An introduction to Defence health care

A handbook for personnel working in garrison health care
Welcome to Joint Health Command!

We are pleased you have joined the Defence health team. Our health workforce comprises uniformed military personnel, members of the Australian Public Service and contracted health professionals. Our role is to provide safe, high quality health care to members of the Australian Defence Force.

We value our people and the jobs they do. As you become familiar with the Defence way of doing things, you will see that you have joined an organisation that is continually improving the working conditions, skill sets, work environment and career prospects of everyone who works with us.

We appreciate that you will have a lot to take in over the next few months as you settle into your new job. An Introduction to Defence health care is a handbook that introduces you to the Department and prepares you for the first few months on the job.

This handbook will help you to adjust to your new place of employment so you can contribute to the best of your ability. We hope it answers questions you may have about the people and organisation you have joined.

Defence health care is governed by legislation, instructions and policy. Where there is any inconsistency between the provisions of this handbook and the legislation, instructions or policy, the provisions of the legislation, instructions and policy take precedence.

If you have any suggestions to improve this handbook, please complete the proposal for amendment at the back of this handbook.

ROBYN WALKER, AM
Rear Admiral, Royal Australian Navy
Commander Joint Health

Department of Defence
Canberra ACT 2600

12 January 2012
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<td>Australian Book of Reference</td>
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<tr>
<td>ADHREC</td>
<td>Australian Defence Human Research Ethics Committee</td>
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<td>ADF</td>
<td>Australian Defence Force</td>
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<tr>
<td>AECC</td>
<td>Aeromedical Evacuation Control Centre</td>
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<tr>
<td>AFTP</td>
<td>Australian Fleet Tactical Publication</td>
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<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
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<td>AME</td>
<td>aeromedical evacuation</td>
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<td>APS</td>
<td>Australian Public Service</td>
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<td>APSC</td>
<td>Australian Public Service Commission</td>
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<td>ATOD</td>
<td>alcohol, tobacco and other drugs</td>
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<td>ATODP</td>
<td>Alcohol Tobacco and Other Drugs Program</td>
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<td>ASL</td>
<td>All Hours Support Line</td>
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<td>AUSDIL</td>
<td>Australians Dangerously Ill Scheme</td>
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<td>AUSMAT</td>
<td>Australian Medical Assistance Team Training</td>
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<td>AVMO</td>
<td>aviation medical officer</td>
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<tr>
<td>CBRN</td>
<td>chemical, biological, radiological and nuclear</td>
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<td>CDF</td>
<td>Chief of the Defence Force</td>
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<td>CDG</td>
<td>Capability Development Group</td>
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<td>CFO</td>
<td>Chief Finance Officer</td>
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<tr>
<td>CFTS</td>
<td>continuous full-time service</td>
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<tr>
<td>CHP</td>
<td>contracted health professional</td>
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<tr>
<td>CIMHS</td>
<td>critical incident mental health support</td>
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<td>CIOG</td>
<td>Chief Information Officer Group</td>
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<td>CJHLTH</td>
<td>Commander Joint Health</td>
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<tr>
<td>CMECR</td>
<td>central medical employment classification review</td>
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<tr>
<td>CO</td>
<td>commanding officer</td>
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<tr>
<td>DCOH</td>
<td>Defence Centre for Occupational Health</td>
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<tr>
<td>DDCS</td>
<td>Directorate of Defence Clinical Services</td>
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<tr>
<td>DeCA</td>
<td>Defence Employees Certified Agreement</td>
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<td>DFDA</td>
<td>Defence Force Discipline Act 1982</td>
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<tr>
<td>DHMLP</td>
<td>Directorate of Health Materiel and Logistics</td>
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<td>DLSS</td>
<td>Directorate of Logistics Systems Sustainment</td>
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<tr>
<td>DMO</td>
<td>Defence Materiel Organisation</td>
</tr>
<tr>
<td>DNBI</td>
<td>disease and non-battle injury</td>
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<tr>
<td>DRN</td>
<td>Defence Restricted Network</td>
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</table>
SO1 staff officer grade 1
SoDI System of Defence Instructions
SOP standard operating procedure
SPEC specialist personnel employment classification
SPEC-AHE specialist personnel employment classification annual health examination
SRCA Safety, Rehabilitation and Compensation Act 1988
SUMU Submarine and Underwater Medicine Unit
TMUSEA temporary medical unfitness for sea
TMUFF temporary medical unfitness for flying
UMECR unit medical employment classification review
UMR unit medical record
VCDF Vice Chief of the Defence Force
VEA Veterans’ Entitlement Act 1986
WHS workplace health and safety
CHAPTER 1

GETTING STARTED
GETTING STARTED

WHAT HAPPENS WHEN YOU START WORK?

Joint Health Command (JHC) will provide you with a copy of this handbook when you are engaged, or when you start work, in garrison health facilities. This handbook provides an overview of health care in the Defence environment. You must read the references listed within the text, for definitive policy and procedures. You must also adhere to the directions provided by your supervisor, manager or commander.

When you have finished reading each chapter, you must complete the relevant questions from the Question Bank. Your supervisor will confirm your understanding and, when satisfied you have read and understood this handbook, your supervisor will endorse your personnel management record in PMKeyS. PMKeyS is the electronic Defence personnel management information system.

Workplace induction

On your first day

On the day you arrive, your supervisor will meet you to arrange a security access pass. After completing some security administration, you will go with your supervisor to your work area to meet the people in your workgroup and tour your work area. You will spend some time with your supervisor discussing your role, job tasks and workplace.

Your supervisor will provide a workplace-specific induction. The induction may be a formal process or an informal mentoring program. Your supervisor will discuss your role and job tasks. Your induction should cover the following:

- introductions to colleagues and key personnel you can consult regarding health processes, such as referrals, health logistics, pharmacy, medical imaging, pathology, administration, physiotherapy and so forth
- familiarisation with the health facilities, local amenities and military units in the area
- overview of your role and tasks within the health facility, including working hours and local work procedures
- site-specific emergency and security procedures
- workplace-specific health and safety
- uniforms and dress standards
- recording attendance and managing leave
- familiarisation with Defence technology, including instructions on how to use the telephone and computer systems.

During your first week

During your first week, your supervisor or mentor will provide additional information on service delivery and processes. Your induction should cover the following:

- more information on your role and tasks and how you fit into the health facility
• a discussion on the health structure and services at team, facility and regional level

• a discussion on the local military population and typical presentations

• an overview of personnel management processes, including self-service on PMKeyS and using customer service centres

• a brief on the mandatory training schedule and how to access scheduled presentations or the e-learning courses through CAMPUS (see Chapter 13 for more information)

• a description of work routines such as recording attendance, meal breaks, absences, late attendance procedures, staff meetings and task schedules

• an overview of administration, mail, ordering supplies and transport in the work area.

By the end of the first month

At the end of the first month, your supervisor should check how you are feeling about your job, confirm you are completing mandatory training and provide feedback on how you are performing in the first month.

If you are a member of the Australian Defence Force (ADF) or Australian Public Service (APS), your supervisor should assist you to develop your performance agreement. Your supervisor will also discuss Defence discipline and the APS Code of Conduct. Chapter 14 contains information on discipline and conduct.

If you are a contracted health professional (CHP), your supervisor will discuss contract management processes with you.

Security

There is a unit security officer in every health region. The unit security officer will assist you with your security clearance. Once you have written notification of your security clearance, your base Orientation Centre or Pass Office will issue you a Defence identity pass. You must display your Defence identity pass at all times. Defence identity passes are colour coded:

• purple series—ADF members

• blue series—APS members

• yellow series—Defence industry, contractors or personal services providers with regular access to bases

• red series—Defence industry, contractors or personal services providers with access to a specific base

• green series—foreign government, foreign industry and foreign military.

Technology

Computer access

Defence has two computer networks: the Defence Restricted Network (DRN) and the Defence Secret Network (DSN). There is limited access to the DSN. Your unit security officer will advise you if you need DSN access for your position.

Once you have received your security clearance, your supervisor will assist you with DRN log-on, a Defence e-mail account and access to the specific programs for your duties. Your
supervisor may process the request electronically, using the electronic network access request (eNAR) site. Alternatively, you can complete the following forms and submit them to your supervisor:

- Form AD261—Defence Restricted Network (DRN) Access Request
- Form AD260—Other Defence Support (ODS) Database Entry Request

Your supervisor or a colleague can print these forms off Web Forms for you.

**Intranet**

The DRN has an intranet site, known as the DEFWEB. The DEFWEB provides access to policies, Web Forms and other information you might need to complete your duties. You can access the DEFWEB by opening Internet Explorer. The DEFWEB is the home page in Internet Explorer.

You should take time to explore the DEFWEB, including the JHC website. You can search for ‘Joint Health Command’ or use the following link for the JHC website:


The DEFWEB provides links to helpdesks for the various information systems in Defence. You can access helpdesks by clicking on ‘Services and Help Lines’ button on the home page.

**Internet**

Once you have a DRN computer logon and e-mail account, you may request Internet access. You can activate Internet access as follows:

- Open the Internet explorer, which will give you access to the DEFWEB.
- Select 'ICT Services' from the 'Services and Help Line' button.
- Scroll down to 'Internet Access', select the button and follow the prompts.

Certain websites and user sites are blocked in accordance with Defence policy. Additionally, Defence monitors and reviews internet use. When requesting Internet access, you will be informed of policy requirements.

**Web Forms**

You can access electronic versions of health forms on Web Forms. Web Forms is a program with in-built prompts and help menus. You can access Web Forms by opening the DEFWEB, selecting 'Online Tools' button and then selecting Web Forms. Alternatively, you can access Web Forms from the 'Forms and Templates' button on the DEFWEB home page. The direct link for Web Forms is:


You can search for a form using the form number or form name. You should save the Web Forms site as a favourite. You can also save the forms you use frequently as favourites within Web Forms.

**Telephones**

The Defence Corporate Directory contains contact details for Defence personnel and units. You can access the Defence Corporate Directory as follows:

- Open the Internet explorer, which will give you access to the DEFWEB.
- Click on the ‘Green Tree’ Corporate Directory button from the left menu bar.
Search by name, function or organisation.

Defence will automatically add you to the Corporate Directory once you have a PMKeyS number. If you are a CHP, you will need to add yourself to the Corporate Directory by completing a Form AD260—Other Defence Support (ODS) Database Entry Request. Every 12 months you will need to submit another AD260 to confirm your ongoing engagement. You can access this form through Web Forms.

You may need to set up a Voicemail account. A link to Voice Services is on the Corporate Directory website (green tree icon on DEFWEB). Once you access the site, select ‘desktop phones’ and your region. Then follow the prompts.

To make internal calls to other Defence sites within your local area, dial the extension number.

To make an external call, dial ‘0’ before the required telephone number.

To access ‘000’ for emergencies, you must dial ‘0’ to access an external line before dialling the ‘000’ number.

To access Defence directory enquiries (the Switchboard), you must dial 994.

Policy

Throughout this handbook, you will be referred to Defence instructions, health policy and other related publications. You can find policy on the DEFWEB by clicking on the ‘Policy/Documents’ button on the home page or entering the document title in the search function. You will primarily use Defence Instructions (General, Navy, Army and Air Force) or the Health Policy Index.

You can search policy from the DEFWEB using document number/name, or you can use the following links:

Defence Instructions:


Health policy. Health policy comprises health directives, health bulletins and health manuals. You must take time to orientate yourself to the site. You can save the Health Policy Index as a ‘Favourite’ in the DEFWEB. You can access the Health Policy Index through the following link:


You can access the ADF Formulary by searching the DEFWEB or by the following link:


Further information

You can find more information on getting started in the ADF workplace through:

- Your supervisor
- the APS New Starters’ Program
- the DEFWEB.
## Question Bank

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<tr>
<th>QUESTIONS</th>
<th>SUPERVISOR’S SIGNATURE</th>
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<tr>
<td>What is the DEFWEB? How would you access the DEFWEB? Demonstrate this skill for your supervisor.</td>
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<td>How could you access health forms? Demonstrate this skill for your supervisor.</td>
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</tr>
<tr>
<td>How would you access the Defence Corporate Directory? Demonstrate this skill by finding your supervisor within the Corporate Directory. If you are a CHP, confirm you have completed your Form AD260 for entry into the Defence Corporate Directory.</td>
<td></td>
</tr>
<tr>
<td>How would you access the Health Policy Index? Demonstrate this skill for your supervisor.</td>
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When these questions have been satisfactorily completed, your supervisor is to sign the relevant part of the PMKeyS authorisation page in the back of this handbook.

Member’s Name ……………………… Member’s PMKeyS number ……………………

Supervisor's Name …………………… Supervisors PMKeyS number …………………..
CHAPTER 2

DEFENCE

HEALTH
DEFENCE HEALTH CARE

WHY DOES DEFENCE PROVIDE HEALTH SERVICES?

This chapter describes the Department of Defence and the importance of health care to the Defence mission. This chapter highlights that health care is the joint responsibility of Joint Health Command (JHC) and the Services. The Services are the Royal Australian Navy, the Australian Army and the Royal Australian Air Force.

By the end of this chapter, you should be able to describe the role of garrison health care in Defence. When you complete this chapter, you must complete the questions in Question Bank.

What is Defence?

Defence is a large government department, with over 98 000 employees. Eighty per cent of Defence employees are military personnel who work in the Navy, Army or Air Force. The three Services form the Australian Defence Force (ADF).

Members of the ADF are either full-time or part-time military personnel. Full-time military personnel are known as permanent ADF members. Part-time military personnel are members of the Reserve Force, often called Reservists or Reserve members. Full-time and part-time ADF personnel have different health care entitlements. Chapter 4 provides more information on health care entitlements.

Around 21 000 members of the Australian Public Service (APS) work in Defence. This is about twenty per cent of the workforce.

Australian industry provides extensive support to Defence. This civilian support ranges from individual contractors, such as contracted health professionals (CHP), through to large multinational corporations.

What does Defence do?

The Department of Defence provides military forces to defend Australia and its national interests. It prepares for and conducts military operations and other tasks as directed by the Government. During late 2011, the Government deployed ADF members on 11 operations. These operations were both within Australia and overseas. The global operations include deployments to Afghanistan, East Timor, Border Protection, Middle East, Solomon Islands and Sudan.

In addition to deploying on operations, military personnel undergo training, participate in minor and major exercises, and conduct tasks to achieve the ADF mission. The Defence White Paper 2009 provides further information on the roles and tasks of Defence. You can access the Defence White Paper on the DEFWEB, through the Defence Library Service or by searching Google.

Where does JHC fit into Defence?

Defence is managed as a diarchy, or dual leadership, comprising the Chief of the Defence Force (CDF) and the Secretary. The CDF commands the ADF and is the principal military adviser to the Minister for Defence. The Minister looks to the CDF for advice on matters that relate to military activity, including operations.

The Secretary is the principal civilian adviser to the Minister and carries out the functions of an agency head within the APS. As an agency head the Secretary has, on behalf of the Commonwealth, all the rights, duties and powers of an employer in respect of APS employees in Defence. The Minister looks to the Secretary for advice on policy, departmental issues and on the stewardship of Defence resources.
The organisation flowing from the CDF and the Secretary is broken down into Groups and Services. Each Group or Service is critical to the Defence mission of defending Australia and its national interests. Figure 2.1 shows the organisational structure of Defence. Annex A briefly describes the roles of Groups and Services.

Figure 2.1: The organisation of Defence

You are working within JHC. JHC is part of the Vice Chief of the Defence Force (VCDF) Group. Among other things, VCDF Group manages joint logistics, joint capabilities and joint health. You should note the placement of the VCDF Group on the organisational structure in Figure 2.1. Chapter 3 describes the role and functions of JHC.
Why does Defence provide health care to ADF members?

Defence requires fit and healthy personnel who are ready to deploy on operations. Defence provides health services to ensure the ongoing physical and mental well-being of eligible personnel. Chapter 4 describes the personnel entitled to receive health care at Commonwealth expense.

High quality health care contributes to the morale and confidence of troops, as well as acting as a public statement of assurance to families, the public and the international community. There is an expectation that ill or injured personnel will have access to the best health care that Australia can provide. Defence instructions and health policies stipulate the standard of health care expected for ADF personnel.

What health services does Defence provide?

Defence provides comprehensive health care to entitled personnel. Health care encompasses preventive care, management of acute and chronic illness or injury, occupational fitness assessments and rehabilitation. Chapters 5 to 10 describe the health services provided by Defence.

Health care is provided to personnel who are in garrison and while deployed on operations. A garrison is the home base of military units. An operation is the deployment of forces to achieve a military mission. While the ADF conducts operations both within Australia and overseas, the conditions on operations are generally arduous and dangerous.

To meet these dual needs—garrison and operational—Defence has divided the responsibility for health care between JHC and the Services. JHC is responsible for garrison health care and exercises clinical authority over all Defence health services. The Services—Navy, Army and Air Force—provide operational health support to deployed forces.

What are garrison health services?

Garrison health services are those health care services delivered from military bases in Australia. Garrison health services ensure defence personnel deploy at optimal fitness with adequate preventive health measures. JHC is responsible for garrison health services, which includes:

- health services provided from health facilities on military bases in Australia
- health support purchased from external primary, secondary and tertiary health providers
- external health services to meet referrals by health personnel working in ships alongside any Australian or international port
- command, control and management of garrison health services
- strategic and organisational health policy and procedures
- clinical authority and technical control of all garrison and operational health care.

You work within JHC’s Garrison Health Operations. You may deliver health services in a garrison health centre or clinic. Alternatively, you may work within a regional health headquarters or Headquarters JHC. Chapter 3 provides information on health clinics, centres and regions.

What is operational health support?

The ADF provides operational health support to all operations—from war fighting to humanitarian relief tasks. The Navy, Army and Air Force have military health personnel who are responsible for providing health support to forces deployed away from their home garrisons. These personnel provide treatment and evacuation to optimise patient outcomes and maximise the early return of a casualty to operational duty.
The Navy, Army and Air Force (known as the Services) raise, train and sustain a health capability to support operations. When the Australian Government initiates a military operation, the Services assign forces to the Joint Operations Command (JOC). JOC commands and manages operations. The Director Health at JOC is responsible for planning and coordinating health support to operations.

Although you work in garrison health, you must understand Defence operations. Although the ADF deploys military health units to provide health care on operations, garrison health care prepares deploying forces and takes over the care of wounded or ill ADF members who return from operational duty.

Military operations may use force to pursue specific military objectives. Defence operations are primarily, but not exclusively, about war fighting; however, in the current global context war-fighting operations are often concurrent with other activities, such as humanitarian health care to civilian populations. Humanitarian health care either precedes or accompanies humanitarian assistance provided by civilian agencies. ADF health elements are able to deploy rapidly and establish health care at the outset of a crisis. As a situation stabilises, humanitarian health care generally transitions to civil organisations. Disaster relief and humanitarian assistance can occur within the framework of an ongoing warlike operation or in the form of a stand-alone humanitarian operation.

**What are the Service health capabilities?**

Each Service has a health capability. When not required for operations or military training, Service health personnel may work in garrison health facilities.

**Navy Health**

The Royal Australian Navy is responsible for the delivery of health care at sea. Depending on the health care requirements of the operation, Navy health elements can provide force health protection and advanced levels of health care, including resuscitative surgery, allied health and extended inpatient holding capacity. The Navy also provides rotary wing aeromedical evacuation for maritime operations.

The Navy Health Service is responsible to Navy for:

- delivering high quality health care at sea
- assisting JHC with Navy preparedness, which is keeping Navy people fit and well
- raising, training and sustaining Navy health personnel
- clinical governance of Navy health care services.

Navy health elements deploy on ships to provide primary, emergency and some inpatient health care services to Defence personnel at sea. When not at sea, Navy health personnel work in garrison health facilities.

If you would like to read more about Navy health care, you can read Australian Book of Reference (ABR) 1991, volume 1, *Royal Australian Navy, Health Services Manual*. You can find this manual on the DEFWEB either by searching the title or through the following link:


**Army Health**

The Australian Army is responsible for combat health support within the land area of operations. Operational planners shape combat health support to meet a wide range of support and operational requirements. Combat health support ranges from highly mobile basic health facilities supporting warfighting units to major static facilities in forward operating bases.
The combat health units are responsible to Army for:

- delivering combat health support to forces deployed in a land area of operations, including support to both conventional and special forces
- assisting JHC with Army preparedness, which is keeping Army people fit and well
- raising, training and sustaining Army health personnel
- clinical governance of Army health care services.

If you would like to read more about Army health care, you can read Land Warfare Doctrine 1.2—Combat Health Support. You can find this manual on the DEFWEB either by searching the title or through the following link:


**Air Force Health**

The Air Force specialises in aerospace medicine support to aircrew, airfield emergency response and aircraft incident investigation. Air Force is responsible for:

- delivering health support at deployed air bases, on aircraft and at appropriate locations in the aeromedical evacuation system
- 24-hour aeromedical evacuation coordination
- assisting JHC with Air Force preparedness, which is keeping Air Force people fit and well
- raising, training and sustaining Air Force health personnel
- clinical governance of Air Force health care services.

If you would like to read more about Air Force health care, you can access the Health Services Wing website. You can find the website either by searching the DEFWEB or through the following link:


**Joint health support to operations**

Every deployment on operations has a specifically tailored health support capability. Health care is organised on the roles of health care. The international military community developed the roles of health care to describe the range of military health care services at various levels in an area of operations.

If you would like to read more about joint health support to operations, you can read Australian Defence Doctrine Publication 1.2—Health Support to Operations. This publication describes the roles of health care. It also describes the organisation of deployed health elements, planning for health tasks and delivery of deployed health care. You can find this manual on the DEFWEB either by searching the title or through the following link:

Further information

You can find more information on Defence and Defence health care through:

- your supervisor
- the DEFWEB.

**Additional readings for this chapter are:**

*Defence White Paper 2009*

*ABR 1991, Volume 1—*Royal Australian Navy, Health Services Manual*

*ADDP 1.2—Health Support to Operations*

*LWD 1.2—Combat Health Support*

### Question Bank

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>SUPERVISOR’S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the focus of Defence health care?</td>
<td></td>
</tr>
<tr>
<td>Who provides health care to Defence?</td>
<td></td>
</tr>
<tr>
<td>What is a garrison and what are garrison health services?</td>
<td></td>
</tr>
<tr>
<td>What are the Services and what health care do the Services deliver?</td>
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</tbody>
</table>

When these questions have been satisfactorily completed, your supervisor is to sign the relevant part of the PMKeyS authorisation page in the back of this handbook.

Member’s Name ....................... Member’s PMKeyS number .........................

Supervisor’s Name ................... Supervisor’s PMKeyS number .......................
## Defence Groups and Services

<p>| Office of the Secretary and Chief of the Defence Force | The Office of the Secretary and Chief of Defence Force supports the Secretary and CDF. The Group manages matters associated with the Defence mission of defending Australia and its national interests. |
| Vice Chief of the Defence Force (VCDF) | The VCDF Group focuses on Defence strategy. You work in JHC, which is part of the VCDF Group. JHC is responsible for providing health policy advice and delivering health services. |
| Royal Australian Navy | The Navy provides maritime forces to defend Australia, contribute to regional security, support global interests, shape the strategic environment and protect national interests. Peacetime activities include maritime surveillance and response within Australia’s offshore maritime zones, hydrographic, oceanographic and meteorological support operations, humanitarian assistance, and maritime search and rescue. |
| Australian Army | The Army provides offensive and defensive capabilities for land and special operations. It also provides resources for peacetime tasks, including United Nations peacekeeping, humanitarian assistance within our region and elsewhere, and expertise to respond to terrorist, chemical, biological, radiological or explosive incidents. |
| Royal Australian Air Force | The Air Force delivers offensive and defensive counter air operations, land and maritime strike operations and offensive air support. The Air Force provides airlift for quick deployment of forces over large distances and ongoing logistical support. Australian and global communities also benefit directly from the Air Force’s contribution to search and rescue, disaster relief, humanitarian assistance and protective functions. |
| Intelligence and Security (I&amp;S) | The I&amp;S Group delivers intelligence capability for Defence and leads the development of security policy, standards and plans to meet Defence’s protective security requirements. The I&amp;S Group has a Strategic Health Intelligence Cell. This cell provides specialist health threat assessments and advice on health capabilities within overseas regions. |
| Defence Support Group (DSG) | DSG delivers most of the shared services that support the ADF and Defence Groups, including support to JHC’s health facilities. They provide legal services; personnel administration; housing; a range of personal support functions; business services; base support services including catering, accommodation, cleaning and grounds maintenance; and managing, developing and sustaining the Defence estate. |
| Chief Information Officer (CIOG) | CIOG provides an integrated Defence Information Environment to support Defence business and military operations. The infrastructure is integral to intelligence, surveillance, reconnaissance, communications, information warfare, and command and management functions. |
| Defence Science and Technology Organisation (DSTO) | DSTO develops technology to meet new requirements, carries out research to provide advice on acquisitions, and assists with their introduction into service. DSTO’s mandate includes providing technology support to other government agencies engaged in national security. |</p>
<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Operations Command (JOC)</td>
<td>JOC plans, controls and conducts campaigns, operations, joint exercises, and other activities on behalf of the CDF. It also provides support to Coastwatch civil surveillance and Border Protection Command as directed by the Government.</td>
</tr>
<tr>
<td>Defence Materiel Organisation (DMO)</td>
<td>DMO equips and sustains the ADF. It acquires, maintains and disposes of assets such as aircraft, ships, vehicles, electronic systems, uniforms and rations. Among other things, DMO is responsible for the provision of medical and dental materiel.</td>
</tr>
<tr>
<td>Capability Development Group (CDG)</td>
<td>CDG develops proposals for future defence capabilities.</td>
</tr>
<tr>
<td>Chief Finance Officer (CFO) Group</td>
<td>The CFO Group is responsible for Defence’s financial governance and manages Defence’s budget.</td>
</tr>
<tr>
<td>People Strategies and Policy Group (PSPG)</td>
<td>PSPG is the personnel manager for the Department. It is responsible for personnel policy for recruitment, retention, remuneration and rewards, people development, leadership and the working environment.</td>
</tr>
</tbody>
</table>

If you would like to know more about the structure and function of each Group, visit the Defence website at the following link:

CHAPTER 3

WORKING TOGETHER
CHAPTER 3

WORKING TOGETHER

WHAT ARE INTEGRATED TEAMS?

