Incentivising Better Patient Safety

Operating manual 2025-26

VICTORIA State Government

Victorian Managed Insurance Authority (VMIA) acknowledges the Traditional Owners of the land on which we do business and we pay our respects to Elders past and present. We acknowledge the important contribution that Aboriginal and Torres Strait Islander peoples make in creating a thriving Victoria.

Contents

Who we are	5
The IBPS program	6
Focus areas and training criteria	10
Clinical staff	16
Support and training programs	19
Attestation and refund	20
Glossary of key terms	24

Putting women and babies first

Who we are

VMIA is the Victorian Government's insurer and risk adviser, covering the people, places and projects that help Victorians thrive.

Meeting our client's risk and insurance needs means they can be confident in the face of uncertainty and recover quickly when things don't go to plan.

We operate across Victoria's public sector and are uniquely placed to connect experts and decision makers with world-leading thinking and insights. Our harm prevention initiatives include undertaking and commissioning research and delivering programs that reduce the risk of harm to Victorians, like the Incentivising Better Patient Safety (IBPS) program.

Our purpose is to build a confident and resilient Victoria through world-leading harm prevention and recovery.

The IBPS program

The IBPS program

- empowering teams, enhancing lives

When birth suite clinicians participate in best practice training, evidence shows outcomes for women and their babies improve. It also helps manage risk within a health service and improve teamwork, contributing to a healthier and safer community.

About the program

The IBPS program is a statewide initiative that financially rewards hospitals for training birth suite clinicians in key risk areas.

Since its launch in 2018, the IBPS program has focused on clinicians training to reduce the number and cost of maternity claims. In 2025, the program is expanding to include the Operative Vaginal Birth (OVB) Safety Bundle, to address risks associated with instrumental births.

Collaboration and consultation

To ensure the IBPS program meets the needs of the maternity sector, we've consulted widely with:

- obstetric and midwifery representatives from metropolitan, regional and rural maternity services
- consumers
- the Government (the Department of Health and Safer Care Victoria)
- subject matter experts
- peak bodies
- professional colleges.

What's new?

In 2025 the program is expanding to include the OVB Safety Bundle as a fourth focus area to address risks associated with instrumental births.

Level 4 to 6 maternity services are required to have begun implementing the OVB Safety Bundle at the time of attestation (September 2026) to receive the full IBPS refund.

Who can participate in the program?

Public health services in Victoria with a maternity capability level 2 to 6 can participate.

The IBPS program

Focus areas and training criteria

The focus areas and training criteria for the IBPS program were developed by VMIA in partnership with the Victorian maternity sector. The criteria are informed by a review of our claims data and the factors that typically lead to adverse patient safety events in the birth suite.

Some of the key factors contributing to poor outcomes in maternity care include:

- **Failure to recognise fetal deterioration** through appropriate fetal heart rate monitoring (cardiotocography (CTG)) during labour and birth.
- **Breakdowns in communication and teamwork** among health professionals, leading to errors and delays in decision-making.
- **Delays in escalation** to deliver the baby within a safe timeframe after deterioration is identified.

Giving back for doing better

When a public health service demonstrates they've met the attestation criteria for the training year, we'll reward them with a refund on the obstetrics component of their medical indemnity (MI) premium.

See page 20 for all attestation and refund details.

We're here to support you every step of the way

Your VMIA Risk Adviser can offer tailored support to ensure you implement a program that meets the overarching training and attestation criteria. This may include co-developing systems and processes, action plans, meeting with your staff, or talking to your Board of Management.

