Orientation resource for medical practitioners engaged in Queensland Health

Updated January 2017
Acknowledgements

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Orientation resource for medical practitioners engaged in Queensland Health
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An electronic version of this document is available at http://qheps.health.qld.gov.au/medical-workforce/content/orientation-resource.htm

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Welcome to the Queensland public health system

Congratulations. You are beginning a challenging and very rewarding career in the Queensland public health system. The Department of Health recognises that provision of appropriate orientation for medical practitioners is critical in assisting to understand the complexities and requirements for a successful transition into a Queensland public health facility.

Commencing a new position can be very challenging and in response to the challenge the Department of Health has developed this information resource to support your integration into Queensland Health.

This resource is intended to provide a useful and informative overview of the Australian healthcare and the Queensland Health system. The resource will also help you to understand Queensland Government’s vision of:

- promoting wellbeing by improving the health of Queenslanders, through concerted action to promote healthy behaviours, prevent illness and injury to address the social; determinants of health
- delivering healthcare by improving access to quality and safe healthcare in its different forms and settings
- connecting healthcare by making the health system work better for consumers, their families and communities by tackling funding, policy and delivery barriers
- pursuing innovation by developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care.

The Department of Health recognises the valuable contribution to health services, which you, as part of our skilled medical workforce will make. Every day, these contributions not only affect the health outcomes of individuals, but it also impacts the health of the community and the sustainability of the entire health system.

I trust that you will find the Queensland public health system an exciting and rewarding place to work and discover opportunities for professional and leadership development.

I wish you all the best as you start your new position.

Dr Jeannette Young
Chief Health Officer and Deputy Director- General
Prevention Division
About this resource

This orientation resource has been written as an introduction for all medical practitioners who are new to Queensland Health. A separate Section is included specifically for International Medical Graduates (IMGs) who are new to Australia and may require more detailed information. Australia’s health system is complex and can be confusing. It is funded and administered by several layers of government and complemented by many private organisations.

To assist with the understanding of the health system's complexities this resource provides Queensland-based medical practitioners with a general overview of the Australian healthcare system; working and living in Queensland. Due to the volume of material, the information on many subjects is not provided in detail. Instead, information is provided so that you can research subjects of particular interest. Also, due to the ever changing environment we would urge you to check all websites and relevant entities to ensure you have the most current information.

The resource covers the key areas in which a medical practitioner is required to have a basic knowledge and understanding, in order to transition to a safe and effective clinical practice in the Queensland public health system.

The Resource is structured into nine sections:

Section 1 Healthcare system in Australia
Section 2 Working as a medical practitioner in Queensland
Section 3 Introduction to the Queensland Public Health System
Section 4 Legislation and professional practice
Section 5 Rural and remote health services in Queensland
Section 6 Aboriginal and Torres Strait Islander health and cultural capability
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Appendix Abbreviations

Additional sources (contact telephone numbers, website addresses) are also included for quick and easy access to information.

We wish you well using this resource and hope that it makes your arrival and integration into the Queensland public health system easier and more enjoyable.

Please note that some internal websites (QHEPS) can only be accessed while logged into Queensland Health computers.
Section 1: Healthcare system in Australia

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The Organisation for Economic Co-operation and Development (OECD), *OECD Reviews of Health Care Quality: Australia, 2015*, defines the Australian health system as a complex mix of federal and state government funding and responsibility, interspersed with services delivered through the public and private sectors. Adding to its complexity is the nation’s size, and the challenges of meeting the needs of people living in areas of extreme remoteness.

**Health services funding overview**

The Australian Institute of Health and Welfare describes health as an expensive business. In 2011-12, health expenditure in Australia was estimated at $140.2 billion, or 9.5 per cent of gross domestic product (GDP), compared with $82.9 billion in 2001-02 and $132.6 billion in 2010-11. Almost 70 per cent of total health expenditure during 2011-12 was funded by governments, with the Commonwealth Government contributing 42.4 per cent and state and territory governments 27.3 per cent. The remaining 30.3 per cent ($42.4 billion) was paid for by patients (17 per cent), private health insurers (8 per cent) and accident compensation schemes (5 per cent).

Broadly the Commonwealth Government has responsibility for:

- Medicare, the national scheme which provides free or subsidised access to clinically relevant medical, diagnostic and allied health services as specified in the Medical Benefits Schedule (MBS). See section 1.2 for further information.
- Pharmaceutical Benefits Scheme (PBS) which subsidises universal access to thousands of prescription medicines. See section 1.2.9 for further information.
- the purchase of specific vaccines for the national immunisation program.
- rebates for private health insurance premiums and regulation of private health insurers. See section 1.4 for further information.
- veterans’ health care through the Department of Veterans’ Affairs (DVA). See section 3.13.11 for further information.
- subsidies for aged care services, such as residential care and regulation of the aged care sector
- funding for community-controlled Aboriginal and Torres Strait Islander primary healthcare organisations. See Section 6 for further information.
- education of health professionals (through Commonwealth-funded university places)
- regulation of therapeutic goods and medical devices through the Therapeutic Goods Administration (TGA)
- expanded after-hours GP and primary care services through Primary Health Networks (section 1.2)

**The State Government**

States and Territories are primarily responsible for the delivery and management of public sector health services and for maintaining direct relationships with most healthcare providers. The state and territory governments, such as the Queensland Government, are the largest providers (or deliverers) of health services including:

- management and administration of public hospitals
- funding and management of community and mental health services
- delivery of preventive services such as breast cancer screening and immunisation programs
- ambulance and emergency services
- public dental clinics
- patient transport and subsidy schemes
- food safety and handling regulation and
- regulation, inspection, licensing and monitoring of health premises.

For further information on the above healthcare expenditure refer to: 

Public health services are funded and provided by all levels of government: local, state and territory and the Commonwealth Government.

**The Commonwealth Government**

The Commonwealth Government has a leadership role in policy making and with national issues such as public health, health reform, research and national information management. They are the largest funding provider of healthcare in Australia.
The Local Government

Local government is primarily responsible for making decisions on local, town or city matters which may include participation in health-related issues (for example, public health surveillance and action, local health promotion initiatives, water fluoridation etc).

For further information refer to:

1.1 Public Healthcare System in Australia

1.1.1 How is the health system funded?

Medicare is a program which offers all Australian citizens and eligible residents free or subsidised access to healthcare services. Medicare is Australia’s universal health insurance scheme as it aims to allow Australians access to healthcare when they need it at minimal or no cost.

The objectives of Medicare are to:
• provide a high quality of care
• make healthcare affordable for all Australians
• give all Australians access to healthcare services, prioritised on clinical need and not on the ability to pay.

Under the Health Insurance Act 1973, a patient is eligible for Medicare benefits if they:
• meet the definition of either an Australian resident or an eligible overseas representative
• have been declared eligible by a Ministerial Order
• are a visitor from a country with which Australia has signed a Reciprocal Health Care Agreement (RHCA)

Medicare provides access to a range of medical services, lower cost prescriptions and free care as a public patient in a public hospital. All eligible Australian residents and certain categories of visitors to Australia can enrol in Medicare and access these services.

The Department of Human Services administers Medicare and pays Medicare benefits on behalf of the Department of Health, which is responsible for developing Medicare policy.

For eligible patients, Medicare covers:
• free or subsidised treatment by health professionals such as medical practitioners, specialists, optometrists, and in specific circumstances, dentists, and other allied health practitioners
• free treatment and accommodation for public Medicare patients in a public hospital

• 75 percent of the Medicare Schedule fee for services and procedures if you are a private patient in a public or private hospital – this does not include hospital accommodation and items such as theatre fees and medicines

The Department of Human Services pays Medicare benefits in accordance with the legislation governing Medicare and is not able to pay benefits outside of this legislation.

For further information refer to:

1.1.2 Medicare Benefits Schedule

The MBS is a listing of the medical services subsidised by the Australian Government. The MBS lists a wide range of consultations, procedures and tests, and the Schedule fee for each of these items (for example, an appointment with a GP or blood tests to monitor a patient’s cholesterol level)

The schedule is part of the wider Medicare Benefits Scheme managed by the Department of Health and administered by the Department of Human Services.

The MBS can be accessed through the MBS online which contains the latest MBS information and is updated as changes to the MBS occur.

For a full list of included and non-included services refer to the Medicare website:

1.1.3 Schedule fee

The schedule fee is a set amount which Medicare pays toward the cost of private/community medical services. The most common use of the schedule fee is when patients visit their general practitioner. However the general practitioner, if they choose, may charge any amount above the schedule. The patient must pay the gap or difference between the schedule fee and the total amount the doctor may charge. This amount can vary between practices.

1.1.4 The Medicare levy

To help fund the Medicare scheme, any persons who are employed in Australia and pays income tax must pay a Medicare Levy. The Medicare levy payable is based on your taxable income and is in addition to any other income tax payable. Normally, your Medicare levy is calculated at 2 per cent of your taxable income but this rate may vary depending on your circumstances.
You may qualify for an exemption from paying the Medicare levy if you were in any of the following three exemption categories at any time in the year:

- **Category 1:** Medical exemption
- **Category 2:** Foreign and Norfolk Island residents
- **Category 3:** Not entitled to Medicare benefits eg. if you were not an Australian citizen

For further information refer to:  
www.ato.gov.au/Individuals/Medicare-levy

If you qualify for an exemption you need to advise the Australian Tax Office (ATO) when you complete your tax return.

For more information on completing your tax return, refer to the information on taxation under Section 8.2 — Financial considerations for living in Queensland.

### 1.1.5 The Medicare levy surcharge

Individuals and families on higher incomes who do not have private hospital insurance may have to pay the Medicare levy surcharge (MLS).

Different Medicare levy surcharge thresholds and rates apply to individuals and families. The ATO use a special definition of income (called income for MLS purposes) to determine whether you are liable to pay the Medicare levy surcharge and the rate you will have to pay.

For more information refer to:  
www.ato.gov.au/Individuals/Medicare-levy

### 1.1.6 Bulk billing arrangements by medical practitioners

In Australia, doctors may direct bill (also known as bulk billing). This allows a doctor to charge Medicare directly, accepting the Medicare benefit as full payment. Patients will pay nothing when bulk billing occurs. Patients must sign a completed form (after the consultation with the doctor, not before) and be given a copy of the form. Some doctors may issue patients with an account, which they pay and then claim the benefit from Medicare. Rebates may also be paid directly into the patient’s bank account if arranged. Alternatively, if the service provider allows, the patient may take the account payable to Medicare. Medicare will send a cheque payable to the doctor, which the patient then sends to the doctor along with any outstanding amount. Contact Medicare directly on 132 011 for more detailed information about the options or refer to their website:

For more information refer to:  

### 1.1.7 Reciprocal Healthcare Agreements

Although overseas visitors holidaying in Australia are generally not entitled to access Medicare, there are exceptions in the case of visitors from those countries that have a RHCA with Australia. Under these agreements access is available to limited subsidised health services for medically necessary treatment while visiting Australia. Most agreements are time limited.

Medicare will not cover:

- medicines not subsidised under the PBS
- dental work and allied health services
- treatment arranged before your visit to Australia
- accommodation and medical treatment in a private hospital
- accommodation and medical treatment as a private patient in a public hospital.

For further information refer to:  

### 1.1.8 Pharmaceutical Benefits Scheme

The PBS is a system which subsidises or reduces the cost of most prescription medicines. The subsidies are available to all Australian residents and eligible foreign visitors, whose countries have a Reciprocal Healthcare Agreement with Australia. The aim of the PBS is to provide reliable and affordable access to a large range of necessary medicines.

The Schedule of Pharmaceutical Benefits — referred to throughout as the “Schedule” — lists all of the medicines available under the PBS and explains how they can be used in order to obtain a subsidy.

The schedule is now online and updated on a monthly basis. This online searchable version contains:

- all of the drugs listed on the PBS
- information on the conditions of use for the prescribing of PBS medicines
- detailed consumer information for medicines that have been prescribed by your doctor or dentist
- what you can expect to pay for medicines.

For further information refer to:  
www.pbs.gov.au/pbs/home

### 1.1.9 PBS prescribing

Pharmaceutical benefits can only be prescribed by doctors, dentists, optometrists, midwives and nurse practitioners who are approved to prescribe PBS medicines under the *National Health Act 1953*. 
A guide for medical practitioners when writing a PBS prescription in public hospitals is available at:

Medication Services within Queensland is discussed in 3.12.4. Section 3.12.4 also includes the link to the NPS Medicineswise on-line training on how to prescribe medicines on the National Inpatient Medication Chart (NIMC). The NIMC is used in all Queensland public hospitals.

For further information refer to:
www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_2_Explanatory_Notes

1.1.10 Patient charges

There are two types of patients under the PBS — general patients and concessional patients.

General patients hold a Medicare card whilst concessional patients hold a Medicare card plus one of the following cards issued by Centrelink: pensioner concession card; healthcare card; DVA White, Gold or Orange card (also called repatriation health cards); Commonwealth Seniors Health Card.

For more information on DVA concession cards refer to Department of Veterans’ Affairs section in Section 3.13.11 — Government and non-governmental referral agencies.

For further information refer to:
www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_4_Explanatory_Notes

1.1.11 PBS Safety Net

A safety net arrangement applies when the total amount which a patient must pay for medications (or the total co-payments) in a calendar year reaches a certain limit. From that time until the end of the calendar year, the co-payment for each medication reduces to a smaller amount.

After reaching the Safety Net threshold, general patients pay for further PBS prescriptions at the concessional co-payment rate and concession card holders are dispensed PBS prescriptions at no further charge for the remainder of that calendar year. In order to access the Safety Net arrangements, a patient is required to maintain records of their PBS expenditure on a Prescription Record Form. These are available from all pharmacies.

The safety net arrangements are reviewed in January of each year.

For further information refer to:
or seek advice from your pharmacy or the pharmacy department in your hospital.

1.1.12 Provider and prescriber numbers

Medicare Australia allocates Medicare provider and prescriber numbers to medical practitioners where they meet the eligibility requirements. These numbers have distinct and separate uses.

Your local medical administration can clarify issues and help you through the process of obtaining provider and prescriber numbers.

Provider numbers

Your provider number is used to identify you as a medical practitioner by Medicare Australia. It is not illegal to work without a provider number, however if you do not have one, patients are not able to receive a rebate from Medicare for the services you provide.

A Medicare provider number may allow you to:
• raise referrals for specialist services, and
• make requests for pathology or diagnostic imaging services.

If you satisfy the legislative requirements, a provider number may also be used to:
• attract Medicare rebates for professional services rendered (that is, treat private patients).

A Medicare provider number does not automatically allow you to attract Medicare rebates for your services. You should ask your employer which level of Medicare access for a provider number you need.

A Medicare provider number uniquely identifies both you and the place you work. The provider number is allocated through application to Medicare Australia.

