

How to Complete the Health Global Liability Declaration Form



Health Global Liability Declaration Form

Following a review of the previous Global Health Liability Form, we have identified some areas where information was inconsistent or generated frequent queries from agencies.

We have also made changes to the Global Health Liability form which are explained in this guide to assist you in completing the form.

For the purpose of this document and the 'Global Health Liability Declaration form', **'clinical'** is defined as 'work or responsibilities which are concerned with individual patient health management'.

New Sections

We have separated the Global Health Liability Declaration form into five sections so that the co-ordinator can now delegate to the appropriate persons to complete:

The separate sections are:

- Employee Classifications and Other Medical Practitioners
- Risk Management
- Pharmaceuticals
- Facilities
- Operations, which includes Baby Delivery and Surgeries as operational activities

Employee Classifications and Other Medical Practitioners

Declaring number of Full Time Equivalent (FTE) employees

For the purpose of completing the 'Employee Classifications and Other Medical Practitioners' section, the method of calculating number of FTE employees is the same as that required on the Workers Compensation Declaration Form, that is:

- FTE or Full-Time Equivalent measures how many full-time employees an agency has. It is not intended to be a headcount of workers at a given time or the cumulative total number of employment contracts issued throughout the entire year.
- FTE should reflect the full-time hours worked within an agency over the relevant 12-month period.
 - *Example* – full-time employee (working 40 hours per week) is equal to one FTE; a part-time employee (working 20 hours per week) is equal to 0.5 FTE. However, a full-time employee (working 40 hours per week) who joins an agency mid-year and only works for 6 months of the year is equal to 0.5 FTE.
 - Applying this method of calculating FTE allows icare to establish accurate like for like comparisons.

Employees in Teaching Facilities

Medical teaching facilities provide:

- formal and/or informal teaching to medical students and/or medical NSW Health staff and contractors on site, for example, training provided to registrars who are enrolled in a fellowship training program; and/or;

- external programs that support the development of the complete range of medical roles within NSW Health, including specialist medical clinicians and junior medical staff.

Declare “Yes” and list all of the separate sites (for example, individual teaching hospitals or other institutions) if any of your health facilities provides any medical teaching facilities which meet the above definition.

For each medical teaching facility, please provide separate totals for full time equivalent (FTE) employee numbers.

- FTE Actual as at 01/07/2022
- FTE Estimate as at 30/06/2023

Teaching Facilities Registry Grid					
+ ADD NEW RECORD					
#	Record Id	Status	Medical Teaching Facility	FTE Actual	FTE Estimate
		Active	XX Hospital	10	10
TOTAL				10	10

Guideline to assist with completing Employee in Teaching Facilities Fields

All fields are compulsory, you will receive a validation error if these fields are not completed.

Field Name	Field Guidelines
Record ID	This is a system-generated unique record identifier.
Status	Select from this value list: <ul style="list-style-type: none"> Active Inactive When changing the status to Inactive you <u>must</u> also change the value of the following fields to zero (0): <ul style="list-style-type: none"> FTE Actual FTE Estimate
Name of Medical Teaching Facility	Provide the name of the medical teaching facility.
Number of FTE Actual	Number of full time equivalent (FTE) employee – Actual for the period 01/07/2022 to 30/06/2023
Number of FTE Estimate	Number of full time equivalent (FTE) employee – Estimate for the period 01/07/2023 to 30/06/2024

Employee Classifications

Declare the full time equivalent (FTE) employee, student and academic staff numbers for each of the employee classifications listed by providing:

- The number of FTE employees as at 01/07/2023
- The maximum number of students and academic staff on campus during the period 01/07/2022 to 30/06/2023

As new categories have been added to the classifications grid, this year's declaration will not be automatically pre-populated with figures from the 2023-2024 declaration. On that basis, the grid only includes three columns for completion by your agency. Your declaration for 2023-2024 will be provided to you on request.