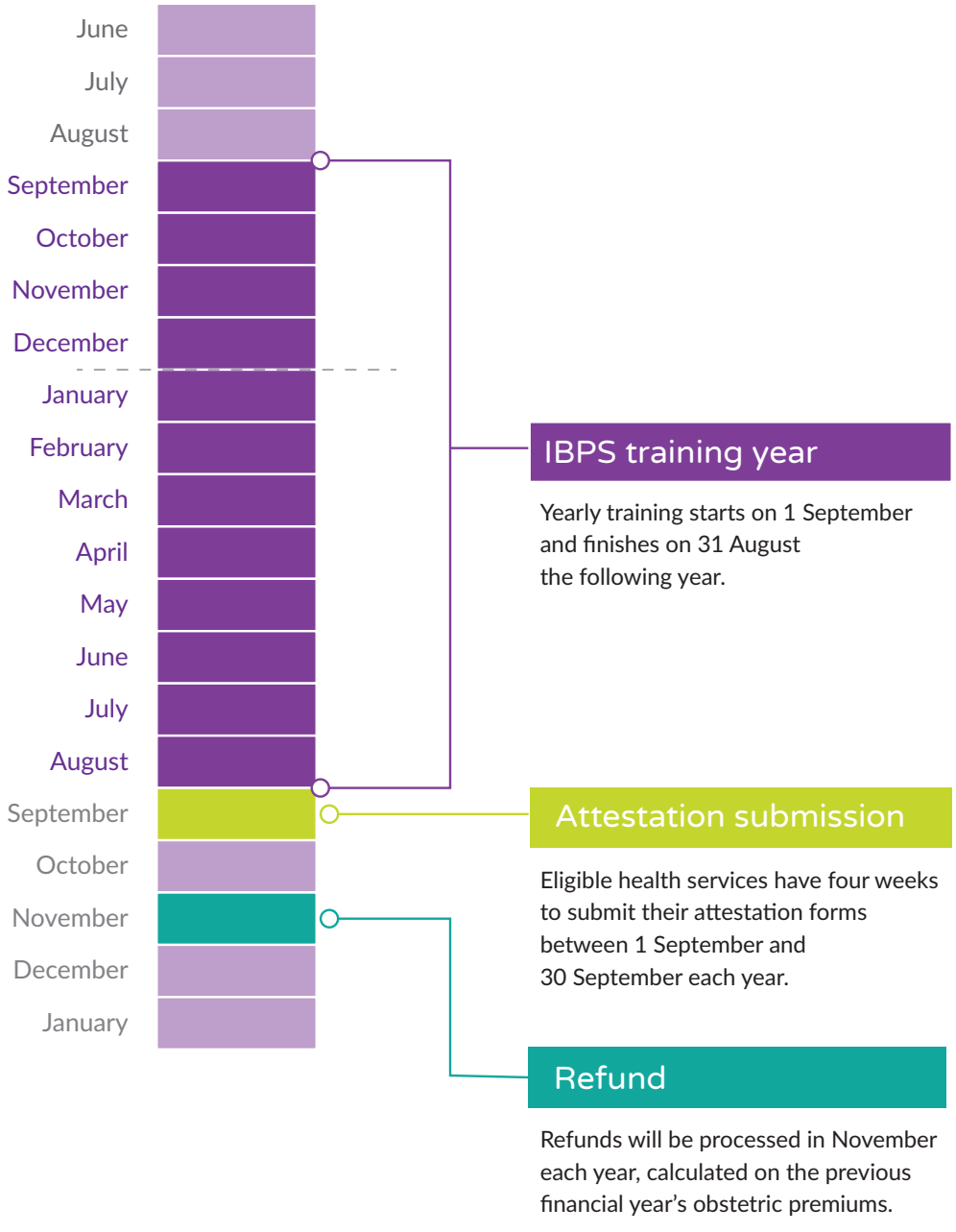
The four focus areas include:

1.	2.	3.	4.
Multidisci-plinary maternity emergency training	Fetal surveillance	Neonatal resuscitation	Operative Vaginal Birth (OVB) Safety Bundle *(NEW)*

The IBPS timeline

Each IBPS training year starts on 1 September and finishes on 31 August the following year.

Following the end of the training year, eligible health services have four weeks to submit their attestation form between 1 September and 30 September each year.



Focus areas and training criteria

Focus area 1:

Multidisciplinary maternity emergency training

Attestation criteria for all participating level 2 to 6 maternity services.

Who must be trained?

- A multidisciplinary workforce mix from at least midwifery and obstetrics.
- Other clinicians providing care in birth suites, i.e. anaesthetists and paediatricians, may participate.