You will receive a separate provider number for every location in which you work therefore if you work in many locations you will have many provider numbers. Once a provider number has been allocated to you for a particular location or hospital, you are able to see patients using that number from that address. You can then bill patients using item numbers from the MBS and Medicare will provide the relevant subsidy to your patient. This number is used to monitor a doctor’s treatment and claiming patterns.

It is your responsibility to ensure that the details relating to your provider number are updated and to apply for a new number if necessary. A provider number may be obtained from Medicare Australia through the provider liaison office. A useful contact number is 132 150.

An application form can be obtained from:
www.humanservices.gov.au/health-professionals/forms/hw019

Applications must be submitted at least 28 days before they are required and may take some time to complete.
Prescriber numbers

A prescriber number is issued to all doctors and must be included on prescriptions (medication orders) when prescribing PBS medicines for patients. This number is allocated as part of the application process for your first provider number. This number is used to monitor a doctor’s prescribing patterns.

Unlike the provider number the prescriber number is unique. You will not receive different numbers for different locations or times. You will use this number permanently.

If you forget your prescriber number it may be obtained from Medicare Australia on 132 150 (prescriber clerk). New medical practitioners are encouraged to attend a short educational course (approximately three hours) on issues such as claims, accounts, the MBS and PBS. Further advice can be obtained by phoning Medicare Australia on 132 150.

Medicare Australia has developed online e-learning modules for health professionals which can be viewed at the following website:

www.pbs.gov.au/pbs/home

1.2 Primary Health Networks

On 1 July 2015, 31 Primary Health Networks (PHNs) were established to increase the efficiency and effectiveness of the coordination of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

PHNs work directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients.

The Commonwealth Government has agreed to six key priorities for targeted work by PHNs. These are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.

There are seven Primary Health Networks in Queensland:
- Brisbane North
- Brisbane South
- Gold Coast
- Darling Downs and West Moreton
- Western Queensland
- Central Queensland, Wide Bay, Sunshine Coast
- Northern Queensland

For further information about PHNs refer to:


1.3 Healthcare Regulation

In order to ensure that healthcare provided in Australia is of the highest quality, the health sector is regulated in many ways by both the government and statutory authorities. Some of the ways in which healthcare is regulated in Australia includes the requirement that:

- certain health professionals are registered with their professional national board
- every health service provider is accredited against a stringent set of quality standards and criteria.

1.3.1 Health professional regulation

On 1 July 2010 the National Registration and Accreditation Scheme (NRAS) was established. Fourteen health professions are regulated by a nationally consistent legislation under the NRAS.

The Australian Health Practitioner Regulation Agency (AHPRA) supports the 14 National Boards that are responsible for regulating the health professions. The primary role of the National Boards and AHPRA is to:

- protect the public and set national standards and policies that all registered health practitioners must meet
- manage complaints and notifications about health practitioners (A co-regulatory arrangement is in place in Queensland, please refer to Section 4.5.2, Queensland Office of the Health Ombudsman)
- register approximately 630,000 health practitioners and publish an online register of these health practitioners
- provide training and accreditation education
- facilitate a mobile health workforce.

For further information refer to:

www.ahpra.gov.au

1.4 Private healthcare system in Australia

The private health care system provides services including but not limited to private hospitals, day hospitals, medical practices, medical imaging, allied health services, pharmacies and many other health services.

The Commonwealth Government is looking increasingly to the private sector to assist in the provision of public health care services through the contracting of specific services.

A large network of private hospitals and day surgeries exists in Australia. Some of these hospitals are for-profit private organisations and some are not-for-profit religious organisations. All are privately funded through payment for medical services by the patients themselves, by insurers and by Governments through national health insurance programs.
The Australian Private Hospitals Association is the peak national body representing private hospitals and day surgeries.

For further information refer to:
www.apha.org.au

1.4.1 Private Health insurance

Australia’s health system is sometimes described as a ‘mixed system’, because the private system in most cases operates parallel services with the public system.

Australian permanent residents and citizens may be provided with coverage by private health insurance for some or all of the costs of being a private patient either in a public or private hospital. Depending on the level of cover negotiated with a Health Fund it may also contribute to the costs of health services not covered by Medicare, such as dental treatment, chiropractic treatment, home nursing, podiatry, physiotherapy, occupational and speech therapy, optical services, prostheses and other ancillary services.

Private health insurance is optional in Australia. There are many health insurance companies that offer a variety of insurance options for your selection.

To assist with the decision making process the following websites are available that offer current and factual information to assist in understanding health insurance.

- Choosing a Health Insurance Policy

- Private Health Insurance – things to consider when looking into private health insurance.

- 10 Golden rules of Private Health Insurance

- Waiting periods for Health Insurance

- Fact sheet on Doctors’ Bills

A list of health funds registered under the Private Insurance Act 2007 is available at:

For further information refer to:
www.privatehealth.gov.au
2. Working as a medical practitioner in Queensland

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This section of the orientation resource will provide essential and supportive information specifically related to your employment as a medical practitioner in a hospital and health service (HHS).

2.1 Medical Career Structure

There are a variety of career paths medical officers can take within Queensland Health.

*Resident medical officers (RMO)*

**Intern:** a medical practitioner who holds provisional registration with the Medical Board of Australia (MBA) authorising an appointment as such under the *Health Practitioner Regulation National Law Act 2009*. Interns are medical graduates who have been accepted into an intern training program under the supervision of their employing hospital. Generally, this will be the first year of practice following completion of a medical degree. In this year interns must successfully complete various rotations under clinical supervision.

**Junior house officer (JHO):** 2nd post graduate year. A JHO is a medical practitioner in their first year of service after obtaining general registration as a medical practitioner.

**Senior house officer (SHO):** 3rd post graduate year. A SHO is a medical practitioner in the second or subsequent years of practical experience after obtaining general registration as a medical practitioner and who has not been appointed as a registrar or principal house officer. These RMOs work in teams led by senior medical staff and may be further supported by registrars in specific clinical specialties.

**Principal house officer (PHO):** 3rd and subsequent post graduate years. A PHO is a medical practitioner appointed as such and is not undertaking an accredited course of study leading to a higher medical qualification. A PHO position is otherwise an equivalent level to registrar.

**Registrars:** medical practitioners who have been accepted into an accredited specialist training program in a clinical specialty with an accredited college.

**Senior Registrars:** medical practitioners who have a specialist registration with the MBA and are undertaking an accredited course of study leading to a higher medical qualification.

**Provisional Fellowship Year (PFY):** is a registrar who has finished and is required to do a Fellowship Year before they can get specialist registration. This is a requirement of some Colleges. It can be a personal choice to undertake a PFY.

Generally all of the above medical staff are employed on 12 month temporary contracts and must apply for positions on an annual basis.

*Senior medical officers (SMOs)*

SMOs include general practitioners (GPs) and staff specialists and can be appointed to work:

- generally (non-specialist) – medical practitioners who are not qualified in a speciality, but working in a speciality under the supervision of a specialist.
- in a staff grade position – medical practitioners who may be qualified in another jurisdiction. IMGs maintain the title of the staff grade position until fellowship is granted by the relevant Australian specialty college.

Roles include:

**IMGs offered a staff grade position** must obtain registration through the MBA. Support must be provided from the relevant Australian medical specialty college using the Australian Medical Council (AMC) overseas trained specialist assessment pathway.

For further information refer to: www.amc.org.au/assessment/pathways/specialist

**Clinical managers and Medical managers** are SMOs who receive an allowance for undertaking clinical or medical management responsibilities.

**Medical officers/Medical superintendents with right of private practice (MOPP / MRPP)** are medical practitioners who work in smaller rural public hospitals. They provide services to the hospital as well as having their own private practice in the town.

**Visiting medical officers (VMOs)** are specialists or general practitioners who have their own private practice and who choose to consult within public and private hospitals on a part time basis.

2.1.1 RMO Recruitment Campaigns

Queensland Health facilitates annual campaigns to recruit resident medical officers and registrars for positions in hospital and health services across the state. Even if you are on, or applying for a training program, you still also need to apply for a registrar position via the Queensland Health RMO campaign each year. This formalises an employment contract with Queensland Health and (where relevant) indicates that you intend to apply for a training position.

The campaigns open around May/June each year for positions in the following medical year, with applications accepted for the following positions:

- Interns
- Junior House Officers (JHO)
- Senior House Officers (SHO)
- Principal House Officers (PHO)
- Registrars
Applications for these positions are lodged via a single, central online application portal which allows applicants to nominate specific preferences for positions, facilities and specialty/sub-specialty areas (if applicable).

For further information refer to:

2.1.2 Queensland Rural Generalist Pathway

The Queensland Rural Generalist Pathway (QRGP), hosted by the Darling Downs Hospital and Health Service, provides medical graduates with a supported training pathway to a career in rural medicine; and rural and remote communities with a skilled medical workforce.

See Section 5.1.2 for further information.

2.2 Accreditation and registration bodies

2.2.1 Australian Medical Council

The Australian Medical Council (AMC) is an independent national standards body for medical education and training. The purpose of the AMC is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The AMC’s functions are to:
• assess medical courses and training programs (both medical school courses and the medical specialty training program) and accredit programs which meet AMC accreditation standards
• advise the MBA on uniform approaches to the registration of medical practitioners and the maintenance of professional standards in the medical profession
• assess the case for and advise the Commonwealth Government on the recognition of medical specialties
• assess overseas qualified medical practitioners seeking registration who wish to practise medicine in Australia.

For further information refer to:
www.amc.org.au/about

2.2.2 Registration – Medical Board of Australia

All medical practitioners who work in Queensland are required to be registered with the MBA. This includes registration for:
• medical practitioners who completed their medical degrees in Australia
• medical practitioners who completed their medical degrees in a country other than Australia.

The MBA has a number of other functions detailed in the Health Practitioner Regulation National Law Act 2009 (the national law) including the development of standards, codes and guidelines to provide guidance to medical practitioners.

Under the national law, there is a range of registration categories under which a medical practitioner can practise medicine in Australia:
• general registration
• specialist registration
• provisional registration
• student registration
• limited registration
• non-practising registration.

General registration

General registration is available to medical practitioners:
• who have completed a medical degree and an approved internship in Australia or New Zealand
• medical practitioners who have previously held general registration and are seeking to return to practice
• International Medical Graduates (IMGs) who have qualified outside of Australia or New Zealand and who have completed the requirements of the Competent Authority or Standard Pathways.

For the list of specialties refer to:

Provisional registration

Provisional registration is available to persons required to complete a period of approved supervised practice, such as an internship, to become eligible for general registration. Intern positions are approved by the MBA and have been accredited against approved accreditation standards by postgraduate medical councils.

Australian and New Zealand medical school graduates must apply for provisional registration so that they can undertake a period of approved intern training in order to become eligible for general registration. After satisfactorily completing 12 months of an approved intern position, registrants are eligible to apply for general registration.
AMC certificate holders apply to IMGs who have successfully completed all components of the AMC examinations or the AMC standard pathway. Certificate holders are eligible to apply for provisional registration so they can undertake 12 months of approved supervised practice or undertake some or all of the supervised practice while holding limited registration in order to meet the requirements for general registration.

Applicants who meet the eligibility requirements for the competent authority pathway are eligible to apply for provisional registration so they can undertake a 12 month period of approved supervised practice to meet requirements for general registration.

For further information refer to: www.medicalboard.gov.au/Registration/Types/Provisional-Registration.aspx

**Limited registration**

Limited registration is available to medical practitioners whose medical qualifications are from a medical school outside of Australia or New Zealand. Applicants must be able to demonstrate they have completed a medical curriculum of at least four academic years, which leads to an entitlement to registration in the country issuing the medical degree.

Types of limited registration are:
- postgraduate training or supervised practice
- Area of Need
- teaching or research
- public interest.

Refer to Section 7 – IMG for detailed information

**Non-Practising Registration**

This type of registration is suitable for medical practitioners who:
- have retired completely from medical practice
- are not practising temporarily (e.g. on maternity or paternity leave)
- who are not practising in Australia but are practising overseas.

For further information refer to: www.medicalboard.gov.au/Registration/Types/Non-Practising-Registration.aspx

**Registration renewal**

The MBA can grant up to 12 months registration. The registration renewal date for medical practitioners with general, specialist and non-practising registration is 30 September. The registration renewal date for practitioners with limited or provisional registration is determined on a case by case basis.

For further information refer to: www.medicalboard.gov.au/Registration/Registration-Renewal.aspx

### 2.2.3 Medical Board Standards

Registration standards define the requirements that applicants, registrants or students need to meet to be registered and to maintain that registration. The MBA has developed the following registration standards:

For further information refer to: www.medicalboard.gov.au/Registration-Standards.aspx

### 2.2.4 Australian Health Practitioner Regulation Agency

As a medical practitioner in Queensland, you must be registered with the Australian Health Practitioner Regulation Agency (AHPRA), who is the organisation responsible for the implementation of the National Registration and Accreditation Scheme (the National Scheme) across Australia. AHPRA provides administrative support to the MBA and the other national boards which are responsible for regulating the 14 health professions. AHPRA:
- is available to the public
- works with the health complaint entities in each state and territory to make sure the appropriate organisation investigates community concerns about individual registered health practitioners
- supports the boards in the development of registration standards, and codes and guidelines
- provides advice to the Ministerial Council about the administration of the National Registration and Accreditation Scheme (NRAS).

Applications for registration and renewal of registration are processed by AHPRA which reviews the documentation on behalf of the MBA and supports the MBA in the development of registration standards, codes and guidelines. AHPRA has an office located in Brisbane which is responsible for assisting the operations of the MBA within Queensland.

Health practitioners can contact AHPRA via 1300 419 495.

For further information refer to: www.ahpra.gov.au
2.3 Professional practice and code of conduct

2.3.1 Medical Board of Australia: good medical practice guidelines

The MBA has developed codes and guidelines to guide the profession. These also help to clarify the Board’s expectations on a range of issues.

The document *Good medical practice; a code of conduct for doctors in Australia* (the code) describes what is expected of all doctors registered to practise medicine in Australia. It sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community. The code was developed following wide consultation with the medical profession and the community. This code is aligned with the values of the AMA Code of Ethics and is also consistent with the Declaration of Geneva and the International Code of Medical Ethics, issued by the World Medical Association. This code brings together, into a single Australian code, standards that have long been at the core of medical practice.

Medical practitioners have a professional responsibility to be familiar with and apply the guidelines of the code. This code is not a substitute for the provisions of legislation and case law. If there is any conflict between this code and the law, the law takes precedence. This code is not an exhaustive study of medical ethics or an ethics textbook. It does not address in detail the standards of practice within particular medical disciplines; these are found in the policies and guidelines issued by medical colleges and other professional bodies.

For further information refer to:

2.3.2 Queensland Public Sector

Code of conduct

The *Code of conduct for the Queensland public service* (the Code) is located at the following website:


The Code contains the ethics principles and their associated set of values.