Additional classifications for 2024-2025

To ensure consistency and better understand potential liabilities associated with clinical care, the following changes have been made to the Employee Classifications grid:

- Administrative & Clerical staff has been separated into 'clinical' (for example, ward clerks) and 'non-clinical'
- Paediatric Medicine includes all paediatric specialists with an FRACP
- Adult physicians includes all adult specialists with an FRACP
- Registrars has been separated into 'non-surgical' and 'surgical'. Surgical registrars include those working towards a FRACS, FRANZCO, or FRANZCOG, or unaccredited registrars undertaking similar surgical procedures. All other registrars should be declared in the 'non-surgical' registrar category
- A new category has been included for 'Students not declared elsewhere'
- Surgeons has been separated into 'paediatric' and 'adult'. The reason for this is that there may be a significant period of time between the date of the alleged negligent act and a claim being made on behalf of a paediatric patient
- The 'Other' category has been separated into 'clinical' and 'non-clinical'

We have asked for further details in relation to the following classifications:

- 'Nurse Practitioner'. Please list the area(s) of clinical practice.
- 'Specialists not declared elsewhere'. Please list the specialty or specialties.
- 'Students not declared elsewhere'. Please list the field(s) of study. Medical students should be included in this classification.
- 'Other – clinical'. Please list the positions held. Ambulance Officers should be included in this category.
- 'Other – non-clinical'. Please list the positions held.

Definitions for Employee Classifications

The following provides guidance on certain categories in the 'Employee Classifications' table where we have identified inconsistencies in previous declarations:

Students - Persons formally engaged in learning who are not employees or do not have a direct contractual employment relationship with the agency/local health district. This will include university or college students who are placed with the agency for training by their academic institution.

Academic staff - Medical practitioners whose work or responsibilities are not concerned directly or indirectly with the diagnosis, treatment or management of individual patients.

Anaesthetic technicians - Health practitioners with a Diploma of paramedical science of Anaesthesia, a Diploma of Anaesthetic Technology, or similar. This classification does not include registered nurses.

Medical technicians - Medical Technicians operate anaesthetic, cardiac, operating theatre and medical testing equipment, perform and assist with laboratory tests, and fill prescriptions in support of Health Professionals. Day-to-day activities may include: operating equipment used in diagnosing and monitoring disorders of the heart, kidneys, nervous system and hearing, and in anaesthesia; undertaking and assisting with medical analytical procedures and assisting Anaesthetists and surgical teams; recording the electrical activity of the heart, from which the heart rate is measured and pattern and rhythm interpreted; preparing and staining slides and tissue sections to study the cells of blood and for histological examination; performing diagnostic tests on tissues and body fluids and analysing the chemical constituents of blood, urine, faeces and tissues; testing for diseases by looking for the presence of antibodies and the products of immune response in samples; setting up, checking and maintaining operating theatres, anaesthetic workstations, life support machines and associated equipment; and referring prescriptions to Pharmacists and assisting in preparing medications.

Nurse practitioners - Nurse practitioners are expert, highly qualified nurses who work autonomously at an advanced level of practice. Nurse practitioners assess and diagnose patients, request and interpret tests, prescribe therapies and medications, and receive and make referrals to other health practitioners.

Patient care assistants - Patient care assistants help with providing care, support and services to patients in a hospital or health care environment. They assist patients with their personal care needs such as showering, dressing and eating. They help patients move around the facility by pushing them in wheelchairs or in mobile beds. Patient care assistants may also perform manual support tasks at the direction of medical staff. This can include assisting with lifting, turning and re-positioning patients and assisting nursing staff in making beds. May include those with a Certificate III in Health Services Assistance or Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute care).

Medical practitioners with a ‘Contract of Liability Coverage with a Public Health Organisation’ Classifications

We have added a new classification table for medical practitioners who have entered into a Contract of Liability Coverage with a Public Health Organisation’ (for example, Visiting Medical Officers/VMOs) as this is a significant area of liability which has not previously been declared.

The categories in the classification table are:

- Anaesthetists
- Career Medical Officers
- Emergency Specialists
- Obstetricians/Gynaecologists
- Occupational Physicians
- Paediatric Medicine (all specialists with FRACP)
- Pathologists
- Physicians – Adults (all specialists with FRACP)
- Psychiatrists
- Radiologists
- Registered Medical Officers
- Registrars – Non-surgical
- Registrars – Surgical
- Medical Practitioners not declared elsewhere and if declared, please list the area(s) of practice
- Surgeons – Adult
- Surgeons - Paediatric

For each classification in this table, please provide:

- The total remuneration paid to medical practitioners in each category during the period 01/07/2022 to 30/06/2023
- The total number (not FTE) of medical practitioners in each category during the period 01/07/2022 to 30/06/2023

End of ‘Employee Classifications and Other Medical Practitioners’ Section.

Risk Management

From time-to-time, issues have arisen as a result of contractual arrangements entered into between agencies and healthcare providers as well as confirmation of indemnity for employees who are seconded to another entity.

For these reasons, the following questions have been included in the 2024-2025 declaration regarding confirmation of Ahpra registration for health practitioner employees and contractors (Visiting Medical Officers/VMOs), review of the currency of ‘Contract of Liability Coverage with a Public Health Organisation’ for VMOs and confirmation of indemnity arrangements for health practitioner employees.