Training criteria

- Be delivered within your hospital.
- Be multidisciplinary and focused on improved communication and teamwork.
- Provide a theoretical learning session that could be delivered face to face or online, reflecting the current clinical best practices.
- Provide skills and drill stations using mannequins.
- Simulate at least two face-to-face maternity emergency scenarios that involve the use of high-fidelity mannequins and/or actors in your birth suite, using the current best practices in clinical simulation or simulation area that have replicated equipment.
- Provide dedicated feedback and debrief opportunity focused on communication and teamwork. The dedicated feedback can take place at the completion of each simulated maternity emergency scenario and/or at the conclusion of the multidisciplinary maternity emergency training session.

What else you should know

- Facilitators and participants must stay for the full duration of the session.
- A clinician who facilitates a complete day will count as having completed multidisciplinary maternity emergency training for the purposes of this program.
- Facilitators and participants who miss a component of a session will not count as having completed a multidisciplinary maternity emergency training program.

Focus area 2:

Fetal surveillance

Attestation criteria for all participating level 2 to 6 maternity services.

Who must be trained?

- Medical and midwifery birth suite clinicians.

Training criteria

At least once every two years	• Complete the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) face-to-face Fetal Surveillance Education Program and have attained at least a level 2 practitioner, or greater.
Every other year	• Complete fetal surveillance education reflecting the RANZCOG guideline; and • Complete a minimum two hours of interactive CTG training led by a senior clinician with a level 3 practitioner gained in the past two years.
During every training year	• At least 80% of birth suite shifts to have access to a senior clinician with a practitioner level 3 score of achievement, gained within the past two training years.

Frequently asked questions

1. *What are the minimum two hours of interactive CTG interpretation and clinical management learning sessions?*	The interactive CTG interpretation and clinical management learning sessions could be a meeting where clinical cases with CTG are reviewed, for example, a Morbidity and Mortality meeting. It could also be dedicated learning sessions on CTG interpretation and clinical management led by a senior clinician (like a Maternity Educator, an Assistant Unit Manager, a Unit Manager or an Obstetric Consultant/ Senior Registrar) with a level 3 practitioner gained in the past two years. The required two hours are cumulative and don't need to happen in a single session. The birth suite clinicians also have the option to attend face-to-face CTG training annually instead.
2. *Face-to-face FSEP sessions have both facilitators and participants. If a clinician facilitates a face-to-face FSEP session (but did not attend as a participant), do they count as having completed a fetal surveillance education and training program for the purposes of this program?*	To achieve focus area 2: fetal surveillance, clinical staff must complete a face-to-face session at least every second year and have attained the equivalent of a practitioner level 2 (or greater) score. To attain a practitioner level, clinicians must complete and sit for the assessment component of a face-to-face FSEP. This means that clinical staff who facilitate FSEP will need to complete and sit for the assessment component of an FSEP day that's not facilitated by themselves, to attain a practitioner level for the purposes of this program.

Focus area 3:

Neonatal resuscitation

Attestation criteria for all participating level 2 to 6 maternity services.

Who must be trained?

- Only first responders for a neonatal resuscitation are required to train in this focus area. Please refer to your health service's policy and guidelines to determine your neonatal resuscitation first responders.

Training criteria

Provide a theoretical learning opportunity	• Theoretical learning must include content on current, evidence based neonatal resuscitation theory as determined by the Australian Resuscitation Council (ANZCOR Neonatal Guidelines).
Practical neonatal resuscitation	• Provide practical education using mannequin and equipment aligned with ANZCOR Neonatal Guidelines; or • Individually assess the practical competency of the skills described above.

Focus area 4:

Operative Vaginal Birth (OVB) Safety Bundle

(NEW)

Image courtesy Monash Health

The OVB Safety Bundle is optional for participating level 4 to 6 maternity services. Participating level 2 and 3 maternity services aren't required to attest to the OVB Safety Bundle.

Monash Health

The OVB Safety Bundle is designed to improve safety, communication, and the overall birth experience for women, babies, and their support people during instrumental births.

VMIA is funding Monash Health to roll out OVB Safety Bundle training and evaluation to interested Victorian maternity services from May 2025 to December 2026.

In 2025, the OVB Safety Bundle has been added as a fourth focus area to the IBPS program. Level 4 to 6 maternity services are required to have begun implementing the OVB Safety Bundle at the time of attestation (September 2026) to receive the full IBPS refund. See **page 20** for all attestation and refund details.