It is an expectation of your employment in the Queensland public health system that you have a working knowledge of the *Code of conduct for the Queensland public service* and that your conduct is in accordance with this code at all times.

2.3.3 Workplace health and safety

The Department is committed in providing a safe, supportive and healthy environment for its staff, volunteers and other persons at the workplace.

For further information refer to:

At each HHS, there are workplace or occupational health and safety officer positions established. Should you sustain an injury from an incident, a workplace incident report should be completed and sent to the designated occupational health and safety officer in your hospital for processing.

For further information refer to:

Note that incidents that could have or did lead to patient harm should be reported via the PRIME system. For additional information in relation to workers’ compensation refer to the injury at work information under section 3.12.14.

*Occupational Violence Prevention*

Occupational violence and aggressive behaviour means any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health. Aggressive behaviour and verbal abuse against healthcare workers will not be tolerated. Queensland Health has implemented a systematic occupational violence prevention and management framework applying appropriate assessments and controls to mitigate and prevent exposure.

For further information refer to:

2.3.4 Workplace harassment, sexual harassment and discrimination

The Department of Health is committed to providing employees with a safe, secure and productive work environment, free from harassment. Appropriate workplace behaviour is the responsibility of every employee. Accordingly, the Department has the following policies and guidelines in place that apply to all employees working for the Department of Health:

*Workplace Conduct and Ethics*

All employees have an obligation to ensure their conduct is appropriate and reflects the principles, values and standards of conduct outlined in the Code of Conduct for the Queensland Public Service.
There are many ethical challenges that employees encounter and deal with in their day to day work and all employees are required to ensure their decisions are ethical and exercise integrity in relationships with others.

For further information refer to:

Anti-discrimination and vilification
All employees are responsible for ensuring the workplace is free from unlawful discrimination and vilification. Discrimination is unlawful under the following grounds:

- sex
- relationship status
- parental status
- pregnancy
- breastfeeding
- age
- race
- impairment
- religious belief or religious activity
- trade union activity
- gender identity
- sexuality
- family responsibilities.

Vilification means that a person must not incite hatred towards, serious contempt for, or severe ridicule of, a person or groups of persons on the grounds of race, religion, sexuality or gender identity of the person. Local guidelines/procedures at HHSs have been developed to ensure employees are aware of their legal obligations, requirements and responsibilities.

For further information refer to:

Workplace harassment and sexual harassment
All employees are responsible for ensuring the workplace is free from harassment and must not engage in any behaviour that could amount to harassment. Workplace harassment is repeated and unreasonable behaviour directed towards a worker or group of workers that creates a risk to health and safety. Sexual harassment occurs when an employee subjects another person to an unsolicited act of physical intimacy or makes an unsolicited demand or request for sexual behaviours. This also includes remarks of sexual connotations and engagement of any other unwelcome conduct of a sexual nature.

Action such a disciplinary action up to and including termination will be taken against employees found to have engaged in behaviour that amounts to workplace harassment and/or sexual harassment.

For further information refer to:

Workplace Bullying
Is repeated and unreasonable behaviour towards an employee/worker or a group of employees/workers that creates a risk to health and safety and can include:

- abusive, insulting, intimidating, offensive language or comments
- unjustified criticism, victimising, complaints or spreading rumours
- deliberately excluding someone from workplace activities
- changing work arrangements to deliberately inconvenience a particular employee.

Employee Complaints
Employees are able to lodge a grievance both informally or formally. All grievances are managed in a way which is open, transparent and fair, and which affords natural justice to all parties involved.

For further information refer to:

2.3.5 Australian Medical Association - Code of ethics

The AMA is an organisation whose members are registered medical practitioners and medical students. The AMA Code of Ethics ‘articulates and promotes a body of ethical principles to guide doctors’ conduct in their relationships with patients, colleagues and society’.

For further information refer to:

The AMA Code of Ethics provides further reading to guide you in the areas of:

- the doctor and the patient
- the doctor and the profession
- professional independence
- the doctor and society.
2.4 Role expectations and responsibilities

As a medical practitioner working in a HHS, you will work in a team that includes the patient, medical staff, allied health staff and nursing staff. Additionally there will be many support staff that you will come across whilst working in the hospital.

2.4.1 Expectations of professional practice

In your role:

• you will play a central role in the day to day management of your patients
• you should expect to perform clinical duties including inpatient and outpatient services ensuring high professional standards are maintained
• you should practise professionally and ethically, in accordance with the expectations of the community, the medical profession and the MBA
• you should liaise with other medical, nursing, allied health and other relevant staff regarding patient management and ensure appropriate communication is maintained with external agencies such as GPs and VMOs
• you should be punctual and courteous and be responsible for your personal health and safety.

2.4.2 Communication/handover

Communication is an essential component of working as a doctor in multidisciplinary teams. Whether you are informing nursing or allied health staff of your wishes or ensuring that other doctors covering your patients/ward know about your patients and are aware of any issues which must be monitored, effective communication is of the highest importance.

Refer to Secton 3.6.4 for further information.

2.4.3 Interactions with nursing staff

Medical officers are encouraged to liaise with nurse managers (NMs), nurse practice coordinators (NPCs), clinical nurse consultants (CNCs) and all nurses of the wards in which they work. The CNCs and NPCs provide invaluable assistance about ward practices and hospital procedures. They are senior members of the hospital staff whose primary role is to ensure that patients receive optimal care. Please talk to them about relevant issues, particularly where you have concerns.

Always treat nursing staff with respect and remember that you share a primary goal—high quality patient care. Listen to their concerns, discuss the rationale for your clinical judgments and keep them informed of your whereabouts.

2.4.4 Discharge planning and communication

Discharge planning should commence as soon as possible after admission as early referrals ensure timely discharges. Planning must take into account:

• the patient’s medical, functional and psychological status, social circumstances and home environment
• the availability of any necessary rehabilitation, social and long term care needs
• patient and family involvement wherever possible.

In planning the discharge of patients, staff should consider the following:

• communication with GPs
• inter-hospital transfer
• interstate transfer
• follow up appointments
• pharmacy requirements
• geriatric assessment (if applicable)
• community health referrals
• domiciliary care
• transport requirements
• the patients’ social situation
• the patients’ home environment and suitability to return home
• the patients’ financial situation
• the patients’ access to services.

The Enterprise Discharge Summary (EDS) is a computerised discharge summary which creates a standard across Queensland’s public hospitals. It improves the way HHSs manage and distribute discharge summaries.

The EDS application uses information from a number of existing specialist systems to create a legible, consistent, electronic discharge summary. It allows the summary to be delivered electronically to general practices in a secure, timely and standardised format.

EDS is part of a HHS’s eHealth journey which aims to deliver information and communications technology (ICT) that will enable clinicians to work together to improve patient outcomes.

For further information refer to:

2.4.5 Discharge transport arrangements/discharge summary

When a patient is discharged it is of the greatest importance that communication, preferably written, be made with the medical practitioner (GP or local medical practitioner) who is to provide the follow up treatment, provided the patient wishes the contact to be made. This ensures the exchange of information, which assists in the management of the patient.
2.4.6 Ward rounds

It is expected that all inpatients are reviewed regularly and information pertaining to their review is documented in the patient’s medical record. It is every treating doctor’s responsibility to ensure that patient medical record entries are accurate and maintained.

2.4.7 Attendance in operating theatres and specialist outpatient clinics

As a medical practitioner part of your responsibilities will include attending operating theatres and outpatient clinics. As these services are reliant on complex time scheduling, it is important that you ensure you are punctual or provide advance notice if you will not be attending.

Operating theatres have specific dress/infection control requirements; refer to your local operating theatre staff member to assist you with requirements.

2.4.8 Best practice/evidence based

As a medical practitioner it is your responsibility to ensure that the treatment of patients is evidence based and best practice. Both evidence based medicine (EBM) and evidence based practice (EBP) assert that making clinical decisions based on best evidence, either from the research literature or clinical expertise, improves the quality of care and the patient’s quality of life. Best practice is a comprehensive, integrated and cooperative approach to the continuous improvement of all areas of healthcare delivery.

2.4.9 Documentation

Each time a patient is seen, you must make a clear and concise entry detailing the presenting problem, the history, the examination findings and the conclusions reached.

Healthcare professionals recording in the patient record are responsible for complete and accurate documentation of the clinical care given, and for the standard of that documentation.

Refer to Section 3.12.4 – How to prescribe on the National Inpatient Medication Chart for further information.

2.4.10 Referral to specialists and specialist services

As a medical practitioner you will be required to write referrals to specialists and specialist services such as diagnostic radiology. Referrals should contain patient details, all relevant clinical information including diagnosis, past surgical/medical history, known allergies and current treatments. Incomplete information will slow down the referral process and ultimately slow down the time to patient treatment.

2.5 Diseases and infection prevention

The aim of an infection prevention and control program is to improve outcomes for patients and staff by decreasing the risk of healthcare associated infection. Infection prevention and control is managed locally in each HHS by an infection prevention and control team.

2.5.1 Communicable Diseases and Infection Management

Communicable Diseases and Infection Management (CDIM) is part of the Communicable Diseases Branch (CDB) and aims to support infection prevention and control preparedness and response. CDIM publishes the various infection control guidelines that outline critical aspects of infection prevention and control and include the guideline for the management of healthcare workers infected with blood borne viruses.

For further information refer to:


The Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) provide the essential aspects of infection prevention and control and can be found here:


2.5.2 Disease transmission

Transmission of micro-organisms with the potential to cause infection requires the presence of three elements: a susceptible host, an agent and an environment facilitating the interaction between host and agent. Standard precautions such as hand hygiene, immunisation, adherence to the principles of asepsis, use of personal protective equipment, routine environmental cleaning, reprocessing of reusable medical equipment and instruments, respiratory hygiene and cough etiquette, waste management and appropriate handling of linen form the basis for the prevention and control of infection in healthcare settings.

2.5.3 Standard precautions

Standard precautions are:

- the primary strategy for minimising the transmission of healthcare associated infections
- standard safe work practices that are to be applied to all patients and clients regardless of their known or presumed infectious status
- minimum requirements for the control of infection in all settings and all situations, including those where a high risk of infection transmission exists
- designed to protect both patients and healthcare workers.
2.5.4 Transmission based precautions

Transmission based precautions are used in addition to standard precautions when there is a confirmed or suspected infectious agent presenting an increased risk of transmission to others. Implementation of transmission based precautions involves continued use of standard precautions and may involve some or all of the following; use of appropriate personal protective equipment, single rooms or cohorting of patients, restricted transfer of patients, and environmental controls such as enhanced cleaning and disinfection and air handling requirements.

Further information on transmission based precautions can be found in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (2010), www.nhmrc.gov.au/guidelines-publications/cd33

2.5.5 Hand hygiene

Hand hygiene is the single most important strategy to reduce the risk of infection. Hand washing comprises mechanical activity, use of soap and water, rinsing and drying to reduce the number of micro-organisms on hands. Hand hygiene may also be performed using alcohol-based hand rub unless hands are visibly soiled, or when *Clostridium difficile* or non-enveloped viruses (such as norovirus) are known or suspected to be present.

The key five moments for hand hygiene are:

- before touching a patient
- before a procedure
- after a procedure or body fluid exposure risk
- after touching a patient
- after touching a patient’s surroundings.

Hand hygiene must also be performed after the removal of gloves.

Clinical hand washing (with anti-microbial soap) should be done prior to performing invasive or clinical procedures.

An online learning package for healthcare workers is available on the Hand Hygiene Australia web page here:


For further information refer to:


In the event of a sharps injury or body fluid exposure, seek care immediately.

- The affected area should be immediately washed with soap and water.
- Do not squeeze the affected area.
- Report the incident immediately to your supervisor.
- Seek follow up care. If indicated, post-exposure prophylaxis is most effective if implemented soon after the exposure.
- Follow local procedures for incident reporting and follow up.

For further information refer to:


2.5.7 Aseptic Technique

Aseptic technique protects patients during invasive clinical procedures by employing infection control measures that minimise, as far as practicably possible, the presence of pathogenic organisms. Aseptic technique is the key component of Standard 3 of the National Safety and Quality Health Service (NSQHS) Standards and is intended to prevent or minimise the risk of introducing harmful infectious agents into sterile areas of the body when undertaking clinical procedures.
2.5.8 Waste Management


This legislation establishes waste management practices and requirements.

All HHS staff have a personal responsibility to ensure that all types of waste are disposed of in the appropriate manner. Collection containers are colour coded for disposal of each type of waste i.e. different coloured containers for clinical waste and sharps, cytotoxic waste, radioactive, general waste and recyclable waste. Refer to local procedures and check with the waste management officer within your hospital on the colour container used for each type of waste.

2.5.9 Healthcare worker vaccinations

Vaccine preventable diseases (VPDs) have the potential to cause serious illness and even death. Healthcare workers have a duty of care to protect their patients. Vaccination of healthcare workers is a valuable tool to help minimise risk of acquisition/transmission of VPDs.

Some roles within Queensland Health are designated as Vaccine Preventable Disease (VPD) risk roles and there are mandatory vaccinations required either as a condition of employment/engagement. Other vaccines may not be mandatory but are strongly recommended for healthcare workers.

The Australian Technical Advisory Group on Immunisation strongly recommends annual influenza vaccination for healthcare workers.


In addition to the Queensland Health-wide requirements, HHSs may have local systems in place relating to the occupational screening, detection and immunisation of healthcare workers against VPDs. VPDs involved may include:

- measles, mumps, rubella
- hepatitis B
- pertussis
- varicella
- hepatitis A
- tuberculosis
- influenza
- tetanus/diphtheria
- Bacille Calmette-Guerin (BCG) – for healthcare workers who may be at high risk of exposure to drug resistant cases of tuberculosis.

It is important that all medical practitioners keep proof of immunisation available to provide to their employing HHS at the beginning of every contract. Specific information on the requirements can be found in the Guideline for the vaccination of healthcare workers. www.health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations/conditions/default.asp

There is also an educational PowerPoint presentation on VPDs that you may access here: https://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/diseases-infection/immunisation/healthcare-worker/vaccine-preventable-diseases.pdf

2.6 Human Resource overview

This section will provide you with a brief overview of employment information and links to sites where more information can be obtained. Your HHS will provide an orientation program for you that will provide additional information on these matters.

2.6.1 Employment Conditions

The conditions of employment for employee medical practitioners working in Queensland hospitals are subject to the terms and conditions of the Medical Officers’ (Queensland Health) Award – State 2015 and Medical Officers’ (Queensland Health) Certified Agreement (no. 4) 2015. Medical practitioners are also subject to a range of HR policies. A copy of the award and the agreement may be obtained from your Human Resources Department.

The terms and conditions for employee visiting medical officers are as per the Visiting medical officers – Employment framework Health Employment Directive no. 08/14.