New employees within Joint Health Command (JHC) are often surprised at the difference between military and civilian practice. Garrison health care has an occupational and operational focus, ensuring health readiness of members of the Australian Defence Force (ADF). Garrison health care integrates resilience and well-being, injury prevention and management, and treatment and rehabilitation. It reinforces the important relationship between health practitioners and ADF commanders in managing the health and wellbeing of ADF personnel.

In JHC, you will work within an integrated environment. Our health facilities employ a mix of uniformed members of the ADF, Australian Public Service (APS) personnel, contracted health professionals (CHP) and external fee-for-service providers.

This chapter describes the military and civilian health practitioners within Defence. It also describes the organisation of practitioners into teams, clinics, centres and regions. By the end of this chapter, you should be able to describe the types of health practitioners and the structure of garrison health care in Defence. When you complete this chapter, you must complete the questions in Question Bank.

What are military protocols?

Protocols of address

The military is a traditional and hierarchical organisation. Every member of the Navy, Army and Air Force has a rank. The military has officers, non-commissioned officers and other ranks. Non-commissioned officers and other ranks address officers as ‘sir’ or ‘ma’am’. Officers address other officers who are senior in rank as ‘sir’ or ‘ma’am’.

If you are a civilian, patients may address you as ‘sir’ or ‘ma’am’. This is a term of respect and military personnel are trained to address you this way. You may find this practice unusual when you first work in Defence; however, you will become accustomed to it.

Unless otherwise invited, you should address patients and staff by their rank and surname, such as Corporal Jones or Captain Smith. You should speak to your supervisor to check the protocols regarding rank in your workplace.

Badges of rank

Each military person wears a badge of rank. You must learn to identify each person’s rank by the badge of rank he or she wears. It will take a while for you to be comfortable with this and your colleagues will assist you.

Annex A contains an image of the badges of rank. Most workplaces display this image to assist civilians within Defence.

Rank system

The rank system can be confusing. Table 3.1 provides a list of the ranks used in the ADF. The most senior rank is at the top of each column, with the equivalent ranks for each Service in each row. You should note that a Navy captain is more senior than an Army captain. A Navy lieutenant is also more senior than an Army lieutenant.
Table 3.1: Australian Defence Force ranks

<table>
<thead>
<tr>
<th>Navy</th>
<th>Army</th>
<th>Air Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admiral (ADM)</td>
<td>General (GEN)</td>
<td>Air Chief Marshal (ACM)</td>
</tr>
<tr>
<td>Vice Admiral (VADM)</td>
<td>Lieutenant General (LTGEN)</td>
<td>Air Marshal (AM)</td>
</tr>
<tr>
<td>Rear Admiral (RADM)</td>
<td>Major General (MAJGEN)</td>
<td>Air Vice Marshal (AVM)</td>
</tr>
<tr>
<td>Commodore (CDRE)</td>
<td>Brigadier (BRIG)</td>
<td>Air Commodore (AIRCDR)</td>
</tr>
<tr>
<td>Captain (CAPT)</td>
<td>Colonel (COL)</td>
<td>Group Captain (GPCAPT)</td>
</tr>
<tr>
<td>Commander (CMDR)</td>
<td>Lieutenant Colonel (LTCOL)</td>
<td>Wing Commander (WGCDR)</td>
</tr>
<tr>
<td>Lieutenant Commander</td>
<td>Major (MAJ)</td>
<td>Squadron Leader (SQNLDLDR)</td>
</tr>
<tr>
<td>(LCDR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lieutenant (LEUT)</td>
<td>Captain (CAPT)</td>
<td>Flight Lieutenant (FLTLT)</td>
</tr>
<tr>
<td>Sub Lieutenant (SBLT)</td>
<td>Lieutenant (LT)</td>
<td>Flying Officer (FLGOFF)</td>
</tr>
<tr>
<td>Acting Sub Lieutenant</td>
<td>Second Lieutenant (2LT)</td>
<td>Pilot Officer (PLTOFF)</td>
</tr>
<tr>
<td>(ASLT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midshipman (MIDN)</td>
<td>Staff Cadet (SCDT) or</td>
<td>Officer Cadet (OFFCDT)</td>
</tr>
<tr>
<td></td>
<td>Officer Cadet (OCDT)</td>
<td></td>
</tr>
<tr>
<td>Warrant Officer of the</td>
<td>Regimental Sergeant Major</td>
<td>Warrant Officer of the Air</td>
</tr>
<tr>
<td>Navy (WO-N)</td>
<td>of the Army (RSM-A)</td>
<td>Force (WOFF-AF)</td>
</tr>
<tr>
<td>Warrant Officer (WO)</td>
<td>Warrant Officer Class 1</td>
<td>Warrant Officer (WOFF)</td>
</tr>
<tr>
<td></td>
<td>(WO1)</td>
<td></td>
</tr>
<tr>
<td>Chief Petty Officer</td>
<td>Warrant Officer Class 2</td>
<td>Flight Sergeant (FSGT)</td>
</tr>
<tr>
<td>(CPO)</td>
<td>(WO2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff Sergeant (SSGT)</td>
<td></td>
</tr>
<tr>
<td>Petty Officer (PO)</td>
<td>Sergeant (SGT)</td>
<td>Sergeant (SGT)</td>
</tr>
<tr>
<td>Leading Seaman (LS)</td>
<td>Corporal (CPL) or</td>
<td>Corporal (CPL)</td>
</tr>
<tr>
<td></td>
<td>Bombardier (BDR)</td>
<td></td>
</tr>
<tr>
<td>Able Seaman (AB) or</td>
<td>Lance Corporal (LCPL) or</td>
<td>Leading Aircraftman/woman</td>
</tr>
<tr>
<td>Seaman (SM)</td>
<td>Lance Bombardier (LBDR)</td>
<td>and Aircraftman/woman (AC/W)</td>
</tr>
<tr>
<td></td>
<td>Private (PTE) or Trooper</td>
<td></td>
</tr>
<tr>
<td></td>
<td>or Craftsman (CFN) or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gunner or Sapper (SPR)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>or Musician (MUSN) or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Musician (SIG)</td>
<td></td>
</tr>
</tbody>
</table>

What is a military health practitioner?

A military health practitioner is one who is also a uniformed member of the Navy, Army or Air Force. If you are a military health practitioner, you must be aware of the impact of your rank on health care delivery. You will be treating people of all ranks, and you must be able to overcome the barrier of rank to provide health care. You may also be responsible for advising senior military commanders and be conscious of the protocols associated with this.

Types of military personnel

You could work with full-time, permanent military personnel. Some of the military personnel you work with may be members of foreign defence forces on exchange or temporary
assignment. You may also work with members of the Reserve Forces. The ADF relies heavily on health members of the Reserve Forces. They supplement the permanent force and provide access to highly skilled clinical knowledge that the ADF cannot raise or sustain in the permanent ADF.

When Service health personnel are working within your facility, we expect you will welcome them, foster their learning and learn from both their operational experiences and their knowledge of single-Service health care requirements.

Military postings and augmentation

The ADF posts some military health practitioners to garrison jobs in JHC to provide subject matter expertise at the local level. However, most military health practitioners work in health positions in the Navy, Army or Air Force. Their primary task is to support military operational deployments, such as warfighting. When Navy, Army and Air Force health practitioners are in garrison, and not deployed on operations, they augment JHC garrison health facilities. While in garrison health facilities, they assist JHC to deliver health care services and develop the individual competencies they require to perform their warfighting duties.

You may be working in a health facility with Service health personnel who disappear for long periods on operations or military training. Service personnel working in garrison health facilities are part of the ADF combat capability. The ADF may call upon them to undertake military duties at short notice, regardless of where they are working.

What is a civilian health practitioner?

A health practitioner could be either a member of the APS or a civilian acting on behalf of Defence. A civilian acting on behalf of Defence could be a CHP, a sessionalist health practitioner or a fee-for-service provider. Civilian health practitioners could be in supervisory, administrative or clinical roles.

Australian Public Service personnel

Defence employs APS personnel in health positions Australia-wide. They are involved in most facets of Defence health from providing health administration to clinical health services. APS personnel work in all levels of health care.

The APS also has a hierarchy, although it is not as formal as the military. Each APS level has specified skill sets and responsibilities. The APS levels are:

- APS level 1 to 6
- Executive Level (EL)1 and 2
- Senior Executive Service (SES) Band 1 to 3.

The Australian Public Service Commission website, available through the following link, provides more information on the APS:


Contracted health professionals

JHC contracts health and allied health professionals in all areas of health care including hospitals, health centres and clinics, diagnostic services, specialist services and general practice.

CHP generally work from Defence premises. If you are a CHP, we expect you to wear a contractor’s identity card while on Defence premises. Your contract will specify the terms of your engagement, including supervision requirements. If you have any questions about your supervisory tasks, please speak to your supervisor.
What is a multi-disciplinary health team?

Multi-disciplinary health teams are the core of garrison health care. The providers could be ADF, APS or CHP. All health practitioners contribute to holistic patient care through overlapping and complementary scopes of practice within a multi-disciplinary practice environment. The collective expertise of the team enhances patient care.

The tasks and responsibilities of health practitioners can vary between health facilities. Additionally, the dependency you care for will have different needs based on their role and activities. Duty statements describe the responsibilities of specific health positions.

Annex B describes the health practitioners and terminology within Defence. The providers could be ADF, APS or CHP. Each position has skills levels from basic through to specialist.

How is garrison health care structured?

Joint Health Command

The mission of JHC is ‘To provide health support to the Australian Defence Force’. The Commander Joint Health (CJHLTH) is responsible for developing strategic health policy, providing strategic level health advice and exercising technical and financial control of ADF health units. Technical control is the provision of professional direction to health practitioners.

JHC provides garrison health care and, from the health perspective, ensures the preparedness of ADF personnel for operations. Figure 3.1 depicts the structure of JHC.

Figure 3.1: Structure of Joint Health Command

You can access information on JHC structure through the following link:

Health regions

The Director of Garrison Health Operations Branch is responsible to CJHLTH for managing the delivery of garrison health services. Within this branch, the Defence Clinical Services is responsible for clinical governance.

Garrison Health Operations are divided into five health regions. The regions are:

- Regional Health Service—Central and West
- Regional Health Services—Victoria and Tasmania
- Regional Health Services—Southern New South Wales
- Regional Health Services—Northern New South Wales
- Regional Health Services—Queensland.

Each region has a regional health director (RHD) responsible for the performance and compliance of their region. Each RHD is responsible for managing regional health resources and coordinating health service delivery in their region. The RHD must tailor the health services in their region to meet the needs of local military commanders.

Each RHD contains one or more joint health units (JHU). JHU commanding officers (CO) manage the daily health operations of their subordinate health centres and clinics. JHC CO are also responsible for managing military discipline within their organisations. Chapter 14 describes military discipline.

Each region provides the following:

- regionally organised inpatient services, some on-base sessionalist specialist services and supervised recuperation
- regionally coordinated outpatient services
- regional allied health and rehabilitation capabilities
- access to external specialist, allied health and tertiary health services
- occupational health care including medical employment classification screening, periodic health assessment and psychological screening
- health education of the dependency and the health workforce
- support services such as patient transport, health administration and health service governance.

Figure 3.2 depicts the health regions. It also lists the health centres and clinics within each health region. This figure highlights the size and complexity of garrison health. You can also view the services provided by your health facility by selecting your health region at the following link, then navigating to your health centre or clinic.

Figure 3.2: JHC health regions

You can view the services provided by your health facility by selecting your health region at the following link, then navigating to your health centre or clinic.


Health facilities

JHC delivers care from health centres and clinics. Dental, health surveillance, health promotion, acute mental health and psychological assistance, acute injury physiotherapy, and longer term physical and mental health rehabilitation/transition are integrated with traditional domains of medical and nursing practice.

A major health centre generally provides the following services, where supported by qualified health practitioners and an authorised scope of practice:

- health assessments and medical employment classification services
- general practice health services

RHS - Queensland
- Cairns Health Centre
- Porton Clinic
- Lavarack Health Centre
- Lavarack West Clinic
- Lavarack East Clinic
- Tully Clinic
- Townsville Health Centre
- Amberley Health Centre
- Enoggera Health Centre
- Enoggera Clinic
- Enoggera South Clinic
- Enoggera 1SG RAP
- Canungra Clinic
- Oxley Health Centre
- Cabarlah Clinic

RHS - Northern New South Wales
- ADF Ward St Vincent
- Richmond Health Centre
- Glenbrook Clinic
- Holsworthy Health Centre
- Tobruk Clinic
- Moorebank Clinic
- Kuttabul Health Centre
- Wetson Clinic
- Penguin Health Centre
- Penguin SUMU Clinic
- Waterhen Clinic
- Randwick Health Centre
- Victoria Barracks Clinic Sydney
- Singleton Health Centre
- Williamtown Health Centre
- Tamworth Clinic

RHS - Southern New South Wales
- Duntroon Health Centre
- Duntroon Clinic
- Russell Clinic
- Narran Clinic
- Weston Clinic
- Albatross Health Centre
- Creswell Clinic
- Wagga Health Centre
- Kapooka Health Centre
- Kapooka Clinic
• mental health and psychology services
• occupational medicine
• dentistry
• pharmacy services
• laboratory and medical imaging services
• physiotherapy services
• inpatient services
• health administration
• health capability in support of contingency plans
• medical specialist appointments
• travel medicine services to ADF members and dependents posted or travelling overseas, but not deployed on a recognised operation, exercise or training activity
• advice to commanders.

The manager of a health centre could be a military person or a member of the APS. The health centre uses a combination of internal and external health providers to care for ADF personnel. Health centres either provide care within the health centre or at off-base health facilities.

Health clinics supplement the health centres and provide site-specific health care services. Within Defence, this approach is known as a hub and spoke model.

Figure 3.3 depicts a major health centre. Members of the Navy, Army and Air Force—whether working on the base or in the area—attend or contact the health facility to access diverse health services.
**What is a health staff appointment?**

Some health practitioners work in health staff appointments within the broader Defence organisation. This could include working within headquarters of JHC, Joint Operations Command or a Service. It could also include working in health intelligence or health materiel management within intelligence or materiel organisations.

**Further information**

We hope you will spend some time exploring the JHC website. It contains further information on the health regions and health facilities. The JHC website is at:

# Question Bank

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>SUPERVISOR’S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is a military health practitioner?</td>
<td></td>
</tr>
<tr>
<td>What is a rank? Demonstrate your understanding of rank to your supervisor.</td>
<td></td>
</tr>
<tr>
<td>Where does your health facility fit into the JHC structure? Which region are you in?</td>
<td></td>
</tr>
<tr>
<td>Who can you approach if you have questions or need advice?</td>
<td></td>
</tr>
<tr>
<td>What health care services are available from garrison health facilities?</td>
<td></td>
</tr>
</tbody>
</table>

When these questions have been satisfactorily completed, your supervisor is to sign the relevant part of the PMKeyS authorisation page in the back of this handbook.

Member’s Name ……………………..  Member’s PMKeyS number ………………………

Supervisor’s Name ………………..  Supervisor’s PMKeyS number …………………….
# Defence Health Practitioners

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADF rehabilitation consultant</td>
<td>Responsible to regional rehabilitation manager for delivery of ADF Rehabilitation Program services (occupational rehabilitation) for ADF members. Applies Defence and Comcare standard and meets Comcare professional requirements and be registered or have appropriate membership.</td>
</tr>
<tr>
<td>Dentist</td>
<td>A registered health professional who diagnoses, treats and prevents mouth, gum and tooth problems. Performs professional dental work requiring independent selection of dental procedures for the examination, investigation and treatment of patients. Exercises individual judgement and initiative in diagnosis and subsequent case management. Registration is required.</td>
</tr>
<tr>
<td>Dental hygienist</td>
<td>A registered clinician who assesses the dental condition and needs of patients using patient screening procedures, medical history review, dental and period charting. Delivers direct patient care using dental hygienist procedures in accordance with a dentist's prescription. Maintains patient records and teaches patients how to prevent tooth decay and gum disease. Complies with infection control policies and procedures in the health workplace, including processing of reusable instruments and equipment in the health environment.</td>
</tr>
<tr>
<td>Dental practice manager</td>
<td>Liaises between the dentist and dental auxiliaries in a facility and oversees the responsibilities and duties of all the dental personnel so that the practice runs smoothly and efficiently.</td>
</tr>
<tr>
<td>Dental assistant</td>
<td>Provides receptionist and administrative duties. Prepares for and assists with all dental procedures including dental radiography. Complies with infection control policies and procedures in the health workplace, including processing of reusable instruments and equipment in the health environment. Completes administrative processes to facilitate patient care. Assists dental specialists, dental practitioners and hygienists in providing care and treatment.</td>
</tr>
<tr>
<td>Dental technician</td>
<td>Designs and repairs devices for the treatment, replacement and protection of damaged, badly positioned or missing teeth in accordance with a dental specialist or dental practitioner's prescription. Registration or licensing may be required.</td>
</tr>
<tr>
<td>Enrolled nurse (division two)</td>
<td>Provides nursing care under the direction and supervision of a registered nurse. Supervision may be direct or indirect according to the nature of the work delegated to the enrolled nurse. Must be registered with AHPRA.</td>
</tr>
<tr>
<td>Environmental health officer</td>
<td>Provides environmental and occupational hygiene advice, guidance, management and direction through policy, regulation development, financial and economic policy analysis, risk and policy assessment. Develops strategic garrison health policy and programs to prevent injuries or illnesses from occupational and/or environmental conditions and factors. Provides strategic direction and technical guidance to garrison environmental health personnel. Evaluates emerging regulatory issues and identifies revisions for policy and regulations. Advises Defence committees, workgroups and projects. Registration or licensing is required.</td>
</tr>
<tr>
<td>Health clerk</td>
<td>Provides clerical, technical and administrative support to medical, dental and mental health services. Schedules appointments, maintains health records, referrals and reports, and provides clerical duties such as data entry of health information.</td>
</tr>
<tr>
<td>Role</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------</td>
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</tr>
<tr>
<td>Health practice manager</td>
<td>Supervises clerical, technical and administrative support to medical, dental and mental health services. Schedules appointments, maintains health records, referrals and reports, and provides clerical duties such as data entry of health information.</td>
</tr>
<tr>
<td>Health policy officer</td>
<td>Plans, organises, researches and coordinates the development of health related policy for Defence.</td>
</tr>
<tr>
<td>Medic</td>
<td>Performs general and clinical duties. Employed in primary health care, in-patient and pre-hospital care. Is deployable on operations. Provides Service-specific patient and emergency care in an occupational setting. A clinical manager (Navy) provides primary and emergency health care under remote supervision aboard ships, including advanced cardiac life support. Has minimum registration as an endorsed enrolled nurse.</td>
</tr>
<tr>
<td>Medical laboratory scientist</td>
<td>Identifies the cause and processes of disease and illness by examining changes in body tissue, blood and other body fluids. Conducts tests on samples of tissue, blood and body secretion. Registration or licensing is required.</td>
</tr>
<tr>
<td>Medical laboratory technician</td>
<td>Performs routine medical laboratory tests and operates diagnostic laboratory equipment under the supervision of medical laboratory scientists.</td>
</tr>
<tr>
<td>Medical administrator</td>
<td>Plans, organises, directs, controls and coordinates medical programs and clinical services within a region. Maintains standards of medical care. Provides leadership to ensure an appropriately skilled medical workforce. Responsible for all resources and performance indicators within that region from a health perspective. Registration or licensing is required.</td>
</tr>
<tr>
<td>Medical officer (clinical)</td>
<td>Provides clinical assessments, examination, investigation, diagnosis and/or treatment of patients within a health facility. An experienced medical officer who exercises independence of action and clinical judgement in the overall care of patients. Registration or licensing is required.</td>
</tr>
<tr>
<td>Mental health practitioner</td>
<td>Social workers who provide information, advocacy, social support, practical help, counselling and negotiating with officials and organisations. Provide statutory services to meet basic human needs, whether for safety, income maintenance, shelter, appropriate care, work, physical and mental health.</td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td>A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. Assesses and manages clients, including, but not limited to, direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. Must be registered with AHPRA.</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>Works with individuals who have mentally, physically, developmentally, socially or emotionally disabling conditions. Assists individuals to develop, recover or maintain daily living and work skills. Assists individuals to improve basic motor functions and reasoning abilities and to compensate for permanent loss of function. Registration or licensing is required.</td>
</tr>
<tr>
<td>Occupational medicine specialist</td>
<td>Provides specialist advice on the effects of work on health and (conversely) health on work. Advises on workplace and environmental hazards (chemical, physical, biological and psychosocial), associated risks of exposure to such hazards, and how these may cause an adverse impact on biological health, such as injury or illness.</td>
</tr>
<tr>
<td>Position</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Pathology coordinator</td>
<td>Coordinates and facilitates collection and processing of pathology specimens for transport. Provides administration duties specific to the management of pathology results and specimens.</td>
</tr>
<tr>
<td>Pathology collector/receptionist</td>
<td>Under general direction of a medical or nursing officer, prepares pathology specimens and provides reception duties.</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>Provides clinical pharmacy services and health materiel services for a health centre. Registration is required.</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>Prevention, diagnosis and evidence-based therapeutic management of disorders of movement or optimisation of function. This includes assessments and treatment of injury or disease. Registration is required.</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Provides psychological assessments, treatment and management services for both clinical and sub-clinical presentations. Provides interventions and advice on wellbeing, satisfaction and effectiveness for individuals, groups and organisations. Conducts surveys and research into wellbeing, satisfaction and effectiveness in the workplace. Registration is required.</td>
</tr>
<tr>
<td>Psychology assistant</td>
<td>Conducts psychometric testing and provides limited administrative support, specifically for psychology document management.</td>
</tr>
<tr>
<td>Psychological examiner</td>
<td>Provides technical and administrative support to psychologists. Administers psychological tests to aid in selection, placement and diagnostic decisions. Participates in mental health promotion and screening. Uses statistical techniques to support test evaluation and data analysis.</td>
</tr>
<tr>
<td>Registered nurse (division one)</td>
<td>A person with appropriate educational preparation and competence for practice, who is registered and licensed under the appropriate nursing act to practise nursing in Australia. Must be registered by AHPRA.</td>
</tr>
<tr>
<td>Registered nurse (division one) level/grade two</td>
<td>A nurse unit manager responsible for managing nursing staff and providing safe, cost-effective care of patients in their unit. Must be registered by AHPRA.</td>
</tr>
<tr>
<td>Registered nurse (mental health)</td>
<td>A registered nurse (division one) with specialist qualifications in mental health. Works with psychiatrists and general practitioners to monitor a person's mental state and manage medication. Works in a range of settings, such as clinics or in a person's home. Must be registered with AHPRA.</td>
</tr>
<tr>
<td>Registered nurse (division one) level/grade three</td>
<td>A clinical nurse supervisor who is the senior nurse in a static health facility. Responsible for nursing care and providing advice to their regional health director. Provides clinical leadership. Coordinates, facilitates and monitors the quality of nursing services. Uses the clinical governance framework to ensure clinical and governance principles are vigilantly applied in accordance with Defence policy. Must be registered by AHPRA.</td>
</tr>
<tr>
<td>Regional rehabilitation manager</td>
<td>Accountable for regional ADF Rehabilitation Program services to ensure high quality, effective and timely management of occupational rehabilitation services. Leadership and management of allied health rehabilitation consultants. Must meet Comcare’s professional requirements and be registered or have appropriate membership.</td>
</tr>
<tr>
<td>Senior medical scientist</td>
<td>Identifies cause and processes of disease and illness by examining changes in body tissue and in blood and other body fluids, and conducts tests on samples of tissues, blood and body secretions. Registration or licensing is required.</td>
</tr>
</tbody>
</table>
CHAPTER 4

HEALTH CUSTOMERS
HEALTH CUSTOMERS

WHO WILL I BE TREATING?

