Part B – Health Facility Briefing & Design

Planning Preliminaries

International Health Facility Guidelines

2025

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1 Planning Preliminary Information

1.1 Structure of these Guidelines

Part B of the International Health Facility Guidelines covers the subject of Health Facility Design and the factors which influence the outcome. Health Facility Design requires specific knowledge, skill and experience in Health Planning. These guidelines alone may not be sufficient to ensure good design, however, using these guidelines by a skilled designer should be able to focus on the required functionality quickly and deliver a product which meets the minimum recommended standards.

The administrative requirements for the responsible Authorities have been separately covered in Part A of these Guidelines. This part (Part B) focuses on the Architectural and Health Planning Aspects. It may include aspects of health service provision and facility design which are not currently part of the Local Health Authority approval system but are required as part of the process of delivering a competent health facility.

Certain subjects which relate to all facilities and their components have been separated in different Parts of these Guidelines for easy reference. So, the subjects covered in these separate Parts are not repeated within Part B of the Guidelines. These parts are briefly described below:

Part C addresses issues related to Access, Mobility and Occupational Health and Safety requirements. Another description of this part is “Ergonomics”.

Part D details the Infection Control requirements of healthy facilities.

Part E focuses on the Services Engineering aspects.

Part F details the Feasibility, Planning and Costing.

Part Q details the Equipment, Planning and Guidelines.

Part S details for the Health Services Planning.

All parts must be taken into consideration in the design of health facilities.

1.2 Levels of Recommendation

Mandatory Requirements

Within these Guidelines, all paragraphs by default are mandatory. In situations where the text has the potential for misunderstanding, the note "mandatory" may be used to clarify any aspect which is absolutely required without re-interpretation. Even if the word "Mandatory" does not appear in the text, it does not indicate that the paragraph is optional.

This principle also applies to Schedules of Accommodation (SOA), Room Data Sheets (RDS) and Room Layout Sheets (RLS). Items listed are required unless noted as Optional or Recommended (see below).

Recommended Items

On some occasions a standard is mandatory, but a higher standard is recommended. The intention is to guide designers who wish to voluntarily upgrade the facility to a higher standard and wish to know what the higher standard is. Recommended items are not Mandatory.

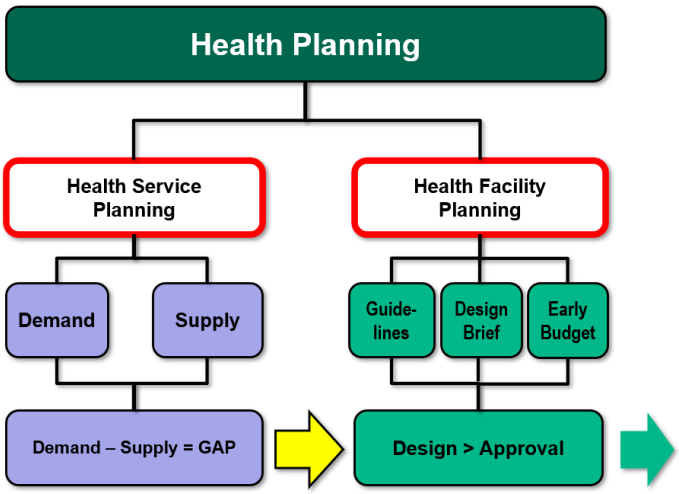
Optional Requirements

The text, Schedules of Accommodation and Room Data Sheets will indicate “Optional” for all items that are not mandatory requirements but may be adopted if preferred. This also means that items shown as Optional are appropriate and acceptable.

1.3 Health planning

Healthcare Provision is the subject of a discipline known as “Health Planning”, defined as “Planning for the Health of People”.

There are two branches to this discipline, Health Service Planning and Health Facility Planning.



Health Service Planning

This discipline relates to the research, analysis and calculation of health service demand, supply and gap for a given population catchment. Every competent proposal for a health service starts with a Health Service Plan.

Demand

A Health Service Planner uses various statistical tools as well as benchmarks and localised information to determine the raw demand. This may be represented by Occasions of Service (OOS), Average Length of Stay (ALOS), Presentations Per Annum (PPA), etc. The service planner will consider inflows of patients from other catchment areas as well as outflows to other catchment areas. The calculations will include the level of self-sufficiency desired or anticipated.

The demand is typically calculated for a period of time into the future known as the Time Horizon of the Study. This may be 10 to 20 years into the future. The starting point will be known as the Base Point or Base Year. The characteristics of the population in terms of age, gender and predisposition to various diseases and socio-economic class have the greatest influence on the demand of each population catchment. This is referred to as the Population Profile.

A Service Planner finally converts raw demand into facility units known as Key Planning Units (KPUs). KPUs may vary greatly depending on the nature of the facility. KPUs are facilities or services which represent (act as proxy for) patient activities. They may include:

- Bed numbers by type and specialty
- Operating Room Numbers
- Birthing Room Numbers
- Emergency Treatment Cubicles
- Outpatient Consultation Rooms by specialty
- Diagnostic modalities of medical imaging
- Clinical workforce by FTE (Full Time Equivalent)

Supply

This refers to the current supply of health facilities and the service they provide to the same population catchment. This may or may not meet the needs of that population catchment now or in the future. Supply will include the current provision as well as the planned supply which may be available within a short period of time, but no more than 2 years into the future. Supply also needs to be captured by KPU so that it is mathematically compatible with the outcome of the Demand analysis.

Service Gap

The difference between the Demand and Supply is the Service Gap which needs to be met by the provision of health facilities. Gaps are also represented as KPU's.

The process of determining this gap and proposing solutions for meeting it may be described as Health Service Plan, but sometimes referred to as:

- Needs Analysis
- Clinical Services Plan
- Feasibility Study
- Business Case

A proposal for a facility should not commence with a block of land and design. Health Facilities are too important to be treated purely as a real-estate development. A competent Service Plan resulting in a Needs Analysis, Feasibility Study or Business Case must be at the core of any proposal.

The KPUs representing the Gaps are later used by Health Facility Planners to prepare a full brief for the proposed facilities. This is accomplished by adding all the supporting rooms required by these Guidelines to the KPU's to make them functional. Some of the provisions shown in these Guidelines are fixed whilst some are parametric. This means they depend on other factors. For example, the number of stage 1 recovery bays is parametrically tied to the number of operating rooms, which are in turn KPU's.

Health facility planning

This is the discipline which aims to design facilities and meet the health service gap.

The outcome of this discipline is about the design and specifications for the construction of facilities or refurbishment and expansion of existing ones.

Design does not start from a blank sheet of paper. Prior to design a great deal of preparation is required. The key components are mentioned below:

Design Guidelines

The facility must follow certain minimum and appropriate standards. These Guidelines (iHFG) provide one source of such information, freely available to designers, operators and contractors.

All aspects of the Health Facility Planning need to be based on such Guidelines. It is recommended that only unified and compatible standards and guidelines be used. It is considered inappropriate and sometime dangerous to shop for standards and guidelines around the world and mix various aspects of them until they agree with certain user's preferences. Health Facility Guidelines typically follow certain strategies which are intended to be internally consistent and compatible. These aspects cannot be isolated, then mixed with other standards and guidelines as the overall strategies may be lost.

Design Brief

Design brief is a written version of the project requirements. The two most important aspects of the project brief are:

Schedule of Accommodation (SOA) – list of the rooms by functional groupings, quantity and area

Room Data Sheets (RDS) – requirements of each room described by words and schedules

These Guidelines provide generic SOA and RDS for all the subjects covered as a guide for the users. These can be adopted and customised to suit the individual projects.

Early Budget

Every project requires a budget to move forward to full design and later, construction. Early budgeting is the process of estimating the cost of the project based on the briefing information alone. Based on a comprehensive SOA, it should be possible to determine the early project budget sufficient for decision making.

Design and Approval

Given the presence of robust standards and guidelines, a design brief and early budget, the design of the facility can commence on a strong foundation. Design should follow the recommendations and requirements of these Guidelines. Any authority of Client approvals should also require compliance with these Guidelines.

2 Role Delineation Guide

2.1 Introduction

Role Delineation Level (RDL) refers to the level of service that describes the complexity of the clinical activities undertaken by that service. The level is chiefly determined by the presence of medical, nursing and other health care personnel who hold qualifications compatible with the defined level of care. In turn, the personnel and services will require certain facilities within the building.

Role delineation is a process which ensures that clinical services are provided safely and are appropriately supported by the provision of adequate staffing numbers and profiles, minimum safety standards and other requirements.

The aim of this Guide is to provide a consistent language which health care providers, planners and health officials can use when describing health services. The Guide also acts as a tool for planning, reviewing and approval of health facilities.

RDL's range from 1 to 6 for each major clinical activity or support service associated with health facilities with Level 1 referring to the lowest complexity service and Level 6 describing the most complex.

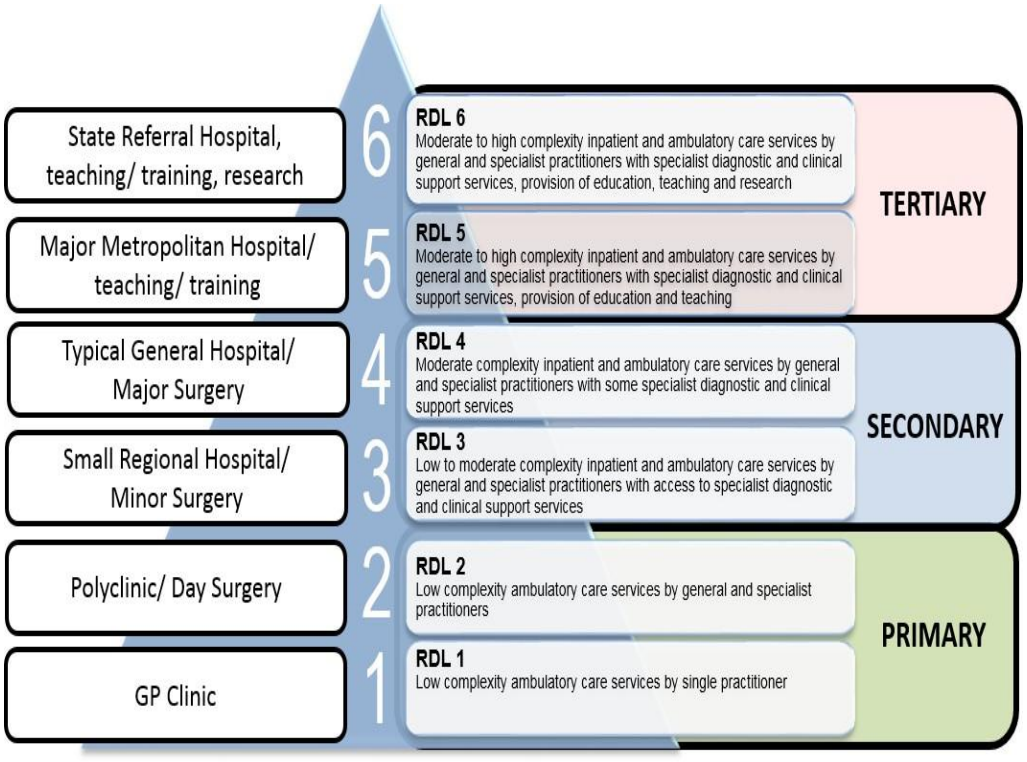
Not all services which are provided by healthcare facilities are described in the Role Delineation Guide - only the core services for hospitals and community health facilities are covered. Those services which are not identified will follow the overall Role Delineation of the particular hospital or facility they are applicable to.

A hospital or health care facility is deemed to be at a particular RDL when the majority of clinical and support services provided are of that particular level.

It is possible to determine the RDL of a particular hospital component or the entire hospital between two defined levels, eg between levels 4 & 5. This usually applies to existing facilities which may have minor deficiencies in certain areas compared with the full definition of role delineation level.

This Guide does not attempt to describe all the services which are provided by Health Care Facilities but confines itself to those that are widely considered to be the core services for Hospitals and Community Health Care Facilities.

The full Role Delineation Guide has been provided as a separate Appendix. A short version appears below.



Above: Simple Role Delineation Guide

General Nomenclature	Service Level	Description
Primary & Ambulatory Care	RDL 1	Provides low-risk outpatient and ambulatory care clinical services. Delivered mainly by Registered Nurses (RNs) and GPs with admitting rights to the local hospital. Patients requiring a higher level of care can be managed for short periods before transferring to a higher-level service.
	RDL 2	Some limited visiting/ outreach allied health services provided. Provides selected specialist and diagnostic services. May manages urgent care until transfer to a higher-level service. Predominantly delivered by GPs, family physicians, specialists and RNs including midwives and/or nurses with specialty qualifications. May involve visiting day only specialists. May include low-risk surgery and/or minor procedures as a Day Surgery Centre.
Secondary Care	RDL 3	Provides low to moderate-risk inpatient and ambulatory care clinical services delivered by a variety of health professionals (medical, nursing, midwifery and allied health) including resident and visiting specialists with access to limited support services. Manages urgent care and emergency care and when necessary, transfers to a higher RDL after initial stabilization. No intensive care unit, although the facility may have access to a monitored high dependency area. RDL 3 is the lowest RDL which may be regarded as a Hospital
	RDL 4	Provides moderate to high-risk inpatient and ambulatory care clinical services delivered by a variety of health professionals (medical, nursing, midwifery and allied health) including permanent and visiting specialists. Medical staff on-site 24 hours a day, 7 days a week and an intensive care unit (maybe combined with a coronary care unit) with related support services also available on-site. If higher level or more complicated care are required, patients may need to be transferred to RDL 5 service. Some specialist diagnostic services are also available.
Tertiary Care	RDL 5	Manages complex patients and procedures. Acts as referral service for all but the most complex service which may need transfer to RDL 6 facilities Has university affiliation(s) and education and teaching commitments
	RDL 6	Highest level service delivering complex care and acting as a referral service for all lower-level services. Can also be a region-wide super specialty service accepting referrals from across the jurisdiction and cross-regionally where applicable. Generally provided at a large metropolitan hospital. Has strong university affiliations and major teaching and research commitments. Often referred to as a Centre of Excellence, offering single or multiple specialty services

2.2 Facility Guidelines in accordance with RDL

These Guidelines requirements are often stated in accordance with the RDL. This may affect the size and number of rooms or the supporting services required.

To illustrate the difference in RDL for an Intensive Care Service provided by a major Metropolitan hospital they may incorporate Teaching and Research at RDL 6. The same service provided at a small General hospital without Teaching and Research facilities will be at RDL 4. At higher RDLs the service provision will require access to higher levels of skill and additional, complementary services.

The Role Delineation Guide provided as part of these Guidelines indicate that for certain facilities at the chosen RDL, certain other provisions are also required at the specified RDL.

The operators of health facilities and/or the designers need to decide what services they wish to provide as well as the RDL for those services. Only then, the facility requirements can be determined and verified. For example, the number, type and size of rooms for an ICU service at RDL 6 will be different to one at RDL 4.

A blank version of the Role Delineation Guide is available in electronic spreadsheet format to allow the proposed services and RDLs to be listed. This is known as the Role Delineation Matrix. This RDL Matrix can be used by the Health Facility Planning team to prepare the Facility Brief. It is also used by the Health Authority to assess applications for health facilities (refer to Part A of these Guidelines)

2.3 Role delineation guide

The Role Delineation Guide is described in Part B, Volume 1, Appendix A of this document.

3 Project Briefing

Before the design of a Health Facility starts, it is necessary to prepare the Project Brief. Briefing material can be further fine tuned and refined over the course of the project and in consultation with the client or expert advisors. The most important aspects of the project brief are covered within these Guidelines and samples are provided for immediate use. These components are briefly described below:

3.1 Functional Planning Units (FPU's)

Each health facility is composed of planning components which have unique functions and matching design requirements, for example Intensive Care Unit or ICU, Inpatient Pharmacy or Main Entrance.

In common language many of these areas are regarded as "Departments" however, in order to generalise and to cover all types of functions, within these Guidelines they are referred to as Functional Planning Units or FPU's. For the same reason, most of the FPU's are referred to a Units. For example Emergency Unit rather than Emergency Department or Accident and Emergency or Emergency Room.

3.2 Schedules of Accommodation (SOA)

Each Functional Planning Unit (FPU) within these Guidelines includes a sample Schedule of Accommodation (SOA) by Role Delineation Level and sometimes according to different unit sizes.

The SOA Accommodation by RDL includes listings of Standard Room Types, quantities and sizes. In some areas, additional optional rooms are also listed. Within the FPU, there may be zones or groupings of rooms according to the discrete flow of patients, staff, services and goods. Where appropriate, the SOA will also indicate the functional groupings.

Each FPU will require some circulation space in addition to functional rooms. But the area of the circulation varies considerably from FPU's such as Administration Unit to the Operating Unit. The SOA also indicates the recommended circulation allowance within the FPU.

3.3 Standard Components

FPU's are composed of a variety of room types. Many of these rooms are common between different FPU's. For example. a Clean Utility room will be found in most clinical departments. The same applies to patient bedroom types which will be found in all types of Inpatient Units (Wards).

Within these Guidelines unique room types are standardised and referred to as Standard Components. By the selection of the correct Standard Components, designers can create all types of Functional Planning Units (FPU's).

In order to assist designers to have a better understanding of the requirements of each room type, these Guidelines include a comprehensive set of Standard Components offered via two sets of documents, Room Data Sheets (RDS) and Room Layout Sheets (RLS), briefly explained below.

3.4 Room Data Sheets (RDS)

These are written descriptions of each room type, detailed under various categories. The iHFG website has listings of the Standard Components with links to the Room Data Sheets for each room type. The codes for the RDS are also mentioned in the SOA provided within the FPU's. The information contained in each RDS is presented under the following categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements.
- Room Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors and glazing requirements.
- Furniture and Fittings; lists all the fittings and furniture typically located in the room. Furniture and Fittings refer to objects within the room which do not require service connections. They may be medical or non-medical.
- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and plumbing connections. Fixtures include Sanitary Fixtures. Equipment includes medical and non-medical equipment.
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types as relevant.

3.5 Room Layout Sheets (RLS)

These are individual sheets incorporating typical design of rooms at 1:50 scale with abbreviations, dimensions etc. Each Room Layout Sheet includes a Plan as well as 4 or more elevations showing the installation height of elements. The RLS show the same elements as the RDS but in drawing form. The iHFG website has listings of the Standard Components with links to the Room Layout Sheets for each room type. The RLS are available in PDF and Revit file formats. Within these Guidelines the room codes for RDS and RLS are the same. However, for each RDS there may be multiple design alternatives with the same requirements and content. These alternatives are provided where appropriate and labelled a such.

The RLS illustrate an example of minimum acceptable design standard for each room type. The Room Layouts shown are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines.
- Minimum floor areas as shown in the schedule of accommodation.
- Additional 2m2 added for each additional door above the minimum required area.
- Heights and dimensions where shown.
- Any Clean/ Dirty separations shown or implied.
- Accessibility to and around various objects as shown or implied.

Room Layout Sheets must indicate relative location and empirical dimensions of:

- Handrails and Grab rails
- Service outlets such as Call points, Power, Light Switch, Data and Gas outlets
- Bed Screens
- Sanitary Fixtures

4 Planning

4.1 Site Development

The location and development of the site shall be in accordance with the requirements of the Urban Planning Authorities, local Municipality and other responsible Government agencies. Below we have summarised the main criteria to be considered when developing a site to accommodate a health facility.

Environmental Impact

The aesthetics and form of a health facility shall be sympathetic with its immediate environment, either built or natural; for example, domestic scale and treatments where such facilities are built in a residential area. It is recommended that the building should enhance the streetscape and fit comfortably within the built environment.

Consideration should also be given to the setting of a health facility to ensure that it is accepted as an asset by the community and not as an imposition or inconvenience on the neighbourhood.

Landscaping

A suitable landscaping scheme shall be provided to ensure that the outdoor spaces are pleasant areas in which patients, visitors and staff may relax. The scheme should also ensure that the buildings blend into the surrounding environment, built or natural.

Water conservation should be a consideration when designing layouts and selecting plants. The use of mains water for reticulation may be restricted in some locations. The local authority on water supply should be consulted for current regulations.

Site Grading

The balance of a health facility site which not covered by buildings should be graded to facilitate safe movement of the public and staff. Where this is not possible, access should be restricted.

Public Utilities

Impact on existing local service networks may be substantial. In establishing a health facility on any site, the requirements and regulations of authorities regulating water, electricity, gas, telephone, internet, sewerage and any other responsible statutory or local authority must be complied with.

Structural Considerations

If the site is low lying, on the side of a hill or partly consists of rock then structural engineering advice should be sought at an early stage to minimise future drainage or settlement problems.

New Health facilities work best with regular structures, to maintain flexibility for future changes. As a guide a structural grid of 8400mm in two directions is found to be most appropriate to all types of health facilities. Most Standard Components withing these Guidelines have been optimised for the structural grid of 8400 or its fractions such as half a grid, one third of a grid, one quarter of a grid or 3 rooms within two grids etc.

If permitted, the best recommendation for the floor slab design is a flat slab system with a drop capital over the columns. This will free up the space under the slab for the installation of Mechanical and Electrical systems without clashes with down-turn structural beams.

If beams are absolutely required, the best recommendation is to adopt shallow band beams rather than downturn beams.

Ideally the structural system should allow a zone, attached to each column for the penetration of pipes and conduits. These will require a zone which is free of slab reinforcement steel. Therefore, they are referred to as the Reinforcement-free Zone or RFZ. Ideally RFZ should be on the same side of the columns and allocated to all columns on all floors in a regular and systematic way. These will also create flexibility for the future modification within the building.

Sheer walls, normally required for horizontal stability should be strategically located so that they do not create restrictions on the current or future planning of the facility. As far as possible, sheer walls should be incorporated into fire stairs, lifts shafts, building end walls and departmental boundary walls rather than separate elements within the departments.

4.2 Masterplan Development

Planning relationships and the use of planning models

The planning of health facilities requires general knowledge of the appropriate relationships between the various components. Functional Planning Units (FPUs) may need to be adjacent or close to other components. Most components must be accessible independently without having to go through other components. In short, the planning of a health facility requires a certain logic which is derived from the way the facility functions and in consideration of the flows of patients, staff, goods and services.

Good Planning Relationships:

- Increase the efficiency of operation
- Promote good practice and safe healthcare delivery
- Minimise recurrent costs
- Improve privacy, dignity and comfort
- Minimise travel distances
- Support a variety of good operational policy models
- Allow for growth and change over time

Inappropriate Planning Relationships:

- Result in duplication and inefficiency
- May result in unsafe practices
- Increase running costs
- May result in reduced privacy, dignity and comfort
- Increase travel distance or force unnecessary travel
- Result in a lack of flexibility to respond to future growth and change
- May limit the range of operational possibilities

Planning Models:

The planning of a complex health facility is based on applying commonly recognised "good relationships" as well as taking into consideration site constraints and conformity with various codes and guidelines. In theory it is possible to go back to the basics every time. In practice however, designers soon discover that this is an inefficient way of arriving at appropriate planning solutions.

Just as in other building types such as hotels and shopping centres, health facilities have over time evolved around a number of workable Planning Models. These can be seen as templates, modules, prototypes or patterns for the design of new facilities.

These Guidelines include a number of flow diagrams, also referred to as Functional Relationship Diagrams (FRD) which represent Planning Models for various Functional Planning Units (FPUs). The Functional Relationship Diagrams are provided within each of the FPU guidelines provided. They cover not only internal planning and relationships within the FPUs, but also external relationships between FPUs. Designers may use these diagrams to set out the various components and then manipulate them into the appropriate shapes to suit the site constraints or building shell.

Designers are encouraged to see the overall design as a model. A good health facility plan usually can be reduced to a basic flow diagram. If the diagram has clarity, is simple and logical, as demonstrated in the FPUs in these Guidelines, it probably has a good potential for development. A skilled designer will use these planning models to assemble the requirements of a health facility on the site without compromising functionality.

If on the other hand the model is too hard to reduce to a simple, clear and logical flow diagram, it should be critically examined. It is not sufficient to satisfy immediate or one-to-one relationships. Similarly, it may not be sufficient to satisfy only a limited, unusual or temporary operational policy. It is strategically useful to incorporate planning relationships that can satisfy multiple operational policies due to their inherent simplicity and logic.

Masterplanning

In the health care industry, the term “Masterplan” has different meanings in different contexts. The most common use of the term “Masterplan” refers to words, diagrams and drawings describing the "global arrangement of activities" in a health facility with particular emphasis on land use, indicating growth and change over time.

Under the above definition, a Masterplan is a fundamental planning tool to identify options for the current needs as well as projected or assumed future needs. Its purpose is to guide decision making for clients and designers.

Health facility owners and designers are encouraged to prepare a Masterplan before any detailed design is undertaken. A Masterplan can be prepared in parallel with detailed briefing, so that valuable feedback can be obtained regarding real world opportunities and constraints. Ideally, a successful Masterplan will avoid wrong long-term strategic decisions, minimise abortive work, prevent future bottlenecks and minimise expectations that cannot be met in the given circumstances.

A Masterplan diagram is typically a simplified plan showing the following:

- The overall site or section of the site relating to the development
- Departmental boundaries for each level related to the development
- Major entry and exit points to the site and the relevant departments
- Vertical transportation including stairs and lifts
- Main inter-departmental corridors (arterial corridors)
- Location of critical activity zones within departments but without full detail
- Likely future site development
- Areas (if any) set aside for future growth and change
- Arrows and notes indicating major paths of travel for vehicles, pedestrians, goods and beds
- Services strategy showing the engineering impact, plant locations, availability of services and future demand

Masterplan diagrams and drawings should ideally be prepared for several options (typically 3) to an equal level of resolution and presentation so that each option reaches its maximum potential. Only then a decision maker is in a position to compare options on equal terms. The above diagrams and drawings are typically accompanied by a report covering the following headings as a minimum:

- Project description
- Outline brief
- Opportunities and constraints
- Options considered
- Evaluation criteria
- Evaluation of the options including cost impact (if any)
- Recommended option
- Executive summary and recommendation

The exact deliverables for a Masterplan can be adapted to the nature of the project. The most typical additional deliverables are listed below, allowing clients to refer to them by name and by reference to these Guidelines:

- Blocking and Stacking Plans - This is used for locating departments in major multistorey developments within an overall shell. Planning of departments should not proceed without first developing the Blocking and Stacking plans for all floors. Blocking and Stacking Plan is developed after the overall Masterplan concept, but can be further refined along with the Masterplan.
- Staging Plan - A staging plan shows a complete Masterplan defined for each stage of the development rather than simply a zone allocation for future works.
- Strategic Plan - A Strategic Plan refers to higher level "what if" studies, providing a range of development scenarios. These may include the use of alternate sites, private-public collocation,

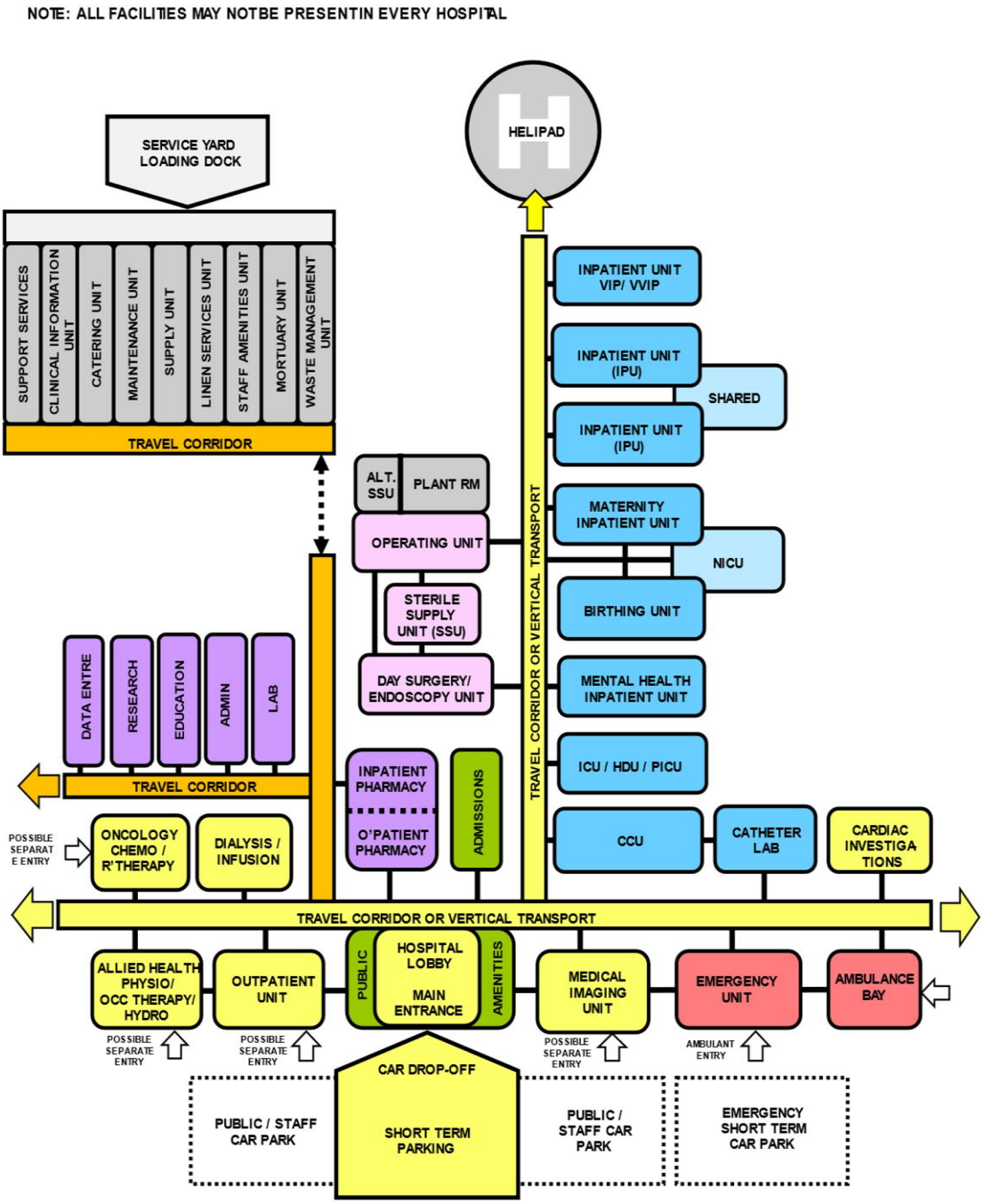
purchase versus lease, alternative operational policies etc.

Functional Relations at a Departmental Level

As a guide to the Blocking and Stacking Plans, the diagram below shows the recommended relationships between the Functional Planning Units (Departments). The actual Blocking and Stacking plans for the departments should be specific to the project and the shapes shown should be reasonably to scale.

A more specific guide to the Blocking and Stacking Plans showing individual departments are the Functional Relationship Diagrams (FRD) shown within the Functional Planning Units (FPU) within these Guidelines.

The diagram below may be read as horizontal or vertical based on the nature of the project and the intended vertical stacking.



Planning Policies

Planning policies refer to a collection of non-mandatory guidelines that may be adopted by health facility designers or owners. These policies generally promote good planning, efficiency and flexibility.

The planning policies below are included in these Guidelines so that in the process of briefing, designers or clients can simply refer to them by name or require compliance from others.

Loose Fit

Loose Fit is the opposite of Tight Fit. This policy refers to a type of plan which is not so tightly configured around only one operational policy that it is incapable of adapting to another.

In Healthcare, Operational policies change frequently. The average cycle seems to be around 5 years. It may be a result of management change, government policy change, turn-over of key staff or change in the marketplace. On the other hand, major health facilities are typically designed for 30 years but tend to last more than 50 years.

This immediately presents a conflict. If, for example, a major health facility is designed very tightly around the operational policies of the day or the opinion of a few individuals that may leave at any time, then a significant investment may be at risk of early obsolescence.

The Loose Fit Planning Policy refers to planning models which can adequately respond to today's operational policies but have the inherent flexibility to adapt to a range of alternative, proven and forward-looking policies.

At macro-level, many of the commonly adopted health facility planning models, including those covered in these Guidelines, have proven flexible in dealing with multiple operational policies.

At micro-level, designers should consider simple, well proportioned, regular shaped rooms with good access to simple circulation networks that are uncomplicated by a desire to “create interest” through variation, odd angles or unusual shapes. Interior features should not be achieved by creating unnecessary complexity.

Change by Management

This concept refers to plans which allow for changes in operating mode as a function of management rather than physical building change. For example, two Inpatient Units can be designed back-to-back so that a range of rooms can be shared. The shared section may be capable of isolation from one or the other Inpatient Unit by a set of doors. This type of sharing is commonly referred to as Swing Beds. It represents a change to the size of one Inpatient Unit without any need to expand the unit or make any physical changes.

The same concept can be applied to a range of planning models to achieve greater flexibility for the management. Also see other planning policies in this section.

Overflow Design

Some functions can be designed to serve as overflow for other areas that are subject to fluctuating demand. For example, a waiting area for an Outpatient Unit may be designed so that it can overflow into the hospital’s main entrance waiting area or an adjacent coffee shop.

Any area that includes bed bays such as an Emergency Unit may be designed to absorb the available open space and provide room for additional beds in case of natural disasters.

Progressive Shutdown

Even large facilities may be subject to fluctuating demand. It is desirable to implement a Progressive Shutdown policy to close off certain sections when they are not in use. This allows for savings in energy, maintenance and staff costs.

It also concentrates the staff around patients and improves communication and security. In designing for progressive shutdown, designers must ensure:

- None of the requirements of these Guidelines are compromised in the remaining open sections.
- The open sections comply with other statutory requirements such as fire egress.
- The open patient care sections maintain the level of observation required by these guidelines.
- In the closed sections, lights and air-conditioning can be shut off independently of other areas.
- The closed sections are not required as a thoroughfare for access to other functions.

- Nurse Call and other communication systems can adapt to the shut-down mode appropriately.
- The shut-down strategy allows access to items requiring routine maintenance.

Open Ended Planning

A health facility designed within a 'finite' shape, where various departments and functions are located with correct internal relationships may look and function very well at first. However, any expansion will be difficult. Some expansion requirements can be accommodated in new external buildings with covered links; but over time the site will become complicated and messy, with random buildings and long walkways.

The opposite of this scenario is to use "Open Ended Planning": planning models and architectural shapes that have the capability to grow, change and develop additional wings (horizontally or vertically) in a controlled way. As an example, a typical health facility flow diagram which promotes open ended planning is represented below.

Here are some of the concepts involved in Open Ended Planning Policies:

- Major corridors should be located so that they can be extended outside the building.
- As far as possible, FPUs should have one side exposed to the outside to permit possible expansion.
- If a critical FPU must be internal, it should be adjacent to other areas that can be relocated, such as large stores or administration areas.
- External shapes should not be finite.
- External shapes should be capable of expansion.
- Finite shapes may be reserved for one-off feature elements such as a Main Entrance Foyer.
- Roof design should consider expansion in a variety of directions.
- Avoid FPUs that are totally land-locked between major corridors.
- Stairs should not be designed to block the end of major corridors.
- The overall facility flow diagram should be capable of linear or radial expansion whilst keeping all the desirable relationships intact.
- Fixed internal services such as plant rooms, risers, service cupboards should be placed along major corridors rather than in the centre of FPUs.

Open Ended Planning Policies can be applied to entire facilities as well as individual FPUs.

Modular Design

This is the concept of designing a facility by combining perfectly designed standard components. For example, a designer may create a range of Patient Bedrooms, a range of utility rooms and other common rooms that are based on a regular grid such as 600 mm. These rooms can then be combined to create larger planning units such as an Inpatient Unit.

The Inpatient Unit can then be used as a module and repeated a number of times as required.

This approach, in the hands of a skilled designer has many benefits. Modules can be designed only once to perfection and repeated throughout the facility. No redesign is necessary to adjust to different planning configurations. Instead, the plan is assembled to adapt to the modules. Errors in both design and construction can therefore be minimised.

The opposite to this approach is to start from a different architectural shape for each FPU, divide it into various shapes for the rooms, then design the interior of each room independently. This approach, in the hands of a skilled designer can also result in satisfactory solutions, but at a higher risk of errors and at a greater cost. For example, in a typical health facility, one might find 10 Dirty Utility Rooms which are entirely different.

Modular Design should not necessarily be seen as a limitation to the designer's creativity, but a tool to achieve better results. Designers are encouraged to consult with clients and user groups to agree on perfect modules, and then adopt them across all FPUs.

Universal Design

This concept is similar to Modular Design. Universal Design refers to Modules (or standard components) designed to perform multiple functions by management choice.

For example, a typical patient single bedroom can be designed to suit a variety of disciplines including Medical/ Surgical/ Maternity and Orthopaedics. Such a room can be standardised across all compatible Inpatient Units. This will permit a change of use between departments if the need arises. Such Universal Design must take into account the requirements of all compatible uses and allow for all of them. The opposite of this policy is to "specialise" the design of each component to the point of inflexibility.

Other examples of Universal Design are as follows:

- Universal Operating Rooms which suit a range of operations.
- Bed cubicles in Day Surgery which suit both Pre-op and Post-op.
- Offices which are standardised into only a limited number of types for example $9m^2$ and$12m^2$.
- Toilets may all be designed for disabled access or as unisex.

The main point of Universal Design is to resist unnecessary variation in similar components, where the change in functionality can be accommodated in one standard design.

Single Handing

It is common design practice to design identical and adjoining planning modules in mirror image. This is most common in the assembly of Patient Bedrooms with Ensuites. It is commonly believed that this is also more economical as plumbing and other services are located back to back and only one riser is provided for two such rooms.

The concept of Single Handing is the exact opposite. Single Handing refers to situations where mirror image (Handing) is not used.

In areas requiring a high level of staff training, such as in Operating Units, it is possible to "hand" all key rooms in identical manner. It should be noted that the interior of such rooms may be handed in identical manner. However, this does not necessarily imply that their relationships with the adjacent rooms will also be identical. For example, two operating rooms can be designed to share one scrub area. Therefore, the rooms are mirrored against the location of the scrub bay. However, once the staff enter the operating rooms, they may find that internally they are identically handed.

In this example, a staff member entering any operating room, regardless of its location on the plan and approach from corridor will find the service pendants, light pendants and monitors in the same configuration.

In another example, at micro level, medical gases may always be located to the left side of patient's bedhead regardless of the direction of approach by the staff.

Single Handing is ultimately a matter of individual preference and may not suit all conditions. This is not a mandatory requirement and is not universally preferred.

Natural Disaster

All health facilities should be capable of continued operation during and after a natural disaster, except in instances where a facility sustains primary impact. This means that special design consideration is needed to protect essential services such as emergency power generation, heating and/or cooling systems, water supply (if applicable), etc. Typical problems such as disruption to public utilities such as water or sewer mains and energy supplies, may affect the operation of onsite services.

Appropriate construction detailing and structural provision shall be made to protect occupants and to ensure continuity of essential services in areas where there is a history of earthquakes, cyclones, flooding, bushfires or other natural disasters.

Consideration shall be given to possible flood effects when selecting and developing a site. Where possible, facilities shall NOT be located on designated flood plains. Where this is unavoidable, take extra care when selecting structural and construction methodology, and incorporate protective measures against flooding into the design.

Facilities shall be designed and constructed to withstand the minimum earthquake design loads on structures.

In cyclonic areas, special attention shall be given, not only to protection against the effects of the direct force of wind (structural detailing, special cladding fixings, cyclonic glazing etc.), but also against such things as wind generated projectiles (trees, cladding, fencing etc.) and localised flooding.

In all cases, effective long range communications systems which do not rely on ground lines to function are essential.

Consultation with Emergency Services is recommended to ensure arrangements are in place for emergency long range communications assistance in the event of emergency situations or a major disaster.

4.3 Local Design Regulations

Typical Design factors for Health facilities depending on local customs and traditions may include the following:

- Access to Recovery areas for relatives.
- Separation of male and female recovery areas.
- Separation of male and female waiting areas.
- Larger family waiting areas.
- Prayer room on each floor.
- Independent male and female Inpatient Unit accommodation.

Prayer Rooms

The typical hospital facility should respect the local customs of the population. Prayer rooms on each floor may be required. Separate prayer rooms for male and female may be required. The following consideration should be given to prayer rooms:

- Location of the prayer room should be in an accessible area but away from noise, distraction and heavy clinical traffic.
- Orientation of the prayer room is important and appropriately located on the entry of the prayer room is essential.
- Airlock to the prayer room is desirable. This may accommodate hand basin for ablution, shoe racks, bag lockers and coat hooks as deemed necessary.
- Appropriate finish on the floor and walls is desirable.
- Windows are desirable with appropriate screening for privacy.
- Provision of prayer rooms which are multi-denominational should be considered.

4.4 Floor Area Measurement Methodology, Definitions and Diagrams

Within these Guidelines, Room areas, Departmental boundaries, Travel and Engineering are defined and calculated according to the following standards.

How to measure floor areas

To measure drawings, the following measurement technique will apply:

Rooms

Room areas are measured as follows:

- To the inside face of outside walls.
- To centre of walls to adjoining rooms.
- To the full thickness of corridor walls facing rooms.
- To the centre of departmental boundary walls (except where boundary wall adjoins a corridor).

Areas not included are:

- Circulation % (represented by Departmental corridors).
- Service risers, Service cupboards and Plant Rooms.
- Fire Hose Reels, Fire Stairs, Lift Shafts.

Departments

The gross FPU (Departmental) area is the sum of the room areas within the FPU plus circulation – internal corridors, measured as follows:

- FPU areas are measured to the face of corridor walls.

- To the inside face of outside walls.

Areas not included are:

- Service Risers, Service Cupboards and Plant Rooms.
- Fire Hose Reels, Fire Stairs.
- Lift Shafts.

Travel

Travel includes:

- Corridors between Departments (FPUs), measured as follows:
- To the face of corridor walls.
- To the inside face of outside walls.
- Stairs including Fire Stairs.
- Internal Fire Stairs and ramps.

Areas not included are:

- Service risers and cupboards.
- Fire Hose Reels, Lift Shafts.
- Plant Rooms.

Engineering

Engineering includes:

- Plant Rooms, Fire Hose Reels and Service Cupboards measured as follows:
- To the centre of adjoining walls.
- To the inside face of outside walls.
- To the full thickness of riser walls.

Areas not included are Lift Shafts (the void area).

Impact of wall thickness

The minimum room sizes in these Guidelines assume wall thicknesses of 125 mm. For wall thicknesses of more than 125 mm, the minimum area of the room (as measured in accordance with these Guidelines) shall be increased to compensate for the greater wall thickness. Refer to Area Measurement Diagrams attached below for a visual representation of these area measurements.

Gross Floor Area

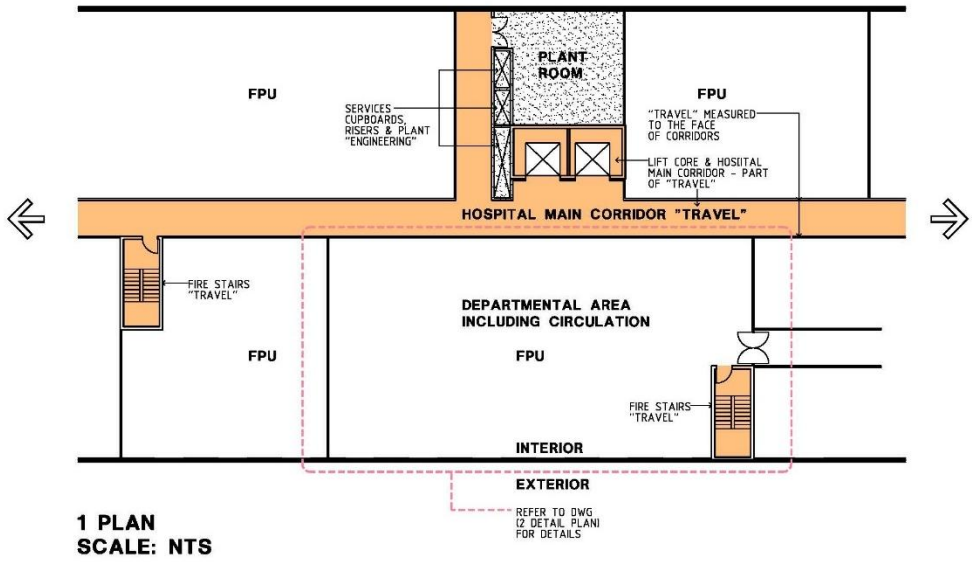
Gross Floor Area (GFA) represents the sum of the Departmental areas on the floor, measured as described in Departments above plus Travel (measured as described in Travel above) plus Engineering areas (measured as described in Engineering above).

Area Measurement Diagrams

The above measurement descriptions are represented below diagrammatically.