For further information refer to: http://qheps.health.qld.gov.au/hr/employment-conditions/home.htm

2.6.2 Payment of salaries

Staff are paid fortnightly (i.e. 26 pay cycles per financial year). Your pay is electronically transferred to your nominated bank account. Your payslips can be checked on the Queensland Health Streamline
website. Streamline provides all Queensland Health staff with easy online access to:

- pay slips
- payment summaries
- payroll enquiries
- loan and overpayment repayment details.

For further information refer to:
streamline.health.qld.gov.au/Account/
LogOn?ReturnUrl=%2f

It is important that you take responsibility for ensuring that your roster is accurately recorded and any exceptions to your roster are communicated and documented accordingly with the medical administration staff. Variations to rosters, including recording overtime and leave are to be documented on the relevant variation and allowance claim or leave form available on line.

For further information refer to:

2.6.3 Salary and Benefits

There are a number of benefits you may be entitled to such as health insurance and salary packaging. A good way to maximise your income (salary) is to utilise the salary packaging (or salary sacrificing) arrangements. Salary packaging is an arrangement whereby you authorise a specific amount to be deducted from your gross wage to pay for other benefits prior to tax being calculated. Your tax is then calculated on the reduced amount of wages. The salary packaged amount deducted is forwarded by payroll to an approved salary package provider under contract to the government, to pay for the benefit items selected. To take full advantage of these arrangements you are encouraged to seek independent financial advice.

For further information refer to:
http://qheps.health.qld.gov.au/hr/salary-sacrifice/

2.6.4 Superannuation

Under Australian law, all employers must pay superannuation to employees who earn more than a minimum amount of wages per month. Monies paid into superannuation are invested in an account under the employee’s name and may only be accessed once the employee reaches a nominated preservation age (depending on your year of birth), or cannot work due to total and permanent disability.

All Queensland Government employees have superannuation automatically paid into QSuper. In addition to employer contributions, permanent and temporary employees are required to make standard contributions into QSuper either before (salary packaging) or after tax. Contact your human resource department for details on specific arrangements if you are employed on a casual or contract basis.

QSuper offers permanent disability and death insurance and income protection benefits to certain clients.

For further information refer to:
http://qheps.health.qld.gov.au/hr/html/salaries-
benefits.htm

Overseas employees employed under a temporary working visa are able to claim their superannuation contributions made while working in Australia if they leave the country.

For further information refer to:

2.6.5 Taxation

All employees including residents and non-residents of Australia pay tax on every dollar earned over a certain amount, known as the tax-free threshold. Information on the Australian taxation system can be found at:

www.ato.gov.au

Refer to Section 8.11.1 for further information.

2.6.6 Performance management

It is a requirement for RMOs to complete term assessments. Generally term assessments are used by MEOs/DCTs to complete Work Performance Reports for AHPRA.

Intern performance is assessed by term supervisors against the AMC and MBA’s Intern training – Intern outcome statements.

Guidelines-resources-tools.aspx

When required, a Clinical Supervisor, in consultation with Medical Education Staff and the junior medical practitioner can complete an Improving Performance Action Plan (IPAP) to address identified issues. The Director of Clinical Training has responsibility for ongoing implementation of action plans.

In general, all medical officers employed at PHO/Registrar level and above are required to participate in the Performance and Development Agreement (P&DA). This process allows staff to:

- identify areas where they would like to pursue further experience
- develop a learning and experience plan
- gain recognition for the work they perform
- have areas where improvement may be required identified by supervisors.

Supervisors should provide regular feedback, however the P&DA process provides an opportunity to formally evaluate and plan performance. Where areas for improvement are identified, the staff member and supervisor should develop a plan to achieve further experience and competence.
A formal P&DA evaluation should occur at least annually. Junior doctors may also be assessed on their performance following rotations.

For further information refer to:

2.7 Workplace legislation and policies

The onboarding process provides new Queensland Health employees with an overview of the Department or HHS, legislation and mandatory training requirements.

For further information refer to:
http://qheps.health.qld.gov.au/hr/onboarding/mandatory.htm

2.7.1 Occupational health and safety framework

For further information refer to:

2.7.2 Code of conduct for the Queensland public service

You have a responsibility to always conduct yourself in a professional manner, and demonstrate respect for all persons, whether fellow employees, clients or members of the public.

For further information refer to:
http://qheps.health.qld.gov.au/hr/codeofconduct/home.htm

2.7.3 Equity and diversity

All employees need to be aware of principles of equity and diversity within the workplace. In particular that the Anti-Discrimination Act 1991 (Qld) prohibits discrimination on the basis of the following attributes: sex, marital status, pregnancy, parental status, breastfeeding, age, race, impairment, religion, political belief or activity, trade union activity and lawful sexual activity.

For further information refer to:
http://qheps.health.qld.gov.au/hr/diversity-inclusion/home.htm

2.7.4 Whistleblowers and public interest disclosures

All employees, supervisors and managers need to be aware that they are responsible for reporting official misconduct and other matters affecting the public interest. The act of reporting misconduct or mal-administration may amount to a Public Interest Disclosure (PID). Whistleblowing and PID are covered by the Public Interest Disclosure Act 2013 (PID ACT).

For further information refer to:

2.7.5 Privacy policy/Right to Information

The Right to Information Act 2009 (the RTI Act) gives the public and staff a legal right to seek access to documents, including those concerning their personal affairs, held by Government agencies such as HHSs.

For further information refer to:

2.7.6 Information Security

A HHS has an obligation to protect the security of the information it collects.

For further information refer to:

2.7.7 Child Safety requirements

All relevant health professionals and their line managers must be made aware of the mandatory requirements to individually report all suspicions of child abuse and neglect to the Department of Communities, Child Safety and Disability Services.

For further information refer to:

2.7.8 Human Resources

Employees are encouraged to discuss their specific needs and individual requirements with their line manager and local human resource units. Information regarding grievance procedures and resolution, industrial relations, awards, enterprise bargaining frameworks and disciplinary processes is available on line.

For further information refer to:
http://qheps.health.qld.gov.au/hr/

2.7.9 Union Involvement

All employees have the right to engage with their relevant union and Queensland Health has made a commitment to encourage union membership.

Relevant HR policies are available on line:

2.7.10 Assault in the Workplace

Your employer is committed to maintaining a safe environment free of any form of harassment or harmful behaviour for patients, clients, visitors and employees. Everyone has the right to feel safe at work. We all have a responsibility to model the
public service values, and behave in a way that promotes a work environment free of violence and supports colleagues.

All employees are encouraged to complete the Recognise, Respond, Refer online training program to know how to support a colleague affected by domestic and family violence.

We can all play a part in fostering a workplace culture in which employees affected by domestic and family violence are supported in the workplace.

For further information refer to:

2.8 Cultural Awareness

In a healthcare environment, cultural differences take on a great significance. Proficiency in English may not always be enough to remove any cultural barriers between doctors and patients. Different values and beliefs of Australian patients will affect perceptions of appropriate treatment and behaviour. Your own experience and background may lead you to have different expectations from those of your patients.

You need to be aware of your own cultural assumptions and the impact these may have on your interaction with your patients. It is important not to make assumptions about your patients. For example, a couple wanting to have a baby may not be married. Another example might be a young unmarried woman seeking the oral contraceptive pill. In Australia, doctors may prescribe the pill to an under aged teenage girl if she is competent and there are no contraindications. If you have strong moral objections, you must refer your patient on to another practitioner.

Here are some basic principles for communicating with a person from a different culture:

- assume differences will be present
- check your assumptions in a culturally sensitive way
- emphasise description rather than interpretation or evaluation
- delay judgment until you have had sufficient time to observe and interpret the situation
- practice empathy — try and see the situation from the other person’s perspective ‘I can see that you are angry/ upset/ sad/ worried/ annoyed about…….’ expresses empathy very simply. At the same time, it conveys to your patient that you are acknowledging their feelings and appreciate their situation.
- treat your interpretation as a working hypothesis until you have sufficient data to support it
- be aware of your own cultural beliefs and prejudices.

2.9 Information technology

The following information technology programs are used regularly by all levels of staff in the Queensland public health system:

Novell is the network login program and allows access to online services and servers.

Outlook is the program used for email, storing contact details and making appointments.

Hospital-Based Clinical Information System (HBCIS) is the program used to record patient details, including a patient’s Unique Record Number (URN or UR Number), name, date of birth, address, treating doctor, ward and bed number (if admitted), current condition, previous admissions, treatments at the hospital and can also provide the current location of the patient’s medical chart.

PACS (Picture Archiving and Communication System) is the system used to display X-rays, CT scans and other radiology online as a digital image. This system is not available at all hospitals. This system enables staff in one hospital to digitally view the radiology of a patient in a hospital many kilometres away within a short timeframe.

AUSLAB is the largest statewide business critical, clinical support system within Queensland Health and is currently the largest public hospital pathology IT system within Australia. It is used within pathology, clinical measurements, forensic and public health laboratories.

Clinicians Knowledge Network (CKN) is a system which staff can use to assist them in their everyday work and for professional development. CKN allows access to the Australian Medicines Handbook (AMH), online health texts and a large range of journals.

Queensland Health Electronic Publishing Service (QHEPS) is the internal site (intranet) which provides access to a wide range of resources for all staff. This includes access to a range of clinical resources such as pathology test information, prescribing and education and evidence based research references such as CKN. Access to QHEPS is not readily available via the internet; you must be on an internal computer to be able to open a QHEPS page.

For further information refer to:
http://qheps.health.qld.gov.au

To access specific information about your HHS please refer to your supervisor.

UpToDate — is a medical reference service available to all Queensland public health system professionals. It is designed to be used at the point of care by answering tough clinical questions quickly and accurately. UpToDate is designed to complement the resources available through the (CKN).
To use these programs you will require a username and password that will be issued to you by your HHS after completing the required paperwork.

2.9.1 Appropriate internet, social media and email use

All employees are required to use internet and email systems appropriately. All staff need to be aware of their obligations to utilise these systems ethically and in line with current Queensland Government standards, Code of Conduct documentation regarding security, ICT user responsibilities and applicable policies.

For further information refer to:

Social media is an umbrella term covering web sites, technology, applications or tools that enable active and participatory publishing and interaction between individuals over the internet.

Social media tools include, but are not limited to:
- user generated/edited reference sites – e.g. Wikipedia
- social media sites – e.g. Facebook, Instagram and Twitter
- blogs and microblogging – e.g. Blogger and Twitter
- video and image sharing – e.g. Youtube, Instagram, Snapchat, Vimeo and Flickr

The Department of Health and a number of HHSs have their own social media policies (for official use).

In addition AHPRA have their own social media policy that guides use of social media for health practitioners.

It advises that health practitioners should be aware of their ethical and regulatory responsibilities when they are interacting online, just as when they interact in person. The policy provides guidance to registered health practitioners on understanding their responsibilities and obligations when using and communicating on social media.

For further information refer to:

2.10 Supporting you as a medical practitioner

2.10.1 Orientation to the hospital

Your HHSs orientation program aims to familiarise you with the hospital environment and regular processes conducted within the HHS. When you are appointed to a new position or a new location, the health service should provide you with information which will help you to deliver safe and efficient patient care. You should receive written information that might include the following:

- HHS organisational structure
- job description including your duties, responsibilities, staff you will supervise and staff who will supervise your practice
- access to policies and procedures including emergency procedures, clinical and procedural protocols
- procedures for ordering investigations
- learning plans including education and training goals
- assessment and feedback processes.

It is also important that you speak with other medical practitioners to help you develop a clear understanding of the regular processes used in your health service, hospital and work area.

As a medical practitioner, there will be a range of people who you will interact with regularly including:
- patients
- relatives and/or friends of patients
- nursing staff
- other medical practitioners of different specialties and levels including interns, JHOs, SHOs, registrars, senior registrars, SMOs and consultants/specialists and VMOs
- allied health and diagnostic professionals
- your supervisor
- DCTs/clinical directors of training (medical staff)
- MEOs
- GP and/or local medical officers (LMOs) and other people involved in community health services
- medical administration staff.

The physical layout of each facility within the HHS will vary and the same department may even have different names at different hospitals

2.10.2 Medical training and education in Queensland

The MBA’s registration standard of continuing professional development requires all medical practitioners engaged in any form of medical practice to regularly participate in Continuing Professional Development (CPD) that is relevant to their scope of practice in order to develop, maintain and enhance their knowledge, skills and performance to ensure that they deliver appropriate and safe care.

CPD is critical to maintaining the high standards expected from the medical profession and from your patients. It is essential that you maintain clinical skills and stay up-to-date through participation in CPD activities. Programs are available to you both in the workplace and through external training providers or agencies.
Valuable learning opportunities available to medical practitioners working in HHSs may include but are not limited to:

- intern/RMO education sessions in your hospital
- grand rounds with senior medical staff
- ward, department or unit meetings
- clinical review sessions
- mortality and morbidity audits
- journal clubs and study groups
- radiology or pathology demonstrations
- clinical skills sessions.

HHSs employ medical practitioners and medical education professionals who facilitate the ongoing education and training of junior doctors. These are professionals known as Directors of Clinical Training (DCTs) and Medical Education Officers (MEOs).

These staff can provide you with information about your educational responsibilities and the opportunities available to you.

There are a number of other important practical skills to develop. You can approach your supervisor to assist with learning these skills. The skills you may be expected to learn should be identified and form part of your learning objectives at the start of each work rotation.

A selection of these practical skills is presented below:

- presenting — ward rounds, consultations, x-ray meetings
- handover skills
- discharge summaries
- medication charts
- documentation
- family meetings, speaking appropriately to relatives
- communicating with nursing and allied health staff
- communicating with registrars and consultants
- gaining a patient’s consent
- time and stress management
- awareness of self-limitations
- when and how to ask for help
- self-assessment — giving and receiving feedback.

The Department of Health also offers medical education opportunities through other units in the organisation. Some of these are detailed below.

Cunningham Centre

The Cunningham Centre is the Department of Health’s largest established Registered Training Organisation. The centre is involved in high quality training, education, research and support of health personnel in rural Queensland.

The Medical Education and Training (MET) team provides education, training and support to medical officers across Queensland through a variety of initiatives and educational programs including:

- the Rural Generalist Pathway (RGP)
- the Continuing Medical Education and Training (CMET)
- the Clinical Rural Skills Enhancement (CRuSE)

More detailed information regarding the Cunningham Centre and the initiatives and educational programs offered by the MET can be found in Section 5.3.

For further information refer to:

Clinical Skills Development Service

The Clinical Skills Development Service (CSDS) is one of the most comprehensive skills development centres in Queensland. It has a complete suite of virtual reality and simulation training equipment.

Located on the campus of the Royal Brisbane and Women’s Hospital in Brisbane, the CSDS provides medical practitioners and other healthcare professionals with tools and training to improve their skills and enhance the quality of patient care.

A number of education programs are available online through the CSDS.

