There may be circumstances where school staff are concerned about whether a student is sufficiently mature to decide to make a GP appointment and in those circumstances a Mature minor assessment should be made in accordance with the department's policy.
- If a parent / carer expressly informs school leadership they do not consent to their child making an appointment to see the GP or PN, a Mature Minor assessment should be made. This would involve the School Program Lead (SPL) considering whether a particular student is a mature minor, at that time, for the purposes of making an appointment to see the GP, in consultation with the school principal and any relevant school staff.
- Staff should take into account the above approach, that generally, all secondary school aged students will be considered mature enough to make a decision to see the GP.

## Decision to receive treatment or advice

In the case of the DiSS program, the GP will assess if a young person is a mature minor, during the appointment, with respect to the issue/s for which they are seeking medical treatment. It is not the school's role to make an assessment as to whether the student is a mature minor for this issue.

As in standard medical practice, the GP assesses during the appointment, the maturity of the young person. The GP then decides if that young person is a mature minor and can consent to their own medical treatment for their presenting issue/s, without the consent of their parent or carer. If the GP determines the young person is not a mature minor, consent from parents or carers will be sought prior to commencing any treatment.

As in standard medical practice, the GP assesses the maturity of the young person and decides if that young person is a mature minor and has the ability to consent to their own medical treatment without the consent of their parent or carer.

## Managing consent when a student is in Out of Home Care

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

If the GP determines that the young person is not a mature minor, consideration needs to be given to any relevant court orders and living arrangements. Consent to medical treatment should be made by someone with parental / carer responsibility. Where the young person has been placed in out-of-home-care as a result of the Children's Court order, who holds parental / carer responsibility will depend on the order.

The school may have a copy of an instrument of authorisation enabling the carer to make certain decisions. These will usually include routine medical treatment, however major medical and health decisions usually need to be made by someone with parental / carer responsibility for the young person. The Department of Education's Legal Division can provide advice to schools to assist them with determining who may have decision making responsibility for a student.

## Mature minors

Mature minors for the purpose of seeking medical treatment are students under the age of 18 years who the GP decides are capable of seeking and obtaining health care for their medical issue. To give informed consent, a student 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 student 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, however may not be cognitively mature enough to discuss the risks and benefits of anti-depressant medication.

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

The Policy and Advisory Library contains the department's policies on [Mature Minors and Decision Making](#).

## Confidentiality

For the purposes of the DiSS consent and confidentiality policy, confidentiality refers to the ability of young people to ensure information discussed with the GP within the Doctors in secondary schools program is not shared with others unless it is with the consent of the young person or it is otherwise permitted by the law.

Conversations between the GP and the young person will be confidential and not shared with others (including the wellbeing team at the school). Some exceptions apply to the duty of confidentiality as outlined in the [Policy and Advisory Library](#).

### *Information sharing - GPs*

If the student seeing a GP as part of the DiSS program is assessed by the GP to be a mature minor, then conversations between the GP and the student will be confidential and not shared with others without the consent of the student.

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. Consistent with standard practice in medical clinics, if the student does not consent to this information being shared, the GP respects the student's wishes unless they consider the information should be shared under the Child or Family Violence Information Sharing Schemes.

The following exceptions to 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. Examples:
  - The young person is at imminent risk of harming themselves.
  - The young person is at imminent risk of harming others.
- 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 another legal requirement for disclosure. Examples:
  - The student was, or is at risk, of being a victim of physical, sexual or emotional 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 centre providing the GP owns all medical records generated within the DiSS program. The student is considered a patient of that medical centre and records will be kept in accordance with its 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 have a department email account.

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

#### *Information sharing - parents and carers*

Privacy obligations are clear – the GP or school staff must not disclose to a parent or carer that their child has accessed the GP, or has made an appointment with the GP, unless the young person has agreed or if there are some other legal reasons for the disclosure of information.

While students can seek medical treatment without the consent of their parent if they are assessed to be a mature minor, it is important that this is balanced with a parent'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 students.

Students must be made aware of the following circumstances:

- If a student is under 14 years of age or listed on their parents / carers Medicare card or has a duplicate Medicare card, then Medicare does not need the student's permission to disclose information about past visits to a GP to the parent / carers. For example, parents / carers will be able to find out the date of the student's appointment and the GP's name. It is important that students are aware of this access to information that parents have through Medicare, prior to making their appointment.
- When making an appointment, 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'.

The department's Legal Division may be contacted for further advice: phone: 9637 3146 or [legal.services@education.vic.gov.au](mailto:legal.services@education.vic.gov.au)

## Transferring medical records to another school

The young person's medical records will remain in the possession of the participating GP's base medical centre.

If a young person moves schools, they (if they are a mature minor) or their parents or carers (if they are not a mature minor) will need to determine whether they will continue to see the GP from the DiSS program at their base clinic, or whether they would like to seek medical treatment from another GP.