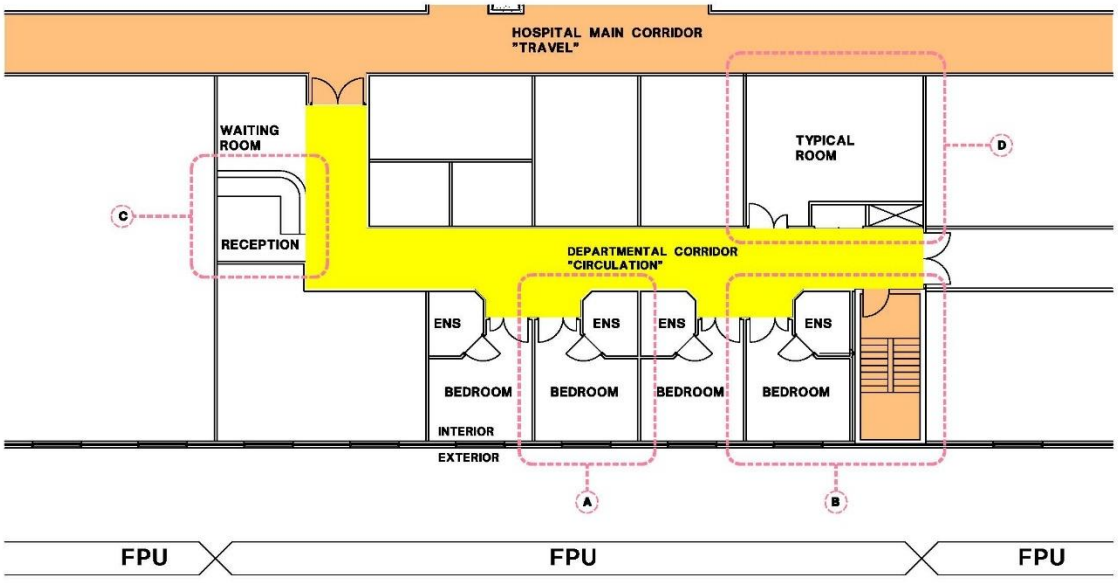
Measurement of Departments, Travel

Plan of Departmental Area



1 PLAN
SCALE: NTS

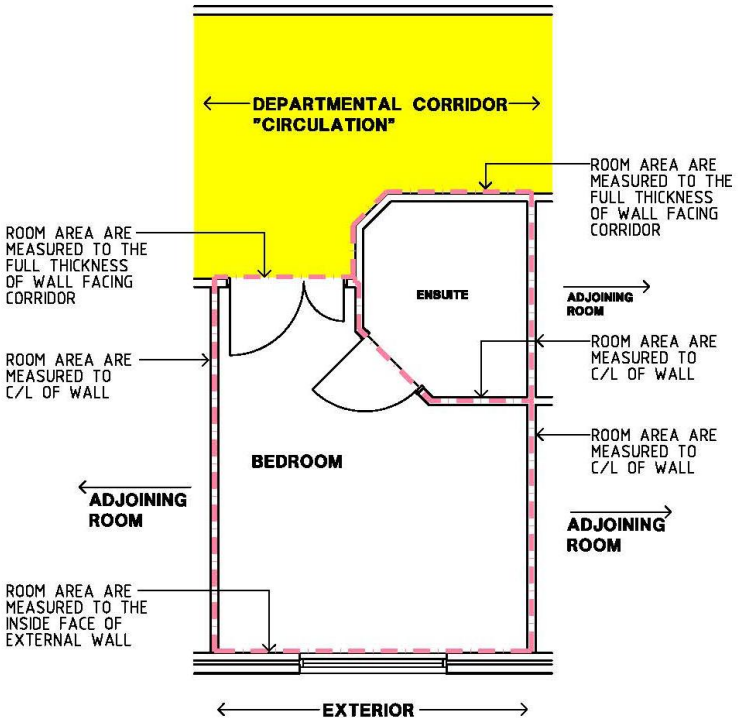
Detail of Typical Department



2 DETAIL PLAN

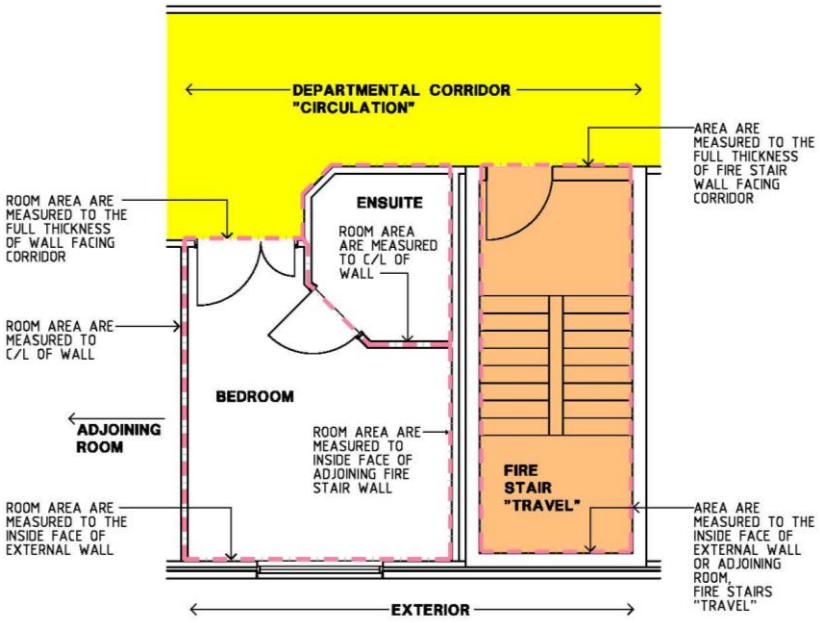
Measurement of Rooms, Corridors, Travel

A – Typical Room adjoining Departmental Corridor



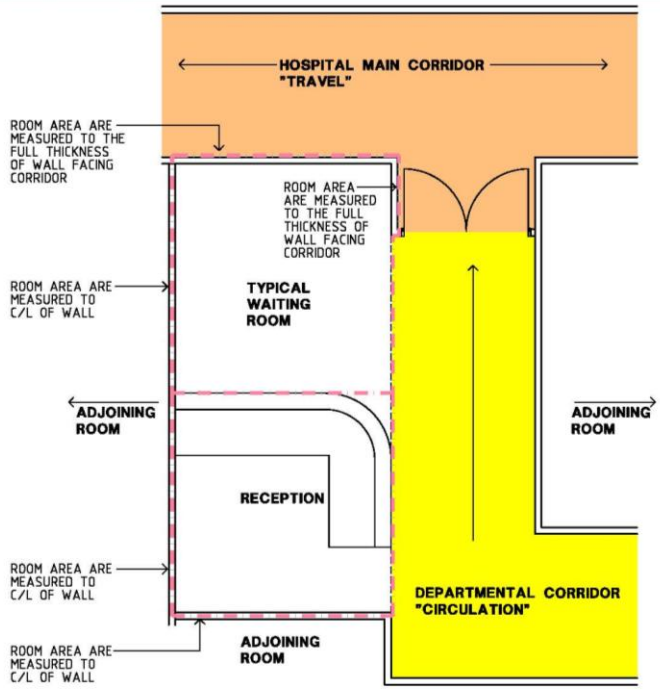
A - PART PLAN
SCALE: NTS

B – Typical Room adjoining Departmental Corridor with adjacent Travel Area



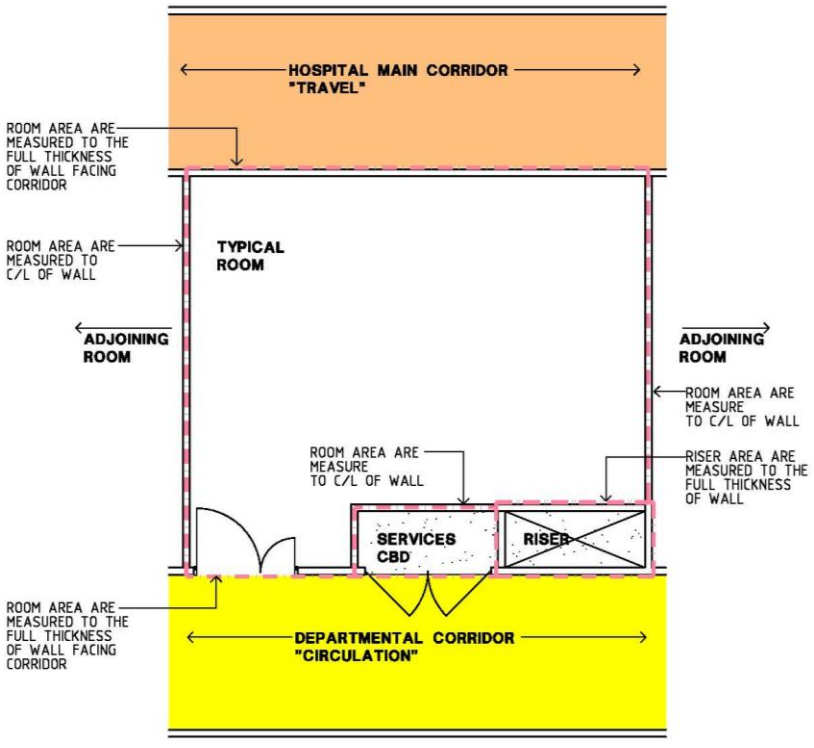
B - PART PLAN
SCALE: NTS

C – Typical Room adjoining Circulation and Travel Corridors



C - PART PLAN
SCALE: NTS

D – Typical Room between Circulation and Travel Corridors



D - PART PLAN
SCALE: NTS

4.5 Parking and Vehicular Access

Introduction

In a new health facility development, planned parking and vehicular access is essential and should be provided based on health facility functions, available staff, community needs and space available.

The parking should provide an adequate number of spaces for vehicles including cars, commercial vehicles, emergency vehicles and 2-wheelers such as motorcycles, scooters and bicycles. Access to and from parking areas should meet applicable disability standards and health authority and safety standards.

General Design Guidelines

Physical Location

Various circumstances may dictate the location of the parking such as:

- Location of the Emergency department.
- Location of the Main Waiting area.
- Proximity to Staff, patients and other users.
- Practicality of consolidated parking versus spread out parking.
- Transport policy objectives determined by the local Road Transportation Authority.
- Other specific services offered at the health facility.

Physical Characteristics

The physical characteristics of a car park must meet the needs of the different types of vehicles in use or expected to be in use.

For private and emergency vehicles, the car park or drop off areas should adhere to local building authority guidelines. For emergency areas, designated ambulance drop-off and parking is essential for the safety and well-being of patients and staff. Clear access ways and designated parking spots shall be demarcated to avoid misuse.

For commercial and service vehicles such as delivery and waste management trucks, loading docks should be designed compatible with the type of vehicles to be used or expected to be used in the future. Traffic controls may need to be provided to segregate vehicles according to their use. For example loading/ unloading areas for a ‘Clean’ delivery truck and a ‘Dirty’ waste management truck. Similarly access points and access ways through the site need to be designed such that patient access does not interfere with emergency and service vehicle access.

Disabled Access Parking

All access to and from the car park will need to adhere to applicable disability guidelines. Parking spaces for use by people with disabilities should be in accordance with such guidelines. A parking space for a person with disability should consist of an unobstructed area having a firm and level surface with a fall not exceeding minimum requirements of the local disability code. Space width and overlap allowances also need to be in accordance with such codes.

A continuous, accessible path of travel should be provided between each parking space to an accessible entrance/lift. Parking spaces should be identified by a sign incorporating the international symbol of access for people with disabilities.

Community Safety

Car parking and vehicular access ways should provide a safe environment for its users. Clear sightlines should be provided throughout the car parking areas to enhance safety and avoid confusion. Car parks should be directly linked to accessible pedestrian pathways linking directly to the main building or reception areas. Adequate lighting is essential after hours for patients and staff to access their vehicles. Communication and security systems may be installed in large car parks depending on the location, function and layout. Adequate traffic controls may be required to safely navigate pedestrian and vehicular traffic through the parking area. This could be achieved through signage or other electronic controls.

Access ways and parking spots for emergency vehicles should kept clear of any public interference for the well-being of both patients and the general public. Loading and unloading areas should follow minimum applicable standards for Occupation and Health Safety. This shall include adequate lighting, clear access

ways and designated parking spots. Communications and security systems may be installed to monitor such areas that have low frequency of visitors or vehicular access.

Landscaping and Signage

Car parks should generally be attractive and pleasant spaces that are aesthetically designed for public and private use. To avoid unattractive expanses of paving, vegetation may be used to soften the visual impact. The landscaping should generally respect the terrain of the land.

Trees may be utilised to provide greenery as well as shade during summer months. Plants should be selected that have vigorous growth, longevity, minimal maintenance and ample shade. Care should be taken that sub-soil drainage is provided for all trees and adequate drainage is provided for surface water run-off from paved areas.

Way finding and signage are important elements that safely guide patients and staff to and from the health facility. Signage should prominently highlight pedestrian/disabled access ways. Clear directions to the nearest stairwell or lift well should be posted at prominent locations or at proper intervals.

Proper signage also helps visitors to identify a particular location so that they are able to access their vehicles in an easy and timely manner. Care should be taken that exit and direction signs are clearly visible to avoid incidents. Security systems may be installed to discourage miscreants.

Maintenance

The design of car parks and vehicular access ways should aim to achieve minimum maintenance. Elements such as signs, landscape, barriers, etc. should be designed to ensure minimal maintenance and discourage vandalism. For example sealed pavement may be used instead of gravel that requires constant maintenance.

Healthcare Facility and Community Land Use Policies

Travel associated with community and health facilities land use covers a range of purposes including the journey to work, personal business and recreation. Modes of travel vary depending on the prevalent functions associated with the health facility. For example, the local authority may require a drop-off/ pick up area for public transportation. Some communities encourage sustainable lifestyles and may require bicycle parking or direct pedestrian access from main arterial roads. Ready access to public transport is often particularly important because of the absence of viable alternatives for the community.

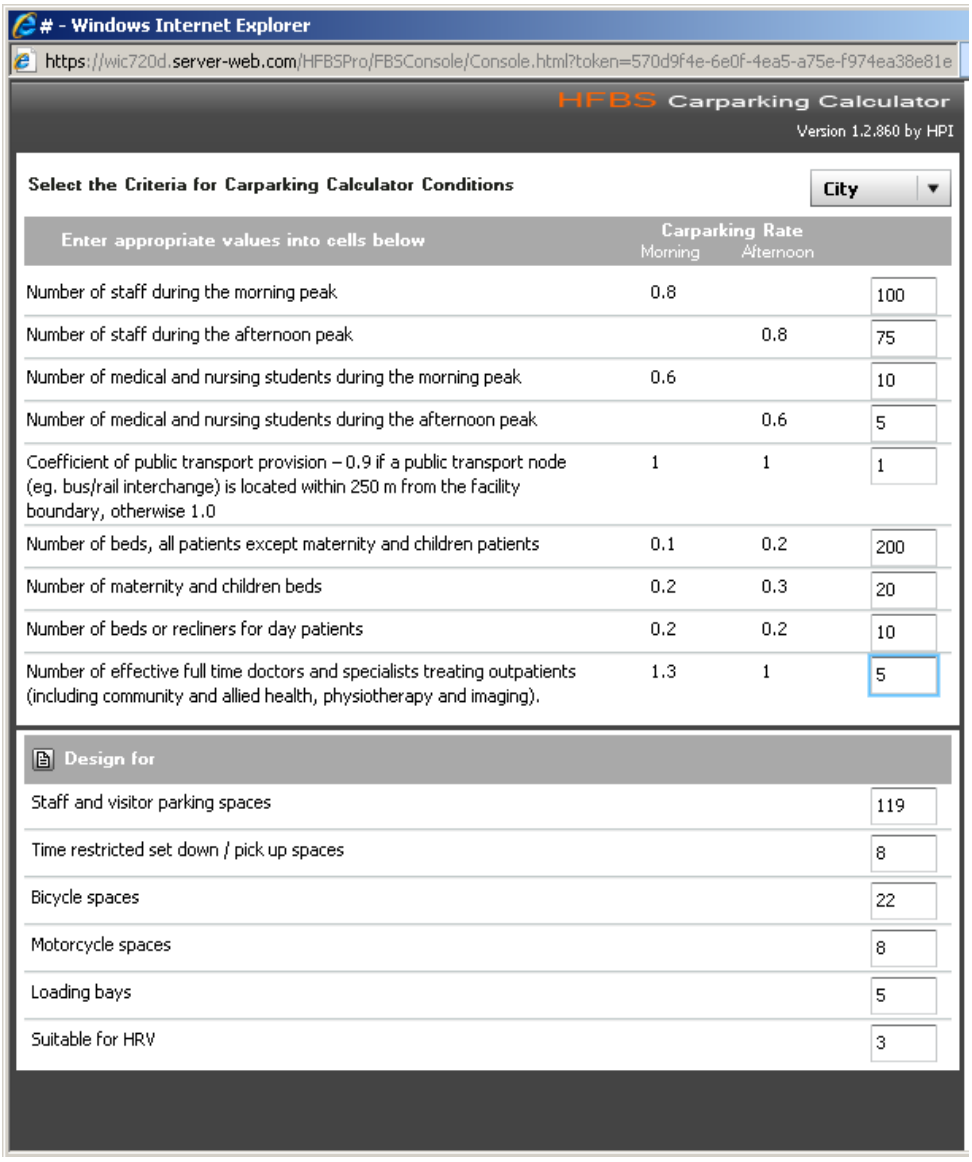
The design of the health facility should ensure that due consideration is given to policies laid by the applicable authority with regard to community land use and the amenities required for such land use. The safety of all users at all times is essential and care should be taken that no safety hazards are created by the provision of access and parking facilities for a development.

Car Parking Calculations

Designers of health facilities should refer to local guidelines for calculating the number of parking spaces required for the facility.

HFBS Carparking Calculator

Alternatively, the Health Facility Briefing System (HFBS) provides a tool that designers can rapidly and accurately estimate the number of parking required for cars, trucks and other vehicles. The tool is based on algorithms devised by transportation experts. Based on a set of 9 questions related to the numbers of staff and beds, the tool is able to accurately predict the estimated car parking load for the health facility. HFBS can be accessed on the website: www.healthdesign.com.au .



Above: Car Parking Calculator – Health Facility Briefing System (HFBS)

Carparking Design

Parking bays may be organised in a variety of arrangements including 300, 450, 600 and 900 with single or two way aisles. The preferred parking angle is 900 which allows for the flexibility of two way aisles.

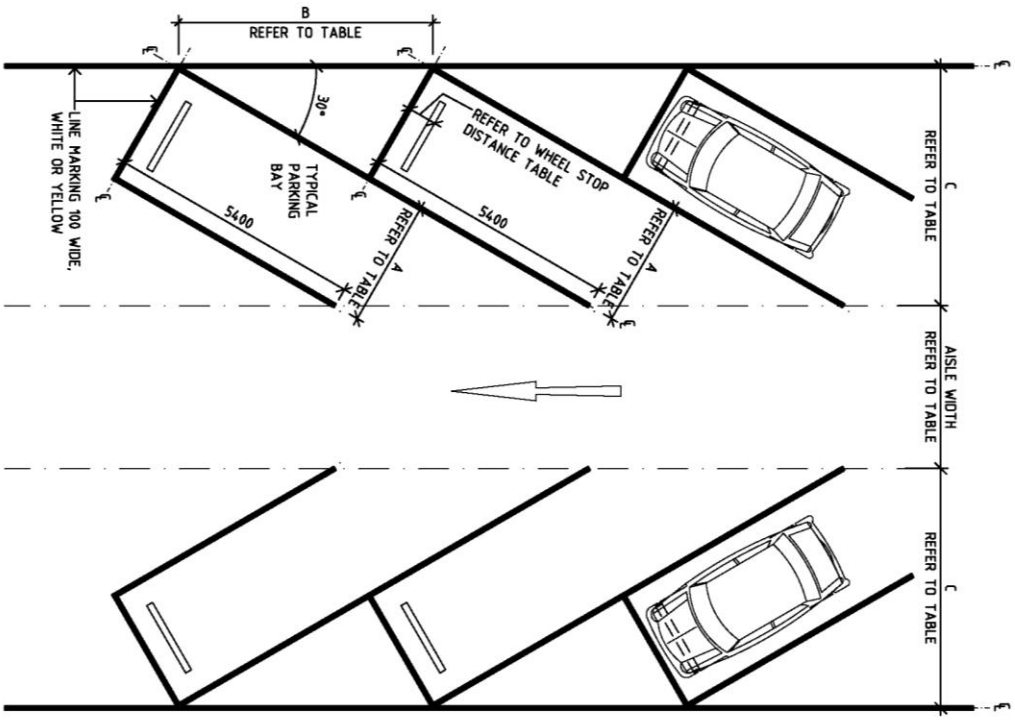
Allow an area of 35 m^2 for a typical carparking space; this allowance includes the aisle space required.

Carpark Bay Dimensions

Provide the following minimum car parking bay dimensions:

Bays at 30º

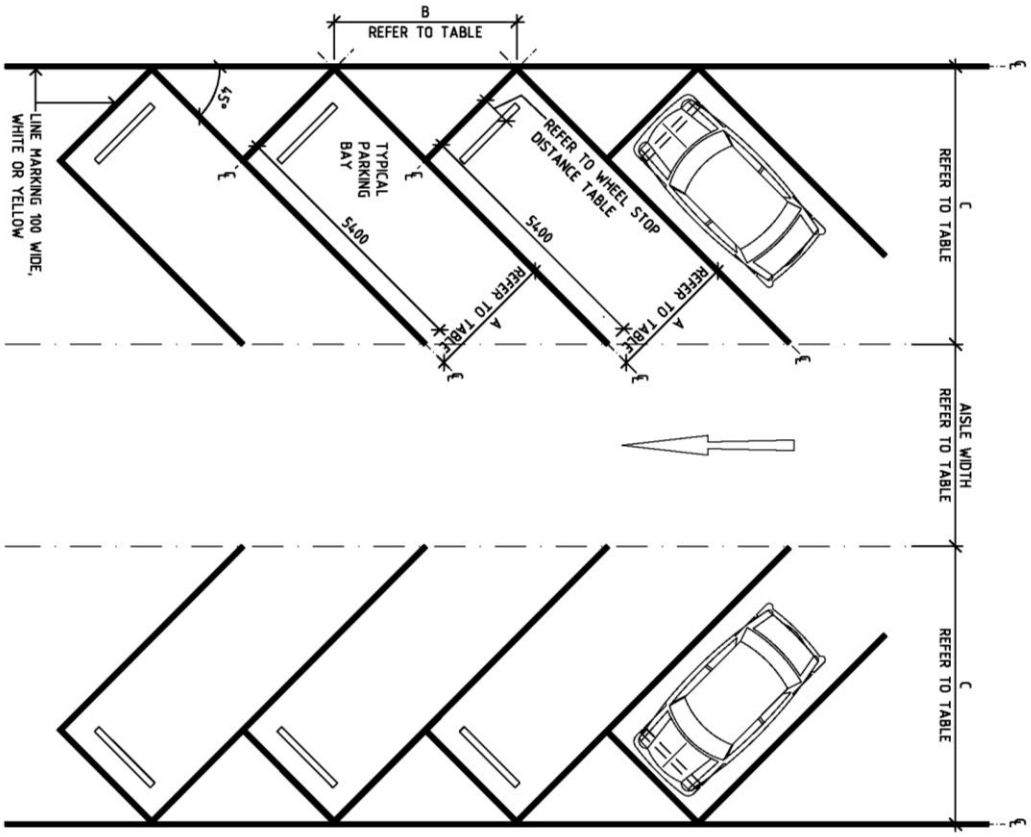
Classification	Dimension A mm Bay Width	Dimension B mm Bay Width	Dimension C mm Bay Length to wall or high kerb with no overhang	Dimension C mm Bay Length to low kerb which allows 600 mm overhang	Dimension C mm Bay Length with wheelstops*	Aisle Width mm
Employee & Commuter parking; staff only(all day)	2100	4200	4400	4100	4500	3100
Hospital and Medical Centres (mix of patient and staff parking)	2500	5000	4400	4100	4900	2900



Above: Typical Carparking Bays at 30º

Bays at 45º

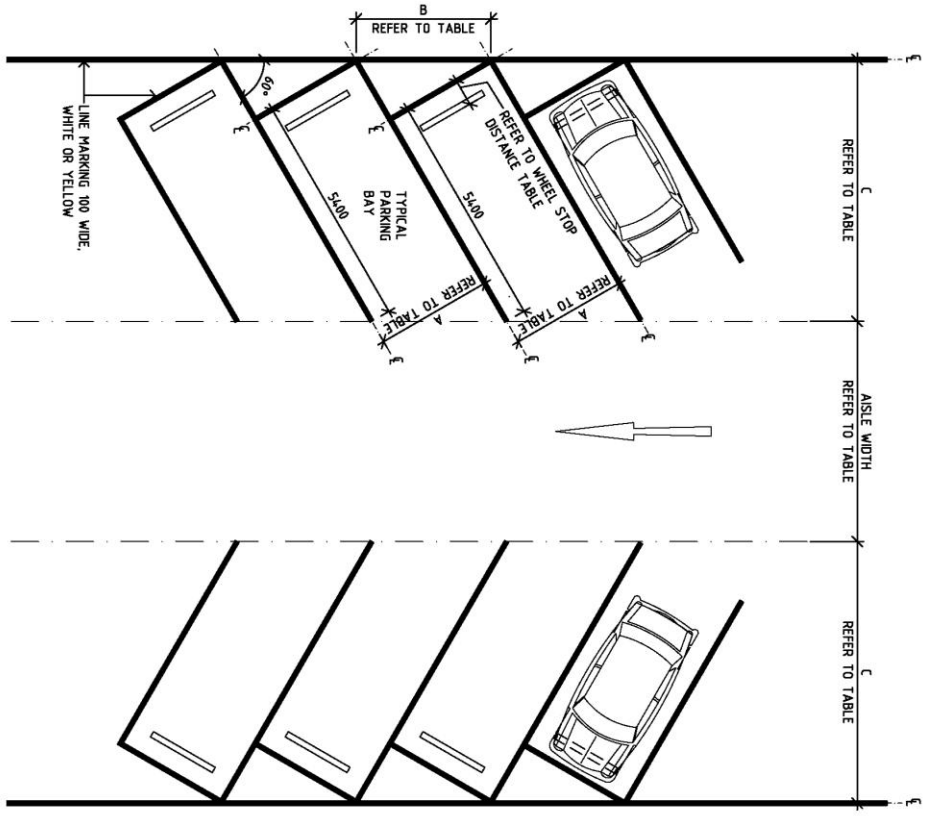
Classification	Dimension A Mm Bay Width	Dimension B Mm Bay Width	Dimension C Mm Bay Length to wall or high kerb with no overhang	Dimension C Mm Bay Length to low kerb which allows 600 mm overhang	Dimension C Mm Bay Length with wheelstops*	Aisle Width mm
Employee & Commuter parking; staff only(all day)	2400	3400	5200	4800	5500	3900
Hospital and Medical Centres (mix of patient and staff parking)	2600	3700	5200	4800	5700	3500



Above: Typical Carparking Bays at 45º

Bays at 60º

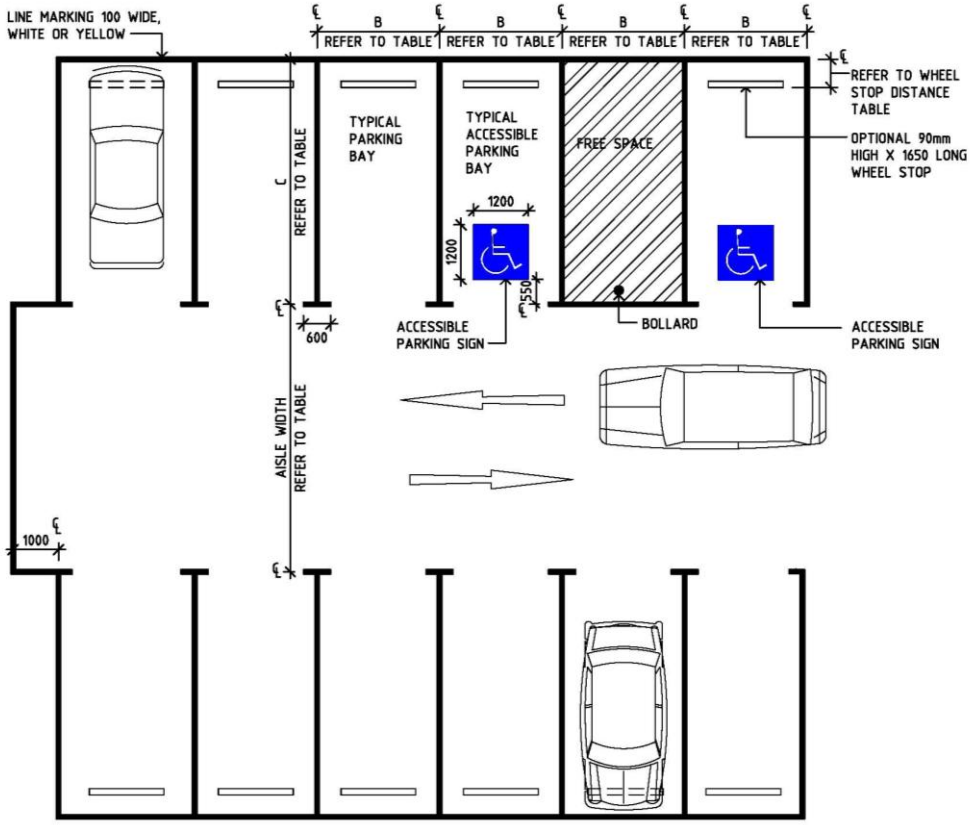
Classification	Dimension A mm Bay Width	Dimension B mm Bay Width	Dimension C mm Bay Length to wall or high kerb with no overhang	Dimension C mm Bay Length to low kerb which allows 600 mm overhang	Dimension C mm Bay Length with wheelstops*	Aisle Width mm
Employee & Commuter parking; staff only (all day)	2400	2750	5700	5100	5900	4900
Hospital and Medical Centres (mix of patient and staff parking)	2600	3000	5700	5100	6000	4300



Above: Typical Carparking Bays at 60 º

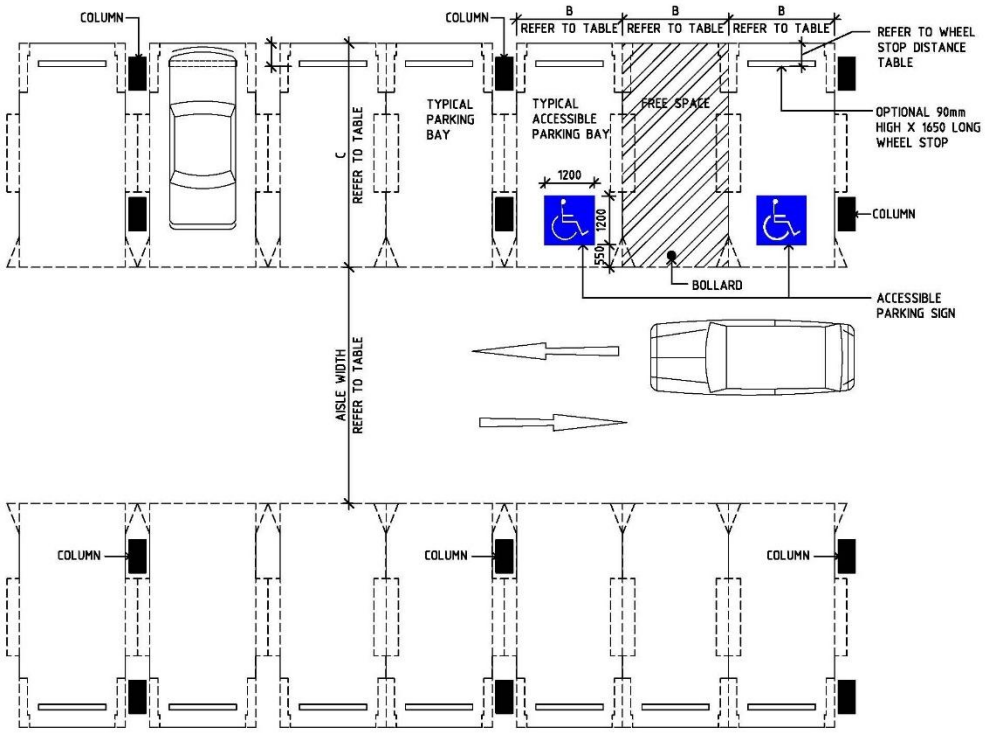
Bays at 90º

Classification	Dimension A mm Bay Width	Dimension B mm Bay Width	Dimension C mm Bay Length to wall or high kerb with no overhang	Dimension C mm Bay Length to low kerb which allows 600 mm overhang	Dimension C mm Bay Length with wheelstops*	Aisle Width mm
Employee & Commuter parking; staff only (all day)	2400	2400	5400	4800	5400	6200
Hospital and Medical Centres (mix of patient and staff parking)	2600	2600	5400	4800	5400	5800



Above: Typical External Use Parking Bays at 90º

Below: Typical Internal Use Parking Bays at 90º showing clearances for obstructions



Parallel Parking Bays

Provide the following minimum dimensions for parallel parking with a one way aisle:

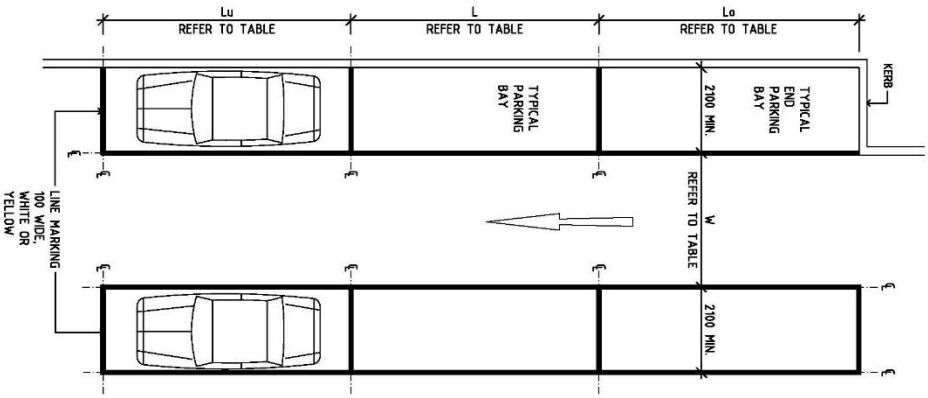
Aisle Width One way W	Space Length L	Space Length Obstructed end spaces L_0	Space Length Unobstructed end spaces L_u
3000	6300	6600	5400
3300	6100	6400	5400
3600	5900	6200	5400

Parallel spaces shall be located at least 300 mm clear of obstructions higher than 150 mm such as walls, fences and columns. If the opposite side of the aisle is bounded by obstructions higher than 150 mm then the aisle width (W) should be increased by at least 300 mm.

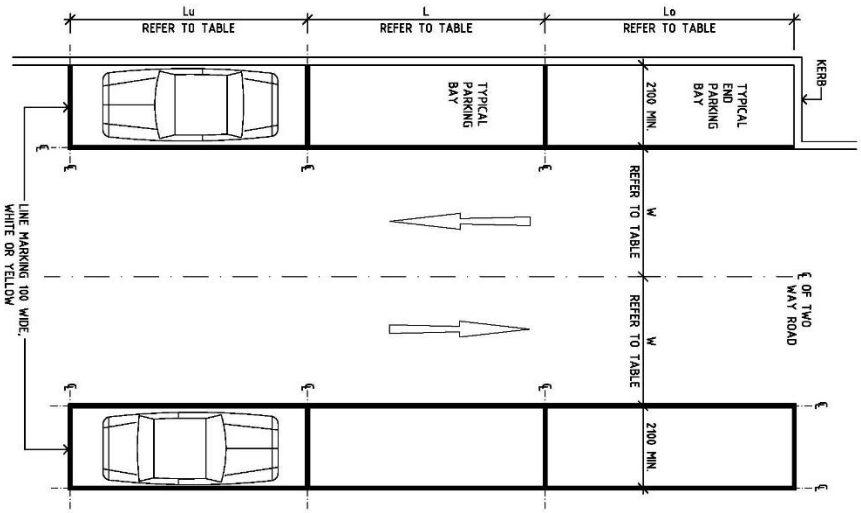
If a single space is obstructed at both ends the dimensions of the space shall be increased by 300 mm.

For parallel parking on both sides with a two-way aisle, the aisle width identified for one way traffic (W) above, shall be doubled.

Below: Parallel parking on both sides of a one way aisle



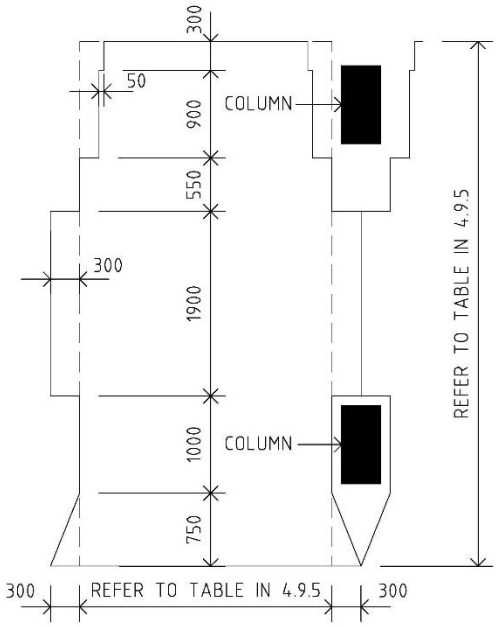
Below: Parallel parking on both sides of a two way aisle



Design Envelope for Internal Parking Bay

Use the template below to ensure clearance around columns, walls and obstructions.

This template must fit into any internal parking bay without obstruction for columns, walls and bollards.



Above: template for clearances within parking bay

Parking Aisles

Aisles for 90º bays need to allow for two-way traffic. Aisles for 30º, 45º or 60º angled bays shall be one way traffic. Parallel parking bay aisles may be either one way or two-way traffic. The width of aisles for angled parking bays will vary according to the width of the parking bays, wider bays require less aisle width.

Where there are blind aisles, the aisle shall extend 1 metre beyond the last parking bay. If the last parking bay is bounded by a wall or a fence, it should be widened by 300 mm.

Wheel Stops

Wheel stops may be provided if necessary to limit the travel of a vehicle. Wheel stops should not be used in situations where they are in the path of pedestrians moving to and from parked vehicles or where pedestrians cross a car park. If required, wheel stops are installed at right angles to the direction of parking or where the ends of angled parking form a sawtooth pattern.

If wheel stops are required, install according to the front of the carparking space according to the following dimensions:

Parking Direction	Wheel stop distance to front of parking space			
	Parking to Kerb ≤ 150 mm high		Parking to Kerb > 150 mm high or wall	
	90 mm high wheel stop	100 mm high wheel stop	90 mm high wheel stop	100 mm high wheel stop
Front in parking	630 mm	620 mm	830 mm	820 mm
Rear in parking	910 mm	900 mm	1110 mm	1100 mm

Accessible Parking Bays

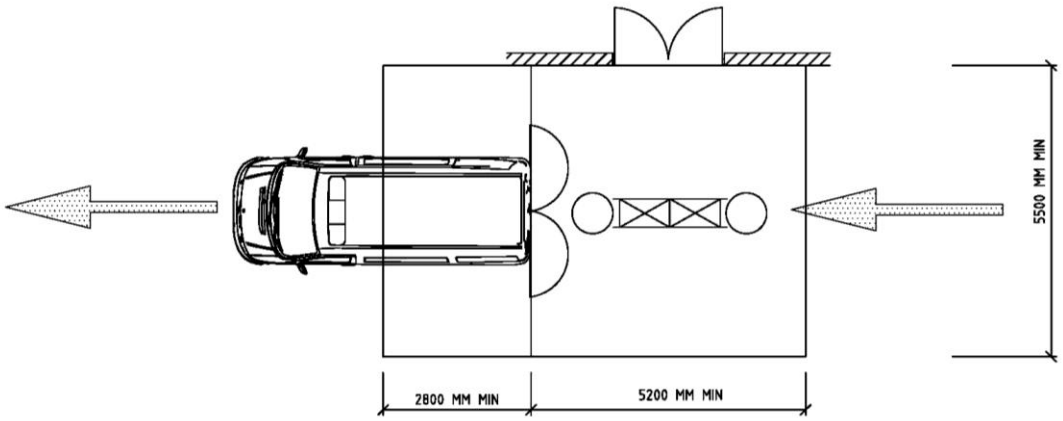
Accessible parking bays shall have the following minimum dimensions with a clearance height of 2500 mm from the entry/exit to the bay:

Description	Width mm	Length mm
Angled Bays (45-90⁰)	2600	5400
Parallel Bays	3200	7800

A shared area should be provided to the side of the accessible parking bay for loading and unloading; two accessible bays may be located either side of a single shared space.

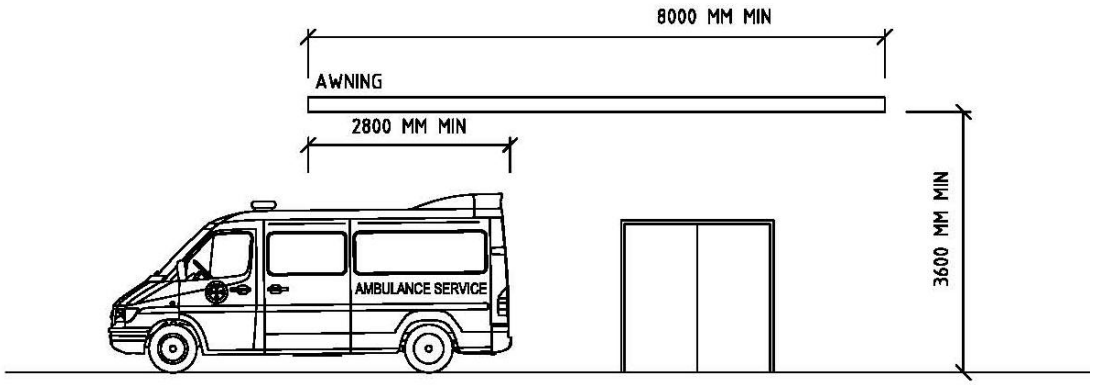
Ambulance Bays

Provide the following minimum drive through area for ambulances:



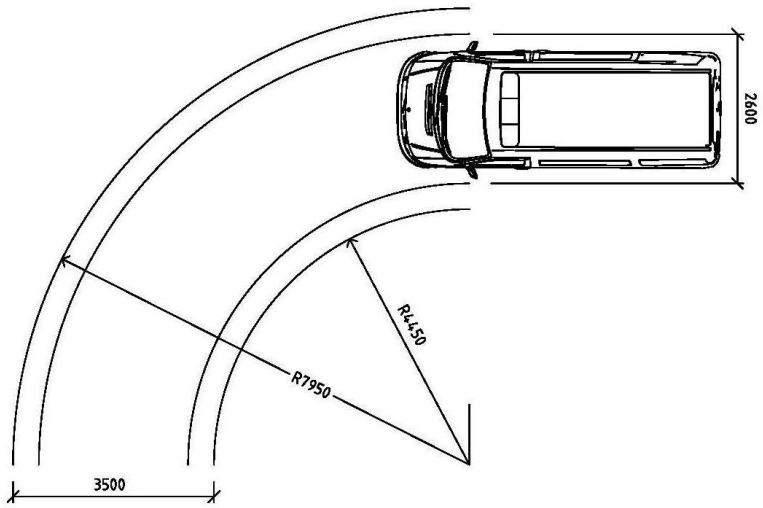
Minimum width is 5200 mm; minimum depth is 5500 mm.

The ambulance bay requires a covered space with a minimum length of 8000 mm and height of 3600 mm:



Ambulance Turning Circle:

Ambulances will require the following minimum radius for turning:



For additional information on ambulance unit and requirements refer to Emergency Unit FPU, in these Guidelines.

5 Acceptable Standards and Guidelines

The design requirements of each FPU as well as various room types are also described in a number of international guidelines.

For additional reference, three other international guidelines may be considered:

- Guidelines for Design and Construction of Health Care Facilities, The Facility Guidelines Institute, 2010 Edition, American Institute of Architects (AIA) www.fgiguidelines.org
- Australasian Health Facility Guidelines. (AusHFG Version 3.0), Australasian Health Infrastructure Alliance, 2009 refer to website www.healthfacilitydesign.com.au
- DH (Department of Health) (UK) NHS Estates Health Building Notes, refer to www.estatesknowledge.dh.gov.uk

Where one guideline is deemed to be inadequate in the coverage of certain facility types, another guideline may be consulted.

6 Appendix 1

Please see overleaf.

Part B – Health Facility Briefing & Design

Planning Preliminaries

Appendix 1 – Role Delineation Guide

iHFG

International Health Facility Guidelines

2025

Table of Contents

1. Introduction & Definition

Role delineation is a process which determines the clinical capacity of a health facility to provide services of a defined clinical complexity. It is based on an assessment of the service provided, infrastructure, equipment and other service requirements, support services, as well as the range and expertise of medical, nursing and other healthcare personnel in a given clinical discipline to provide a specialised service.

This Role Delineation Guide is a Framework for public and private health facilities to establish the minimum capability criteria for service delivery according to the complexity of care, expected distribution and the referral pattern between the different facilities.

Role Delineation Levels outlined within this framework establish the role of the facility within the society including:

- minimum service requirements
- minimum workforce requirements
- minimum support services requirements

This framework is necessary to deliver safe, efficient and appropriately supported clinical services.

The responsible Health Authority may adapt, refine, modify and localise the requirements of this Role Delineation Guide to best suit the local conditions, working culture and policies

The RDL framework has several core components:

- Role Delineation Levels (RDL) from 1 to 6
- RDL criteria, including:
  - Service description and of service provided (e.g. setting and general hours of service); type of patient (e.g. multiple comorbidities); providers and subspecialties, where relevant; and inter-service and/or interlevel relationships, with each level providing a more in-depth description of the service level capacity
  - Infrastructure and service requirements including additional detail and service-specific requirements such as nature of the service provided (e.g. particular interventions or treatment pathways, which could involve telehealth), specialty skills, specific expertise of the team/s and inter-service and/or inter-level relationships (e.g. referral pathways, transfer arrangements and interaction with other services, asset and equipment requirements. This may include but is not limited to:
    a) equipment suitable for the needs of the patients (e.g. paediatric, bariatric or geriatric) and/or service
    b) staff responsible for using the equipment are trained and competent in equipment use
    c) users of equipment and infrastructure have access to appropriate maintenance and support services, including biomedical engineering and technical services, ICT support, and building maintenance services
  - As the management of patient care becomes more complex, service requirements of a service level may change
  - Workforce requirements describing the medical, nursing, allied health and other workforce specifications relevant to the levels within each module. These may be further defined within the service levels as the service level complexity increases. The RDL Guide does not prescribe staffing ratios, absolute skill-mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally. This is not a Human Resource (HR) guide.
  - Support service requirements identifying the minimum suite of services needed to deliver a service at a particular level. This section depicts the level of service required by other relevant services for minimum safety and quality.
  - Minimum requirements for each criterion are defined based on best available evidence and requirements of the service. The minimum criteria must be met at each level to provide safe and quality clinical services. A service level may exceed some of the

minimum requirements but cannot claim a higher RDL status until all the the minimum requirements for the higher RDL are fully met.

2. Interpretation

The Role Delineation Guide describes service level capability by complexity of care rather than the overall size or capability of a health facility. A “service” refers to clinical services e.g. surgical or maternity services, provided under the management of an operator, whereas a “facility” refers to the physical structure with certain provisions and capabilities.

Within the Framework, clinical services are categorised into up to six capability levels, with RDL 1 managing the least complex patients and RDL 6 managing the highest level of patient complexity.

As a general rule, each RDL builds on previous service level capability. For instance, a service nominated as having RDL 6 capability should have all the capabilities of clinical services up to RDL 5 plus additional capabilities resourcing the most highly complex clinical service. Each RDL provides the additional capabilities representing the minimum requirements for that level. This also means that each facility at a higher RDL has nested lower RDLs. For example an RDL 5 facility which is usually centralised to serve a large population catchment, can also provide primary care services expected at RDL 1 for its immediate local community.