For further information refer to:
www.sdc.qld.edu.au/elearning

Joanna Briggs Institute

The Joanna Briggs Institute is the international not-for-profit, research and development arm of the School of Translational Science within the Faculty of Health Sciences at the University of Adelaide, South Australia. The institute collaborates internationally with over 70 entities across the world.

The institute and its collaborating entities promote and support the synthesis, transfer and utilisation of evidence through identifying feasible, appropriate, meaningful and effective healthcare practices to assist in the improvement of healthcare outcomes globally.

For further information refer to:
www.joannabriggs.org

The Australasian Cochrane Centre

The Australasian Cochrane Centre is part of the School of Public Health and Preventive Medicine at Monash University in Melbourne. Core funding is provided by the Australian Government through the National Health and Medical Research Council. The centre has six branches that coordinate Cochrane activities in specific geographical areas: Japan, New Zealand, Korea, Malaysia, Singapore and Thailand.
The centre aims to promote the equitable provision of effective healthcare in Australasia by facilitating the preparation and maintenance of systematic reviews and their dissemination and application to influence service provision and clinical practice by:

- promoting and supporting the involvement of Australasians in the Cochrane Collaboration
- relating to government, health professionals and consumer groups in Australasia about the activities, scope and value of the collaboration
- developing and coordinating training for review authors and users of reviews in Australasia
- facilitating the dissemination and application of information about the effects of healthcare to communities, health professionals and policy makers
- promoting research into the science of systematic reviews.

In addition, as part of their responsibilities to the international Cochrane Collaboration, they aim to effectively link Cochrane activities in Australasia with the international effort.

For further information refer to:
australia.cochrane.org/our-work

**Australian General Practice Training**

Australian General Practice Training (AGPT) is a three or four year full time postgraduate vocational training program for medical graduates wishing to pursue a career in general practice and/or rural and remote medicine in Australia. The AGPT program is funded by the Commonwealth Government, provided by General Practice Education and Training Ltd (GPET Ltd) and delivered throughout Australia by regional training providers (RTPs).

GP registrars (i.e. a trainee enrolled in the AGPT program) can train in rural or urban locations. Training provided by the RTPs meets the medical education standards set by the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

For further information refer to:

**Health Workforce Queensland**

Health Workforce Queensland delivers medical education and training programs that are accredited by ACRRM and RACGP. The program may provide procedural and non-procedural workshops, clinical attachments and other supports.

For further information refer to:
www.healthworkforce.com.au

**Queensland Prevocational Medical Accreditation**

Queensland Prevocational Medical Accreditation (QPMA) is endorsed by the Medical Board of Australia as the intern training accreditation authority for Queensland while also being the contracted provider for intern accreditation by Queensland Health. QPMA’s prevocational accreditation program implements and monitors standards for prevocational trainees in their intern (PGY1) year.

QPMA’s accreditation program is a quality assurance process that establishes and monitors standards for prevocational medical training to ensure high quality clinical training for interns and residents. This accreditation process assists facilities to provide the best possible environment for the training of interns and residents by ensuring they receive appropriate supervision, orientation, clinical experience, education, assessment and support.

QPMA are in the process of devising standards for the PGY2 year.

For further information refer to:
www.qpma.org.au

**Medical specialist training**

Medical specialist colleges in Australia are responsible for a range of activities to support qualified specialists and specialists in training. These include:

- conducting training and examination processes for qualification as a consultant or specialist
- administering the CPD for practicing specialists. Each college requires a minimum number of points that must be obtained to meet professional development requirements in each year
- coordinating annual scientific congresses and various sectional conferences
- providing and supporting Continuing Medical Education activities throughout Australia
- publishing a range of journals, statements and other policy documents
- liaising with government, allied professionals and community groups in the interests of specialists, patients and the general community.

The specialist colleges are not universities but independent entities responsible for the above activities. In most specialties, medical practitioners become members of the colleges while they are completing their training program. Once medical practitioners have successfully completed their training program, including the required clinical
experience and examinations, they are granted fellowship of the college and are eligible to apply for a specialist position and registration. Medical specialist colleges are accredited by the AMC.

For further information refer to:

2.10.2 Professional support agencies

There are a number of organisations that are able to provide professional and personal support to medical practitioners in Queensland and provide a valuable source of experience and knowledge. The Hippocratic Oath guides medical practitioners to prolong life and reduce suffering. Asking for help and assistance to do this is part of being a good doctor. As well as providing the best level of care for your patients, it means you are continually learning and gaining wisdom — thus becoming a better medical practitioner.

**Australian Medical Association Queensland**

The Australian Medical Association Queensland (AMAQ) is an independent membership association which represents the registered medical practitioners and medical students of Australia. AMAQ members include medical practitioners who are in salaried and private practice, general practitioners and specialists, teachers and researchers and young doctors. It is a broad political body, which aims to protect the academic, professional and economic independence and well-being of medical practitioners.

Members of the AMAQ are committed to ensuring professional values, excellence in teaching and research and the delivery of high quality healthcare to all Australians, regardless of gender, political beliefs or geographic location.

For further information refer to:
www.amaq.com.au

**Australian Salaried Medical Officers’ Federation Queensland**

The role of Australian Salaried Medical Officers’ Federation Queensland (ASMOFQ) is to protect and improve the working conditions (wages, safety, leave and other entitlements) of its members. ASMOFQ also helps to ensure that its members are treated fairly at work.

For further information refer to:
www.asmofq.org.au

**DoctorConnect website**

The Australian Government DoctorConnect website presents an overview of the Australian healthcare system specifically for IMGs.

For further information refer to:
www.doctorconnect.gov.au

2.10.3 Personal health and wellbeing

It is important that you take responsibility for your personal health, both mental and physical, as it affects your professional conduct and patient care. At times, you will be subjected to levels of stress. You will need to find appropriate ways to release and deal with this stress. There is evidence that the stresses of medical practice can produce psychological strain on medical practitioners.

The Department of Health values the wellness of their employees.

For further information refer to:
http://qheps.health.qld.gov.au/hr/staff-wellness

**The workplace**

This is an important area in which to consciously build a comfortable, supportive and nurturing environment. When you start in a position, it is important to clarify your employer’s expectations of you as well as your expectations of them. Topics to discuss might include salary and entitlements, rosters, work hours, patient handover and availability of support services. You will need to familiarise yourself with the facility’s procedures and policies which directly and indirectly relate to your work. Getting these important issues understood and agreed upon early will ensure a good start to your working relationships.

For further information refer to:
http://qheps.health.qld.gov.au/hr/staff-wellness

**Fatigue risk management**

The management of fatigue and fatigue related risk has been incorporated into individual prescribed HHSs core business operations. HHSs have in place local work health and safety management system protocols and should provide training and resources for medical practitioners to manage workplace fatigue.

Queensland Health HR Policy 11 —Fatigue risk management applies to employees working for the Department of Health and non-prescribed HHS’s.

For further information refer to:
**Your own doctor**

Doctors often put their duty of care to their patients first and work unrealistic workloads, often in isolation. The health and wellbeing of the doctor and their family can often be overlooked. You should have your own medical practitioner from whom you can obtain care and medical treatment, including medication prescriptions and referrals.

Your direct supervisor/head of department or director of clinical services are available to provide counselling in the first instance and if they are unable to provide you with the support you need they are in a position to refer you to the relevant person/organisation to assist.

Alternatively the Doctors’ Health Advisory Service (DHAS) is a service which acknowledges that doctors, dentists and pharmacists can often make difficult patients, as many refuse to acknowledge their problems or seek help. This can be for a range of issues, from health or medical conditions through to stress related illnesses and substance abuse.

A dedicated, confidential phone service for medical and health practitioners is available 24 hours a day, seven days a week on (07) 3833 4352.

For further information refer to:

dhas.org.au

**2.10.4 Support and assistance**

Should you require assistance to deal with personal or professional issues, such as career counselling, there are a number of avenues of support available.

Always be aware of any limitations you may have—do not be afraid to ask for help. These include:

- multi-disciplinary team and colleagues
- unit directors
- medical administration staff
- director of clinical training/medical education officers
- supervisors of training
- human resource (HR) managers
- professional group e.g. journal club or evidence based practice club
- Aboriginal and Torres Strait Islander hospital liaison officers
- directors of medical services

The Employee Assistance Program (EAP) is available to all employees. It provides confidential, short term counselling free of charge to staff to assist them to resolve personal and work related problems.

For further information refer to:

3.1 Queensland Health Vision 36
3.2 The Queensland public health system 36
3.3 Structure of the public health system 36
3.4 Public health services in Queensland 40
3.5 The health professional team in a public facility 40
3.6 Clinical governance 42
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3.9 Emergencies – internal and external to the facility 46
3.10 Statewide emergency services 47
3.11 Statewide systems 48
3.12 Government and non-government referral agencies 50
3.1 Queensland Health Vision

The Queensland Health Vision has been presented in the *My health, Queensland’s future: Advancing health 2026* document.

The Queensland Health vision document challenges all employees employed or engaged by Queensland Health to improve the future wellbeing of the population of this state.

**The vision**

By 2026 Queenslanders will be among the healthiest people in the world.

**The principles**

Five principles underpin the vision, directions and strategic agenda. The principles state the values that should guide decision making and how health system partners work together. These principles will guide service delivery in the public health system, and we encourage our health system partners to consider the principles in their work also.

1. **Sustainability** – we will ensure available resources are used efficiently and effectively for current and future generations.
2. **Compassion** – we will apply the highest ethical standards, recognising the worth and dignity of the whole person and respecting and valuing our patients, consumers, families, carers and health workers.
3. **Inclusion** – we will respond to the needs of all Queenslanders and ensure that, regardless of circumstances, we deliver the most appropriate care and service with the aim of achieving better health for all.
4. **Excellence** – we will deliver appropriate, timely, high quality and evidence-based care, supported by innovation, research and the application of best practice to improve outcomes.
5. **Empowerment** – we recognise that our healthcare system is stronger when consumers are at the heart of everything we do, and they can make informed decisions.

**The directions**

- **Pursuing innovation** – Developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care.

For further information refer to:

- Each of the 16 Hospital and Health Services (HHS) in Queensland has developed a strategic plan to identify its vision, purpose, objectives and performance indicators. Complementing the Vision, the Department of Health as a strategic manager has also provided a Strategic Plan.

The full Department of Health strategic plan and all the other HHS strategic plans are available at:


3.2 The Queensland public health system

This section will provide you with a range of information about how public health services are managed and delivered in Queensland.

In July 2012, HHSs were established in Queensland and assumed accountability as independent statutory bodies under the *Hospital and Health Boards Act 2011* (HHB Act) for the delivery of public hospital and health services formerly provided by Health Service Districts.

Collectively, the public healthcare system in Queensland is known as Queensland Health and is made up of the department and 16 independent HHSs, governed by Hospital and Health Boards. The relationship between the department and HHSs is governed by the HHB Act and service agreements.

The overall management of the public healthcare system remains the responsibility of the Department of Health (‘the department’), through the Chief Executive (Director-General) as well as HHSs as independent statutory bodies that are responsible for the delivery of health services in their local area. The department is responsible for purchasing services and ensuring the needs of the broader population are met, while the HHSs are responsible for local service delivery.

3.3 Structure of the public health system

The organisation structure depicted below outlines how the key divisions and Hospital and Health Boards report to the Minister for Health and Minister for Ambulance Services.
The public health system provides a range of services aimed at achieving good health and well-being for all Queenslanders. Through a network of 16 HHSs and the Mater Hospitals, the public health system delivers a range of integrated services including hospital inpatient, outpatient and emergency services, community and mental health services, aged care services and public health and health promotion programs.

The HHSs are supported by the divisions within the Department of Health.

3.3.1 Department of Health structure

The department is managed by the Director-General (DG). The DG reports directly to the Minister for Health and Minister for Ambulance Services who in turn reports to the Premier of Queensland and the Parliament. The department is responsible for sole management of the relationship with HHSs to ensure a single-point of accountability in the state for public hospital performance, performance management and planning.

The department performs its role through the following divisions:

- **Office of the Director-General** – includes key overarching departmental functions such as Cabinet and Parliamentary Services, Departmental Liaison and Executive Support, System Secretariat and the Office of Health Statutory Agencies. The Audit, Risk and Governance function reports directly to the Director-General and administratively sits within the Corporate Services Division.

- **Internal Audit and Chief Risk Officer** – includes Risk and Governance which reports directly to the Director-General. Internal Audit provides risk and assurance functions necessary to support both the department and the broader health system to enable it to function effectively. Audit, Risk and Governance (Branch) sits administratively within the Corporate Services Division but has a direct reporting relationship (functionally) to the Director-General.

- **Corporate Services Division** – includes the Office of the Chief Finance Officer, Office of the Chief Human Resources Officer, Office of the Chief Legal Counsel, Business Improvement and the Integrated Communications Branch. This division provides functions necessary to support both the department and the broader health system to enable it to function effectively, including financial services, legal functions and human resource areas.

• **Clinical Excellence Division** – includes the Patient Safety and Quality Improvement Service, Healthcare Improvement Unit, Healthcare Innovation and Research Branch, Mental Health, Alcohol and Other Drugs Branch, Office of the Chief Dental Officer, Office of the Chief Nursing and Midwifery Officer, and the Allied Health Professions’ Office of Queensland. This division drives the patient safety, quality improvement and clinical improvement agendas for the Queensland health system. The division is also accountable for setting and supporting the direction for mental health, alcohol and other drug services in Queensland, as well monitoring and reporting on performance.

• **Prevention Division** – includes the Health Protection Branch, Communicable Diseases Branch, Chief Medical Officer and Healthcare Regulation Branch, Aeromedical Retrieval and Disaster Management Branch and Preventive Health Branch. Prevention Division delivers policies, programs, services, regulatory functions and clinical coordination of all aeromedical retrieval and transfers across Queensland, that aim to improve health outcomes for the people of Queensland. This is done by promoting and protecting health and wellbeing, prevention of disease and supporting high quality healthcare service delivery.

• **Healthcare Purchasing and System Performance Division** – includes the Contracting and Performance Management Branch and the Purchasing and Funding Branch. This Division leads the development of high level planning and forecasting of health services for the Queensland population; acting as purchaser of health services on behalf of the State; and monitoring and managing performance of healthcare providers according to the purchasing model and service agreements.

• **Strategy, Policy and Planning Division** – includes the Strategic Policy and Legislation Branch, Infrastructure Strategy and Planning Branch, System Planning Branch, Statistical Services Branch, Aboriginal and Torres Strait Islander Health Branch, Workforce Strategy Branch and the Funding Strategy and Intergovernmental Policy Branch. The Division provides core system leadership by setting strategy and direction for the health system, developing and responding to high level policy matters, and undertaking planning across the wide-ranging activities of the health system.

• **Queensland Ambulance Service (QAS)** – established by the Ambulance Service Act 1991, the QAS operates as a statewide service within Queensland Health, and is accountable for the delivery of pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.