If the young person or their parents or carers would prefer to see a different GP, the young person's medical records can be transferred to the new GP. This reflects what is currently undertaken in the broader community. This is important and encouraged so that continuity of care is promoted across all the health providers a young person sees.

If a young person has a *My Health Record* their medical records may be included in this. However, students need to be aware parents / carers of children under 14 can read and manager their child's My Health Record. When the young person turns 14 years old all contract is transferred to the young person and parents / carers no longer have automatic access.

## Schools reporting obligations

The following department policies set out schools' reporting obligations with respect to mandatory reporting, failure to disclose and failure to protect offences, PROTECT, reportable conduct, Child and Family Violence Information Sharing Schemes.

Schools will also need to refer to their own child safety policies.

[Protecting Children — Reporting and Other Legal Obligations: Policy | education.vic.gov.au](https://www.education.vic.gov.au/protecting-children-reporting-and-other-legal-obligations-policy)

[Child and Family Violence Information Sharing Schemes: Policy | education.vic.gov.au](https://www.education.vic.gov.au/child-and-family-violence-information-sharing-schemes-policy)

[Duty of Care: Policy | education.vic.gov.au](https://www.education.vic.gov.au/duty-of-care-policy)

[Child Safe Standards: Policy | education.vic.gov.au](https://www.education.vic.gov.au/child-safe-standards-policy)

[Child Protection and Child Safe Standards \(PROTECT\) \(education.vic.gov.au\)](https://www.education.vic.gov.au/child-protection-and-child-safe-standards-protect)

[Reportable Conduct: Policy | education.vic.gov.au](https://www.education.vic.gov.au/reportable-conduct-policy)

## Complaints and grievance resolution process

The department understands that a trusting and cooperative relationship between families, schools and the community is best for students. Complaints help the school community to build and maintain relationships by providing information and feedback to a school, and by providing a valuable opportunity for reflection and learning.

The department recognises a family's right to make a complaint and its responsibility to provide a framework within which to resolve complaints.

All schools receive and manage complaints on a range of matters. Complaints are best addressed in an environment where families feel able to raise issues concerning the education and welfare of students.

All schools are required to treat concerns seriously and welcome opportunities raised through complaints to change or improve practices and learning opportunities for students.

The principal is responsible for the efficient and effective organisation, management and administration of the school including the school's complaint-handling processes.

**Parents with a complaint relating to the DiSS program should contact the SPL, who will inform the school Principal and the medical centre.**

More information about handling complaints can be found in the department's Policy and Advisory Library. [Complaints – Parents: Policy | education.vic.gov.au](https://www.education.vic.gov.au/complaints-parents-policy)

## Complaint about a GP or PN

In the event of a complaint being made about a GP or a PN, the complainant should address their concerns to the medical centre as well as the SPL. The medical centre should attempt to resolve the complaint and the medical centre should be open to discussing the complaint.

If the matter cannot be resolved, the medical centre or the complainant can contact the Health Complaints Commissioner for advice and possible mediation.

The Health Complaints Commissioner is an independent and accessible ombudsman.

Health Complaints Commissioner, [www.hcc.vic.gov.au](http://www.hcc.vic.gov.au)

Complaints and information contact details:

Phone: 1300 582 113, Email: [hcc@hcc.vic.gov.au](mailto:hcc@hcc.vic.gov.au)

## Data collection by medical centres and reporting to the department

Medical centres should ensure that their intake of students 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 is provided by medical centres to the department, via PHNs. That data is in a form that is sufficiently aggregated and de-identified to avoid constituting 'health information' under the Health Records Act 2001 (Vic) (such that no individual's identity is reasonably ascertainable from the data)<sup>1</sup>. That reporting data is collected and used by the department primarily for the purposes of administering the DiSS 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 being de-identified data, the department limits access to the dataset to only those department staff who require access for the approved purposes, and otherwise takes measures to keep the dataset secured from unauthorised access or disclosure (including both hard copies and soft copies of the dataset).

## Evaluation

Participating schools are expected to participate in program evaluations, which may include data collection and interviews with GPs, PNs, staff, parents and students.

The department may engage a third party to undertake evaluations and all participants in the program may be approached to provide feedback through surveys or interviews.

---

<sup>1</sup> 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.