Where classification by RDL is between two levels, in-between RDLs can also be considered, i.e. RDL 3/4.

Service, infrastructure and workforce characteristics described in the Framework are a guide only and should not be seen as prescriptive. In the event a service cannot meet all requirements of the RDL this may be resolved through the implementation of mitigating risk strategies to ensure delivery of safe and sustainable health care. This may involve outsourced services or alternative operational models.

A healthcare facility may focus on certain specialties and voluntarily meet higher RDL requirements of those specialties. If a facility reaches all the RDL 6 requirements for certain specialties, it may be regarded as a Centre of Excellence in those specialties. The balance of the facility with less specialization may be regarded as a lower RDL.

Role delineation provides health planners and providers with a common language to describe services available and minimum support services required for safe delivery. As RDL is numerically categorised, it is not sensitive to the local classifications and varying names given to the facilities across the world. The local names for the facility types and services can be mapped to the relevant RDL to allow the use of this guide.

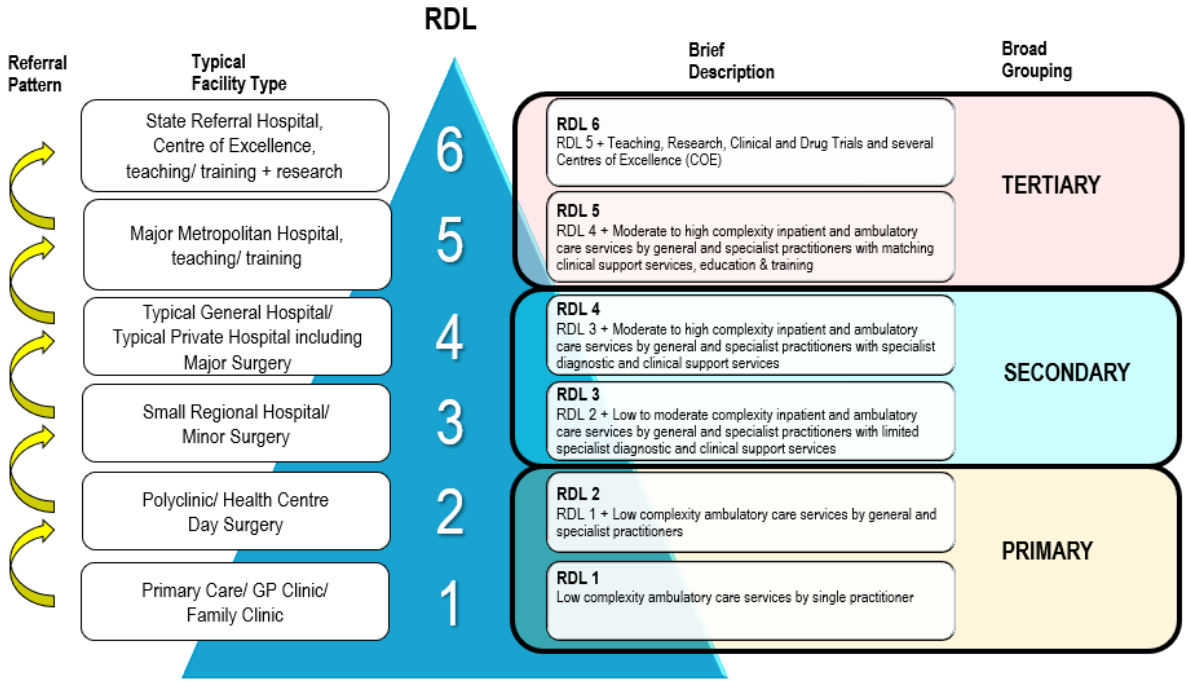
The diagram on the following page shows the RDL classifications and groupings by the typical facility types.

Each pair of RDLs is grouped broadly under Primary, Secondary and Tertiary care levels. This grouping and the names given to them will have no impact on the correct application of the RDL at levels 1 to 6. They are only for easy reference.

The referral pattern between the service levels is from the lowest RDL to the highest RDL. If a patient cannot be properly treated at a facility at a lower RDL, they can be referred (or transferred) to a facility at a higher RDL which has all the necessary facilities, services and workforce skills.

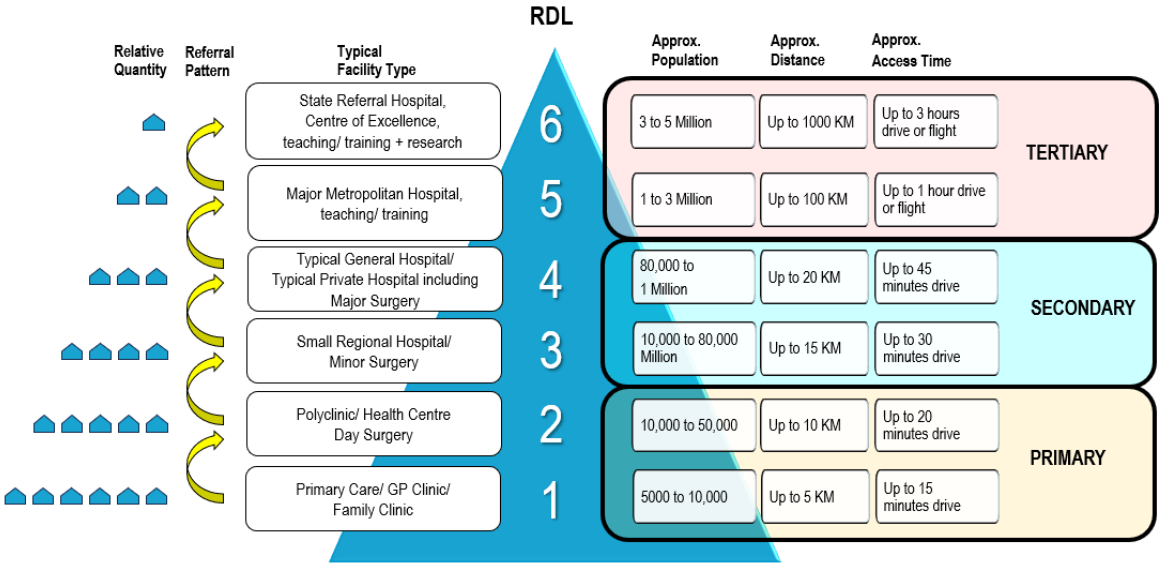
For the most efficient healthcare system people should enter the healthcare system at the lowest RDL which is available, save and accessible. Then the clinicians decide to refer the patient to higher RDL’s if and when necessary. This serves to ease the burden of healthcare services at RDL’s which are not necessary and are usually more expensive.

The facility types and names should not be relied upon as they may differ in different countries and healthcare systems. The key point of the numerical classification by RDL is the complexity of care from the lowest to the highest. The names given to the facilities do not necessarily dictate the RDL.



The diagram below indicates a simple urban planning guide for the distribution of the facilities by RDL and referral pattern within a geography that contains the population catchment.
The quantity of facilities by RDL are shown diagrammatically indicating there are fewer facilities at higher RDL's as such facilities are increasingly centralised for the largest population numbers. On the other hand, at lower RDLs the facility quantities are higher, and they are distributed closer to the places where people live and/or work.

The diagram below is based on a most common urban situation in a city of over 1 million. The distribution by population, distance and time may have to be refined and customised for geographic locations with very sparse populations or extremely dense urban environments.



The 6 levels of RDL are further described in table form below.

General Nomenclature	Service Level	Description
Primary Care	**RDL 1**	Provides low-risk inpatient and ambulatory care clinical services. Delivered mainly by RNs and GPs with admitting rights to the local hospital. Patients requiring a higher level of care can be managed for short periods before transfer to a higher-level service.
	RDL 2	Some limited visiting/outreach allied health services provided. Manages emergency care until transfer to a higher level service. Predominantly delivered by GPs (available 24 hours a day, 7 days a week but not necessarily on-site) and RNs including midwives and/or nurses with specialty qualifications, possibly inclusive of visiting day only specialist services as well as low-risk surgery and/or minor procedures, and an education and training role (longer than day only may be arranged).
Secondary Care	**RDL 3**	Provides low to moderate-risk inpatient and ambulatory care clinical services delivered by a variety of health professionals (medical, nursing, midwifery and allied health) including resident and visiting specialists with access to limited support services. Manages emergency care and transfers to a higher level if required. No intensive care unit, although the facility may have access to a monitored area.
	RDL 4	Provides moderate-risk inpatient and ambulatory care clinical services delivered by a variety of health professionals (medical, nursing, midwifery and allied health) including resident and visiting specialists. Medical staff on-site 24 hours a day, 7 days a week and an intensive care unit (may be combined with a cardiac care unit) with related support services also available on-site. If higher level or more complicated care required, patients may need to be transferred to a level 5 service. Some specialist diagnostic services also available.
Tertiary Care	**RDL 5**	Manages all but the most highly complex patients and procedures. Acts as referral service for all but the most complex service needs which may mean highly complex, high-risk patients require transfer or referral to a level 6 service. Has university affiliation(s) and education and teaching commitments, possibly some research.
	RDL 6	Is the ultimate high-level service delivering complex care and acting as a referral service for all lower-level services. Can also be a region-wide super specialty service accepting referrals from across the jurisdiction and cross-regionally where applicable. Generally provided at a large metropolitan hospital. Has strong university affiliations and major teaching and research commitments in both local and multi-centre research.

3. Format

The Services and associated RDLs have been classified as per the following format:

Section 1: Clinical Support Services

1. Laboratory
2. Pharmacy
3. Medical Imaging
4. Nuclear Medicine
5. Intensive Care
6. High Dependency Care
7. Operating Suites
8. Anaesthetics

Section 2: Clinical Services

Group A: Emergency

Group B: Medicine

1. Cardiology & Interventional Cardiology
2. Clinical Genetics
3. Dermatology
4. Endocrinology
5. Gastroenterology
6. General Medicine
7. Geriatrics
8. Haematology
9. Immunology
10. Infectious Diseases
11. Long Term Care
12. Neurology
13. Oncology – Medical
14. Oncology – Radiation
15. Palliative Care
16. Rehabilitation
17. Renal Medicine
18. Respiratory & Sleep medicine
19. Rheumatology

Group C: Surgery

1. Burns
2. Cardiothoracic Surgery
3. Day Surgery
4. Ear, Nose & Throat Surgery
5. General Surgery
6. Gynaecology
7. Neurosurgery
8. Ophthalmology
9. Oral Health/Dentistry
10. Orthopaedics
11. Plastic Surgery
12. Urology
13. Vascular Surgery

Group D: Women's & Children

1. Obstetrics
2. Neonatology
3. Paediatric Medicine
4. Paediatric Surgery

Group E: Mental Health

1. Drug & Alcohol
2. Psychiatry (Child & Adolescent, Women and Adults)

4. Section 1: Clinical Support Services

4.1 Laboratory

Laboratory role descriptions are based on the services provided at or delivered to a site, rather than what is physically present on the site.

RDL	Laboratory Service Description	Infrastructure & Service Requirements	Workforce
1	Blood and diagnostic specimen collecting services available. No on-site laboratory.	Supported by a timely courier service to an accredited laboratory for testing. Collection policies and procedures established by the accredited laboratory. Compliance with the quality and safety requirements.	No Level 1 service. Refer to higher level.
2	As for Level 1. In addition, a range of urgent tests may be available. No on-site laboratory but trained health workers available to collect and transport specimens to laboratory.	As for Level 1. In addition, compliance with management of blood component requirements.	Appropriately trained health workers to use the automated pathology testing equipment.
3	As for Level 2. In addition, an accredited branch/satellite laboratory providing core pathology services either on-site or through networked arrangements. Range of tests available varies according to clinical need but will usually include basic haematology (e.g. full blood count, cross matching, blood grouping and basic coagulation), biochemistry (e.g. liver and renal function tests, electrolytes) and microbiology (e.g. urine microscopy, Gram staining).	On-site basic biochemistry and haematology. As for Level 2. In addition, under the overall control of, with specialist scientific and clinical supervision from, an accredited laboratory. 24 hours on call access to laboratory. Access to blood bank services.	As for Level 2. In addition, branch/satellite laboratory under direction and control from pathologist or senior scientist of general laboratory. Where appropriate, specialist pathology staff with appropriate qualifications, training and experience relevant to scope of testing being performed.
4	As for Level 3. In addition, part of a service network providing some specialist diagnostic tests (e.g. fine needle aspiration, frozen section, bone marrow biopsy) and/or an expanded range of tests.	As for Level 3. In addition, provide an extended hours service to meet agreed clinical needs. Specialised pathology services provided by laboratory scientists Integrated laboratory information system for referral and results sharing.	As for Level 3. In addition, service provided by laboratory scientists with appropriate tertiary qualifications.
5	As for Level 4. In addition, accredited as branch/satellite or general laboratory. Provide access to comprehensive suite of pathology services, either on-site or through networked arrangements. Provide support for clinical trial and research activities. May act as 'hub' laboratory, providing diagnostic and clinical services for other hospitals or laboratories in the region or pathology network.	As for Level 4. In addition, provide 24-hour access to comprehensive suite of pathology services. Dedicated pathology department. Microbiology and histopathology available locally. Formal access to sub-specialist pathology services from Level 6 Pathology services. Support provided to lower service level facilities.	As for Level 4. In addition, service provided by full-time pathologists. The supervising pathologist or senior scientist must be present or contactable for consultation during normal working hours of the laboratory. Specialist pathology laboratory staff available locally 24 hours.
6	As for Level 5. In addition, accredited as general laboratory and may play a region-wide referral role for some highly complex sub-specialty pathology services. Provide comprehensive range of complex clinical, laboratory and business support services. Perform testing of a complex technical nature in a range of fields to support specialist clinical services. Initiate and lead clinical trial and research activities. Sub-specialty services and provides highly complex pathology services such as clinical investigations, transplantation services and blood banking.	As for Level 5. In addition, sub-specialty pathology services, cytogenetics services, cell culture facilities and cryopreservation, blood product storage and cross-matching.	As for Level 5. In addition, credentialled sub-specialty pathologists.

4.2 Pharmacy

RDL	Pharmacy Service Description	Infrastructure & Service Requirements	Workforce
1	Service provided by external pharmacy.	Medications supplied on individual prescription from a community pharmacy, primary health care clinic or higher level service. Links to other relevant services to support patients taking medications. Access to registered pharmacists for medication management, patient education and support, home medicines review and formal medication reviews in collaboration with the patient's usual general practitioner. A reliable internet connection with sufficient capacity to enable access to receive consultation from a higher level service.	Access to registered pharmacists where not on-site. Must have access to a registered medical practitioner for prescriptions.
2	As for level 1.	As for level 1. In addition, medications for inpatients on discharge supplied on individual prescription from either a community pharmacy, appropriate hospital within the network, or a higher level service with documented processes in place for the provision of medications that require compounding	As for level 1. In addition, Access to more specialised pharmacist support from a higher level facility within the network.
3	As for level 2. In addition, provide on-site clinical pharmacy service (e.g. patient medicines information, medication chart review, staff education).	As for level 2. In addition, medications and clinical services for day patients and, where applicable, ambulatory patients in specialty clinics. Timely access to clinical information, including medical records and pathology results, reliable access to a dedicated desktop and/or laptop computer in the ward/clinical area.	As for level 2. In addition, service provided by a pharmacy team which includes a pharmacist, pharmacy assistant and pharmacy technician. Pharmacist available during designated business hours. Documented processes in place to access medications and medicines information outside these hours. Education for nursing staff and support for medical practitioners.
4	As for level 3. In addition, provide administration and pharmacy management support. May provide medicines procurement, dispensing and distribution services	As for level 3. In addition, medication service that is available 24 hours.	As for level 3. In addition, an after-hours, on-call service for medication supply and clinical services, including medicines information, available 24 hours
5	As for level 3. In addition, provide medicines procurement, dispensing and distribution services. Contribute to drug and therapeutics committee or equivalent. Provide support for clinical specialty services.	As for level 4. In addition, basic, non-sterile, extemporaneous compounding possibly with limited small-batch manufacturing for local hospital use, and sterile, individually compounded products (e.g. chemotherapy including parenteral, targeted and oral chemotherapy) The capacity to respond to requests for medicines information related to direct patient care in a timely manner, either through a medicines/drug information service or a service provided internally. Undergraduate and postgraduate pharmacy teaching and training	As for level 4. In addition, a pharmacy team structured to deliver services at multiple levels throughout the organisation. Specialist pharmacist positions which reflect the range of specialist services provided (e.g. ICU, haematology, and medical oncology).
6	As for level 5. In addition, provide support for highly specialised services. Active involvement in clinical trials and research activities.	As for level 5. In addition, a specialised drug information service may be provided. Participates in research, clinical trials and clinical reviews.	As for level 5. In addition, a full range of specialist pharmacist positions which reflect the range of specialist services provided (e.g. ICU, haematology, medical oncology, cardiology, paediatrics, geriatrics, psychiatry, and drug information).

4.3 Medical Imaging

RDL	Medical Imaging Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	May provide low-risk ambulatory care services during business hours and may provide some limited after-hours services. This service involves a single, mobile or fixed, general x-ray unit and is delivered by licensed operators.	A mobile or fixed general x-ray unit. Range of imaging limited to x-ray of extremities, chest and abdomen if service is delivered by licensed operators.	Radiographer or if no radiographer available then licensed x-ray operator. Medical imaging interpreted by on-site doctor / health professional. Radiologist readily contactable to discuss findings and provide a report.	N/A
2	As for Level 2. In addition, service is predominantly delivered by a sole radiographer and support may be provided by licensed operators. There is a designated room on-site with a fixed x-ray unit and may also include digital radiography; however, depending on the range of services provided at the facility (e.g. day hospitals), a mobile image intensifier may be the only modality available. The service may also have access to ultrasound for non-complex conditions.	As for Level 1. In addition, mobile service if present limited to x-ray of extremities, chest, abdomen. Dedicated x-ray room with fixed x-ray unit available, range of images not restricted when a radiographer on duty.	As for Level 1. In addition, on-site radiographer available during business hours.	N/A
3	As for Level 2. In addition, provide low risk diagnostic radiology service as part of ambulatory and inpatient care. Has on-site ultrasound.	As for Level 2. In addition, on-site designated radiography rooms. Teleradiology facility available. On-site ultrasound.	As for Level 2. In addition, radiographer in attendance who has regular access to radiological consultation. Ultrasound performed by a sonographer or registered medical practitioner trained in ultrasound.	N/A
4	As for Level 3. In addition, provide 24 hour diagnostic radiology services, including urgent x-rays, Computed Tomography (CT), ultrasound and on-site MRI. Provide access to basic diagnostic angiography service; may be networked.	As for Level 3. In addition, facilities for general x-ray and fluoroscopy, in addition to mobile x-ray for wards, operating room and emergency department. MRI scanner CT facilities. Mobile image intensifier.	As for Level 3. In addition, after-hours access to consultant radiology for reporting. On-site radiographer on-call 24 hours Registered radiographers and sonographers.	• Pharmacy - RDL3 • HDU - RDL3 • OT - RDL3 • Anaesthesia - RDL3
5	As for Level 4. In addition, provide access to 24 hour complex diagnostic radiology services. Provide access to basic to intermediate level interventional radiology service.	As for Level 4. In addition, all modalities available including full ultrasound service. Basic digital subtraction angiography (DSA) suite for interventional services.	As for Level 4. In addition, clinical head of service. May have medical officer in radiology with three or more postgraduate years of experience.	• Laboratory - RDL4 • Pharmacy - RDL4 • Nuclear Medicine - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, provide access to comprehensive 24 hour interventional radiology service. Paediatric interventional radiology provided by specialist children's hospital. May provide MRI guided interventional radiology. May provide trauma interventional radiology. May provide interventional neuroradiology.	As for Level 5. In addition, single-plane and/or biplane DSA suite. CT scanner on-site. MRI scanner on-site.	As for Level 5. In addition, medical officer/s in radiology with three or more postgraduate years of experience. May have access to clinical imaging educator/tutor.	• Laboratory - RDL5 • Pharmacy - RDL5 • Nuclear Medicine - RDL5 • OT - RDL5 • Anaesthesia - RDL5

4.4 Nuclear Medicine

RDL	Nuclear Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	Provides basic diagnostic nuclear medicine studies such as bone, brain and lung scans. Access to nuclear medicine services either on-site or with formal networking arrangements in place.	Networking arrangements must include the provision of clinically appropriate transport options; nursing care; and qualified personnel.		N/A
5	On-site (or locally based) licensed and accredited nuclear medicine facility operating during business hours. Provide interventional studies requiring the presence of a nuclear medicine physician, such as stress myocardial perfusion and captopril renal studies. Offers treatment with radiopharmaceuticals.	Specialty services on-site with consultation available. One or more gamma cameras offering Single Photon Emission Computed Tomography (SPECT) combined with Computed Tomography (SPECT-CT). Preparation or reconstitution of radiopharmaceuticals with clear and appropriate documentation in place, including details of supply source, preparation date and batch number and reconstitution.	Nuclear medicine physician on-site during business hours. Medical radiation scientist (MRS) nuclear medicine on-site during business hours. Nuclear medicine physicist available during business hours. May have a radiopharmaceutical scientist available. Nominated and trained radiation safety officer.	• Laboratory - RDL3 • Pharmacy - RDL4 • Medical Imaging - RDL4 • HDU - RDL3 • OT - RDL3 Anaesthesia - RDL3
6	As for Level 5. In addition, provide 24 hour on-call nuclear medicine service. Provide services such as positron emission tomography (PET), cardiac stress testing, bone densitometry, and/or offer radionuclide therapies. Provide in vitro tracer studies.	As for Level 5.	As for Level 5. In addition, nuclear medicine physician available 24 hours. Nuclear medicine physicist, preferably on-site. Radiopharmaceutical scientist, preferably on-site	• Laboratory - RDL3 • Pharmacy - RDL5 • Medical Imaging - RDL4 • HDU - RDL3 • OT - RDL3 Anaesthesia - RDL3

4.5 Intensive Care

RDL	Intensive Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	A Level 4 service provides a self-contained critical care area with easy access to the emergency department and operating theatres within the facility. Provide immediate resuscitation and short-term cardiorespiratory support for critically ill patients. It must be capable of providing mechanical ventilation and simple invasive cardiovascular monitoring for a period of at least several hours.	Dedicated facility in the hospital. Staffed and equipped bed capable of invasive medical ventilation Network arrangements with Level 5/6 services for transfer and back-transfer. Access to training in Advanced Life Support (ALS)	Service director with considerable experience in intensive care Medical officer competent in Advanced Life Support responsible for reviewing patients. Suitably qualified and experienced nurse manager in charge of unit Minimum nurse-patient ratio of 1:1 for ventilated and similarly critically ill patients. Additional supernumerary registered nurse providing assistance to bedside nurses for every four patients requiring 1:1 nursing All nurses trained in ALS. Access to allied health professionals	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, has the capability of providing a high standard of general intensive care including more complex, extended, multisystem life support. Provides mechanical ventilation, renal replacement therapy, invasive cardiovascular monitoring for extended periods. May be capable of providing more advanced respiratory and cardiovascular support using extracorporeal membrane oxygenation (ECMO).	As for Level 4. In addition, specialty services on-site available for consultation. Networked with a Level 6 service for clinical advice and professional development support. Staffed and equipped beds capable of invasive mechanical ventilation. Clinical workload of more than 200 invasively ventilated patients per annum to maintain clinical expertise. Alternatively, more than 150 invasively ventilated patients and more than 50 patients receiving non-invasive ventilation (NIV). Typically can accommodate at least four ventilated patients at one time.	As for Level 4. In addition, at least one intensive care physician or other medical specialist accredited in intensive care medicine appointed. Ideally all nursing staff with, or working towards, recognised qualification in intensive care or clinical specialty of unit. May have clinical information system manager, data manager and research officer.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, capable of providing comprehensive critical care, including complex and multisystem life support for an indefinite period. Referral centre for complex patients from lower level services within region/network. Provide support for super specialty and other complex activity.	As for Level 5. In addition, provide clinical advice and professional development support for lower level networked services. Clinical workload of more than 300 invasively ventilated patients per annum to maintain clinical expertise. Typically can accommodate at least eight ventilated patients at one time.	As for Level 5. In addition, allied health professionals with specific skills in intensive care.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL6 • OT - RDL6 • Anaesthesia - RDL6

4.6 High Dependency Care

RDL	High Dependency Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Dedicated unit in health facilities with no Intensive Care Service. Provide a higher level of monitoring and observation than standard ward based care (e.g. cardiac monitoring, additional staff) as needed.	Dedicated beds.	Medical officer available 24 hours (may be on call). Allied health professionals such as physiotherapist, occupational therapist, speech therapist and/or social worker available.	• Laboratory - RDL2 • Pharmacy - RDL2 • Medical Imaging - RDL2 • OT - RDL2 • Anaesthesia - RDL2
4	Dedicated unit in health facilities with an Intensive Care Service. Provide level of care between standard ward and an intensive care unit (ICU), with close monitoring and observation. For example, patients transitioning out of the ICU; patients likely to need intensive care outreach support such as rapid response or ICU liaison. May provide non-invasive ventilation (NIV) where the intention is not to escalate to invasive ventilation.	As for Level 3. In addition, close relationship with the Intensive Care Service, including clinical advice and professional development support.	As for Level 3.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4.	As for Level 4.	As for Level 4.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5.	As for Level 5.	As for Level 5.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL6 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

4.7 Operating Suites

RDL	Operating Suites Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provided in either a freestanding facility or is collocated with a specialist clinical service. Provide procedures requiring analgesia and/or conscious sedation (excludes general anaesthesia).	Dedicated procedure room and/or day operating room.	Appropriately credentialled medical practitioner available. Care predominantly delivered by registered nurses.	• Laboratory - RDL1 • Pharmacy - RDL2 • Medical Imaging - RDL2 • Anaesthesia - RDL2
3	Predominantly provided in hospital setting with limited but designated surgical, anaesthetic and sterilising services. As for Level 2. In addition, provide Common and Intermediate* surgical procedures. May provide selected Major* surgical procedures.	As for Level 2. In addition, appropriately equipped operating room. Access to allied health services commensurate with casemix and clinical load.	As for Level 2. In addition, medical officer available 24 hours (may be on call). May have medical specialist with credentials in surgery. Registered nurses utilised as surgical assistants performing only that role and not duties of instrument nurse. Infection control coordinator. Allied health professionals available. Staff available for patient transfers.	• Laboratory - RDL2 • Pharmacy - RDL3 • Medical Imaging - RDL3 • ICU - RDL3 • Anaesthesia - RDL3
4	As for Level 3. In addition, provide Major* surgical procedures.	As for Level 3. In addition, access to image intensifier. May have a second operating room commensurate with patient load.	As for Level 3. In addition, access to registered medical specialists with credentials in general surgery available 24 hours. Nursing staff with perioperative experience may be utilised in variety of roles. Sterilising service assistants and technical aides appropriate to service provided. Access to laboratory staff.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, provide selected Complex Major* surgical procedures. 24 hour on call availability.	As for Level 4. In addition, specialty services on-site with consultation available. Usually more than two operating rooms. Provide support for lower level networked services.	As for Level 4. In addition, access to registered medical specialists with credentials in general surgery or surgical subspecialties available 24 hours. Medical officer with three or more postgraduate years of experience on call 24 hours, ideally training or qualified as anaesthetist.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • ICU - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, provide Complex Major* surgical procedures. Manage patients at the highest level of surgical risk^. Provide specialised surgery such as cardiothoracic surgery and/or neurosurgery. May have regional role (e.g. major trauma service, transplant services).	As for Level 5. In addition, equipped for highly specialised procedures (e.g. cardiopulmonary bypass, extracorporeal membrane oxygenation (ECMO)).	As for Level 5. In addition, medical officer with three or more postgraduate years of experience on-site 24 hours, ideally training or qualified as anaesthetist. Trained assistant to surgeon, as required.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • ICU - RDL6 • Anaesthesia - RDL6

4.8 Indicative List of Surgery for Adults

There is no widely accepted and validated system for classifying the physiological stressfulness of surgical procedures. The examples given below, drawn from different specialties, are intended to provide an indicative guide only and do not replace clinical judgement. Some procedures commonly provided on an emergency basis are included (e.g. closed reduction of fracture) as useful general indicators of surgical complexity.

Note: The actual range of procedures that may be performed by individual practitioners will be determined through the credentialling process where clinical privileges/scope of practice is granted.

Minor	Common and Intermediate	Major	Complex Major
• Skin biopsy • Skin lesion curettage and cautery • Skin lesion excision • Subcutaneous tumour excision • Drainage of abscess • Toe-nail surgery • Diagnostic endoscopy • Colonoscopy • Insertion of grommets • Percutaneous wire removal • Simple orthopaedic implant removal • Cystoscopy • Vasectomy • Circumcision • Transrectal ultrasound (TRUS) guided prostate biopsy • Superficial corneal foreign body removal • Wedge biopsy of eyelid skin lesion • Chalazion removal • Minor debridement • Minor amputation (e.g. toe) • Tooth extraction • Minor dento-alveolar surgery • Minor periodontal surgery • Orthodontic anchorage screw placement/removal • Dental laser surgical procedure • Hysteroscopy • Suction curettage for miscarriage • Cervix loop excision for dysplasia	• Skin excision with flap or graft closure • Laser skin surgery • Appendicectomy • Varicose vein surgery • Herniorrhaphy • Haemorrhoidectomy • Excision of breast lump • Mastectomy • Breast reduction • Hemithyroidectomy • Tonsillectomy • Adenoidectomy • Septoplasty • Inferior turbinate surgery • Closed reduction of fracture • Carpal tunnel surgery • Arthroscopy with meniscectomy/ chondroplasty • Uncomplicated hip/ knee replacement • Simple ureteroscopy • Laser transurethral resection of prostate (TURP) • Orchidectomy • Ocular lens extraction • Trabeculectomy • Pterygium surgery • Simple skin graft • Maxillo-facial surgery • Major periodontal surgery • Endodontic surgery • Major dento-alveolar surgery • Dental implant placement/ removal • Lower Segment Caesarean Section (LSCS) • Vaginal prolapse repair • Diagnostic laparoscopy	• Thyroidectomy • Vascular graft • Cholecystectomy • Bowel resection • Exploratory laparotomy • Diaphragmatic hernia repair • External and some middle ear surgery • Sinus surgery • Pacemaker insertion • Revision hip/ knee replacement • Open bladder surgery • Prostatectomy • Nephrectomy • Complicated ureteroscopy • Orbital exenteration • Extensive or complicated skin graft • Major flap reconstruction • Pressure area surgery • Major amputation (e.g. below, above or through knee) • Embolectomy • Vascular access procedures for dialysis • Carotid endarterectomy • Craniotomy • Cerebral neoplasm (cortical convexity) surgery • Epilepsy surgery • Cerebral shunting • Osteotomy/Orthognathic surgery • LSCS for major placenta praevia • Hysterectomy (e.g. laparoscopic, abdominal) • Abdominal pelvic floor repair • Bladder neck procedures for stress incontinence	• Multidisciplinary surgery (e.g. cancer, major trauma) • Oesophagectomy • Interventional endoscopy • Pancreatic resection • Aortic surgery • Coronary artery bypass graft • Lung resection • Neck dissection • Skull base surgery • Modified radical mastoidectomy • Scoliosis surgery • Renal transplantation • Cystectomy • Oculoplastic surgery • Microsurgical tissue transfer • Sternal reconstruction • Carotid stents • Complex endovascular grafts (e.g. fenestrated aortic • branch device) • Arteriovenous malformation (AVM) surgery • Cerebral neoplasm (base of skull) surgery • Spinal cord injury surgery • Head and neck tumour resection and graft • reconstruction surgery • Caesarean section for placenta accreta • Planned caesarean hysterectomy • Gynaecological oncology surgery

4.9 Anaesthetics

RDL	Anaesthetics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Analgesia and conscious sedation available. Provide anaesthesia for ASA 1 and 2^ patients undergoing Minor* surgical procedures.	Formal network linkages with specialist anaesthetist for consultation Medical practitioner to provide analgesia/ minimal sedation. May have operating/ procedure room. Recovery area for post-surgical procedures may be combined with general ward, with trained recovery staff and facilities as required.	Registered medical practitioner Visiting registered medical specialist with credentials to administer general anaesthetic. Registered nurses with experience/post graduate qualifications in anaesthetic nursing.	• Laboratory - RDL2 • Pharmacy - RDL2 • OT - RDL2
3	As for Level 2. In addition, provide anaesthesia for ASA 1, 2^ and selected ASA 3^ patients undergoing Common and Intermediate* surgical procedures. May provide anaesthesia for ASA 1 and 2^ patients undergoing selected Major* surgical procedures. Provide anaesthesia for ASA 3 and selected ASA 4^ patients undergoing Minor* surgical procedures.	As for Level 2. In addition, at least one operating/ procedure room with separate on-site, dedicated recovery area/ room for post-operative care. Access to High Dependency or Intensive Care Unit (ICU) (may be off-site) On-site emergency service able to stabilise and transfer patients that experience deterioration. Elective anaesthetic services are generally provided during business hours for regularly scheduled lists. On-site medication.	As for Level 2. In addition, anaesthetist appointed for consultation and service.	• Laboratory - RDL3 • Pharmacy - RDL2 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL3
4	Broad range of day and general surgery and some specialty surgery. As for Level 3. In addition, provide anaesthesia for ASA 1, 2^ and selected ASA 3^ patients undergoing Major* surgical procedures. Provide anaesthesia for ASA 3^ and some ASA 4^ patients undergoing selected Common and Intermediate* surgical procedures. Provide appropriate care for ASA 5^ and ASA 6^ patients.	As for Level 3. In addition, more than one theatre.	As for Level 3. In addition, medical head of service with considerable experience in anaesthesia. Anaesthetist available 24 hours. Medical officer on-site 24 hours.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4
5	As for Level 4. In addition, provide anaesthesia for ASA 1 and 2^ patients undergoing selected Complex Major* surgical procedures. Provide anaesthesia for ASA 3 to 5^ patients undergoing Common and Intermediate*, and selected Major* surgical procedures.	As for Level 4. In addition, specialty services on-site for consultation.	As for Level 4. In addition, anaesthetist on-site in business hours. Medical officer in anaesthesia with three or more postgraduate years of experience on call 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • ICU - RDL5 • OT - RDL5
6	As for Level 5. In addition, provide anaesthesia for all levels of patient risk^ undergoing Complex Major* surgical procedures. Subspecialty anaesthesia on-site, such as neurosurgery, cardiothoracic surgery and/or burns.	As for Level 5.	As for Level 5. In addition, subspecialist anaesthetists. Medical officer in anaesthesia with three or more postgraduate years of experience on-site 24 hours. Broad range of surgical sub-specialties on-site and available at close proximity 24 hours.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • ICU - RDL6 • OT - RDL6

4.10 Levels of Patient Risk

Based on the American Society of Anesthesiologists (ASA) Physical Status Classification System

ASA1	A normal, healthy patient.
ASA2	A patient with mild systemic disease and no functional limitations.
ASA3	A patient with moderate to severe systemic disease that results in some functional limitation.
ASA4	A patient with severe systemic disease that is a constant threat to life and functionally incapacitating.
ASA5	A moribund patient who is not expected to survive 24 hours with or without surgery.
ASA6	A declared brain-dead patient whose organs are being removed for donor purposes.

5. Section 2: Clinical Services

5.1 Group A: Emergency

RDL	Emergency Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provide primary care assessment within designated area of facility. Primarily nurse and medical practitioner-led.	Referral arrangements for higher level emergency medicine service. Formal escalation plan for obtaining immediate clinical assistance when critically ill patient received.	Staff on-site during business and operational hours with basic life support capability for adults and children.	N/A
2	As for Level 1.	As for Level 1.	As for Level 1. In addition, medical practitioner on call or available via telehealth.	• Laboratory RDL1 • Pharmacy RDL1 • Medical Imaging RDL1
3	Provide emergency care within a designated area of facility. Emergency caseload may be intermittent. Basic primary and secondary assessment should be available, including Advanced Life Support (ALS) and stabilisation of critically ill paediatric, adult and trauma patients prior to arrival of the retrieval service. On-site, 24-hour access to designated emergency registered nurses and triage of all presentations.	As for Level 2. In addition, purpose specific area to receive and manage emergency presentations, including a collocated resuscitation area with appropriate equipment for advanced paediatric, adult and trauma life support prior to transfer to definitive care. Access to specialty services (may be via telephone and/or hospital outreach) such as surgical, medical, orthopaedics, mental health, paediatrics, obstetrics and gynaecology; with ability to transfer and refer. Access to formal ALS education and training for staff. May have access to allied health. On-site ICU or HDU.	As for Level 2. In addition, some nurses with extra training in emergency care and triage. May have allied health professionals available.	• Laboratory - RDL3 • Pharmacy - RDL2 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL3 • Anaesthesia - RDL3
4	Manage full range of emergency presentations, including some complex emergency cases. Provide primary emergency care, including short term mechanical ventilation, pending transfer to definitive care. Provide a 24 hour clinical triage service. May have a dedicated short stay unit managed within and by the emergency department.	As for Level 3. In addition, full resuscitation facilities in a separate space. Services that receive paediatric patients must have dedicated area for paediatric assessment and management, including resuscitation. Documented processes to guide clinical management, including paediatrics, mental health and obstetrics/gynaecology as appropriate. Access to medical and surgical specialties; tertiary level paediatrics; higher level critical care services; mental health services; drug and alcohol dependency services; and community services. Access to allied health services in line with casemix and clinical load. Formal processes to ensure readily available, 24 hour patient transfer and back-transfer. Clinical information system that records patient details, clinical information and data. Point of care ultrasound service. On-site ICU.	As for Level 3. In addition, specialist emergency medicine staff on-site in line with casemix and clinical load. Medical officers with a range of postgraduate years of experience rostered to work in the emergency department over 24 hours. Allied health professionals such as social worker, physiotherapist, occupational therapist, and/or dietitian available. Administrative and service support staff on-site 24 hours.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	Emergency Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide definitive care for most emergency presentations, including invasive monitoring. May have short stay unit or similar model, managed within and by the emergency department. Able to manage critically ill patients.	As for Level 4. In addition, specialty services on-site for consultation. Purpose built resuscitation area for trauma and other life-threatening presentations. Specific safe area for mental health patients. Emergency medicine short stay unit capable of monitoring and assessment. Extended hours access to allied health services.	As for Level 4. In addition, 24 hour specialist emergency medicine cover (may include on call). Extended hours access to selected allied health professionals, such as social worker and/or physiotherapist.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, manage all complex emergencies. Major referral centre for complex patients from lower level services within the region.	As for Level 5. In addition, on-site back-up from a full range of medical and surgical sub specialists and diagnostic services, including neurosurgery, cardiothoracic surgery, vascular surgery and angiography.	As for level 5.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL5 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

5.2 Group B: Medicine

Cardiology & Interventional Cardiology

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides primary care assessment as low-acuity, ambulatory care for minor cardiac diseases and management of acute conditions with the ability to provide basic life support. Health promotion, disease prevention and chronic disease management programs available. Delivered by general practitioners in an outpatient setting, may incorporate nurse led services.	Protocols to manage thrombolysis and arrhythmias. Provision of basic cardiovascular risk factor/ disease prevention information. Access to an electrocardiogram (ECG) reading service. Access to emergency patient transport to facilitate escalation of care and patient transfer when required.	Medical practitioner available. All medical practitioners trained in advance life support. Access too suitably qualified and experienced Registered Nurse/ Nurse Assistant.	N/A
2	As for Level 1. In addition, provides a low-acuity, single-system medical condition ambulatory and outpatient service. Provided by medical practitioner who may be general practitioner or cardiologist. Basic primary and secondary assessment should be available, including Advanced Life Support (ALS) and stabilisation of critically ill paediatric, adult and trauma patients prior to arrival of the retrieval service. Ability to assess and stabilise patients and initiate low level care, prior to transfer for specialist assessment and treatment where appropriate. Patient who require complex diagnostic investigations will also be referred to high level cardiac medicine services. May initiate treatment for ST elevation myocardial infarction (STEMI) prior to transfer to facility with angiography. Service provided by registered medical practitioner in an outpatient setting.	As for Level 1. In addition, 24 hour access to specialist support and advice (may include telehealth). Access to digital ECG machine with appropriate support from higher level services to safely and effectively operate and maintain equipment. Ability to perform point of care testing. Access to allied health services in line with casemix and clinical load. Access to automated external defibrillator, oxygen and ability to achieve venous access.	As for Level 1. In addition, medical practitioner available 24 hours (may include telehealth). Access too suitably qualified and experienced Registered Nurse/ Nurse Assistant. Qualified to carry out 12 lead ECG's. Business hour access to allied health professionals, as required.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • OT - RDL2 • Anaesthesia - RDL2
3	As for Level 2. In addition, provides ambulatory and inpatient services that may require subspecialty outpatient referral. Provide cardiac care for stabilisation of arrhythmias, acute coronary syndrome (ACS), and nonST elevation myocardial infarction (NSTEMI). Manage ACS/STEMI in consultation with high level cardiology service. Admitted patients managed by cardiologist or physician with experience in cardiology. Provide follow up care for permanent pacemakers. May be able to insert temporary transvenous pacing wire prior to transfer (desirable).	As for Level 2. In addition, provides inpatient, outpatient and non-acute care led by a cardiologist and supported by visiting medical specialists and/or via telehealth. Stabilisation of patient where required prior to transfer to higher level service. Elective diagnostic investigations performed. Ability to provide thrombolysis, and blood gas monitoring. Formal referral protocols established with higher level services.	As for Level 2. In addition, medical practitioner or specialist on site 24 hour access. Access to cardiologists at higher level services. 24 hour cover by Registered Nurse. Access to cardiac rehabilitation nurse, cardiac nurse practitioner or clinical nurse specialist (cardiac/health promotion). Access to some allied health services ie physiotherapy.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL3 • Anaesthesia - RDL3

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provides inpatient cardiology care to patients with moderate level of complexity. Outpatient consultation is provided by a cardiologist. On site access to intensive care and/or cardiac care unit. Admitted patients managed by cardiologist or internal registered medical specialist with experience in cardiology. May provide cardiac rehabilitation service and heart failure program. May provide diagnostic coronary angiography.	As for Level 3. In addition, transvenous pacing available. May have Cardiac Catheterisation Laboratory (CCL).	As for Level 3. In addition, cardiologist head of service responsible for clinical governance procedures and audit. Cardiologist or physician with cardiology experience available 24 hours. Medical officer with three or more postgraduate years of experience on-site 24 hours. Allied health professionals on-site.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, manages all but most highly complex cardiac medicine patients and procedures. Designated cardiology beds providing comprehensive subspecialty services, with advanced range of supporting clinical and diagnostic services to match complexity of patients admitted and referred. All admitted patients managed by designated registered medical specialist with credentials in cardiology. Provide interventional cardiac catheterisation service. May provide electrophysiology services such as pacemaker insertion. May provide 24 hour on call service for urgent Acute Myocardial Infarction (AMI) presentations.	As for Level 4. In addition, a CCL. Designated cardiology beds	As for Level 4. In addition, cardiologist with procedural expertise available 24 hours. Cardiac technician or echoradiographer available 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, provide tertiary/quaternary referral service for complex and critical cardiac conditions, including electrophysiology services and management of adult congenital heart disease. Provide 24 hour primary Percutaneous Coronary Intervention (PCI) services. Act as a referral service for all lower level cardiac medicine services.	As for Level 5. In addition, cardiothoracic surgery available on-site.	As for Level 5. In addition, cardiologist on call 24 hours, with sufficient cardiologists to provide sustainable 24 hour cover. Medical officer in cardiology with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL6 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

Clinical Genetics

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Consultative genetics service provided via networked arrangement with higher level service. Documented processes for screening and recognising at risk patients. Provide information and education through established support groups after diagnosis.	Access to specialist support and advice. Access to genetics information resources, education programs and genetics services information.	Clinical geneticist and/or other medical specialist available. Certified or associate genetic counsellor available.	• Laboratory - RDL1 • Medical Imaging - RDL1
4	As for Level 3. In addition, provide information and counselling for individuals and family members. Arrange genetic testing as required. May be provided within a multidisciplinary setting.	As for Level 3. In addition, access to genetic counselling and diagnostic services. Access to genetic testing laboratory. Access to other clinical specialties on-site.	As for Level 3. In addition, certified or associate genetic counsellor. Allied health professionals available in line with patient casemix and clinical load.	• Laboratory - RDL3 • Medical Imaging - RDL2
5	As for Level 4. In addition, provide consultative service within a multidisciplinary setting. Provide counselling and diagnostic services by clinical geneticists. May provide specialised genetic services such as metabolic medicine, cancer genetics/familial cancer, high risk reproductive disorders, cardiac genetics, neurogenetics, prenatal genetics.	As for Level 4. In addition, other clinical specialties on-site available for consultation. Access to other specialties that use genomics such as oncology, neurology, cardiology. May have specialised genetic testing laboratory service onsite (e.g. metabolic genetics).	As for Level 4. In addition, clinical geneticist appointed. May have other medical specialists with a scope of practice in genetics. May have medical officer in clinical genetics with three or more postgraduate years of experience.	• Laboratory - RDL6 • Medical Imaging - RDL2
6	As for Level 5. In addition, may have specialist role (e.g. expertise in a specific disorder, newborn screening program, metabolic genetic service), including support for acute inpatient care of metabolic genetic conditions.	As for Level 5. In addition, genetics department.	As for Level 5. In addition, head of service. Medical officer in clinical genetics with three or more postgraduate years of experience.	• Laboratory - RDL6 • Medical Imaging - RDL3