• **eHealth Queensland** – committed to advancing digital healthcare. eHealth Queensland enables quality patient care by providing seamless technology solutions and services across Queensland Health.

• **Health Support Queensland (HSQ)** – delivers a wide range of diagnostic, clinical support and payroll services to enable the delivery of frontline healthcare. HSQ’s services, provided to HHSs, other government agencies, commercial clients and the community are delivered by business units which include: Pathology Queensland, Strategic Procurement and Supply, Group Linen Services, Biomedical Technology Services, Forensic and Scientific Services, Health Contact Centre (13 HEALTH [13 43 25 84] and Quitline), Medication Services Queensland, Radiology Support and Clinical Information Systems Support Unit.


### 3.3.2 Hospital and Health Services structure

Public health services are delivered through 16 HHSs across Queensland. HHSs are statutory bodies with a governing Board, accountable to the local community and the Queensland Parliament. The Boards of each HHS have expertise to manage large, complex healthcare organisations and to drive improvements in health outcomes.

HHSs are committed to providing a range of services aimed at achieving good health and wellbeing for all Queenslanders. These services provide hospital inpatient, outpatient and emergency services, community and mental health services, aged care services and public health and health promotion programs.


A map showing the geographic boundary of each HHS is available at: [www.health.qld.gov.au/__data/assets/image/0027/361098/hsd11_hosp.jpg](http://www.health.qld.gov.au/__data/assets/image/0027/361098/hsd11_hosp.jpg)

This same map has been included below to help you visualise the borders of each HHS and its context with Queensland.
Orientation resource for medical practitioners engaged in Queensland Health
3.4 Public health services in Queensland

HHSs provide a broad range of inpatient and outpatient healthcare services to meet the needs of the Queensland community.

The services provided by different facilities vary significantly depending on their geographical location, access to skilled staff, population demographics, needs of the community and equipment.

Community health services are often located away from hospitals and provide non-acute services such as:

- Community Mental Health (Psychiatric) Services — providing services to people living and working in the community with mental illness
- Child and Youth Health Services — planning and coordination of services for specific health issues of children and young people
- Alcohol, Tobacco and Other Drugs Services — providing assistance to people with addictions and planning of programs to reduce illness and injury related to addiction. Now known as AODS.
- Aboriginal and Torres Strait Islander Health Services — promoting and supporting the health needs of Aboriginal and Torres Strait Islander people
- Cancer Screening Services — providing coordination and planning of programs for the prevention and early detection of cancer
- Clinical Forensic Medicine Services — providing examination of victims and alleged perpetrators of crimes and providing advice to court proceedings
- Communicable Diseases Services — coordinating the planning, management and prevention of communicable diseases including epidemic and sexually transmitted diseases
- Environmental Health Services — planning and providing emergency advice on environmental health issues including food safety and toxicology
- Health Promotion Services — planning and coordination of healthy lifestyles, activities and programs including coordination of the ‘school nurse’ program
- Medicines and Pharmacy Services — coordination of best practice, advice and education for the prescription, administration and use of medications and management of pharmacy services
- Specialist Health Services — monitoring, planning and prevention of tuberculosis and mycobacterial disease.

While there are variances between all HHSs, they can be broadly grouped into the following categories:

- large, tertiary referral and teaching hospitals — providing an extensive range of services and subspecialties, education, research and support for smaller hospitals (e.g. The Princess Alexandra Hospital, Royal Brisbane and Women’s Hospital)
- other larger metropolitan facilities — providing a large range of services (e.g. Logan Hospital)
- regional primary and secondary hospitals — providing surgical, medical, emergency care, maternity and some subspecialties either on a permanent or visiting basis (e.g. Rockhampton Hospital)
- smaller rural hospitals — providing surgical, medical, emergency, investigative services and some visiting subspecialties either permanently or on a weekly or monthly basis (e.g. Emerald Hospital)
- Primary Healthcare Centres and Multipurpose Health Services — providing emergency care, visiting subspecialties, aged care and focussing on chronic disease maintenance.

3.5 The health professional team in a public facility

3.5.1 Medical practitioner

As a medical practitioner, you will more than likely report to your unit Director and then to the Director of Medical Services (DMS) or the Executive Director of Medical Services (EDMS). These positions are sometimes referred to as the Medical Superintendent in smaller hospitals.

All HHSs have management teams who coordinate the hospitals and facilities within the HHS including the following senior staff:

- Chief Executive — chief administrator of services
- Executive or Director of Medical Services — coordinates all medical staff and services
- Executive or Director of nursing and midwifery services — coordinates all nursing staff and services
- Executive Director or Director of Corporate Services — coordinates administrative staff and business management processes.

To assist you in familiarising yourself with the staff you may come across in the hospitals, the below information is a summary of all the professional clinical staff you are likely to meet, their training and career structure(s). In addition to the staff listed below there are many and varied members of staff that provide support services to the hospital including administrative staff, operational staff such as cleaners and wards persons, catering staff, maintenance staff, linen staff and a range of health assistants. For more information on the support staff in your hospital, refer to your local hospital resources.
3.5.2 Nursing in Queensland

Assistants in Nursing (AINs) – assist and provide support to the registered nurse and provide care to patients.

Enrolled nurses (ENs) – Enrolled nurses, under the direction and supervision of a registered nurse, assist in the provision of preventative, curative and rehabilitative nursing care in hospitals, aged care facilities, the community and other healthcare settings.

Enrolled nurses who have completed approved qualification and who are appropriately registered may administer medications.

For further information refer to: www.nursingmidwiferyboard.gov.au

Enrolled nurse (advanced practice) – The enrolled nurse (advanced practice) position is a relatively new position. Skills and criteria required for advanced practice include leadership qualities, clinical competencies related to the clinical speciality of the unit and an ability to practise more autonomously — with supervision by the registered nurse being more often indirect rather than direct.

Registered nurses (RNs) – Registered nurses assess, plan, provide and evaluate preventative, curative and rehabilitative care for patients in a wide variety of settings including public and private hospitals, nursing homes, the community and home based services and in industry.

Registered/endorsed midwives (RMs) – After appropriate educational preparation, nurses are able to gain either a direct entry midwifery registration or a post graduate midwifery endorsement that authorises them to practise as a midwife.

Endorsements – See Nursing and Midwifery Board of Australia for details.
www.nursingmidwiferyboard.gov.au

3.5.3 Allied health in Queensland

You will work with a number of allied health professionals as part of a multidisciplinary approach to patient care in Queensland. Allied health professionals are independent practitioners who are either regulated by the National Registration and Accreditation Scheme or are self-regulated through professional associations. Allied health professions employed within Queensland Health include:

Audiology

Audiologists play a role in the diagnosis and non-medical management of hearing loss and related disorders.

Medical radiation professionals

A diagnostic radiographer / medical imaging technologist is responsible for producing medical images using both ionising (x-ray) and non-ionising (ultrasound) equipment to assist in establishing correct diagnosis and other decision making. A radiation therapist in conjunction with the radiation oncologists, are responsible for the design, accurate calculation and delivery of a prescribed dose of radiation during a course of treatment. A nuclear medicine technologist utilises radioactive isotopes (radionuclides) to acquire images that demonstrate the body's physiology or functions.

Sonographer

A sonographer is responsible for utilising ultrasound imaging systems to undertake diagnostic medical sonographic examinations across a range of contexts.

Music therapy

Music therapy is a research-based practice and profession in which music is used to actively support people as they strive to improve their health, functioning and wellbeing. To practice in Queensland Health, music therapists must complete a Masters of Music Therapy which is recognised by the Australian Music Therapy Association.

Dietetics and Nutrition

Dieticians apply the science of human nutrition to help people understand food and health relationships and make dietary choices to maintain and promote health and prevent and treat illness and disease.

Dieticians in Queensland Health provide expert nutritional care to a range of adult and paediatric clients through inpatient, outpatient and community programs.

Nutritionists in Queensland Health design, coordinate, implement and evaluate a range of public health initiatives and interventions to improve the health and wellbeing of Queenslanders through promoting healthier food choices and enhancing nutritional status.

Occupational therapy

Occupational therapists assist people to regain lost functions, develop their abilities and social skills, and maintain and promote independence in their everyday tasks, thereby enhancing the person's health and wellbeing.
Optometry
Optometrists perform eye examinations and vision tests to determine the presence of visual and other problems relating to the eye. They prescribe lenses, other optical aids or therapy. They detect and diagnose eye disease and either manage the condition or refer the patient for medical advice.

Pharmacy
Pharmacists supply, dispense and manufacture medicines and drugs in hospitals and community pharmacies and advise on their appropriate use. They also conduct research into the formulation, production, storage, quality control and distribution of medicines and drugs.

Physiotherapy
Physiotherapists assess, treat and prevent disorders in human movement caused by injury and disease. Physiotherapists may specialise in specific areas such as musculoskeletal physiotherapy, women’s health, aged care, respiratory conditions, occupational health and safety, sports medicine, babies and young children, problems of the nervous system and spinal injuries, administration, education or research.

Podiatry
A Podiatrist is trained to assess, diagnose and treat foot and lower limb problems. These may include skin and nail problems, foot and ankle injuries, foot complications related to diabetes and other medical conditions and problems with gait or walking.

Prosthetics and orthotics
Prosthetists and orthotists prescribe the use of prostheses and orthotic devices to patients. Within Queensland Health, prosthetists and orthotists work in special units located in major teaching hospitals and rehabilitation centres.

Psychology
Psychologists are experts in human behaviour, having studied the brain, memory, learning, human development and the processes determining how people think, feel, behave and react. Psychologists apply their expertise in order to reduce distress and behavioural and psychological problems and to promote mental health and rational behaviour in individuals and groups.

Social Work
Social workers help people to deal with personal and social problems, either directly or by planning or carrying out programs that benefit groups or communities. Within Queensland Health they assist clients to achieve an overall sense of sustained social, emotional and physical well-being.

Speech Pathology
Speech pathologists diagnose, treat and provide management services to people of all ages with communication disorders, including speech, language, voice, fluency and literacy difficulties or people who have physical problems with eating or swallowing.

Allied health assistants
In some departments allied health assistants provide support to allied health services.

3.6 Clinical governance
HHSs are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Hospital and Health Boards (HHBs) are accountable for governance of quality of care. For the HHS this means that the HHB and the Hospital Chief Executive are accountable for ensuring that the structures, processes and behaviours are in place to ensure the best possible patient outcomes are achieved, and to take action to safeguard high standards of care. The HHB’s receive regular reports across the spectrum of safety and quality assurance activities and they oversee the clinical risk profile and ensure clinical risks are being effectively managed across the service.

A model framework for Governance of Clinical Safety and Quality (the framework) for use in public sector health services is available at:

3.6.1 Clinical Services Capability Framework
The Clinical Services Capability Framework (CSCF) specifies minimum criteria by service, workforce and support service requirements to safely deliver patient care in Queensland’s HHSSs and licenced private facilities. This includes private hospitals and day hospitals thereby safeguarding patient healthcare services in the most appropriate clinical settings/services. The CSCF is managed by the Private Health Regulation team within the Chief Medical Officer Healthcare Regulation Branch.

The CSCF describes up to six levels of complexity of clinical services, with a Level one service managing the least complex patients and Level six managing the highest level of patient care complexity. The service level describes the complexity of clinical activity appropriate to be undertaken, and is chiefly determined by the presence of suitably qualified and experienced medical, nursing, support and ancillary healthcare professionals as well as other support healthcare personnel.
The Patient Safety and Quality Improvement Service (PSQIS), based in Brisbane, works in partnership with consumers, clinicians and managers to lead and support patient safety and quality improvement programs across the state of Queensland. The service strives to maximise best-practice outcomes and minimise patient harm by providing support to the Queensland public health system through:

- design and implementation of safety systems
- education, training and research
- consultancy and support
- audit and assurance
- evaluation and measurement.

For further information refer to:


The PSQIS supports and manages the following programs and services:

**Accreditation**

Refer to Section 4.2.1 for an overview of the mandatory National Safety and Quality Health Care Standards.

**Alerts and Advisories**

The Alerts and advisories function works to support medical device safety and where applicable conduct investigations within a HHS where there is use of similar biomedical and consumable medical devices in the provision of health care across the state. This service liaises with the Therapeutic Goods Administration (TGA) and Biomedical Technology Services (BTS). It also fosters working relationships across each HHS.

This team monitors reported medical device safety issues identified by HHSs and ensures consistent reporting to the TGA (Australian regulator) Post Market Vigilance Scheme. This process triggers further investigation into reported medical device safety issues that contribute to the overall safety and quality of medical devices sold in the Australian market place.

The team also develops and distributes identified medical device safety issues in the form of Patient Safety Notifications across all HHSs. Patient Safety Notifications are prepared, distributed and maintained in a series of written communications to HHSs on the intranet, prompted by patient safety issues or concerns.

For further information refer to:

Clinical Incident Management

This team coordinates improvements in Clinical Incident Management by providing expert knowledge of Clinical Incident Management and assisting with associated methodologies of analysis which include Comprehensive Analysis such as Root Cause Analysis (RCA), Concise Analysis such as Human Error and Patient Safety (HEAPS) Clinical Review, Comprehensive, Concise, Multi Incident Analysis and Health Failure Mode and Effects Analysis (HFEMA).

The Queensland public health framework for clinical incident management aims to effectively manage clinical incidents with a view to reducing preventable patient harm. Clinical incident management is an essential component of quality patient care.

A Best Practice Guide to Clinical Incident Management has been published and is available at http://qheps.health.qld.gov.au/psu/clinicalincident/docs/guide.pdf

This guide provides a statewide resource to help staff to support patient/family/carers, individuals and promote organisational learning and enhanced quality improvement, in response to patient safety incidents. Organisations may also choose to use the guide to support quality assurance processes.

There are also online learning modules available to support and upskill all Queensland Health staff involved with the management of patient safety incidents.

The modules are now available 24 hours/7 days a week at: ilearn.health.qld.gov.au/d2l/home

Coronial Recommendations management

This team co-ordinates annual whole-of-government reporting on Queensland Health’s responses to coronial recommendations. It monitors coronial investigations and inquests across the whole state to ensure that coroners are provided with all relevant information about patient safety and quality.

Coroners are responsible for investigating certain health care related deaths that occur in Queensland. The main function of the coroner is to find out the identity of the deceased person, when and where they died, how they died and the medical cause of death. Coroners also make recommendations aimed at preventing similar deaths in the future. Refer to Section 4.5.1 – Coroner for more detailed information.

Coronial inquest findings are publicly available online at: www.courts.qld.gov.au/courts/coroners-court/findings

The Queensland Government’s response to coronial recommendations can be found under reports at: www.justice.qld.gov.au/corporate/general-publications

The PSQIS also manages specific programs in relation to the National Safety and Quality Health Services (refer to Section 4.2.1) and these include:

Clinical Handover

Clinical handover refers to the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or groups of patients, to another person or professional group on a temporary or permanent basis.