# Appendix 5 - Training for clinical staff

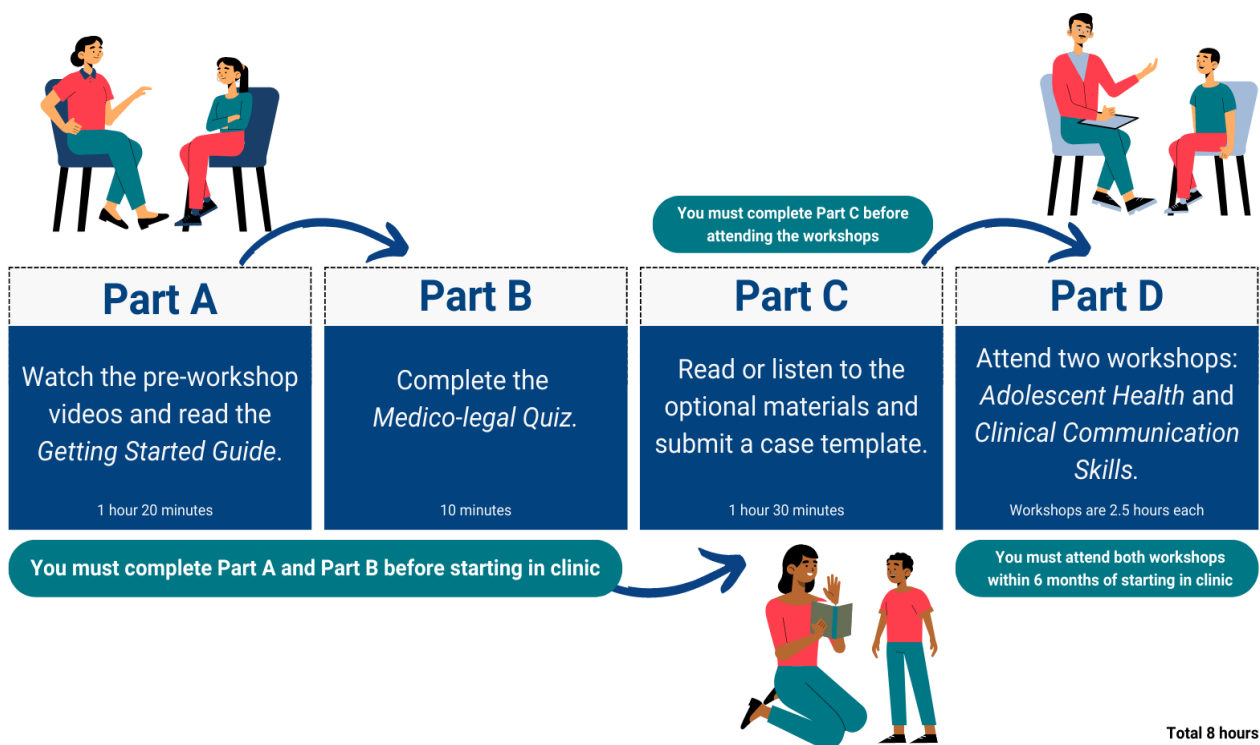
The University of Melbourne (UoM), Department of General Practice and Primary Care, deliver the DiSS Clinical Training and Support program, designed to provide training, clinical support and a point of connection for GPs and PNs.

The UoM has partnered with the Royal Children's Hospital (RCH), Orygen Youth, Sexual Health Victoria (SHV) and Headspace to develop and deliver an adolescent health training program that will provide GPs and PNs with the skills, expertise and support to work with adolescents and provide a youth-friendly primary health service in schools.

DiSS clinician's, have access to a variety of training resources, including workshops, webinar recordings, podcasts, point-of-care-advice line, newsletter and networking opportunities.

## Mandatory Training

The resources in this learning package have been designed to support new clinicians in the program. All components constitute the eight hours of mandatory training. All tasks and activities must be completed within six months of joining the program to remain compliant. Remuneration can be sought through your PHN by submitting a reimbursement request. Recognition of prior experience and learning is taken into account.



## Non-mandatory training and support

### Health Care in Secondary Schools website

The [Health Care in Secondary Schools](#) website hosts all training, event details and resources for DiSS clinicians including access to exclusive self-paced learning materials, podcasts, research publications and more. PHNs can provide registration details to access the [website](#).

### Self-paced learning

The website includes additional self-paced learning materials such as: webinars, free clinical training modules, the “Maze Phase” podcasts, resources for clinicians, resources for patients and families, guidelines for youth-friendly model of care and how to set up a school-based health service.

### DiSS Breakfast Club

DiSS Breakfast Club is held in an Extension for Community Healthcare Outcomes (ECHO) format once a fortnight each term. Project ECHO is a virtual knowledge-sharing model that expands the capacity of any professional. It’s about partnerships that bridge gaps to bring change. The panel and participants learn and share together through facilitated discussions. ECHO is an interactive conversational community of practice and links like-minded learners. Breakfast Club can support GPs and PNs working in the DiSS program and aims to address barriers raised by clinicians.

### DiSS Point of Care Advice line - 1800 951 881

The DiSS Point of Care Advice (POCA) line operates Monday to Friday 9am-5pm all year round (school holiday periods may affect the wait time). Ph: 1800 951 881.

Key areas include:

- Option 1: Mental Health
- Option 2: Sexual and Reproductive Health
- Option 3: General Medical including legal/ethical/protective concerns raised in consultation with adolescents under the age of 18 years
- Option 4: Gender.

The DiSS program has a partnership with Victorian state-based health organisations to provide point of care advice to clinicians (GPs and PNs) managing students attending the clinical facilities onsite at the school.

This is in recognition that issues raised in consulting with students often under 18 years can be complex, clinicians can be isolated in the school setting, and therefore there is benefit in being able to talk through issues and options, obtain advice, or coaching from other clinicians who are specialists in adolescent health.