Does your Agency have any employees who are health practitioners and are required to hold Ahpra registration in order to practise?

Yes/no answer. If answer yes, then:

1. Does your agency have a process in place whereby you confirm the Ahpra registration of all health practitioners (whether medical or otherwise) prior to entering into an employment contract? The purpose is to confirm that all proposed health practitioner employees hold current and appropriate Ahpra registration for the position. (Yes or no answer and a comments field for optional completion)
2. Does your agency have a process in place whereby you confirm the indemnity arrangements for all health practitioner employees contracted or seconded by your agency to provide healthcare services to other parties, as well as retain copies of agreements including indemnity arrangements on file? The purpose is to confirm that the health practitioner employee remains appropriately indemnified for those services prior to the secondment. (Yes or no answer and a comments field for optional completion).

Has your agency entered into any ‘Contracts of Liability Coverage with a Public Health Organisation’ agreements with medical practitioners (e.g. VMOs) which entitles those medical practitioners to be covered under section 13 of the ‘Treasury Managed Fund 2021 Statement of Cover’?

Yes/no answer. If answer yes, then:

1. Does your agency have a process in place whereby you confirm the Ahpra registration of all medical practitioners prior to entering into a ‘Contract of Liability Coverage with a Public Health Organisation’? The purpose is to confirm that all proposed medical practitioners hold current and appropriate Ahpra registration for the position. (Yes or no answer and a comments field for optional completion)
2. Does your agency have a process in place whereby you review all ‘Contract of Liability Coverage with a Public Health Organisation’ contracts held by relevant medical practitioners at your agency to ensure that

all medical practitioners have a current contract in place? The purpose is to ensure that those practitioners are entitled to medical indemnity cover by the Treasury Managed Fund. (Yes or no answer and a comments field for optional completion)

End of 'Risk Management' Section.

Pharmaceuticals

There have been significant inconsistencies in declarations regarding the supply or manufacture of pharmaceuticals. We confirm that the intent is to capture potential product liabilities of pharmaceuticals supplied or manufactured in accordance with the *Therapeutic Goods Act 1989* (Cth). 'Manufacture' (in relation to therapeutic goods that are not medical devices), means:

- a. to produce the goods; or
- b. to engage in any part of the process of producing the goods or of bringing the goods to their final state including engaging in the production, processing, assembling, packaging, labelling, storage, sterilising, testing or releasing for supply of the goods or of any component or ingredient of the goods as part of that process.

The TGA defines compounding and dispensing as:

Compounding: The preparation, mixing, assembling, altering, packaging, and labelling of a medicine, medicine-delivery device or device in accordance with a doctor's prescription, or initiative based on the doctor/patient/pharmacist/compounder relationship in the course of professional practice. Compounding includes the following:

- Preparation of medicine dosage forms for both human and animal patients
- Preparation of medicines or devices in anticipation of prescription medicine orders based on routine, regularly observed prescribing patterns
- Reconstitution or manipulation of commercial products that may require the addition of one or more ingredients
- Preparation of medicines or devices for the purposes of, or as an incident or, research (clinical or academic), teaching, or chemical analysis
- Preparation of medicines and devices for a doctor's premises use where permitted by Commonwealth and State law.
- Synthesis of a radiopharmaceutical medicine, e.g. radiolabelling of a ligand with a radioisotope.

Dispensing: The manipulation of a commercially available product, in accordance with the manufacturer's instructions, in order to produce a medicine in a 'ready to administer' form. Examples include reconstitution of oral antibiotic mixtures and aseptic transfer to a sterile device. (Where a manufacturer's instructions are not followed, for example a different diluent is used, this is considered compounding.)

Guidance is provided on the TGA website to assist in the interpretation of the Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme (PIC/S) good manufacturing requirements when manufacturing compounded medicines.

<https://www.tga.gov.au/resources/publication/publications/compounded-medicines-and-good-manufacturing-practice-gmp>

This document is only applicable to licensable manufacturers although may be used as guidance for pharmacists performing compounding that are considered exempt from licensing under the *Therapeutic Goods Regulations 1990*.

Your agency’s declaration in relation to the production or manufacture of pharmaceuticals should not include those pharmaceuticals where the compounding is considered exempt from licensing.