Focus area 4: Operative Vaginal Birth (OVB) Safety Bundle

Where to start

- We encourage level 4 to 6 health services wanting to adopt the OVB Safety Bundle to engage with Monash Health directly at saferbirthingcoe@monashhealth.org
- For more information on the OVB Safety Bundle, visit https://www.vmia.vic.gov.au/operative-vaginal-birth-safety-bundle

Who must be trained?

Each participating maternity service will appoint OVB Safety Bundle obstetric and midwifery leads, who will complete training with Monash Health. They will then lead OVB Safety Bundle implementation and training within their maternity service.

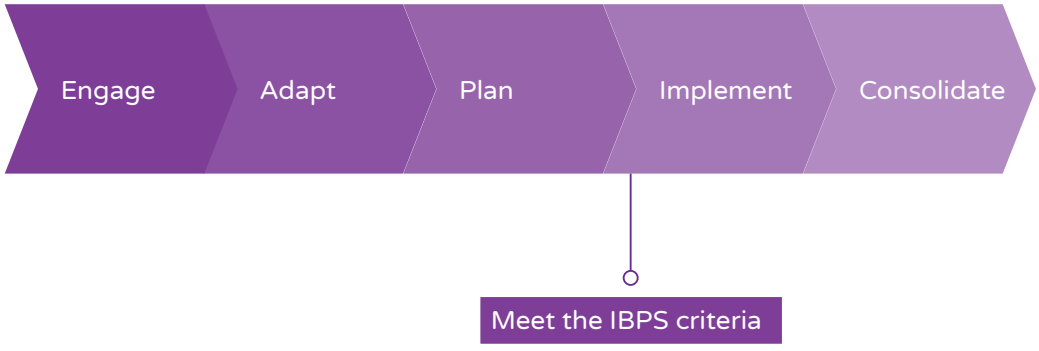
Key components of the OVB Safety Bundle

1. *Bedside ultrasound before OVB*	Conducting an ultrasound helps maternity care teams accurately determine the baby's head position. This improves clinical decision-making and reduces the risk of complications for both women and babies. To conduct bedside ultrasound in the birth suite, clinicians use ultrasound equipment that's light and portable.
2. *A routine structured team time-out*	Before starting an OVB, the team pauses for a "time-out" to confirm the right team is present and aligned on a plan, including preparations for any complications. The woman is engaged in the time-out so that they and their support people understand the plan and are supported to lead decision-making in their care.
3. *Safety checklist*	The team then uses a safety checklist to guide the procedure and ensure adherence to best practice.
4. *Birth experience pathway*	A woman's birth experience is a crucial indicator of their wellbeing and ongoing care needs. The pathway offers an opportunity to identify women who may need additional support post-birth and to link them with appropriate supports, for example, dedicated debriefing services and community-based services.

Attestation criteria

In the 2025-26 IBPS training year, level 4 to 6 maternity services adopting the OVB Safety Bundle are required to have begun implementing the OVB Safety Bundle at the time of attestation (September 2026)

OVB phases of the rollout for an implementing site



Clinical staff

Image courtesy Monash Health

Clinical staff

Clinical staff are essential to the success of the IBPS Program. To qualify for the refund, clinical staff who provide birth suite care – whether or not they're employees of the health service – must complete education and training in the focus areas you're attesting to.

Clinical staff required to meet attestation

- birth suite midwives (bank and agency included)
- midwives in charge (NUM or ANUM)
- junior medical officers (Obstetric Residents, Resident Medical Officers (RMOs), Hospital Medical Officers (HMOs) who make independent medical decisions about birth suite patients or provide birth suite care for more than 13 weeks (consecutive or non-consecutive 65 days)
- obstetric registrars
- obstetric fellows
- GP obstetricians
- obstetric consultants.

What else should you know

- Clinical staff who provide care in birth suite will need to be trained in the focus areas within the current training year. The program is designed to provide an incentive to implement an annual program of education and training to keep birth suite clinicians' skills and knowledge current.
- Clinical staff who no longer provide care in birth suite after the training year will not count towards the 80% of clinical staff to meet the attestation criteria.