On some occasions, clinicians will be asked to leave their contact details on the answering machine and a consultant will call you back as soon as possible.

Advice is provided to clinicians in the DiSS program to assist the clinician in managing their adolescent student patients. The primary duty of care for the patient is however, the responsibility of the clinician in the DiSS program.

# Appendix 6 – GP care coordination and record keeping

## Process for obtaining student Medicare details

Where possible, students will provide their Medicare number to GPs to ensure that the consultation is bulk billed. If students do not know their Medicare number, this information can be sourced on their behalf.

DiSS clinicians and schools will need to work together to determine the best approach to minimise administrative burden and ensure service accessibility is not impacted. This should be tailored to the needs of the students and the school. Specific advice on what DiSS clinicians and schools can do is outlined below.

### What can DiSS clinicians do?

If a student seeks an appointment without their Medicare information, they are still able to access the GP and PN. The GP can:

- Develop a system with the SPL to provide student details so they can look up Medicare information in the Health Professional Online Service (HPOS)
- Treat the consultation as a private patient for billing purposes. The GP should be mindful of confidentiality concerns (e.g., where pathology bills will be sent)
- In partnership with the school, help students know their Medicare information and understand the importance of this number for access to services (Note: communications pack to be provided in 2024).

### How can schools assist?

The SPL and other school staff can:

- Provide student details to DiSS clinicians to help them search for student's Medicare information in HPOS:
  - Full and correct spelling of the student's first and family name and date of birth are required to search for Medicare information
  - Schools can provide a list of students attending the DiSS clinic on the day of the appointment or, to maintain confidentiality, provide DiSS clinicians with restricted access to school enrolment details so the clinician can obtain this information.
- Supported by communications pack to be provided:
  - Foster students' health literacy and understanding of the importance of their Medicare number in accessing the health care system (they need this in the community and not just for DiSS)
  - Support students to know their Medicare information (Medicare number, position number and expiry date) and record it (write it down, take a photo, download the Medicare App). Students can apply for their own Medicare Card if they are over 15 years old
  - Support students to access the DiSS service and ensure they know they can still access DiSS without their Medicare card

- Ensure students and families know about the DiSS service, what's needed to access the service, and relevant policies (DiSS consent, confidentiality, and the mature minors' policy). For example, newsletter notifications to families promoting the DiSS service and asking parents /carers to provide Medicare numbers to their young person.

## Access for students not eligible for Medicare

The DiSS 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.

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 GPs.

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 PNs 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 6 endorsed insurance providers, in addition to claim forms, can be found on the [Department of Health and Aged Care website](#).

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 DiSS program, these students as well as international students who do not want their parents to be notified of their consultation, can access the GP at their school, free of charge.

The department will pay the GP at the DiSS program standard hourly rate (billed in 15-minute increments) for the time GPs take to consult with a student at a participating school who is ineligible for Medicare and does not have private health insurance. 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
- 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.

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

Please email the department's central DiSS team ([doctors.in.schools@education.vic.gov.au](mailto:doctors.in.schools@education.vic.gov.au)) for further advice if required.

## Access for students enrolled at other schools

Students not enrolled at a participating school, but who accesses the school for Victorian Certificate of Education (VCE), VCE Vocational Major (VM) and Vocational Education and Training (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 SPL.

## Access for students at schools with multiple campuses

For DiSS schools with multiple campuses it is up to the school and the clinic how best to facilitate access to students on multiple sites.

## Access for students in Out of Home Care

If the student is considered to be a mature minor by the GP, they can consent to their own medical treatment.

If the student is not considered a mature minor by the GP, consideration will need to be given to any relevant Court Orders and living arrangements. In these circumstances, the GP should follow the processes that they would if they were to have an appointment with this student in the community.

Where the student has been placed in Out of Home Care because of a Children's Court order, the order may provide information about who has the decision-making responsibility for the student. The school may have a copy of an instrument of authorisation enabling the carer to make certain decisions. These will usually include routine medical care. While consent to routine medical treatment can generally be given by a carer, major medical and health decisions usually need to be made by someone with parental responsibility for the student. If it is not clear who has parental responsibility for the student, 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. PNs 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 subsequently attends a new medical centre, or moves schools, records will be shared, on request, between the two medical centres in the same way they are in the community.

Schools can provide parents' (or other next of kin) contact details to medical centres 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. These can be provided following a student making a booking.

## Absences of a GP and/or PN

The medical centre has primary responsibility for managing GP and PN 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 will endeavour to 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 to 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:

Amount of notice given	GP/PN absence coverage
0-48 hours	Medical centre endeavours to provide a suitably qualified replacement. Telehealth options may be utilised.  If no replacement can be found, reschedule appointments.
48 hours - 1 week or more	Medical centre must provide a suitably qualified replacement. Telehealth options may be utilised.

If a GP is not replaced, the PN does not need to attend the school however, they should be available to manage appointments and referrals from the base medical centre. Where PN 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 PN.