Dermatology

RDL	Dermatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Limited service with management primarily by general practitioner or general physician. Access to patient education and support programs.	Access to clinical advice and support (may include telehealth).	Appropriately credentialled medical practitioner or physician. Medical and/or nurse practitioner available on-site. Access to emergency patient transport service.	• Laboratory - RDL3 • Pharmacy - RDL2
3	As for Level 2.	As for Level 2. In addition, allied health services on-site in line with patient casemix and clinical load.	As for Level 2. In addition, dermatologist available via network, telehealth or outreach. Physician available 24 hours. Medical officer with three or more postgraduate years of experience. Access to allied health professionals.	• Laboratory - RDL4 • Pharmacy - RDL2
4	As for Level 3. In addition, provide inpatient consultative service to other specialties. May provide outpatient clinic. May provide Minor* dermatological procedures on ASA 1, 2 and 3^ patients.	As for Level 3. In addition, consultation available from other clinical specialties on-site. Access to community nursing.		• Laboratory - RDL4 • Pharmacy - RDL2 • Medical Imaging - RDL2 • OT - RDL2 • Anaesthesia - RDL2
5	As for Level 4. In addition, provide inpatient service with management by medical practitioner or dermatologist. Provide outpatient services. Provide Minor* dermatological procedures on ASA 1, 2 and 3^ patients. Provide consultative service for complex conditions (e.g. drug reactions, autoimmune diseases, infections). May provide specialised clinics (e.g. psoriasis, eczema).	As for Level 4. In addition, access to facilities for surgical procedures. May have phototherapy unit. Access to Level 5 radiation oncology service. Access to Level 4 general surgery.	As for Level 4. In addition, may have medical officer with three or more postgraduate years of experience.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, provide inpatient services. Provide Common and Intermediate* and Major* dermatological procedures on all levels of patient risk^. Provide consultative service to patients with complex conditions within a multidisciplinary setting (e.g. emergency medicine, oncology, haematology, immunology, rheumatology, infectious diseases). Specialised dermatology clinics (e.g. psoriasis, eczema, skin cancer, transplant). Provide patient education and support programs. May have a regional role or expertise in a particular area (e.g. melanoma service, neonatal dermatology, burns, cutaneous lymphoma).	As for Level 5. In addition, dermatology department. Dermatology beds. Phototherapy unit. Provide support to lower level networked services, including clinical advice and professional development support. Access to procedural facilities for advanced surgical procedures (e.g. complex/wide excision, skin grafts, flaps). Access to laser equipment (may be off-site) for treatment of non-cosmetic medical conditions (e.g. birthmark, congenital malformation) where relevant to casemix and patient load. Access to radiotherapy where relevant to casemix and patient load. May have access to electron microscopy.	As for Level 5. In addition, medical head of service. May have dermatologist available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours to provide patient care. Phototherapy nurse.	• Laboratory - RDL6 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

Endocrinology

RDL	Endocrinology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide limited outpatient service, with management and appropriate referral by medical or nurse practitioner.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to telehealth support and limited outreach clinics (e.g. podiatry, dietetics). Access to allied services in line with patient casemix and clinical load.	Medical or nurse practitioner available 24 hours. Formal relationship with emergency patient transport service. Physician consultation available (may include telehealth). Allied health professionals such as podiatrist and dietician available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2. In addition, provide inpatient service, predominantly diabetes, with management by general practitioner (GP) or general physician. May provide diabetes outpatient/ambulatory service. May provide local support in diabetes management for primary care and aged care facilities.	As for Level 2. In addition, consultation available from other clinical specialties. Access to health education services relevant to endocrine diseases such as diabetes. Access to dietetic service. Access to podiatry service (may be off-site). Access to high risk foot service via network or telehealth. Access to community nursing.		• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
4	As for Level 3. In addition, provide diabetes outpatient/ambulatory services. Provide diabetes education service. May have access to paediatric diabetes service (e.g. initial assessment, acute and chronic management) provided by general paediatrician. May provide gestational diabetes service. May provide basic bone metabolism and thyroid services; lipid disease management; management of disorders of appetite and weight.	As for Level 3. In addition, on-site dietetic service. On-site podiatry service. Access to an integrated hospital/community diabetes management service. Access to renal and cardiology services for consultation.	As for Level 3. In addition, physician available 24 hours. Paediatrician appointed if children seen. Medical officer on-site 24 hours. May have visiting endocrinologist. Medical officer with three or more postgraduate years of experience. Allied health professionals on-site, including dietitian and podiatrist.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, manage a range of endocrinology presentations, including some complex cases. Provide inpatient consultative service to other specialties. May provide services in thyroid, adrenal, pituitary medical management; reproductive endocrinology; bone metabolism; disorders of appetite and weight; and/or lipid disorders. May provide high risk foot service. May provide insulin pump education/provider service.	As for Level 4. In addition, provide networked support to lower level services, including clinical advice and professional development support. Allied health services on-site in line with casemix and clinical load. Links with renal (especially for dialysis), vascular, orthopaedic and neurosurgery services. Access to rehabilitation services, particularly amputee, stroke and cardiac rehabilitation. Access to ophthalmology service with expertise in the management of diabetes-related eye conditions, including laser therapy.	As for Level 4. In addition, endocrinologist appointed. Medical officers with three or more postgraduate years of experience on-site 24 hours. Allied health professionals on-site in particular, social worker, physiotherapist, and/or occupational therapist. May have exercise physiologist and psychologist.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

RDL	Endocrinology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, manage complex cases including specialised surgical and medical interventions. Provide consultative inpatient, outpatient and ambulatory service to patients with complex conditions in a multidisciplinary setting (e.g. intensive care, transplantation, ophthalmology, neurosurgery, high risk obstetrics, gynaecology, oncology). Paediatric service provided by specialist children's hospital. Provide high risk foot service. Provide insulin pump service. May provide specialty outpatient/ambulatory clinics. May support neuroendocrine surgery. May have regional role (e.g. neuroendocrine surgery).	As for Level 5. In addition, endocrinology beds. Endocrinology department. Shielded treatment room if ablative thyroid treatment is offered. On-site ophthalmology laser service. Access to bone densitometry diagnostic equipment. Access to surgical services such as neuroendocrine, cardiac, vascular, orthopaedics, relevant to the casemix and patient load. Access to cardiovascular, renal and cancer care services and other speciality services relevant to the casemix and patient load.	As for Level 5. In addition, medical head of service. Endocrinologist on call 24 hours. Medical officer in endocrinology with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL5 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

Gastroenterology

RDL	Gastroenterology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Management and appropriate referral by medical practitioner or nurse practitioner.	Access to specialist support and advice. Access to emergency patient transport service to facilitate escalation of care and patient transfer when required.	Medical or nurse practitioner available during business hours.	• Laboratory - RDL1 • Pharmacy - RDL1 • Medical Imaging - RDL1 • OT - RDL1 • Anaesthesia - RDL1
2	As for Level 1. In addition, may have networked endoscopy and colonoscopy services (predominantly diagnostic) on ASA 1, 2^, and selected ASA 3^ patients, provided by a specialist proceduralist from a higher level, performed under sedation only.	As for Level 1. In addition, access to health education service. May have access to hepatology service. May have access to Inflammatory Bowel Disease (IBD) service. May have access to allied health services in line with casemix and clinical load.	As for Level 1. In addition, physician or gastroenterologist available. May have access to dietitian.	• Laboratory - RDL2 • Pharmacy - RDL2 • Medical Imaging - RDL2 • OT - RDL2 • Anaesthesia - RDL2
3	As for Level 2. In addition, provide endoscopy and colonoscopy service with some therapeutic interventions, on ASA 1, 2^ and selected ASA 3^ patients.	As for Level 2. In addition, consultation available from other clinical specialties. Access to allied health services, including dietetics service in line with casemix and clinical load. Access to community nursing.	As for Level 2. In addition, appropriately credentialled medical practitioner, physician, surgeon and/or gastroenterologist appointed. Medical officer available 24 hours. Access to dietitian.	• Laboratory - RDL3 • Pharmacy - RDL2 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL3 • Anaesthesia - RDL3
4	As for Level 3. In addition, provide enteral procedures (e.g. insertion, replacement and removal of gastrostomy tubes). Provide home enteral nutrition including follow-up care, nutrition support (oral/enteral/parenteral) and equipment (e.g. feeding pumps, giving sets, syringes). May provide manometry.	As for Level 3. In addition, allied health services on-site in line with casemix and clinical load.	As for Level 3. In addition, physician and/or surgeon available 24 hours. Medical officer on-site 24 hours. Medical officer with three or more postgraduate years of experience. Allied health professionals such as dietitian, social worker and speech pathologist.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, manage most levels of patient risk. Provide endoscopy and colonoscopy service including therapeutic interventions on ASA 1 to 4^ patients. Provide sub-specialised non admitted services such as hepatology, (IBD), manometry and motility services.	As for Level 4.	As for Level 4. In addition, gastroenterologist or dual trained general physician/gastroenterologist appointed. Medical officer with three or more postgraduate years of experience on call 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, manages all levels of patient risk^. Participate in multidisciplinary teams undertaking complex procedures such as Endoscopic Ultrasound (EUS) supported by on-site cytology service, endoscopic retrograde cholangiopancreatography (ERCP). Provide IBD service. May have regional role (e.g. support liver transplant).	As for Level 5. In addition, gastroenterology department. Dedicated gastroenterology beds.	As for Level 5. In addition, gastroenterologist on call 24 hours. Medical officer in gastroenterology with three or more postgraduate years of experience. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

General Medicine

RDL	General Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Management and appropriate referral by medical practitioner or nurse practitioner.	Access to specialist support and advice.	Medical or nurse practitioner available during business hours.	• Laboratory - RDL1 • Pharmacy - RDL1
2	As for Level 1. In addition, may provide outpatient service.	As for Level 1. In addition, access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to allied health services in line with casemix and clinical load.	As for Level 1, In addition, physician consultation available (may include telehealth). Allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2. In addition, provide inpatient and acute ambulatory care/ outreach services, managed by appropriately credentialled medical practitioner or physician.	As for Level 2. In addition, consultation available from other clinical specialties. Allied health services on-site in line with casemix and clinical load.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician. Medical officer available 24 hours (may be on call). Allied health professionals on-site (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, dietitian).	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
4	As for Level 3. In addition, patient care provided by general physician.	As for Level 3. In addition, networked with appropriate subacute services (e.g. rehabilitation (neuromuscular, cardiac and/or pulmonary), geriatric medicine, palliative care, pain management). Extended hours access to allied health services in line with casemix and clinical load.	As for Level 3. In addition, general physician available 24 hours. Medical officer on-site 24 hours. Medical officer with three or more postgraduate years of experience.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, a multidisciplinary assessment and treatment model of care. Provide formal home nursing program.	As for Level 4. In addition, clinical specialty services on-site for consultation. Department of (or with responsibility for) general and acute medicine.	As for Level 4. In addition, medical head of service. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, serves as a referral centre to lower level services.	As for Level 5. In addition, specialty departments of medicine.	As for Level 5. In addition, medical officer in general and acute medicine with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

Geriatrics

RDL	Geriatrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by a medical or nurse practitioner. May provide limited outpatient services.	Management and appropriate referral by a medical or nurse practitioner. May provide limited outpatient services.	Management and appropriate referral by a medical or nurse practitioner. May provide limited outpatient services.	• Laboratory - RDL1 • Pharmacy - RDL1
3	As for Level 2. In addition, management provided primarily by medical practitioner. Provide minor surgery without general anaesthesia and access to other surgical procedures as clinically appropriate. Access to, or may provide limited rehabilitation and/or reconditioning.	As for Level 2. In addition, regular geriatrician consultation available (may be via telehealth). Access to specialised consultations including medical, nursing and allied health, on-site or via telehealth. Formal links to community nursing and aged care service providers. Access to case management for dementia (may be via telehealth).	As for Level 2. In addition, medical practitioners with scope of practice in geriatric medicine. Physician available for consultation. Geriatrician available for consultation. Medical officer available 24 hours (may be on call). Access to allied health professionals including physiotherapist, occupational therapist, speech therapist and dietitian.	• Laboratory - RDL2 • Pharmacy - RDL2 • Medical Imaging - RDL2 • OT - RDL1 • Anaesthesia - RDL1
4	As for Level 3. In addition, provide assessment and rehabilitation involving inter-disciplinary team. Provide geriatric medicine clinics, assisted by staff with experience in dementia. Dementia case management by appropriately trained staff. Provide assessment and management service for behavioural and psychological symptoms of dementia. May provide home care and nursing service.	As for Level 3. In addition, consultation and referral links to other medical and surgical services. Allied health services on-site in line with casemix and clinical load.	As for Level 3. In addition, physician skilled and experienced in diagnosis and management of geriatric syndromes, such as general physician, rehabilitation physician and/or geriatrician available (may be via telehealth). Medical officer on-site 24 hours. Medical officers may include doctors with three or more postgraduate years of experience. Allied health professionals on-site.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
5	As for Level 4. In addition, provide inpatient geriatric assessment. Provide orthogeriatric service. Provide home care and nursing service Provide psychogeriatric service including social work and clinical neuropsychology.	As for Level 4. In addition, geriatric assessment unit. Access to mental health unit. Access to inpatient rehabilitation unit.	As for Level 4. In addition, medical head of service. Medical officer with three or more postgraduate years of experience on-site 24 hours. May have medical officer in geriatric medicine with three or more postgraduate years of experience. Allied health professionals on-site including physiotherapist, occupational therapist, speech therapist, dietitian, social worker, orthotist and podiatrist.	• Laboratory - RDL4 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	Geriatrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide a dedicated aged care service, including admission of acute patients from the emergency medicine department under geriatricians. Provide psychogeriatric service including inpatient care. Provide consultation/management for complex and extraordinary presentations. May have a behaviour assessment management service.	As for Level 5. In addition, aged care beds.	As for Level 5. In addition, geriatricians on-site. Medical officer in geriatric medicine with three or more postgraduate years of experience. Allied health professionals on-site including psychologist.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

Haematology

RDL	Haematology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Referral and management primarily by general practitioner or general physician. Provide outpatient service access. Provide patient education and support programs.	Access to specialist support and advice (may be via telehealth). Consultation available from other clinical specialties. Access to allied health services in line with casemix and clinical load. Access to community nursing.	Appropriately credentialled medical practitioner or physician available on-site or via telehealth. Haematologist available. Medical officer available 24 hours (may be on call). Registered nursing staff available 24 hours in line with patient case mix and clinical load. Allied health professionals available.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
4	As for Level 3. In addition, provide inpatient care with capability to manage a limited range of haematological presentations; may be in conjunction with related disciplines (e.g. medical oncology, clinical immunology). Provide inpatient consultative service to other specialties within the hospital (e.g. gastroenterology/hepatology, cardiology, renal medicine). Provide on-site outpatient and ambulatory support services. Provide networked ambulatory chemotherapy service for low risk patients. May have multidisciplinary team. May provide post-transplant support service.	As for Level 3. In addition, allied health services on-site in line with casemix and clinical load. Access to palliative care service. Access to with Level 4 rehabilitation service. Access to with Level 4 geriatric medicine service.	As for Level 3. In addition, physician with interest/experience in haematology appointed. Medical specialist available 24 hours with access to haematologist advice (may be networked). Medical officer with three or more postgraduate years of experience. Allied health professionals on-site (e.g. social worker, occupational therapist, speech pathologist, dietitian, physiotherapist). Clinical psychologist or social worker consultation available (may be via telehealth).	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, provide comprehensive range of haematology services including assessment and management, clinical and laboratory diagnosis. Inpatient care provided by multidisciplinary haematology team. Provide consultative service for complex conditions in a multidisciplinary setting (e.g. intensive care, obstetrics, gynaecology, surgical service, emergency service) and on referral from lower level services. Provide apheresis (may be networked arrangement). Provide stem cell autograft, also known as autologous haematopoietic stem cell transplant (may be networked arrangement). Provide treatment of acute leukaemia. May have speciality clinics (e.g. haemostasis, haemophilia, thalassemia, graft versus host reaction, autoimmune disorders, HIV, haematology, amyloidosis).	As for Level 4. In addition, department of haematology. Inpatient beds (may be shared with medical oncology or other related disciplines). Access to haematopoietic stem cell transplant laboratory (may be via networked arrangement). On-site bone marrow staining and reporting.	As for Level 4. In addition, medical head of service. Haematologist available 24 hours Medical officer with three or more postgraduate years of experience on-site 24 hours. Preferably, medical officer in haematology with three or more postgraduate years of experience.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

RDL	Haematology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide stem cell allograft (also known as allogeneic haematopoietic stem cell transplant). Provide outpatient/ambulatory services with specialty clinics (e.g. haemostasis, haemophilia, thalassemia, graft versus host reaction, autoimmune disorders, HIV, haematology, amyloidosis).	As for Level 5. In addition, provide networked support to lower level services, including clinical advice and professional development support. Dedicated beds. Inpatient beds with functional positive pressure available. Haematopoietic stem cell transplant laboratory. Haemato-pathology laboratory available. Integrated specialist laboratory and clinical services available, relevant to specialties provided. Access to Level 6 nuclear medicine service (e.g. for positron emission tomography (PET)).	As for Level 5. In addition, haematologist on call 24 hours. Medical officers in haematology with three or more postgraduate years of experience. Allied health professionals with specific haematology caseload on-site (e.g. pharmacist, clinical psychologist, social worker, occupational therapist, dietitian, physiotherapist).	• Laboratory - RDL6 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

Immunology

RDL	Immunology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by medical or nurse practitioner. Provide limited outpatient service.	Access to specialist support and advice (may be via telehealth). Access to emergency patient transport service. Access to allied health services in line with casemix and clinical load.	Medical or nurse practitioner available. Physician consultation available (may include telehealth). Allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2.	As for Level 2.	As for Level 2.	AS for Level 2.
4	As for Level 3. In addition, service provided by general physician. May provide consultative or outpatient service on-site through visiting immunologist from referral higher level service. May provide education service (e.g. asthma education, allergen avoidance, epi-pen education). May provide immunoglobulin replacement therapy program under guidance of networked higher level service.	As for Level 3. In addition, consultation available from other clinical specialties. Extended hours access to allied health services in line with casemix and clinical load.	As for Level 3. In addition, access to immunologist (adult and/or paediatric) via telehealth and/or outreach. Physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer available 24 hours (may be on call). Access to allied health professionals.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, manage a range of immunology presentations; service may be provided in conjunction with related specialty disciplines (e.g. infectious diseases). Provide basic inpatient immunology service (e.g. asthma, allergy & rheumatology) including consultative service to other specialties. May provide regular immunology outpatient clinic and ambulatory services.	As for Level 4. In addition, consultation available from other clinical specialties on-site.	As for Level 4. In addition, immunologist appointed or immunology service from related specialty discipline on-site. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, provide a comprehensive range of immunology services (e.g. allergy assessment and management, clinical and laboratory diagnosis, assessment and management of autoimmune disease, infection and immune deficiency). Provide consultative services for complex conditions (e.g. immunosuppression guidance and monitoring, laboratory test interpretation), in a multidisciplinary setting and on referral from lower level services. Provide patient education and support programs.	As for Level 5. In addition, department of immunology. Access to Blood Bank Service for specialised blood products. Access to immunopathology service. May have access to plasmapheresis service, in line with casemix and patient load.	As for Level 5. In addition, medical head of service. Immunologist on call 24 hours. Medical officer in immunology with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

Infectious Diseases

RDL	Infectious Diseases Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by a medical or nurse practitioner.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to limited outreach clinics. Access to allied health services in line with casemix and clinical load. Access to community health services. Referral pathways to relevant programs and services.	Medical or nurse practitioner available during business hours Allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2.	As for Level 2.	As for Level 2.	• AS for Level 2.
4	As for Level 3. In addition, infection control and antimicrobial stewardship services provided by nursing staff and/or pharmacists with relevant experience, under direction of general physician. Provide inpatient care.	As for Level 3. In addition, isolation room/s with internal washbasins and toilets, as well as staff washbasins immediately outside room/s. Patient area with separate air conditioning available. Allied health services on-site in line with patient load and casemix.	As for Level 3. In addition, infectious diseases physician and/or clinical microbiologist (may include consultation via telehealth or outreach). Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, provide inpatient consultative infectious diseases service to other specialties; may be in conjunction with related disciplines (e.g. microbiology, HIV medicine, sexual health, immunology). May provide regular infectious diseases outpatient clinic and ambulatory services.	As for Level 4. In addition, may provide network support to lower level services. On-site infectious diseases service. Access to clinical microbiology service. Inpatient beds with functional negative pressure rooms.	As for Level 4. In addition, infectious diseases physician and/or clinical microbiologist appointed. Medical officer with three or more postgraduate years of experience on call 24 hours. May have medical officer in infectious diseases with three or more postgraduate years of experience. Specialised infection prevention and control staff available.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, provide comprehensive range of services and inpatient care. Provide outpatient clinic and ambulatory services. Provide consultative service for patients with complex conditions in multidisciplinary setting within the hospital and on referral from lower level services (e.g. complex infections, laboratory test interpretation, surgical complications, intensive care, haematology, oncology, neurology, maternity, transplantation). Contribute to multidisciplinary care with related disciplines (e.g. HIV medicine, sexual health, immunology) and with other clinical specialties (e.g. surgical services, intensive care). Paediatric service provided by specialist children's hospital. May have a regional role (e.g. designated facility for specified infectious conditions).	As for Level 5. In addition, provide network support to lower level services, including clinical advice and professional development support. Infectious diseases department. May have facilities to treat specified infectious diseases, including very high risk infectious/ novel/ quarantinable conditions.	As for Level 5. In addition, medical head of service. Infectious diseases physician and/or clinical microbiologist available 24 hours. Medical officer in infectious diseases with three or more postgraduate years of experience. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL4 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

Long Term Care

RDL	Long Term Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Services are delivered at home to recovering, disabled, and chronically or terminally ill persons who need medical, nursing, social, or therapeutic treatment or assistance with essential Activities of Daily Living (ADL). Visiting residential care service provided via community health, primary care and private care. May provide patient support at home (may be via telephone). Facility may provide home-based nursing care. Facility may provide respite day care for patients	If providing respite care, dedicated environment. Access to geriatric or rehabilitation care team for advice and support (may be via telehealth). Access to emergency patient transport service to facilitate support when required. May have access to allied health services in line with casemix and clinical load.	Medical practitioner, may be specialist, with registered nurses with experience providing residential care. May have allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • Medical Imaging - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2. In addition, specialist palliative care, geriatrics and rehabilitation care services available (e.g. access to medical practitioner with palliative medicine qualification or palliative care nurse). Provide 24 hour patient support at home (may include telephone support). Provide inpatient care if required.	As for Level 2. In addition, inpatient wards (can be general) Allied health services in line with casemix and patient load.	As for Level 2. In addition, medical practitioner with palliative medicine, geriatrics or rehabilitation qualification available. Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals available. May have allied health professionals with specific skills in chronic and long term care available.	• Laboratory - RDL2 • Pharmacy - RDL2 • Medical Imaging - RDL2 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
4	As for Level 3. In addition, care provided by multidisciplinary team, including specialists. Ambulatory long term care services (e.g. outpatient clinics) available. Long Term Acute Care Hospital facility providing services for patients with long-term, clinically complex acute medical requirements. Typically free-standing unit, although can be located within acute care hospital. May specialise in respiratory/ventilator care and accept patients from intensive care units. Provide consultation service to other specialties.	As for Level 3. In addition, specialist multidisciplinary team. Long term care inpatient wards in purpose-built environment, including spaces for rehabilitation and therapy.	As for Level 3. In addition, allied health professionals with specific skills in chronic and long term care available. Staff with training in respiratory/ventilator care may be available.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL2 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
5	As for Level 4. In addition, specialises in respiratory/ventilator care and accepts patients from intensive care units. Provide advanced psychosocial assessment.	As for Level 4.	As for Level 4. In addition, staff with training in respiratory/ventilator care available.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5.	As for Level 5. In addition, access to multidisciplinary pain management service.	As for Level 5.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

Neurology

RDL	Neurology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by medical or nurse practitioner. Provide limited outpatient service.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to allied health services in line with casemix and clinical load. Access to limited outreach clinics. Access to community health services. Access to health education services.	Medical or nurse practitioner available Physician consultation available (may include telehealth). Allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2. In addition, provide basic neurology service, including assessment of patients with stroke, initial assessment of new neurology symptoms (adult and paediatric) and management of stable chronic neurological disease, in partnership with specialists from a higher level service. Referral and management primarily by a physician. May provide support and care to stable neurology patients.	As for Level 2. In addition, consultation available from other specialties. Access to computed tomography (CT) scanning during business hours.	As for Level 2. In addition, physician appointed, preferably with an interest/experience in neurology. Neurologist available for consultation (may include telehealth). Medical officer available 24 hours (may be on call). Allied health professionals available (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, and/or dietitian).	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
4	As for Level 3. In addition, provide local support and care to stable neurology patients. May have stroke service/unit. May provide acute stroke thrombolysis (AST) where network with acute thrombolysis service is in place.	As for Level 3. In addition, 24 hour access to CT scanning. If providing AST, 24 hour access to specialist neurologist consultation. Access to Level 4 rehabilitation service. Allied health services on-site in line with casemix and clinical load. Access to adult and paediatric electroencephalography (EEG) during business hours desirable.	As for Level 3. In addition, physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site (e.g. speech therapist for swallow assessment).	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, provide wide range of neurology services and manage acute neurological conditions. Provide AST. Provide neurology outpatient service on-site or via local specialist/s. May provide neurosurgical outpatient service.	As for Level 4. In addition, clinical specialty services on-site for consultation. Stroke unit. EEG available on-site. Allied health services including extended hours access, in line with casemix and clinical load. Access to electromyography (EMG), nerve conduction, and evoked responses diagnostic services. Access to magnetic resonance imaging (MRI). Adult Level 5 neurosurgery service on-site, with 24 hour consultation available. Access to subacute services (e.g. rehabilitation, geriatrics, palliative care, pain management). Access to early home care and nursing.	As for Level 4. In addition, neurologist available 24 hours. Neurosurgeon available for consultation 24 hours. Medical officer with three or more postgraduate years of experience on call 24 hours. May have medical officer in neurology with three or more postgraduate years of experience. Allied health professionals (e.g. speech therapist, physiotherapist, social worker, occupational therapist, and/or dietitian). Allied health professionals/team with specific skills in neurology available.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

RDL	Neurology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, manage full range of neurological presentations including complex cases. Provide specialised surgical (e.g. carotid artery angioplasty and/or stenting; thrombectomy) and medical (e.g. AST) stroke interventions. Provide specialty outpatient clinics. May have regional role (e.g. complex epilepsy, deep brain stimulation).	As for Level 5. In addition, department of neurology. Neurology beds (additional to stroke unit). EEG service available 24 hours. Interventional neuroradiology available 24 hours if thrombectomy provided. Access to other specialities (e.g. neurosurgery, interventional neuroradiology, neuro-immunology, neurogenetics, neuropsychiatry). Access to angiography. Access to positron emission tomography (PET) service.	As for Level 5. In addition, medical head of service. Neuroradiologist available. Medical officer in neurology with three or more postgraduate years of experience. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL5 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

Oncology - Medication

RDL	Oncology – Medical Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide low risk oral chemotherapy service as part of shared care model between general practitioner and Level 4 (or higher) medical oncology service. Provide non-admitted low risk intravenous chemotherapy service. Care managed by medical oncologist	Resuscitation trolley and automatic defibrillation available within the unit. On-site access to a clinician with Advanced Life Support (ALS) training. Access to oncology-specific pharmacy service for drug compounding and clinical advice (may be external pharmacy).	Medical or nurse practitioner available. Medical oncologist available for consultation (may include telehealth).	• Laboratory – RDL1 • Pharmacy – RDL2
3	As for Level 2. In addition, provide access to non-admitted medium risk intravenous chemotherapy service. May have visiting medical oncologist outpatient clinics.	As for Level 2. In addition, inpatient capacity. Consultation available from other clinical specialties. Access to radiation oncology service.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician. May have visiting medical oncologist. Medical officer available 24 hours (may be on call).	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3
4	As for Level 3. In addition, provide multidisciplinary management of oncology patients, including case conferences with radiation oncologists and surgeons (may include teleconference participation). Medical oncology outpatient clinics available.	As for Level 3. In addition, visiting radiation oncology clinics. Other specialties on-site for consultation such as gastroenterology and respiratory medicine. Cancer care coordination. Allied health services on-site. Access to familial cancer service. Access to Level 4 rehabilitation service.	As for Level 3. In addition, medical oncologist appointed. Physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site (e.g. dietitian, social worker, speech pathologist, psychologist).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide high risk and admitted chemotherapy service. Participate in clinical trials.	As for Level 4. In addition, oncology beds available. Palliative care outpatient clinic available. Access to enteral nutrition service including follow-up care, nutrition support (oral/enteral/parenteral) and equipment. May have access to PET. May have pain clinic.	As for Level 4. In addition, medical oncologist available 24 hours (may be networked in rural/regional areas). Medical officer in medical oncology with three or more postgraduate years of experience. Allied health professionals with specific skills in oncology such as speech pathologist and dietitian.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide comprehensive cancer service with defined specialised multidisciplinary teams (e.g. melanoma, breast cancer, lung cancer, colorectal cancer, gynaecological cancer). Paediatric service provided by specialist children's hospital. May provide familial cancer service. Undertake clinical trials.	As for Level 5. In addition, oncology department. Radiation oncology service readily available, preferably onsite. Access to clinical genetics service.	As for Level 5. In addition, medical officers with three or more postgraduate years of experience on-site 24 hours. Oncology pharmacist on-site.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Oncology - Radiation

RDL	Oncology – Radiation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	Consultative service only. No radiation oncology treatment facilities on-site.	Access to specialist support and advice (may include telehealth). Consultative palliative care service. Access to allied health services in line with casemix and clinical load. Access to community nursing service.	Visiting radiation oncologist, working in conjunction with a higher-level cancer care service. Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals available such as social worker, clinical psychologist, speech pathologist, occupational therapist, dietitian and/or physiotherapist	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL2 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
5	As for Level 4. In addition, part of a comprehensive cancer service providing primarily non-inpatient services. Care is provided in a team environment with training and service development for radiation oncology, radiation nursing and midwifery, radiation therapy and medical physics.	As for Level 4. In addition, access to specialised radiotherapy services not available on-site (e.g. radioactive iodine therapy, stereotactic body radiation therapy (SBRT)) and positron emission tomography (PET). Minimum one dual mode linear accelerator on-site, with intensity modulated radiation therapy capability and ancillary devices (e.g. image guidance, immobilisation, dosimetry, quality assurance). Dedicated radiation oncology information system. Allied health services on-site in line with casemix and clinical load. Access to simulation and treatment planning on-site or referral arrangement. Access to inpatient beds (not necessarily co-located with the treatment facility). Access to at least Level 4 medical oncology service for chemotherapy. Access to oral and maxillofacial surgery. Access to home enteral nutrition service, including follow-up care, nutrition support (oral/ enteral/ parenteral) and equipment (e.g. feeding pumps, giving sets, syringes). Access to equipment for completing nutritional assessment, including accurate medical grade weigh scales and stadiometer. Access to general lymphoedema service. Access to speech and swallowing assessment services. Communication equipment (e.g. voice restoration such as voice prostheses, electro-larynx).	As for Level 4. In addition, part of a comprehensive cancer service providing primarily non-inpatient services. Care is provided in a team environment with training and service development for radiation oncology, radiation nursing and midwifery, radiation therapy and medical physics.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Oncology – Radiation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide comprehensive multidisciplinary cancer service. Provide 24 hour on call service for radiation oncology simulation and treatment. Provide one or more subspecialty services (e.g. brachytherapy, stereotactic radiotherapy). Provide inpatient care co-located with treatment facility.	As for Level 5. In addition, minimum 2 linear accelerators onsite; at least one dual mode. Oncology beds. Clinical specialty services on-site for consultation (e.g. medical oncology, ENT). CT-simulation, treatment planning system and mould room on-site. Specialist lymphoedema service on-site. Home enteral nutrition service on-site. Equipment for completing nutritional assessment on-site, including accurate medical grade weigh scales and stadiometer. Speech and swallowing assessment services on-site (e.g. modified barium swallow, fibre optic endoscopic evaluation of swallowing). Access to mechanical workshop and biomedical support facilities.	As for Level 5. In addition, clinical head of service. Radiation oncologist available 24 hours. Medical officer in radiation oncology with three or more postgraduate years of experience. Allied health professionals with specific skills in radiation oncology. Biomedical engineer or technician on-site in business hours.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5

Palliative Care

RDL	Palliative Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Generalist palliative care service provided via community health, primary care and private care. May provide patient support at home (may be via telephone).	Access to palliative care team for advice and support (may be via telehealth). Access to emergency patient transport service to facilitate support when required. Access to pain management service. Access to bereavement service. Access to pastoral care. May have access to allied health services in line with casemix and clinical load.	Generalist palliative care service provided via community health, primary care and private care. May provide patient support at home (may be via telephone).	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, specialist palliative care services available (e.g. access to medical practitioner with palliative medicine qualification or palliative care nurse). Provide 24 hour patient support at home (may include telephone support).	As for Level 2. In addition, access to medical oncology, radiation oncology, mental health, rehabilitation and surgical services. Allied health services in line with casemix and patient load.	As for Level 2. In addition, medical practitioner with palliative medicine qualification available. Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals available. May have allied health professionals with specific skills in palliative care available.	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL2 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
4	As for Level 3. In addition, care provided by palliative care multidisciplinary team, including medical practitioner credentialled in palliative medicine. Ambulatory palliative care services (e.g. outpatient clinics) available. Provide consultation service to other specialties. Provide inpatient care if required.	As for Level 3. In addition, palliative care multidisciplinary team.	As for Level 3. In addition, medical practitioner credentialled in palliative medicine. Allied health professionals with specific skills in palliative care available.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL2 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
5	As for Level 4. In addition, provide advanced psychosocial assessment.	As for Level 4. In addition, access to medical oncology service. Access to radiation oncology service.	As for Level 4. In addition, medical officer with three or more postgraduate years of experience available 24 hours. May have medical officer in palliative medicine with three or more postgraduate years of experience.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
6	As for Level 5.	As for Level 5. In addition, access to multidisciplinary pain management service.	As for Level 5.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL4 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5

Rehabilitation

RDL	Rehabilitation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide low complexity subacute rehabilitation, ambulatory care (day, outpatient or community). Rehabilitation plan may be carried out by appropriately qualified personnel directed by clinician with expertise in rehabilitation. May provide services for patients with higher complexity needs, with outreach or telehealth support. May provide health education service.	Access to emergency patient transport service. Each patient has documented, interdisciplinary, coordinated rehabilitation care plan and treatment program, including person centred goals and specified timeframes. Involvement of patient, carers and family in planning rehabilitation services. Access to allied health serviced. Access to appropriate rehabilitation equipment.	Medical or nurse practitioner available. Allied health professional on or off site.	• Laboratory – RDL1 • Pharmacy – RDL1
3	As for Level 2. In addition, patients are medically stable with rehabilitation generally of low-medium complexity (e.g. reconditioning, general orthopaedic). Provide inpatient care. Provide health education service. May provide rehabilitation services for ongoing treatment and review May provide program or rehabilitation case management.	As for Level 2. In addition, access to inpatient beds. Allied health services on-site in line with casemix and clinical load. Therapy spaces on-site, appropriately equipped to support rehabilitation care and programs delivered. May have access to prosthetics, rehabilitation engineering and/or seating clinics.	As for Level 2. In addition, medical officer available 24 hours (may be on call). Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals on-site, such as social worker, physiotherapist, occupational therapist and speech therapist.	• Laboratory – RDL1 • Pharmacy – RDL2
4	As for Level 3. In addition, provide rehabilitation services for specific impairment groups (e.g. geriatric, orthopaedic, stroke) with moderately complex rehabilitation needs. Inpatient programs delivered minimum 5 days per week. Provide program or rehabilitation case management.	As for Level 3. In addition, dedicated therapy spaces such as therapy gym, activities of daily living areas (e.g. functional kitchen), hydrotherapy pool. Access to prosthetics, rehabilitation engineering and seating clinics. Access to transitional unit, in line with casemix. Access to specialised rehabilitation services.	As for Level 3. In addition, rehabilitation physician appointed. May have medical officer in rehabilitation medicine with three or more postgraduate years of experience.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3
5	As for Level 4. In addition, provide rehabilitation services for patients with complex care needs, such as neurological, major trauma, brain injury, and spinal injury dysfunction. Provide daily individual and group therapies. May provide in-home ambulatory rehabilitation service. May provide specific rehabilitation programs (e.g. amputee, chronic pain, Parkinson's Disease, lymphoedema). May provide programs for living skills development and community reintegration. May provide post-injury behaviour management intervention program.	As for Level 4. In addition, inpatient rehabilitation unit located either in an acute care facility or in a standalone facility. Network with an acute care facility to facilitate patient transfer for emergency, critical and surgical care. Dedicated interdisciplinary teams. Access to medical and surgical specialties for consultation, such as pain management, plastic surgery. Access to specialised services such as spinal, brain injury, trauma and transplant rehabilitation. Access to mental health and drug and alcohol management services.	As for Level 4. In addition, medical head of service; may be a rehabilitation physician. Allied health professionals with specific skills in rehabilitation.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL4 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3

RDL	Rehabilitation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide rehabilitation services for patients with highly complex needs, including specific programs (e.g. amputee, chronic pain, Parkinson's Disease, lymphoedema). Provide clinical and professional advice to lower level services. May provide regional services (e.g. transplant, brain injury, spinal injury dysfunction). Provide in-reach/consultation service to acute care facilities. Provide programs for living skills development and community reintegration. Provide post-injury behaviour management intervention program.	As for Level 5. In addition, allied health services available extended hours in line with casemix and clinical load (e.g. physiotherapy). Interdisciplinary ambulatory services for referral, follow up, review and therapy. Appropriate setting for behaviour management intervention program.	As for Level 5. In addition, medical officer in rehabilitation medicine with three or more postgraduate years of experience on-site.	• Laboratory – RDL3 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

Renal Medicine

RDL	Renal Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide local support and care to renal patients. Provide dialysis facility for self-managing home dialysis patients if considered clinically appropriate by their nephrologist. Provide dialysis facility for those who are medically stable but require nurse assistance with dialysis.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport services. Access to allied health services in line with patient load and casemix. Access to renal supportive care.	Medical practitioner, nurse practitioner, renal clinical nurse consultant, renal clinical nurse specialist or registered nurse with appropriate skills and experience available. Access to registered nursing staff with relevant experience and training. Allied health professionals available.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, manage up to stage 4 chronic kidney disease (CKD); selected, stable end stage kidney disease (ESKD); and acute kidney injury (AKI). Care provided by physician in consultation with other specialists. May provide access to satellite haemodialysis centre under supervision of trained nursing staff for stable and self-care dialysis patients, with care managed through formal network arrangement with a higher-level unit.	As for Level 2. In addition, access to consultation from other specialties (e.g. endocrinology, cardiology, vascular surgery). Access to vascular access service. Access to pre-dialysis education.	As for Level 2. In addition, physician available. Nephrologist consultation available on-site or via telehealth. Medical officer available 24 hours (may be on call). Allied health professionals available (e.g. dietitian, social worker, physiotherapist, occupational therapist, speech pathologist).	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
4	As for Level 3. In addition, manage broader range of renal disease in less stable patients than Level 3. Care provided by nephrologist or with nephrologist consultation via formal networked arrangements. Provide access to satellite haemodialysis centre under the supervision of trained nursing staff. May admit patients on peritoneal dialysis if trained nursing staff available for peritoneal dialysis exchanges 24 hours a day (including weekends).	As for Level 3. In addition, access to a larger renal unit for in-centre haemodialysis. Allied health services on-site, in line with casemix and clinical load.	As for Level 3. In addition, nephrologist available for on-site consultation for dialysis patients admitted with an acute illness. Medical officer on-site 24 hours. Allied health professionals on-site (e.g. dietitian, social worker, physiotherapist, occupational therapist, speech pathologist, podiatrist).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, may admit patients on all types of dialysis. Provide both peritoneal dialysis and haemodialysis to inpatients. Provide initiation of dialysis. Provide access to home training for haemodialysis and peritoneal dialysis (may be via networked arrangement). Provide renal biopsy. Provide general renal and transplant clinics.	As for Level 4. In addition, in-centre haemodialysis unit with nursing staff trained to conduct peritoneal dialysis exchange 24 hours (including weekends). Access to renal pathology service (Light Microscopy (LM), Immunofluorescence (IF), Electron Microscopy (EM). Access to home dialysis service.	As for Level 4. In addition, medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide consultative service for patients with complex conditions in multidisciplinary setting within the hospital (e.g. intensive care, coronary care, surgical service) and on referral from lower level services. Provide home training for haemodialysis and peritoneal dialysis. Provide home dialysis outreach service. May have regional role (e.g. home dialysis training; transplantation unit). May provide specialised renal supportive care service.	As for Level 5. In addition, nephrology department. May have dedicated renal beds.	As for Level 5. In addition, medical head of service. Medical officer in nephrology with three or more postgraduate years of experience available in business hours. After hours on call nursing and medical staffing to support dialysis service.	• Laboratory – RDL6 • Pharmacy – RDL5 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Respiratory & Sleep Medicine

RDL	Respiratory & Sleep Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by a medical practitioner or nurse practitioner. May provide respiratory rehabilitation program.	Access to emergency patient transport to facilitate support when required. Access to respiratory diagnostic services such as spirometry and oxygen saturation measurement. Access to respiratory health education programs such as smoking cessation and general lifestyle advice on sleep hygiene. Access to Level 2 radiology service desirable. Access to allied health services in line with casemix and clinical load.	Medical practitioner, nurse practitioner or registered nurse supported by respiratory service. Access to registered nursing staff with relevant experience and training. Physician consultation available (may include telehealth). Allied health professionals such as physiotherapist available.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, basic inpatient respiratory medicine service provided by medical practitioner or physician. May provide acute ambulatory care service.	As for Level 2. In addition, referral pathways to respiratory and sleep medicine specialists. Blood gas analysis on-site.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician. Medical officer available 24 hours (may be on call). Allied health professionals available.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
4	As for Level 3. In addition, manage haemodynamically stable adult patients with respiratory conditions requiring close observation including non-invasive ventilation, but not patients who are haemodyamically unstable or require inotropic support or intubation. Provide a respiratory rehabilitation service. May provide diagnostic bronchoscopy service. May provide respiratory outpatient services.	As for Level 3. In addition, access to home care and nursing. Allied health services on-site in line with casemix and clinical load. Access to other specialties for consultation (e.g. infectious diseases, immunology, medical oncology).	As for Level 3. In addition, physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site, (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, dietitian, clinical psychologist).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, manage haemodynamically unstable adult patients with respiratory conditions requiring close observation, including non-invasive ventilation. Provide respiratory ambulatory care service with nursing outreach under medical supervision. May provide access to sleep investigation service. May provide access to lung function laboratory. May provide tuberculosis clinic.	As for Level 4. In addition, clinical specialty services on-site for consultation. Extended hours access to physiotherapy services in line with casemix and clinical load. Level 5 cardiology service available on-site or via referral arrangement. Level 5 cardiothoracic surgery available on-site or via referral arrangement. Access to subacute services, palliative care and community health services, in particular community nursing. May have a department of respiratory and sleep medicine.	As for Level 4. In addition, respiratory medicine physician, sleep medicine physician or dual trained general physician/respiratory physician available. Medical officer with three or more postgraduate years of experience on-site 24 hours. May have medical officer in respiratory or sleep medicine with three or more postgraduate years of experience.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5

RDL	Respiratory & Sleep Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide sleep investigation and management service including positive airway pressure, oral appliances, upper airway surgery, positional therapy and weight loss support, either directly or by referral. Provide diagnostic bronchoscopy service and interventional respiratory procedures. Provide pleural disease management service. Provide respiratory ambulatory care service with a multidisciplinary team under specialist medical supervision for interval care, acute episodes and post-acute care. Provide home delivered ventilation service, respiratory outpatient services, sleep outpatient services, tuberculosis clinic. Paediatric services provided by specialist children's hospital. May have regional role.	As for Level 5. In addition, specialty services available on-site include ENT surgery, thoracic surgery, endocrinology, psychiatry and dental services. Respiratory medicine beds. Dedicated acute care monitoring area. Respiratory and sleep medicine department. Respiratory function laboratory.	As for Level 5. In addition, clinical head of service. Medical officer in respiratory or sleep medicine with three or more postgraduate years of experience.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL6 • Anaesthesia – RDL6

5.3 Group C: Surgery

Burns

RDL	Burns Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Manage minor burns not requiring surgical intervention (<5% of total body surface area) Provide ambulatory care burns service.	Access to wound management service. Access to pain management service. Access to allied health services in line with casemix and clinical load.	Appropriately credentialled medical practitioner. Allied health professionals available such as physiotherapist and occupational therapist	• Laboratory RDL1 • Pharmacy RDL1 • OT – RDL5 • Anaesthesia – RDL5
3	As for Level 2. In addition, continuing service by general surgeon for partial thickness burns estimated at <18% total body surface area and full thickness burns of <10% total body surface area, or any other burns not defined for referral to high level unit.	As for Level 2. In addition, I.V. fluid therapy available. Access to consultation with plastic surgical services	As for Level 2. In addition, access to specialist (may be via telehealth)	• Laboratory – RDL3 • Pharmacy – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, may admit patients for pain management.	As for Level 3. In addition, on-site allied health services in line with casemix and clinical load. Access to general rehabilitation service. Access to scar management service. Access to consultation-liaison psychiatry.	As for Level 3. In addition, appropriately credentialled surgeon. Medical officer available 24 hours. Allied health professionals on-site.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4.	As for Level 4.	As for Level 4.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide a comprehensive regional service, including inter-hospital transfer for major and severe burns patients. Ambulatory burns clinic for referrals, including wound management. Provide burns specific health education.	As for Level 5. In addition, clinical specialty services on-site with consultation available, such as plastic surgery, ophthalmology, pain management, palliative care. Dedicated burn operating suite sessions/lists. Dedicated inpatient beds. Provide support to lower level services (may include telehealth), including clinical advice and professional development support. Access to comprehensive rehabilitation service. Access to dental service.	As for Level 5. In addition, clinical head of service with relevant clinical experience. Renal and emergency medicine consultants available 24 hours. Medical officer in surgery with three or more postgraduate years of experience on call 24 hours Registered nursing equivalent 16 hours/patient/day (1:1.3) desirable or according to dependency of patient. Specialist clinical nurse desirable. Allied health professionals including dietitian, occupational therapist, orthotist/prosthetist, physiotherapist, psychologist, and speech pathologist. May have specific skills in burns.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Cardiothoracic Surgery

RDL	Cardiothoracic Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	No Level 4 service. Refer to higher level.			
5	Provide Major* and selected Complex Major* cardiac and thoracic surgical procedures on ASA 1 to 5^ patients. Provide elective cardiothoracic procedures (e.g. pacemaker insertion) and elective and emergency thoracic procedures (e.g. lung resection) that do not require cardiopulmonary bypass.	Department of cardiothoracic surgery. Clinical specialty services on-site for consultation (e.g. vascular surgery, upper gastrointestinal surgery). Access to comprehensive rehabilitation service. Allied health services on-site in line with casemix and clinical load. Extended hours access to physiotherapy services in line with casemix and clinical load. Link with palliative care service.	Clinical head of service. Cardiothoracic surgeons appointed. Cardiothoracic/thoracic anaesthetists on-site. Other specialist surgeons on-site. Medical officer in general surgery with three or more postgraduate years of experience on call 24 hours. Medical officer on-site 24 hours. May have medical officer in cardiothoracic surgery with three or more postgraduate years of experience. Allied health professionals on-site such as physiotherapist, occupational therapist, social worker and dietitian. Physiotherapist available extended hours (may be on call).	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* cardiac and thoracic surgical procedures for all levels of patient risk^. Cardiopulmonary bypass regularly performed. Manage highly complex diagnostic and treatment procedures (e.g. Type A aortic dissection, massive thoracoabdominal aneurysm, renal tumour with inferior vena caval involvement) in association with other specialties (e.g. vascular surgery, upper gastrointestinal surgery, urology).	As for Level 5. In addition, preferable minimum activity of 300 open heart (heart-lung bypass) cases per year and total of 900 to 1,000 cardiac surgery cases per year is desirable.	As for Level 5. In addition, medical officers in cardiothoracic surgery with three or more postgraduate years of experience on call 24 hours	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Day Surgery

RDL	Day Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Minor diagnostic and therapeutic procedures on ASA 1 patients. Procedures restricted to those requiring local anaesthesia (excluding spinal, epidural or regional blocks) or I.V. sedation. Endoscopies not requiring general anaesthesia included.	Where unit is free-standing, emergency back-up is provided by nearby hospital. Procedure room or day surgery theatre. May have access to allied health services in line with casemix and clinical load. Uses appropriate preoperative patient screening and selection processes and discharge criteria and processes..	Credentialled medical practitioner and registered nurse available. General surgeon available for consultation (may include telehealth). May have allied health professionals available.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate surgical procedures on ASA 1 and 2^ patients. Provide Minor surgical procedures on ASA 2 and 3 patients. Diagnostic and therapeutic procedures requiring general or regional anaesthesia.	As for Level 2. In addition, at least one operating/procedure room with separate recovery area/room for post-operative care Consultation available from other clinical specialties (may include telehealth). Access to allied health services in line with casemix and clinical load.	As for Level 2. In addition, surgeon credentialled in general surgery. Medical officer available 24 hours (may be on call). Allied health professionals available.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL3
4	As Level 3. In addition, Common and Intermediate surgical procedures performed on ASA 3 patients by Specialist Surgeons or Medical Practitioners	As for Level 3. In addition, more than one theatre. Formal quality assurance program(4).	As for Level 3. In addition, Nurse Unit Manager available. Allied health professionals on-site.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL3 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, Minor, Common and Intermediate surgical procedures performed on ASA 1 through to 4. Procedures on children aged 12 months to 4 years performed by General Surgeon accredited in paediatric surgery and anaesthesia performed by Paediatric Anaesthetist.	As for Level 4. In addition, consultation available from other specialties. Access to allied health professionals.	As for Level 4. In addition, Specialist Surgeons and Specialist Anaesthetists. Paediatric-experienced allied health practitioners available.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5 service.	As for Level 5 service.	As for Level 5 service.	