Defence health care is a comprehensive health service with an occupational and operational focus. Defence provides health care for Defence members from entry into the Australian Defence Force (ADF) until transition back into the civilian community.

Service in the ADF is demanding and unique. Most members of the ADF either are involved in arduous training or deployed on operations. In addition to combat operations against enemy forces in war zones, ADF members also participate in dangerous activities such as major exercises, peacekeeping missions, search and rescue missions, and disaster relief. The training for military service is inherently dangerous. Some training activities require special expertise, such as aviation, parachuting, submarine escape and diver training.

ADF members must meet Defence medical fitness standards so they are prepared for deployment on high-risk duties at very short notice. Any military person who cannot meet the medical fitness standards could place themselves, others or the mission at risk. It is for this reason that any injury, illness or other health condition permanently affecting fitness for duty may result in a medical downgrade or discharge from the ADF. Chapter 5 describes the medical employment classification (MEC) review process.

You need to understand the people you are treating. The primary dependency is permanent members of the ADF; however, you may be required to treat members of the Reserve Forces and civilians. The health entitlements of these groups are different. This chapter describes the entitlement to Defence health care. By the end of this chapter, you should be able to describe people you can treat in a garrison health facility. You should also understand some of the characteristics of the entitled people. When you complete this chapter, you must complete the questions in Question Bank.

Permanent members of the ADF

If you come from civilian health practice, you will notice significant differences between the permanent ADF population and the broader Australian community. Although members of the ADF are exposed to diverse occupational hazards, they generally have better health for the following reasons:

- everyone is screened prior to entry, so only people who meet the Defence entry standards are recruited into the ADF
- ADF members are expected to maintain a high level of health and fitness throughout their military career
- Defence regularly assesses the medical, dental and physical fitness of ADF members
- Defence provides access to comprehensive health services, including general and specialist health care services.

ADF members have a significant risk of injury or illness because of the nature of their work. Many ADF members work in challenging environments, including remote areas of the world that may have low levels of physical safety and restricted access to the necessities of life, such as shelter, food and water.
Profile

Approximately 55,000 people are permanent members of the ADF. They work in the Navy, Army and Air Force. Figure 4.1 provides the breakdown of ADF members between the Services. The permanent members of the ADF are entitled to Defence health care services in accordance with Defence policy. Throughout this handbook, Permanent members of the ADF are described as ADF members.

Figure 4.1: Breakdown of ADF personnel

Your patient population is primarily male as, of the 55,000 permanent ADF members, only 13 to 15 per cent are female.

Members of the ADF range between 17 to 60 years of age. The median age of ADF members is 30 years old and around 90 per cent are under 50 years of age. You are unlikely to treat anyone over the age of 60, as this is the ADF retirement age; however, some people do seek an age extension to work beyond the compulsory military retirement age of 60.

Work environment

Your health facility may look after one Service, such as Navy, or may have a mixed dependency of Navy, Army and Air Force personnel. Each ADF member belongs to a ‘unit’, which is an organisation with a particular purpose. Each unit has a commander, generally called the commanding officer (CO) or officer commanding (OC). The CO/OC is responsible for the well-being of his or her unit.

Each ADF member has a profession or trade. A member must be fit for their trade, so you must seek information on the trades and professions within your health dependency. If you are unsure what an ADF member does, then ask him or her. They will be able to explain their work to you. Your supervisor can also brief you on the trades and professions in your local area.

The physical location of ADF personnel affects health care. The needs of personnel in northern Australia will be different to office workers based in Canberra. Physical location affects health advice, plans, preventive measures and health education. The spectrum of conditions will change depending on location and there will be climate related health conditions. You should understand where ADF members are working or travelling to so you can prepare them. Regardless of location, all ADF members must meet the medical fitness standard.

The military personnel who work and live in your region will have diverse tasks ranging from office work to dangerous combat activities. For example, combat soldiers in the Army are generally engaged in harsh and arduous physical training, combat activities or sport. They may be carrying heavy weights and moving by foot. They could be working with trucks, armoured vehicles or
boats. They may work with weapons, explosives, dangerous substances and machinery. They may work in barracks or in primitive field conditions.

You have to understand the military population so you can provide suitable health support. You must understand the medical fitness standard required for various trades and Services. You must understand the working environment so you can provide suitable treatment and work restrictions for recovery. This is important as ADF members may continue working when injured to either get the job done or not let mates down, even if this risks further injury.

ADF specialist groups have more restrictive fitness standards. For example, aircrew and divers are subject to physical demands associated with their jobs. You must be familiar with the civil and Defence medical standards for specialist occupations in your local area. Your supervisor and colleagues can inform you of the characteristics of your specific dependency. They should also arrange for you to visit some of your local units so you can understand what your local ADF population does.

Living environment

Some ADF members live in communal accommodation provided within the garrison area. Others make their homes in the community—living alone, with friends or with family. You may also treat individuals who are living in primitive field conditions or travelling away from their home.

You must consider the current living arrangements of the person you are treating. It may not be appropriate to allow a member to return to their accommodation to recuperate. It may be more appropriate to admit the individual for in-patient care and supervised recovery.

ADF members can be away from home and families for extended periods. This could be an absence for weeks or months on training exercises or extended periods for operational deployments. You need to be aware of the problems this can create for both ADF members and their families.

Policy

An injured or ill ADF member is not treated in isolation. There are multiple stakeholders interested in the wellbeing of ADF personnel. There is the care and concern of colleagues and family. There are the command and management issues with treatment, rehabilitation, hazard management, investigations and return to work. There may also be interest from media and the broader Australian community.

The policy governing entitlement to health services is complex. You must read DI(G) PERS 16–1—Health Care of Australian Defence Force Personnel to ensure the health services you provide are within the scope of allowable health services.

You can find this instruction by searching the DEFWEB, by clicking on the Policy/Documents button the DEFWEB homepage or through the following link:


You should speak to your supervisor if you have any questions on use of technology or access to policy documents.

Reserve Forces

There are approximately 20 000 members of the Reserve Forces. Reserve members provide part-time service to Defence. Reserve members have a limited entitlement to health care at Commonwealth expense.

Part time service

Part-time Reserve members must consult their civilian health practitioner for health care unless the condition relates to Defence service. Health care for Reserve members is limited to the following:
• acute or emergency care
• health care directly related to operational preparedness
• preventive care, such as sun screen and hearing protection, when necessary to directly support ADF activities
• specific health interventions—such as vaccinations, health assessments and other preventive care—only when requested by a Service or Joint Operations Command (JOC) for readiness or for pre-deployment reasons.

If a Reserve member is injured or ill because of ADF duty, the closest health facility treats the injury or illness. You treat a Reserve member based on their clinical condition. This could include medication and/or referral for investigations, specialist or allied health care. You must record Reserve treatment on Form PM105—Outpatient Clinical Record. You also complete Form PM101—Medical or Dental Fitness Advice or a unit MEC review to notify the member’s unit. Chapter 11 provides information on completing Defence forms.

You are to ask the Reserve member to complete a Form AC563—Defence OHS Incident Report to support Form PM105. The Reserve member then applies to the Department of Veterans Affairs (DVA) to assess liability for the claim. If accepted, DVA will take over responsibility for the treatment of that condition. If rejected, the Reserve member is returned to the care of their usual health provider.

Continuous full-time service

The ADF engages some Reserve members on continuous full-time service (CFTS) arrangements. When a member commences CFTS, Defence provides these Reserve members with the same level of health services as permanent members of the ADF for the duration of the CFTS.

Civilians

Deploying civilians

There are occasions when civilians deploy on operations with the ADF. These civilians must meet the medical, dental, physical and psychological fitness standards for deployment. If the operational planners at Headquarters JOC believe that a specific civilian is indispensable, then only Headquarters JOC may waive the fitness standards.

Headquarters JOC will issue a health support order for every operation. The health support order will specify the pre-and post-deployment preventive health tasks and countermeasures for civilians. This is the authority for you to provide these health services to civilians. The Navy, Army and Air Force then provide emergency and acute health care to all civilians during their deployment in support of operations.

ADF Cadets

The ADF Cadets is a community-based Defence supported youth development organisation. Each of the Services administers their respective cadet service. The ADF Cadets includes the Naval Reserve Cadets, Australian Army Cadet Corps and Air Training Corps. These school-age cadets are not members of the ADF or Reserve Forces and do not have entitlement to Defence health care.

Members of ADF Cadets may receive emergency medical treatment for injury or illness during their cadet training. A member of ADF Cadets who presents with a Defence-related illness, injury or exposure should complete a Form AC563—Defence OHS Incident Report.

Dependants

The ADF posts some members of the ADF to overseas military posts. An overseas posting is different to an operational deployment and dependants may accompany members of the
ADF on certain overseas postings. Alternatively, dependants may visit the ADF member in the posting location. Chapter 10 describes the travel medicine support provided to civilian dependants accompanying an ADF member on an overseas posting.

**Emergency treatment of civilians**

You may provide emergency medical treatment to civilians where appropriate civilian health resources are not readily available. Such care should only continue until you can transfer care to an appropriate civilian practitioner or facility.

You are to complete an incident report whenever you provide emergency treatment to civilians. Chapter 11 provides information on incident reporting. The report, which is to be submitted to JHC through the regional health director, is to contain the following:

- the personal particulars of the person treated
- the personal particulars, including qualifications, of the person who provided treatment
- case notes on the medical condition
- treatment provided
- circumstances in which the treatment was given.

When you transfer a civilian patient to an appropriate civilian treatment agency or facility, you should pass a copy of the relevant case notes to that agency or facility. You are to retain the original on an appropriate file.

**Advice to military commanders**

**Command responsibility**

Commanders are responsible for the general health and wellbeing of the personnel they command. Commanders may need to know about the health status of their members and rely on health advice to manage individual and unit military capability.

**Privacy**

You need to balance the needs of commanders with privacy and medical confidentiality. You may need to consult with a commander if a patient has work limitations or problems that may put the member and/or others at risk. Commanders need to know, and are entitled to know, the occupational and operational impact of an ADF member’s medical classification and condition. Clinical details remain confidential unless the patient has consented to the disclosure of medical information. Disclosure should be limited to the clinical information relevant to the particular situation.

Chapter 11 provides more information on privacy, administration and the release of information. If you have any concerns regarding privacy, you should seek advice from your supervisor. DI(G) PERS 16–20—Privacy of health information in Defence describes providing advice to commanders. You can access this instruction on the DEFWEB or through the following link:


**Health Charter**

The Health Charter reflects the performance agreements between JHC and the Services. You must abide by the Health Charter when performing your duties. The Health Charter is in Annex A.
Further information

You can find more information through:

- your supervisor
- the websites for units in your local area.

Additional readings for this chapter are:
DI(G) PERS 16–1—Health care of Australian Defence Force personnel
DI(G) PERS 16–22—Australian Defence Force Rehabilitation Program
DI(G) PERS 16–20—Privacy of health information in Defence

Question Bank

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>SUPERVISOR’S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is entitled to comprehensive Defence health care? How would you check if a person is entitled to health care?</td>
<td></td>
</tr>
<tr>
<td>Why is it important for ADF members to meet specified health and fitness standards?</td>
<td></td>
</tr>
<tr>
<td>What units are in your dependency? What are the primary trades and tasks within the local units? Discuss the particular needs of your dependency with your supervisor.</td>
<td></td>
</tr>
</tbody>
</table>

When these questions have been satisfactorily completed, your supervisor is to sign the relevant part of the PMKeyS authorisation page in the back of this handbook.

Member’s Name ………………………  Member’s PMKeyS number ……………………
Supervisor’s Name …………………….  Supervisor’s PMKeyS number …………………..
Health Charter

JHC is responsible for the provision of health services to ADF members in the garrison environment. JHC accomplishes this mission through entitlement, access, responsiveness, and standards.

Entitlement

Entitlement is guarantee of access to health services because of rights or by agreement. JHC will:

- provide safe and quality health services to personnel in accordance with their entitlement, as defined in Di(G) PERS 16–1—Health care of Australian Defence Force personnel
- deliver holistic health services that are considerate of physical, social, spiritual and psychological needs
- provide the following services in addition to basic primary health services:
  - inpatient care as clinically indicated
  - diagnostic testing as clinically indicated
  - pre- and post-deployment health examinations
  - rehabilitation services
  - routine health examinations as mandated by Defence policy
- promote preventive health strategies to enhance operational capability.

JHC will also provide emergency treatment for all personnel on ADF installations.

Access

Access is the availability of health services to support individual health, operational readiness and ADF capability. JHC will ensure access to health services, pharmaceuticals and health materiel within reportable waiting times, dependent on acuity of presentation and operational imperatives. Indicative reportable waiting times are:

- acute care—same working day
- pharmaceutical supply for acute conditions—up to next working day
- pharmaceutical supply for non-urgent conditions—up to 10 working days
- non-urgent medical appointment—seven working days
- non-urgent mental health psychology appointment—10 working days
- non-urgent physiotherapy—10 working days
- non-urgent dental appointment—five working days
- periodic health examination—30 working days
- periodic dental examinations—30 working days
specialist appointment (for clinical and/or operational priorities)—30 working days.

Responsiveness

Responsiveness is the best attainable average level of health care, with the smallest feasible difference amongst individuals or formations. JHC will:

- be responsive to patients’ and commanders’ requirements
- work with supported units to ensure hours of opening meet unit requirements
- work with the Services to develop and refine key reportable measures to improve quality, safety, effectiveness and efficiency of health service delivery.

Standards

Standards are the provision of health services at a level commensurate with the established norm of affordable, accessible high quality health care. JHC will:

- provide garrison health services to a standard equivalent to civilian benchmarks
- ensure staff are appropriately credentialed and compliant with JHC and Service health policy
- develop, maintain and monitor a clinical governance framework across all facilities
- provide advice to commanders, consistent with privacy policy, to support their role in ensuring the health and welfare of their unit members and to support compliance with mandatory reporting requirements
- provide or administer urgent emergency care through qualified health staff
- provide health services and advice for specialist employment streams such as aviation and underwater medicine
- support training and professional development requirements for health staff.
CHAPTER 5

MEDICAL FITNESS
MEDICAL FITNESS

WHAT IS ‘FIT FOR DUTY’?

The ability of the Australian Defence Force (ADF) to conduct operations is based, in part, on the medical fitness of all personnel. ADF members must be able to carry out their occupational functions within their Service environment, as well as general military duties across various other employment environments. The mechanism by which the ADF determines medical fitness and administers the employment of ADF personnel is by the allocation of an individual medical employment classification (MEC).

The primary focus of the MEC system is employability, deployability and rehabilitation of the ADF member. However, the allocation of MEC has implications beyond simply determining medical fitness for a deployed environment. Medical fitness will impact on decisions involving employment, postings, training, occupational rehabilitation, transfers between employment categories, payment of specialist allowances and retention in the ADF.

ADF members must meet Defence’s medical fitness standards so they are prepared for deployment at very short notice. Any military person who cannot meet the medical standards of their trade or profession could place themselves, others or the mission at risk. It is for this reason that any injury, illness or other health condition permanently affecting fitness for duty may result in a medical downgrade or discharge from the ADF.

You must consider a member’s medical or specialist employment classification during every presentation. Medical fitness assessments are a critical task within garrison health facilities. You must learn about the units you are supporting. You must consider the work they do, the location they work in, the equipment they use and the trade or occupation they specialise in.

You may find an individual has a strong desire to deploy. A person who does not meet the medical standard may try to persuade you to clear them. You must be honest in your assessment and remember that you can place the member at risk and/or jeopardise an operation’s success by someone not being fit for the deployment conditions.

This chapter provides an overview of medical fitness. By the end of this chapter, you should be able to describe the types of assessments, who can conduct the assessments and the supporting documentation. When you complete this chapter, you must complete the questions in Question Bank.

What types of assessments do we conduct?

You must not conduct MEC reviews unless you have completed the Defence MEC training, have appropriate qualifications and are authorised to conduct MEC.

If authorised in the MEC system, you may be involved in the following medical fitness assessments:

- MEC
- specialist employment classification (SPEC)
- pre- and post- deployment medicals
• periodic health examinations (PHE)
• specialist employment classification annual health examination (SPECAHE).

This handbook orients you to the medical fitness assessments in Defence. You must read and comply with the relevant policy documents prior to conducting assessments. Health policy describes how you should manage certain fitness standards in the military context.

What is the medical employment classification system?

The MEC system is a personnel management system, not a patient management tool. When a health practitioner recommends a MEC they are certifying an individual's capacity to deploy or engage in employment within the ADF.

An ADF member's MEC dictates their day-to-day work, deployment and career. The MEC system assesses medical fitness for employment in a range of categories. It determines whether ADF personnel are fit to deploy on operations. A member's MEC serves two purposes:

• it ensures commanders and supervisors have an accurate appraisal of the fitness of their personnel to deploy
• it ensures members are employed within suitable occupational restrictions to avoid aggravating an illness or injury.

Before conducting or administering in the MEC system, you must complete the relevant MEC training modules in the Defence e-learning system (CAMPUS), be familiar with MEC policy and be authorised for MEC. Chapter 15 describes access to CAMPUS.

Assigning a MEC code

Defence sets occupational fitness standards to assess an individual's ability to carry out military duties. These standards define the physical and mental attributes for particular trades and employment. They are used to place ADF members into employment streams and to indicate suitability for deployment on operations.

During a MEC review, authorised health practitioners assign an alphanumeric MEC code to each ADF member, with specific employment restrictions if applicable. ADF commanders use the MEC and restrictions to assign duties appropriate to each member's medical status.

If you are an authorised health practitioner, you must determine each ADF member's MEC according to his or her primary military occupation. The MEC system has five levels. The five levels are as follows:

• MEC 1: fully employable and deployable
• MEC 2: employable and deployable with restrictions
• MEC 3: rehabilitation
• MEC 4: employment transition
• MEC 5: medically unfit for further service.
There are sub-classifications within the five levels. You must be familiar with these as a requirement of your employment.

Deciding the MEC is often straightforward, but can become a matter of great sensitivity when ADF members have complex or long-standing conditions that may compromise their careers.

During each clinical consultation and health assessment, you must consider the validity of the member's assigned MEC. A unit MEC review must be conducted if a member's underlying condition requires it or if a member is medically non-deployable, requires employment restrictions for more than eight weeks, or is absent from duty on medical grounds for more than 28 days.

**Medical employment classification review**

A MEC review is a formal review of a member's MEC. It must be conducted by a competent, credentialed and authorised health professional. A MEC will be reviewed using one of the following procedures:

- PHE or SPECAHE
- unit MECR (UMECR)
- central MECR (CMECR).

If a member's medical status changes, you must arrange a MECR as soon as practicable. It is not to be delayed or postponed until the next scheduled MECR. Health Manual, volume 3, part 1, chapter 1—*Medical employment classification system* describes the conduct of MEC reviews.

Medical officers who refer an individual to a MEC review board (MECRB), should inform and counsel the member. DI(G) PERS 16–15—*Australian Defence Force Medical Employment Classification System* describes the information you must provide to the ADF member and the MECRB.

**MEC information sources**

You can find more information on MEC through the Joint Health Command (JHC) website, your supervisor or the JHC Health Policy Index. The index provides an alphabetical listing of the policy governing service delivery and provides links to the policy on MEC. You can access the Health Policy Index through the following link:


**What is a specialist employment classification?**

The ADF imposes additional medical standards on ADF members who work in specialist occupational environments. Specialist personnel include:

- aircrew, including pilots, navigators, aircrew men, loadmasters, observers, flight test engineers and flight stewards
- air traffic controllers, including air intercept controllers and air defence officers
- divers, including Navy clearance divers, ship's divers and Army divers
• submariners
• parachutists
• Special Forces.

In addition to a MEC, these specialists are allocated a SPEC and must have regular specialist health examinations to ensure they are fit for their role.

Specialist medical knowledge is required to treat and determine medical fitness for specialist ADF personnel. You are not to conduct a specialist medical fitness assessment unless you are qualified, trained and authorised to do so. Chapter 10 contains information on specialist occupational medicine specialties.

**What is the purpose of the Army PULHEEMS?**

Army personnel have a PULHEEMS profile as well as a MEC. The PULHEEMS profile reflects a soldier’s physical capability in their trade or occupation on active service in war. Wartime conditions involve harsh living conditions and limited medical support for chronic conditions, as well as unusual physical and emotional demands.

The acronym ‘PULHEEMS’ is derived from the first letters of the qualities assessed when a medical examination is carried out. The PULHEEMS qualities are:

- P—Physical capacity
- U—Upper limbs
- L—Locomotion
- H—Hearing
- EE—Eyesight
- M—Mental capacity
- S—Stability.

During each clinical consultation and PHE, you must consider the validity of the Army member’s PULHEEMS profile. If a change in the PULHEEMS profile would result in a change in MEC or employment restrictions, you are to confirm the change by arranging a MEC review.

Further information on PULHEEMS is in DI (A) PERS 159–1—The application of the Medical Employment Classification System and PULHEEMS Employment Standards in the Australian Army. You can access this by searching the DEFWEB, or through the following link:


**How often are periodic health examinations required?**

The military population is young and may not need to visit a doctor often. Yet, commanders need assurance their personnel are ready to deploy at short notice without medical
limitations. As a result, Defence uses PHE to assess ongoing individual readiness and encourage proactive preventive services.

A PHE is a routine review of a member’s MEC. A PHE confirms the completion of routine health promotion and preventive health activities. A PHE is an opportunity for health practitioners to intervene early and provide a proactive investment in the health of ADF members.

Defence requires the conduct of PHE on an age-based schedule, which is described in Health Manual, volume 3, part 1, chapter 1—Medical employment classification system. PMKeyS notifies individuals when they are due for a health examination, usually on the member’s birthday. Additionally, commanders run regular PMKeyS reports to monitor unit compliance with the PHE requirement.

The PHE comprise a health questionnaire and physical examination, including the following:

- height, weight and body mass index
- blood pressure, vision and hearing
- lifestyle factors including smoking, alcohol consumption, mental health problems, sun protection, dental health and sexual health
- immunisation status
- appropriate routine screening such as Pap tests, mammography and faecal occult blood tests
- specific assessments where dictated by an individual’s job (for example as aircrew or divers) or as part of a pre-deployment workup.

During the PHE, health practitioners refer members with any detected health risk factors for specialist medical management.

Health Manual, volume 3, part 1, chapter 1—Medical employment classification system governs the conduct of PHE and describes the forms supporting health examinations. Before conducting a health examination, you must read the relevant health policy. You can find the Health Manuals in DEFWEB. The link to the health policy index is:


Pre- and post-deployment medicals

A deployment is the relocation of forces to an area of operations, generally overseas. Health personnel conduct pre-deployment medicals for members deploying on operation. Pre-and post-deployment medicals are operational specific health assessments. **Chapter 10** describes deployment medicals.

**What are employment restrictions**

Employment restrictions are documented limitations on an ADF member’s function because of a medical condition. Employment restrictions imposed on a member at a MEC review provide advice to the Defence member, the Defence member’s commander and career/personnel management agencies to assist with the employment decisions pertinent to the Defence member.
Employment restrictions are a critical component in ensuring the safe employment of Defence members. However, commanders may choose to employ a Defence member beyond the scope and limitation of their employment restrictions. Policy dictates the process for command decisions regarding employment of personnel.

Permanent or long-term employment restrictions are for conditions that will not improve or change. You must record permanent or long-term employment restrictions on a member's Form PM 532—Medical Employment Classification Advice. Employment restrictions are grouped in the following series:

- 1–series—Physical fitness activities
- 2–series—Specific employment activities
- 3–series—General duties
- 4–series—Medical support requirements
- 5–series—Geographic and environmental limitations
- 6–series—SPEC duties
- 7–series—Multiple restrictions during treatment or rehabilitation.