Support staff required

The program is designed to ensure that most clinical staff providing care in birth suite complete training in all focus areas you are attesting to. However, for the purposes of the attestation criteria, only clinicians defined as clinical staff in this operating manual need to be trained.

Certain specialty groups who provide birth suite care don't need to undertake training in all focus areas, as one or more may not be relevant to their practice. For example, an anaesthetist or neonatal nurse may intermittently provide birth suite care, however, they may not necessarily require training in fetal surveillance.

Casual, agency and part-time clinical staff

All casual, agency and part-time clinical staff providing care in your birth suite, from the list of specialities covered, will be included in the total pool of clinical staff who may be trained.

Locum and visiting medical officers

All locum and visiting medical officers providing care in your birth suite, from the list of specialities covered, will be included in the total pool of clinical staff who may be trained.

If they've completed equivalent training within the last 12 months at another health service that meets the IBPS criteria, they will count towards the 80% of clinical staff to meet the attestation criteria.

Clinical staff outside of the birth suite

Clinical staff who exclusively provide care to patients outside of the birth suite (i.e. postnatal, antenatal and/or domiciliary services) will not count towards the 80% of clinical staff to meet the attestation criteria.

Clinical staff

Frequently asked questions

1. *Do clinicians who provide birth suite care on a very infrequent basis need to be trained? (I.e. neonatal code blue teams, Urgent Care Centre (UCC) staff or endocrinologists providing high-risk patient reviews)*

Your health service may wish to include these clinicians in maternity education and training programs. However, they will not count towards the 80% of clinical staff to meet the attestation criteria.

2. *Do clinicians who completed education and training externally (not at my health service) within the training year need to retrain at my health service?*

The requirement to provide training at your health service varies depending on the focus area. If clinical staff have completed an education and training program externally, it's the responsibility of the health service to ensure they are satisfied the program meets the training criteria and that appropriate records are kept.

Focus area 1 Multidisciplinary maternity emergency training

- Clinical staff who provide birth suite care during the training year must complete a multidisciplinary maternity emergency training program held within their principal hospital of practice.
- Only clinical staff who provide birth suite care at more than one Australian or New Zealand health services in the training year (i.e. new starters, agency midwives or visiting medical officers) may complete a multidisciplinary maternity emergency training program at another health service. The training must meet the IBPS training criteria.
- Clinical staff who meet these requirements will count towards the 80% of clinical staff to meet the attestation criteria.

Focus area 2 Fetal surveillance

- Clinical staff who attend a fetal surveillance education and training program that meets the training criteria at another health service or education provider (in Australia or New Zealand) within the training year, will count towards the 80% of clinical staff to meet the attestation criteria.
- Please note that the RANZCOG Fetal Surveillance Education Program is offered across the Asia Pacific region and occasionally in Europe. Attendance and achievement of an appropriate practitioner level at a RANZCOG Fetal Surveillance Education Program outside of Australia and New Zealand will be accepted.

Focus area 3 Neonatal resuscitation

- Clinical staff who attend a neonatal resuscitation education and training program that meets the training criteria at another health service or education provider (in Australia or New Zealand) within the training year, will count towards the 80% of clinical staff to meet the attestation criteria.
- Only clinical staff who provide birth suite care at more than one Australian or New Zealand health service in the training year (i.e. new starters, casual/bank/agency midwives or visiting medical officers) may complete their practical competency assessment at another health service. Please ensure evidence of all practical competency assessments are maintained.

Support and training programs

There are several education and training programs available to help you meet the training criteria, including:

- Practical Obstetric Multi-Professional Training (PROMPT™) programs
- MSEP program
- Fetal Surveillance Education Program (FSEP RANZCOG)
- Paediatric Infant Perinatal Emergency Retrieval (PIPER) programs
- Monash Health Centre of Excellence program

We're always here to help.

For more information or additional support, contact your VMIA Risk Adviser.

P (03) 9270 6900
E contact@vmia.vic.gov.au
vmia.vic.gov.au

Attestation and refund

Attestation and refund

Our IBPS attestation period runs from 1 September to 30 September each year. Following attestation, refunds will be issued in November of the same year.

Maternity services level 2 and 3:

Receive 5% of your obstetric premium with a minimum of $24,200 (including GST and stamp duty) when you attest that 80% or more of birth suite clinicians have received training in the focus areas 1, 2 and 3 outlined in this manual.