Ear, Nose & Throat Surgery

RDL	Ear, Nose & Throat Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Provide Minor* day surgical procedures on ASA 1 and 2^ patients.	At least one operating/procedure room with separate recovery area/room for post-operative care. Access to audiology service (on- or off-site). Operative microscope available for insertion of tympanostomy or ventilation tubes ('grommet surgery'). Access to allied health services in line with casemix and clinical load.	Otolaryngologist-head and neck (ENT) surgeon appointed (can be visiting) Allied health professionals available, including audiologist	• Pharmacy – RDL2 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, regularly provide Common and Intermediate* and selected Major* surgical procedures on ASA 1, 2 and 3^ patients. Overnight patient admissions.	As for Level 3. In addition, access to blood for transfusion. Designated acute surgical inpatient unit. Consultation available from other specialties (may include telehealth).	As for Level 3. In addition, ENT surgeon available 24 hours. Medical officer available 24 hours. Nursing personnel with appropriate post graduate qualifications/experience in perioperative and postoperative nursing Access to allied health professionals including dietitians, and speech pathologists.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* surgical procedures on ASA 1 to 4^ patients.	As for Level 4. In addition, clinical specialty services on-site for consultation. ENT endoscopic equipment. Access to nerve intensity monitor	As for Level 4. In addition, medical officer in general surgery with three or more postgraduate years of experience on call 24 hours.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide full range of Complex Major* surgical procedures for all levels of patient risk^. Paediatric service provided by specialist children's hospital. May participate in multidisciplinary teams with other specialties (e.g. cancer multidisciplinary teams). May perform skull base procedures. May have regional role in specific field	As for Level 5. In addition, department of ENT. Provide support for lower level services, including clinical advice and professional development support. Level 6 neurosurgery on-site for skull base procedures. Allied health services on-site in line with casemix and clinical load. Access to medical oncology, radiotherapy, palliative care, neurology, neurosurgery and plastic surgery services.	As for Level 5. In addition, clinical head of service. Medical officer in ENT with three or more postgraduate years of experience on call 24 hours. Allied health professionals including audiologist, speech pathologist, social worker, occupational therapist, dietitian, physiotherapist and psychologist.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

General Surgery

RDL	General Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide procedures requiring analgesia and/or conscious sedation (excludes general anaesthesia). Provide Minor* surgical procedures on ASA 1 and 2^ patients.	Procedure room or day surgery theatre. May have access to allied health services in line with casemix and clinical load.	Appropriately credentialled medical practitioner. General surgeon available for consultation (may include telehealth). May have allied health professionals available.	• Laboratory – RDL1 • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate* and selected Major* surgical procedures on ASA 1 and 2^ patients. Provide Minor surgical procedures on ASA 3^ and some ASA 4^ patients.	As for Level 2. In addition, at least one operating/procedure room with separate recovery area/room for post-operative care Consultation available from other clinical specialties (may include telehealth). Access to allied health services in line with casemix and clinical load.	As for Level 2. In addition, surgeon credentialled in general surgery. Medical officer available 24 hours (may be on call). Allied health professionals available.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide Major* surgical procedures on ASA 1 and 2^ patients. Provide Common and Intermediate* surgical procedures on ASA 3 and ASA 4^ patients. Provide appropriate care for ASA 5 and 6^ patients. Models of care in place to separately address emergency and elective surgery.	As for Level 3. In addition, more than one theatre. Access to rehabilitation, medical oncology, radiotherapy and palliative care services. Allied health services on-site in line with casemix and clinical load. Access to cancer multidisciplinary teams. Access to services that support early discharge from surgical procedures, such as home care, ambulatory care services and community nursing	As for Level 3. In addition, surgeon credentialled in general surgery available 24 hours. Allied health professionals on-site such as physiotherapist, occupational therapist, speech therapist, social worker and dietitian.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide selected Complex Major* surgical procedures on ASA 1 and 2^ patients. Provide Major* surgical procedures on ASA 3 to 5^ patients. Participate in multidisciplinary teams (e.g. cancer, orthopaedic, cardiac).	As for Level 4. In addition, department of general surgery. Clinical specialty services on-site for consultation. Access to Level 6 nuclear medicine service for Positron Emission Tomography (PET); may be on an outpatient basis.	As for Level 4. In addition, clinical head of service. Medical officer in general surgery with three or more postgraduate years of experience on call 24 hours	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* surgical procedures for all levels of patient risk^. May have regional role.	As for Level 5. In addition, most clinical specialties on-site; may include neurosurgery and/or cardiothoracic surgery.	As for Level 5. In addition, medical officer in general surgery with three or more postgraduate years of experience on-site 24 hours	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Gynaecology

RDL	Gynaecology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide Minor* gynaecological procedures on ASA 1 and 2^ patients.	Provide Minor* gynaecological procedures on ASA 1 and 2^ patients.	Provide Minor* gynaecological procedures on ASA 1 and 2^ patients.	• Laboratory – RDL • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate* gynaecological procedures on ASA 1, 2 and 3^ patients. Provide selected Major* gynaecological procedures on ASA 1 and 2^ patients.	As for Level 2. In addition, provide Common and Intermediate* gynaecological procedures on ASA 1, 2 and 3^ patients. Provide selected Major* gynaecological procedures on ASA 1 and 2^ patients.	As for Level 2. In addition, provide Common and Intermediate* gynaecological procedures on ASA 1, 2 and 3^ patients. Provide selected Major* gynaecological procedures on ASA 1 and 2^ patients.	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to separately address emergency and elective surgery. May provide outpatient and/or ambulatory care services.	As for Level 3. In addition, provide Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to separately address emergency and elective surgery. May provide outpatient and/or ambulatory care services.	As for Level 3. In addition, provide Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to separately address emergency and elective surgery. May provide outpatient and/or ambulatory care services.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • HDU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* gynaecological procedures on ASA 3 to 5^ patients.	As for Level 4. In addition, provide Major* gynaecological procedures on ASA 3 to 5^ patients.	As for Level 4. In addition, provide Major* gynaecological procedures on ASA 3 to 5^ patients.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* gynaecological procedures for all levels of patient risk^. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. May provide specialised services such as reproductive endocrinology and infertility. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have regional role in a specific field.	As for Level 5. In addition, provide Complex Major* gynaecological procedures for all levels of patient risk^. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. May provide specialised services such as reproductive endocrinology and infertility. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have regional role in a specific field.	As for Level 5. In addition, provide Complex Major* gynaecological procedures for all levels of patient risk^. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. May provide specialised services such as reproductive endocrinology and infertility. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have regional role in a specific field.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Neurosurgery

RDL	Neurosurgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	Management of minor head injuries by general surgeon.	Operating room equipment adequate for emergency neurosurgery. Access to general rehabilitation services.	Neurosurgical consultation available (may be via telehealth).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL5 • Nuclear Medicine – RDL3 • HDU - RDL3 • OT – RDL4 • Anaesthesia – RDL4
5	Provide Common and Intermediate* and selected Major* neurosurgical procedures on ASA 1 to 5^ patients. Models of care in place to separately address emergency and elective surgery.	Dedicated neurosurgical beds. Modern neurosurgical microscope and surgical navigation system in line with complexity of neurosurgery undertaken. 24 hour access to Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). Access to specialised rehabilitation services. Clinical specialty services on-site for consultation. Allied health services with extended hours access on-site In line with casemix and clinical load. Access to services that support early discharge from surgical procedures, such as home care, ambulatory care services and community nursing.	Neurosurgeon available 24 hours. Neurosurgical anaesthetist available 24 hours. Medical officer in surgery with three or more postgraduate years of experience on call 24 hours. May have medical officer in neurosurgery with three or more postgraduate years of experience. Medical officer on-site 24 hours. Nursing staff with appropriate post graduate qualifications and/or experience in neurosurgical nursing. Allied health professionals on-site such as physiotherapist, occupational therapist, social worker and dietitian.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Major* and Complex Major* neurosurgical procedures for all levels of patient risk^. May participate in multidisciplinary teams with other specialties such as neurology, plastic surgery and orthopaedic surgery. May have regional role in a specific field.	As for Level 5. In addition, department of neurosurgery. Neurosurgical intensive care capacity. 24 hour access to interventional neuroradiology (INR) service. May have neurosurgical close observation unit	As for Level 5. In addition, clinical head of service. Medical officer in neurosurgery with three or more postgraduate years of experience on call 24 hours. Allied health professionals with specific skills in neurosurgery.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Ophthalmology

RDL	Ophthalmology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide minor extra ocular diagnostic and therapeutic procedures under local anaesthesia and/or conscious sedation (excludes general anaesthesia). For example, slit lamp examination, removal of superficial corneal foreign body. Provide Minor* and Common and Intermediate* ophthalmic procedures on ASA 1, 2 and3^ patients. Provide referral and after care as required	Procedure room or day surgery theatre. Slit lamp, ophthalmic operating microscope and relevant ophthalmic surgical instruments. Phacoemulsification ('phaco') machine. Access to outpatient service. Access to allied health services in line with casemix and clinical load.	Appointed ophthalmologist. Allied health professionals available such as orthoptist.	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provides overnight admission.	As for Level 2.	As for Level 2. In addition, medical officer available 24 hours.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3.	As for Level 3.	As for Level 3.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • HDU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* ophthalmic procedures on ASA 1 to 4^ patients. Provide outpatient services with ophthalmic equipment available, preferably on-site.	As for Level 3. In addition, operating room with ophthalmic equipment (e.g. laser). Clinical specialty services on-site for consultation, such as plastic surgery, neurosurgery, neurology.	As for Level 3. In addition, medical officer in ophthalmology with three or more postgraduate years of experience on call 24 hours. Allied health professionals available such as psychologist, social worker and occupational therapist. Orthoptist, preferably on-site.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • HDU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* ophthalmic procedures for all levels of patient risk^. May operate in association with other specialties (e.g. cancer and trauma multidisciplinary teams). May provide oculo-plastic procedures. Ability to accept referrals for complex cases from lower level services May have regional role in a specific field.	As for Level 5. In addition, department of ophthalmology. Access to Level 5 radiation oncology service. Level 6 neurosurgery on-site for oculo-plastic procedures.	As for Level 5. In addition, clinical head of service. Ophthalmologist available 24 hours. Orthoptist on-site.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • HDU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Oral Health/Dentistry

RDL	Oral Health/Dentistry Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	A level 1 service is provided by non-oral health professionals that are trained to identify disease and refer to a Level 2 Service.	N/A	N/A	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	General oral health care provided by visiting dental service to children and/or adults. Fixed site (standalone or part of another facility) or fully equipped mobile dental clinic. Provide consultation and treatment services to outpatients and/or inpatients.	Minimum of one dental chair fixed dental operating equipment. Access to dental x-ray service.	Dental practitioners (e.g. dentist, oral health therapist, hygienist)	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
4	As for Level 2. In addition, regular clinic providing selected Minor* dental procedures.	As for Level 2. Access to complex dental imaging and dental laboratory.	As for Level 2.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
5	As for Level 3. In addition, provide some specialised level of oral health care (e.g. orthodontic services, fixed prosthodontics). Provide Minor* dental procedures.	As for Level 3. In addition, access to general anaesthesia (may be off-site). Dental suite with two or more dental chairs. Access to inhalational sedation (nitrous oxide). Access to designated surgical inpatient beds. Access to maxilla-facial services.	As for Level 3. In addition, dentist with specialised experience or specialist dental practitioner. Dental prosthetist available.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL4 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
6	As for Level 4. In addition, provide a range of specialist oral health care. Provide Common and Intermediate* dental procedures. Provide networked support to lower level services.	As for Level 4. In addition, clinical specialty services on-site for consultation. On-site cone beam computed tomography and orthopantomogram (OPG). Access to dental laboratory providing both fixed and removable prosthetics. On-site maxilla-facial services.	As for Level 4. In addition, dental technician available. Dentist available 24 hours. On-site facio-maxillary surgeon Nursing staff with appropriate post graduate qualifications and/or experience in perioperative and post-operative nursing.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

Orthopaedics

RDL	Orthopaedics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provides minor reduction of fractures performed on low-risk patients by a registered medical practitioner or visiting general surgeon with experience in orthopaedics.	Treatment rooms with plaster equipment	Medical practitioner. May have plaster technician Access to advice from specialist orthopaedic specialists	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL2 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
3	Provide Minor* and Common and Intermediate* orthopaedic procedures on ASA 1, 2 and 3^ patients.	Power drills, power saws and theatre x-ray available. Consultation available from other clinical specialties, such as general and acute medicine, geriatric medicine, rehabilitation (may include telehealth). Access to fracture clinic. Access to allied health services in line with casemix and clinical load.	Orthopaedic surgeon in attendance as required. Medical officer available 24 hours (may be on call). Allied health professionals including physiotherapist available.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU – RDL4 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide selected Major* orthopaedic procedures on ASA 1, 2 and 3^ patients	As for Level 3. In addition, access to general rehabilitation service.	As for Level 3. In addition, orthopaedic surgeon available 24 hours. Medical officer and/or orthopaedic medical officer with three or more postgraduate years of experience. Allied health professionals including occupational therapist, dietitian, social worker, podiatrist and orthotist available.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide full range of Major* orthopaedic procedures on ASA 1 to 5^ patients.	As for Level 4. In addition, specialty services on-site with consultation available, including general and acute medicine, geriatric medicine, neurology, vascular surgery, plastic surgery. Orthogeriatrics service. Allied health services on-site in line with casemix and clinical load.	As for Level 4. In addition, orthopaedic medical officer with three or more postgraduate years of experience on call 24 hours. Allied health professionals on-site. Physiotherapist with specific orthopaedic experience. Nursing staff with appropriate orthopaedic post graduate qualifications and/or experience	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* orthopaedic procedures for all levels of patient risk^. May operate in association with other specialties, such as cancer and trauma multidisciplinary teams. May have regional role in a specific field (e.g. hand surgery, spinal surgery).	As for Level 5. In addition, department of orthopaedics. Access to specialised rehabilitation service. Access to medical oncology, radiotherapy and palliative care services.	As for Level 5. In addition, clinical head of service.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Plastic Surgery

RDL	Plastic Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	A Level 3 service provides minor plastic and reconstructive surgery outpatients and same day procedures by a visiting plastic surgeon	At least one operating/procedure room with separate recovery area/room for post-operative care. IV fluid therapy available.	Perioperative trained nursing staff. Medical practitioner available 24 hours, on call. Access to some allied health services.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide Minor*, Common and Intermediate*, and selected Major* plastic surgical procedures on ASA 1, 2, 3 and selected 4^ patients.	As for Level 3. In addition, designated acute surgical inpatient unit with appropriately trained surgical specialist nursing staff. Access to allied health services in line with casemix and clinical load. Access to services that support early discharge from surgical procedures, such as home care, ambulatory care services and community nursing.	As for Level 3. In addition, plastic surgeon available 24 hours. Allied health professionals available.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • HDU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* surgical procedures on ASA 1 to 5^ patients.	As for Level 4. In addition, clinical specialty services on-site for consultation (e.g. vascular surgery). Allied health services on-site in line with casemix and clinical load. Access to rehabilitation service.	As for Level 4. In addition, medical officer in general surgery with three or more postgraduate years of experience on call 24 hours Allied health professionals on-site.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • HDU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* plastic surgical procedures for all levels of patient risk^. May participate in multidisciplinary teams with other surgical specialties. May have regional role in specific field such as severe burns.	As for Level 5. In addition, department of plastic surgery. Plastic surgery operating instruments for microsurgery. Dedicated plastic surgery ward. Post-operative rehabilitation and comprehensive scar management services.	As for Level 5. In addition, clinical head of service. Medical officer in plastic surgery with three or more postgraduate years of experience.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • HDU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Urology

RDL	Urology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide Minor* urological procedures on ASA 1, 2^ and selected ASA 3^ patients.	Access to continence education. May have access to allied health services in line with casemix and clinical load.	Medical practitioner credentialled in urology. May have allied health professionals, such as physiotherapist, available.	• Laboratory – RDL1 • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate* and selected Major* urological procedures on ASA 1, 2 and 3^ patients. Provide Minor* urological procedures for ASA 4^ patients on an ambulatory care basis.	As for Level 2. In addition, consultation available from other clinical specialties, such as general surgery; general and acute medicine (may include telehealth). Access to allied health services in line with casemix and clinical load.	As for Level 2. In addition, medical officer available 24 hours. Allied health professionals, such as physiotherapist, available	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL4 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide Major* urological procedures on ASA 1, 2 and 3^ patients. May provide continence service.	As for Level 3. In addition, links with oncology, radiotherapy, gynaecology and palliative care services. Designated acute surgical inpatient unit with appropriately trained surgical specialist nursing staff. Allied health services on-site in line with casemix and clinical load.	As for Level 3. In addition, urologist available 24 hours. Allied health professionals on-site.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* urological procedures on ASA 4 and 5^ patients and selected Complex Major* urological procedures on ASA 1 to 3^ patients.	As for Level 4. In addition, clinical specialty services on-site for consultation, including renal medicine, oncology, radiotherapy, gynaecology and palliative care services	As for Level 4. In addition, medical officer in surgery with three or more postgraduate years of experience on call 24 hours.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* urological procedures for all levels of patient risk^. Provide outpatient service. Provide continence service.	As for Level 5. In addition, department of urology. Participate in cancer and trauma multidisciplinary teams.	As for Level 5. In addition, clinical head of service. Medical officer in urology with three or more postgraduate years of experience. Dedicated nurse specialist specialising in urology and providing leadership within the service. Comprehensive continence service	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Vascular Surgery

RDL	Vascular Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provides routine day case vascular surgery for low risk patients requiring low complexity surgery.	Appropriate vascular surgical and anaesthetic equipment available on-site	Visiting vascular surgeons General surgeons credentialed to perform low complexity vascular surgical procedures.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • OT – RDL3 • Anaesthesia – RDL3
3	As for Level 3. In addition, provides inpatient, ambulatory and outpatient consulting for vascular surgery. General surgeons may perform basic vascular surgical procedures.	As for Level 3. In addition, on-site high dependency unit available.	General surgeon available on-site. Nursing staff with post graduate qualifications and/or experience in vascular nursing Access to specialist vascular sonographers.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • HDU - RDL3 • OT – RDL4 • Anaesthesia – RDL4
4	As for Level 4. In addition, provide Minor*, Common and Intermediate*, and selected Major* vascular surgical procedures on ASA 1, 2 and 3^ patients.	As for Level 4. In addition, vascular operating instruments (e.g. balloon catheters, vascular clamps). Consultation available from other specialties (may include telehealth). Pre-operative rehabilitation consultation available for elective amputees. Access to allied health services in line with casemix and clinical load.	Vascular or general surgeon available 24 hours. Medical officer available 24 hours. Allied health professionals available.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL3 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* vascular surgery procedures on ASA 1 to 5^ patients.	As for Level 4. In addition, access to specialised prostheses. Clinical specialty services on-site for consultation. Allied health services on-site in line with casemix and clinical load. Access to rehabilitation service.	As for Level 4. In addition, vascular surgeon available 24 hours. Medical officer in surgery with three or more postgraduate years of experience on call 24 hours Allied health professionals on-site. Nursing staff with appropriate postgraduate qualifications and/or perioperative experience in vascular surgery Specialist vascular sonographers	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* vascular surgery procedures for all levels of patient risk^. May participate in multidisciplinary teams with other surgical specialties. May have regional role in a specific field.	As for Level 5. In addition, department of vascular surgery.	As for Level 5. In addition, clinical head of service. Medical officer in vascular surgery with three or more postgraduate years of experience Nursing staff with appropriate post graduate qualifications and/or extensive experience in vascular surgery on-site 24 hours	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

5.4 Group D: Women's & Children

Obstetrics

RDL	Obstetrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides antenatal and/or postnatal care for women and infants who have normal care needs. Outpatient and ambulatory care available. No planned birthing services. Capacity to provide emergency care to support obstetric women until her transfer of care or a retrieval service is available. Registered medical officer may be available in the local area for the management of the postpartum women with no identified risk factors.	Emergency resuscitation equipment (adult and neonate) Basic equipment for antenatal and postnatal care. Access to offsite pathology and radiology services. Access to specialist obstetric services via telehealth / telephone.	Registered midwives or nurses with access to midwifery support. General physician with experience in obstetrics. Access to allied health professionals as required.	• Laboratory – RDL1 • Pharmacy – RDL1 • OT – RDL1 • Anaesthesia – RDL1
2	As for Level 1. In addition, capacity to manage the care of the 'low risk' pregnant woman during the antenatal, intrapartum and postnatal periods for women from 37 weeks gestation. Will have formal policy/ protocols to guide staff, in the safe, local management of the pregnant woman presenting with 'risk factors', in the intrapartum period or with an unexpected emergency until her transfer of care or a retrieval service is available.	As for Level 1. In addition, antenatal cardiotocograph (CTG) monitoring with access to remote assessment and interpretation. Access to consultation from higher level services.	As for Level 1. In addition, access to registered medical practitioner. Registered midwife available during operational hours.	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, capacity to provide safe care and planned births for woman with a singleton pregnancy, identified as 'low risk' at ≥37 weeks gestation. Will provide a range of models of maternity care that complement the demographics and needs of the local community. Will have access to a breastfeeding support.	As for Level 2. In addition, ability to perform continuous foetal monitoring in labour where clinically indicated. On site facilities for emergency delivery (abdominal or vaginal). Able to perform elective caesarean at ≥ 39 weeks gestation. Able to support induction of labour following 39 completed weeks of pregnancy. Able to support vaginal birth following 39 weeks of pregnancy. Urgent retrieval to Level 4 or above maternity service.	As for Level 2. In addition, 24 hour access to obstetrics/ genecology registered medical practitioner who is able to attend within 30 minutes. 24 hours access to a registered medical practitioner with credentials in anaesthetics who can attend within 30 minutes. 24 hour access to a registered medical practitioner. credentialed to provide care to the neonate and who can attend within 30 minutes.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, capacity to provide safe care for the woman with a singleton pregnancy or a twin pregnancy with 'low risk' factors and/or minor complications ≥34 weeks gestation. Mothers at risk of delivery of an infant at 32 and 33 weeks gestation at a Level 4 service deemed at higher risk of maternal and neonatal morbidity (e.g. multiple pregnancy, fetal growth restriction) if safe to do so should be transferred in-utero to a Level 5 or 6 service as appropriate. Will have access to a community midwifery services.	As for Level 3. In addition, 24 hour access to foetal scalp pH or lactate sampling. Access to on site urgent blood and specimen testing, blood and volume expanders. Blood storage facilities on site. Access on site to 24 hour ultrasound services. On site Level 4 neonatology service. Access to Level 4 or above ICU/HDU service Access to genetics service as required. Access to perinatal mental health service.	As for Level 3. In addition, registered medical specialist with credentials in obstetrics on-site and on-call 24 hours who can attend within 30 minutes. On-site specialist anaesthetist on-call 24 hours and able to attend within 30 minutes. On-site specialist paediatrician with experience in neonatal care on-call 24 hours and able to attend within 30 minutes. 24 hour access to Level 4 or above General Surgical Service Resident medical officer and midwives on-site 24 hours. Access to allied health professionals as required, including physiotherapy and social work. Access to a midwifery educator.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Obstetrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, capacity to provide safe care for moderate and high complexity mother's, singleton or twin pregnancy at ≥ 32 weeks gestation, including the care for most medical conditions and pregnancy related illnesses. Capacity to manage all unexpected pregnancy and neonatal emergency presentations. Formal arrangements for in-utero transfer of women. Will have access to Adult ICU.	As for Level 4. In addition, a full range of antenatal, birthing and postnatal care facilities, including dedicated birth suites, an antenatal day assessment unit, allocated inpatient beds within a maternity unit and dedicated maternity beds for the acute care of high-acuity patients On-site Level 5 Neonatology Service. On-site Level 4 or above General Surgery Service. The capacity to measure and permanently document foetal scalp sampling and cord blood gases. Portable ultrasound in birth suite 24 hours used by practitioners credentialed in ultrasound. Access to interventional radiology and vascular services. Provides training of specialist obstetricians and midwives.	As for Level 4. In addition, clinical leadership roles in Obstetrics, Midwifery, Nursing and Neonatology Obstetric registrars and RMOs Paediatrics registrars and RMOs. Anaesthetics registrars and RMOs. On-site allied health professionals including occupational therapy, continence advisors and dietitians.	• Laboratory – RDL5 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
	As for Level 5. In addition, provides all levels of care, including the highest level of complex care for women with serious obstetric and foetal conditions that require high-level multidisciplinary care, including any higher order multiple pregnancy.	As for Level 5. In addition, A 24 hour obstetrics service that provides comprehensive specialist services, including, but not restricted to, midwifery, obstetric, mental health and surgical care for women with high risk and complex needs. On-site dedicated acute observation area within the maternity unit. On-site 24 hour access to obstetric imaging service. On-site Level 6 Neonatology Service. Access to maternal foetal medicine specialty services. Access to foetal surgical services. On-site perinatal mental health service. On-site vascular surgery and interventional radiology services.	As for Level 5. In addition, Specialist neonatologists on-site and on-call 24 hours. Obstetricians with certification or special interest in maternal foetal medicine and obstetric ultrasound. 24 hour on-site access to consultant-level radiology, paediatrics, anaesthetics and adult ICU staff.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Neonatology

RDL	Neonatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No routine management of the neonate. Some local registered medical officer services may be available in the area for the management of the healthy newborn baby who has no identified risk factors. In some instances, the healthy newborn may be supported by a community midwifery service.	Basic neonatal life support skills and equipment.	General Practitioner(s) available. Access to registered nurses. May have access to registered midwives.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics
2	As for Level 1. In addition, capacity to provide emergency care to support the sick neonate until the retrieval service arrives. Some registered medical practitioner(s) may be available in the area for the management of the healthy newborn baby who has no identified risk factors.	As for Level 1. In addition, emergency resuscitation equipment available. Access to emergency patient transport services.	As for Level 1. In addition, registered nurses and/or midwives available.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics
3	As for Level 2. In addition, capacity to provide safe care for neonates greater than 36 weeks gestation with a birth weight more than 2500g at birth when supported by Neonatologist/Paediatrician. Will have formal policy/ protocols to guide staff, in the safe, appropriate, local management of premature or low birth weight neonates.	As for Level 2. In addition, designated neonatal care facilities for transitional and stabilisation of the unexpectedly sick singleton neonate. Nursery equipped with: • radiant heater • convection- warmed heater • oxygen analyser • pulse oximeter • phototherapy lamp • 'point of care' blood sugar analysis machine	As for Level 2. In addition, appropriately credentialed registered medical practitioner(s) available 24 hours. 24 hour on site access to a health professional skilled in initiating accredited neonatal resuscitation. Access to allied health staff. Access to perinatal mental health services. Access to infant and child cognitive and developmental assessment services. Have registered midwives/ nurses available for neonatal care in the nursery area.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics
4	As for Level 3. In addition, Special Care Nursery onsite. Capacity to provide safe care for neonates greater than 34 weeks gestation with minimal complications and a birth weight more than 2000g. Capacity to provide safe care for neonates who can be managed in a bassinet or cot, and/or require incubator care for short term transitional problems or recovering after an acute illness which can reasonably be expected to resolve.	As for Level 3. In addition, designated special care nursery for transitional care and stabilisation sick neonates. Commences mechanical ventilation in consultation with a higher-level neonatal service pending transfer to a higher level service. All patients managed by attending paediatrician. Nursery equipped with: incubator for thermoregulatory care oxygen therapy for short term oxygenation < 4 hours gavage feeding equipment infusion pump for safe management IV therapy	As for Level 3. In addition, On site paediatrician with experience in neonatology on call 24 hours. Registered medical officers rostered and available 24 hours per day, seven days per week. Have access to appropriately qualified registered midwives/ nurses to manage the neonatal care in the nursery area. Nursing staff with appropriate post graduate qualifications and/or experience in neonatal nursing.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics

RDL	Neonatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, NICU or Special Care Nursery onsite. Capacity to provide safe care for neonates greater than 32 weeks gestation and a birth weight of more than 1500g at birth. Capability to plan and deliver care for infants with risk factors or complex care needs. A community neonatal nurse service may be available to support the neonate after discharge.	As for Level 4. In addition, designated neonatal nursery with the capability of providing neonatal special care. Provision of short term mechanical ventilation <6 hours pending transfer. Access to nasal CPAP (continual positive airway pressure). Has immediate access to a blood gas machine for measurement of blood gas, plasma glucose and electrolytes. Has neonatal special care services. Nursery equipped with • oxygen therapy via humidified head box or cot oxygen < 35% FiO2 • cardiorespiratory monitoring	As for Level 4. In addition, an appointed / nominated specialist Paediatrician or Neonatologist as head of neonatal services. Paediatricians/Neonatologists available on site and for consultation 24 hours. Appropriately accredited registered medical officers with a designated role to support the neonatal services available 24 hours. Access to a full range of physicians, subspecialty physicians and surgeons. The neonatal unit is managed by a registered nurse/midwife with appropriate post registration qualifications. Has a designated clinical nurse/midwife educator assigned to the neonatal unit. Access to specialist neonatology allied health providers.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics
6	As for Level 5. In addition, NICU onsite. Capacity to provide multidisciplinary comprehensive management of the most complex neonatal patients. Has the capacity to provide continuous life support and care for newborns born at less than 32 weeks gestation. May have regional role.	As for Level 5. In addition, designated neonatal nursery with neonatal intensive care beds. On site neonatal emergency transport team on call 24 hours. On site neonatal surgery. Nursery equipped with: • airway support suitable for comprehensive oxygen therapies which includes continuous airway pressure, high frequency ventilation, nitric oxide administration and mechanical ventilation • oxygen analysers for continuous inspired oxygen therapy electroencephalography, end tidal and transcutaneous CO2 monitoring • cardiorespiratory monitoring for all patients • equipment for safe management IV therapies, arterial lines and central venous lines • equipment for controlled infusions, including syringe drivers and infusion pumps • parental nutrition equipment • peritoneal dialysis equipment • exchange transfusion equipment • therapeutic hypothermia equipment Has technical support staff to manage all of the equipment provided.	As for Level 6. In addition, Have an appointed specialist Neonatologist as head of neonatal services. Neonatologists available for consultation and able to attend within 30 minutes to provide support 24 hours. Designated neonatal registrar/nurse practitioner available on site 24 hours. Have access to full range of physicians, subspecialty physicians and surgeons. The neonatal unit is managed by a registered midwife/ nurse with appropriate post registration qualifications. Have a designated registered midwife/nurse rostered each shift to attend resuscitations. Have a neonatal nursing care outreach program. Have registered nurse/midwife appointed as the clinical coordinator to manage the post discharge follow up of high risk neonates.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU – RDL6 • HDU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Paediatric Medicine

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides ambulatory care, during business hours, for children and their parent/carer/guardian(s), with no inpatient care. Care predominantly provided by registered nurse or registered midwife for maternity care, nurse practitioner or allied health professionals. Provides rapid health assessment for the sick child, routine child health care, prevention and promotion of health, screening and early diagnosis of conditions for early intervention, treatment or referral and chronic/ long term care and management. Interventions may include family assessment, immunisation, parenting education and support, feeding support, developmental screening, environmental health and disease control. Capable of providing limited treatment for minor injuries and illnesses, basic life support and limited stabilisation prior to transfer to higher level of service.	Staff trained in assessment, care and management and delivery of health promotion activities and programs for children and their families. Referral pathway must exist to provide access to hearing assessment, maternal, child health, development and neonatal services for infants up to 28 days of age.	Registered medical practitioner delivering services. Referral pathway to paediatrician. Access to registered nurses and/or registered midwives or nurse practitioner.	• Laboratory – RDL1 • Pharmacy – RDL1
2	As for Level 1. In addition, primarily provides planned ambulatory care for healthy children. Can provide low risk acute care and treatment to a child.	As for Level 1. In addition, access to accredited medical practitioner (may be on call)	As for Level 1. In addition, registered medical practitioner or specialist delivering services. Healthcare practitioners include, but not limited to, medical practitioners, registered nurses, nurse practitioners, registered midwives and lactation consultants, enrolled nurses and allied health professionals. Minimum one staff member on-site each shift trained in advanced life support.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, provides definitive planned and unplanned ambulatory and/or inpatient care for children and may provide subspecialty ambulatory referral system. Inpatient services usually treat single-system disorders for children with low-acuity medical conditions. Allocated bed area or bay of inpatient children's beds available. Capable of providing advanced life support for children and can stabilise children who require transfer to higher level of service.	As for Level 2. In addition, members of multidisciplinary team suitably qualified and experienced in general paediatric principles and practice. No children admitted to general intensive care beds, except for stabilisation prior to transfer. May provide some visiting specialist ambulatory services. Designated paediatric ward/area where children and adolescents are physically separated from adult patients. Access to audiology services Access to allied health services for children including physiotherapy, occupational therapy, speech pathology, dietetics, mental health and social work.	As for Level 2. In addition, medical practitioner available 24 hours. Nursing staff levels in accordance with the relevant industrial instruments. Suitably qualified and experienced registered nurse in charge of each shift. Other suitably qualified and experienced nursing staff appropriate to service being provided. Access to allied health professionals (including dieticians, occupational therapists, physiotherapists, psychologists, speech pathologists or social workers), as required.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provides ambulatory and/or inpatient care. Provides multidisciplinary team approach to broad range of conditions (e.g. developmental assessment teams). Inpatient service provides designated children's ward, and all children up to age of 14 years should be admitted to children's ward (flexibility with adolescents should be exercised). All admitted infants of less than 3 months of corrected age must be involved with paediatric medical services team on admission.	As for Level 3. In addition, multidisciplinary team approach used in care / treatment of children including community based multidisciplinary team. Documented processes between ambulatory and inpatient children's medical service teams. Paediatric support for emergency departments where emergency department located on-site. Access to lung/respiratory function assessment services. May provide non-invasive ventilation care.	As for Level 3. In addition, designated registered medical specialist with credentials in paediatrics as lead clinician responsible for clinical governance of children's medical services. Access 24 hours to registered medical specialist with credentials in paediatrics. Medical practitioner dedicated to paediatrics on-site during business hours and accessible after hours. Suitably qualified and experienced nurse manager. All registered nurses working within service trained in paediatric life support. Access to lactation consultation. Access to allied health professionals with relevant qualifications and experience in children's service delivery (including but not limited to, dietician, occupational therapist, physiotherapist, speech pathologist and social worker).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provides definitive ambulatory and/or inpatient care with some subspecialty services available. Service provided separately from neonatal services with access to Level 5 neonatal service. Specialised Paediatric Inpatient Unit with medical, surgical, intensive care and neonatology sub-specialty services available.	As for Level 4. In addition, on-site paediatric ICU and neonatal ICU. On-site paediatric surgeons and specialist anaesthetics (paediatric). On-call paediatric surgical and ICU specialists available 24 hours. On site school facility. Multidisciplinary team members experienced, and have advanced knowledge and skills in delivery of children's services pertaining to specialty / subspecialty area (e.g. children's surgical service). Well-developed, dedicated, child development specialist service. Designated close observation care area / beds managed by paediatric specialists. Designated children's-specific day-stay treatment area. Well-developed children's ambulatory service, which may be provided in standalone environment.	As for Level 4. In addition, paediatric surgical, anaesthetics, intensive care, neonatology and mental health medical subspecialists. Medical practitioners (on-site 24 hours. Dedicated child development registered medical specialist with credentials in paediatrics supports ambulatory child development service. Nursing staffing levels in accordance with the relevant industrial instruments. Extended hours access to Physiotherapy and Social Work, and other disciplines where indicated for specialist patient groups.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provides most complex medical services to children. Sub-specialties include adolescent medicine, cardiology, child development, child protection, clinical genetics, community child health, dermatology, endocrinology, gastroenterology, general paediatrics, infectious diseases, immunology, medical imaging, metabolic medicine, nephrology, neurology, oncology and haematology, palliative care, pathology, rehabilitation medicine, respiratory medicine, rheumatology and transplantation medicine – where appropriate, specialties accessible 24 hours a day. Supports children's Level 6 surgical, intensive care, emergency and child and youth mental health services. Supported by appropriately staffed Level 6 paediatric intensive care service, and equipped for retrieval support 24 hours a day.	As for Level 5. In addition, multidisciplinary team members have demonstrated experience, and advanced knowledge and skills, in children's services pertaining to specific specialty and/or subspecialty area/s. Adolescent-based ambulatory service with defined transition to adult service. Designated adolescent inpatient service with appropriately trained and experienced nursing staff. Children's pain-management service. Links with all other children's services, ensuring care is provided locally in coordinated manner. Links with Level 6 neonatal services, in particular, maternal foetal medicine services. Active in the development and implementation of clinical guidelines for children.	As for Level 5. In addition, lead clinician responsible for clinical governance of medical services with qualifications in paediatrics. Lead clinicians in all specialty units. Senior registrar with significant role in junior staff management and leadership. Accessible service provided 24 hours for all specialties where clinically relevant. Nursing staff levels in accordance with the relevant industrial instruments. Suitably qualified and experienced nursing leader/s. All specialties have designated children's specialist nurse. Suitably qualified and experienced designated nurse manager to all service units.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5

5.5 Part E: Mental Health

Drug & Alcohol

RDL	Drug & Alcohol Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides general drug and alcohol services by community health staff and general practitioners.	Information, risk assessment and referral is provided by community health staff and general practitioners. Service provides information, counselling and referral to specialist services	Medical practitioner. Visiting community nursing and / or allied health staff with specialist knowledge and skills in alcohol and drugs treatment and support.	N/A
2	As for Level 1. In addition, outpatient assessment and brief intervention.	As for Level 1. In addition, provides pharmacotherapy for opioid dependence.	As for Level 1. In addition, general practitioners and/or medical officers accredited to provide pharmacotherapy for drug dependence, including opioid dependence. Access to specialist allied health drug and alcohol service providers	• Laboratory – RDL3 • Pharmacy – RDL4
3	As for Level 2. In addition, provides inpatient and outpatient detoxification and support services for low risk patients.	As for Level 2. In addition, counselling and support for families and significant others affected by drug use	As for Level 2. In addition, management supervised by health professionals with specific drug and alcohol experience/training. Access to allied health professional services	• Laboratory – RDL4 • Pharmacy – RDL4
4	As for Level 3. In addition, comprehensive, multidisciplinary, extended hours alcohol and drug treatment services on-site, including medical detoxification for patients with multiple drug dependencies.	As for Level 3. In addition, specialist assessment and treatment provided by multidisciplinary addiction medicine team. Access to alcohol and drug residential rehabilitation services. Inpatient beds suitable for patient detoxification	As for Level 3. In addition, specialist alcohol and drugs multidisciplinary team available on-site Access on-site to specialist mental health services.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
5	As for Level 4. In addition, full range of alcohol and drug assessment and treatment services including assessment for brain injury, management of drug related brain injury, clinical supervision of staff, public education and prevention activities.	As for Level 4.	As for Level 4.	• Laboratory – RDL4 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
6	As for Level 5.	As for Level 5.	As for Level 5. In addition, nursing staff with appropriate post graduate qualifications and/or experience in drug and alcohol nursing on most shifts	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

Psychiatry (Child & Adolescent, Women and Adults)

RDL	Psychiatry Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Provides mental health care to low complexity mental health patients.	Admission and management by general practitioner or other medical officers Capacity to cope with acutely unwell pending transfer Limited assessment and treatment for severe and persistent mental health conditions Limited access to mental health multidisciplinary team.	General practitioner or other medical practitioner Limited access to mental health multidisciplinary team. Visiting allied health staff with specialist knowledge and skills in mental health treatment and support. Nursing staff with appropriate post graduate qualifications and/or experience in mental health nursing. Access to psychiatrist (via telehealth)	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3
4	As for Level 3. In addition, provides mental health care to moderate complexity mental health patients. It has the capacity for dedicated mental health treatment as inpatients.	As for Level 3. In addition, inpatient mental health treatment.	As for Level 3. In addition, multidisciplinary staff available 24 hours, on call.	• Laboratory – RDL4 • Pharmacy – RDL4 Medical Imaging – RDL3
5	As for Level 4. In addition, capability of providing mental health care to low, moderate and high complexity mental health patients. Capacity to provide involuntary mental health treatment.	As for Level 4. In addition, capacity for involuntary/authorised mental health treatment. May have secure mental health unit. Comprehensive multidisciplinary team available on-site.	As for Level 4. In addition, comprehensive multidisciplinary team routinely available on-site.	• Laboratory – RDL5 • Pharmacy – RDL4 • Medical Imaging – RDL3 • HDU – RDL4 • OT – RDL3 • Anaesthesia – RDL3
6	As for Level 5. In addition, capability of providing mental health care for patients who present with the highest level of mental health risk and complexity. This service provides mental health care 24 hours.	As for Level 5. In addition, Assessment and treatment for complex mental health conditions. Secure mental health unit. Psychiatric intensive care service on-site.	As for Level 5.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU - RDL5 • OT – RDL4 • Anaesthesia – RDL4

6. Acknowledgements

This RDL and Framework incorporates parts of common methodology, terminology and concepts which are used in health services and facility planning including the following:

American Medical Directors Association, 2010. Transitions of Care in the Long-Term Care Continuum Clinical Practice Guideline.

Ministry of Health Singapore, 2015. Intermediate and Long-Term Care Guidelines

Department of Health, Queensland Government, 2016. Clinical Services Capability Framework.

South Australia Health, 2016. Clinical Services Capability Framework

Department of Health & Human Services, Tasmania, 2015. Tasmanian Role Delineation Framework.

New South Wales Ministry of Health, 2016. NSW Health Guide to the Role Delineation of Clinical Services.

Ministry of Health New Zealand, 1993. Guide to the Role Delineation of Health Services in New Zealand.

We acknowledge the collective contribution of the above documents to the overall development of the role delineation concept and methodologies.

Part B – Health Facility Briefing & Design

Planning Preliminaries

Appendix 1 – Role Delineation Guide

iHFG

International Health Facility Guidelines

2025

Table of Contents

1. Introduction & Definition

Role delineation is a process which determines the clinical capacity of a health facility to provide services of a defined clinical complexity. It is based on an assessment of the service provided, infrastructure, equipment and other service requirements, support services, as well as the range and expertise of medical, nursing and other healthcare personnel in a given clinical discipline to provide a specialised service.

This Role Delineation Guide is a Framework for public and private health facilities to establish the minimum capability criteria for service delivery according to the complexity of care, expected distribution and the referral pattern between the different facilities.

Role Delineation Levels outlined within this framework establish the role of the facility within the society including:

- minimum service requirements
- minimum workforce requirements
- minimum support services requirements

This framework is necessary to deliver safe, efficient and appropriately supported clinical services.