A full list of restrictions and their descriptors is in Health Manual, volume 3, part 1, chapter 1—Medical employment classification system.

**How can I recommend a temporary restriction?**

The ADF prefers its personnel to remain in the workplace where possible. Temporary restrictions and reduced hours can achieve this. Temporary restrictions are a short term way of aiding recovery by preventing further damage and keeping a member out of harm's way. A temporary restriction provides guidance to supervisors and individuals on limits to employment to assist recovery.

Some ADF health practitioners can impose temporary employment restrictions. Local workplace procedures dictate authorisations and the levels of restrictions that can be imposed. Temporary restrictions are recorded on Form PM 101—Medical or Dental Fitness Advice. This form, which is also known as a chit, is for recording restriction advice only and must not contain clinical information. The restrictions you issue must accommodate both the member's medical needs and their occupation. You must be specific about what the member can and cannot do in the context of their daily duties. If you are unsure what an individual does, then ask them.

**Army**

Employment restrictions for Army personnel are linked to PULHEEMS employment standards. Guidance on PULHEEMS restrictions is in DI (A) PERS 159–1—The application of the Medical Employment Classification System and PULHEEMS Employment Standards in the Australian Army.

**Specialist employment personnel**

An authorised military medicine specialist must review members from specialist occupation streams to ensure fitness to for duty. Chapter 10 describes this process.
Further information

JHC has a MEC Advisory and Review Service (MECARS). If you have questions regarding MEC, you can access the MECARS website through the following link:


You can find more information on medical fitness assessments through:

- your supervisor
- the senior medical advisor within your health facility
- MECARS
- CAMPUS
- Defence instructions
- Health Policy Index.

Additional readings for this chapter are:

ABR 1991—Royal Australian Navy Health Service Manual, Chapter 8
Army Training Instruction 7–1—Personnel parachute training
DCCS/04/10—Confirming authority approval
DI (A) OPS 80–1—Army Individual Readiness Notice
DI (A) PERS 159–1—PULHEEMS employment standards
DI (G) OPS 22–2—Temporary medical unfitness for flying and aircraft control duties (aircrew, air traffic controllers and air combat officers)
DI(G) PERS 16–1—Health care of Australian Defence Force personnel
DI (G) PERS 16–15—Australian Defence Force medical employment classification system
DI(G) PERS 16–22—Australian Defence Force Rehabilitation Program
DI (G) PERS 36–1—Non-effective service due to medical reasons—policy regarding consideration of retention/discharge
HD 284—Medical assessments and dental examination requirements for Australian Defence Force Reserve personnel
HD 300—Appointment of Australian Defence Force and Australian Defence Force contracted medical officers as Civil Aviation Safety Authority designated aviation medical examiners
HD 305—Aviation medical officer support to the Australian Defence Force
Health Aspects MEC System consumer education booklet
Health Manual, volume 1—Health standards and procedures for entry and transfer
Health Manual, volume 3, part 1, chapter 1—Medical employment classification system
JHC CMECR Orientation and Training Package
## Question Bank

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<thead>
<tr>
<th>QUESTIONS</th>
<th>SUPERVISOR’S SIGNATURE</th>
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<tr>
<td>What is a unit MEC review? Who can perform a MEC review in your health facility?</td>
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<td>When do you conduct unit MEC reviews?</td>
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<td>When do you refer a member to a MECRB?</td>
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<td>Who are Defence specialist personnel? Who can conduct a SPEC on these personnel?</td>
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<td>What are the periodic health assessments? Who conducts them? What is the process?</td>
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<td>How would you temporarily restrict the employment of an ADF member?</td>
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When these questions have been satisfactorily completed, your supervisor is to sign the relevant part of the PMKeyS authorisation page in the back of this handbook.

Member’s Name …………………….  Member’s PMKeyS number ………………………

Supervisor’s Name …………………….  Supervisor’s PMKeyS number ………………………
CHAPTER 6

MEDICAL SERVICES
As for civilian general practice, garrison health practitioners manage patients’ health problems. They prescribe or recommend medications, order tests and investigations, undertake procedures, refer the patient to other services, and provide advice and counselling. However, you do not treat your military patients in isolation. You will have a relationship with commanders to assist in recovery and recuperation of patients. You will also need to apply the Defence policies and procedures that govern health care delivery.

Health manuals, directives and bulletins provide detailed information on medical services within the Defence garrison environment. Defence instructions, Navy instructions, Army instructions and Air Force instructions also contain information regarding management of health conditions. You must become familiar with the policy and procedures that govern your work.

Knowing your dependency will help you provide the best care and support for the ADF member. When treating members of the Australian Defence Force (ADF), you should always check whether the medical condition affects their ability to perform duties. Understanding the working conditions, living arrangements, duties, social drivers and cultural issues that drive the ADF will help you provide the best care and health advice to ADF members and commanders. If you are unsure of what an individual does, then ask the individual to describe their job to you or seek more information from your supervisor.

Medical services are a core service in all health facilities. This chapter provides an overview of garrison medical services. By the end of this chapter, you should be able to describe how ADF members access health services, manage medical absences and apply the administrative processes supporting consultation and treatment in the Defence context. When you complete this chapter, you must complete the questions in Question Bank.

How do military personnel access medical services?

Sick parade

ADF members attend sick parade for any condition directly affecting their ability to perform duties that day. A sick parade is a set period each day. Consultations during sick parade are of varying duration depending on the member’s needs. Your supervisor will brief you on the sick parade routine within your health facility.

Triage

You will deal with a variety of presentations, including urgent, non-urgent, complex and preventive health needs. Your health facility will have a triage process, which determines priority for access to treatment. You must be familiar with the triage system and responsibilities in your health facility.

Once your facility allocates a priority, members are directed to the most appropriate avenue for treatment. Operational preparedness requirements, as well as clinical need, drive priority of access to services.

Your supervisor can provide information on triage. JHC triage policy is in HD 919—Guidelines on Australian Defence Force access to health support. This directive is in the Health Policy Index under ‘A’ for access.

Appointments

Health appointments are binding directions for an ADF member. If a member fails to attend they are absent from a place of duty and subject to disciplinary action under the *Defence Force Discipline Act 1982*. Chapter 14 describes the Defence disciplinary system.

You should discuss consultation timeframes with your supervisor. You should also be familiar with **HD923**—*Use of chaperones in the Australian Defence Force*.

You need to be familiar with Defence requirements, such as restrictions, reporting and entitlements. If needed, you should refer to policy during consultations to ensure you are complying with Defence requirements. You may find it useful to discuss policy with the member. For example, if a servicewoman is presenting to confirm a pregnancy, you should consult the health directive governing pregnancy.

You can search the DEFWEB for policy documents or access the Health Policy Index at the following link:


The Health Policy Index contains an alphabetical list of health directives governing health care delivery.

**1800-IMSICK**

Defence has a toll-free 1800 IMSICK (1 800 467 425) number for ADF members in Australia. An ADF member can call the 1800-IMSICK number to obtain health care when they become ill or injured away from the workplace. While intended as an after-hours service, the 1800-IMSICK line operates 24 hours.

The 1800-IMSICK number is not an emergency number. In emergencies, ADF members and units should call 000.

If your centre is responsible for answering the 1800-IMSICK number, and you have 1800-IMSICK duties, you must read your site-specific instructions as well as the procedures on the Joint Health Command (JHC) intranet website at:


**Non-Defence provided care**

An ADF member may seek health care outside the ADF medical system and pay for their treatment. If they choose to do this, their commander must approve their absence from the workplace.

ADF members are expected to consult their local health practitioner to discuss the implication of any non-Defence health care. You must record the non-Defence health care in the ADF member’s unit medical record (UMR). The medical officer reviews the non-Defence health care to confirm the member is fit for duty.

You must advise the ADF member that any deliberate attempt to conceal a health condition could jeopardise their employment classification and entitlement to compensation. It could also result in disciplinary action under the *Defence Force Discipline Act 1982*.

**DI(G) PERS 16–1—Health care of Australian Defence Force personnel** provides further information on non-Defence provided care. You can access this policy through the DEFWEB’s ‘Policy/Documents’ button or through the following link:

What are the Defence management aspects of a consultation?

You must document all aspects of each consultation on a Form PM105—Outpatient Clinical Record. Additionally, you should manage all injuries as workplace health and safety (WHS) incidents. As such, you should remind ADF members to complete a Form AC563—Defence OHS Incident Report to record OHS incidents. All forms are available through Web Forms. Alternatively, the electronic health system may provide these forms, if used in your health facility. Chapter 11 provides information on health administration, forms and record keeping.

When considering treatment for an injury or illness that may require long-term management, you should consider the following:

- high cost reporting (see Chapter 13)
- referring the member to the ADF rehabilitation services (see Chapter 9)
- conducting a medical employment classification (MEC) review if required (see Chapter 5)
- setting review dates.

How do I refer a patient for a specialist consultation?

ADF members receive health care in ADF health facilities, where practical. Where a referral to an external fee-for-service provider is required, you must be conscious of professional standards and cost.

Each region will have a list of specialists used for referrals. These specialists generally understand the military environment and give priority to military patients. Wait times will depend on specialist availability and clinical urgency. If there is an operational requirement, you may seek priority access to a specialist.

When referring an ADF member for a specialist consultation, the medical officer should:

- record the name and speciality of the specialist on the Form PM528—Specialist Referral, which is the authority for the external treatment
- ensure the referral contains all relevant information and results
- direct the patient to see the administrative staff, who will provide the ADF member with a payment form and the contact details for the specialist
- make copies of relevant documents for the patient to take to the appointment (the UMR is not to be sent to an external provider)
- advise the ADF member to attend the specialist appointment with the referral, the clinical notes and the payment form (without the payment form, the provider will make the ADF member pay for the treatment)
- advise the ADF member of the consequences of non-attendance, which may include the member paying for the consultation and/or disciplinary action.

When specialist reports come back, you must action the recommendations. You should record your actions on the report and in the member’s UMR and follow patient recall processes.

Patient transport

An ADF member’s unit provides transport for medical appointments unless the member is an in-patient or if the member must attend an urgent diagnostic or specialist appointment.
directly following attendance at your health facility. In this case, administrative staff are to arrange transport. The referral form is the authority for the travel expenditure if Service transport is not available. If the member needs to travel overnight or interstate, the iTravel forms must be completed. Chapter 13 describes travel.

A civilian ambulance transports patients requiring ambulance transfer.

HB 9/2010—Transport arrangements for Australian Defence Force members attending health appointments provides further information on patient transport. You can access this policy through the following link:


Follow-up and patient recall

The administration staff must record all requested and received tests, investigations and clinical correspondence in a medical-in-confidence register. They must also record patient recall action in the register. The administration staff must check the register daily to ensure the health facility follows-up on results and recall.

You can access Defence policy on patient recall in the Health Policy Index. The Directorate of Defence Clinical Services (DDCS) also has a standard operating procedure (SOP) governing patient recall. You can access SOP 02/08—Recall of patients in the primary healthcare setting through the following link:


Do ADF members get sick leave?

You will find sick leave and convalescence leave different in the ADF. If an ADF member is too ill or injured to work, authorised health professionals may recommend either sick or convalescence leave; however, only the member’s unit, ship or establishment commander can actually grant the leave. This allows commanders to balance operational imperatives with any adverse health outcome resulting from the sick or injured member continuing to work.

Where possible, the ADF prefers temporary restrictions to either sick or convalescence leave. Notwithstanding, recovery needs to balance inpatient care (with increased level of health resources) and time spent recovering at home (with increased family support). You must consider the member’s medical history and identify the appropriate course of action.

Who can recommend sick or convalescence leave?

Defence specifies the medical staff who are authorised to recommend sick or convalescence leave and how much leave they may recommend. DI(G) PERS 16–21—Sick leave and convalescence leave—Defence members lists those appointments who are recommending authorities. You can access DI(G) PERS 16–21 through the following link:


You must be familiar with DI(G) PERS 16–21 before recommending leave. It is mandatory for all garrison health personnel to comply with this instruction. Failure to comply with it may result in disciplinary action for military health personnel, code of conduct breach by Australian Public Service (APS) personnel or breach of contract by contracted health practitioners (CHP).

DI(G) PERS 16–21 describes the considerations for leave. When recommending sick or convalescence leave, a medical officer must consider all aspects of an ADF member’s health care. This should include the member’s living arrangements. If the living arrangements are not conducive to recovery, the member should be admitted into the nearest garrison in-patient service. For example, you should not allow a sick person who lives alone to return to barracks or home for unsupervised sick leave.
You should ensure a member takes their sick or convalescence leave in a location with adequate medical supervision and health care. This requires consultation with the member’s commander.

Specialist employment stream personnel cannot return to duty without a medical or dental review, conducted by an authorised medical officer in the specialist field, such as an AVMO or underwater medicine specialist.

**Who can approve sick or convalescence leave?**

Only the commander of a member’s unit, ship or establishment can approve sick or convalescence leave. The commander relies on the medical officer’s recommendation. Unless forced by operational imperatives, commanders generally accept the expert advice of medical staff. Commanders may contact you to discuss the issues raised by your recommendation.

**Health care while on convalescence leave**

The ADF has specific criteria for travel for convalescence leave. You must ensure the member is fit to travel and that travel will not aggravate the condition. The military unit administers ADF members on sick or convalescence leave. Garrison health manages ongoing health care. DI(G) PERS 16–21 provides further information on health care in a leave location.

**Administration**

An authorised health practitioner completes Form PM101—Medical or Dental Fitness Advice (also known as a ‘chit’) when recommending an absence due to illness or injury. The form must include a return to duty or medical return date. The form provides recommendation and information; however, you must not record medical-in-confidence comments on this form.

The primary policy for use, disclosure, consent and release of health information is DI(G) PERS 16–20—Privacy of health information in Defence. You can access this instruction through the Health Policy Index, under ‘P’ for privacy, through the following link:


To progress on sick leave or convalescence leave, an ADF member must complete a Form AD 097—ADF Leave Application and submit it to their commander with the Form PM 101. The commander considers the health advice and makes the decision regarding sick or convalescence leave. The unit arranges the member’s leave.

**How much leave can an ADF member take?**

Before recommending an absence over 14 days, the treating medical officer should discuss the case with your senior medical adviser (SMA). While there is no limit to the amount of leave available, if an ADF member is expected to be on leave due to illness or injury for more than 28 days their MEC is reviewed. The MEC review will generally classify the member as non-effective on medical grounds. Members can be medically discharged, depending on the extent of their incapacity and their capacity for rehabilitation. Information on MEC review is in Chapter 5.

If you have concerns about frequent or unusual presentations, you should seek advice from your supervisor.

**What if an ADF member needs to be admitted?**

**Garrison hospitals and in-patient care**

You should admit ADF personnel requiring hospital-level treatment to, wherever practicable, Defence hospitals or medical centres. When an ADF member is admitted, the health facility staff phone the ADF member’s commander to advise of the admission. Staff are not to reveal the nature of the medical condition or any medical-in-confidence information to commanders.
The Acute Care Practice Manual provides guidance on the nursing procedures used within garrison health facilities. You can access the manual through the Johanna Briggs Institute Internet website. You will need to enable Internet access on your computer profile and click on the following link:


To log onto the site enter ‘DEFENCE’ in both the username and password fields and press enter. The Acute Care Practice Manual 2009 is listed in the ‘Member’s on-line clinical practice manuals’. The JHC Directorate of Defence Force Nursing intranet website provides guidance on nursing in Defence and access to the Johanna Briggs Institute.

Civilian hospitals

Defence instructions govern the admission of ADF personnel into a civilian hospital or medical centre, including emergencies, transfers, special conditions and accommodation standards. Further information is in Di(G) PERS 16–8—Inpatient treatment for Australian Defence Force members—Service and civilian hospitals and medical centres. You can access this Defence Instruction through the following link:


Surgical services

Defence broadly classifies surgery as non-elective or elective. Elective surgery is typically surgery that you can delay for at least 24 hours. A specialist assesses the member’s condition and allocates priority based on clinical urgency.

Some health centres have operating suites to treat elective and minor emergency conditions. In some cases, a contracted surgical capability or Reserve health specialist may conduct surgery in Defence facilities. Most health facilities outsource surgical services to a civilian provider in a civilian hospital.

Be aware there are specific implications for some types of surgery, such as cosmetic or refractive laser surgery. You must consult the relevant policy or speak to your supervisor.

HD 919—Guidelines on Australian Defence Force access to health support provides the categories for elective surgery. You can access this health directive through the following link:


Patient transfer

You may be responsible for patient transfer. If you are initiating the transfer, you must select the most appropriate destination health facility. You must also notify the patient’s posted unit and your supervisor of the patient transfer and conditions.

DDCS SOP 03/08—Patient transfer between Australian Defence Force medical units describes the administrative and clinical processes supporting patient transfer. You can access this SOP through the following link:


If the patient requires aeromedical evacuation, consult with your supervisor and arrange contact with the Chief of AME at HQ JOC. Chapter 10 describes arrangements for aeromedical evacuation.

Australians dangerously ill scheme

The Australians Dangerously Ill Scheme (AUSDIL Scheme) provides for visits by a next of kin, relative or nominated person to an ADF member hospitalised for a serious injury or illness. Defence funds the visit at Commonwealth expense.
Full details of the AUSDIL Scheme is in DI (G) PERS 11–1—Defence Force sponsored visits to Service members suffering serious illness of injury—The Australians Dangerously Ill Scheme. You can access this policy through the following link:


Who should be immunised?

Vaccinations protect the health of ADF members. The ADF requires all permanent ADF members to be immunised. A Reserve member must have approval for vaccination from their Service headquarters or Headquarters Joint Operations Command. All vaccinations must be recorded on the Form PM 135—International Certificate of Vaccination and in the member’s UMR.

You must obtain consent from the member before giving any vaccination. If a member refuses consent, they may be deemed non-deployable and their fitness for continued service in the ADF will be reviewed.

The Australian Immunisation Handbook is the authority for clinical aspects of vaccination in the ADF. All staff who provide immunisations must use the handbook in conjunction with ADFP 1.2.2.1—Immunisation Procedures, which provides ADF-specific requirements for immunisation.

You can access immunisation policy through the Health Policy Index under ‘I’ for immunisation.

What is Defence policy on alcohol, tobacco and other drugs?

Alcohol screen

You will administer the Alcohol Use Disorders Identification Test (AUDIT) during periodic health examinations, post-deployment medicals and when clinically required. The AUDIT assesses alcohol consumption and its potential effects on health. The AUDIT tool contains questions and provides a score. The AUDIT tool assists you to appropriate treatment options for ADF members using alcohol in excess of low-risk levels.

Prohibited Substance Testing Program

You should be aware of the disciplinary aspects associated with a member’s use of prohibited substances. The ADF has a zero tolerance principle regarding use of prohibited substances by Defence personnel. Disciplinary and/or administrative action will be taken against ADF members who use or are involved with prohibited substances.

The Prohibited Substance Testing Program (PSTP) supports Defence policy on prohibited substances. If qualified and authorised, you may conduct tests as part of the PSTP. To become qualified, you must complete the PSTP training on CAMPUS and be authorised by your commander.

DI(G) PERS 15–5—Management of the use or involvement with prohibited substances in the Australian Defence Force provides policy on prohibited substances. You can access this policy through the following link:


Alcohol, Tobacco and Other Drugs

The Alcohol, Tobacco and Other Drugs Program (ATODP) is a health-based program sponsored by JHC. The program aims to minimise alcohol and substance misuse among ADF personnel. The ATODP has formal links with external provider agencies in local areas. You can arrange a referral to the local specialists through your SMA.

You can contact the ATODP desk officer on 02 6266 3946. You can also access ATODP resources
such as fact sheets, web-based information sources and specialist advice by Clicking on the ATODP button in the following link:


**How do I provide pharmacy items and therapeutic substances?**

Pharmacists provide pharmaceutical services during normal working hours. Pharmacies dispense prescription medicines and over-the-counter products to ADF members in accordance with Defence policy.

The ADF has a medicines formulary for the routine provision of medicine, known as the ADF Formulary. You can access the ADF Formulary by searching the DEFWEB or by the following link:


You should ensure relevant pharmacy systems, such as eMIMS/eAMH/eTG are added to your DRN profile.

A health practitioner must consider the impact of pharmacy products on ADF medical fitness for service. Some ADF members have additional restrictions with respect to medications, both prescription and over the counter. An example of this is use of medication by aircrew. If you have any questions regarding the suitability of medication, you should contact the pharmacist.

In addition to safety and efficacy, a health practitioner must also consider the interaction of drugs. Unlike civilian practice, the Defence electronic health systems do not highlight drug interaction issues. You can cross-reference medication by checking with the member, checking the member’s file, checking the electronic pharmacy systems (such as eMIMS/eAMH/eTG), and by speaking with the pharmacist.

The pharmacist has access to the Pharmacy Integrated Logistic System (PILS). PILS contains the history of medicines electronically dispensed to each ADF member. Other health practitioners can obtain access to this history through MIMI.

**Dispensing**

Pharmacists must ensure that a request for pharmaceutical items is for a genuine clinical requirement. This applies to prescription-only medicines as well as over-the-counter medicines. HD 705—*Provision of medicines to Australian Defence Force members* describes medicines entitlements. You can access this policy through the following link:


Defence uses the commercial dispensing program, FRED Dispense. If you are a pharmacist, you must use FRED Dispense to dispense medical items to an individual ADF member, whether it is an over-the-counter or prescription medicine.

When dispensing, you must check the ADF member’s PMKeyS number, surname, given names, date of birth, unit and contact number. You must also check and record allergies, medical conditions and any relevant comments.

**After-hours dispensing**

You must be familiar with your local procedures for after-hours dispensing. Your pharmacist can brief you on the specific after-hours procedure for your health facility.
How do I refer to physiotherapy?

Physiotherapy is an integral part of the multi-disciplinary approach to Defence health care. Physiotherapy can be in-house or outsourced on a fee-for-service basis. Defence physiotherapists provide a similar range of services as in a civil practice.

Form PM528—Specialist Referral is used to refer an ADF member to physiotherapy. You can access this form through Web Forms.

How do I get pathology support?

Form PM527-2—Pathology Request is available from Web Forms. The completed form, including details of the specimen collected, accompanies the specimen to pathology department. If you are collecting a specimen, you need to understand the correct collection, storage and transport method for various specimen types. Your health centre should have a summary of the common pathology requests and the associated requirements. If not, you should speak with your supervisor or check your local procedures.

Who provides medical imaging?

Form PM527-1—Diagnostic Imaging Request is available from Web Forms. You should advise the patient to take the medical imaging request and the old images (e.g. x-rays) to appointments.

You may be supported by either a Defence or a contracted medical imaging service. Where using a civilian provider, you must comply with the specialist referral process.

How should I report a casualty?

Medical casualty message

Your health facility must raise a medical casualty (MEDICAS) message whenever admitting an ADF member to a civilian or military hospital. The MEDICAS message classifies the patient.

DI(G) PERS 11–2—Notification of Service and Non-Australian Defence Force Casualties provides Defence policy and procedures for casualty notification. The Health Policy Index contains this reference and other notification information under ‘N’ for notification.

There is also a flow chart depicting the MEDICAS processes is in JHC DDCS SOP 03/10—NOTICAS / MEDICAS Flowchart, which is at the following link:


The military chain of command is responsible for notifying emergency contacts, COMCARE and internal organisations of casualties. Health facility involvement is limited to sending an internal MEDICAS message. You must remember that health personnel are not responsible for notifying emergency contacts and next of kin.

Incident scenes

Defence personnel may be involved in incidents that require review, inquiry or investigation by Defence authorities or external agencies, such as police. In a medical emergency, which is an injury or condition that poses an immediate threat to a person’s health or life and requires medical intervention, medical practitioners can enter an incident scene. Incident scene controllers will record all medical actions.

If you attend an incident scene, you should be conscious of evidence collection requirements. The preservation of an incident scene and any potential evidence therein may be critical to the conduct of reviews, inquiries or investigations. Investigators may ask you to collect
evidence using specific collecting equipment provided by the investigator. If persons involved in an incident presents to your health facility, you must preserve clothing, equipment and other items for evidence.

Chapter 13 provides further information on incident management. Chapter 11 provides information on reporting communicable diseases. DI (G) ADMIN 45—2—Reporting and investigation of alleged offences within the Australian Defence Organisation describes notifiable incidents and management processes. You can access this instruction through the following link:


Death

Regardless of the circumstances or location, the death of an ADF member is a notifiable incident that must be reported to Service Police. Service Police will notify civilian police as appropriate.