Maternity service level	Multidisciplinary maternity emergency training	Fetal surveillance	Neonatal resuscitation	Operative Vaginal Birth (OVB) Safety Bundle	Total refund of the obstetrics component of your MI premium
	80% of birth suite clinicians trained in criteria				
level 2 and 3	yes	yes	yes	n/a	5%*

* 5% with a minimum of $24,200 (including GST and stamp duty)

Maternity services level 4 to 6:

Receive 3% of your obstetric premium with a minimum of $24,200 (including GST and stamp duty) when you attest that 80% or more of birth suite clinicians have received training in the focus areas 1, 2 and 3 outlined in this manual.

Receive an additional 2% of your obstetric premium when you've started to implement the OVB Safety Bundle.

Maternity service level	Multidisciplinary maternity emergency training	Fetal surveillance	Neonatal resuscitation	Operative Vaginal Birth (OVB) Safety Bundle	Total refund of the obstetrics component of your MI premium
	80% of birth suite clinicians trained in criteria			started to implement	
level 4 to 6	yes	yes	yes	no	3%*
level 4 to 6	yes	yes	yes	yes	5%

*3% with a minimum of $24,200 (including GST and stamp duty)

Attestation and refund

Frequently asked questions

1. How do I attest?

Hospitals are invited to attest by completing an attestation form. The form is only accessible during the attestation period.

Your IBPS Contact(s) will be notified when the form becomes available and will have access through the VMIA portal.

2. Who attests for my hospital?

Each hospital can nominate up to two IBPS Contacts and **one** IBPS Signatory to their account. Your contacts and signatories are responsible for submitting the attestation of your hospital.

IBPS Contact

The IBPS Contact refers to one or more designated individuals within a health service responsible for completing the IBPS attestation form. The contact will enter training completion statistics and ensure all required information is accurately recorded.

Each health service may nominate up to two IBPS Contacts to facilitate this process.

IBPS Signatory

The IBPS Signatory is the Chief Executive Officer (CEO). The signatory will review, sign, and declare that the information entered by the IBPS Contact is accurate and complete.

Hospitals that are part of a broader healthcare system may have the same signatory.

3. Must each hospital within the program attest?

Each hospital must individually meet the attestation criteria. A health service cannot aggregate the results to be eligible for a refund.

4. What if we don't meet the attestation?

Regardless of the overall completion rate, we strongly encourage all participants to complete the attestation form. If any of the answers don't meet the criteria, your signatory contact will be notified during the approval process.

5. *How will I receive my refund?*	We pay refunds via electronic funds transfer (EFT), accompanied by a refund invoice. If your bank account details have changed this financial year, it's important that you complete a VMIA Supplier Registration Form and email it with a deposit slip to contact@vmia.vic.gov.au
6. *How do I know if I'll receive my refund?*	To check the progress of your refund, please call us on (03) 9270 6900 or email contact@vmia.vic.gov.au
7. *Where does the refund go if I achieve compliance with the IBPS program?*	VMIA calculates the obstetric component of MI premium at the hospital level and collects the total MI premium at the health service level. This means, all refunds will be paid at health service level. It's up to the health service to determine how the refund is spent. VMIA does not stipulate how it can be used. We do, however, encourage health services' management teams to continue their focus on continuous improvement, staff training and education that will improve patient safety.

Program follow up

We'll be engaging with some successful hospitals following attestation to ensure the IBPS program has been effectively implemented and is delivering meaningful value to the Victorian community. This is a fantastic opportunity to highlight the robust systems and practices your health service has in place.

For attestation verification purposes, VMIA reserves the right to conduct retrospective evaluations on a portion of participating health services. It's the responsibility of your health service to ensure appropriate education and training records are maintained, including evidence of external programs attended by your clinical staff.

If you require guidance or support, your VMIA Risk Adviser is available to assist and provide tailored advice.