The responsible Health Authority may adapt, refine, modify and localise the requirements of this Role Delineation Guide to best suit the local conditions, working culture and policies

The RDL framework has several core components:

- Role Delineation Levels (RDL) from 1 to 6
- RDL criteria, including:
  - Service description and of service provided (e.g. setting and general hours of service); type of patient (e.g. multiple comorbidities); providers and subspecialties, where relevant; and inter-service and/or interlevel relationships, with each level providing a more in-depth description of the service level capacity
  - Infrastructure and service requirements including additional detail and service-specific requirements such as nature of the service provided (e.g. particular interventions or treatment pathways, which could involve telehealth), specialty skills, specific expertise of the team/s and inter-service and/or inter-level relationships (e.g. referral pathways, transfer arrangements and interaction with other services, asset and equipment requirements. This may include but is not limited to:
    a) equipment suitable for the needs of the patients (e.g. paediatric, bariatric or geriatric) and/or service
    b) staff responsible for using the equipment are trained and competent in equipment use
    c) users of equipment and infrastructure have access to appropriate maintenance and support services, including biomedical engineering and technical services, ICT support, and building maintenance services
  - As the management of patient care becomes more complex, service requirements of a service level may change
  - Workforce requirements describing the medical, nursing, allied health and other workforce specifications relevant to the levels within each module. These may be further defined within the service levels as the service level complexity increases. The RDL Guide does not prescribe staffing ratios, absolute skill-mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally. This is not a Human Resource (HR) guide.
  - Support service requirements identifying the minimum suite of services needed to deliver a service at a particular level. This section depicts the level of service required by other relevant services for minimum safety and quality.
  - Minimum requirements for each criterion are defined based on best available evidence and requirements of the service. The minimum criteria must be met at each level to provide safe and quality clinical services. A service level may exceed some of the

minimum requirements but cannot claim a higher RDL status until all the the minimum requirements for the higher RDL are fully met.

2. Interpretation

The Role Delineation Guide describes service level capability by complexity of care rather than the overall size or capability of a health facility. A “service” refers to clinical services e.g. surgical or maternity services, provided under the management of an operator, whereas a “facility” refers to the physical structure with certain provisions and capabilities.

Within the Framework, clinical services are categorised into up to six capability levels, with RDL 1 managing the least complex patients and RDL 6 managing the highest level of patient complexity.

As a general rule, each RDL builds on previous service level capability. For instance, a service nominated as having RDL 6 capability should have all the capabilities of clinical services up to RDL 5 plus additional capabilities resourcing the most highly complex clinical service. Each RDL provides the additional capabilities representing the minimum requirements for that level. This also means that each facility at a higher RDL has nested lower RDLs. For example an RDL 5 facility which is usually centralised to serve a large population catchment, can also provide primary care services expected at RDL 1 for its immediate local community.

Where classification by RDL is between two levels, in-between RDLs can also be considered, i.e. RDL 3/4.

Service, infrastructure and workforce characteristics described in the Framework are a guide only and should not be seen as prescriptive. In the event a service cannot meet all requirements of the RDL this may be resolved through the implementation of mitigating risk strategies to ensure delivery of safe and sustainable health care. This may involve outsourced services or alternative operational models.

A healthcare facility may focus on certain specialties and voluntarily meet higher RDL requirements of those specialties. If a facility reaches all the RDL 6 requirements for certain specialties, it may be regarded as a Centre of Excellence in those specialties. The balance of the facility with less specialization may be regarded as a lower RDL.

Role delineation provides health planners and providers with a common language to describe services available and minimum support services required for safe delivery. As RDL is numerically categorised, it is not sensitive to the local classifications and varying names given to the facilities across the world. The local names for the facility types and services can be mapped to the relevant RDL to allow the use of this guide.

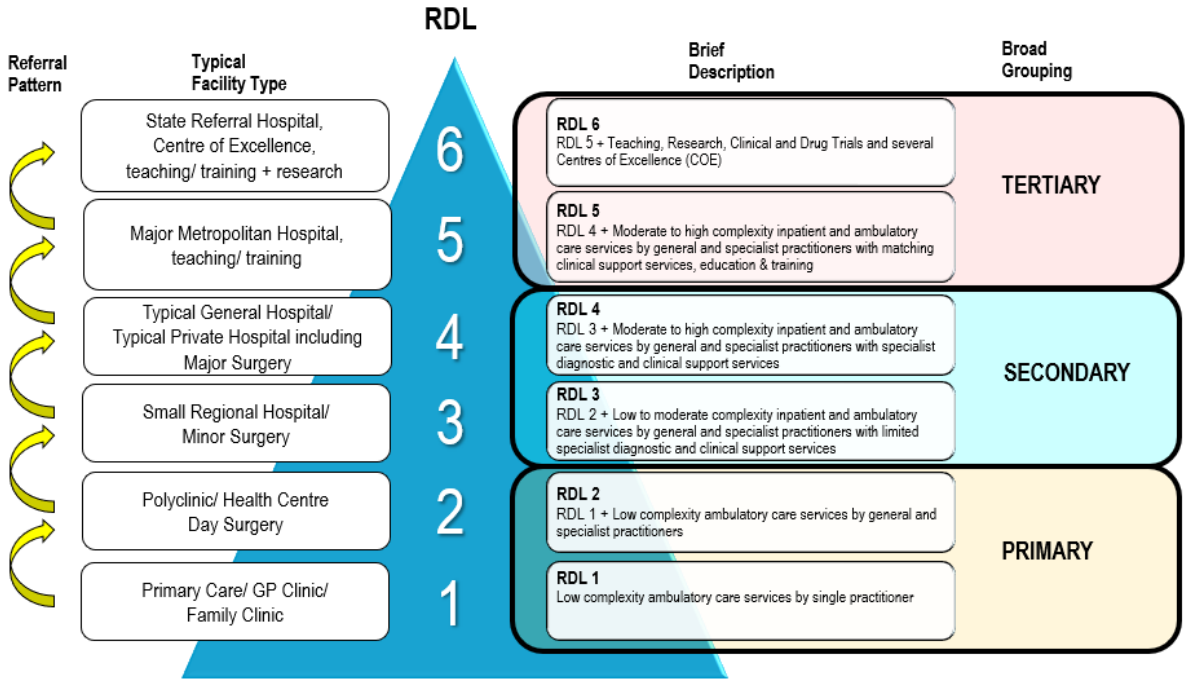
The diagram on the following page shows the RDL classifications and groupings by the typical facility types.

Each pair of RDLs is grouped broadly under Primary, Secondary and Tertiary care levels. This grouping and the names given to them will have no impact on the correct application of the RDL at levels 1 to 6. They are only for easy reference.

The referral pattern between the service levels is from the lowest RDL to the highest RDL. If a patient cannot be properly treated at a facility at a lower RDL, they can be referred (or transferred) to a facility at a higher RDL which has all the necessary facilities, services and workforce skills.

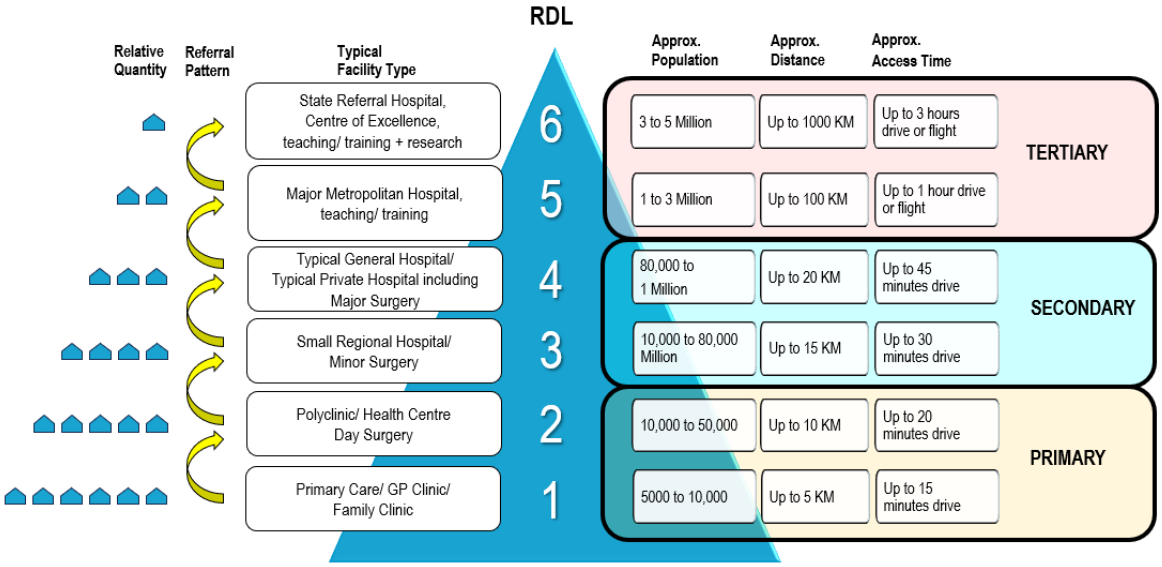
For the most efficient healthcare system people should enter the healthcare system at the lowest RDL which is available, save and accessible. Then the clinicians decide to refer the patient to higher RDL’s if and when necessary. This serves to ease the burden of healthcare services at RDL’s which are not necessary and are usually more expensive.

The facility types and names should not be relied upon as they may differ in different countries and healthcare systems. The key point of the numerical classification by RDL is the complexity of care from the lowest to the highest. The names given to the facilities do not necessarily dictate the RDL.



The diagram below indicates a simple urban planning guide for the distribution of the facilities by RDL and referral pattern within a geography that contains the population catchment.
The quantity of facilities by RDL are shown diagrammatically indicating there are fewer facilities at higher RDL's as such facilities are increasingly centralised for the largest population numbers. On the other hand, at lower RDLs the facility quantities are higher, and they are distributed closer to the places where people live and/or work.

The diagram below is based on a most common urban situation in a city of over 1 million. The distribution by population, distance and time may have to be refined and customised for geographic locations with very sparse populations or extremely dense urban environments.



The 6 levels of RDL are further described in table form below.

General Nomenclature	Service Level	Description
Primary Care	**RDL 1**	Provides low-risk inpatient and ambulatory care clinical services. Delivered mainly by RNs and GPs with admitting rights to the local hospital. Patients requiring a higher level of care can be managed for short periods before transfer to a higher-level service.
	RDL 2	Some limited visiting/outreach allied health services provided. Manages emergency care until transfer to a higher level service. Predominantly delivered by GPs (available 24 hours a day, 7 days a week but not necessarily on-site) and RNs including midwives and/or nurses with specialty qualifications, possibly inclusive of visiting day only specialist services as well as low-risk surgery and/or minor procedures, and an education and training role (longer than day only may be arranged).
Secondary Care	**RDL 3**	Provides low to moderate-risk inpatient and ambulatory care clinical services delivered by a variety of health professionals (medical, nursing, midwifery and allied health) including resident and visiting specialists with access to limited support services. Manages emergency care and transfers to a higher level if required. No intensive care unit, although the facility may have access to a monitored area.
	RDL 4	Provides moderate-risk inpatient and ambulatory care clinical services delivered by a variety of health professionals (medical, nursing, midwifery and allied health) including resident and visiting specialists. Medical staff on-site 24 hours a day, 7 days a week and an intensive care unit (may be combined with a cardiac care unit) with related support services also available on-site. If higher level or more complicated care required, patients may need to be transferred to a level 5 service. Some specialist diagnostic services also available.
Tertiary Care	**RDL 5**	Manages all but the most highly complex patients and procedures. Acts as referral service for all but the most complex service needs which may mean highly complex, high-risk patients require transfer or referral to a level 6 service. Has university affiliation(s) and education and teaching commitments, possibly some research.
	RDL 6	Is the ultimate high-level service delivering complex care and acting as a referral service for all lower-level services. Can also be a region-wide super specialty service accepting referrals from across the jurisdiction and cross-regionally where applicable. Generally provided at a large metropolitan hospital. Has strong university affiliations and major teaching and research commitments in both local and multi-centre research.

3. Format

The Services and associated RDLs have been classified as per the following format:

Section 1: Clinical Support Services

1. Laboratory
2. Pharmacy
3. Medical Imaging
4. Nuclear Medicine
5. Intensive Care
6. High Dependency Care
7. Operating Suites
8. Anaesthetics

Section 2: Clinical Services

Group A: Emergency

Group B: Medicine

1. Cardiology & Interventional Cardiology
2. Clinical Genetics
3. Dermatology
4. Endocrinology
5. Gastroenterology
6. General Medicine
7. Geriatrics
8. Haematology
9. Immunology
10. Infectious Diseases
11. Long Term Care
12. Neurology
13. Oncology – Medical
14. Oncology – Radiation
15. Palliative Care
16. Rehabilitation
17. Renal Medicine
18. Respiratory & Sleep medicine
19. Rheumatology

Group C: Surgery

1. Burns
2. Cardiothoracic Surgery
3. Day Surgery
4. Ear, Nose & Throat Surgery
5. General Surgery
6. Gynaecology
7. Neurosurgery
8. Ophthalmology
9. Oral Health/Dentistry
10. Orthopaedics
11. Plastic Surgery
12. Urology
13. Vascular Surgery

Group D: Women's & Children

1. Obstetrics
2. Neonatology
3. Paediatric Medicine
4. Paediatric Surgery

Group E: Mental Health

1. Drug & Alcohol
2. Psychiatry (Child & Adolescent, Women and Adults)

4. Section 1: Clinical Support Services

4.1 Laboratory

Laboratory role descriptions are based on the services provided at or delivered to a site, rather than what is physically present on the site.

RDL	Laboratory Service Description	Infrastructure & Service Requirements	Workforce
1	Blood and diagnostic specimen collecting services available. No on-site laboratory.	Supported by a timely courier service to an accredited laboratory for testing. Collection policies and procedures established by the accredited laboratory. Compliance with the quality and safety requirements.	No Level 1 service. Refer to higher level.
2	As for Level 1. In addition, a range of urgent tests may be available. No on-site laboratory but trained health workers available to collect and transport specimens to laboratory.	As for Level 1. In addition, compliance with management of blood component requirements.	Appropriately trained health workers to use the automated pathology testing equipment.
3	As for Level 2. In addition, an accredited branch/satellite laboratory providing core pathology services either on-site or through networked arrangements. Range of tests available varies according to clinical need but will usually include basic haematology (e.g. full blood count, cross matching, blood grouping and basic coagulation), biochemistry (e.g. liver and renal function tests, electrolytes) and microbiology (e.g. urine microscopy, Gram staining).	On-site basic biochemistry and haematology. As for Level 2. In addition, under the overall control of, with specialist scientific and clinical supervision from, an accredited laboratory. 24 hours on call access to laboratory. Access to blood bank services.	As for Level 2. In addition, branch/satellite laboratory under direction and control from pathologist or senior scientist of general laboratory. Where appropriate, specialist pathology staff with appropriate qualifications, training and experience relevant to scope of testing being performed.
4	As for Level 3. In addition, part of a service network providing some specialist diagnostic tests (e.g. fine needle aspiration, frozen section, bone marrow biopsy) and/or an expanded range of tests.	As for Level 3. In addition, provide an extended hours service to meet agreed clinical needs. Specialised pathology services provided by laboratory scientists Integrated laboratory information system for referral and results sharing.	As for Level 3. In addition, service provided by laboratory scientists with appropriate tertiary qualifications.
5	As for Level 4. In addition, accredited as branch/satellite or general laboratory. Provide access to comprehensive suite of pathology services, either on-site or through networked arrangements. Provide support for clinical trial and research activities. May act as 'hub' laboratory, providing diagnostic and clinical services for other hospitals or laboratories in the region or pathology network.	As for Level 4. In addition, provide 24-hour access to comprehensive suite of pathology services. Dedicated pathology department. Microbiology and histopathology available locally. Formal access to sub-specialist pathology services from Level 6 Pathology services. Support provided to lower service level facilities.	As for Level 4. In addition, service provided by full-time pathologists. The supervising pathologist or senior scientist must be present or contactable for consultation during normal working hours of the laboratory. Specialist pathology laboratory staff available locally 24 hours.
6	As for Level 5. In addition, accredited as general laboratory and may play a region-wide referral role for some highly complex sub-specialty pathology services. Provide comprehensive range of complex clinical, laboratory and business support services. Perform testing of a complex technical nature in a range of fields to support specialist clinical services. Initiate and lead clinical trial and research activities. Sub-specialty services and provides highly complex pathology services such as clinical investigations, transplantation services and blood banking.	As for Level 5. In addition, sub-specialty pathology services, cytogenetics services, cell culture facilities and cryopreservation, blood product storage and cross-matching.	As for Level 5. In addition, credentialled sub-specialty pathologists.

4.2 Pharmacy

RDL	Pharmacy Service Description	Infrastructure & Service Requirements	Workforce
1	Service provided by external pharmacy.	Medications supplied on individual prescription from a community pharmacy, primary health care clinic or higher level service. Links to other relevant services to support patients taking medications. Access to registered pharmacists for medication management, patient education and support, home medicines review and formal medication reviews in collaboration with the patient's usual general practitioner. A reliable internet connection with sufficient capacity to enable access to receive consultation from a higher level service.	Access to registered pharmacists where not on-site. Must have access to a registered medical practitioner for prescriptions.
2	As for level 1.	As for level 1. In addition, medications for inpatients on discharge supplied on individual prescription from either a community pharmacy, appropriate hospital within the network, or a higher level service with documented processes in place for the provision of medications that require compounding	As for level 1. In addition, Access to more specialised pharmacist support from a higher level facility within the network.
3	As for level 2. In addition, provide on-site clinical pharmacy service (e.g. patient medicines information, medication chart review, staff education).	As for level 2. In addition, medications and clinical services for day patients and, where applicable, ambulatory patients in specialty clinics. Timely access to clinical information, including medical records and pathology results, reliable access to a dedicated desktop and/or laptop computer in the ward/clinical area.	As for level 2. In addition, service provided by a pharmacy team which includes a pharmacist, pharmacy assistant and pharmacy technician. Pharmacist available during designated business hours. Documented processes in place to access medications and medicines information outside these hours. Education for nursing staff and support for medical practitioners.
4	As for level 3. In addition, provide administration and pharmacy management support. May provide medicines procurement, dispensing and distribution services	As for level 3. In addition, medication service that is available 24 hours.	As for level 3. In addition, an after-hours, on-call service for medication supply and clinical services, including medicines information, available 24 hours
5	As for level 3. In addition, provide medicines procurement, dispensing and distribution services. Contribute to drug and therapeutics committee or equivalent. Provide support for clinical specialty services.	As for level 4. In addition, basic, non-sterile, extemporaneous compounding possibly with limited small-batch manufacturing for local hospital use, and sterile, individually compounded products (e.g. chemotherapy including parenteral, targeted and oral chemotherapy) The capacity to respond to requests for medicines information related to direct patient care in a timely manner, either through a medicines/drug information service or a service provided internally. Undergraduate and postgraduate pharmacy teaching and training	As for level 4. In addition, a pharmacy team structured to deliver services at multiple levels throughout the organisation. Specialist pharmacist positions which reflect the range of specialist services provided (e.g. ICU, haematology, and medical oncology).
6	As for level 5. In addition, provide support for highly specialised services. Active involvement in clinical trials and research activities.	As for level 5. In addition, a specialised drug information service may be provided. Participates in research, clinical trials and clinical reviews.	As for level 5. In addition, a full range of specialist pharmacist positions which reflect the range of specialist services provided (e.g. ICU, haematology, medical oncology, cardiology, paediatrics, geriatrics, psychiatry, and drug information).

4.3 Medical Imaging

RDL	Medical Imaging Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	May provide low-risk ambulatory care services during business hours and may provide some limited after-hours services. This service involves a single, mobile or fixed, general x-ray unit and is delivered by licensed operators.	A mobile or fixed general x-ray unit. Range of imaging limited to x-ray of extremities, chest and abdomen if service is delivered by licensed operators.	Radiographer or if no radiographer available then licensed x-ray operator. Medical imaging interpreted by on-site doctor / health professional. Radiologist readily contactable to discuss findings and provide a report.	N/A
2	As for Level 2. In addition, service is predominantly delivered by a sole radiographer and support may be provided by licensed operators. There is a designated room on-site with a fixed x-ray unit and may also include digital radiography; however, depending on the range of services provided at the facility (e.g. day hospitals), a mobile image intensifier may be the only modality available. The service may also have access to ultrasound for non-complex conditions.	As for Level 1. In addition, mobile service if present limited to x-ray of extremities, chest, abdomen. Dedicated x-ray room with fixed x-ray unit available, range of images not restricted when a radiographer on duty.	As for Level 1. In addition, on-site radiographer available during business hours.	N/A
3	As for Level 2. In addition, provide low risk diagnostic radiology service as part of ambulatory and inpatient care. Has on-site ultrasound.	As for Level 2. In addition, on-site designated radiography rooms. Teleradiology facility available. On-site ultrasound.	As for Level 2. In addition, radiographer in attendance who has regular access to radiological consultation. Ultrasound performed by a sonographer or registered medical practitioner trained in ultrasound.	N/A
4	As for Level 3. In addition, provide 24 hour diagnostic radiology services, including urgent x-rays, Computed Tomography (CT), ultrasound and on-site MRI. Provide access to basic diagnostic angiography service; may be networked.	As for Level 3. In addition, facilities for general x-ray and fluoroscopy, in addition to mobile x-ray for wards, operating room and emergency department. MRI scanner CT facilities. Mobile image intensifier.	As for Level 3. In addition, after-hours access to consultant radiology for reporting. On-site radiographer on-call 24 hours Registered radiographers and sonographers.	• Pharmacy - RDL3 • HDU - RDL3 • OT - RDL3 • Anaesthesia - RDL3
5	As for Level 4. In addition, provide access to 24 hour complex diagnostic radiology services. Provide access to basic to intermediate level interventional radiology service.	As for Level 4. In addition, all modalities available including full ultrasound service. Basic digital subtraction angiography (DSA) suite for interventional services.	As for Level 4. In addition, clinical head of service. May have medical officer in radiology with three or more postgraduate years of experience.	• Laboratory - RDL4 • Pharmacy - RDL4 • Nuclear Medicine - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, provide access to comprehensive 24 hour interventional radiology service. Paediatric interventional radiology provided by specialist children's hospital. May provide MRI guided interventional radiology. May provide trauma interventional radiology. May provide interventional neuroradiology.	As for Level 5. In addition, single-plane and/or biplane DSA suite. CT scanner on-site. MRI scanner on-site.	As for Level 5. In addition, medical officer/s in radiology with three or more postgraduate years of experience. May have access to clinical imaging educator/tutor.	• Laboratory - RDL5 • Pharmacy - RDL5 • Nuclear Medicine - RDL5 • OT - RDL5 • Anaesthesia - RDL5

4.4 Nuclear Medicine

RDL	Nuclear Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	Provides basic diagnostic nuclear medicine studies such as bone, brain and lung scans. Access to nuclear medicine services either on-site or with formal networking arrangements in place.	Networking arrangements must include the provision of clinically appropriate transport options; nursing care; and qualified personnel.		N/A
5	On-site (or locally based) licensed and accredited nuclear medicine facility operating during business hours. Provide interventional studies requiring the presence of a nuclear medicine physician, such as stress myocardial perfusion and captopril renal studies. Offers treatment with radiopharmaceuticals.	Specialty services on-site with consultation available. One or more gamma cameras offering Single Photon Emission Computed Tomography (SPECT) combined with Computed Tomography (SPECT-CT). Preparation or reconstitution of radiopharmaceuticals with clear and appropriate documentation in place, including details of supply source, preparation date and batch number and reconstitution.	Nuclear medicine physician on-site during business hours. Medical radiation scientist (MRS) nuclear medicine on-site during business hours. Nuclear medicine physicist available during business hours. May have a radiopharmaceutical scientist available. Nominated and trained radiation safety officer.	• Laboratory - RDL3 • Pharmacy - RDL4 • Medical Imaging - RDL4 • HDU - RDL3 • OT - RDL3 Anaesthesia - RDL3
6	As for Level 5. In addition, provide 24 hour on-call nuclear medicine service. Provide services such as positron emission tomography (PET), cardiac stress testing, bone densitometry, and/or offer radionuclide therapies. Provide in vitro tracer studies.	As for Level 5.	As for Level 5. In addition, nuclear medicine physician available 24 hours. Nuclear medicine physicist, preferably on-site. Radiopharmaceutical scientist, preferably on-site	• Laboratory - RDL3 • Pharmacy - RDL5 • Medical Imaging - RDL4 • HDU - RDL3 • OT - RDL3 Anaesthesia - RDL3

4.5 Intensive Care

RDL	Intensive Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	A Level 4 service provides a self-contained critical care area with easy access to the emergency department and operating theatres within the facility. Provide immediate resuscitation and short-term cardiorespiratory support for critically ill patients. It must be capable of providing mechanical ventilation and simple invasive cardiovascular monitoring for a period of at least several hours.	Dedicated facility in the hospital. Staffed and equipped bed capable of invasive medical ventilation Network arrangements with Level 5/6 services for transfer and back-transfer. Access to training in Advanced Life Support (ALS)	Service director with considerable experience in intensive care Medical officer competent in Advanced Life Support responsible for reviewing patients. Suitably qualified and experienced nurse manager in charge of unit Minimum nurse-patient ratio of 1:1 for ventilated and similarly critically ill patients. Additional supernumerary registered nurse providing assistance to bedside nurses for every four patients requiring 1:1 nursing All nurses trained in ALS. Access to allied health professionals	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, has the capability of providing a high standard of general intensive care including more complex, extended, multisystem life support. Provides mechanical ventilation, renal replacement therapy, invasive cardiovascular monitoring for extended periods. May be capable of providing more advanced respiratory and cardiovascular support using extracorporeal membrane oxygenation (ECMO).	As for Level 4. In addition, specialty services on-site available for consultation. Networked with a Level 6 service for clinical advice and professional development support. Staffed and equipped beds capable of invasive mechanical ventilation. Clinical workload of more than 200 invasively ventilated patients per annum to maintain clinical expertise. Alternatively, more than 150 invasively ventilated patients and more than 50 patients receiving non-invasive ventilation (NIV). Typically can accommodate at least four ventilated patients at one time.	As for Level 4. In addition, at least one intensive care physician or other medical specialist accredited in intensive care medicine appointed. Ideally all nursing staff with, or working towards, recognised qualification in intensive care or clinical specialty of unit. May have clinical information system manager, data manager and research officer.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, capable of providing comprehensive critical care, including complex and multisystem life support for an indefinite period. Referral centre for complex patients from lower level services within region/network. Provide support for super specialty and other complex activity.	As for Level 5. In addition, provide clinical advice and professional development support for lower level networked services. Clinical workload of more than 300 invasively ventilated patients per annum to maintain clinical expertise. Typically can accommodate at least eight ventilated patients at one time.	As for Level 5. In addition, allied health professionals with specific skills in intensive care.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL6 • OT - RDL6 • Anaesthesia - RDL6

4.6 High Dependency Care

RDL	High Dependency Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Dedicated unit in health facilities with no Intensive Care Service. Provide a higher level of monitoring and observation than standard ward based care (e.g. cardiac monitoring, additional staff) as needed.	Dedicated beds.	Medical officer available 24 hours (may be on call). Allied health professionals such as physiotherapist, occupational therapist, speech therapist and/or social worker available.	• Laboratory - RDL2 • Pharmacy - RDL2 • Medical Imaging - RDL2 • OT - RDL2 • Anaesthesia - RDL2
4	Dedicated unit in health facilities with an Intensive Care Service. Provide level of care between standard ward and an intensive care unit (ICU), with close monitoring and observation. For example, patients transitioning out of the ICU; patients likely to need intensive care outreach support such as rapid response or ICU liaison. May provide non-invasive ventilation (NIV) where the intention is not to escalate to invasive ventilation.	As for Level 3. In addition, close relationship with the Intensive Care Service, including clinical advice and professional development support.	As for Level 3.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4.	As for Level 4.	As for Level 4.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5.	As for Level 5.	As for Level 5.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL6 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

4.7 Operating Suites

RDL	Operating Suites Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provided in either a freestanding facility or is collocated with a specialist clinical service. Provide procedures requiring analgesia and/or conscious sedation (excludes general anaesthesia).	Dedicated procedure room and/or day operating room.	Appropriately credentialled medical practitioner available. Care predominantly delivered by registered nurses.	• Laboratory - RDL1 • Pharmacy - RDL2 • Medical Imaging - RDL2 • Anaesthesia - RDL2
3	Predominantly provided in hospital setting with limited but designated surgical, anaesthetic and sterilising services. As for Level 2. In addition, provide Common and Intermediate* surgical procedures. May provide selected Major* surgical procedures.	As for Level 2. In addition, appropriately equipped operating room. Access to allied health services commensurate with casemix and clinical load.	As for Level 2. In addition, medical officer available 24 hours (may be on call). May have medical specialist with credentials in surgery. Registered nurses utilised as surgical assistants performing only that role and not duties of instrument nurse. Infection control coordinator. Allied health professionals available. Staff available for patient transfers.	• Laboratory - RDL2 • Pharmacy - RDL3 • Medical Imaging - RDL3 • ICU - RDL3 • Anaesthesia - RDL3
4	As for Level 3. In addition, provide Major* surgical procedures.	As for Level 3. In addition, access to image intensifier. May have a second operating room commensurate with patient load.	As for Level 3. In addition, access to registered medical specialists with credentials in general surgery available 24 hours. Nursing staff with perioperative experience may be utilised in variety of roles. Sterilising service assistants and technical aides appropriate to service provided. Access to laboratory staff.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, provide selected Complex Major* surgical procedures. 24 hour on call availability.	As for Level 4. In addition, specialty services on-site with consultation available. Usually more than two operating rooms. Provide support for lower level networked services.	As for Level 4. In addition, access to registered medical specialists with credentials in general surgery or surgical subspecialties available 24 hours. Medical officer with three or more postgraduate years of experience on call 24 hours, ideally training or qualified as anaesthetist.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • ICU - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, provide Complex Major* surgical procedures. Manage patients at the highest level of surgical risk^. Provide specialised surgery such as cardiothoracic surgery and/or neurosurgery. May have regional role (e.g. major trauma service, transplant services).	As for Level 5. In addition, equipped for highly specialised procedures (e.g. cardiopulmonary bypass, extracorporeal membrane oxygenation (ECMO)).	As for Level 5. In addition, medical officer with three or more postgraduate years of experience on-site 24 hours, ideally training or qualified as anaesthetist. Trained assistant to surgeon, as required.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • ICU - RDL6 • Anaesthesia - RDL6

4.8 Indicative List of Surgery for Adults

There is no widely accepted and validated system for classifying the physiological stressfulness of surgical procedures. The examples given below, drawn from different specialties, are intended to provide an indicative guide only and do not replace clinical judgement. Some procedures commonly provided on an emergency basis are included (e.g. closed reduction of fracture) as useful general indicators of surgical complexity.

Note: The actual range of procedures that may be performed by individual practitioners will be determined through the credentialling process where clinical privileges/scope of practice is granted.

Minor	Common and Intermediate	Major	Complex Major
• Skin biopsy • Skin lesion curettage and cautery • Skin lesion excision • Subcutaneous tumour excision • Drainage of abscess • Toe-nail surgery • Diagnostic endoscopy • Colonoscopy • Insertion of grommets • Percutaneous wire removal • Simple orthopaedic implant removal • Cystoscopy • Vasectomy • Circumcision • Transrectal ultrasound (TRUS) guided prostate biopsy • Superficial corneal foreign body removal • Wedge biopsy of eyelid skin lesion • Chalazion removal • Minor debridement • Minor amputation (e.g. toe) • Tooth extraction • Minor dento-alveolar surgery • Minor periodontal surgery • Orthodontic anchorage screw placement/removal • Dental laser surgical procedure • Hysteroscopy • Suction curettage for miscarriage • Cervix loop excision for dysplasia	• Skin excision with flap or graft closure • Laser skin surgery • Appendicectomy • Varicose vein surgery • Herniorrhaphy • Haemorrhoidectomy • Excision of breast lump • Mastectomy • Breast reduction • Hemithyroidectomy • Tonsillectomy • Adenoidectomy • Septoplasty • Inferior turbinate surgery • Closed reduction of fracture • Carpal tunnel surgery • Arthroscopy with meniscectomy/ chondroplasty • Uncomplicated hip/ knee replacement • Simple ureteroscopy • Laser transurethral resection of prostate (TURP) • Orchidectomy • Ocular lens extraction • Trabeculectomy • Pterygium surgery • Simple skin graft • Maxillo-facial surgery • Major periodontal surgery • Endodontic surgery • Major dento-alveolar surgery • Dental implant placement/ removal • Lower Segment Caesarean Section (LSCS) • Vaginal prolapse repair • Diagnostic laparoscopy	• Thyroidectomy • Vascular graft • Cholecystectomy • Bowel resection • Exploratory laparotomy • Diaphragmatic hernia repair • External and some middle ear surgery • Sinus surgery • Pacemaker insertion • Revision hip/ knee replacement • Open bladder surgery • Prostatectomy • Nephrectomy • Complicated ureteroscopy • Orbital exenteration • Extensive or complicated skin graft • Major flap reconstruction • Pressure area surgery • Major amputation (e.g. below, above or through knee) • Embolectomy • Vascular access procedures for dialysis • Carotid endarterectomy • Craniotomy • Cerebral neoplasm (cortical convexity) surgery • Epilepsy surgery • Cerebral shunting • Osteotomy/Orthognathic surgery • LSCS for major placenta praevia • Hysterectomy (e.g. laparoscopic, abdominal) • Abdominal pelvic floor repair • Bladder neck procedures for stress incontinence	• Multidisciplinary surgery (e.g. cancer, major trauma) • Oesophagectomy • Interventional endoscopy • Pancreatic resection • Aortic surgery • Coronary artery bypass graft • Lung resection • Neck dissection • Skull base surgery • Modified radical mastoidectomy • Scoliosis surgery • Renal transplantation • Cystectomy • Oculoplastic surgery • Microsurgical tissue transfer • Sternal reconstruction • Carotid stents • Complex endovascular grafts (e.g. fenestrated aortic • branch device) • Arteriovenous malformation (AVM) surgery • Cerebral neoplasm (base of skull) surgery • Spinal cord injury surgery • Head and neck tumour resection and graft • reconstruction surgery • Caesarean section for placenta accreta • Planned caesarean hysterectomy • Gynaecological oncology surgery

4.9 Anaesthetics

RDL	Anaesthetics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Analgesia and conscious sedation available. Provide anaesthesia for ASA 1 and 2^ patients undergoing Minor* surgical procedures.	Formal network linkages with specialist anaesthetist for consultation Medical practitioner to provide analgesia/ minimal sedation. May have operating/ procedure room. Recovery area for post-surgical procedures may be combined with general ward, with trained recovery staff and facilities as required.	Registered medical practitioner Visiting registered medical specialist with credentials to administer general anaesthetic. Registered nurses with experience/post graduate qualifications in anaesthetic nursing.	• Laboratory - RDL2 • Pharmacy - RDL2 • OT - RDL2
3	As for Level 2. In addition, provide anaesthesia for ASA 1, 2^ and selected ASA 3^ patients undergoing Common and Intermediate* surgical procedures. May provide anaesthesia for ASA 1 and 2^ patients undergoing selected Major* surgical procedures. Provide anaesthesia for ASA 3 and selected ASA 4^ patients undergoing Minor* surgical procedures.	As for Level 2. In addition, at least one operating/ procedure room with separate on-site, dedicated recovery area/ room for post-operative care. Access to High Dependency or Intensive Care Unit (ICU) (may be off-site) On-site emergency service able to stabilise and transfer patients that experience deterioration. Elective anaesthetic services are generally provided during business hours for regularly scheduled lists. On-site medication.	As for Level 2. In addition, anaesthetist appointed for consultation and service.	• Laboratory - RDL3 • Pharmacy - RDL2 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL3
4	Broad range of day and general surgery and some specialty surgery. As for Level 3. In addition, provide anaesthesia for ASA 1, 2^ and selected ASA 3^ patients undergoing Major* surgical procedures. Provide anaesthesia for ASA 3^ and some ASA 4^ patients undergoing selected Common and Intermediate* surgical procedures. Provide appropriate care for ASA 5^ and ASA 6^ patients.	As for Level 3. In addition, more than one theatre.	As for Level 3. In addition, medical head of service with considerable experience in anaesthesia. Anaesthetist available 24 hours. Medical officer on-site 24 hours.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4
5	As for Level 4. In addition, provide anaesthesia for ASA 1 and 2^ patients undergoing selected Complex Major* surgical procedures. Provide anaesthesia for ASA 3 to 5^ patients undergoing Common and Intermediate*, and selected Major* surgical procedures.	As for Level 4. In addition, specialty services on-site for consultation.	As for Level 4. In addition, anaesthetist on-site in business hours. Medical officer in anaesthesia with three or more postgraduate years of experience on call 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • ICU - RDL5 • OT - RDL5
6	As for Level 5. In addition, provide anaesthesia for all levels of patient risk^ undergoing Complex Major* surgical procedures. Subspecialty anaesthesia on-site, such as neurosurgery, cardiothoracic surgery and/or burns.	As for Level 5.	As for Level 5. In addition, subspecialist anaesthetists. Medical officer in anaesthesia with three or more postgraduate years of experience on-site 24 hours. Broad range of surgical sub-specialties on-site and available at close proximity 24 hours.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • ICU - RDL6 • OT - RDL6

4.10 Levels of Patient Risk

Based on the American Society of Anesthesiologists (ASA) Physical Status Classification System

ASA1	A normal, healthy patient.
ASA2	A patient with mild systemic disease and no functional limitations.
ASA3	A patient with moderate to severe systemic disease that results in some functional limitation.
ASA4	A patient with severe systemic disease that is a constant threat to life and functionally incapacitating.
ASA5	A moribund patient who is not expected to survive 24 hours with or without surgery.
ASA6	A declared brain-dead patient whose organs are being removed for donor purposes.

5. Section 2: Clinical Services

5.1 Group A: Emergency

RDL	Emergency Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provide primary care assessment within designated area of facility. Primarily nurse and medical practitioner-led.	Referral arrangements for higher level emergency medicine service. Formal escalation plan for obtaining immediate clinical assistance when critically ill patient received.	Staff on-site during business and operational hours with basic life support capability for adults and children.	N/A
2	As for Level 1.	As for Level 1.	As for Level 1. In addition, medical practitioner on call or available via telehealth.	• Laboratory RDL1 • Pharmacy RDL1 • Medical Imaging RDL1
3	Provide emergency care within a designated area of facility. Emergency caseload may be intermittent. Basic primary and secondary assessment should be available, including Advanced Life Support (ALS) and stabilisation of critically ill paediatric, adult and trauma patients prior to arrival of the retrieval service. On-site, 24-hour access to designated emergency registered nurses and triage of all presentations.	As for Level 2. In addition, purpose specific area to receive and manage emergency presentations, including a collocated resuscitation area with appropriate equipment for advanced paediatric, adult and trauma life support prior to transfer to definitive care. Access to specialty services (may be via telephone and/or hospital outreach) such as surgical, medical, orthopaedics, mental health, paediatrics, obstetrics and gynaecology; with ability to transfer and refer. Access to formal ALS education and training for staff. May have access to allied health. On-site ICU or HDU.	As for Level 2. In addition, some nurses with extra training in emergency care and triage. May have allied health professionals available.	• Laboratory - RDL3 • Pharmacy - RDL2 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL3 • Anaesthesia - RDL3
4	Manage full range of emergency presentations, including some complex emergency cases. Provide primary emergency care, including short term mechanical ventilation, pending transfer to definitive care. Provide a 24 hour clinical triage service. May have a dedicated short stay unit managed within and by the emergency department.	As for Level 3. In addition, full resuscitation facilities in a separate space. Services that receive paediatric patients must have dedicated area for paediatric assessment and management, including resuscitation. Documented processes to guide clinical management, including paediatrics, mental health and obstetrics/gynaecology as appropriate. Access to medical and surgical specialties; tertiary level paediatrics; higher level critical care services; mental health services; drug and alcohol dependency services; and community services. Access to allied health services in line with casemix and clinical load. Formal processes to ensure readily available, 24 hour patient transfer and back-transfer. Clinical information system that records patient details, clinical information and data. Point of care ultrasound service. On-site ICU.	As for Level 3. In addition, specialist emergency medicine staff on-site in line with casemix and clinical load. Medical officers with a range of postgraduate years of experience rostered to work in the emergency department over 24 hours. Allied health professionals such as social worker, physiotherapist, occupational therapist, and/or dietitian available. Administrative and service support staff on-site 24 hours.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	Emergency Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide definitive care for most emergency presentations, including invasive monitoring. May have short stay unit or similar model, managed within and by the emergency department. Able to manage critically ill patients.	As for Level 4. In addition, specialty services on-site for consultation. Purpose built resuscitation area for trauma and other life-threatening presentations. Specific safe area for mental health patients. Emergency medicine short stay unit capable of monitoring and assessment. Extended hours access to allied health services.	As for Level 4. In addition, 24 hour specialist emergency medicine cover (may include on call). Extended hours access to selected allied health professionals, such as social worker and/or physiotherapist.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, manage all complex emergencies. Major referral centre for complex patients from lower level services within the region.	As for Level 5. In addition, on-site back-up from a full range of medical and surgical sub specialists and diagnostic services, including neurosurgery, cardiothoracic surgery, vascular surgery and angiography.	As for level 5.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL5 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

5.2 Group B: Medicine

Cardiology & Interventional Cardiology

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides primary care assessment as low-acuity, ambulatory care for minor cardiac diseases and management of acute conditions with the ability to provide basic life support. Health promotion, disease prevention and chronic disease management programs available. Delivered by general practitioners in an outpatient setting, may incorporate nurse led services.	Protocols to manage thrombolysis and arrhythmias. Provision of basic cardiovascular risk factor/ disease prevention information. Access to an electrocardiogram (ECG) reading service. Access to emergency patient transport to facilitate escalation of care and patient transfer when required.	Medical practitioner available. All medical practitioners trained in advance life support. Access too suitably qualified and experienced Registered Nurse/ Nurse Assistant.	N/A
2	As for Level 1. In addition, provides a low-acuity, single-system medical condition ambulatory and outpatient service. Provided by medical practitioner who may be general practitioner or cardiologist. Basic primary and secondary assessment should be available, including Advanced Life Support (ALS) and stabilisation of critically ill paediatric, adult and trauma patients prior to arrival of the retrieval service. Ability to assess and stabilise patients and initiate low level care, prior to transfer for specialist assessment and treatment where appropriate. Patient who require complex diagnostic investigations will also be referred to high level cardiac medicine services. May initiate treatment for ST elevation myocardial infarction (STEMI) prior to transfer to facility with angiography. Service provided by registered medical practitioner in an outpatient setting.	As for Level 1. In addition, 24 hour access to specialist support and advice (may include telehealth). Access to digital ECG machine with appropriate support from higher level services to safely and effectively operate and maintain equipment. Ability to perform point of care testing. Access to allied health services in line with casemix and clinical load. Access to automated external defibrillator, oxygen and ability to achieve venous access.	As for Level 1. In addition, medical practitioner available 24 hours (may include telehealth). Access too suitably qualified and experienced Registered Nurse/ Nurse Assistant. Qualified to carry out 12 lead ECG's. Business hour access to allied health professionals, as required.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • OT - RDL2 • Anaesthesia - RDL2
3	As for Level 2. In addition, provides ambulatory and inpatient services that may require subspecialty outpatient referral. Provide cardiac care for stabilisation of arrhythmias, acute coronary syndrome (ACS), and nonST elevation myocardial infarction (NSTEMI). Manage ACS/STEMI in consultation with high level cardiology service. Admitted patients managed by cardiologist or physician with experience in cardiology. Provide follow up care for permanent pacemakers. May be able to insert temporary transvenous pacing wire prior to transfer (desirable).	As for Level 2. In addition, provides inpatient, outpatient and non-acute care led by a cardiologist and supported by visiting medical specialists and/or via telehealth. Stabilisation of patient where required prior to transfer to higher level service. Elective diagnostic investigations performed. Ability to provide thrombolysis, and blood gas monitoring. Formal referral protocols established with higher level services.	As for Level 2. In addition, medical practitioner or specialist on site 24 hour access. Access to cardiologists at higher level services. 24 hour cover by Registered Nurse. Access to cardiac rehabilitation nurse, cardiac nurse practitioner or clinical nurse specialist (cardiac/health promotion). Access to some allied health services ie physiotherapy.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL3 • Anaesthesia - RDL3

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provides inpatient cardiology care to patients with moderate level of complexity. Outpatient consultation is provided by a cardiologist. On site access to intensive care and/or cardiac care unit. Admitted patients managed by cardiologist or internal registered medical specialist with experience in cardiology. May provide cardiac rehabilitation service and heart failure program. May provide diagnostic coronary angiography.	As for Level 3. In addition, transvenous pacing available. May have Cardiac Catheterisation Laboratory (CCL).	As for Level 3. In addition, cardiologist head of service responsible for clinical governance procedures and audit. Cardiologist or physician with cardiology experience available 24 hours. Medical officer with three or more postgraduate years of experience on-site 24 hours. Allied health professionals on-site.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, manages all but most highly complex cardiac medicine patients and procedures. Designated cardiology beds providing comprehensive subspecialty services, with advanced range of supporting clinical and diagnostic services to match complexity of patients admitted and referred. All admitted patients managed by designated registered medical specialist with credentials in cardiology. Provide interventional cardiac catheterisation service. May provide electrophysiology services such as pacemaker insertion. May provide 24 hour on call service for urgent Acute Myocardial Infarction (AMI) presentations.	As for Level 4. In addition, a CCL. Designated cardiology beds	As for Level 4. In addition, cardiologist with procedural expertise available 24 hours. Cardiac technician or echoradiographer available 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, provide tertiary/quaternary referral service for complex and critical cardiac conditions, including electrophysiology services and management of adult congenital heart disease. Provide 24 hour primary Percutaneous Coronary Intervention (PCI) services. Act as a referral service for all lower level cardiac medicine services.	As for Level 5. In addition, cardiothoracic surgery available on-site.	As for Level 5. In addition, cardiologist on call 24 hours, with sufficient cardiologists to provide sustainable 24 hour cover. Medical officer in cardiology with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL6 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

Clinical Genetics

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Consultative genetics service provided via networked arrangement with higher level service. Documented processes for screening and recognising at risk patients. Provide information and education through established support groups after diagnosis.	Access to specialist support and advice. Access to genetics information resources, education programs and genetics services information.	Clinical geneticist and/or other medical specialist available. Certified or associate genetic counsellor available.	• Laboratory - RDL1 • Medical Imaging - RDL1
4	As for Level 3. In addition, provide information and counselling for individuals and family members. Arrange genetic testing as required. May be provided within a multidisciplinary setting.	As for Level 3. In addition, access to genetic counselling and diagnostic services. Access to genetic testing laboratory. Access to other clinical specialties on-site.	As for Level 3. In addition, certified or associate genetic counsellor. Allied health professionals available in line with patient casemix and clinical load.	• Laboratory - RDL3 • Medical Imaging - RDL2
5	As for Level 4. In addition, provide consultative service within a multidisciplinary setting. Provide counselling and diagnostic services by clinical geneticists. May provide specialised genetic services such as metabolic medicine, cancer genetics/familial cancer, high risk reproductive disorders, cardiac genetics, neurogenetics, prenatal genetics.	As for Level 4. In addition, other clinical specialties on-site available for consultation. Access to other specialties that use genomics such as oncology, neurology, cardiology. May have specialised genetic testing laboratory service onsite (e.g. metabolic genetics).	As for Level 4. In addition, clinical geneticist appointed. May have other medical specialists with a scope of practice in genetics. May have medical officer in clinical genetics with three or more postgraduate years of experience.	• Laboratory - RDL6 • Medical Imaging - RDL2
6	As for Level 5. In addition, may have specialist role (e.g. expertise in a specific disorder, newborn screening program, metabolic genetic service), including support for acute inpatient care of metabolic genetic conditions.	As for Level 5. In addition, genetics department.	As for Level 5. In addition, head of service. Medical officer in clinical genetics with three or more postgraduate years of experience.	• Laboratory - RDL6 • Medical Imaging - RDL3