If a death occurs in a health facility, you must complete a Form AC563—Defence OHS Incident Report and notify Comcare within two hours. Contact numbers are available on the front page of the Form AC563.

The death of an ADF member within Australia is subject to the provisions of the coroner’s legislation in the state or territory in which the death occurs. When a death occurs, the senior officer at the incident site should notify the coroner and secure the scenes and remains.

Medical officers are to release records and biological material to the coroner if required. Health practitioners may be required to attend commissions of inquiry and to give evidence. You must maintain contemporary, accurate, and comprehensive written records of the circumstances of death and the post mortem findings.

A copy of the death certificate and post mortem report is filed in the deceased member’s UMR and also recorded in the electronic health system.

DI (G) PES 16–20—Privacy of health information in Defence and HD 603—Introduction of a combined medical and mental health record describe the management of health information. DI (G) PERS 20—6—Death of Australian Defence Force personnel describes management of deaths. DI (G) OPS 13–15—Incident scene initial action and preservation describes evidence preservation.

The Health Policy Index contains the health policy regarding death, under ‘D’ for death. You can access the Defence Instructions through the ‘Policy/Documents’ button on the DEFWEB.

DNA repository

The ADF maintains a DNA repository that provides ante-mortem reference samples for matching to post-mortem samples in the event of single or multiple deaths. If an ADF member requests this service, seek advice from your supervisor and refer to HD 931—Management of Australian Defence Force DNA repository samples. The Health Policy index contains the health policy regarding the DNA repository, under ‘D’ for DNA.

Further information

You can find more information on garrison medical services through:

- your supervisor
- the SMA
- Health Policy Index.
Additional readings for this chapter are:

DI (G) OPS 13–15—Incident scene initial action and preservation
DI (G) PERS 11–1—Defence Force sponsored visits to Service members suffering serious illness of injury—The Australians Dangerously Ill Scheme
DI (G) PERS 11–2—Notification of Australian Defence Force and non-Australian Defence Force casualties
DI (G) PERS 15–1—Misuse of alcohol in the Defence Force
DI (G) PERS 15–2—Involvement by members of the Australian Defence Force with a prohibited substance
DI (G) PERS 15–4—Alcohol testing in the Australian Defence Force
DI (G) PERS 15–5—Management of the use or involvement with prohibited substances in the Australian Defence Force
DI (G) PERS 16–8—Inpatient treatment for Australian Defence Force Members—Service and civilian hospitals and medical centres
DI(G) PERS 16–15—Australian Defence Force medical employment classification system
DI (G) PERS 16–18—Australian Defence Force policy for the health promotion program
DI (G) PES 16–20—Privacy of health information in Defence
DI(G) PERS 16–21—Sick leave and convalescence leave—Defence members
DI (G) PERS 16–22—Australian Defence Force Rehabilitation Program
DI (G) PERS 20–6—Death of Australian Defence Force personnel
HB 3/2008—Australian Defence Force health promotion program
HB 9/2010—Transport arrangements for Australian Defence Force members attending health appointments
HD 203—Provision of assisted reproductive services to members of the Australian Defence Force
HD 208—Policy and guidelines for termination of pregnancy for members of the ADF
HD 229—Provision of pharmaceutical services
HD 311—Use of medications by aircrew and aircraft controllers
HD 235—Management of pregnant members of the Australian Defence Force
HD 603—Introduction of a combined medical and mental health record
HD 705—Provision of medicines to Australian Defence Force members
HD 919—Guidelines on Australian Defence Force access to health support
HD 931—Management of Australian Defence Force DNA repository samples
HPD 227—Sexual assault in the ADF—medical management
DDCS SOP 03/08—Patient transfer between ADF medical units
DDCS SOP 03/10—NOTICAS / MEDICAS Flowchart
DHS JHSA SOP 01/08—Correct patient, correct procedure and correct site
## Question Bank

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<td>What is the process for referring an ADF member to a specialist?</td>
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<td>What is your health facility’s patient recall and follow-up process?</td>
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<td>Demonstrate to your supervisor that you can access the policy on sick and convalescence leave. Demonstrate that you understand this policy.</td>
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<td>How would you manage an ADF member who presents with concerns about alcohol consumption?</td>
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<td>Demonstrate your understanding of the Defence prescribing system.</td>
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<tr>
<td>How would you make a pathology request?</td>
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<td>What is a MEDICAS? When is a MEDICAS sent?</td>
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CHAPTER 7

DENTAL SERVICES
DENTAL SERVICES

HOW DO I MANAGE DENTAL PRESENTATIONS?

Defence provides dental care to permanent members of the Australian Defence Force (ADF) to maintain operational deployability. Dental fitness is part of health preparedness for operations. It focuses on prevention, early intervention and robust dentistry practices. This chapter provides an overview of garrison dental services. By the end of this chapter, you should be able to describe how ADF members access dental services, dental standards and dental treatments in the Defence context. When you complete this chapter, you must complete the questions in Question Bank.

Who delivers dental services?

Technical authority

The Commander Joint Health (CJHLTH) is the technical authority for dental services. The Director of Defence Force Dentistry exercises technical control on behalf of CJHLTH.

Directorate of Defence Force Dentistry

The Directorate of Defence Force Dentistry develops dental policy and provides dental advice to CJHLTH and commanders. This includes dental capability and resourcing, oral health standards for the ADF and dental workforce matters. The Directorate is responsible for developing oral health promotion and disease prevention initiatives and providing strategic analysis of dental productivity and epidemiological trends.

Dental teams

Dental teams work within health centres. Dental teams are structured to meet the needs of each supported population. Figure 1 depicts the typical structure of a garrison dental team. Chapter 3 describes the multidisciplinary health teams and the organisation of health support into regions.

![Generic dental team structure](image)

Figure 7.1: Generic dental team structure
What is the dental standard that Defence requires?

The standard of oral health in the ADF is high. Every permanent ADF member has an annual dental examination and receives dental treatment to maintain Dental Class 1 or 2.

Dental classes

Dental classes describe the dental fitness of ADF members. The classes are based on deployability and urgency of need for treatment. The classes are:

- Class 1: Fully dentally fit. Deployable
- Class 2: Requires treatment that could be deferred for 12 months. Deployable.
- Class 3: Requires treatment within three months. Not deployable.
- Class 4: Requires early treatment. Not deployable.

A dental officer classifies each ADF member after assessment, treatment or consultation. The dental officer records the dental class and effective date on Form PM344—Dental Clinical Record. For example, a record could be ‘Dental Fitness Class 2 with effect 2 Nov 11’. The dental team records the dental fitness class on PMKeyS.

A dentist can impose temporary employment restrictions through Form PM 101—Medical or Dental Fitness Advice. This form, which is also known as a chit, is for recording restriction advice only and must not contain clinical information. The restrictions you issue must accommodate both the member’s dental needs and their occupation. You must be specific about what the member can and cannot do in the context of their daily duties. If you are unsure what an individual does, then ask them.

HPD 402—The Australian Defence Force dental classification system describes the dental classification system. The Health Policy Index contains this directive and policy related to Defence dental services, under ‘D’ for dental. You can access the Health Policy Index at the following link:


You can access Web Forms on the DEFWEB, under ‘Online Tools’.

Locality restriction

If an ADF member needs to remain in one geographical location for the duration of complex dental treatment, you should allocate a dental treatment locality restriction. If a locality restriction affects a member's deployability, a medical employment classification (MEC) review may be required.

A dentist raises a Form AD75—Dental Treatment Locality Restriction Application to allocate a locality restriction. Further information on locality restrictions is in the Health Policy Index.

What is the range of dental services we should provide?

You must balance the member’s chief dental complaint with the requirements of the ADF. In doing so, you are to deliver dental services in accordance with the ADF Code of Dental Practice. The Code of Practice is in HPD 423—The Australian Defence Force Code of Dental Practice, available in the Health Policy Index.

Access

ADF members access dental care through sick parade, 1800 IMSICK and by making appointments. Chapter 6 describes these methods of access.
If a permanent ADF member attends a medical centre with an acute dental condition, the medical officer can provide a written dentist referral with clinical details. Where an ADF member cannot be treated at an ADF dental clinic, only a senior dental officer may authorise a referral to a civilian dental practitioner for examination.

**Dental examinations**

If you are a part of a dental team, you will conduct dental examinations of ADF members. Dental examinations include:

- initial entry examination on recruitment
- annual dental examination
- pre-deployment dental examination, noting members must be Class 1 or 2 before deploying
- trade specific dental examination for specialists
- final dental examination prior to discharge of an ADF member.

Dental examinations enable documentation for forensic identification purposes, collection of epidemiological data and identification of treatment needs to attain and maintain the ADF standard of dental fitness. You will record findings in Form PM352—Daily Clinical Record and Form PM341—Personal Dental Record—Folder. Chapter 11 describes Defence forms, records and administration.

You should remind members to complete a Form AC 563—Defence OHS Incident Report whenever a member has an injury or illness as a result of work.

**Special employment stream**

ADF members may be temporarily unfit for flying or diving following dental treatment. This is a safety issue. If you are treating specialist employment personnel, such as divers and aircrew, you must read and be familiar with:

- HPD 411—Aviation and diving—dental considerations
- DI(G) 22–2—Temporary medical unfitness for flying and aircraft control duties (aircrew, air traffic controllers and air combat officers.

These documents are available in the Health Policy Index, under ‘A’ for aviation.

**Referrals**

When referring an ADF member for a specialist consultation, a dentist should:

- record the name and speciality of the specialist on the Form PM528—Specialist Referral, the referral is the authority for the external treatment
- ensure the referral contains all relevant information and results
- direct the patient to see the administrative staff, who will provide the ADF member with a payment form and make the specialist appointment
- make copies of relevant documents for the patient to take to the appointment
- advise the ADF member to attend the specialist appointment with the referral, the clinical notes and the payment form (without the payment form, the provider will make the ADF member pay for the treatment).
When specialist reports come back, you must action the recommendations. You should record your actions on the report and in the member’s personal dental record and follow patient recall processes.

**Preventive programs**

Preventive dental assistants provide oral hygiene services including teeth cleaning, polishing and mouthguards.

**Dental imaging**

Most dental teams can perform dental radiography in the dental rooms. Some dental teams can also access OPG x-ray from the medical imaging department. Where a dentist does not have an imaging capability, or needs to outsource for specialist tests, the dentist:

- determines the requirement
- selects the preferred provider
- raises the referral
- receives the report
- reviews the dental images, records findings and arranges follow-up treatment
- enters data into records, including clinical photographs, slides and radiographs.

Dentists must balance the requirement for diagnostic information with the lowest possible radiation dose. If unsure about most appropriate imaging method, a dentist can contact the supporting radiographer or radiologist.

**Dental prosthetics**

Dental laboratories construct fixed and removable prosthetics. If civilian support is required, the dentist raises a prescription for the prosthetic work on Form PM349—Dental Prosthetic Prescription.

**Forensic dentistry**

Dentists may be involved in forensic dentistry to identify deceased personnel. Training in forensic dentistry is available to ADF dentists.

**Ordering dental supplies**

The Health Systems Program Office (HLTHSPO) manages the list of dental preferred suppliers. When a dental team requires consumable supplies, they place an order with the nominated provider from the list of dental preferred suppliers. The supplier provides the dental supplies and submits their account to HLTHSPO.

If you have any questions about ordering dental supplies, speak with your supervisor. If additional support is required, you may contact Health Material Logistics and Pharmacy at JHC.

**Chapter 12** provides information on the provision of health materiel and logistics support to health facilities.

**Further information**

You can find more information on garrison dental services through:

- your supervisor and senior dental officer
• Health Policy Index
• Directorate of Defence Dentistry website, at the following link:

Additional readings for this chapter are:

DI (G) PERS 16–17—Australian Defence Force locality restriction for dental treatment
DI(G) 22–2—Temporary medical unfitness for flying and aircraft control duties (aircrew, air traffic controllers and air combat officers.
HB 10/2008—Dental examination of Australian Defence Force members
HD 402—The Australian Defence Force dental classification system
HD 409—Australian Defence Force periodontal assessment
HPD 401—Dental implantology in the Australian Defence Force
HPD 404—Indications for removal of third molars in the Australian Defence Force
HPD 408—Orthodontic treatment and orthognathic surgery in the Australian Defence Force
HPD 411—Aviation and diving—dental considerations
HPD 423—The Australian Defence Force Code of Dental Practice
HPD 424—Treatment planning guidelines for restorative dentistry in Australian Defence Force dental facilities
HPD 426—Australian Defence Force locality restriction for dental treatment
Question Bank

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CHAPTER 8
MENTAL HEALTH AND PSYCHOLOGY SERVICES
MENTAL HEALTH AND PSYCHOLOGY SERVICES

Good mental health and resilience are fundamental to the wellbeing of ADF personnel and to the operational capability of the Australian Defence Force (ADF). Mental health and psychology services operate on a continuum, starting with a person's entry into the ADF, including their initial selection and allocation to the job that best fits their abilities and interests, through to preparing ADF members to operate in risky environments.

The ADF uses an occupational mental health approach that recognises the partnership between individuals, command and health care providers. This chapter provides an overview of garrison mental health and psychology services. By the end of this chapter, you should be able to describe the Defence approach to mental health and psychology. When you complete this chapter, you must complete the questions in Question Bank.

The 2011 ADF Mental Health and Wellbeing Strategy

The 2011 ADF Mental Health and Wellbeing Strategy is Defence’s vision of achieving capability through mental fitness. The strategy describes the programs that foster a supportive environment for mental health and wellbeing in the ADF. Mental health and psychology programs include:

- mental health awareness and literacy
- peer support and leadership
- early intervention and suicide prevention
- alcohol, tobacco and other drugs (ATOD)
- post-deployment screening
- critical incident mental health support (CIMHS)
- mental health and psychology policy development and research.

Figure 8.1 depicts the mental health and psychology services available to ADF members. Defence provides multiple pathways to mental health and psychology care. The Defence approach focuses on prevention, early identification and intervention to optimise health outcomes and operational preparedness for members and their units.

You can access the 2011 ADF Mental Health and Wellbeing Strategy through the following link:

Who provides mental health and psychology services?

**Joint Health Command**

Commander Joint Health (CJHLTH), as Surgeon General ADF, is the technical authority for mental health and psychology services. The Director General Mental Health, Psychology and Rehabilitation exercises this technical authority for CJHLTH. The Director General is responsible for clinical and governance frameworks, professional standards, training, policies and procedures, and programs related to mental health and occupational psychology.

**Garrison Health Operations**

JHC, through Garrison Health Operations, provides comprehensive and integrated mental health and psychology services to the ADF. Garrison Health Operations uses a multi-disciplinary team approach to optimise mental health and wellbeing health outcomes. This multi-disciplinary approach combines general medicine, psychiatry, psychology, spiritual care and social work. Medical officers in health facilities are responsible for the clinical management of ADF members with mental health issues. Medical officers, nursing officers and medics also conduct mental health screens and refer individuals to mental health and psychology sections (MHPS).

Each health centre has a MHPS. These sections use a mix of ADF members, personnel from the Australian Public Service (APS) and contracted health professionals (CHP). The specialities could include psychologists, mental health nurses, clinical social workers, psychological examiners and occupational therapists.
Each region has at least one regional mental health team (RMHT). Each RMHT has at least four members: a regional mental health team coordinator, an ATOD specialist, a senior mental health professional and a mental health promotions officer. The teams work with commanders and garrison health practitioners to ensure mental health and psychology services are responsive to unit command and management. This includes:

- coordinating regional mental health training needs such as awareness, first-aid and skill based training
- coordinating delivery of mental health initiatives at regional level such as CIMHS, ATOD programs and suicide prevention programs
- monitoring trends and reporting on regional mental health issues
- providing a forum for information sharing on regional and wider ADF mental health issues.

Other providers

Individuals, commander and health practitioners can draw on support from the following internal and external providers:

- single Service psychology assets, who deliver operational mental health and occupational psychology support for the Services
- military chaplains
- Defence Community Organisation
- Family Information Network for Defence
- Lifeline
- VVCS—Veterans and Veterans Families Counselling Service.

What is occupational psychology?

Occupational psychology is concerned with the performance of people at work and with the behaviour and function of individuals, small groups and organisations. Occupational psychologists aim to improve the satisfaction, wellbeing and readiness of ADF members in order to improve both individual and unit effectiveness.

Occupational psychology services include the following:

- personnel selection research, such as developing selection standards and interview guidelines, developing tests, and norming
- personnel selection-related policies and procedures for both Defence Force Recruiting and in-Service selection assessments
- development and analysis of unit climate surveys, such as the Profile of Unit Leadership Satisfaction and Effectiveness (PULSE)
- mental health surveillance, such as analysis and reporting of post-deployment psychological screening data
- analysis and reporting of other health-related data.
Occupational psychology contributes to the preventive aspect of mental health and wellbeing. You can access information on occupational psychology through the Directorate of Occupational Psychology & Health Analysis website, which is at the following link:


How do ADF members access mental health services?

Health facility presentation

If an ADF member presents with a mental health situation, or if you suspect a mental health issue, you can seek assistance from your MHPS. If the situation is urgent or occurs out-of-hours, you must consult your on-call clinical staff. You should always reassure the ADF member that mental health problems are generally responsive to treatment and treated confidentially. This may reduce concerns about stigma associated with mental health presentations and encourage individuals to seek care.

HD 289—Mental Health Case Management in the Australian Defence Force and HD 294—Suicide risk assessment and management in the Australian Defence Force for primary care providers describe the management of mental health presentations. The Health Policy Index contains these directives and other policy related to mental health services, under ‘M’ for mental health. You can access the Health Policy Index at the following link:


Administrative referral

Commanders are responsible for the general health and wellbeing of the personnel they command. An ADF commander can raise an administrative referral for an ADF member if the commander has concerns regarding the member’s military or job-related performance. Concerns could include disciplinary problems, under-performance, training or assimilation difficulties, vocational uncertainty or suitability for current/continued military service.

To initiate an administrative referral, a commander completes a Form PM008—Report on a Case Referred for a Psychiatric or Psychological Examination. Navy commanders may opt to use a Service Minute to refer Navy personnel. After seeing the ADF member, the mental health practitioner completes a Form PS006—Psychological Report, or equivalent for non-psychologists, and provides the report to the appropriate referring authority.

As part of their command responsibilities, commanders may need to know about the health status of their members. Commanders rely on advice from ADF health practitioners. A mental health practitioner must balance patient confidentiality with command needs. DI(G) PERS 16–20—Privacy of health information in Defence outlines information on providing advice to commanders. You can access this instruction on the DEFWEB or through the following link:


All-hours Support Line

Defence provides the All Hours Support Line (ASL), which is a confidential 24-hour mental health support and triage line. The ASL provides immediate mental health first aid by assessing and then referring members to appropriate Defence health and/or support services. ASL staff may also refer an ADF member to a non-Defence provider if the member wishes to remain anonymous or refuses to engage with Defence services.

The following link contains information on the ASL, including information on the ASL triage and referral process.

Complex cases

The ADF Centre for Mental Health, located in Sydney, provides national-level mental health support. The Centre can provide mental health consultancy support on complex cases by providing:

- a second opinion clinic, which is a tertiary referral assessment service for ADF members experiencing complex or treatment resistant conditions
- a tele-psychiatry hub for remote consultation
- access to an experienced ADF psychiatrist for specialist mental health consultation.

You can contact the ADF Centre for Mental Health consultant psychiatrist on 02 9647 5655.

How do I arrange Critical Incident Mental Health Support?

The CIMHS program comprises education, screens, assessment and referrals to support services. CIMHS is activated using a Form AD675—Critical Incident Mental Health Support—Activation. You can find more information on CIMHS in DI (G) PERS 16–25—Critical incident mental health support in Defence.

A RHMT coordinator will coordinate CIMHS teams. These teams respond to critical incidents or potentially traumatic events. A CIMHS team identifies individuals at risk following exposure to a critical incident and provides intervention strategies to mitigate and alleviate possible psychological difficulties.

The Health Policy Index contains CIMHS instructions, under ‘C’ for critical. You can access the Health Policy Index at the following link:


What services can I include in a treatment plan?

A medical officer may refer an ADF member to an MHPS intake service. The MHPS conducts an advanced assessment and develops a treatment plan. Treatment plans are tailored for individual ADF members and can include counselling, psychotherapy, medication, inpatient programs, outpatient programs and support groups.

The treatment may be delivered in-house or include referral to external fee-for-service providers for specialised assessment and treatment. Specialised treatment could include neuropsychological assessment and rehabilitation recommendations.

Medical employment classification

As for physical conditions, mental health conditions may affect an individual’s medical employment classification (MEC). Chapter 5 describes the MEC process.

Medication

Medical officers should seek the advice of the senior medical adviser before prescribing any psychotropic medication. Prescribing psychotropic medication must comply with health directives related to each specific disorder.

Mental health practitioners must consider the impact of medication on ADF medical fitness for service. Some ADF members have additional restrictions with respect to medications, both prescription and over-the-counter. An example of this is use of medication by aircrew. Chapter 6 contains further information on prescribing medication.
Sick and convalescence leave

Chapter 6 describes sick and convalescence leave. The procedures for mental health sick and convalescence leave are the same as for other illnesses and injuries. While mental health service providers may provide input into leave recommendations, only authorised medical officers can actually recommend leave.

Medical casualty messages

Health personnel may need to raise a medical casualty (MEDICAS) messages on psychological issues. Chapter 6 describes MEDICAS.

How do I manage ‘at risk’ individuals?

A unit generally presents an ‘at risk’ individual to a medical officer for a comprehensive suicide risk assessment. The medical officer may refer the individual to another mental health service provider for further assessment and treatment as necessary.

A commander must establish a risk management team to manage the ‘at risk’ individual. The management team includes the commander, treating mental health service provider and treating medical officer. Other health and mental health practitioners involved with the individual can also be included.

DI(G) PERS 16–26—Management of a suicidal episode in the Australian Defence Force provides policy on non-fatal suicide behaviour. This includes reporting, risk assessment, quick assessment, risk management teams, crisis management plan, confidentiality and documentation.

You can find this instruction in the Health Policy Index, under ‘M’ for mental health.

Is there mental health training?

Defence offers a range of mental health training courses for ADF members and for health practitioners. Mental health training focuses on:

- suicide prevention
- psychological resilience training, such as Self Management and Resilience Training (SMART)
- CIMHS, including enhanced mental health literacy, CIMHS awareness training and CIMHS training for mental health providers
- misuse of alcohol, tobacco and other drugs
- enhanced training for mental health professional/providers.

The Mental Health—Training website contains information on available courses and methods of access. You can access this website through the following link:


Are there special rules for mental health record keeping?

Medical personnel must file all clinical mental health information generated by medical personnel, external consultants and specialists (including case notes, formal reports and referrals) behind the ‘mental health’ tab in the individual’s unit medical record. Occupational psychology records relating to recruitment or selection related functions are retained on the member’s Form AR213—Psychology Documents Folder. Mental health and psychology information raised by psychologists and other non-medical personnel is managed in accordance with HD603—Introduction of a combined medical and
mental health record. You can access HD 603 through the following link:


Further information

You can find more information on garrison mental health and psychology services through:

- your supervisor
- Health Policy Index
- Directorate of Mental Health, Psychology and Rehabilitation Branch website, at the following link:


Additional readings for this chapter are:

ADFP 1.2.1—Operational stress management

Capability through mental fitness: 2011 Australian Defence Force Mental Health and Wellbeing Strategy

DI (A) PERS 124–17—Operational stress management of personnel

DI (G) PERS 16–24—Mental health provision in the Australian Defence Force

DI (G) PERS 16–25—Critical incident mental health support in Defence

DI (G) PERS 16–26—Management of a suicidal episode in the Australian Defence Force

DI(G) PERS 16–28—Operational mental health screening

HB 11/2009—Mental health screen for casework

HB 11/2003—Support to operationally deployed forces

HB 4/2009—Australian Defence Force mental health information filing procedures

HD 260—Introduction to the management of mental health problems in the ADF

HD 265—Management of depressive disorders for primary care providers

HD 264—Assessment and management guidelines for post-traumatic stress disorder and acute stress disorder

HD 289—Mental health case management in Defence

HD 294—Suicide risk assessment and management in the Australian Defence Force for primary care providers
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CHAPTER 9

REHABILITATION

AND

COMPENSATION
REHABILITATION AND COMPENSATION

WHY DOES DEFENCE PROVIDE THIS SERVICE?