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E contact@vmia.vic.gov.au

Appendix 1: Glossary of key terms

Term	Definition
Access	In person. Capability level 2-4 hospitals without senior clinicians on site may attest that birth suite shifts can access a senior clinician by using a technology within the hospital's escalation policy timeframe, after identifying an abnormal CTG requiring escalation.
Birth suite shifts	The segments of time within a 24-hour cycle that a birth suite is periodically staffed across. For example: 0700 – 1530: AM shift 1330 – 2200: PM shift 2130 – 0730: Night shift
Care	Any form of clinical care or service provided within a birth suite, whether or not the clinical staff member was rostered for the shift.
Clinical staff	AHPRA registered health care professionals who provide clinical care or services to women, babies and/or families in birth suites, whether or not they are employees of the health service. For the purposes of the program, clinical staff are defined as: • midwife • midwife in charge (NUM or ANUM) • junior medical officer* • obstetric registrar • obstetric fellow • GP obstetrician • obstetric consultant. * *To be excluded from the total pool of clinical staff who should be trained for the purposes of this program, if all of the following conditions apply:* *i provide birth suite care for <13 weeks* *ii do not make independent medical decisions about birth suite patients* *iii are fully supervised when practising in birth suites.*
Face-to-face	Training that is provided in person as opposed to an online-only or written format. VMIA does not prescribe what face-to-face training must offer.
High-fidelity mannequin	A mannequin with computer hardware technology that has the capacity to simulate a clinically deteriorating and recovering patient.

Glossary of key terms

Term	Definition
Intrapartum	During labour – the period from the onset of labour to the end of the third stage of labour.
Junior medical officer	A junior medical officer is an AHPRA registered medical practitioner that encompasses interns, obstetric residents, resident medical officers and hospital medical officers directly involved in birth suite care, whether or not they are employees of the health service, i.e. on rotation, secondment or locum. Only junior medical officers who provide birth suite care for <13 weeks in total, do not make independent medical decisions about birth suite patients and are fully supervised when practising in birth suites, are excluded from the total pool of clinical staff who should be trained for the purposes of this program.
Maternity capability level	The capability level defined by the Department of Health (DH) capability framework for maternity and newborn services. Current capability levels are contained in the DH Policy and Funding Guidelines.
Multidisciplinary	The combination of two or more clinical discipline groups in an approach to a topic or problem. Multidisciplinary participation should include at least two of the following disciplines: **Discipline 1:** • Registered midwife • Midwife in charge (NUM or ANUM) • Registered nurse. **Discipline 2:** • Junior medical officer • Obstetric registrar • Obstetric fellow • Obstetric consultant • GP obstetrician. **Discipline 3:** • Anaesthetic (registrar, fellow or consultant) • GP anaesthetist • ED consultant or registrar. **Discipline 4:** • Paediatrician (registrar, fellow or consultant).
Neonate	Newborn baby – from birth until 28 days of life. For the purposes of the IBPS program, a neonate is defined as a newborn from birth until discharge from the birth suite.
Onsite	The presence of a clinician on the health service premises where a birth suite is located for the duration of the shift.

Term	Definition
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists.
RANZCOG practitioner level 2	An award or score, derived from a face-to-face RANZCOG fetal surveillance assessment, which reflects retention and application of information. To be awarded a RANZCOG practitioner level 2, clinicians must achieve a score between 66-75%.
RANZCOG practitioner level 3	An award or score, derived from a face-to-face RANZCOG fetal surveillance assessment, which reflects retention and application of information. To be awarded a RANZCOG practitioner level 3, clinicians must achieve a score of >75%.
Skills and drill stations	Practical training using mannequins and/or training pelvises that provide clinical staff with the opportunity to practise response and treatments to maternity emergencies. Using mannequins and/or training pelvises and drill stations may include: • shoulder dystocia • maternal cardiac arrest and advanced life support • obstetric anaesthetic emergencies • vaginal breech birth • perimortem birth and caesarean section • post-partum haemorrhage • maternal collapse • personal protective equipment training and COVID-19 emergency • cord collapse • maternal sepsis • emergency transfer preparation and management of the deteriorating maternity patient • uterine inversion • twin births • pre-eclampsia and eclampsia.
Senior clinician	A senior member of a hospital's clinical staff group.
Theoretical	Academic education provided through non-practical means, i.e. online learning packages, lecture content, reading modules, etc.

VMIA is the Victorian Government's insurer and risk adviser

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