Handovers permeate the health care system and can occur at shift change, when clinicians take breaks, when patients are transferred inter and intra-hospital, and during admission, referral or discharge.


iLearn

The PSQIS hosts over 25 online courses within iLearn@QHealth that provides online education modules and resources as a means to support a highly skilled capable and sustainable Queensland Health workforce.

Education modules include - Pressure Injury Prevention program, Recognition and Responding to Clinical Deterioration program, Preventing Falls and Harm from Falls program, Clinical Handover, Informed Consent and other clinical and patient education.

Pressure Injury Prevention Program

A pressure injury is a localised injury to the skin and/or underlying tissue usually over a bony prominence, resulting from sustained pressure, including pressure associated with friction.

Pressure injuries are costly to treat, painful, debilitating, impact significantly on the quality of life for a patient and their family and are a major contributor to the care needs of the patients within the health industry.

The PSQIS facilitates the operation of the Pressure Injury Prevention Collaborative Strategic Advisory Panel. This panel is a group of multidisciplinary clinicians from various health care organisations (public, private, community and non-government) who work in a structured and strategic way to improve pressure injury prevention and management practices across Queensland and within their services.

Preventing Falls and Harm from Falls Prevention Program

A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

The PSQIS in collaboration with the state-wide Falls Injury Prevention Collaborative (FIPC) Steering Committee have developed a series of falls prevention resources to identify those at risk of falls and evidenced based tailored interventions for each risk factor identified. Queensland Stay On Your Feet promotes healthy active ageing and provides information and resources on preventing falls among older people in our community and health care facilities, including hospitals and residential aged care facilities.

The PSQIS promotes the Queensland Stay On Your Feet falls prevention program whose message is helping older Queenslanders stay healthy, active, independent and on their feet.

For further information refer to:

Recognition and Responding to Clinical deterioration program

Clinical deterioration involves any of the patient’s vital signs (respiration rate, oxygen saturation level, heart rate, temperature, level of consciousness) becoming abnormal.

The PSQIS in collaboration with clinicians have developed a series of Early Warning and Response System Tools that help clinicians identify abnormal vital signs and mandate when clinicians should escalate their concerns. In addition, a state-wide process has been developed to facilitate patients, their family members or their carers to escalate their concerns if the patient’s condition is getting worse or not improving (Ryan’s Rule).

For further information refer to:

The PSQIS also has a survey and audits Team and includes the following:

Bedside Audit – annual audit conducted by the team and supported by HHSs.

Data is collected at the bedside and includes some of the known highest risks for patient safety and quality for which data is not systematically collected, such as falls, malnutrition, pressure injury, medication safety, patient identification, and recognising and responding to clinical deterioration. As well as a review of clinical documentation, the audit involves a physical examination of all eligible patients (subject to consent).

This annual data collection and analysis allows for benchmarking at a facility, HHS and statewide level.

For further information refer to:

Patient (consumer) experience surveys – annual audit measuring the patient’s experience to assist in identifying areas for improvement and to guide the development of initiatives to address areas for improvement.

For further information refer to:

Variable Life Adjusted Display (VLAD) – provides an easily understood graphical overview (is a type of statistical process control chart) of clinical outcomes over time and plots the cumulative difference between expected and actual outcomes.

For further information refer to:

3.7 Clinical advisory groups

3.7.1 Queensland Clinical Senate

The Queensland Clinical Senate (QCS) operates under the authority of the Director-General and connects clinicians from across the health system in Queensland to provide high-quality, evidence-based and timely advice to the Minister, Director-General and other key stakeholders.

The purpose of the QCS is to represent clinicians in providing strategic advice and leadership on system-wide issues affecting quality, affordable and efficient patient care in Queensland. The vision of the QCS is for clinicians to actively contribute to decision making around the delivery of quality health services through all levels of the Queensland health system. QCS membership consists of consumers and clinicians from across the health system, with experience across a range of practice settings, disciplines and geographical areas.

For further information refer to:

3.7.2 Statewide clinical networks

Statewide Clinical Networks are a key initiative of Queensland Health to engage clinicians and consumers in decision making about clinical services planning and implementation, clinical practice improvement and quality and safety enhancements. The networks comprise of clinicians, established to address problems in quality and/or efficiency of healthcare.
There are 17 networks including:
- Anaesthesia and Perioperative Care
- Cancer
- Cardiac
- Child and Youth Health
- Dementia
- Diabetes
- Queensland Emergency Strategic Advisory Panel
- General Medicine
- Intensive Care
- Maternity and Neonatal
- Older Person’s Health
- Renal
- Respiratory
- Rural and Remote
- Surgical Advisory
- Stroke
- Trauma.

There is also a range of other clinical advisory groups which provide high-level advice and recommendations on health priorities through clinical leadership, and address specific statewide issues or areas of work as required, such as the Executive Directors of Medical Service Advisory Committee, Queensland Nursing and Midwifery Executive Council, Health Services Executive Directors of Nursing and Midwifery Services, Directors of Allied Health Professions Advisory Committee, and Directors of Pharmacy Services Advisory Committee.

For further information refer to:

3.8 Risk Management

Risk is an ever-present element within all organisations including the health system. Effective risk management enables organisations to have increased confidence that they can deliver their services, manage risks and threats to an acceptable degree and make informed decisions about the opportunities and challenges they face.

Each HHS has a policy framework for risk management. Your supervisor can assist you to access the local policy.

3.8.1 Complaints management

A complaint can range from an expression of a dissatisfied or concerned HHS staff member to a consumer or group of consumers complaint. Complaints range from simple matters to complex clinical or professional matters that are reported to the Office of the Health Ombudsman’s Office (OHO) or to AHPRA.

Staff should check for local HHS policies and guidelines for complaints, grievances and dispute resolution. Your supervisor can assist you to access local clinical governance and/or HR policies.

Refer to Section 4.5 for further detailed information.

3.8.2 Department of health incident management policy

Incident management is an essential part of patient safety for all HHSs. An incident is any event or circumstance which has actually or could potentially, lead to unintended and/or unnecessary mental or physical harm to a person or to a HHS. Incidents include adverse events (harm caused) and near misses (no harm caused).

The aim of clinical incident management is to effectively manage clinical incidents with a view to learning from incidents to reduce future preventable patient harm. HHSs have systems to ensure that clinical incidents are recognised, reported and analysed.

This is overseen by the mandatory Health Service Directive which is available at:

PRIME CI and CF is the current electronic management solution but Queensland Health is transferring to the Riskman solution. PRIME CI and CF solution will be phased out by early 2018.

For further information and information regarding notifiable incidents including sentinel events, incidents involving the Coroner and mental health incidents and the Incident Management Implementation Standard is available at:

3.9 Emergencies – internal and external to the facility

3.9.1 Emergency response procedures

An emergency is an event, actual or imminent, which endangers or threatens to endanger life, property or the environment and which requires a significant and coordinated response. Emergency plans are intended to identify procedures and staff roles that will enable an efficient and coordinated approach when responding to any declared emergency ensuring the greatest good for the greatest number.
3.9.2 Internal emergencies

Internal emergencies are any incidents that threaten the safety of the physical structure of the hospital/facility, staff, patients and visitors. Internal emergencies may also reduce the capacity of the hospital/facility to function normally. In most cases staff in departments and units will be responsible for their own initial response. All staff will receive appropriate training to fulfil their roles in dealing with these emergencies.

3.9.3 External emergencies

Refer to your hospital/facility emergency manual under section 'CODE BROWN'. These manuals are generally located next to each fixed phone handset and on the intranet of each HHS.

3.9.4 Responses to emergencies

It is very important that you know what to do in the event of an emergency. Hospitals will have an orientation session for new staff and it is compulsory that you attend these sessions.

During your orientation session you will receive basic information on the type of emergencies likely to be encountered and the appropriate responses.

Further information should be available from:
- your personal emergency card (which should be worn with your personal ID card)
- fire orders (prominently displayed at various strategic locations throughout each hospital)
- emergency procedures booklets (available in the vicinity of every telephone)
- site emergency procedures (a copy is held by every zone warden).

Contact your HHS security office to get a copy of the colour codes to fit onto your identification badge as a reminder.

3.9.5 Fire prevention

Every precaution has been taken for the prevention of fires. You are asked to do your part. You must observe the no smoking policy, avoid the build-up of rubbish and other fuel and ensure that exit doors and escape routes are not obstructed.

In the area in which you work you should:
- find out who is the zone warden for the area
- note the location of fire extinguishers and any other firefighting appliances. Check what fires they are suitable for and how they operate
- note the location of the nearest telephone and break glass alarm
- familiarise yourself with the building layout and evacuation routes from the area
- attend mandatory fire and evacuation training (Building and Fire Safety Regulation 1991) provided in your HHS.

3.10 Statewide emergency services

3.10.1 Queensland Ambulance Service

The objective of the Queensland Ambulance Service (QAS) is to provide timely and quality ambulance services which meet the needs of the Queensland community.

For further information refer to: www.ambulance.qld.gov.au

3.10.2 St John Ambulance (Queensland)

St John Ambulance is a self-funding charitable organisation dedicated to helping people in sickness, distress, suffering or danger. St John Ambulance provides first aid training; servicing the needs of business, industry, home and family. It is supported predominately by volunteers.

For further information refer to: www.stjohn.org.au/index.php

3.10.3 Queensland Police Service

The Queensland Police Service (QPS) mission is to deliver high quality, innovative, progressive and responsive policing services.

As a medical practitioner you are likely to come across members of the QPS through their need to investigate traffic accidents, domestic violence, sexual assault cases and other crimes. The Department of Health advocates working closely with the police, to expedite closure of investigations wherever possible.

For further information refer to: www.police.qld.gov.au/default.htm

3.10.4 Queensland Fire and Emergency Services

The Queensland Fire and Emergency Services (QFES) is the primary provider of fire and emergency services in Queensland.

For further information refer to: www.qfes.qld.gov.au

3.10.5 Retrieval Services Queensland

Retrieval Services Queensland (RSQ) is part of the Medical Retrieval and Disaster Management Branch within the Prevention Division, Department of Health. RSQ provides clinical coordination for all the aeromedical retrieval and transfer of all patients from parts of northern New South Wales to the Torres and Cape.

Specialist medical and nursing coordinators in paediatric, neonatal and high risk obstetrics, also support the clinical coordination of these patients by road in metropolitan areas of Queensland.
RSQ utilises the services of multiple government and non-government organisations to achieve the required aeromedical coverage of Queensland. Currently, RSQ has service agreements or contractual arrangements with the following organisations to provide this service:
• Queensland Ambulance Service
• Royal Flying Doctor Service, Queensland
• Emergency Management Queensland
• LifeFlight
• Sunshine Coast Helicopter Rescue Service
• Capricorn Helicopter Rescue Service
• CQ Rescue Helicopter Service
• Australian Helicopters.

Through access to specialist paediatric, neonatal, obstetric and adult critical care medical and nursing clinicians, RSQ provides regional and remote medical practitioners and nurses with clinical support in the management and retrieval of patients who require services unable to be provided locally.

RSQ oversees both primary and inter-hospital aeromedical transfers, as well as coordinating the return of patients from tertiary or larger facilities to their referring centre when aeromedical resources and a clinical escort are required.

The two major aeromedical services are the Royal Flying Doctors Service (RFDS) and LifeFlight.

Royal Flying Doctors Service (RFDS)
The RFDS is a non-profit charitable service providing aeromedical evacuation, emergency and primary healthcare services.

The RFDS is a major fixed wing aeromedical service in Queensland and a significant provider of primary healthcare services in rural and remote areas of the state.

The RFDS has eight bases located throughout Queensland including: Brisbane, Bundaberg, Cairns, Charleville, Longreach, Mt Isa, Rockhampton and Townsville. These bases form a strategic network that facilitates the effective and efficient delivery of healthcare throughout Queensland.

RFDS provide the following three types of services:
• remote services
• emergency and transport services
• Primary healthcare services which includes:
  • general practice
  • child and maternal health
  • mental health
  • allied health
  • indigenous health
  • women’s health
  • nursing services
  • medical specialists.

For further information refer to: www.flyingdoctor.org.au

LifeFlight
LifeFlight is one of Australia’s largest aeromedical retrieval operations providing four types of retrievals:
• primary retrievals from accident scenes
• inter-hospital transfers
• neonatal retrievals
• search and rescues.

For further information refer to: www.lifeflight.org.au

3.10.6 State Emergency Service
The State Emergency Service (SES) is a not-for-profit, volunteer organisation designed to help Queensland communities in times of emergency and disaster. Each year the SES receives thousands of calls for assistance. Services are mostly provided in local communities by volunteers.

For further information refer to: www.emergency.qld.gov.au/ses

3.10.7 Poisons information centre
The role of the Poisons Information Centre is to provide the general public and health professionals of Queensland with prompt, up-to-date and evidence-based clinical information and advice to assist in the management of poisonings and suspected poisonings. The Centre is also occasionally called upon to provide advice to callers from neighbouring countries, such as Papua New Guinea.

All calls are answered by clinical pharmacists who have specific additional training in toxicology, risk assessment and the provision of poisons information.

The Centre also has access to a range of specialist medical officers at consultant level who can provide expert advice about a wide range of emergencies, including bites and stings, mushrooms, plants, spiders, snakes, insects and the management of poisoned patients where clinically appropriate.

For further information refer to: www.health.qld.gov.au/poisonsinformationcentre

3.11 Statewide systems
Whilst there are a variety of clinically centred statewide services the following section provides a brief overview of some of the statewide services and systems that support the provision of clinical services.

Further detail will be available at your HHS or on QHEPS.
3.11.1 Capacity alert (ambulance diversion)

Most public hospital facilities in Queensland have a capacity alert procedure for when they are near, or at capacity for patient treatment. This procedure is activated upon reaching certain criteria in the emergency department or acute hospital wards. The alert status activates the operation of a number of internal processes and nominates the time at which the hospital executive should be notified of the situation.

The focus of the alert is on preventing a situation from occurring in which the emergency department becomes unable to function safely and effectively. Hospital specific policies are located within the emergency departments or within the hospital bed management units. When the decision is made that the hospital is at capacity, this information is then communicated to the Queensland Ambulance Services (QAS) a division of the Department of Health, so that they may manage incoming patients appropriately. This stage is often referred to as ambulance re-direction.

A capacity alert cannot be initiated without consultation from the hospital executive management team. Ambulance diversion does not prevent walk in presentations to the emergency department and the hospital must continue to accept these. Continual monitoring of the situation by the hospital executive management team and clinicians results in the alert being removed or maintained.

3.11.2 DonateLife Queensland

DonateLife Queensland is the organ donation agency based at the Princess Alexandra Hospital. It is a state-wide service providing a 24/7 on-call service for organ donations in all hospitals in Queensland both public and private. DonateLife Qld is responsible for implementing the World’s Best Practice National Reform Program on organ and tissue donation to increase Queenslanders access to transplantation. Specialist DonateLife doctors and nurses are employed in 11 HHSs throughout the state to facilitate organ and tissue donation.