## 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 participation of medical students in a DiSS clinic is subject to the following conditions being met:

- The school's approval and each school students approval are the minimum requirements for medical students participating in the clinic. School students, like any patient, must be given the choice about whether they consent to have a consult with a medical student
- 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's 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 DiSS online training before they visit the school or attend a DiSS training program with their GP supervisor
- Medical students must provide a copy of their Working With Children Check and certificate of completion of the DiSS online training to the PHN
- The supervising GP should be familiar with the school, the school 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 or consulting experience with young people and likely to be better placed in this respect (e.g., those who have been nurses or paramedics)
- 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 7 – Infrastructure and equipment

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

Most consulting suites are relocatable buildings that have been located on school grounds. Two types of relocatable buildings have been built, depending on school need; these are 2 Mods and 5 Mods. The Victorian School Building Authority (VSBA) manages this process.

Features of these facilities include:

- wheelchair access to 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 students
- where possible, a private entrance for students to support privacy and confidentiality
- appropriate furnishings
- medical equipment appropriate for a consulting room
- emergency call button (duress alarm)
- CrimSafe – window security.

The consulting suite facilities align with standard 5.1 of [Standards for General Practices 5th Edition issued by RACGP](#).

Ensuring privacy for students visiting the GP is paramount, as research shows that confidentiality is the primary factor influencing a student's decision to visit to a health professional. The department's consultants 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 advises schools of timing for infrastructure and site inspections.

## Relocatable buildings

All relocatable buildings provided under the DiSS program remain the property of the department. The relocatable building stays at the school for the duration of the program.

### 2 Mods

Most relocatable buildings are a 2 Mod purpose-built consulting facility with a total floor area of 69m<sup>2</sup>.

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 PN use, and a general office space provided for the school to use as they wish for a program coordinator or other health and wellbeing staff throughout the week. Both rooms are provided with a desk, seating and appropriate IT equipment, with an examination bed and medical equipment in the GP room. There is also a furnished waiting room and accessible toilet within the relocatable building.

## 5 Mods

A small number of schools have received a 5 Mod purpose-built wellness centre with a total floor area 172m<sup>2</sup>. Schools with an enrolment of more than 1200 are eligible to receive these larger facilities.

The 5 Mods contain the same facilities as the 2 Mod, with the additional space being an open, flexible configuration. The DiSS program furnishes the consulting room, office and waiting area of the 5 Mods, while schools supply furnishings appropriate for the planned use of the remaining space. The location of all relocatable buildings is determined in consultation with the school principal or the school representative.

## Refurbishment of existing building

As per the relocatable buildings, refurbished facilities will include a dedicated GP consultation room with soundproofing for privacy, a hand basin for GP and PN use, and a general office space provided for the school to use as they wish for a program coordinator or other health and wellbeing staff, when the DiSS 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 and furniture

Stakeholder responsibility for replacement and/or upkeep of fittings, furniture and consumables:

Department		Schools
<b>Furniture and fittings</b>	<ul style="list-style-type: none"> <li>• examination bed</li> <li>• curtain for examination bed</li> <li>• mirror</li> <li>• pin boards</li> <li>• lockable cupboards</li> <li>• hand basin</li> <li>• duress alarm</li> <li>• soap dispenser</li> <li>• waste bins</li> <li>• coat hooks</li> <li>• computer desk and chair</li> <li>• visitor chairs</li> <li>• waiting area seating</li> </ul> <p><i>There is an expectation that these remain in the consultation suite</i></p>	<ul style="list-style-type: none"> <li>• hazardous waste bins</li> <li>• sharps bins (x2)</li> <li>• sanitary bin</li> <li>• phone handsets (x2)</li> </ul> <p><i>There is an expectation that these remain in the consultation suite</i></p>
<b>Medical equipment and clinic consumables</b>	<ul style="list-style-type: none"> <li>• scales</li> <li>• tape measure</li> <li>• stainless steel trolley on wheels</li> <li>• medical examination light</li> <li>• digital sphygmomanometer</li> </ul> <p><i>There is an expectation that these remain in the consultation suite</i></p>	<ul style="list-style-type: none"> <li>• clinic consumables</li> <li>• stationary supplies</li> <li>• handwash, paper towels and toilet paper</li> <li>• hand sanitiser</li> <li>• tissues</li> </ul> <p><i>There is an expectation that these remain in the consultation suite</i></p>

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

## IT equipment

The two laptops provided for the DiSS clinic facility are configured to EduSTAR on the 'Admin Network'. DiSS 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 PNs will 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 department supplied 4G Telstra sim cards, the school Wi-Fi or the school wired connection port. GPs and PNs 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 PN to use with their laptops in the delivery of their services, and for school use outside these times.