Defence provides occupational rehabilitation services to maintain the Australian Defence Force (ADF) workforce and reduce the impact of illness or injury. This chapter provides an overview of rehabilitation and compensation. By the end of this chapter, you should be able to describe the purpose of the ADF Rehabilitation Program and access occupational rehabilitation services. When you complete this chapter, you must complete the questions in Question Bank.

Who is responsible for rehabilitation and compensation?

Directorate of Rehabilitation and Compensation

The Directorate of Rehabilitation and Compensation exercises technical authority for Commander Joint Health (CJHLTH). The Directorate provides strategic direction and governance for the ADF Rehabilitation Program and provides occupational rehabilitation policies, procedures and standards.

Garrison Health Operations Branch

Garrison Health Operations delivers occupational rehabilitation services. Each garrison health region has a regional rehabilitation manager responsible for managing and coordinating regional occupational rehabilitation services delivered under the ADF Rehabilitation Program.

Each garrison health centre has rehabilitation consultants to provide occupational rehabilitation services. Rehabilitation managers and consultants may engage external fee-for-service providers to deliver occupational rehabilitation services.

What is the ADF Rehabilitation Program?

The ADF Rehabilitation Program provides member-centric occupational rehabilitation to assist ADF members to return to a state of readiness as soon as practicable after injury or illness. The ADF Rehabilitation Program includes assessment and management of the diverse biological, psychological and social factors involved in rehabilitation.

Occupational rehabilitation services focus on the following:

- optimal physical and mental recovery of ADF members
- returning ADF members to suitable work as soon as possible
- returning ADF members to a deployable level of fitness
- reducing human and economic costs of disability to members, the ADF and the broader community.

When should I refer a patient for occupational rehabilitation?

A referral for a rehabilitation assessment is required when:

- a treating medical officer identifies an assessment requirement because of the nature of the injury or illness
• a treating medical officer places an ADF member on medical restrictions or recommends absence for sick or convalescence leave for more than 28 days—other than pregnancy, restrictions due to pharmaceuticals, and/or medical supported or uncomplicated obesity

• a member is diagnosed with a psychological disorder

• a member requests an assessment

• a member’s commander requests an assessment

• Department of Veterans’ Affairs identifies that a rehabilitation assessment is required.

To arrange a rehabilitation assessment, a medical officer should complete a Form PM546—Request for Rehabilitation Assessment. You can access this form through Web Forms, which is located under the ‘Forms and Templates’ button on the DEFWEB.

Who manages each rehabilitation case?

Once you refer a member to the ADF Rehabilitation Program, a rehabilitation consultant conducts a rehabilitation assessment. If a rehabilitation program is required, the rehabilitation consultant liaises with stakeholders, such as the member, commander and treating medical officer, to set a rehabilitation goal and develop a rehabilitation program.

Defence has three rehabilitation goals:

• Goal 1. Fit for duty in the pre-condition work environment. This relates to deployable roles as well as day-to-day tasking.

• Goal 2. Fit for alternative duty in another ADF occupation.

• Goal 3. Not fit for any duties within the ADF as a result of the injury or illness. Transition out of the ADF for medical reasons.

A member’s rehabilitation goal may change during their rehabilitation program, based on changes to the member’s condition or circumstances.

Does Defence provide compensation?

The Department of Veterans’ Affairs provides compensation and support for members, veterans and their families for injury, disease or death that is related to service with the ADF. The following legislation governs compensation:

• Veterans’ Entitlement Act 1986 (VEA)

• Safety, Rehabilitation and Compensation Act 1988 (SRCA)

• Military Rehabilitation and Compensation Act 2004 (MRCA).

The VEA or SRCA generally covers injury, disease or death related to service before 1 July 2004. The MRCA covers members for injury, disease or death related to service on or after 1 July 2004.

If a member wishes to submit a claim for compensation, the member should contact the Department of Veterans’ Affairs on 1300 55 1918 or visit www.dva.gov.au. The member should submit the claim as soon as practicable after sustaining an injury or illness.

Once a member lodges a compensation claim, a delegate from the Military Rehabilitation and Compensation Commission investigates the claim and makes a decision regarding the claim.
In accordance with legislative provisions, the Department of Veterans’ Affairs provides information on claims and/or determinations to Defence. This information supports operational readiness management and provides visibility of the health status of ADF members. JHC receives compensation documents and files them on the ADF member’s unit or central medical record in accordance with HB 3/2011—Distribution and management of Department of Veterans’ Affairs Determinations.

Further information

You can find more information on rehabilitation and compensation services through:

- your supervisor
- Health Policy Index
- a rehabilitation consultant
- your regional rehabilitation manager

**Additional readings for this chapter are:**

- DI(G) PERS 16–22—Australian Defence Force Rehabilitation Program
- HD 290—Health procedures for the delivery of the ADF Rehabilitation Program
- HB 3/2011—Distribution and management of Department of Veterans’ Affairs determinations

**Question Bank**

<table>
<thead>
<tr>
<th>QUESTIONS</th>
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<td>How would you arrange rehabilitation for an ADF member?</td>
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<tr>
<td>What advice would you give an ADF member who presents with an injury that resulted from Defence service?</td>
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Member’s Name ………………………  Member’s PMKeyS number ……………………..

Supervisor’s Name …………………….  Supervisor’s PMKeyS number …………………..
CHAPTER 10

OCCUPATIONAL HEALTH
**OCCUPATIONAL HEALTH**

**WHAT IS DEFENCE OCCUPATIONAL HEALTH?**

Members of the Australian Defence Force (ADF) are exposed to diverse health threats, both in Australia and in areas of operational deployment. Occupational health activities prevent and control occupational illness and injury through the identification of occupational threats and implementation of countermeasures. Occupational health identifies risks and threats from workplace hazards to the health of all personnel. It also assesses medical suitability for employment.

This chapter provides an overview of occupational health services. By the end of this chapter, you should be able to describe the occupational health services provided in Defence and access occupational health services. When you complete this chapter, you must complete the questions in Question Bank.

You are reminded that you should advise any ADF members who suffers a work related injury or illness of consequence, which has the potential to affect their career, to submit a Form AC563—Defence OHS Incident Report. You must provide the appropriate medical documents to support a Form AC563.

**What is occupational medicine and occupational hygiene?**

Occupational medicine is concerned with the prevention and treatment of occupational injury and disease. Occupational hygiene is concerned with the prevention, control and treatment of chemical, physical and biological health risks arising from work activities. Occupational medicine and occupational hygiene apply diverse skills such as public health, risk management, medicine, engineering, chemistry, physics, toxicology, physiology and epidemiology.

**Defence Centre for Occupational Health**

The Defence Centre for Occupational Health (DCOH) is part of the Defence OHS and Compensation Branch. It has a Defence-wide charter and works with Joint Health Command (JHC), Services and Groups to promote occupational health and build sustainable future capability.

DCOH works at the strategic level to promote health and improve prevention of occupational injury, illness and disease through identification and effective control of hazards. DCOH is also responsible for occupational medicine and hygiene policy. You can access the DCOH website through the following link:

http://intranet.defence.gov.au/whs/AboutUs/AboutDCOH.htm

**Garrison Health Operations**

Within their own scope of practice, health and allied health professionals provide occupational health through:

- medical employment classifications (MEC) and specialist employment classifications (SPEC) to determine the suitability of employment of ADF members
- periodic health examinations (PHE) and specialist employment classifications annul health examinations (SPEC-AHE) to provide assurance that ADF members are fit for duty
- occupational health surveillance examinations
• consultations to identify occupational and other health issues

• primary health care services to treat patients presenting with conditions associated with occupational hazards.

**Defence personnel**

All people who work in Defence receive work health and safety (WHS) induction and annual awareness training. This is part of Defence's mandatory training program, which is described in [Chapter 15](#).

Specifically trained non-health personnel are employed as WHS officers and provide WHS services. This includes local workplace inspections and risk control. You can access information on WHS through the following link:


**External providers**

Defence engages occupational medicine experts or occupational hygienists to provide targeted occupational medicine and hygiene services. Defence could engage occupational medicine and occupational hygiene specialists for the following

• biological hazards, including food borne hazards

• chemical hazards, including fuel, toxic industrial chemicals, toxic industrial materials

• radiological hazards, including ionising and non-ionising radiation

• physical hazards, including noise, vibration, thermal and the built environment

• psycho-social hazards, including bullying and fatigue

• ergonomic hazards, including manual handling.

**Further information**

If you need further information on occupational medicine or occupational hygiene, you can:

• speak to your supervisor

• access the Health Policy Index

• contact DCOH through [http://intranet.defence.gov.au/whs/AboutUs/AboutDCOH.htm](http://intranet.defence.gov.au/whs/AboutUs/AboutDCOH.htm)

**What is environmental health and preventive medicine?**

Environmental health activities focus on injury or illness caused by environmental conditions. Environmental health prevents and controls communicable diseases and vectors. It develops environmental countermeasures to minimise health threats from terrain, climate and endemic disease to the health of all personnel.

Preventive medicine specialists focus on the health of the broader ADF population instead of the health of individuals. Preventive medicine:

• mitigates health threats from terrain, climate and endemic disease

• minimises the incidence of preventable injuries and illnesses
• identifies preventive and controlling measures, such as immunisation and prophylaxis measures (see Chapter 6 for information on vaccinations)

• identifies preventive health training requirements, especially on prevention of food/waterborne and insect-borne diseases.

Health Manual, volume 20—Preventive medicine services is the primary reference for environmental health and preventive medicine. The Health Policy Index contains this manual, under ‘P’ for preventive. You can access the Health Policy Index at the following link:


Further information

If you need further information on preventive medicine, you can:

• speak to your supervisor
• access the Health Policy Index
• contact DCOH through http://intranet.defence.gov.au/whs/AboutUs/AboutDCOH.htm

What is submarine and underwater medicine?

Submarine and underwater medicine is an occupational medicine specialty. The Navy has a Submarine and Underwater Medicine Unit (SUMU) in Fleet Base East and Fleet Base West. SUMU specialists are responsible for providing submariners and divers with the following services:

• conducting SPEC reviews and SPECAHE
• confirming diving fitness
• managing decompression illness and pressure related injuries
• managing exposure to dangerous marine animals
• managing environmental exposure, such as hypothermia, cold induced injuries, near drowning and salt water aspiration
• support to submarine escape and rescue
• conducting specialist fitness assessment such as the medical assessment prior to helicopter underwater escape/egress training.

If Navy personnel present to your health facility with a medical or dental condition that makes them temporarily medically unfit for sea service, you must impose a temporary medical unfitness for sea (TMU Sea). If you assess an individual as TMU Sea, you must complete a Form PM 101—Medical or Dental Fitness Advice. The PM101 records all restrictions and is sent to the ADF member’s unit for administrative management. Form PM 105—Outpatient Clinical Record sheet should be completed and inserted in the medical record.

Australian Fleet Tactical Publications (AFTP) provide further information on TMU Sea. You can access AFTP through your supervisor or the following link:

If you are authorised to provide care to submariners and divers, you must understand the specific nature of their duties in order to assess medical fitness or provide treatment. If you have any questions about diving and submarine medicine, you should:

- Contact the SMA–DIVMED and SMA–SUBMED, who are responsible for applying health standards as diving and submarine medicine confirming authorities. You can find them through the Defence Corporate Directory (green tree icon on the DEFWEB).

- Access the Health Policy index on the JHC website for health policy on submarine and underwater medicine.

**What is aerospace medicine?**

Within Defence, aerospace medicine is also known as aviation medicine or flight medicine. Aerospace medicine is part of aviation safety and airworthiness. Qualified aviation medical officers (AVMO) ensure that personnel do not undertake flying or aircraft controlling duties when they have a medical or dental condition that may compromise flight safety or mission effectiveness.

Aerospace medicine focuses on those ADF personnel in aerospace roles, including:

- aircrew, including pilots, navigators, aircrew men, loadmasters, observers, flight test engineers and flight stewards
- air traffic controllers, including air intercept controllers and air defence officers.

If aerospace personnel present to your health facility with a medical or dental condition that could compromise flight safety, you must impose temporary medical unfitness for flying (TMUFF). DI (G) OPS 22–2—Temporary Medical Unfitness for Flying and Aircraft Control Duties (Aircrew, Air Traffic Controllers and Air Combat Officers) describes conditions that have TMUFF implications and imposes minimum time restrictions. You can access this instruction through the Health Policy Index, under ‘A’ for aviation, through the following link:


If you assess an individual as TMUFF, you must complete a Form PM 101—Medical or Dental Fitness Advice. The Form PM101 records all restrictions and is forward to the ADF member’s unit for administrative management. Form PM 105—Outpatient Clinical Record sheet should be completed and inserted in the medical record.

Only an AVMO can return an individual to flying fitness. The AVMO records the reversal of temporary medical unfit status on Form PM101. If an ADF member is TMUFF for extended period, the member is to be managed using the SPEC process described in Chapter 5.

The primary reference for aerospace medicine is ADFP 1.2.2.1.3—Aviation medicine for aircrew. You can access this publication, and other policy regarding aerospace medicine, from the Health Policy Index at the following link:


**Further information**

If you need further information on aerospace medicine, you can:

- speak to your supervisor
- access the Health Policy Index
contact the Institute of Aviation Medicine through the following link:


What is aeromedical evacuation?

The Defence aeromedical evacuation (AME) system transports ill or injured personnel by air under qualified medical supervision to appropriate health facilities. The Aeromedical Evacuation Control Centre (AECC) controls strategic AME for the ADF. They provide a complete patient transport service.

The AECC is available 24 hours a day, seven days a week. Their contact details are:

- Fax—02 612 85175
- Email—hqjoc.aocamedefence.gov.au
- Office number during working hours—02 612 85260
- AECC duty mobile for after-hours contact—0420 979 164.

If you are unable to contact the AECC, contact the Air Operations Command Watchkeeper at HQ JOC on 02 612 84810.

Requesting AME support

If you need to request AME support, you should send an AME request message to the AECC. Your message to the AECC must include the following:

- The member’s emergency contact details and posted location, as this contributes to choice of destination health facility.
- The patient’s mobility and care requirements, phrased in terms of requirements rather than medical details. For example, ‘requires adequate room to fully extend legs’ rather than ‘broken tibia/fibula in a cast’; or, ‘requires assistance with pain management and activities of daily living’.
- Clinical information provided by the treating medical officer, ensuring the information maintains medical confidentiality.

Destination health facility

The AECC will liaise with the destination health facility to arrange:

- reception of the patient and handover of documents
- patient transfer from the aircraft to the destination health facility
- administrative action, such as follow up medical appointments, medical absence arrangements.

JHC has a standard operating procedure for patient transfer. DDCS SOP 03/08—Patient transfer between Australian Defence Force medical units provides an overview of AME support. You can access this SOP through the following link:


If you need more information on AME, you can:

- contact your supervisor
Who do we provide travel medicine services for?

Garrison health provides travel medicine services for ADF members. Additionally, dependants may accompany members of the ADF on overseas postings or reunion visit to the posting location. A dependant of an ADF member means one or more of the following persons who normally live with the member:

- spouse or partner
- child
- person acting as a guardian or housekeeper if the member has no spouse or if the spouse is invalided
- any other person approved by the Chief of the Defence Force.

Defence has an agreement with a commercial provider for specific travel medicine services to approved dependants of ADF members posted on long-term postings. JHC has a standard operating procedure (SOP) for travel medicine. DDCS SOP 02/10—Pre-embarkation medical/dental checks for dependents and spouses of ADF members posted overseas describes the process for arranging travel medicine support. You can access this SOP through the following link:


If you need more information, you can:

- contact your supervisor
- access the Health Policy Index.

What is chemical, biological, radiological and nuclear medicine?

Chemical, biological, radiological and nuclear (CBRN) medicine is an occupational medicine specialty that supports ADF operations. Health Manual, volume 13 describes CBRN medicine. You can access this manual through the Health Policy Index, under ‘C’, at following link:


What is pre-deployment operational health support?

Defence deploys on a range of operations from emergency relief to warfighting. The ADF may deploy personnel on operations in areas characterised by environmental extremes, endemic disease, poverty and inadequate public health measures. These factors contribute to disease and non-battle injuries (DNBI), which may have a significant impact on the effectiveness of ADF members. Preparing personnel for deployment can reduce the effects of DNBI.

Health support plans

JHC develops and releases a health support plan for each operation. The health support plan provides instructions for garrison health facilities that are supporting the pre-and post-deployment phases of an
operation. The health support plan includes tailored pre-deployment medical forms for each operation.

**Pre-deployment medical**

The pre-deployment medical confirms that ADF members meet the health requirements for the specific operation. This increases force health protection and ensures the force has the required medical supplies.

JHC could task your health facility with assessing individual medical, dental, physical and psychological fitness of ADF members who are to deploy on operations. This generally requires an authorised medical officer or nurse practitioner to:

- Assess personnel to ensure any restrictions are compatible with the deploying health support capabilities:
  - members with long-term prescription medications must deploy with sufficient quantities for the deployment period and supporting paperwork for the international carriage of medication
  - members who require spectacles are to carry their spare set and a copy of their spectacle prescription
  - pregnant members cannot deploy on operations
  - all members are to be Dental Class 1 or 2
  - members are not to deploy if they have an outstanding post deployment screens.

- Conduct pre-deployment health screens between 56 and 28 days prior to the deployment, using Parts A–C of Form PM 608—Pre-deployment Health Assessment—Standard.

- Conduct pre-deployment health checks within 14 days prior to deployment, using Parts D–E of Form PM 608—Pre-deployment Health Assessment—Standard. This check confirms there has been no change in health status since the initial health screen and seeks medical review if any significant change has occurred.

If an ADF member is due for any examinations during deployment, you must complete the examinations prior to deployment. Additionally, if a deploying member is female, you need to conduct a pregnancy test within 14 days of deployment date. You also ensure the deploying member has all required vaccinations and scripts, such as spectacles and malaria chemoprophylaxis.

You must get the specific pre-deployment medical forms for the operations from the JHC website. The website provides hyperlinks for relevant checklists, forms and briefs. The link for pre-deployment medicals is:


If a member does not meet the medical requirements, they are not to deploy unless the Chief of Joint Operations grants a waiver. The member’s unit is responsible for processing the waiver request with clinical input from medical personnel. The health waiver process is described in the following website:


If a member is deploying with restrictions, a medical officer must provide a signed Form PM532—Medical Employment Classification Advice or Form PM101—Medical or Dental Fitness Advice to the ADF member with specified restrictions. You can access these forms through Web Forms, which you can access through the DEFWEB home page under ‘Forms and Templates’.
What is deployment operational health support?

**Deployment**

ADF health personnel deploy on operations to provide health care to the deploying forces. ADDP 1.2—*Health support to operations* describes the provision of operational health support.

During operations, the primary interfaces between operational and garrison health are:

- receiving and treating patients that are evacuated from the area of operations
- conducting a MEC review on any ADF member who is medically returned to Australia

**Humanitarian health care**

If you ever deploy on operations, such as on a humanitarian mission, you should read the *Australian Medical Assistance Team Training* (AUSMAT) handbook. The AUSMAT handbook is for medical personnel who deploy on humanitarian health care missions.

The AUSMAT handbook describes the composition of medical assistance teams, humanitarian health practice, culture, security, team management, medical, technical aspects, assessments and civil-military interaction. It provides practical advice on deploying with members of the ADF. In addition to the provision of health care, it describes security, luggage, clothing and equipment, sleeping arrangements, toilets and showers, laundry, dining and behaviour.

ADF health practitioners can nominate to attend an AUSMAT course. All health practitioners can access the AUSMAT handbook through the following link:


What is post-deployment operational health support?

The ADF has a duty of care towards all personnel returning home from deployments. Post deployment medicals ensure no injuries or illnesses resulted from the deployment and, if they did, the ADF can monitor and treat them accordingly. Post deployment care focuses on individual health, including medical, dental and psychological clearance for return to duty, re-deployment, discharge or rehabilitation.

Medical review is mandatory when a member returns after serving overseas. As for pre-deployment medicals, you must get the specific post-deployment medical forms for the operations from the JHC website. The website provides hyperlinks for relevant checklists, forms and briefs. The link for post-deployment medicals is:


**Health brief**

The Director Health at Joint Operations Command (JOC) develops the return to Australia health brief for each operation. Military medical personnel generally deliver the health brief and provide a post-deployment information card to all ADF personnel returning to Australia. The brief and card describe the actions required in the post-deployment period. If a member does not receive this brief in the area of operations, garrison health personnel are to provide them with the brief within seven days of the member’s return to Australia.

You can access the return to Australian health brief through the following link:

**Health screens**

If not provided in the area of operations, JHC could task your health facility with conducting post-deployment health screens. This generally requires:

- An authorised medical officer is to conduct a post-deployment health screen within seven days of a member’s return to Australia, including a targeted physical examination. The screen considers deployment related medical details, diseases, adverse reaction to vaccination and exposure to any hazardous situations. The medical officer completes Form PM 589 —Post Deployment Health Screen. Personnel are not to deploy on another ADF operation prior to completing this screen.

- An authorised medical officer is to supervise the eradication treatment regime specified by the health support plan. ADF members commence the eradication treatment regimes at the post-deployment health screen.

- A psychologist is to conduct a return to Australia psychological screen (RtAPS) within seven days of a member’s return to Australia. Completion of RtAPS is recorded in the PMKeyS OPLOG. Personnel are not to deploy on another ADF operation prior to completing RtAPS.

- An authorised medical officer is to complete a post-deployment health assessment three months after a member’s return to Australia. Medical staff complete Form PM 607 —Post Deployment Health Assessment.

- A psychologist is to conduct a post operational psychological screen (POPS) of an ADF member between three and six months post deployment. Psychology staff record completion of POPS in PMKeyS. ADF personnel are not to deploy on another ADF operation without completing their POPS liability.

**How do we help deploying non-ADF personnel?**

**Deploying civilians**

All deploying civilians are to be medically and dentally fit to deploy. The medical and dental assessments must be conducted no earlier than six weeks prior to the planned date of deployment. Dental checks are not required for media accompanying the ADF on operations overseas if the deployment is less than three months duration.

Pre-deployment requirements for non-ADF persons deploying on operations or exercises are described in HD 927—Defence health support to civilians deploying overseas. You can find this directive in the Health Policy Index.

**Foreign nationals**

The medical and vaccination standards of foreign national forces deploying with Australian forces are determined by the foreign national’s Defence health service in conjunction with JOC. When foreign nationals are deploying with Australians they will normally be required to meet ADF standards.

**Further information**

You can find more information on operational health through:

- your supervisor
- Health Policy Index
## Question Bank

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<td>How would you arrange to air evacuate or air transport a patient?</td>
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Supervisor’s Name ……………………. Supervisor’s PMKeyS number …………………..
CHAPTER 11

HEALTH ADMINISTRATION
HEALTH ADMINISTRATION

HOW DO I MANAGE THE PAPERWORK?

Joint Health Command (JHC) is legally required to create and maintain comprehensive and accurate records as evidence of clinical decisions and activities. JHC also requires regular reports to support governance of clinical activity and productivity. A health administration system supports the record keeping and reporting requirements. You can access health administration training through the CAMPUS e-learning tool. Chapter 15 describes training and access to CAMPUS.

By the end of this chapter, you should be able to describe JHC’s health administration, including your record keeping and reporting responsibilities. When you complete this chapter, you must complete the questions in Question Bank.

What is a PMKeyS number?

Every member of the ADF has a PMKeyS number. Defence uses PMKeyS numbers to record everything about an individual such as security clearance, pay, leave, equipment issues and health administration.

Every health document you raise, whether electronic or manual, must include the ADF member’s PMKeyS number. This includes forms, referrals, recommendations, X-rays, specimens, reports and results. It is critical that you record each ADF member’s PMKeyS number accurately.

Where do I find health forms?

You are to maintain a daily clinical record of the patients you see. Where possible, you are to use an electronic health information system, such as JeHDI, HealthKEYS or MIMI, to record health information. Where this is not possible, you are to use the appropriate Web Form or paper based form.

You can access electronic health forms on Web Forms through the ‘Forms and Templates’ or ‘Online Tools’ buttons on the Intranet home page (known as the DEFWEB). Once you open Web Forms, you enter the form number or title. Web Forms is a simple program with inbuilt prompts and help menus. Instructions on the use of forms are built into the forms.

You must not modify standard forms. If you believe a medical form needs to be reviewed, created or made obsolete, you should submit Form AA139—Request Web Form through your regional health director to JHC.

Health documentation must be contemporaneous, clear and comprehensive. If you are using paper based forms, then write with a black ballpoint pen and ensure the forms are legible. Ensure that duplicate pages are clear.