If your agency responds “Yes”, please provide the estimated annual \$ value of pharmaceuticals as at the following dates:

- Actual 01/07/2022 - 30/06/2023
- Estimate 01/07/2023 - 30/06/2024

Agencies are also asked to list the general categories of pharmaceuticals which are anticipated will be produced or manufactured in the period 01/07/2023 to 30/06/2024.

Examples of general categories of pharmaceuticals include, but are not limited to: analgesics, antiarrhythmics, antibiotics, anticoagulants/thrombolytics, anticonvulsants, antidepressants, anti-diarrhoeals, antiemetics, antifungals, antihistamines, antihypertensives, anti-psychotics, antipyretics, antivirals, bronchodilators, cytotoxics, diuretics, expectorants, hormones, hypoglycaemics, immunosuppressives, laxatives, muscle relaxants, sedatives, and vitamins.

End of ‘Pharmaceuticals’ Section.

Facilities

Nursing Homes

We define a ‘nursing home’ as a facility for the residential care of elderly or disabled people. Nursing homes may also be referred to as skilled nursing facility, long-term care facilities, old people's homes, assisted living facilities care homes, rest homes, convalescent homes or convalescent care.

Declare “Yes” if any of your health facilities include nursing homes.

If “Yes”, please provide the following information for each nursing home facility:

Guideline to assist with completing Nursing Home Fields

All fields are compulsory, you will receive a validation error if these fields are not completed.

Field Name	Field Guidelines
Record ID	This is a system-generated unique record identifier.

Status	<p>Select from the following value list:</p> <p>Consider whether the facility is:</p> <ul style="list-style-type: none"> • New • Existing OR • Closed • Since 01/07/2023 <p>When changing the status to Closed you <u>must</u> also change the value of the following fields to zero (0):</p> <ul style="list-style-type: none"> • Number of Patient Beds – Actual • Number of Patient Beds – Estimate
Name of Facility of Nursing Home	Provide the name of the nursing home.
Number of Patient Beds - Actual	Number of patient beds - Actual for the period 01/07/2022 to 30/06/2023
Number of Patient Beds - Estimate	Number of patient beds - Estimate for the period 01/07/2023 to 30/06/2024
Type of care provided	Provide details of the care provided at the facility. If the facility is closed, please put additional comments here instead

Hospitals

We define a ‘hospital’ as a health care institution providing patient treatment with specialised health science and auxiliary healthcare staff and medical equipment.

Further guidance may be available on the Australian Institute of Health and Welfare website:

www.aihw.gov.au/reports-data/myhospitals

Declare “Yes” if any of your health facilities include hospitals.

If “Yes, please provide the following information for each hospital:

Guideline to assist with completing Hospital Fields

All fields are compulsory, you will receive a validation error if these fields are not completed.

Field Name	Field Guidelines
Record ID	This is a system-generated unique record identifier.
Status	<p>Select from this value list:</p> <p>Consider whether the facility is:</p> <ul style="list-style-type: none"> • New • Existing OR • Closed • Since 01/07/2022 <p>When changing the status to Closed you <u>must</u> also change the value of the following fields to zero (0):</p> <ul style="list-style-type: none"> • Number of Patient Beds – Actual • Number of Patient Beds - Estimate
Name of Hospital	Provide the name of the hospital.

Number of Patient Beds - Actual	Number of patient beds - Actual for the period 01/07/2022 to 30/06/2023
Number of Patient Beds - Estimate	Number of patient beds - Estimate for the period 01/07/2023 to 30/06/2024
Type of care provided	Provide details of the care provided at the facility. If the facility is closed, please put additional comments here instead

End of 'Facilities' Section.

Operations

Baby Deliveries

We will no longer require your agency to state the number of baby deliveries for the 'prior year' as we retain this information from your agency's previous declaration.

Please state the number of baby deliveries for your Local Health Department / Facilities for the previous year 01/07/2022 to 30/06/2023.

Surgeries

As there may be a significant period of time between the date of the alleged negligent act and a claim being made on behalf of a paediatric patient, the declaration for number of surgeries has been separated into 'adult' and 'paediatric' for the 2024/2025 declaration.

Surgeries – Adult

Please state the number of adult surgeries for your Local Health Department / Facilities as at the following dates:

Prior year 01/07/2021 to 30/06/2022

Previous year 01/07/2022 to 30/06/2023

Surgeries – Paediatric

Please state the number of paediatric surgeries for your Local Health Department / Facilities as at the following dates:

Prior year 01/07/2021 to 30/06/2022

Previous year 01/07/2022 to 30/06/2023

End of 'Operations' Section.

If you have any further questions, please contact your Client Engagement Manager or email declarations@icare.nsw.gov.au.