Dermatology

RDL	Dermatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Limited service with management primarily by general practitioner or general physician. Access to patient education and support programs.	Access to clinical advice and support (may include telehealth).	Appropriately credentialled medical practitioner or physician. Medical and/or nurse practitioner available on-site. Access to emergency patient transport service.	• Laboratory - RDL3 • Pharmacy - RDL2
3	As for Level 2.	As for Level 2. In addition, allied health services on-site in line with patient casemix and clinical load.	As for Level 2. In addition, dermatologist available via network, telehealth or outreach. Physician available 24 hours. Medical officer with three or more postgraduate years of experience. Access to allied health professionals.	• Laboratory - RDL4 • Pharmacy - RDL2
4	As for Level 3. In addition, provide inpatient consultative service to other specialties. May provide outpatient clinic. May provide Minor* dermatological procedures on ASA 1, 2 and 3^ patients.	As for Level 3. In addition, consultation available from other clinical specialties on-site. Access to community nursing.		• Laboratory - RDL4 • Pharmacy - RDL2 • Medical Imaging - RDL2 • OT - RDL2 • Anaesthesia - RDL2
5	As for Level 4. In addition, provide inpatient service with management by medical practitioner or dermatologist. Provide outpatient services. Provide Minor* dermatological procedures on ASA 1, 2 and 3^ patients. Provide consultative service for complex conditions (e.g. drug reactions, autoimmune diseases, infections). May provide specialised clinics (e.g. psoriasis, eczema).	As for Level 4. In addition, access to facilities for surgical procedures. May have phototherapy unit. Access to Level 5 radiation oncology service. Access to Level 4 general surgery.	As for Level 4. In addition, may have medical officer with three or more postgraduate years of experience.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, provide inpatient services. Provide Common and Intermediate* and Major* dermatological procedures on all levels of patient risk^. Provide consultative service to patients with complex conditions within a multidisciplinary setting (e.g. emergency medicine, oncology, haematology, immunology, rheumatology, infectious diseases). Specialised dermatology clinics (e.g. psoriasis, eczema, skin cancer, transplant). Provide patient education and support programs. May have a regional role or expertise in a particular area (e.g. melanoma service, neonatal dermatology, burns, cutaneous lymphoma).	As for Level 5. In addition, dermatology department. Dermatology beds. Phototherapy unit. Provide support to lower level networked services, including clinical advice and professional development support. Access to procedural facilities for advanced surgical procedures (e.g. complex/wide excision, skin grafts, flaps). Access to laser equipment (may be off-site) for treatment of non-cosmetic medical conditions (e.g. birthmark, congenital malformation) where relevant to casemix and patient load. Access to radiotherapy where relevant to casemix and patient load. May have access to electron microscopy.	As for Level 5. In addition, medical head of service. May have dermatologist available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours to provide patient care. Phototherapy nurse.	• Laboratory - RDL6 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

Endocrinology

RDL	Endocrinology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide limited outpatient service, with management and appropriate referral by medical or nurse practitioner.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to telehealth support and limited outreach clinics (e.g. podiatry, dietetics). Access to allied services in line with patient casemix and clinical load.	Medical or nurse practitioner available 24 hours. Formal relationship with emergency patient transport service. Physician consultation available (may include telehealth). Allied health professionals such as podiatrist and dietician available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2. In addition, provide inpatient service, predominantly diabetes, with management by general practitioner (GP) or general physician. May provide diabetes outpatient/ambulatory service. May provide local support in diabetes management for primary care and aged care facilities.	As for Level 2. In addition, consultation available from other clinical specialties. Access to health education services relevant to endocrine diseases such as diabetes. Access to dietetic service. Access to podiatry service (may be off-site). Access to high risk foot service via network or telehealth. Access to community nursing.		• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
4	As for Level 3. In addition, provide diabetes outpatient/ambulatory services. Provide diabetes education service. May have access to paediatric diabetes service (e.g. initial assessment, acute and chronic management) provided by general paediatrician. May provide gestational diabetes service. May provide basic bone metabolism and thyroid services; lipid disease management; management of disorders of appetite and weight.	As for Level 3. In addition, on-site dietetic service. On-site podiatry service. Access to an integrated hospital/community diabetes management service. Access to renal and cardiology services for consultation.	As for Level 3. In addition, physician available 24 hours. Paediatrician appointed if children seen. Medical officer on-site 24 hours. May have visiting endocrinologist. Medical officer with three or more postgraduate years of experience. Allied health professionals on-site, including dietitian and podiatrist.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, manage a range of endocrinology presentations, including some complex cases. Provide inpatient consultative service to other specialties. May provide services in thyroid, adrenal, pituitary medical management; reproductive endocrinology; bone metabolism; disorders of appetite and weight; and/or lipid disorders. May provide high risk foot service. May provide insulin pump education/provider service.	As for Level 4. In addition, provide networked support to lower level services, including clinical advice and professional development support. Allied health services on-site in line with casemix and clinical load. Links with renal (especially for dialysis), vascular, orthopaedic and neurosurgery services. Access to rehabilitation services, particularly amputee, stroke and cardiac rehabilitation. Access to ophthalmology service with expertise in the management of diabetes-related eye conditions, including laser therapy.	As for Level 4. In addition, endocrinologist appointed. Medical officers with three or more postgraduate years of experience on-site 24 hours. Allied health professionals on-site in particular, social worker, physiotherapist, and/or occupational therapist. May have exercise physiologist and psychologist.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

RDL	Endocrinology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, manage complex cases including specialised surgical and medical interventions. Provide consultative inpatient, outpatient and ambulatory service to patients with complex conditions in a multidisciplinary setting (e.g. intensive care, transplantation, ophthalmology, neurosurgery, high risk obstetrics, gynaecology, oncology). Paediatric service provided by specialist children's hospital. Provide high risk foot service. Provide insulin pump service. May provide specialty outpatient/ambulatory clinics. May support neuroendocrine surgery. May have regional role (e.g. neuroendocrine surgery).	As for Level 5. In addition, endocrinology beds. Endocrinology department. Shielded treatment room if ablative thyroid treatment is offered. On-site ophthalmology laser service. Access to bone densitometry diagnostic equipment. Access to surgical services such as neuroendocrine, cardiac, vascular, orthopaedics, relevant to the casemix and patient load. Access to cardiovascular, renal and cancer care services and other speciality services relevant to the casemix and patient load.	As for Level 5. In addition, medical head of service. Endocrinologist on call 24 hours. Medical officer in endocrinology with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL5 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

Gastroenterology

RDL	Gastroenterology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Management and appropriate referral by medical practitioner or nurse practitioner.	Access to specialist support and advice. Access to emergency patient transport service to facilitate escalation of care and patient transfer when required.	Medical or nurse practitioner available during business hours.	• Laboratory - RDL1 • Pharmacy - RDL1 • Medical Imaging - RDL1 • OT - RDL1 • Anaesthesia - RDL1
2	As for Level 1. In addition, may have networked endoscopy and colonoscopy services (predominantly diagnostic) on ASA 1, 2^, and selected ASA 3^ patients, provided by a specialist proceduralist from a higher level, performed under sedation only.	As for Level 1. In addition, access to health education service. May have access to hepatology service. May have access to Inflammatory Bowel Disease (IBD) service. May have access to allied health services in line with casemix and clinical load.	As for Level 1. In addition, physician or gastroenterologist available. May have access to dietitian.	• Laboratory - RDL2 • Pharmacy - RDL2 • Medical Imaging - RDL2 • OT - RDL2 • Anaesthesia - RDL2
3	As for Level 2. In addition, provide endoscopy and colonoscopy service with some therapeutic interventions, on ASA 1, 2^ and selected ASA 3^ patients.	As for Level 2. In addition, consultation available from other clinical specialties. Access to allied health services, including dietetics service in line with casemix and clinical load. Access to community nursing.	As for Level 2. In addition, appropriately credentialled medical practitioner, physician, surgeon and/or gastroenterologist appointed. Medical officer available 24 hours. Access to dietitian.	• Laboratory - RDL3 • Pharmacy - RDL2 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL3 • Anaesthesia - RDL3
4	As for Level 3. In addition, provide enteral procedures (e.g. insertion, replacement and removal of gastrostomy tubes). Provide home enteral nutrition including follow-up care, nutrition support (oral/enteral/parenteral) and equipment (e.g. feeding pumps, giving sets, syringes). May provide manometry.	As for Level 3. In addition, allied health services on-site in line with casemix and clinical load.	As for Level 3. In addition, physician and/or surgeon available 24 hours. Medical officer on-site 24 hours. Medical officer with three or more postgraduate years of experience. Allied health professionals such as dietitian, social worker and speech pathologist.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, manage most levels of patient risk. Provide endoscopy and colonoscopy service including therapeutic interventions on ASA 1 to 4^ patients. Provide sub-specialised non admitted services such as hepatology, (IBD), manometry and motility services.	As for Level 4.	As for Level 4. In addition, gastroenterologist or dual trained general physician/gastroenterologist appointed. Medical officer with three or more postgraduate years of experience on call 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, manages all levels of patient risk^. Participate in multidisciplinary teams undertaking complex procedures such as Endoscopic Ultrasound (EUS) supported by on-site cytology service, endoscopic retrograde cholangiopancreatography (ERCP). Provide IBD service. May have regional role (e.g. support liver transplant).	As for Level 5. In addition, gastroenterology department. Dedicated gastroenterology beds.	As for Level 5. In addition, gastroenterologist on call 24 hours. Medical officer in gastroenterology with three or more postgraduate years of experience. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

General Medicine

RDL	General Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Management and appropriate referral by medical practitioner or nurse practitioner.	Access to specialist support and advice.	Medical or nurse practitioner available during business hours.	• Laboratory - RDL1 • Pharmacy - RDL1
2	As for Level 1. In addition, may provide outpatient service.	As for Level 1. In addition, access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to allied health services in line with casemix and clinical load.	As for Level 1, In addition, physician consultation available (may include telehealth). Allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2. In addition, provide inpatient and acute ambulatory care/ outreach services, managed by appropriately credentialled medical practitioner or physician.	As for Level 2. In addition, consultation available from other clinical specialties. Allied health services on-site in line with casemix and clinical load.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician. Medical officer available 24 hours (may be on call). Allied health professionals on-site (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, dietitian).	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
4	As for Level 3. In addition, patient care provided by general physician.	As for Level 3. In addition, networked with appropriate subacute services (e.g. rehabilitation (neuromuscular, cardiac and/or pulmonary), geriatric medicine, palliative care, pain management). Extended hours access to allied health services in line with casemix and clinical load.	As for Level 3. In addition, general physician available 24 hours. Medical officer on-site 24 hours. Medical officer with three or more postgraduate years of experience.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, a multidisciplinary assessment and treatment model of care. Provide formal home nursing program.	As for Level 4. In addition, clinical specialty services on-site for consultation. Department of (or with responsibility for) general and acute medicine.	As for Level 4. In addition, medical head of service. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, serves as a referral centre to lower level services.	As for Level 5. In addition, specialty departments of medicine.	As for Level 5. In addition, medical officer in general and acute medicine with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

Geriatrics

RDL	Geriatrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by a medical or nurse practitioner. May provide limited outpatient services.	Management and appropriate referral by a medical or nurse practitioner. May provide limited outpatient services.	Management and appropriate referral by a medical or nurse practitioner. May provide limited outpatient services.	• Laboratory - RDL1 • Pharmacy - RDL1
3	As for Level 2. In addition, management provided primarily by medical practitioner. Provide minor surgery without general anaesthesia and access to other surgical procedures as clinically appropriate. Access to, or may provide limited rehabilitation and/or reconditioning.	As for Level 2. In addition, regular geriatrician consultation available (may be via telehealth). Access to specialised consultations including medical, nursing and allied health, on-site or via telehealth. Formal links to community nursing and aged care service providers. Access to case management for dementia (may be via telehealth).	As for Level 2. In addition, medical practitioners with scope of practice in geriatric medicine. Physician available for consultation. Geriatrician available for consultation. Medical officer available 24 hours (may be on call). Access to allied health professionals including physiotherapist, occupational therapist, speech therapist and dietitian.	• Laboratory - RDL2 • Pharmacy - RDL2 • Medical Imaging - RDL2 • OT - RDL1 • Anaesthesia - RDL1
4	As for Level 3. In addition, provide assessment and rehabilitation involving inter-disciplinary team. Provide geriatric medicine clinics, assisted by staff with experience in dementia. Dementia case management by appropriately trained staff. Provide assessment and management service for behavioural and psychological symptoms of dementia. May provide home care and nursing service.	As for Level 3. In addition, consultation and referral links to other medical and surgical services. Allied health services on-site in line with casemix and clinical load.	As for Level 3. In addition, physician skilled and experienced in diagnosis and management of geriatric syndromes, such as general physician, rehabilitation physician and/or geriatrician available (may be via telehealth). Medical officer on-site 24 hours. Medical officers may include doctors with three or more postgraduate years of experience. Allied health professionals on-site.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
5	As for Level 4. In addition, provide inpatient geriatric assessment. Provide orthogeriatric service. Provide home care and nursing service Provide psychogeriatric service including social work and clinical neuropsychology.	As for Level 4. In addition, geriatric assessment unit. Access to mental health unit. Access to inpatient rehabilitation unit.	As for Level 4. In addition, medical head of service. Medical officer with three or more postgraduate years of experience on-site 24 hours. May have medical officer in geriatric medicine with three or more postgraduate years of experience. Allied health professionals on-site including physiotherapist, occupational therapist, speech therapist, dietitian, social worker, orthotist and podiatrist.	• Laboratory - RDL4 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	Geriatrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide a dedicated aged care service, including admission of acute patients from the emergency medicine department under geriatricians. Provide psychogeriatric service including inpatient care. Provide consultation/management for complex and extraordinary presentations. May have a behaviour assessment management service.	As for Level 5. In addition, aged care beds.	As for Level 5. In addition, geriatricians on-site. Medical officer in geriatric medicine with three or more postgraduate years of experience. Allied health professionals on-site including psychologist.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

Haematology

RDL	Haematology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Referral and management primarily by general practitioner or general physician. Provide outpatient service access. Provide patient education and support programs.	Access to specialist support and advice (may be via telehealth). Consultation available from other clinical specialties. Access to allied health services in line with casemix and clinical load. Access to community nursing.	Appropriately credentialled medical practitioner or physician available on-site or via telehealth. Haematologist available. Medical officer available 24 hours (may be on call). Registered nursing staff available 24 hours in line with patient case mix and clinical load. Allied health professionals available.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
4	As for Level 3. In addition, provide inpatient care with capability to manage a limited range of haematological presentations; may be in conjunction with related disciplines (e.g. medical oncology, clinical immunology). Provide inpatient consultative service to other specialties within the hospital (e.g. gastroenterology/hepatology, cardiology, renal medicine). Provide on-site outpatient and ambulatory support services. Provide networked ambulatory chemotherapy service for low risk patients. May have multidisciplinary team. May provide post-transplant support service.	As for Level 3. In addition, allied health services on-site in line with casemix and clinical load. Access to palliative care service. Access to with Level 4 rehabilitation service. Access to with Level 4 geriatric medicine service.	As for Level 3. In addition, physician with interest/experience in haematology appointed. Medical specialist available 24 hours with access to haematologist advice (may be networked). Medical officer with three or more postgraduate years of experience. Allied health professionals on-site (e.g. social worker, occupational therapist, speech pathologist, dietitian, physiotherapist). Clinical psychologist or social worker consultation available (may be via telehealth).	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, provide comprehensive range of haematology services including assessment and management, clinical and laboratory diagnosis. Inpatient care provided by multidisciplinary haematology team. Provide consultative service for complex conditions in a multidisciplinary setting (e.g. intensive care, obstetrics, gynaecology, surgical service, emergency service) and on referral from lower level services. Provide apheresis (may be networked arrangement). Provide stem cell autograft, also known as autologous haematopoietic stem cell transplant (may be networked arrangement). Provide treatment of acute leukaemia. May have speciality clinics (e.g. haemostasis, haemophilia, thalassemia, graft versus host reaction, autoimmune disorders, HIV, haematology, amyloidosis).	As for Level 4. In addition, department of haematology. Inpatient beds (may be shared with medical oncology or other related disciplines). Access to haematopoietic stem cell transplant laboratory (may be via networked arrangement). On-site bone marrow staining and reporting.	As for Level 4. In addition, medical head of service. Haematologist available 24 hours Medical officer with three or more postgraduate years of experience on-site 24 hours. Preferably, medical officer in haematology with three or more postgraduate years of experience.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

RDL	Haematology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide stem cell allograft (also known as allogeneic haematopoietic stem cell transplant). Provide outpatient/ambulatory services with specialty clinics (e.g. haemostasis, haemophilia, thalassemia, graft versus host reaction, autoimmune disorders, HIV, haematology, amyloidosis).	As for Level 5. In addition, provide networked support to lower level services, including clinical advice and professional development support. Dedicated beds. Inpatient beds with functional positive pressure available. Haematopoietic stem cell transplant laboratory. Haemato-pathology laboratory available. Integrated specialist laboratory and clinical services available, relevant to specialties provided. Access to Level 6 nuclear medicine service (e.g. for positron emission tomography (PET)).	As for Level 5. In addition, haematologist on call 24 hours. Medical officers in haematology with three or more postgraduate years of experience. Allied health professionals with specific haematology caseload on-site (e.g. pharmacist, clinical psychologist, social worker, occupational therapist, dietitian, physiotherapist).	• Laboratory - RDL6 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

Immunology

RDL	Immunology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by medical or nurse practitioner. Provide limited outpatient service.	Access to specialist support and advice (may be via telehealth). Access to emergency patient transport service. Access to allied health services in line with casemix and clinical load.	Medical or nurse practitioner available. Physician consultation available (may include telehealth). Allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2.	As for Level 2.	As for Level 2.	AS for Level 2.
4	As for Level 3. In addition, service provided by general physician. May provide consultative or outpatient service on-site through visiting immunologist from referral higher level service. May provide education service (e.g. asthma education, allergen avoidance, epi-pen education). May provide immunoglobulin replacement therapy program under guidance of networked higher level service.	As for Level 3. In addition, consultation available from other clinical specialties. Extended hours access to allied health services in line with casemix and clinical load.	As for Level 3. In addition, access to immunologist (adult and/or paediatric) via telehealth and/or outreach. Physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer available 24 hours (may be on call). Access to allied health professionals.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, manage a range of immunology presentations; service may be provided in conjunction with related specialty disciplines (e.g. infectious diseases). Provide basic inpatient immunology service (e.g. asthma, allergy & rheumatology) including consultative service to other specialties. May provide regular immunology outpatient clinic and ambulatory services.	As for Level 4. In addition, consultation available from other clinical specialties on-site.	As for Level 4. In addition, immunologist appointed or immunology service from related specialty discipline on-site. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, provide a comprehensive range of immunology services (e.g. allergy assessment and management, clinical and laboratory diagnosis, assessment and management of autoimmune disease, infection and immune deficiency). Provide consultative services for complex conditions (e.g. immunosuppression guidance and monitoring, laboratory test interpretation), in a multidisciplinary setting and on referral from lower level services. Provide patient education and support programs.	As for Level 5. In addition, department of immunology. Access to Blood Bank Service for specialised blood products. Access to immunopathology service. May have access to plasmapheresis service, in line with casemix and patient load.	As for Level 5. In addition, medical head of service. Immunologist on call 24 hours. Medical officer in immunology with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

Infectious Diseases

RDL	Infectious Diseases Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by a medical or nurse practitioner.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to limited outreach clinics. Access to allied health services in line with casemix and clinical load. Access to community health services. Referral pathways to relevant programs and services.	Medical or nurse practitioner available during business hours Allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2.	As for Level 2.	As for Level 2.	• AS for Level 2.
4	As for Level 3. In addition, infection control and antimicrobial stewardship services provided by nursing staff and/or pharmacists with relevant experience, under direction of general physician. Provide inpatient care.	As for Level 3. In addition, isolation room/s with internal washbasins and toilets, as well as staff washbasins immediately outside room/s. Patient area with separate air conditioning available. Allied health services on-site in line with patient load and casemix.	As for Level 3. In addition, infectious diseases physician and/or clinical microbiologist (may include consultation via telehealth or outreach). Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, provide inpatient consultative infectious diseases service to other specialties; may be in conjunction with related disciplines (e.g. microbiology, HIV medicine, sexual health, immunology). May provide regular infectious diseases outpatient clinic and ambulatory services.	As for Level 4. In addition, may provide network support to lower level services. On-site infectious diseases service. Access to clinical microbiology service. Inpatient beds with functional negative pressure rooms.	As for Level 4. In addition, infectious diseases physician and/or clinical microbiologist appointed. Medical officer with three or more postgraduate years of experience on call 24 hours. May have medical officer in infectious diseases with three or more postgraduate years of experience. Specialised infection prevention and control staff available.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, provide comprehensive range of services and inpatient care. Provide outpatient clinic and ambulatory services. Provide consultative service for patients with complex conditions in multidisciplinary setting within the hospital and on referral from lower level services (e.g. complex infections, laboratory test interpretation, surgical complications, intensive care, haematology, oncology, neurology, maternity, transplantation). Contribute to multidisciplinary care with related disciplines (e.g. HIV medicine, sexual health, immunology) and with other clinical specialties (e.g. surgical services, intensive care). Paediatric service provided by specialist children's hospital. May have a regional role (e.g. designated facility for specified infectious conditions).	As for Level 5. In addition, provide network support to lower level services, including clinical advice and professional development support. Infectious diseases department. May have facilities to treat specified infectious diseases, including very high risk infectious/ novel/ quarantinable conditions.	As for Level 5. In addition, medical head of service. Infectious diseases physician and/or clinical microbiologist available 24 hours. Medical officer in infectious diseases with three or more postgraduate years of experience. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL4 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

Long Term Care

RDL	Long Term Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Services are delivered at home to recovering, disabled, and chronically or terminally ill persons who need medical, nursing, social, or therapeutic treatment or assistance with essential Activities of Daily Living (ADL). Visiting residential care service provided via community health, primary care and private care. May provide patient support at home (may be via telephone). Facility may provide home-based nursing care. Facility may provide respite day care for patients	If providing respite care, dedicated environment. Access to geriatric or rehabilitation care team for advice and support (may be via telehealth). Access to emergency patient transport service to facilitate support when required. May have access to allied health services in line with casemix and clinical load.	Medical practitioner, may be specialist, with registered nurses with experience providing residential care. May have allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • Medical Imaging - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2. In addition, specialist palliative care, geriatrics and rehabilitation care services available (e.g. access to medical practitioner with palliative medicine qualification or palliative care nurse). Provide 24 hour patient support at home (may include telephone support). Provide inpatient care if required.	As for Level 2. In addition, inpatient wards (can be general) Allied health services in line with casemix and patient load.	As for Level 2. In addition, medical practitioner with palliative medicine, geriatrics or rehabilitation qualification available. Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals available. May have allied health professionals with specific skills in chronic and long term care available.	• Laboratory - RDL2 • Pharmacy - RDL2 • Medical Imaging - RDL2 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
4	As for Level 3. In addition, care provided by multidisciplinary team, including specialists. Ambulatory long term care services (e.g. outpatient clinics) available. Long Term Acute Care Hospital facility providing services for patients with long-term, clinically complex acute medical requirements. Typically free-standing unit, although can be located within acute care hospital. May specialise in respiratory/ventilator care and accept patients from intensive care units. Provide consultation service to other specialties.	As for Level 3. In addition, specialist multidisciplinary team. Long term care inpatient wards in purpose-built environment, including spaces for rehabilitation and therapy.	As for Level 3. In addition, allied health professionals with specific skills in chronic and long term care available. Staff with training in respiratory/ventilator care may be available.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL2 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
5	As for Level 4. In addition, specialises in respiratory/ventilator care and accepts patients from intensive care units. Provide advanced psychosocial assessment.	As for Level 4.	As for Level 4. In addition, staff with training in respiratory/ventilator care available.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5.	As for Level 5. In addition, access to multidisciplinary pain management service.	As for Level 5.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

Neurology

RDL	Neurology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by medical or nurse practitioner. Provide limited outpatient service.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to allied health services in line with casemix and clinical load. Access to limited outreach clinics. Access to community health services. Access to health education services.	Medical or nurse practitioner available Physician consultation available (may include telehealth). Allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2. In addition, provide basic neurology service, including assessment of patients with stroke, initial assessment of new neurology symptoms (adult and paediatric) and management of stable chronic neurological disease, in partnership with specialists from a higher level service. Referral and management primarily by a physician. May provide support and care to stable neurology patients.	As for Level 2. In addition, consultation available from other specialties. Access to computed tomography (CT) scanning during business hours.	As for Level 2. In addition, physician appointed, preferably with an interest/experience in neurology. Neurologist available for consultation (may include telehealth). Medical officer available 24 hours (may be on call). Allied health professionals available (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, and/or dietitian).	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
4	As for Level 3. In addition, provide local support and care to stable neurology patients. May have stroke service/unit. May provide acute stroke thrombolysis (AST) where network with acute thrombolysis service is in place.	As for Level 3. In addition, 24 hour access to CT scanning. If providing AST, 24 hour access to specialist neurologist consultation. Access to Level 4 rehabilitation service. Allied health services on-site in line with casemix and clinical load. Access to adult and paediatric electroencephalography (EEG) during business hours desirable.	As for Level 3. In addition, physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site (e.g. speech therapist for swallow assessment).	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, provide wide range of neurology services and manage acute neurological conditions. Provide AST. Provide neurology outpatient service on-site or via local specialist/s. May provide neurosurgical outpatient service.	As for Level 4. In addition, clinical specialty services on-site for consultation. Stroke unit. EEG available on-site. Allied health services including extended hours access, in line with casemix and clinical load. Access to electromyography (EMG), nerve conduction, and evoked responses diagnostic services. Access to magnetic resonance imaging (MRI). Adult Level 5 neurosurgery service on-site, with 24 hour consultation available. Access to subacute services (e.g. rehabilitation, geriatrics, palliative care, pain management). Access to early home care and nursing.	As for Level 4. In addition, neurologist available 24 hours. Neurosurgeon available for consultation 24 hours. Medical officer with three or more postgraduate years of experience on call 24 hours. May have medical officer in neurology with three or more postgraduate years of experience. Allied health professionals (e.g. speech therapist, physiotherapist, social worker, occupational therapist, and/or dietitian). Allied health professionals/team with specific skills in neurology available.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

RDL	Neurology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, manage full range of neurological presentations including complex cases. Provide specialised surgical (e.g. carotid artery angioplasty and/or stenting; thrombectomy) and medical (e.g. AST) stroke interventions. Provide specialty outpatient clinics. May have regional role (e.g. complex epilepsy, deep brain stimulation).	As for Level 5. In addition, department of neurology. Neurology beds (additional to stroke unit). EEG service available 24 hours. Interventional neuroradiology available 24 hours if thrombectomy provided. Access to other specialities (e.g. neurosurgery, interventional neuroradiology, neuro-immunology, neurogenetics, neuropsychiatry). Access to angiography. Access to positron emission tomography (PET) service.	As for Level 5. In addition, medical head of service. Neuroradiologist available. Medical officer in neurology with three or more postgraduate years of experience. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL5 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

Oncology - Medication

RDL	Oncology – Medical Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide low risk oral chemotherapy service as part of shared care model between general practitioner and Level 4 (or higher) medical oncology service. Provide non-admitted low risk intravenous chemotherapy service. Care managed by medical oncologist	Resuscitation trolley and automatic defibrillation available within the unit. On-site access to a clinician with Advanced Life Support (ALS) training. Access to oncology-specific pharmacy service for drug compounding and clinical advice (may be external pharmacy).	Medical or nurse practitioner available. Medical oncologist available for consultation (may include telehealth).	• Laboratory – RDL1 • Pharmacy – RDL2
3	As for Level 2. In addition, provide access to non-admitted medium risk intravenous chemotherapy service. May have visiting medical oncologist outpatient clinics.	As for Level 2. In addition, inpatient capacity. Consultation available from other clinical specialties. Access to radiation oncology service.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician. May have visiting medical oncologist. Medical officer available 24 hours (may be on call).	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3
4	As for Level 3. In addition, provide multidisciplinary management of oncology patients, including case conferences with radiation oncologists and surgeons (may include teleconference participation). Medical oncology outpatient clinics available.	As for Level 3. In addition, visiting radiation oncology clinics. Other specialties on-site for consultation such as gastroenterology and respiratory medicine. Cancer care coordination. Allied health services on-site. Access to familial cancer service. Access to Level 4 rehabilitation service.	As for Level 3. In addition, medical oncologist appointed. Physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site (e.g. dietitian, social worker, speech pathologist, psychologist).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide high risk and admitted chemotherapy service. Participate in clinical trials.	As for Level 4. In addition, oncology beds available. Palliative care outpatient clinic available. Access to enteral nutrition service including follow-up care, nutrition support (oral/enteral/parenteral) and equipment. May have access to PET. May have pain clinic.	As for Level 4. In addition, medical oncologist available 24 hours (may be networked in rural/regional areas). Medical officer in medical oncology with three or more postgraduate years of experience. Allied health professionals with specific skills in oncology such as speech pathologist and dietitian.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide comprehensive cancer service with defined specialised multidisciplinary teams (e.g. melanoma, breast cancer, lung cancer, colorectal cancer, gynaecological cancer). Paediatric service provided by specialist children's hospital. May provide familial cancer service. Undertake clinical trials.	As for Level 5. In addition, oncology department. Radiation oncology service readily available, preferably onsite. Access to clinical genetics service.	As for Level 5. In addition, medical officers with three or more postgraduate years of experience on-site 24 hours. Oncology pharmacist on-site.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Oncology - Radiation

RDL	Oncology – Radiation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	Consultative service only. No radiation oncology treatment facilities on-site.	Access to specialist support and advice (may include telehealth). Consultative palliative care service. Access to allied health services in line with casemix and clinical load. Access to community nursing service.	Visiting radiation oncologist, working in conjunction with a higher-level cancer care service. Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals available such as social worker, clinical psychologist, speech pathologist, occupational therapist, dietitian and/or physiotherapist	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL2 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
5	As for Level 4. In addition, part of a comprehensive cancer service providing primarily non-inpatient services. Care is provided in a team environment with training and service development for radiation oncology, radiation nursing and midwifery, radiation therapy and medical physics.	As for Level 4. In addition, access to specialised radiotherapy services not available on-site (e.g. radioactive iodine therapy, stereotactic body radiation therapy (SBRT)) and positron emission tomography (PET). Minimum one dual mode linear accelerator on-site, with intensity modulated radiation therapy capability and ancillary devices (e.g. image guidance, immobilisation, dosimetry, quality assurance). Dedicated radiation oncology information system. Allied health services on-site in line with casemix and clinical load. Access to simulation and treatment planning on-site or referral arrangement. Access to inpatient beds (not necessarily co-located with the treatment facility). Access to at least Level 4 medical oncology service for chemotherapy. Access to oral and maxillofacial surgery. Access to home enteral nutrition service, including follow-up care, nutrition support (oral/ enteral/ parenteral) and equipment (e.g. feeding pumps, giving sets, syringes). Access to equipment for completing nutritional assessment, including accurate medical grade weigh scales and stadiometer. Access to general lymphoedema service. Access to speech and swallowing assessment services. Communication equipment (e.g. voice restoration such as voice prostheses, electro-larynx).	As for Level 4. In addition, part of a comprehensive cancer service providing primarily non-inpatient services. Care is provided in a team environment with training and service development for radiation oncology, radiation nursing and midwifery, radiation therapy and medical physics.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Oncology – Radiation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide comprehensive multidisciplinary cancer service. Provide 24 hour on call service for radiation oncology simulation and treatment. Provide one or more subspecialty services (e.g. brachytherapy, stereotactic radiotherapy). Provide inpatient care co-located with treatment facility.	As for Level 5. In addition, minimum 2 linear accelerators onsite; at least one dual mode. Oncology beds. Clinical specialty services on-site for consultation (e.g. medical oncology, ENT). CT-simulation, treatment planning system and mould room on-site. Specialist lymphoedema service on-site. Home enteral nutrition service on-site. Equipment for completing nutritional assessment on-site, including accurate medical grade weigh scales and stadiometer. Speech and swallowing assessment services on-site (e.g. modified barium swallow, fibre optic endoscopic evaluation of swallowing). Access to mechanical workshop and biomedical support facilities.	As for Level 5. In addition, clinical head of service. Radiation oncologist available 24 hours. Medical officer in radiation oncology with three or more postgraduate years of experience. Allied health professionals with specific skills in radiation oncology. Biomedical engineer or technician on-site in business hours.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5

Palliative Care

RDL	Palliative Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Generalist palliative care service provided via community health, primary care and private care. May provide patient support at home (may be via telephone).	Access to palliative care team for advice and support (may be via telehealth). Access to emergency patient transport service to facilitate support when required. Access to pain management service. Access to bereavement service. Access to pastoral care. May have access to allied health services in line with casemix and clinical load.	Generalist palliative care service provided via community health, primary care and private care. May provide patient support at home (may be via telephone).	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, specialist palliative care services available (e.g. access to medical practitioner with palliative medicine qualification or palliative care nurse). Provide 24 hour patient support at home (may include telephone support).	As for Level 2. In addition, access to medical oncology, radiation oncology, mental health, rehabilitation and surgical services. Allied health services in line with casemix and patient load.	As for Level 2. In addition, medical practitioner with palliative medicine qualification available. Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals available. May have allied health professionals with specific skills in palliative care available.	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL2 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
4	As for Level 3. In addition, care provided by palliative care multidisciplinary team, including medical practitioner credentialled in palliative medicine. Ambulatory palliative care services (e.g. outpatient clinics) available. Provide consultation service to other specialties. Provide inpatient care if required.	As for Level 3. In addition, palliative care multidisciplinary team.	As for Level 3. In addition, medical practitioner credentialled in palliative medicine. Allied health professionals with specific skills in palliative care available.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL2 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
5	As for Level 4. In addition, provide advanced psychosocial assessment.	As for Level 4. In addition, access to medical oncology service. Access to radiation oncology service.	As for Level 4. In addition, medical officer with three or more postgraduate years of experience available 24 hours. May have medical officer in palliative medicine with three or more postgraduate years of experience.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
6	As for Level 5.	As for Level 5. In addition, access to multidisciplinary pain management service.	As for Level 5.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL4 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5

Rehabilitation

RDL	Rehabilitation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide low complexity subacute rehabilitation, ambulatory care (day, outpatient or community). Rehabilitation plan may be carried out by appropriately qualified personnel directed by clinician with expertise in rehabilitation. May provide services for patients with higher complexity needs, with outreach or telehealth support. May provide health education service.	Access to emergency patient transport service. Each patient has documented, interdisciplinary, coordinated rehabilitation care plan and treatment program, including person centred goals and specified timeframes. Involvement of patient, carers and family in planning rehabilitation services. Access to allied health serviced. Access to appropriate rehabilitation equipment.	Medical or nurse practitioner available. Allied health professional on or off site.	• Laboratory – RDL1 • Pharmacy – RDL1
3	As for Level 2. In addition, patients are medically stable with rehabilitation generally of low-medium complexity (e.g. reconditioning, general orthopaedic). Provide inpatient care. Provide health education service. May provide rehabilitation services for ongoing treatment and review May provide program or rehabilitation case management.	As for Level 2. In addition, access to inpatient beds. Allied health services on-site in line with casemix and clinical load. Therapy spaces on-site, appropriately equipped to support rehabilitation care and programs delivered. May have access to prosthetics, rehabilitation engineering and/or seating clinics.	As for Level 2. In addition, medical officer available 24 hours (may be on call). Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals on-site, such as social worker, physiotherapist, occupational therapist and speech therapist.	• Laboratory – RDL1 • Pharmacy – RDL2
4	As for Level 3. In addition, provide rehabilitation services for specific impairment groups (e.g. geriatric, orthopaedic, stroke) with moderately complex rehabilitation needs. Inpatient programs delivered minimum 5 days per week. Provide program or rehabilitation case management.	As for Level 3. In addition, dedicated therapy spaces such as therapy gym, activities of daily living areas (e.g. functional kitchen), hydrotherapy pool. Access to prosthetics, rehabilitation engineering and seating clinics. Access to transitional unit, in line with casemix. Access to specialised rehabilitation services.	As for Level 3. In addition, rehabilitation physician appointed. May have medical officer in rehabilitation medicine with three or more postgraduate years of experience.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3
5	As for Level 4. In addition, provide rehabilitation services for patients with complex care needs, such as neurological, major trauma, brain injury, and spinal injury dysfunction. Provide daily individual and group therapies. May provide in-home ambulatory rehabilitation service. May provide specific rehabilitation programs (e.g. amputee, chronic pain, Parkinson's Disease, lymphoedema). May provide programs for living skills development and community reintegration. May provide post-injury behaviour management intervention program.	As for Level 4. In addition, inpatient rehabilitation unit located either in an acute care facility or in a standalone facility. Network with an acute care facility to facilitate patient transfer for emergency, critical and surgical care. Dedicated interdisciplinary teams. Access to medical and surgical specialties for consultation, such as pain management, plastic surgery. Access to specialised services such as spinal, brain injury, trauma and transplant rehabilitation. Access to mental health and drug and alcohol management services.	As for Level 4. In addition, medical head of service; may be a rehabilitation physician. Allied health professionals with specific skills in rehabilitation.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL4 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3

RDL	Rehabilitation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide rehabilitation services for patients with highly complex needs, including specific programs (e.g. amputee, chronic pain, Parkinson's Disease, lymphoedema). Provide clinical and professional advice to lower level services. May provide regional services (e.g. transplant, brain injury, spinal injury dysfunction). Provide in-reach/consultation service to acute care facilities. Provide programs for living skills development and community reintegration. Provide post-injury behaviour management intervention program.	As for Level 5. In addition, allied health services available extended hours in line with casemix and clinical load (e.g. physiotherapy). Interdisciplinary ambulatory services for referral, follow up, review and therapy. Appropriate setting for behaviour management intervention program.	As for Level 5. In addition, medical officer in rehabilitation medicine with three or more postgraduate years of experience on-site.	• Laboratory – RDL3 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

Renal Medicine

RDL	Renal Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide local support and care to renal patients. Provide dialysis facility for self-managing home dialysis patients if considered clinically appropriate by their nephrologist. Provide dialysis facility for those who are medically stable but require nurse assistance with dialysis.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport services. Access to allied health services in line with patient load and casemix. Access to renal supportive care.	Medical practitioner, nurse practitioner, renal clinical nurse consultant, renal clinical nurse specialist or registered nurse with appropriate skills and experience available. Access to registered nursing staff with relevant experience and training. Allied health professionals available.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, manage up to stage 4 chronic kidney disease (CKD); selected, stable end stage kidney disease (ESKD); and acute kidney injury (AKI). Care provided by physician in consultation with other specialists. May provide access to satellite haemodialysis centre under supervision of trained nursing staff for stable and self-care dialysis patients, with care managed through formal network arrangement with a higher-level unit.	As for Level 2. In addition, access to consultation from other specialties (e.g. endocrinology, cardiology, vascular surgery). Access to vascular access service. Access to pre-dialysis education.	As for Level 2. In addition, physician available. Nephrologist consultation available on-site or via telehealth. Medical officer available 24 hours (may be on call). Allied health professionals available (e.g. dietitian, social worker, physiotherapist, occupational therapist, speech pathologist).	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
4	As for Level 3. In addition, manage broader range of renal disease in less stable patients than Level 3. Care provided by nephrologist or with nephrologist consultation via formal networked arrangements. Provide access to satellite haemodialysis centre under the supervision of trained nursing staff. May admit patients on peritoneal dialysis if trained nursing staff available for peritoneal dialysis exchanges 24 hours a day (including weekends).	As for Level 3. In addition, access to a larger renal unit for in-centre haemodialysis. Allied health services on-site, in line with casemix and clinical load.	As for Level 3. In addition, nephrologist available for on-site consultation for dialysis patients admitted with an acute illness. Medical officer on-site 24 hours. Allied health professionals on-site (e.g. dietitian, social worker, physiotherapist, occupational therapist, speech pathologist, podiatrist).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, may admit patients on all types of dialysis. Provide both peritoneal dialysis and haemodialysis to inpatients. Provide initiation of dialysis. Provide access to home training for haemodialysis and peritoneal dialysis (may be via networked arrangement). Provide renal biopsy. Provide general renal and transplant clinics.	As for Level 4. In addition, in-centre haemodialysis unit with nursing staff trained to conduct peritoneal dialysis exchange 24 hours (including weekends). Access to renal pathology service (Light Microscopy (LM), Immunofluorescence (IF), Electron Microscopy (EM). Access to home dialysis service.	As for Level 4. In addition, medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide consultative service for patients with complex conditions in multidisciplinary setting within the hospital (e.g. intensive care, coronary care, surgical service) and on referral from lower level services. Provide home training for haemodialysis and peritoneal dialysis. Provide home dialysis outreach service. May have regional role (e.g. home dialysis training; transplantation unit). May provide specialised renal supportive care service.	As for Level 5. In addition, nephrology department. May have dedicated renal beds.	As for Level 5. In addition, medical head of service. Medical officer in nephrology with three or more postgraduate years of experience available in business hours. After hours on call nursing and medical staffing to support dialysis service.	• Laboratory – RDL6 • Pharmacy – RDL5 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Respiratory & Sleep Medicine

RDL	Respiratory & Sleep Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by a medical practitioner or nurse practitioner. May provide respiratory rehabilitation program.	Access to emergency patient transport to facilitate support when required. Access to respiratory diagnostic services such as spirometry and oxygen saturation measurement. Access to respiratory health education programs such as smoking cessation and general lifestyle advice on sleep hygiene. Access to Level 2 radiology service desirable. Access to allied health services in line with casemix and clinical load.	Medical practitioner, nurse practitioner or registered nurse supported by respiratory service. Access to registered nursing staff with relevant experience and training. Physician consultation available (may include telehealth). Allied health professionals such as physiotherapist available.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, basic inpatient respiratory medicine service provided by medical practitioner or physician. May provide acute ambulatory care service.	As for Level 2. In addition, referral pathways to respiratory and sleep medicine specialists. Blood gas analysis on-site.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician. Medical officer available 24 hours (may be on call). Allied health professionals available.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
4	As for Level 3. In addition, manage haemodynamically stable adult patients with respiratory conditions requiring close observation including non-invasive ventilation, but not patients who are haemodyamically unstable or require inotropic support or intubation. Provide a respiratory rehabilitation service. May provide diagnostic bronchoscopy service. May provide respiratory outpatient services.	As for Level 3. In addition, access to home care and nursing. Allied health services on-site in line with casemix and clinical load. Access to other specialties for consultation (e.g. infectious diseases, immunology, medical oncology).	As for Level 3. In addition, physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site, (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, dietitian, clinical psychologist).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, manage haemodynamically unstable adult patients with respiratory conditions requiring close observation, including non-invasive ventilation. Provide respiratory ambulatory care service with nursing outreach under medical supervision. May provide access to sleep investigation service. May provide access to lung function laboratory. May provide tuberculosis clinic.	As for Level 4. In addition, clinical specialty services on-site for consultation. Extended hours access to physiotherapy services in line with casemix and clinical load. Level 5 cardiology service available on-site or via referral arrangement. Level 5 cardiothoracic surgery available on-site or via referral arrangement. Access to subacute services, palliative care and community health services, in particular community nursing. May have a department of respiratory and sleep medicine.	As for Level 4. In addition, respiratory medicine physician, sleep medicine physician or dual trained general physician/respiratory physician available. Medical officer with three or more postgraduate years of experience on-site 24 hours. May have medical officer in respiratory or sleep medicine with three or more postgraduate years of experience.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5

RDL	Respiratory & Sleep Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide sleep investigation and management service including positive airway pressure, oral appliances, upper airway surgery, positional therapy and weight loss support, either directly or by referral. Provide diagnostic bronchoscopy service and interventional respiratory procedures. Provide pleural disease management service. Provide respiratory ambulatory care service with a multidisciplinary team under specialist medical supervision for interval care, acute episodes and post-acute care. Provide home delivered ventilation service, respiratory outpatient services, sleep outpatient services, tuberculosis clinic. Paediatric services provided by specialist children's hospital. May have regional role.	As for Level 5. In addition, specialty services available on-site include ENT surgery, thoracic surgery, endocrinology, psychiatry and dental services. Respiratory medicine beds. Dedicated acute care monitoring area. Respiratory and sleep medicine department. Respiratory function laboratory.	As for Level 5. In addition, clinical head of service. Medical officer in respiratory or sleep medicine with three or more postgraduate years of experience.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL6 • Anaesthesia – RDL6

5.3 Group C: Surgery

Burns

RDL	Burns Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Manage minor burns not requiring surgical intervention (<5% of total body surface area) Provide ambulatory care burns service.	Access to wound management service. Access to pain management service. Access to allied health services in line with casemix and clinical load.	Appropriately credentialled medical practitioner. Allied health professionals available such as physiotherapist and occupational therapist	• Laboratory RDL1 • Pharmacy RDL1 • OT – RDL5 • Anaesthesia – RDL5
3	As for Level 2. In addition, continuing service by general surgeon for partial thickness burns estimated at <18% total body surface area and full thickness burns of <10% total body surface area, or any other burns not defined for referral to high level unit.	As for Level 2. In addition, I.V. fluid therapy available. Access to consultation with plastic surgical services	As for Level 2. In addition, access to specialist (may be via telehealth)	• Laboratory – RDL3 • Pharmacy – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, may admit patients for pain management.	As for Level 3. In addition, on-site allied health services in line with casemix and clinical load. Access to general rehabilitation service. Access to scar management service. Access to consultation-liaison psychiatry.	As for Level 3. In addition, appropriately credentialled surgeon. Medical officer available 24 hours. Allied health professionals on-site.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4.	As for Level 4.	As for Level 4.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide a comprehensive regional service, including inter-hospital transfer for major and severe burns patients. Ambulatory burns clinic for referrals, including wound management. Provide burns specific health education.	As for Level 5. In addition, clinical specialty services on-site with consultation available, such as plastic surgery, ophthalmology, pain management, palliative care. Dedicated burn operating suite sessions/lists. Dedicated inpatient beds. Provide support to lower level services (may include telehealth), including clinical advice and professional development support. Access to comprehensive rehabilitation service. Access to dental service.	As for Level 5. In addition, clinical head of service with relevant clinical experience. Renal and emergency medicine consultants available 24 hours. Medical officer in surgery with three or more postgraduate years of experience on call 24 hours Registered nursing equivalent 16 hours/patient/day (1:1.3) desirable or according to dependency of patient. Specialist clinical nurse desirable. Allied health professionals including dietitian, occupational therapist, orthotist/prosthetist, physiotherapist, psychologist, and speech pathologist. May have specific skills in burns.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Cardiothoracic Surgery

RDL	Cardiothoracic Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	No Level 4 service. Refer to higher level.			
5	Provide Major* and selected Complex Major* cardiac and thoracic surgical procedures on ASA 1 to 5^ patients. Provide elective cardiothoracic procedures (e.g. pacemaker insertion) and elective and emergency thoracic procedures (e.g. lung resection) that do not require cardiopulmonary bypass.	Department of cardiothoracic surgery. Clinical specialty services on-site for consultation (e.g. vascular surgery, upper gastrointestinal surgery). Access to comprehensive rehabilitation service. Allied health services on-site in line with casemix and clinical load. Extended hours access to physiotherapy services in line with casemix and clinical load. Link with palliative care service.	Clinical head of service. Cardiothoracic surgeons appointed. Cardiothoracic/thoracic anaesthetists on-site. Other specialist surgeons on-site. Medical officer in general surgery with three or more postgraduate years of experience on call 24 hours. Medical officer on-site 24 hours. May have medical officer in cardiothoracic surgery with three or more postgraduate years of experience. Allied health professionals on-site such as physiotherapist, occupational therapist, social worker and dietitian. Physiotherapist available extended hours (may be on call).	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* cardiac and thoracic surgical procedures for all levels of patient risk^. Cardiopulmonary bypass regularly performed. Manage highly complex diagnostic and treatment procedures (e.g. Type A aortic dissection, massive thoracoabdominal aneurysm, renal tumour with inferior vena caval involvement) in association with other specialties (e.g. vascular surgery, upper gastrointestinal surgery, urology).	As for Level 5. In addition, preferable minimum activity of 300 open heart (heart-lung bypass) cases per year and total of 900 to 1,000 cardiac surgery cases per year is desirable.	As for Level 5. In addition, medical officers in cardiothoracic surgery with three or more postgraduate years of experience on call 24 hours	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Day Surgery

RDL	Day Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Minor diagnostic and therapeutic procedures on ASA 1 patients. Procedures restricted to those requiring local anaesthesia (excluding spinal, epidural or regional blocks) or I.V. sedation. Endoscopies not requiring general anaesthesia included.	Where unit is free-standing, emergency back-up is provided by nearby hospital. Procedure room or day surgery theatre. May have access to allied health services in line with casemix and clinical load. Uses appropriate preoperative patient screening and selection processes and discharge criteria and processes..	Credentialled medical practitioner and registered nurse available. General surgeon available for consultation (may include telehealth). May have allied health professionals available.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate surgical procedures on ASA 1 and 2^ patients. Provide Minor surgical procedures on ASA 2 and 3 patients. Diagnostic and therapeutic procedures requiring general or regional anaesthesia.	As for Level 2. In addition, at least one operating/procedure room with separate recovery area/room for post-operative care Consultation available from other clinical specialties (may include telehealth). Access to allied health services in line with casemix and clinical load.	As for Level 2. In addition, surgeon credentialled in general surgery. Medical officer available 24 hours (may be on call). Allied health professionals available.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL3
4	As Level 3. In addition, Common and Intermediate surgical procedures performed on ASA 3 patients by Specialist Surgeons or Medical Practitioners	As for Level 3. In addition, more than one theatre. Formal quality assurance program(4).	As for Level 3. In addition, Nurse Unit Manager available. Allied health professionals on-site.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL3 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, Minor, Common and Intermediate surgical procedures performed on ASA 1 through to 4. Procedures on children aged 12 months to 4 years performed by General Surgeon accredited in paediatric surgery and anaesthesia performed by Paediatric Anaesthetist.	As for Level 4. In addition, consultation available from other specialties. Access to allied health professionals.	As for Level 4. In addition, Specialist Surgeons and Specialist Anaesthetists. Paediatric-experienced allied health practitioners available.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5 service.	As for Level 5 service.	As for Level 5 service.	