Each record should clearly identify the following:

- member, including PMKeyS number, name, rank, date of birth, sex, corps/category/mustering (occupation), ECN (Army only), unit and health care facility

- health practitioner, including name, designation, health facility, signature, time and date.

You must ensure that the original health form is sent to ADF Health Records for the ADF member’s central medical record. A copy of each form is also placed on the unit medical record (UMR). The key forms are described below.
PM101—Medical or dental fitness advice

The purpose of Form PM101 is to provide a record of employment restrictions, sick leave/convalescent leave recommendations, and fulfill administrative requirements for the information of managers and for the collection of statistics.

You are to write all numbers in words. The PM 101 prints two copies:

- You are to give the member’s copy to the member with instructions to deliver the copy to their supervisor as soon as practicable. This copy informs the supervisor of the member’s medical attendance. When this is not possible, you should notify the member’s supervisor that the member was not ‘fit for full duty’ and send the member’s copy to the unit.

- The health facility’s copy is retained for six months.

PM105—Outpatient record

You are to use an electronic health information system, such as JeHDI, HealthKEYS or MIMI, to record an ADF member’s health information where possible. Where this is not possible, you are to use the Form PM105—Outpatient Record to record patient notes.

You are to number the PM105 serially and place them into the UMR in chronological order, with the most recent form uppermost.

PM510—Health Summary

You are to use the Form PM510—Health Summary to record ongoing major clinical problems, allergies etc. You are to place the PM510 immediately below the active form PM105.

PM135—International Certificate of Vaccination

You are to record all vaccinations on an ADF member’s Form PM135—International Certificate of Vaccination and in the member's UMR. ADFP 1.2.2.1—Immunisation Procedures describes the administration of vaccinations.

How are health records managed?

About 40 per cent of ADF members have an electronic health record, but the quality and scope of each record varies. Most members still have a physical health record.

Unit medical record

An ADF member's UMR is their medical history. The record commences with the member’s recruitment entry-level medical examination and includes all additional medical information and records including immunisation records, pathology results, imaging results, hospitalisation records, health assessments, screens, medical examinations, dental examinations, psychological assessments and specialist opinions.

You are to place all patient information in the member’s UMR. Following a medical examination, you are to place copies of forms and diagnostic tools on the member’s UMR. Your administration staff send the original documents to ADF Health Records for the individual’s central medical record.

Your health facility holds UMR for all permanent ADF members in your dependency. Your health administration staff can brief you on the local procedures for managing UMR.

Dental records

Each ADF member has a personal dental record (PDR). A PDR contains all dental documents for a specific ADF member and is stored in the supporting health facility.
Following a dental examination, you must place copies of forms and diagnostic tools on the member’s PDR. Your administration staff send the original documents to ADF Health Records for the individual’s central dental record.

ADF Health Records

There is a second set of medical and dental documents, called the central medical record and central dental record, which contains original copies of every medical and dental document on the member. This central medical record is kept in the single Service repositories for ADF Health Records.

The central medical record ensures a member is not disadvantaged if their unit medical or dental record is lost or damaged. You must ensure that the original of every health document is sent to ADF Health Records.

Please note that the records of Reserve Force members are managed differently. Reserve members only have one UMR. Local arrangements determine where the UMR is held. You should confirm local arrangements with your supervisor.

Transfer of records—posted away

When an ADF member is posted out, a health practitioner must review their UMR and identify any follow-up or ongoing clinical management requirements.

If there is no follow-up required, the administration staff raise a new PM105—Outpatient Record and endorse it with ‘Post out to [gaining unit]. No further action required’. If a posted member has outstanding medical requirements, the administration staff summarise the further action required by the gaining unit on the PM105 with the endorsement ‘Posted out to [gaining unit]. Further action required’.

All entries on posting out must be ruled off horizontally and diagonally immediately below the signature, with the original forwarded to the ADF Health Records Office for filing. The administrative staff then transfer the unit medical record to the garrison health facility in the member’s gaining location.

The UMR are prepared for medical-in-confidence transit, in accordance with the Defence Security Manual. UMR generally move with the member, using safe hand delivery. You must comply with packaging requirements, including use of transit notes and a transit note register. If posting medical records, you must be sure of the address. If faxing records, you must be sending to a medical-in-confidence fax machine or the recipient must be standing by the fax to receive the record.

The Defence Security Manual provides direction on handling classified information. You can access the electronic Defence Security Manual through the following link:

http://intranet.defence.gov.au/dsa/dsm/

Transfer of records—posted in

When an ADF member is posted into your area, a health practitioner reviews the UMR and raises a new PM105—Outpatient Record, endorsed with ‘Posted in to [gaining unit]’.

Handling, storage and archive

All information handled by Defence employees and Defence contractors is official information, which must be protected. Policy guidance on the management of information is in Policy Manual 3—Defence records management policy manual, which is available at the following link:

What are the health information systems?

JeHDI

Defence is implementing an eHealth capability. The Joint eHealth Data and Information (JeHDI) Project will provide one electronic health record each ADF member, including medical and dental data. The JeHDI health record contains all a member’s health information, from recruitment to discharge, then through to management in other agencies. If you have access to JeHDI, you must use this as your health administration system.

HealthKEYS

Some health facilities still use HealthKEYS. It provides both practice and clinical management functionality. HealthKEYS contains biographical details for ADF members and passes operational readiness indicators for health to PMKEYS, which is the Defence personnel management system.

HealthKEYS captures patient appointments and registration, medical record tracking, periodic health examinations, immunisations, injury incident, clinical diagnosis, test results, pre- and post-deployment health screenings. You can access HealthKEYS by the following methods:

- DRN account holders access HealthKEYS by logging onto the DRN and then into HealthKEYS
- Non-DRN account holders access HealthKEYS using WYSE terminals. The use of WYSE terminals allows health care providers who are awaiting a security clearance to access HealthKEYS without directly access the DRN.

HealthKEYS has a dedicated helpdesk team to answer any questions you may have. You can contact the HealthKEYS help desk on 02 6266 2333.

MIMI

Some health facilities and deployed health elements use Medical Information Management Index (MIMI). MIMI tracks and reports operational readiness key performance indicators, health records tracking, periodical health examinations, immunisations, injury incidents, EpiTrack statistics and reporting, tests, clinical patient recall, readiness recall registers with automated email notification to ADF personnel, health deployment screenings and so forth. MIMI has four specialised components:

- MIMI-Medical for primary health care
- MIMI-Dental
- MIMI-Physio
- MIMI-Inpatient.

If you have MIMI in your health facility, you can access the MIMI website for MIMI procedures. You can also contact the MIMI helpdesk on mimi.help@defence.gov.au or 02 9377 2659.

Do I need to submit reports and returns?

Reports and returns meet the information requirements of JHC and commanders. JHC uses a standard report and return mechanism to help aggregate data from all health regions.

Monthly reports and returns

Regional health directors compile monthly reports and returns for their region. Your health facility will collect the following data to support your director’s reports and returns to JHC:
• attendance and treatment statistics/summaries
• medical employment classification (MEC) statistics
• access time for specialists, such as appointment booking and waiting times
• average bed occupancy and average length of stay
• incident reports
• adverse drug reactions
• administration statistics
• financial data
• workforce returns; any new Form AC563 for staff, staff sick leave, new staff by type, staff lost be type, equity and diversity complaints.

**Dental report**

The JHC Director of Defence Force Dentistry requires a dental report based on the ADA Schedule of Dental Services, International Classification of Diseases codes and military requirements. The senior dental officer submits dental reports electronically, using Form PM276—Monthly Return of Dental Workforce and PM354—Monthly Return of Dental Treatment.

**Reporting notifiable diseases and surveillance**

As for civilian practice, you must report notifiable diseases. Reporting notifiable diseases assists Defence to identify public health issues and define health care/research priorities.

You must notify the health department in your state or territory of any notifiable disease on their notifiable diseases list. You will find the state/territory lists through health department websites. You must be aware that state/territory health departments may require notification of some conditions not on the Commonwealth list.

For statistical purposes, you should report notifiable diseases to JHC using either Form PM149—Notifiable Condition Report (preferable) or a copy of the state/territory form. Form PM149 lists the ADF notifiable diseases and includes the Commonwealth notifiable conditions and those conditions common to all states, territories and the ADF.

You can find more information on reporting notifiable conditions in the Health Policy Index, under ‘N’ for notifiable, or through the following link:


**How do I balance privacy and disclosure?**

Health information is sensitive personal information. You must not disclose a member’s health history or health information to any unauthorised person unless you have the informed consent of the member.

Health information is protected by common law principles, professional and ethical codes of practice, as well as Commonwealth, state and territory legislation. Specifically, the ADF is subject to the Privacy Act 1988, which governs the collection, management, use and disclosure of personal information including health information.
ADF members expect their health information to be managed in accordance with civilian standards and the applicable Defence instructions. Where conflict is seen to exist you are to bring the matter to the attention of your supervisor or regional health director.

You should understand that personal privacy issues should not, nor are they designed to, paralyse the legitimate use of health information in Defence. Health practitioners must balance ethical issues and legislative requirements with Defence’s requirements for operational capability. If you have any concerns regarding the release of information, you must consult your supervisor.

The primary policy for use, disclosure, consent and release of health information is DI(G) PERS 16–20—Privacy of health information in Defence. You can access this instruction through the Health Policy Index, under ‘P’ for privacy, through the following link:


**Information security**

All personnel working within or on behalf of Defence have a responsibility to ensure the protection of information. Health information is protected information and is marked as ‘medical-in-confidence’.

All garrison health personnel must maintain information security. Your supervisor or unit security officer will provide site-specific security procedures during workplace induction. You will also receive security awareness training on commencement of duty and then annually as a minimum requirement. **Chapter 15** describes training.

You may be held personally accountable for security breaches. You should apply the Defence clear desk policy. The clear desk policy generally means that all official information is securely stored. Your unit security standing orders may define the local implementation of this policy more precisely.

**Further information**

You can find more information on health administration through:

- your supervisor or health administration staff
- Health Policy Index.

**Additional readings on this chapter are:**

- DDCS SOP 03/08—Patient transfer between ADF medical units
- Defence Security Manual
- DI (G) ADMIN 08–1—Public comment and dissemination of official information by Defence personnel
- DI (G) ADMIN 27–1—Freedom of Information Act—Implementation in the Department of Defence
- DI (G) ADMIN 27–4—Defence records management policy
- DI (G) PERS 16–20—Privacy of health information in Defence
- HB 3/2011—Distribution and management of Department of Veterans’ Affairs determinations
- HB 4/1998—Carriage of unit medical records overseas
- HB 7/2008—Revision of dental monthly reporting requirements
- HB 4/2009—Australian Defence Force mental health information filing procedures
- HB 1/2010—Adverse drug reaction reporting
- HD 224—Notifiable condition reporting in the Australian Defence Force
- POLMAN 3—Defence records management policy manual
## Question Bank

<table>
<thead>
<tr>
<th>QUESTIONS</th>
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<tr>
<td>What patient information should you include on each health record?</td>
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<tr>
<td>How would you access health forms in your health facility? Demonstrate this skill to your supervisor.</td>
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<tr>
<td>List the forms you would commonly use in your consultations?</td>
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<tr>
<td>Why is the UMR important? Why are there two UMR for each ADF member?</td>
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<tr>
<td>Which health information system will you use in your health facility? How would you get assistance with the system?</td>
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<td>How would you report a notifiable disease?</td>
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Supervisor’s Name …………………… Supervisor’s PMKeyS number ……………………
CHAPTER 12

HEALTH MATERIEL AND LOGISTICS
HEALTH MATERIEL AND LOGISTICS

HOW DO I GET THE THINGS I NEED?

Defence provides you with the health materiel and logistics support you need for your job. In Defence, ‘health materiel’ is medical and dental equipment, pharmaceutical items, and medical and dental supplies. Logistics is inventory management, warehousing, packaging and transport of supply items.

Health materiel is part of the Defence logistics system. However, there are some specific requirements governing health materiel. These requirements include the following:

- request for, issue and administration of some health commodities is preceded by a professional clinical decision
- some items are subject to special legislative and legal control, such as drugs of addiction.

By the end of this chapter, you should understand how you access health materiel and logistics. When you complete this chapter, you must complete the questions in Question Bank.

Who is responsible for health materiel and logistics?

Joint Health Command

Commander Joint Health (CJHLTH) is the lead capability manager of health materiel in Defence. In this role, CJHLTH defines health requirements and priorities.

The Directorate of Health Materiel Logistics and Pharmacy (DHMLP) supports CJHLTH. DHMLP works with the Defence logistics organisations to ensure the health materiel needs of health facilities are satisfied. This includes, among other things, the following:

- specifications, pattern certification, standards and technical requirements for health materiel
- policy guidance for health materiel, including therapeutic substances
- strategic health equipment management.

DHMLP also maintains an email group to distribute information directly to Defence pharmacists. If you are a pharmacist, you should contact the Staff Officer Grade 1 (SO1) Health Materiel and Logistics at DHMLP to add your name to the ‘All Defence Pharmacists’ email group. The Defence Corporate Directory (green tree icon on the DEFWEB) contains contact details.

Defence Materiel Organisation Health Systems Program Office

The Defence Materiel Organisation (DMO) is responsible for acquiring and sustaining materiel for Defence. This includes health materiel for garrison health facilities and Service health units. The Health Systems Program Office (HLSHPO) releases instructions for the management of health materiel.

You can find more information on DMO on their website, which is at the following link:

Defence Support Group

Defence Support Group (DSG) is the Defence service delivery organisation. DSG supports health facilities by providing services such as cleaning, laundry, pest control, patient transport, waste management, facilities management and stores management.

Each Defence base has a DSG base support manager, who is the primary point of contact about support services. Your supervisor can inform you of your health facility’s point of contact for DSG services.

You can find more information on DSG on their website, which is at the following link:


Logistics personnel

Each health region has a regional logistics and facilities manager to coordinate and oversee regional logistics functions. Each health facility also has a logistics support cell to provide logistics management.

Pharmacists

If you are a pharmacist in a Defence health facility, you will perform similar clinical duties to a community or hospital pharmacist; however, you will also be responsible for managing the health logistics in your health facility.

Your clinical role includes:

- provision of pharmacy services including dispensing, monitoring, evaluation and assurance of safe and effective use of medications
- provision of professional advice on medications to patients, prescribers and other health practitioners (specifically in relation to the effects of medication on fitness for duty).

Your health logistic role includes:

- inventory control for ADF health facilities including pharmaceuticals, consumables and equipment
- managing health and general equipment
- supervising pharmacy and supply staff.

If you are a pharmacist in a garrison health facility, you need to understand the population you are supporting. You should understand the roles and tasks of local units, particularly where medication could affect job performance. You should identify the various employment streams and consider how medications may affect performance in specific jobs.

What is a supply customer account?

Defence uses Supply Customer Accounts (SCA) to manage materiel. Every unit in Defence, including every health facility, has one or more SCA. An SCA is a location indicator within the Military Integrated Logistics Information System (MILIS). An SCA is an accounting structure that manages all MILIS items issued to a health facility. It is subject to Defence stocktake and audit requirements.

Each SCA has an SCA manager and SCA holder. An SCA holder is the custodian and daily manager for assigned equipment. For example, a nursing officer in charge of an outpatient department could be an SCA holder. If you are an SCA holder, you must be familiar with the relevant sections of the
Electronic Supply Chain Manual (ESCM). The following link directs you to the ESCM section on SCA:

http://escmweb/2158.htm

**MILIS**

If you are involved with SCA duties, you may need to obtain access to MILIS. To obtain access to MILIS, you must complete the MILIS introduction course on CAMPUS, complete an application form and provide a justification for access. Depending on your employment status, you will complete one of the following:

- Form AD133—Application for Access to MILIS
- Form AC847—Application for Contractor Access to MILIS.

Your local site administrator can assist you with these forms. Once approved, MILIS will be added to your DRN profile. You can contact your MILIS local site administrator by typing MILIS into the ‘Function/Role/Service’ field in the Defence Corporate Directory (green tree icon on the DEFWEB). You can access the MILIS website through the following link:


**Purchasing**

If you have a purchasing role, you must comply with the Defence procurement policy and complete Defence procurement training. Chapter 15 provides information on training.

**How do I get and look after health materiel?**

**Patient specific devices**

Patient specific devices, such as spectacles or orthotics, are for the use of a specific patient. The treating medical officer certifies entitlement and refers patients to civil providers under regional contractual arrangements. Chapter 6 describes specialist referrals. Defence has agreements with specific providers who are familiar with Defence policy, particularly regarding safety. Medical officers must be familiar with policy governing provision of individual items of a specific nature.

Information on patient specific devices is available through the Health Policy Index. You can access the Health Policy Index through the following link:


**Health equipment**

Health equipment comprises those durable items of a health nature, such as X-ray, diagnostic and laboratory equipment.

If you work in a health facility and need to replace unserviceable equipment, or acquire new/additional equipment, you must approach your logistics personnel. You must be clear on your requirement and identify whether your need is for a replacement, improvement or new item. Your logistics personnel may ask you to justify your request. This means you need to provide your reasons for ordering health equipment.

If you are a logistics officer, you will demand—the military term for order—new health equipment using MILIS. You can use one of the following four methods:

- replacement of in-service equipment with a like type of equipment
replacement of in-service equipment with an upgraded capability
procurement of additional in-service equipment
acquisition of new capability.

HD706—Framework for provision of health materiel contains further information on the provision of health materiel. You can access this policy through the following link:


Maintaining health equipment

Health practitioners are responsible for operator maintenance on health equipment. Operator maintenance procedures are contained in the operator’s manual supplied with each health item.

If equipment needs technical maintenance or repairs beyond an operator’s ability to fix, then the operator must advise their logistics personnel of the problem observed and the date the equipment is required. The logistics personnel will raise a maintenance request and manage the maintenance process.

You are only to use health equipment if it has a ‘Fully Functional’ sticker.

You can find further information on managing health equipment in Health Manual, volume 24—Health Manual, Volume 24 Part 1—Management Procedures for Medical and Dental Materiel. You can access this manual through the Health Policy Index, under ‘H’ for health manual, through the following link:


How do we get medical and dental stores?

Medical and dental stores are the consumable items necessary to provide a medical and dental service. The range includes drugs, dressings, hospital sundries, utensils, instruments and other non-durable medical items.

If you work as a health practitioner in a health facility, you will submit your request to the logistics personnel. The logistics personnel will order and manage medical and dental stores using MILIS.

Your supervisor can introduce you to your logistics personnel and brief you on any local procedures for ordering stock.

How are pharmacies managed?

ADF health centres dispense pharmacy items. ADF members do not pay for pharmacy items dispensed by ADF health centres. Chapter 6 describes medicine entitlements, prescriptions and dispensing. This section describes the logistics system supporting pharmacy and therapeutic substances.

Management of Defence pharmacies

If you are working in a Defence pharmacy or managing pharmacy items, you must be familiar with the Guidelines for the management of Defence pharmacies. You can access this publication through the website for the JHC Directorate of Health Materiel, Logistics and Pharmacy. The website is at the following link:

Defence purchases medicines centrally and distributes them using a prime vendor arrangement. The *Guidelines for the management of Defence pharmacies* provides you with information on the following:

- stock identification
- ordering pharmaceuticals and health supplies
- ordering special access scheme items
- stock control, including stockholding, managing sub-standard products and disposal
- access and security to pharmacies
- stocktakes.

**Pharmacy Technology**

In addition to MILIS, you will use the Pharmacy Integrated Logistic System (PILS). PILS has a commercial dispensing program (FRED Dispense), a stock control module and the ADF Pharmaceutical Product Database.

Before accessing PILS, you must have a DRN account. If you are on the DRN, you can request access to PILS from the DMO Directorate of Logistics Systems Sustainment (DLSS) Service Desk on (03) 9256 3200 or dlss.servicedesk@defence.gov.au.

Your PILS access request must include your full name, official position title, contact details and the reason you need PILS access. Once your access is approved, the PILS applications will be loaded onto your DRN profile.

The DLSS Service Desk will provide you with PILS training and guide you to the PILS user manuals. You can access the DLSS help desk through the Defence Corporate Directory (green tree icon on the DEFWEB).

**Drug imprests**

Some health facilities have a drug imprest. The pharmacist is responsible for managing the drug imprest. If there is a drug imprest in your health facility, you must speak to the pharmacist about the local management procedures.

**Medical kits**

Pharmacists may need to stock or service various kits, such as first aid and survival kits, Thomas packs and aeromedical evacuation kits. Out-of-date drugs, expired sterile items and used items must be replaced.

The JHC *Guidelines for the management of Defence pharmacies* describes the management and control issues for medical kits.

**How do I dispose of medical items?**

Each health facility has a disposal process for sharps and other contaminated or hazardous waste materiel. Your supervisor will brief you on local procedures. You can find more information from the Health Policy Index, under ‘I’ for infection control.

If you need to dispose of Defence equipment, you must contact the SCA holder. The SCA holder will liaise with the logistics personnel on disposal action.
Contracted services

Most health facilities have contracted logistics services. Contracted services could include:

- linen collection, laundry and delivery
- equipment maintenance and calibration
- building maintenance
- cleaning services
- stores management
- waste management
- provision of stationary and consumables
- transport.

Further information

You must become familiar with the health policies governing health materiel and logistics. You can find more information on health materiel and logistics through:

- your supervisor or SCA manager
- your regional logistics officer
- Health Policy Index
- Defence Logistic Manuals, available through the following link:
- JHC Directorate of Health Materiel, Logistics and Pharmacy, available through the following link:

Additional readings for this chapter are:

- Defence Logistics Manuals
- DI(G) LOG 07-15—Stocktaking of stores in the Department of Defence
- Electronic Supply Chain Manual
- HD229—Provision of pharmaceutical services
- HD 311—Use of medications by aircrew and aircraft controllers
- HD705—Provision of medicines to Australian Defence Force Members
- HD706—Framework for provision of health materiel
- Health Manual, Volume 24 Part 1—Management procedures for medical and dental materiel
- JHC Guidelines for the management of Defence pharmacies
- Operating Instruction for CDPs for the supply of pharmaceuticals to the ADF
# Question Bank

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<td>How do you know if health equipment is serviceable?</td>
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<tr>
<td>Who is your SCA holder?</td>
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<td>How do I order medical consumables?</td>
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<td>What can I do if I am dissatisfied with a logistic service, such as cleaning or laundry?</td>
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<td>How can I get pharmacy advice?</td>
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CHAPTER 13

HEALTH GOVERNANCE
GOVERNANCE

HOW DOES DEFENCE MANAGE QUALITY?

Clinical health governance monitors the performance of health care in Joint Health Command (JHC) and ensures conformity with government policy and legislation. Corporate governance is the process and rules for the use of Defence resources.

By the end of this chapter, you should be able to describe the key clinical and corporate governance tasks within garrison health care in Defence. When you complete this chapter, you must complete the questions in Question Bank.

Who provides clinical authority and professional direction?

Commander Joint Health (CJLTH), as Surgeon-General Australian Defence Force (ADF), is the clinical authority for health care in Defence. Within Defence, clinical authority is known as technical control. CJHLTH provides professional direction through health policy and procedures and governance committees.

Governance committee

JHC has a clinical governance committee that meets to review clinical governance and performance outcomes. Additionally, each region has senior experts that are the conduit for clinical authority between JHC and local health care providers. If you have any clinical or governance queries that cannot be answered within your health facility, you can contact the regional experts through your supervisor.

Health policy and procedures

CJHLTH issues health policy and procedures to reinforce clinical health governance. All health practitioners must comply with health policy. Health policy includes the following:

- Health policy that applies to the administration of the ADF is issued as a Defence Instruction (General) or a Defence manual. You access Defence instructions or manuals through the ‘Policy/documents’ button on the DEFWEB or through the following link:
  

- Technical health policy, which applies only to health personnel, is issued as a health manual, health directive or health bulletin. Health manuals and directives promulgate enduring health policy. Health bulletins disseminate health policy that is short-term in nature. You can access health policy or manuals through the following link to Defence health publications
  

- Defence health doctrine and procedures provide general and technical health information for health personnel, commanders and staff deploying on operations. If you are deploying on operations, you must be familiar with doctrine and procedures. You can access doctrine through the following link:
  

You must be familiar with Defence policy to do your job. Strict adherence to Defence policy is a condition of employment and any breaches may result in disciplinary or administrative action.
The JHC website also contains the CJHLTH Health Policy Index. You must take time to orientate yourself to the site. You can save the Health Policy Index as a ‘Favourite’ in the DEFWEB. You can access the Health Policy Index through the following link:


How should I manage an incident?