## Medical equipment kept within DiSS clinic

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 (auriscope)
- stethoscope
- torch
- digital thermometer
- blood glucose monitoring equipment
- monofilament for sensation testing
- patella hammer

## Cleaning DiSS clinic facilities

Schools are 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 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 DiSS clinics

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

- Arrange for the existing cleaning provider to clean the facility on a regular basis, ensuring the DiSS clinic is cleaned thoroughly before each weekly clinic. Funding is provided in each school's SRP for this
- Arrange for the existing waste disposal provider to supply and maintain the following facility items:
  - 2 x hazardous waste bins
  - 1 x sanitary bin
  - 2 x sharps bins
  - distribute keys to facility users.

# Appendix 8 - Duress Alarm system: policy and procedure

## Purpose

The purpose of this policy and procedure is to ensure that DiSS GPs and PNs, and school staff, are aware of their obligations relating to the DiSS Duress Alarm system. It is the responsibility of all GPs, PNs and school staff to adhere to this policy and related procedure.

## Policy statement

The DiSS Duress Alarm system enables GPs, PNs and school staff participating in the program to respond to and act in a prompt manner to an emergency or threatening situation.

## Duress Alarm system usage procedure

### Activating the Duress Alarm

- The Duress Alarm should be activated whenever there is an emergency or if an individual feels unable to handle a threatening situation at the DiSS clinic site
- The Duress Alarm should be activated as soon as an individual feels in danger, in order to prevent the situation from escalating further than necessary.

### After the Duress Alarm has been activated

- The alarm will activate a blue flashing strobe light in the school reception office, and in the PNs room or DiSS administration area. A phone call should be made by school office administration staff to the GP or PN to ascertain the cause of the activation
- If safe to do so, the GP, PN or school staff are to assist/support the GP or PN as necessary by visiting the DiSS clinic site
- If not safe to do so, the GP, PN or school staff are to remain inside a secure area
- When activated, this Duress Alarm will NOT notify Victoria Police. Instead, school administration staff and the department's Security Unit will be notified
- School staff are to ring Victoria Police on 000 if they deem it necessary
- Security Unit will phone the school and ask staff if they require Victoria Police. If Victoria Police are not required, the Security Unit will ask for a name (school staff member) to close off the Duress Alarm from the alarm monitoring system.

### If the Duress Alarm is activated accidentally

- The Duress Alarm should be reset by the GP or PN, seeking support from school staff if required
- The Security Unit should be contacted on 1800 126 126 to advise of the false alarm activation, and in order for the Duress Alarm to be closed on the alarm monitoring system.

## Responsibilities

### Testing of the Duress Alarm system

- The school Office/Administration Manager is responsible for the annual test run of the Duress Alarm system
- All staff onsite at the time of the test are to actively participate. A record of each Duress Alarm system test is to be recorded in the regional OHS Activities Calendar and the school's Emergency Management Plan records
- GPs and PNs must conduct monthly tests of the Duress Alarm system, via ringing the Security Unit on 1800 126 126 to commence the test. The Security Unit will monitor to confirm that all duress pendants report appropriately.

### Security and maintenance

- GPs and PNs should leave the duress pendant onsite and must check the battery status on a monthly basis to prevent unwanted alarms being sent through to the Security Unit
- All pendants are to be kept out of the reach of students to prevent false alarms being sent through to the school administration office and Security Unit
- After hours, pendants should be locked away in safe storage, in close proximity to where they are used. If taken out of range, a supervisory alarm will be sent to the Security Unit
- The Security Unit is responsible for managing ongoing maintenance of the Duress Alarm system<sup>2</sup>. If a Duress Alarm is not functioning correctly, the school must call the Security Unit on 1800 126 126 to report the fault
- The Security Unit will arrange for service work for faulty systems and/or pendants
- In the event of loss or damage to a duress pendant the GP, PN or school staff should report it immediately to the Security Unit on 1800 126 126.

### Training and compliance

The school's Office/Business Manager should ensure that school staff who are at the school reception office:

- Are competent in the use of the Duress Alarm system
- Arrange training for new GPs, PNs and school staff in the use of Duress Alarm at the beginning of their appointment to the school.

### GPs and PNs must:

- Be competent in the resetting of the Duress Alarm system
- Be aware of the location of the Duress Alarm buttons (in addition to the portable pendants)
- Attend annual refresher training (internal training) on the use of the Duress Alarm system as part of the school's emergency management drills.

---

<sup>2</sup> \*The Doctors in Secondary Schools program will be financially liable for the installation and ongoing maintenance of the duress alarm systems

# Appendix 9 – IT Guide

This IT Guide provides key stakeholders in the DiSS program guidance on program laptops and IT support.

## Roles and responsibilities

### Department's central DiSS team

The department's central DiSS team procure laptops, SIM cards and any additional hardware that may be required to activate laptop SIM cards. The team also acts as the primary contact for PHNs for any IT issues relating to the DiSS program that cannot be solved on-site.

The team can be contacted via email at [doctors.in.schools@education.vic.gov.au](mailto:doctors.in.schools@education.vic.gov.au)

### Primary Health Networks

The PHNs notify the DiSS program central team when a school needs IT equipment or support.