Ear, Nose & Throat Surgery

RDL	Ear, Nose & Throat Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Provide Minor* day surgical procedures on ASA 1 and 2^ patients.	At least one operating/procedure room with separate recovery area/room for post-operative care. Access to audiology service (on- or off-site). Operative microscope available for insertion of tympanostomy or ventilation tubes ('grommet surgery'). Access to allied health services in line with casemix and clinical load.	Otolaryngologist-head and neck (ENT) surgeon appointed (can be visiting) Allied health professionals available, including audiologist	• Pharmacy – RDL2 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, regularly provide Common and Intermediate* and selected Major* surgical procedures on ASA 1, 2 and 3^ patients. Overnight patient admissions.	As for Level 3. In addition, access to blood for transfusion. Designated acute surgical inpatient unit. Consultation available from other specialties (may include telehealth).	As for Level 3. In addition, ENT surgeon available 24 hours. Medical officer available 24 hours. Nursing personnel with appropriate post graduate qualifications/experience in perioperative and postoperative nursing Access to allied health professionals including dietitians, and speech pathologists.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* surgical procedures on ASA 1 to 4^ patients.	As for Level 4. In addition, clinical specialty services on-site for consultation. ENT endoscopic equipment. Access to nerve intensity monitor	As for Level 4. In addition, medical officer in general surgery with three or more postgraduate years of experience on call 24 hours.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide full range of Complex Major* surgical procedures for all levels of patient risk^. Paediatric service provided by specialist children's hospital. May participate in multidisciplinary teams with other specialties (e.g. cancer multidisciplinary teams). May perform skull base procedures. May have regional role in specific field	As for Level 5. In addition, department of ENT. Provide support for lower level services, including clinical advice and professional development support. Level 6 neurosurgery on-site for skull base procedures. Allied health services on-site in line with casemix and clinical load. Access to medical oncology, radiotherapy, palliative care, neurology, neurosurgery and plastic surgery services.	As for Level 5. In addition, clinical head of service. Medical officer in ENT with three or more postgraduate years of experience on call 24 hours. Allied health professionals including audiologist, speech pathologist, social worker, occupational therapist, dietitian, physiotherapist and psychologist.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

General Surgery

RDL	General Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide procedures requiring analgesia and/or conscious sedation (excludes general anaesthesia). Provide Minor* surgical procedures on ASA 1 and 2^ patients.	Procedure room or day surgery theatre. May have access to allied health services in line with casemix and clinical load.	Appropriately credentialled medical practitioner. General surgeon available for consultation (may include telehealth). May have allied health professionals available.	• Laboratory – RDL1 • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate* and selected Major* surgical procedures on ASA 1 and 2^ patients. Provide Minor surgical procedures on ASA 3^ and some ASA 4^ patients.	As for Level 2. In addition, at least one operating/procedure room with separate recovery area/room for post-operative care Consultation available from other clinical specialties (may include telehealth). Access to allied health services in line with casemix and clinical load.	As for Level 2. In addition, surgeon credentialled in general surgery. Medical officer available 24 hours (may be on call). Allied health professionals available.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide Major* surgical procedures on ASA 1 and 2^ patients. Provide Common and Intermediate* surgical procedures on ASA 3 and ASA 4^ patients. Provide appropriate care for ASA 5 and 6^ patients. Models of care in place to separately address emergency and elective surgery.	As for Level 3. In addition, more than one theatre. Access to rehabilitation, medical oncology, radiotherapy and palliative care services. Allied health services on-site in line with casemix and clinical load. Access to cancer multidisciplinary teams. Access to services that support early discharge from surgical procedures, such as home care, ambulatory care services and community nursing	As for Level 3. In addition, surgeon credentialled in general surgery available 24 hours. Allied health professionals on-site such as physiotherapist, occupational therapist, speech therapist, social worker and dietitian.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide selected Complex Major* surgical procedures on ASA 1 and 2^ patients. Provide Major* surgical procedures on ASA 3 to 5^ patients. Participate in multidisciplinary teams (e.g. cancer, orthopaedic, cardiac).	As for Level 4. In addition, department of general surgery. Clinical specialty services on-site for consultation. Access to Level 6 nuclear medicine service for Positron Emission Tomography (PET); may be on an outpatient basis.	As for Level 4. In addition, clinical head of service. Medical officer in general surgery with three or more postgraduate years of experience on call 24 hours	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* surgical procedures for all levels of patient risk^. May have regional role.	As for Level 5. In addition, most clinical specialties on-site; may include neurosurgery and/or cardiothoracic surgery.	As for Level 5. In addition, medical officer in general surgery with three or more postgraduate years of experience on-site 24 hours	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Gynaecology

RDL	Gynaecology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide Minor* gynaecological procedures on ASA 1 and 2^ patients.	Provide Minor* gynaecological procedures on ASA 1 and 2^ patients.	Provide Minor* gynaecological procedures on ASA 1 and 2^ patients.	• Laboratory – RDL • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate* gynaecological procedures on ASA 1, 2 and 3^ patients. Provide selected Major* gynaecological procedures on ASA 1 and 2^ patients.	As for Level 2. In addition, provide Common and Intermediate* gynaecological procedures on ASA 1, 2 and 3^ patients. Provide selected Major* gynaecological procedures on ASA 1 and 2^ patients.	As for Level 2. In addition, provide Common and Intermediate* gynaecological procedures on ASA 1, 2 and 3^ patients. Provide selected Major* gynaecological procedures on ASA 1 and 2^ patients.	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to separately address emergency and elective surgery. May provide outpatient and/or ambulatory care services.	As for Level 3. In addition, provide Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to separately address emergency and elective surgery. May provide outpatient and/or ambulatory care services.	As for Level 3. In addition, provide Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to separately address emergency and elective surgery. May provide outpatient and/or ambulatory care services.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • HDU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* gynaecological procedures on ASA 3 to 5^ patients.	As for Level 4. In addition, provide Major* gynaecological procedures on ASA 3 to 5^ patients.	As for Level 4. In addition, provide Major* gynaecological procedures on ASA 3 to 5^ patients.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* gynaecological procedures for all levels of patient risk^. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. May provide specialised services such as reproductive endocrinology and infertility. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have regional role in a specific field.	As for Level 5. In addition, provide Complex Major* gynaecological procedures for all levels of patient risk^. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. May provide specialised services such as reproductive endocrinology and infertility. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have regional role in a specific field.	As for Level 5. In addition, provide Complex Major* gynaecological procedures for all levels of patient risk^. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. May provide specialised services such as reproductive endocrinology and infertility. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have regional role in a specific field.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Neurosurgery

RDL	Neurosurgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	Management of minor head injuries by general surgeon.	Operating room equipment adequate for emergency neurosurgery. Access to general rehabilitation services.	Neurosurgical consultation available (may be via telehealth).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL5 • Nuclear Medicine – RDL3 • HDU - RDL3 • OT – RDL4 • Anaesthesia – RDL4
5	Provide Common and Intermediate* and selected Major* neurosurgical procedures on ASA 1 to 5^ patients. Models of care in place to separately address emergency and elective surgery.	Dedicated neurosurgical beds. Modern neurosurgical microscope and surgical navigation system in line with complexity of neurosurgery undertaken. 24 hour access to Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). Access to specialised rehabilitation services. Clinical specialty services on-site for consultation. Allied health services with extended hours access on-site In line with casemix and clinical load. Access to services that support early discharge from surgical procedures, such as home care, ambulatory care services and community nursing.	Neurosurgeon available 24 hours. Neurosurgical anaesthetist available 24 hours. Medical officer in surgery with three or more postgraduate years of experience on call 24 hours. May have medical officer in neurosurgery with three or more postgraduate years of experience. Medical officer on-site 24 hours. Nursing staff with appropriate post graduate qualifications and/or experience in neurosurgical nursing. Allied health professionals on-site such as physiotherapist, occupational therapist, social worker and dietitian.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Major* and Complex Major* neurosurgical procedures for all levels of patient risk^. May participate in multidisciplinary teams with other specialties such as neurology, plastic surgery and orthopaedic surgery. May have regional role in a specific field.	As for Level 5. In addition, department of neurosurgery. Neurosurgical intensive care capacity. 24 hour access to interventional neuroradiology (INR) service. May have neurosurgical close observation unit	As for Level 5. In addition, clinical head of service. Medical officer in neurosurgery with three or more postgraduate years of experience on call 24 hours. Allied health professionals with specific skills in neurosurgery.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Ophthalmology

RDL	Ophthalmology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide minor extra ocular diagnostic and therapeutic procedures under local anaesthesia and/or conscious sedation (excludes general anaesthesia). For example, slit lamp examination, removal of superficial corneal foreign body. Provide Minor* and Common and Intermediate* ophthalmic procedures on ASA 1, 2 and3^ patients. Provide referral and after care as required	Procedure room or day surgery theatre. Slit lamp, ophthalmic operating microscope and relevant ophthalmic surgical instruments. Phacoemulsification ('phaco') machine. Access to outpatient service. Access to allied health services in line with casemix and clinical load.	Appointed ophthalmologist. Allied health professionals available such as orthoptist.	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provides overnight admission.	As for Level 2.	As for Level 2. In addition, medical officer available 24 hours.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3.	As for Level 3.	As for Level 3.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • HDU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* ophthalmic procedures on ASA 1 to 4^ patients. Provide outpatient services with ophthalmic equipment available, preferably on-site.	As for Level 3. In addition, operating room with ophthalmic equipment (e.g. laser). Clinical specialty services on-site for consultation, such as plastic surgery, neurosurgery, neurology.	As for Level 3. In addition, medical officer in ophthalmology with three or more postgraduate years of experience on call 24 hours. Allied health professionals available such as psychologist, social worker and occupational therapist. Orthoptist, preferably on-site.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • HDU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* ophthalmic procedures for all levels of patient risk^. May operate in association with other specialties (e.g. cancer and trauma multidisciplinary teams). May provide oculo-plastic procedures. Ability to accept referrals for complex cases from lower level services May have regional role in a specific field.	As for Level 5. In addition, department of ophthalmology. Access to Level 5 radiation oncology service. Level 6 neurosurgery on-site for oculo-plastic procedures.	As for Level 5. In addition, clinical head of service. Ophthalmologist available 24 hours. Orthoptist on-site.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • HDU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Oral Health/Dentistry

RDL	Oral Health/Dentistry Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	A level 1 service is provided by non-oral health professionals that are trained to identify disease and refer to a Level 2 Service.	N/A	N/A	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	General oral health care provided by visiting dental service to children and/or adults. Fixed site (standalone or part of another facility) or fully equipped mobile dental clinic. Provide consultation and treatment services to outpatients and/or inpatients.	Minimum of one dental chair fixed dental operating equipment. Access to dental x-ray service.	Dental practitioners (e.g. dentist, oral health therapist, hygienist)	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
4	As for Level 2. In addition, regular clinic providing selected Minor* dental procedures.	As for Level 2. Access to complex dental imaging and dental laboratory.	As for Level 2.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
5	As for Level 3. In addition, provide some specialised level of oral health care (e.g. orthodontic services, fixed prosthodontics). Provide Minor* dental procedures.	As for Level 3. In addition, access to general anaesthesia (may be off-site). Dental suite with two or more dental chairs. Access to inhalational sedation (nitrous oxide). Access to designated surgical inpatient beds. Access to maxilla-facial services.	As for Level 3. In addition, dentist with specialised experience or specialist dental practitioner. Dental prosthetist available.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL4 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
6	As for Level 4. In addition, provide a range of specialist oral health care. Provide Common and Intermediate* dental procedures. Provide networked support to lower level services.	As for Level 4. In addition, clinical specialty services on-site for consultation. On-site cone beam computed tomography and orthopantomogram (OPG). Access to dental laboratory providing both fixed and removable prosthetics. On-site maxilla-facial services.	As for Level 4. In addition, dental technician available. Dentist available 24 hours. On-site facio-maxillary surgeon Nursing staff with appropriate post graduate qualifications and/or experience in perioperative and post-operative nursing.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

Orthopaedics

RDL	Orthopaedics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provides minor reduction of fractures performed on low-risk patients by a registered medical practitioner or visiting general surgeon with experience in orthopaedics.	Treatment rooms with plaster equipment	Medical practitioner. May have plaster technician Access to advice from specialist orthopaedic specialists	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL2 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
3	Provide Minor* and Common and Intermediate* orthopaedic procedures on ASA 1, 2 and 3^ patients.	Power drills, power saws and theatre x-ray available. Consultation available from other clinical specialties, such as general and acute medicine, geriatric medicine, rehabilitation (may include telehealth). Access to fracture clinic. Access to allied health services in line with casemix and clinical load.	Orthopaedic surgeon in attendance as required. Medical officer available 24 hours (may be on call). Allied health professionals including physiotherapist available.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU – RDL4 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide selected Major* orthopaedic procedures on ASA 1, 2 and 3^ patients	As for Level 3. In addition, access to general rehabilitation service.	As for Level 3. In addition, orthopaedic surgeon available 24 hours. Medical officer and/or orthopaedic medical officer with three or more postgraduate years of experience. Allied health professionals including occupational therapist, dietitian, social worker, podiatrist and orthotist available.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide full range of Major* orthopaedic procedures on ASA 1 to 5^ patients.	As for Level 4. In addition, specialty services on-site with consultation available, including general and acute medicine, geriatric medicine, neurology, vascular surgery, plastic surgery. Orthogeriatrics service. Allied health services on-site in line with casemix and clinical load.	As for Level 4. In addition, orthopaedic medical officer with three or more postgraduate years of experience on call 24 hours. Allied health professionals on-site. Physiotherapist with specific orthopaedic experience. Nursing staff with appropriate orthopaedic post graduate qualifications and/or experience	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* orthopaedic procedures for all levels of patient risk^. May operate in association with other specialties, such as cancer and trauma multidisciplinary teams. May have regional role in a specific field (e.g. hand surgery, spinal surgery).	As for Level 5. In addition, department of orthopaedics. Access to specialised rehabilitation service. Access to medical oncology, radiotherapy and palliative care services.	As for Level 5. In addition, clinical head of service.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Plastic Surgery

RDL	Plastic Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	A Level 3 service provides minor plastic and reconstructive surgery outpatients and same day procedures by a visiting plastic surgeon	At least one operating/procedure room with separate recovery area/room for post-operative care. IV fluid therapy available.	Perioperative trained nursing staff. Medical practitioner available 24 hours, on call. Access to some allied health services.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide Minor*, Common and Intermediate*, and selected Major* plastic surgical procedures on ASA 1, 2, 3 and selected 4^ patients.	As for Level 3. In addition, designated acute surgical inpatient unit with appropriately trained surgical specialist nursing staff. Access to allied health services in line with casemix and clinical load. Access to services that support early discharge from surgical procedures, such as home care, ambulatory care services and community nursing.	As for Level 3. In addition, plastic surgeon available 24 hours. Allied health professionals available.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • HDU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* surgical procedures on ASA 1 to 5^ patients.	As for Level 4. In addition, clinical specialty services on-site for consultation (e.g. vascular surgery). Allied health services on-site in line with casemix and clinical load. Access to rehabilitation service.	As for Level 4. In addition, medical officer in general surgery with three or more postgraduate years of experience on call 24 hours Allied health professionals on-site.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • HDU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* plastic surgical procedures for all levels of patient risk^. May participate in multidisciplinary teams with other surgical specialties. May have regional role in specific field such as severe burns.	As for Level 5. In addition, department of plastic surgery. Plastic surgery operating instruments for microsurgery. Dedicated plastic surgery ward. Post-operative rehabilitation and comprehensive scar management services.	As for Level 5. In addition, clinical head of service. Medical officer in plastic surgery with three or more postgraduate years of experience.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • HDU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Urology

RDL	Urology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide Minor* urological procedures on ASA 1, 2^ and selected ASA 3^ patients.	Access to continence education. May have access to allied health services in line with casemix and clinical load.	Medical practitioner credentialled in urology. May have allied health professionals, such as physiotherapist, available.	• Laboratory – RDL1 • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate* and selected Major* urological procedures on ASA 1, 2 and 3^ patients. Provide Minor* urological procedures for ASA 4^ patients on an ambulatory care basis.	As for Level 2. In addition, consultation available from other clinical specialties, such as general surgery; general and acute medicine (may include telehealth). Access to allied health services in line with casemix and clinical load.	As for Level 2. In addition, medical officer available 24 hours. Allied health professionals, such as physiotherapist, available	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL4 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide Major* urological procedures on ASA 1, 2 and 3^ patients. May provide continence service.	As for Level 3. In addition, links with oncology, radiotherapy, gynaecology and palliative care services. Designated acute surgical inpatient unit with appropriately trained surgical specialist nursing staff. Allied health services on-site in line with casemix and clinical load.	As for Level 3. In addition, urologist available 24 hours. Allied health professionals on-site.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* urological procedures on ASA 4 and 5^ patients and selected Complex Major* urological procedures on ASA 1 to 3^ patients.	As for Level 4. In addition, clinical specialty services on-site for consultation, including renal medicine, oncology, radiotherapy, gynaecology and palliative care services	As for Level 4. In addition, medical officer in surgery with three or more postgraduate years of experience on call 24 hours.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* urological procedures for all levels of patient risk^. Provide outpatient service. Provide continence service.	As for Level 5. In addition, department of urology. Participate in cancer and trauma multidisciplinary teams.	As for Level 5. In addition, clinical head of service. Medical officer in urology with three or more postgraduate years of experience. Dedicated nurse specialist specialising in urology and providing leadership within the service. Comprehensive continence service	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Vascular Surgery

RDL	Vascular Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provides routine day case vascular surgery for low risk patients requiring low complexity surgery.	Appropriate vascular surgical and anaesthetic equipment available on-site	Visiting vascular surgeons General surgeons credentialed to perform low complexity vascular surgical procedures.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • OT – RDL3 • Anaesthesia – RDL3
3	As for Level 3. In addition, provides inpatient, ambulatory and outpatient consulting for vascular surgery. General surgeons may perform basic vascular surgical procedures.	As for Level 3. In addition, on-site high dependency unit available.	General surgeon available on-site. Nursing staff with post graduate qualifications and/or experience in vascular nursing Access to specialist vascular sonographers.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • HDU - RDL3 • OT – RDL4 • Anaesthesia – RDL4
4	As for Level 4. In addition, provide Minor*, Common and Intermediate*, and selected Major* vascular surgical procedures on ASA 1, 2 and 3^ patients.	As for Level 4. In addition, vascular operating instruments (e.g. balloon catheters, vascular clamps). Consultation available from other specialties (may include telehealth). Pre-operative rehabilitation consultation available for elective amputees. Access to allied health services in line with casemix and clinical load.	Vascular or general surgeon available 24 hours. Medical officer available 24 hours. Allied health professionals available.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL3 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* vascular surgery procedures on ASA 1 to 5^ patients.	As for Level 4. In addition, access to specialised prostheses. Clinical specialty services on-site for consultation. Allied health services on-site in line with casemix and clinical load. Access to rehabilitation service.	As for Level 4. In addition, vascular surgeon available 24 hours. Medical officer in surgery with three or more postgraduate years of experience on call 24 hours Allied health professionals on-site. Nursing staff with appropriate postgraduate qualifications and/or perioperative experience in vascular surgery Specialist vascular sonographers	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* vascular surgery procedures for all levels of patient risk^. May participate in multidisciplinary teams with other surgical specialties. May have regional role in a specific field.	As for Level 5. In addition, department of vascular surgery.	As for Level 5. In addition, clinical head of service. Medical officer in vascular surgery with three or more postgraduate years of experience Nursing staff with appropriate post graduate qualifications and/or extensive experience in vascular surgery on-site 24 hours	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

5.4 Group D: Women's & Children

Obstetrics

RDL	Obstetrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides antenatal and/or postnatal care for women and infants who have normal care needs. Outpatient and ambulatory care available. No planned birthing services. Capacity to provide emergency care to support obstetric women until her transfer of care or a retrieval service is available. Registered medical officer may be available in the local area for the management of the postpartum women with no identified risk factors.	Emergency resuscitation equipment (adult and neonate) Basic equipment for antenatal and postnatal care. Access to offsite pathology and radiology services. Access to specialist obstetric services via telehealth / telephone.	Registered midwives or nurses with access to midwifery support. General physician with experience in obstetrics. Access to allied health professionals as required.	• Laboratory – RDL1 • Pharmacy – RDL1 • OT – RDL1 • Anaesthesia – RDL1
2	As for Level 1. In addition, capacity to manage the care of the 'low risk' pregnant woman during the antenatal, intrapartum and postnatal periods for women from 37 weeks gestation. Will have formal policy/ protocols to guide staff, in the safe, local management of the pregnant woman presenting with 'risk factors', in the intrapartum period or with an unexpected emergency until her transfer of care or a retrieval service is available.	As for Level 1. In addition, antenatal cardiotocograph (CTG) monitoring with access to remote assessment and interpretation. Access to consultation from higher level services.	As for Level 1. In addition, access to registered medical practitioner. Registered midwife available during operational hours.	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, capacity to provide safe care and planned births for woman with a singleton pregnancy, identified as 'low risk' at ≥37 weeks gestation. Will provide a range of models of maternity care that complement the demographics and needs of the local community. Will have access to a breastfeeding support.	As for Level 2. In addition, ability to perform continuous foetal monitoring in labour where clinically indicated. On site facilities for emergency delivery (abdominal or vaginal). Able to perform elective caesarean at ≥ 39 weeks gestation. Able to support induction of labour following 39 completed weeks of pregnancy. Able to support vaginal birth following 39 weeks of pregnancy. Urgent retrieval to Level 4 or above maternity service.	As for Level 2. In addition, 24 hour access to obstetrics/ genecology registered medical practitioner who is able to attend within 30 minutes. 24 hours access to a registered medical practitioner with credentials in anaesthetics who can attend within 30 minutes. 24 hour access to a registered medical practitioner. credentialed to provide care to the neonate and who can attend within 30 minutes.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, capacity to provide safe care for the woman with a singleton pregnancy or a twin pregnancy with 'low risk' factors and/or minor complications ≥34 weeks gestation. Mothers at risk of delivery of an infant at 32 and 33 weeks gestation at a Level 4 service deemed at higher risk of maternal and neonatal morbidity (e.g. multiple pregnancy, fetal growth restriction) if safe to do so should be transferred in-utero to a Level 5 or 6 service as appropriate. Will have access to a community midwifery services.	As for Level 3. In addition, 24 hour access to foetal scalp pH or lactate sampling. Access to on site urgent blood and specimen testing, blood and volume expanders. Blood storage facilities on site. Access on site to 24 hour ultrasound services. On site Level 4 neonatology service. Access to Level 4 or above ICU/HDU service Access to genetics service as required. Access to perinatal mental health service.	As for Level 3. In addition, registered medical specialist with credentials in obstetrics on-site and on-call 24 hours who can attend within 30 minutes. On-site specialist anaesthetist on-call 24 hours and able to attend within 30 minutes. On-site specialist paediatrician with experience in neonatal care on-call 24 hours and able to attend within 30 minutes. 24 hour access to Level 4 or above General Surgical Service Resident medical officer and midwives on-site 24 hours. Access to allied health professionals as required, including physiotherapy and social work. Access to a midwifery educator.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Obstetrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, capacity to provide safe care for moderate and high complexity mother's, singleton or twin pregnancy at ≥ 32 weeks gestation, including the care for most medical conditions and pregnancy related illnesses. Capacity to manage all unexpected pregnancy and neonatal emergency presentations. Formal arrangements for in-utero transfer of women. Will have access to Adult ICU.	As for Level 4. In addition, a full range of antenatal, birthing and postnatal care facilities, including dedicated birth suites, an antenatal day assessment unit, allocated inpatient beds within a maternity unit and dedicated maternity beds for the acute care of high-acuity patients On-site Level 5 Neonatology Service. On-site Level 4 or above General Surgery Service. The capacity to measure and permanently document foetal scalp sampling and cord blood gases. Portable ultrasound in birth suite 24 hours used by practitioners credentialed in ultrasound. Access to interventional radiology and vascular services. Provides training of specialist obstetricians and midwives.	As for Level 4. In addition, clinical leadership roles in Obstetrics, Midwifery, Nursing and Neonatology Obstetric registrars and RMOs Paediatrics registrars and RMOs. Anaesthetics registrars and RMOs. On-site allied health professionals including occupational therapy, continence advisors and dietitians.	• Laboratory – RDL5 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
	As for Level 5. In addition, provides all levels of care, including the highest level of complex care for women with serious obstetric and foetal conditions that require high-level multidisciplinary care, including any higher order multiple pregnancy.	As for Level 5. In addition, A 24 hour obstetrics service that provides comprehensive specialist services, including, but not restricted to, midwifery, obstetric, mental health and surgical care for women with high risk and complex needs. On-site dedicated acute observation area within the maternity unit. On-site 24 hour access to obstetric imaging service. On-site Level 6 Neonatology Service. Access to maternal foetal medicine specialty services. Access to foetal surgical services. On-site perinatal mental health service. On-site vascular surgery and interventional radiology services.	As for Level 5. In addition, Specialist neonatologists on-site and on-call 24 hours. Obstetricians with certification or special interest in maternal foetal medicine and obstetric ultrasound. 24 hour on-site access to consultant-level radiology, paediatrics, anaesthetics and adult ICU staff.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Neonatology

RDL	Neonatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No routine management of the neonate. Some local registered medical officer services may be available in the area for the management of the healthy newborn baby who has no identified risk factors. In some instances, the healthy newborn may be supported by a community midwifery service.	Basic neonatal life support skills and equipment.	General Practitioner(s) available. Access to registered nurses. May have access to registered midwives.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics
2	As for Level 1. In addition, capacity to provide emergency care to support the sick neonate until the retrieval service arrives. Some registered medical practitioner(s) may be available in the area for the management of the healthy newborn baby who has no identified risk factors.	As for Level 1. In addition, emergency resuscitation equipment available. Access to emergency patient transport services.	As for Level 1. In addition, registered nurses and/or midwives available.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics
3	As for Level 2. In addition, capacity to provide safe care for neonates greater than 36 weeks gestation with a birth weight more than 2500g at birth when supported by Neonatologist/Paediatrician. Will have formal policy/ protocols to guide staff, in the safe, appropriate, local management of premature or low birth weight neonates.	As for Level 2. In addition, designated neonatal care facilities for transitional and stabilisation of the unexpectedly sick singleton neonate. Nursery equipped with: • radiant heater • convection- warmed heater • oxygen analyser • pulse oximeter • phototherapy lamp • 'point of care' blood sugar analysis machine	As for Level 2. In addition, appropriately credentialed registered medical practitioner(s) available 24 hours. 24 hour on site access to a health professional skilled in initiating accredited neonatal resuscitation. Access to allied health staff. Access to perinatal mental health services. Access to infant and child cognitive and developmental assessment services. Have registered midwives/ nurses available for neonatal care in the nursery area.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics
4	As for Level 3. In addition, Special Care Nursery onsite. Capacity to provide safe care for neonates greater than 34 weeks gestation with minimal complications and a birth weight more than 2000g. Capacity to provide safe care for neonates who can be managed in a bassinet or cot, and/or require incubator care for short term transitional problems or recovering after an acute illness which can reasonably be expected to resolve.	As for Level 3. In addition, designated special care nursery for transitional care and stabilisation sick neonates. Commences mechanical ventilation in consultation with a higher-level neonatal service pending transfer to a higher level service. All patients managed by attending paediatrician. Nursery equipped with: incubator for thermoregulatory care oxygen therapy for short term oxygenation < 4 hours gavage feeding equipment infusion pump for safe management IV therapy	As for Level 3. In addition, On site paediatrician with experience in neonatology on call 24 hours. Registered medical officers rostered and available 24 hours per day, seven days per week. Have access to appropriately qualified registered midwives/ nurses to manage the neonatal care in the nursery area. Nursing staff with appropriate post graduate qualifications and/or experience in neonatal nursing.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics

RDL	Neonatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, NICU or Special Care Nursery onsite. Capacity to provide safe care for neonates greater than 32 weeks gestation and a birth weight of more than 1500g at birth. Capability to plan and deliver care for infants with risk factors or complex care needs. A community neonatal nurse service may be available to support the neonate after discharge.	As for Level 4. In addition, designated neonatal nursery with the capability of providing neonatal special care. Provision of short term mechanical ventilation <6 hours pending transfer. Access to nasal CPAP (continual positive airway pressure). Has immediate access to a blood gas machine for measurement of blood gas, plasma glucose and electrolytes. Has neonatal special care services. Nursery equipped with • oxygen therapy via humidified head box or cot oxygen < 35% FiO2 • cardiorespiratory monitoring	As for Level 4. In addition, an appointed / nominated specialist Paediatrician or Neonatologist as head of neonatal services. Paediatricians/Neonatologists available on site and for consultation 24 hours. Appropriately accredited registered medical officers with a designated role to support the neonatal services available 24 hours. Access to a full range of physicians, subspecialty physicians and surgeons. The neonatal unit is managed by a registered nurse/midwife with appropriate post registration qualifications. Has a designated clinical nurse/midwife educator assigned to the neonatal unit. Access to specialist neonatology allied health providers.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics
6	As for Level 5. In addition, NICU onsite. Capacity to provide multidisciplinary comprehensive management of the most complex neonatal patients. Has the capacity to provide continuous life support and care for newborns born at less than 32 weeks gestation. May have regional role.	As for Level 5. In addition, designated neonatal nursery with neonatal intensive care beds. On site neonatal emergency transport team on call 24 hours. On site neonatal surgery. Nursery equipped with: • airway support suitable for comprehensive oxygen therapies which includes continuous airway pressure, high frequency ventilation, nitric oxide administration and mechanical ventilation • oxygen analysers for continuous inspired oxygen therapy electroencephalography, end tidal and transcutaneous CO2 monitoring • cardiorespiratory monitoring for all patients • equipment for safe management IV therapies, arterial lines and central venous lines • equipment for controlled infusions, including syringe drivers and infusion pumps • parental nutrition equipment • peritoneal dialysis equipment • exchange transfusion equipment • therapeutic hypothermia equipment Has technical support staff to manage all of the equipment provided.	As for Level 6. In addition, Have an appointed specialist Neonatologist as head of neonatal services. Neonatologists available for consultation and able to attend within 30 minutes to provide support 24 hours. Designated neonatal registrar/nurse practitioner available on site 24 hours. Have access to full range of physicians, subspecialty physicians and surgeons. The neonatal unit is managed by a registered midwife/ nurse with appropriate post registration qualifications. Have a designated registered midwife/nurse rostered each shift to attend resuscitations. Have a neonatal nursing care outreach program. Have registered nurse/midwife appointed as the clinical coordinator to manage the post discharge follow up of high risk neonates.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU – RDL6 • HDU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

Paediatric Medicine

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides ambulatory care, during business hours, for children and their parent/carer/guardian(s), with no inpatient care. Care predominantly provided by registered nurse or registered midwife for maternity care, nurse practitioner or allied health professionals. Provides rapid health assessment for the sick child, routine child health care, prevention and promotion of health, screening and early diagnosis of conditions for early intervention, treatment or referral and chronic/ long term care and management. Interventions may include family assessment, immunisation, parenting education and support, feeding support, developmental screening, environmental health and disease control. Capable of providing limited treatment for minor injuries and illnesses, basic life support and limited stabilisation prior to transfer to higher level of service.	Staff trained in assessment, care and management and delivery of health promotion activities and programs for children and their families. Referral pathway must exist to provide access to hearing assessment, maternal, child health, development and neonatal services for infants up to 28 days of age.	Registered medical practitioner delivering services. Referral pathway to paediatrician. Access to registered nurses and/or registered midwives or nurse practitioner.	• Laboratory – RDL1 • Pharmacy – RDL1
2	As for Level 1. In addition, primarily provides planned ambulatory care for healthy children. Can provide low risk acute care and treatment to a child.	As for Level 1. In addition, access to accredited medical practitioner (may be on call)	As for Level 1. In addition, registered medical practitioner or specialist delivering services. Healthcare practitioners include, but not limited to, medical practitioners, registered nurses, nurse practitioners, registered midwives and lactation consultants, enrolled nurses and allied health professionals. Minimum one staff member on-site each shift trained in advanced life support.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, provides definitive planned and unplanned ambulatory and/or inpatient care for children and may provide subspecialty ambulatory referral system. Inpatient services usually treat single-system disorders for children with low-acuity medical conditions. Allocated bed area or bay of inpatient children's beds available. Capable of providing advanced life support for children and can stabilise children who require transfer to higher level of service.	As for Level 2. In addition, members of multidisciplinary team suitably qualified and experienced in general paediatric principles and practice. No children admitted to general intensive care beds, except for stabilisation prior to transfer. May provide some visiting specialist ambulatory services. Designated paediatric ward/area where children and adolescents are physically separated from adult patients. Access to audiology services Access to allied health services for children including physiotherapy, occupational therapy, speech pathology, dietetics, mental health and social work.	As for Level 2. In addition, medical practitioner available 24 hours. Nursing staff levels in accordance with the relevant industrial instruments. Suitably qualified and experienced registered nurse in charge of each shift. Other suitably qualified and experienced nursing staff appropriate to service being provided. Access to allied health professionals (including dieticians, occupational therapists, physiotherapists, psychologists, speech pathologists or social workers), as required.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provides ambulatory and/or inpatient care. Provides multidisciplinary team approach to broad range of conditions (e.g. developmental assessment teams). Inpatient service provides designated children's ward, and all children up to age of 14 years should be admitted to children's ward (flexibility with adolescents should be exercised). All admitted infants of less than 3 months of corrected age must be involved with paediatric medical services team on admission.	As for Level 3. In addition, multidisciplinary team approach used in care / treatment of children including community based multidisciplinary team. Documented processes between ambulatory and inpatient children's medical service teams. Paediatric support for emergency departments where emergency department located on-site. Access to lung/respiratory function assessment services. May provide non-invasive ventilation care.	As for Level 3. In addition, designated registered medical specialist with credentials in paediatrics as lead clinician responsible for clinical governance of children's medical services. Access 24 hours to registered medical specialist with credentials in paediatrics. Medical practitioner dedicated to paediatrics on-site during business hours and accessible after hours. Suitably qualified and experienced nurse manager. All registered nurses working within service trained in paediatric life support. Access to lactation consultation. Access to allied health professionals with relevant qualifications and experience in children's service delivery (including but not limited to, dietician, occupational therapist, physiotherapist, speech pathologist and social worker).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provides definitive ambulatory and/or inpatient care with some subspecialty services available. Service provided separately from neonatal services with access to Level 5 neonatal service. Specialised Paediatric Inpatient Unit with medical, surgical, intensive care and neonatology sub-specialty services available.	As for Level 4. In addition, on-site paediatric ICU and neonatal ICU. On-site paediatric surgeons and specialist anaesthetics (paediatric). On-call paediatric surgical and ICU specialists available 24 hours. On site school facility. Multidisciplinary team members experienced, and have advanced knowledge and skills in delivery of children's services pertaining to specialty / subspecialty area (e.g. children's surgical service). Well-developed, dedicated, child development specialist service. Designated close observation care area / beds managed by paediatric specialists. Designated children's-specific day-stay treatment area. Well-developed children's ambulatory service, which may be provided in standalone environment.	As for Level 4. In addition, paediatric surgical, anaesthetics, intensive care, neonatology and mental health medical subspecialists. Medical practitioners (on-site 24 hours. Dedicated child development registered medical specialist with credentials in paediatrics supports ambulatory child development service. Nursing staffing levels in accordance with the relevant industrial instruments. Extended hours access to Physiotherapy and Social Work, and other disciplines where indicated for specialist patient groups.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provides most complex medical services to children. Sub-specialties include adolescent medicine, cardiology, child development, child protection, clinical genetics, community child health, dermatology, endocrinology, gastroenterology, general paediatrics, infectious diseases, immunology, medical imaging, metabolic medicine, nephrology, neurology, oncology and haematology, palliative care, pathology, rehabilitation medicine, respiratory medicine, rheumatology and transplantation medicine – where appropriate, specialties accessible 24 hours a day. Supports children's Level 6 surgical, intensive care, emergency and child and youth mental health services. Supported by appropriately staffed Level 6 paediatric intensive care service, and equipped for retrieval support 24 hours a day.	As for Level 5. In addition, multidisciplinary team members have demonstrated experience, and advanced knowledge and skills, in children's services pertaining to specific specialty and/or subspecialty area/s. Adolescent-based ambulatory service with defined transition to adult service. Designated adolescent inpatient service with appropriately trained and experienced nursing staff. Children's pain-management service. Links with all other children's services, ensuring care is provided locally in coordinated manner. Links with Level 6 neonatal services, in particular, maternal foetal medicine services. Active in the development and implementation of clinical guidelines for children.	As for Level 5. In addition, lead clinician responsible for clinical governance of medical services with qualifications in paediatrics. Lead clinicians in all specialty units. Senior registrar with significant role in junior staff management and leadership. Accessible service provided 24 hours for all specialties where clinically relevant. Nursing staff levels in accordance with the relevant industrial instruments. Suitably qualified and experienced nursing leader/s. All specialties have designated children's specialist nurse. Suitably qualified and experienced designated nurse manager to all service units.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5

5.5 Part E: Mental Health

Drug & Alcohol

RDL	Drug & Alcohol Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides general drug and alcohol services by community health staff and general practitioners.	Information, risk assessment and referral is provided by community health staff and general practitioners. Service provides information, counselling and referral to specialist services	Medical practitioner. Visiting community nursing and / or allied health staff with specialist knowledge and skills in alcohol and drugs treatment and support.	N/A
2	As for Level 1. In addition, outpatient assessment and brief intervention.	As for Level 1. In addition, provides pharmacotherapy for opioid dependence.	As for Level 1. In addition, general practitioners and/or medical officers accredited to provide pharmacotherapy for drug dependence, including opioid dependence. Access to specialist allied health drug and alcohol service providers	• Laboratory – RDL3 • Pharmacy – RDL4
3	As for Level 2. In addition, provides inpatient and outpatient detoxification and support services for low risk patients.	As for Level 2. In addition, counselling and support for families and significant others affected by drug use	As for Level 2. In addition, management supervised by health professionals with specific drug and alcohol experience/training. Access to allied health professional services	• Laboratory – RDL4 • Pharmacy – RDL4
4	As for Level 3. In addition, comprehensive, multidisciplinary, extended hours alcohol and drug treatment services on-site, including medical detoxification for patients with multiple drug dependencies.	As for Level 3. In addition, specialist assessment and treatment provided by multidisciplinary addiction medicine team. Access to alcohol and drug residential rehabilitation services. Inpatient beds suitable for patient detoxification	As for Level 3. In addition, specialist alcohol and drugs multidisciplinary team available on-site Access on-site to specialist mental health services.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
5	As for Level 4. In addition, full range of alcohol and drug assessment and treatment services including assessment for brain injury, management of drug related brain injury, clinical supervision of staff, public education and prevention activities.	As for Level 4.	As for Level 4.	• Laboratory – RDL4 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
6	As for Level 5.	As for Level 5.	As for Level 5. In addition, nursing staff with appropriate post graduate qualifications and/or experience in drug and alcohol nursing on most shifts	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

Psychiatry (Child & Adolescent, Women and Adults)

RDL	Psychiatry Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Provides mental health care to low complexity mental health patients.	Admission and management by general practitioner or other medical officers Capacity to cope with acutely unwell pending transfer Limited assessment and treatment for severe and persistent mental health conditions Limited access to mental health multidisciplinary team.	General practitioner or other medical practitioner Limited access to mental health multidisciplinary team. Visiting allied health staff with specialist knowledge and skills in mental health treatment and support. Nursing staff with appropriate post graduate qualifications and/or experience in mental health nursing. Access to psychiatrist (via telehealth)	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3
4	As for Level 3. In addition, provides mental health care to moderate complexity mental health patients. It has the capacity for dedicated mental health treatment as inpatients.	As for Level 3. In addition, inpatient mental health treatment.	As for Level 3. In addition, multidisciplinary staff available 24 hours, on call.	• Laboratory – RDL4 • Pharmacy – RDL4 Medical Imaging – RDL3
5	As for Level 4. In addition, capability of providing mental health care to low, moderate and high complexity mental health patients. Capacity to provide involuntary mental health treatment.	As for Level 4. In addition, capacity for involuntary/authorised mental health treatment. May have secure mental health unit. Comprehensive multidisciplinary team available on-site.	As for Level 4. In addition, comprehensive multidisciplinary team routinely available on-site.	• Laboratory – RDL5 • Pharmacy – RDL4 • Medical Imaging – RDL3 • HDU – RDL4 • OT – RDL3 • Anaesthesia – RDL3
6	As for Level 5. In addition, capability of providing mental health care for patients who present with the highest level of mental health risk and complexity. This service provides mental health care 24 hours.	As for Level 5. In addition, Assessment and treatment for complex mental health conditions. Secure mental health unit. Psychiatric intensive care service on-site.	As for Level 5.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU - RDL5 • OT – RDL4 • Anaesthesia – RDL4

6. Acknowledgements

This RDL and Framework incorporates parts of common methodology, terminology and concepts which are used in health services and facility planning including the following:

American Medical Directors Association, 2010. Transitions of Care in the Long-Term Care Continuum Clinical Practice Guideline.

Ministry of Health Singapore, 2015. Intermediate and Long-Term Care Guidelines

Department of Health, Queensland Government, 2016. Clinical Services Capability Framework.

South Australia Health, 2016. Clinical Services Capability Framework

Department of Health & Human Services, Tasmania, 2015. Tasmanian Role Delineation Framework.

New South Wales Ministry of Health, 2016. NSW Health Guide to the Role Delineation of Clinical Services.

Ministry of Health New Zealand, 1993. Guide to the Role Delineation of Health Services in New Zealand.

We acknowledge the collective contribution of the above documents to the overall development of the role delineation concept and methodologies.