Clinical incidents

You must report health incidents with an actual or potential adverse outcome using Form AC563—Defence OHS Incident Report and Form AD441—Health Incident Report. If there is an incident that may also give rise to a claim against Defence for negligent advice or medical malpractice, you must also complete a Form AD088—COMCOVER Notification Record and forward it to the Defence Insurance Office together with any documentation and correspondence (such as a letter of demand) relating to the incident.

If you are reporting a notifiable condition, you must complete a Form PM149—Notifiable Condition report. Chapter 11 provides information on reporting notifiable conditions.

If you are a pharmacist, you must also record pharmacy incidents on FRED Dispense using patient notes. Health incidents include administering or supplying incorrect medication, adverse reaction to medication, incorrect dosage of a medication or dispensing errors.

Complaint and compliment management

The procedure for the management of complaints and compliments, with associated reporting timeframes, is in DDCS SOP 08/10—Severity assessment codes (SAC) for use with JHC incidents and complaints. You can find more information on health complaint and incident management through the Health Policy Index, under ‘C’ for complaints, through the following link:


Reporting Notifiable Incidents

In addition to health incidents and complaints, you must report all notifiable incidents in accordance with DI(G) ADMIN 45–2—The reporting and management of notifiable incidents. You can access this instruction through the following link:


What is the credentialing and scope of practice process?

CJHLTH requires all health professionals to provide evidence of their credentials. This includes ADF members, Australian Public Service (APS) personnel, contract health practitioners (CHP) and health professionals from foreign forces. Prior to working in Defence health, you must provide evidence of basic and additional qualifying certificates and professional registration including any caveats/restrictions on scope of practice. CHP must also provide proof of indemnity insurance.

On an annual basis, you must provide evidence of ongoing professional registration. You must also notify JHC if there are any changes to your registration status. You must notify the credentialing agency and health facility manager of any restrictions imposed on your scope of practice while working in a Defence health unit. The forms supporting credentialing are:

- Form AD057-1 Health Professional—Initial Information
- Form AD057-2—Health Professional—update information and/or annual verification.
Your regional health director or delegate will verify the registration or license. If you are in the ADF or APS, Defence will reimburse you for one professional registration or license fee annually.

If you do not complete annual registration requirements, you will be removed from clinical duties. You can find more information on credentialing in the Health Policy Index, under ‘C’ for credentialing, through the following link:


**Indemnity and insurance**

To meet registration standards, health practitioners must be insured or indemnified for each context in which they practice.

Defence provides insurance and professional indemnity for members of the ADF and APS through Comcover. CHP must provide their own insurance and indemnity in accordance with the terms of their contract. You can find more information on Defence insurance through the Defence Insurance Office at the following link:


**Is there audit and monitoring?**

Each region has an internal audit schedule to verify compliance and performance. An independent internal auditor conducts audits and documents their findings. The auditor presents their findings to the audited service. Unsatisfactory findings are reported to the clinic or centre manager for correction. Follow up audits are conducted on unsatisfactory items to ensure compliance.

The Directorate of Defence Clinical Services is responsible for the external audit program. On completion of an external audit, the report is provided to the clinic or centre for corrective action. If an audit identifies any non-conformance in your work area, you must implement the audit corrective action and inform your commander/manager of the action taken.

If you identify a non-conformance, you must notify your supervisor.

**Corporate governance**

**System of Defence Instructions**

The administration of Defence is regulated by policy and procedural documents. These documents are arranged in a system known as the System of Defence Instructions (SoDI).

You must be familiar with the policy and procedural documents that govern your work. Breaches of policy or procedures may result in disciplinary or administrative action. All Defence policy documents are on the DEFWEB. You can access Defence instruction through the following link:


**Risk management**

The Defence Risk Management intranet site contains information on Defence’s organisational risk management framework and processes. This includes:

- organisational risk management policy
- risk management templates
- risk management standards and guides
• risk management training
• other information.

You can access the risk management site through the following link:


How do I manage resources?

Management of contracted health professionals

JHC has contracts governing CHP. If you are supervising CHP, you should be familiar with the JHC Contract for the delivery of Health practitioner workforce: contract management plan, 2009.

Health service providers

JHC engages fee-for-service health care providers. Defence has a number of methods for paying accounts, including the Defence purchasing card (a credit card) and payments on receiving invoices. JHC has an expenditure approval process that ensures compliance with Defence financial accountability. Only people who are trained and authorised in Defence procurement are allowed to commit Defence to spend money or to pay accounts. You can find more information from your supervisor or in your regional standard operating procedures.

High cost health activities

JHC has a specific process for approving high cost health activities. If you anticipate the cost of treatment will exceed $30,000 for a single condition you must complete a high cost request and notify your facility manager. You can find more information from your supervisor or in your regional standard operating procedures.

Recovery of health costs

There may be occasions when the Commonwealth can recover medical and dental costs from a third party. For example, an ADF member may be liable for costs of health treatment or may have a legal claim for damages against a third party for an illness or injury.

You are to notify your health facility manager if you are aware of any potential cost recovery circumstances. Your manager will process the recovery action through the regional health director to JHC. You can find more information in DI (G) ADMIN 24–6—recovery of health costs, which you can find at the following link:


Health personnel travel

Defence pays the costs of approved work-related travel for ADF members and APS personnel. If you need to travel, you must manage your travel using iTravel. You must obtain approval from your manager before travelling. You must not make any bookings or plans until you have received approval for the activity. When your travel is complete, you complete the after-travel certification.

You can access information about travel from the Integrated Travel Solutions website at:


You can access the iTravel website through the following link:

Fraud control

Defence will not tolerate fraud or unethical behaviour. Managers and commanders are responsible for the sound management of public resources. If you recognise the signs of fraud or irregular activity, you must inform your manager.

Defence provides fraud and ethics training to all personnel as part of mandatory training. Chapter 15 provides more information on mandatory training.

What are my employment conditions?

CHP, APS members and ADF members work under different conditions.

Pay and Conditions

The Pay and Conditions Manuals (PACMAN) describes the pay and conditions for ADF members. You can access PACMAN through the Pay and Conditions Website. This is available through the DEFWEB or the Internet. The DEFWEB link to the Pay and Conditions Website is:


The Defence Employees Certified Agreement (DeCA) describes APS conditions such as remuneration, performance management, flexible work arrangements and leave. If you have any questions regarding your pay and conditions, you can read the DeCA, which is on the Pay and Conditions website:


JHC could contract CHP individually or through a provider. CHP should consult their individual contract or their employer for information on their pay and conditions.

Health personnel absences

You must check your local arrangements regarding unplanned absences. If you are planning an absence, you must submit a leave application to your supervisor. You can process your leave application using PMKeyS. If you cannot access PMKeyS, you should:

- for ADF members, complete Form AD097—ADF leave application
- for APS personnel, complete Form PA052—Application for Leave (APS).

CHP process requests for absence in accordance with their contract or employment conditions as relevant.

Further information

You can find more information on health governance through:

- your supervisor
- Health Policy Index

Additional readings for this chapter are:

ADF Pay and Conditions Manual
Chief Executive Instructions
DDCS SOP 08/10—Severity assessment coder (SAC) for use with JHC incidents and complaints
### Chapter 13

**Defence Enterprise Collective Agreement (DECA) 2009**

- DJHSA Directive 01/05—*Financial management of high cost health activities*
- *Defence Procurement Policy Manual, 2006*
- DI (G) ADMIN 0–0–001—*The system of Defence instructions*
- DI (G) Admin 24–5—*Credentialing process for health professionals providing service to the ADF*
- DI (G) ADMIN 45–2—*The reporting and management of notifiable incidents*
- DI (G) FIN 12–1—*The control of fraud in Defence and the recovery of public monies*
- DI (G) PERS 16–27—*Defence Health Services Division Philosophy and Instruments of Control*
- HB NO 16/2003—*Credentialing process for Australian Defence Force nursing officers*
- HB 01/2010—*Adverse drug reaction reporting*
- HB 6/2010—*Development, revision and coordination of Defence health policies*
- HD 427—*Scope of practice for dental auxiliaries in the Australian Defence Force*
- HD 903—*Director-General Defence Health Services Health Directives and Bulletins*
- HD 906—*Fees payable for services rendered by civilian medical, dental and allied health practitioners*
- Health Manual, volume 25—*Management of health care related complaints and compliments in the ADF* (to be released)
- HPD 909—*Registration of Australian Defence Force health service professional officers*
- Standard operating procedures within your region
- VCDF brochure: *Health Care Related Complaints and Compliments in the ADF, 2009*
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<td>What are the types of policy that apply to healthcare? How would you access the types of policy?</td>
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<td>What would you do if there was a clinical incident in your workplace?</td>
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<td>Who is responsible for your insurance and indemnity?</td>
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<td>What would you do if you expected treatment to cost $60,000?</td>
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<td>Where can you access information on your employment conditions?</td>
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ETHICAL AND LEGAL ISSUES

HOW SHOULD PEOPLE BEHAVE?

What are Defence ethics?

Ethics is a set of principles or standards by which your actions may be judged good or bad, right or wrong. Ethics is about the way things should be. When we think and act ethically, we consider whether the means are right, good and worthwhile; and whether the end or aim is right, good and worthwhile. Both deserve equal consideration.

The people of Australia expect people in Defence to be trustworthy in:

- our use of Defence equipment and resources
- our protection of assets
- our maintenance of security controls and procedures
- our documentation and reporting of our activities.

What are Defence values?

In Defence, we have a framework of values that reflects the long traditions and distinctive identities of the three Services and the Australian Public Service (APS). The Defence values underpin our corporate culture and contribute to organisational goals.

The Defence values provide a firm foundation for defending Australia and its strategic interests. Our Defence values are exPLICIT

- **Professionalism**
  - Professionalism is striving for excellence in everything we do.

- **Loyalty**
  - Loyalty is being committed to each other and to Defence.

- **Integrity**
  - Integrity is doing what is right.

- **Courage**
  - Courage is the strength of character to honour our convictions (moral courage) and bravery in the face of personal harm (physical courage).

- **Innovation**
  - Innovation is actively looking for better ways of doing our business.

- **Teamwork**
  - Teamwork is working together with respect, trust and a sense collective purpose.

Together the values form the acronym ‘PLICIT.’
You can find out more about the Defence Values through the following link:


We suggest you read and familiarise yourself with the Defence values, as they will help you adjust to your new work culture.

**What are the rules about conduct?**

Codes of conduct provide a framework within which to work. They also prevent unethical activity by alerting you to behaviour that could be unethical or may appear unethical to others. Codes of conduct set out the standards of behaviour expected of staff.

**Military justice system**

Defence has a military justice system, which comprises both a discipline system and an administrative system. The following diagram explains the structure and components of the military justice system. The solid lines represent the framework of the military justice system. The dotted lines represent interaction between the systems.

![Military Justice System Diagram](image)

**Figure 14.1: Military Justice System**

The military justice system applies to all Australian Defence Force (ADF) members in times of peace and war, whether in Australia or overseas. The military justice system provides the ADF with an Australian legal framework that can be applied anywhere in the world. This is essential because the ADF may conduct operations in countries where the civil system has broken down and no law applies.

**Discipline system**

The purpose of the discipline system is to maintain and enforce military discipline. The discipline system includes processes for the investigation of alleged offences, preferring of charges and conduct of fair and reasonable trials.

If you are an ADF member, you are subject to the *Defence Force Discipline Act 1982* (DFDA). If you commit an offence that affects Service discipline, you may be prosecuted under the DFDA. If you are ever prosecuted under the DFDA, you will be provided with legal advice.

You should note that criminal offences or illegal conduct are referred to civil authorities.
Administrative system

The administrative system allows the ADF to maintain the expected standard of professional judgement, command and leadership. The administrative provides for inquiries to establish the facts of any matter.

Adverse administrative action is taken if the personal conduct of an ADF member falls below standard. Administrative action includes counselling, formal warnings, censures, removal from command and discharge from service.

The administrative system includes a legally protected redress of grievance provision that allows an individual to complain about any matter that affects his or her service. The ADF provides legal assistance to ADF members who wish to make a complaint.

If you wish to lodge a redress or complaint, you should approach your commander or manager. If this course of action is not appropriate then you can contact the following:

- Defence organisations such as the Fairness and Resolution Branch or Inspector General ADF.
- External organisations such as The Defence Force Ombudsman, the Human Rights and Equal Opportunity Commission, the Office of the Federal Privacy Commissioner or the courts.

Administrative inquiries

An administrative inquiry determines the facts of an event. By determining what went wrong, the ADF can initiate reforms, prevent a reoccurrence and save lives. An administrative inquiry is an internal process that does not place blame and incriminate members involved for offences under the discipline system.

The military justice website contains information about discipline, adverse administrative actions, conduct of inquiries and the right to complain.


What are APS values and the Code of Conduct?

The APS Values, set out in the Public Service Act 1999, define the character of the APS. They underpin relationships and behaviours and establish the way APS personnel work. The Values together with the APS Code of Conduct form the statutory foundation underpinning the conduct of all APS employees.

If you are a member of the APS, you are required to uphold the Values and comply with the Code of Conduct. You should visit the Australian Public Service Commission (APSC) website and read the APS Values and the APS Code of Conduct. The relevant APSC website addresses are:


Breaches

Misconduct is any action or behaviour that breaches the Values and the Code. You must report suspected misconduct to your manager.

How does Defence create equity and diversity?

You have the right to work in a fair and inclusive workplace, in which all personnel are treated with respect free from harassment and discrimination. You must also treat others fairly. Harassment on
sexual, racial or disability grounds is unlawful. Any behaviour that constitutes, accepts or promotes
discrimination or harassment is unacceptable.

It is mandatory for all health personnel to complete equity and diversity training. This training ensures
all personnel understand both their rights and obligations. Chapter 15 describes equity and diversity
training.

Defence has equity advisers who can provide you with information, advice and support on
discrimination, harassment and sexual offences. If you need advice or support, you can speak to a
local equity adviser or call the Equity Hotline on 1800 644 247. Defence members, APS personnel and
contracted health practitioners (CHP) can all use the Equity Hotline.

You can also access information on Defence equity and diversity policy from the Fairness and
Resolution website on the DEFWEB.


What are the professional conduct standards?

The National Boards have codes and guidelines that provide guidance to the health professions. The
codes and guidelines describe the expectations of health professionals, the principles of good practice
and the explicit standards of ethical and professional conduct.

The Australian Health Practitioner Regulation Agency (AHPRA) website contains the codes and
guidelines for the health professions. You must comply with the codes and guidelines governing your
profession. You can access AHPRA though the following link:


Does Defence allow human research?

The National Health and Medical Research Council defines human research as research conducted
with or about people, or their data or tissue. Human research includes surveys, interviews, focus
groups, research observation, collection of information or specimens, physical or psychological testing,
and physical or psychological treatment. Human research also includes health, human performance,
psychology, personnel and equipment trials research.

Human research in Defence must be ethically cleared and formally authorised by the Australian
Defence Human Research Ethics Committees (ADHREC). ADHREC reviews research proposals
involving human participants to ensure they are ethically acceptable and in accordance with relevant
standards and guidelines.

Clearance and authorisation also ensures Defence research priorities are met, Defence resources are
properly applied and the research uses sound scientific methodology. DI(G) ADMIN 24–3—Conduct of
human research in Defence provides policy on human research. You can access this instruction at:


Further information

You can find more information on ethical and legal issues through:

- your supervisor
- Health Policy Index
- exploring the DEFWEB.
Additional readings for this chapter are:
Defence Workplace Equity and Diversity Plan
A Guide to Fair Leadership and Discipline
DI(G) ADMIN 24–3—Conduct of human research in Defence
DI(G) PERS 35–3—Management and reporting of unacceptable behaviour
DI(G) PERS 35–4—Management and reporting of sexual offences
DI(G) PERS 35–7—Defence Equity Adviser Network
DI(G) PERS 50–1—Equity and diversity in the ADF
DPI 1/2001—Equity and diversity in the Department of Defence

Question Bank

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<tr>
<th>QUESTIONS</th>
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<tr>
<td>How can you get advice on equity or diversity issues?</td>
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<td>What professional conduct standards apply to my job?</td>
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<td>What is Defence policy on human research?</td>
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When these questions have been satisfactorily completed, your supervisor is to sign the relevant part of the PMKeyS authorisation page in the back of this handbook.

Member’s Name ……………………..  Member’s PMKeyS number …………………..
Supervisor’s Name …………………..  Supervisor’s PMKeyS number …………………..
CHAPTER 15

TRAINING AND PROFESSIONAL DEVELOPMENT
TRAINING AND PROFESSIONAL DEVELOPMENT

DO I NEED IT?

Training and professional development enhances health care service delivery. This chapter describes training and professional development in Joint Health Command (JHC). It describes

- training delivery methods
- mandatory and role specific training
- military training for Service health practitioners
- continuing professional development (CPD)
- learning resources.

By the end of this chapter, you should be able to describe your training and development obligations and access formal and e-learning courses. When you complete this chapter, you must complete the questions in Question Bank.

How does Defence know if I need training?

Defence provides the training and development that is necessary for your job. Your supervisor will assist you to develop your training and development needs. This will generally occur within the performance assessment process. Australian Defence Force (ADF) and Australian Public Service (APS) performance assessments provide a forum for health practitioners and supervisors to discuss job-based skills requirements and development needs.

What are the main training delivery methods?

Defence uses a mix of presenter delivered, e-learning, simulation and scenario based training. There is no single Defence organisation responsible for delivering training, education and development. The Defence Education, Training and Development website provides an annual calendar of training. You can access this through:


If you would like to nominate for education, training and development, you must complete a Form PT076—Training or Development Activity Nomination. You must submit the form to your supervisor for consideration.

CAMPUS

CAMPUS is a Defence e-learning system that delivers over 3000 courses to ADF members, ADF personnel and contracted health professionals (CHP). CAMPUS courses deliver mandatory training, business skills, logistics, administration, workplace health and safety (WHS), use of chemicals and health courses.

You can access CAMPUS from your work computer. The CAMPUS link is on the DEFWEB home page. You will need to request a password, then log in and follow the in-built guides.

Once you complete a CAMPUS course, CAMPUS automatically enters your on-line attendance and results into the Defence personnel management database, PMKeyS.

Is there mandatory Defence training?

All personnel working within the Defence environment must complete annual mandatory training. Commanders and managers must release personnel for mandatory training.

**All personnel**

ADF members, APS personnel and CHP must complete the following mandatory training courses:

- equity and diversity within three months of commencing employment and annually thereafter
- WHS within three months of commencing employment and annually thereafter (CAMPUS only)
- Defence security within three months of commencing employment and annually thereafter
- ethics and fraud awareness within three months of commencing employment and every two years thereafter.

You can complete mandatory training using on-line CAMPUS or through local presentations. Your supervisor can advise you if there is a local schedule of mandatory training presentations.

You must record completion of mandatory training. If you complete the training in CAMPUS, your attendance and results will be automatically loaded into PMKeyS. If you attend a mandatory presentation in your local area, you must record your attendance on the nominal roll. The presenter is responsible for ensuring attendance from the nominal roll is entered into PMKeyS.

**APS personnel**

If you are APS, you must complete the DeCA—Your Responsibilities course within four weeks of commencing employment in Defence. You should also complete the APS Induction Course for new APS employees. These courses are available in CAMPUS.

**ADF members**

ADF members must also attend mandatory training on suicide awareness, drug and alcohol awareness, and heat injury.

**Health personnel**

Regional health directors will specify the annual health training requirements for their region. The annual health training generally includes infection control and local health procedures.

What is role-specific Defence training?

Defence provides a range of role-specific courses. When your supervisor recommends a specific requirement, you access the training on CAMPUS or by nominating on Form PT076—Training or Development Activity Nomination. For example:

- If you have a medical employment classification (MEC) role, you must complete the MEC training in CAMPUS and be authorised. Chapter 5 describes MEC authorisation.

- You access PMKeys training once you have access to the PMKeys system.

- You access ROMAN training once you have access to ROMAN, which is Defence's financial management system.
• You complete a Merit Recruitment and Selection course before participating in an APS selection board.

What are military courses and exercises?

Military health personnel must attend military training. Military training includes career progression courses, military medicine and military health courses. Military training also includes Service environmental training, pre-deployment training and exercises.

Commander Joint Health (CJHLTH) regards all garrison health facilities as training environments for ADF health members. As such, CJHLTH expects you to assist with supervising and training ADF health members within your scope of practice and credentials.

Service-specific career progression courses

Military health personnel should complete Service-specific development courses. This ensures health personnel are competitive for promotion and command positions. If you are a member of the ADF, you should speak with your supervisor and career management agency about nomination for career progression courses.

Career and salary structure

If you are a military medical officer, you will have a competency level under the Medical Officer Career and Salary Structure (MOCSS). MOCSS links competency with remuneration. You progress through the competency levels as you acquire experience and qualifications. You can read more about the competency levels on the JHC intranet site.

Military medical medicine

CJHLTH expects military medical and dental officers to enter an approved postgraduate training program, if they have not already done so. Depending on your position and Defence needs, CJHLTH will generally sponsor postgraduate medical training in primary health care and one of the following:

• occupational medicine, such as aviation, diving and hyperbaric, and CBRN
• public health (including tropical medicine)
• medical administration
• sports medicine.

CJHLTH sponsorship generally includes funding and work release provisions.

Military health training

Operational specific training is essential to a professionally ready and deployable health force. If you are an ADF member, you may be panelled on military operational-specific health courses, such as:

• Joint Health Planning Course
• aeromedical evacuation
• underwater medicine
• aviation medicine.
Do I need to do continuing professional development?

CPD helps health professionals to maintain, improve and broaden their knowledge, expertise and competence. While CPD is an individual responsibility, both CJHLTH and Australian Health Practitioner Regulation Agency (AHPRA) requires all registered health professionals to complete specified professional development requirements. Information on the CPD requirements for each health profession is on the AHPRA website.

You must record and report annual professional development on Form AD 057—Health Professional—Credentialing. Chapter 13 provides further information on credentialing.

Are there learning resources?

Web resources

In addition to education, training and development, Defence provides access to learning resources. These include:

- The Defence website contains professional Defence knowledge. It also contains links to other elements within Defence that have health related responsibilities, such as the Defence Centre of Occupational Health and Service health capabilities.
- The JHC website contains a wealth of Defence health information. It also provides links to learning resources established in centres of excellence, such as the Johanna Briggs Institute.

Australian Defence Library

The Australian Defence Library manages information resources focused on the interests of Defence. ADF members, APS personnel and CHP can register with the Australian Defence Library to access the library catalogue, selected databases and hundreds of other subject specific information sources.

The Defence Library provides a broad range of professional services that are accessible by Intranet and Internet websites and a network of more than 30 library locations throughout Australia.

Further information

You can find more information on training and professional development through:

- Your supervisor
- JHC Directorate of Workforce Development and Training
- CAMPUS
- AHPRA
- Health Policy Index.
**Additional readings for this chapter are:**

DI (G) PERS 05–17—*Professional development for uniformed medical officers in the Australian Defence Force*

DI (G) PERS 05–18—*Graduate medical scheme*

HPD822—*Maintenance of Defence health service personnel clinical competency and currency*

### Question Bank

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<tr>
<th>QUESTIONS</th>
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<td>How do you access CAMPUS?</td>
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<td>What is mandatory training? Have you completed your mandatory training?</td>
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<td>How can you identify and access role-specific training?</td>
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When these questions have been satisfactorily completed, your supervisor is to sign the relevant part of the PMKeyS authorisation page in the back of this handbook.

Member’s Name .......................  Member’s PMKeyS number .........................

Supervisor’s Name ....................  Supervisor’s PMKeyS number ...................
Thank you for completing this handbook. We hope that it assists you in your job. If you have any suggestions for improvements to this handbook, please complete this proposal for amendment and send it to Workforce Development and Training at JHC.

### Proposal for amendment to An introduction to Defence health care

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| Evidence or rationale supporting proposed amendment: |

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Please forward this form to:
Directorate of Workforce Development and Training
Joint Health Command
Campbell Park Offices
CANBERRA ACT 2600

or email to: JHC.TrainingWorkforce@defence.gov.au
PMKeyS authorisation—An introduction to Defence health care

When the health practitioner satisfactorily completes the Question Bank for each chapter, the supervisor is place their name and signature into the Question Bank at the end of the relevant chapter. When all chapters have been completed, an authorised PMKeyS operator enters the completion record into PMKeyS and files a copy of this authorisation page on the health practitioner’s personnel record.

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Please file this form on the member’s personnel record or equivalent.