### School Program Leads

The SPL facilitates communication between clinicians, Specialist Technicians (ST) to resolve any IT issues the clinician may experience with their laptop.

### Specialist Technicians (ST)

Through its Technical Support to Schools program, the department supplies STs to all schools to support their IT environment. STs are onsite at secondary schools at a minimum of 4 hours a week.

### Clinician

The clinician is either the GP or PN who uses the program laptop.

*Note:* PHNs and clinicians should not contact the school ST directly for IT support. Please contact the SPL for IT support.

## Procurement and distribution of laptops

- The DiSS program central team procures program laptops (including SIM cards and dongles) and arranges for them to be sent to schools as required
- The school's ST then images the laptop/s as required, before providing it to either the SPL or clinician directly
- PHNs must record the laptop Serial Number Identification (SNID) number, Telstra SIM card number, mobile number and clinician details.

If a school has not been provided with laptops/dongles/SIM cards, contact the department's central DiSS team and they will follow up with the supplier.

For any surplus devices and equipment, notify the department's central DiSS team specifying devices and equipment details, quantity, and location.

The PHN works with the SPL to arrange for surplus devices and equipment to be stored in appropriate secure storage with records of location and key contacts until further notice (this may be at the school).

## Activating SIM cards

The DiSS program central team contacts the Telstra Customer Service at the PHN's request to activate SIM cards.

If the SIM card is not working (displaying a message such as 'SIM card not detected'), contact the department's central DiSS team with the SIM card serial number/s and they will log a job with Telstra.

## Connecting to the internet

- Once the SIM card is activated and installed, the laptop will connect to Telstra 4G.
- Clinicians may also connect to the internet via the school's Wi-Fi or wired connection port (more detail provided in the internet connectivity issues section of this guide).
- When logging on to the laptop for the first time, there is no initial password, and this field should be left blank. The laptop will ask the clinician to create a new password.
- The ST can assist with connecting to the school internet if there are any difficulties.

## Addressing laptop or IT issues

The ST can assist with DiSS laptop issues including password, MS Office configuration and internet connectivity. The SPL should connect the GP or PN and the ST if support is required.

**Note:** STs should not be contacted directly by the PHN or clinicians.

Given the part-time presence of both clinicians and STs on school sites, the SPL may be required to facilitate the support provided by the ST where appropriate.

Where issues need to be escalated, the SPL should go through the department's central DiSS team by sending an email that includes:

- What the issue is
- Who is experiencing the issue
- Network connection (i.e., dongle, school wi-fi etc.)
- ST analysis
- Medical centre's IT analysis

## Guidance on specific technical issues

The following section provides guidance on some specific issues:

### Internet connectivity issues

The laptops provided to clinicians are equipped with a Telstra 4G SIM and dongle. This is the default connection method for clinicians to connect to their remote base clinic.

If there are persistent connection issues with the Telstra service due to location or environment, the ST can offer the following options to assist clinicians and the DiSS program.

To connect to the department's internet, the following options are available (in order of preference):

1. Connect the notebook to eduSTAR Guest Wi-Fi network (if available)
2. Connect the notebook to the Curriculum network using eduSTAR Wi-Fi
3. Connect the notebook to the Curriculum network using a wired connection
4. Connect the notebook to the Administration network using a wired connection.

For notebook devices configured to use the default 4G connectivity option, an additional connection to the school network should be maintained to enable ongoing Microsoft software activation requirements.

## **Procurement of replacement SIM cards, Nighthawks, antennae and/or 4G dongles**

If the clinic is experiencing persistent connectivity issues and the network connections (above) are unavailable, replacement SIM cards and the ordering of Nighthawks, antennae and/or 4G dongles can be arranged by the department's central DiSS team.

## **Firewall issues**

For security purposes, the department blocks some Virtual Private Networks (VPN), such as OpenVPN. The department cannot make changes to the network for clinics to allow the use of blocked VPNs, as this would also expose schools and students to potential security risks.

Microsoft Remote Desktop is an example of a VPN that can be used by clinics to safely access their clinical software remotely.

## **Microsoft Windows**

The pre-installed edition of Microsoft Windows is a customised SOE licensed to the department.

Software activation is an automated process performed by Windows and must be renewed once every 180 days. A connection to the school network will need to be maintained to enable ongoing software activation.

Activation of the pre-installed windows education edition will not succeed via a public internet service, including via the supplied 4G dongle.

## **Microsoft Office suite**

Devices are delivered with Microsoft Office365 edition which requires a licensed Microsoft account for use.

As DiSS clinicians are not provisioned with a department identity, staff requiring Microsoft Office will need to engage the ST via the SPL to install a local education edition of Microsoft Office on the device.

Software activation for a local education edition is an automated process performed by Microsoft Office and must be renewed once every 180 days. A connection to the school network will need to be maintained to enable ongoing software activation requirements. Activation will not succeed via a public internet service, including via the supplied 4G dongle.

