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To theVictorian Managed Insurance Authority,

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| I, | Click or tap here to enter text. | , Chief Executive Officer of | Click or tap here to enter text. |

### certify that, for the period starting 1 September 2023 and ending 31 August 2024, the Clinical Staff providing birthing suite care have completed training in accordance with the Incentivising Better Patient Safety (IBPS) eligibility criteria, as per the number and percentages listed in the table below:

|  |  |  |
| --- | --- | --- |
| Focus Area | Total number of clinical staff eligible to be trained for IBPS | % of clinical staff trained  |
| **Focus Area 1: Multidisciplinary Maternity Emergency Training** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Focus Area 2: Fetal Surveillance**  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Focus Area 3: Neonatal Resuscitation** | Click or tap here to enter text. | Click or tap here to enter text. |

I certify that, for the period starting **1 September 2023** and ending **31 August 2024,** Click or tap here to enter text. **%** of birth suite shifts had access to an onsite senior clinician with a level 3 practitioner in Fetal Surveillance Education Program in the past 24 months.

|  |
| --- |
| For the period starting **1 January 2023** and ending **31 December 2023,** this is total number of babies  |
| delivered by our maternity services: | Click or tap here to enter text. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of the CEO |  | Date | Click or tap to enter a date. |
| Name  | Click or tap here to enter text. |

**Eligibility criteria**

To achieve the IBPS eligibility criteria, your hospital must have trained 80% or more of its birthing suite Clinical Staff *(refer to the definition of Clinical Staff in the Operating Manual in focus areas 1, 2 and 3 during the training year).*

Also, 80% or more of your hospital’s birth suite shifts for the training year must have had access to a senior clinician with a level 3 practitioner in Fetal Surveillance Education Program in the past 12 months.

## Completing this form

**Chief Executive Officers to complete the attestation form.**

Health services with multiple hospital sites should complete a separate attestation form for each hospital. Attestation forms must be submitted by **5pm, 30 September 2024**.

Please scan and email the attestation form(s) to IBPSattestation@vmia.vic.gov.au.

## Receiving your refund

If your hospital is successful, your health service will receive its premium refund(s) in November each year. Refunds will be paid via an electronic funds transfer (EFT). You will find your refund invoice and an amended medical indemnity policy schedule from VMIA in your client portal.

**If your bank account details have changed this financial year**, please fill out the [VMIA Supplier Registration Form](https://www.vmia.vic.gov.au/-/media/Internet/Content-Documents/Risk/harm-prevention/IBPS/VMIA-Supplier-Registration-Form.pdf?rev=62dd0a25e3714fa8a933195f0edf5f2b&hash=EF8E603C9CEFA0922FF3D5672145198F) and email it with a deposit slip to contact@vmia.vic.gov.au

## Retrospective attestation

The attestation form must reflect retrospective training completed by 31 August each year.

## Supporting evidence

Education and training records are not required as part of the attestation process. However, VMIA may audit hospitals to verify the data they have attested to.

**Need help?**

For further information and support, please email contact@vmia.vic.gov.au or call (03) 9270 6900.