## Laptop hardware issues and warranty

All DiSS program-provisioned laptops are covered under a 48-month warranty, provided by ACER.

The warranty covers:

- keyboard/speakers/microphone/webcam/track pad
- defective display
- defective hard drive
- battery and charging failure
- non-software errors during start up and interfaces or ports not operating.

More information can be found on the [TPN Warranty and Protection Overview Site](#). The SPL is responsible for arranging warranty support at the school level.

For printer hardware issues, the SPL can contact Learning with Technologies on 1300 550 717.

## Returning equipment

The department schedules state-wide IT 'sweeps' twice a year. Laptops cannot be collected from any non-school location.

If a PHN has laptops at their office that are end of life, they will need to be taken to a DiSS school for collection (it does not matter which one).

The PHNs update the Smartsheet log with the details of the SNID and which school the laptops have been taken to. The department's IT collection suppliers are very specific about this — if the SNID is different or at the wrong address, the laptops will not be collected.

Following clinician withdrawal from the DiSS program, program laptops must be returned to the school and the following actions undertaken by respective stakeholders:

### Clinicians need to:

- advise the PHN of the laptop's condition, reporting any marks or defects
- remove all data from the laptop as per RACGP guidelines
- return the equipment (laptop, 4G dongles) to the SPL.

### PHNs need to:

- contact the clinic to arrange return of equipment to the school
- request laptop condition report from the clinician and ensure all data has been removed from the laptop as per RACGP guidelines
- report laptop defects to the department's DiSS central team
- file Laptop Supply Agreement. Ensure laptop SNID number, Telstra SIM card number, mobile number and clinician details are up to date in the Smartsheet log
- if there are end of life devices for collection, confirm SNIDs and location with SPLs and advise department's central DiSS team of these.

**SPLs need to:**

- Device repurpose:
  - advise the PHN once the laptop has been reset
  - store the laptop and associated program equipment securely
  - hand over equipment and associated program equipment to new clinician when appropriate.
- End of life equipment:
  - return the laptop and associated equipment to ST
  - confirm laptop SNIDs to their PHN.

**Specialist Technicians:**

- If device is to be repurposed for another clinician:
  - delete the clinician profile and create a new user profile
  - if the password is unknown, reimage the laptop with standard eduSTAR image.
- If a device has reached end of life:
  - store the laptop securely
  - keep the device ready for pickup in the next scheduled pick up
  - dispose of end-of-life 4G Dongles and SIM cards appropriately.

# Appendix 10 - Process for medical centre or GP withdrawal from DiSS program

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

If appropriate, the PHN and the department's central DiSS team will explore options to retain the medical centre or GP in the program, including flexibility in service delivery days and times.

If the medical centre or GP still chooses to withdraw the following actions are to be taken.

## Informing the PHN

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

## Exit interview form

Background	
School	
PHN contact	
Medical centre withdrawing	
Medical centre contact details	
Date of meeting	
GP Feedback	
What is the main reason the medical centre or GP is withdrawing from the program?	
GP view on the success of the program at the school, including any current issues.	
Would the medical centre or GP consider re-engaging with the program in the future? Why or why not?	
SPL Feedback	
How has the service been going? Successes and challenges?	
Are there any issues that need to be followed up? If so, who will do this?	
What are the main challenges/lessons learned in managing the school clinic?	

## Informing students

Generally, a minimum of 30 days notification should be given to students. The medical centre should place a sign on the clinic door and in the office announcing the move or change of GP at least 30 days in advance.

The medical centre should also develop information sheets with details on accessing medical records from the base medical centre, transferring records and address details.

The SPL should be consulted on the best way to inform the students that the medical centre is withdrawing, or the GP is changing. When the DiSS clinic is closed, the SPL should ensure students are aware of where they can access a GP/medical services, which may include the withdrawing medical centre in the community, and support them to do so where appropriate.

## Test results and follow-ups

Informing students of their test results is a critical aspect in maintaining continuity of care. The medical centre must have arrangements in place to provide students with their results after cessation of service at the school.

The medical centre should also make every effort to identify pathways of continued care for students requiring follow-up appointments, such as through the GPs home medical centre or other referrals deemed necessary for the student. Medical centres can refer to the [RACGP: Standards for general practices \(5<sup>th</sup> edition\), 2.1 Continuous and Comprehensive Care for further information](#).

## Transfer of health information

The medical centre should obtain consent from students and/or parents for the students health information to be forwarded to the new provider, once recruited by PHN. The new medical centre should accept these records in order to ensure continuity of care. Medical centres can refer to the, section 10, [Guidelines on Privacy in the Private Health Sector](#) for further information.

## Computer and IT information security

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

- RACGP [Information security in general practice](#).
- RACGP [Computer and information security standards \(2nd Edition\)](#).

## Materials and equipment

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

## School handover

General practice plays an important role in benefitting the wider community it is serving. It is recommended that when a medical centre withdraws from the program, they identify and share the most popular health issues faced by the school in a handover document. This should be provided to the SPL to discuss with the new medical centre when they start.