The Queensland Tissue Banks are based at the Cooper’s Plains facility and are responsible for the retrieval, storage, processing and distribution of tissues. Together, DonateLife Qld and the Queensland Tissue Banks comprise the Organ and Tissue Donation Service (OTDS) hosted by Metro South HHS as a state-wide service.

For further information refer to:
www.donatelife.gov.au

3.11.3 Elective surgery

While access to surgery is regulated to a large extent by workloads in operating theatres and surgical wards, it is also influenced by activity in emergency departments and outpatient clinics. HHSs and the Department of Health closely monitor elective surgery waitlists, to improve services and to provide information to enable appropriate decision making regarding planning and resource allocation.

3.11.4 Medication Services Queensland

Medication Services Queensland (MSQ) provides professional advice regarding pharmaceuticals and pharmacy practice, including PBS reimbursement issues, medication safety initiatives and the management of the statewide hospital formulary. Advice is available to frontline health staff, Hospital and Health Service management, and corporate management, including the Director-General of Queensland Health and the Health Minister.

For further information refer to:

It is recommended that junior medical practitioners complete the NPS Medicineswise on-line training on how to prescribe medicines on the National Inpatient Medication Chart (NIMC). The NIMC is used in all Queensland public hospitals.

This resource is available at:

In addition to the NIMC, there are a range of specific medication charts and other resources in use in Queensland Hospitals that have been shown to improve medication safety.

The Department of Health also releases guidelines and fact sheets about safe use of medicines from time to time.

These can be found at:

3.11.5 Pathology

Pathology Queensland is a part of Health Support Queensland Division and is the main provider of public sector pathology services in Queensland. Additionally Pathology Queensland provides clinical support, tertiary and state referral services, autopsies, education, research and development.
3.11.6 Radiation oncology

There are public radiation oncology services available at:
• The Princess Alexandra Hospital
• Mater Health Services Brisbane
• Royal Brisbane and Women’s Hospital
• Townsville Hospital
• Rockhampton Hospital.

Radiation oncology services are also provided in a number of private hospitals and centres throughout the state.

3.11.7 Statewide interpreter service

The Department of Health Interpreter Service provides interpreters in Queensland public health facilities in more than 130 languages. Interpreters are provided on-site (face-to-face), via video conference or over the phone.

Interpreters are available 24 hours a day, seven days a week and are provided at no charge to the client.

It is Queensland Government policy to use professional interpreters when possible.

3.11.8 Telehealth

Telehealth, in the context of the Australian healthcare setting, can be defined as the use of videoconferencing technologies to conduct a medical consultation where audio and visual information is exchanged in real time. While telehealth is not designed to replace face-to-face consultations, it can be used to enhance and simplify ongoing specialist services to patients whose access might otherwise be limited.

If you are working in a rural, remote or regional area ask your supervisor about local telehealth policies and procedures.

Also, refer to Section 5.4.11 for a detailed outline of the service.

For further information refer to:

3.11.9 National Prescribing Service

The National Prescribing Service (NPS) is an independent, non-profit organisation for quality use of medicines. The service provides accurate, balanced, evidence based information and services to help people choose if, when and how to use medicines to improve their health and wellbeing.

It is a member based organisation, and works in partnership with health professionals, consumers, government and the pharmaceutical industry. The service is funded by the Australian Commonwealth Department of Health.

For further information refer to:
www.nps.org.au

3.12 Government and non-government referral agencies

The following section provides information and contact details on a number of organisations including:
• health support organisations and services
• emergency services/patient transport/transfer services
• government agencies.

This is not an exhaustive listing; please refer to your local community services coordinator for more information.

3.12.1 13 Health (13 43 25 84)

The 13 HEALTH service is a 24 hours a day, seven days a week, 365 days a year service which provides health information, referral and teletriage services to the public in all parts of Queensland for the cost of a local call (mobile phones calls may be charged at a higher rate).

Telephone triage may include symptom assessment, home treatment advice, referral, information, disease management and crisis intervention.

13 HEALTH triage services are provided by registered nurses using a clinical decision support system which uses clinically proven protocols to assist the nurses in determining the appropriate recommendation of care.

13 HEALTH is not a diagnostic service and should not replace medical consultation. In an emergency always dial 000.

13 HEALTH also uses QFinder as an online resource to direct callers to services in their local area.

For further information refer to:

3.12.2 13 QGOV (13 74 68)

13 QGOV is a general enquiries number which enables customers to dial a telephone number and have the call centre staff connect them to the relevant service or location they require. It is a government initiative, led by Smart Service Queensland, to deliver a 'one-stop-shop' for consumer based telephone enquiries.

For further information refer to:
3.12.3 Allied health services

A range of allied health services are provided by the public healthcare system in community health centres and public hospitals. Services are usually provided on a referral only basis and are at no cost to the patient. The range of allied health services available may vary depending on the location of the public health facility. It is recommended that you find out what allied health services are available for your patients in your facility and area.

Some allied health services are provided to the community by other government departments such as the Departments of Education, Training and Employment; Communities, Child Safety and Disabilities Services. Some non-government organisations such as domiciliary agencies often also referred to as home care also offer allied health services to eligible patients in the community. GPs may refer patients to eligible allied health services under the Chronic Disease Management (CDM) Program which replaced the Enhanced Primary Care (EPC) Program.

The CDM Program’s purpose is to improve coordination of care for people with chronic conditions and complex care needs.

For further information refer to:

An alternative is to refer patients to private allied health services. These services will be at the cost of the patient but may be subsidised if they have private health insurance. Patients who are eligible for WorkCover (workers compensation scheme) or Department of Veteran’s Affairs card holders may be able to access private allied health services under these schemes.

The following section provides contact details for some of the professional associations for the allied health disciplines.

**Audiologists**

A list of audiologists in metropolitan and country Queensland can be found at the following website:
www.audiology.asn.au

**Dietitians**

The Dietetians Association of Australia has an online ‘Find an Accredited Practising Dietitian’ service or you can call 1800 812 942. The online directory can be found at:
www.daa.asn.au

**Occupational therapists**

The Occupational Therapy (OT) Australia Queensland Branch has an online directory of private providers in Queensland:

**Physiotherapists**

The Australian Physiotherapy Association website offers a ‘Find a Physio’ service, plus contact details for its offices in each state:

**Podiatrists**

Refer to the Australian Podiatry Council web link to find out more about podiatry services in your area:

**Psychologists**

The Australian Psychological Society provides an online and telephone (1800 333 497) referral service. This site also has an online ‘Find a Psychologist’ directory of private providers:

**Speech pathologists**

Speech Pathology Australia has a search facility to help you ‘Find a Speech Pathologist’ on their website:
www.speechpathologyaustralia.org.au/SPAweb/General_Information/Find_a_Speech_Pathologist/Find_a_Speech_Pathologist.aspx?hkey=0b04c883-80b2-43e7-9298-7e5db5c75197

3.12.4 Cancer Council Queensland

The Cancer Council Queensland raises funds which are dedicated to eliminating cancer and reducing suffering from cancer through research, treatment, patient care, prevention and early detection.

Services provided for the benefit of all Queenslanders include grants for cancer research, prevention for those who do not have cancer, early detection and best possible treatment for those with a disease which may be cured, highly professional palliative care for those unable to be cured. Fundraising and volunteer services provide the necessary resources to continue the fight against cancer.
Cancer information and services
Cancer Helpline 13 11 20 toll free
The Cancer Helpline provides information, support and referral for the cost of a local call.

Cancer Counselling Service
The Cancer Counselling Service is a free and confidential telephone counselling service to help people with cancer and those close to them.

Support groups and programs
Cancer Council Queensland can refer people to many different types of cancer support groups and the council provides a range of programs for people with cancer, their carers and families.

Prevention and early detection
Cancer Council Queensland helps save thousands of lives each year through its public and professional education programs.

Information for health professionals and students
General information for use in student assignments and presentations together with links to other informative sites.
Statistical Information from the Department of Health, cancer updates, general practitioner education, scholarships/awards/grants and links for medical practitioners.

For further information refer to:
www.cancerqld.org.au

3.12.5 Centrelink
Centrelink is the Australian Government’s central administrative agency, which delivers a wide range of payments and support services to the community. Centrelink is set up so people can access a range of social services assistance in one place.

For further information refer to:
www.centrelink.gov.au

3.12.6 Child safety
The Department of Communities, Child Safety and Disability Services is the Queensland Government department for child protection and adoption services. It is dedicated to protecting Queensland’s children and young people who have been subject to harm or are at risk of harm and whose parents cannot provide adequate care or protection for them.
The department administers the Child Protection 1999 and the Adoption Act 2009.

The specific role of the department is to:
- investigate reports that allege that a child has been harmed or is at risk of harm
- ensure an ongoing provision of services to children who have been assessed as experiencing, or being at risk of experiencing, significant harm in the future
- act as the lead agency in facilitating a whole of government response to child protection issues.

For further information refer to:

Please refer to Section 4 for additional information on child safety and legislative requirements in Queensland including mandatory reporting by doctors and registered nurses on any reasonable suspicion of child abuse and neglect.

Also, refer to Section 4.4 for detailed information on child safety, abuse and neglect, reporting, child protection guidelines and other information and links.

3.12.7 Commonwealth Home Support Programme
The Commonwealth Home Support Programme (CHSP) is funded by the Commonwealth Government, is an entry level home help programme for older people who are mostly, but not completely, able to live and cope on their own, and don’t yet need higher levels of support at home. A home support assessment conducted by the Regional Assessment Service (RAS) is required to obtain support at home.
The programme can also help the carer. If the carer needs to attend to everyday activities, the CHSP can arrange for someone to help while the client is away.

For further information refer to:

3.12.8 Diabetes Australia — Queensland
Diabetes Australia (DAQ) provides information on how people with diabetes, pre-diabetes and those affected by diabetes can access services and advice on diabetes management in their local area. DAQ seeks to promote a healthy lifestyle and education for the community about the diabetes disease process, its management, risks and prevention.

DAQ sells products for diabetes management through shops in the south east of QLD, located in Aspley, Mt Gravatt, Ipswich, Logan and Caboolture.

DAQ administers the National Diabetes Services Scheme (NDSS) in Queensland on behalf of the Australian Government. Registration on the scheme is free and registrants can access the subsidised supplies from DAQ shops and nominated pharmacies throughout Queensland.
3.12.9 Disability and community care services

The Department of Communities, Child Safety and Disability Services provides services in the areas of Child and Family Safety and Protection, Community including Aged Care, Disability Services, Domestic and Family Violence and social services including making it easier to access community support.

Their purpose is to make a difference for these people by developing programs and services that support them to participate in the community.

They also have a large role with foster and kinship care for children and young people.

For further information refer to:

This service is committed to the goals and principles of the Queensland Compact, which supports the Queensland Government and the non-profit community services sector to work together for a better quality of life and a fair community for all Queenslanders now and in the future.

They work in partnership with non-government service providers to help support those most in need through:
- accommodation support services
- community services
- respite services
- community and home care services.

For further information refer to:

3.12.10 Domestic violence

The Domestic and Family Violence Protection Act 2012 (the ‘Act’) aims to provide safety and protection for people in domestic relationships who are victims of domestic and family violence. The Act defines domestic relationships as spousal relationships, intimate personal relationships, family relationships and informal care relationships.

For further information about the legislations please go to:

Domestic and family violence occurs when one person in a relationship uses their power to control the other person, in any way, including physical, emotional, verbal, sexual, financial, social, cultural and spiritual abuse.

If you suspect someone is in a violent or abusive relationship and need information and/or help there are many services throughout Queensland that can be contacted. The majority of these services are funded by the Queensland Government and offer support and assistance to people experiencing domestic and family violence, including children.

Support options available in the workplace include:
- a minimum of 10 days paid domestic and family violence (DFV) leave
- flexible work arrangements
- reasonable workplace adjustments
- counselling through employee assistance programs (EAP).

For further information refer to:

3.12.11 Department of Veterans’ Affairs

The Department of Veteran’s Affairs (DVA) coordinates income support, compensation, health services, housing, care and commemoration programs and funeral arrangements for war veterans and their widows, widowers and dependants. The department appoints a local medical practitioner in each area to administer medical reports and requirements for their clients. The health program exists to promote, improve and maintain the health, wellbeing and independence of the veteran community.

Services in the health program include:
- community nurses
- doctors
- healthcare professionals
- aged care
- online resources
- Veterans’ Home Care
- Veteran Community
- Vietnam Veterans Counselling Service.

For further information refer to:
www.dva.gov.au

DVA repatriation benefits cards

DVA issues repatriation benefits cards to veterans, their war widows and widowers and dependants, to ensure that they have access to health and other care services that promote and maintain self-sufficiency, wellbeing and quality of life. There are three DVA repatriation health cards which provide holders with different levels of access to healthcare and ancillary services as well as pharmaceuticals. The three cards are the DVA Gold Health Card, the DVA White Healthcare Card and the DVA Orange Pharmaceutical Card.
3.12.12 General practitioners

A GP is a doctor who works in family medicine or primary healthcare. Most GPs work in small private practices (nearly 65 per cent) and are usually the first point of contact for someone seeking general healthcare services. Roughly 25 per cent of GPs work in hospitals. Rural GPs tend to work in both private practice and in public and private hospital settings.

GPs play a vital role in the prevention, treatment, management and cure of conditions for patients within the community. For patients treated within a hospital, information on their in hospital treatment and discharge medication should be sent to their GP upon discharge to assist them with post hospital management.

For further information refer to:
www.gpqld.com.au

3.12.13 Home care services in Queensland

To support people in the community to stay in their own homes there are a number of organisations who provide services.

For a comprehensive list refer to:
www.agedcareguide.com.au

3.12.14 Injury at work

Every Queensland employer must have workers’ compensation insurance. Most employers including government agencies insure with WorkCover Queensland, while a small number of large organisations have their own insurance.

This insurance coverage ensures that employees injured at work receive financial support, reasonable medical treatment and appropriate rehabilitation in order to enable them to return to their previous employment. Doctors play an important role in the workers’ compensation process by providing workers with medical and rehabilitation services that help people recover from injury or illness. For a worker to be entitled to make a claim from their workers compensation insurer they must obtain a workers’ compensation medical certificate for the duration of their claim, to ensure medical treatments and compensation are paid while they are injured.

For further information refer to:
www.workcoverqld.com.au

Alternately a workplace health and safety representative will be available to discuss either staff or patient safety issues with you at your local level.

3.12.15 Meals on Wheels

The Queensland Meals on Wheels (MOW) Services Association Inc. is a community service organised to help the frail, the aged, people with disabilities and people recovering from short term medical conditions and their carers to live in the community where they are happiest — in their own homes.

MOW volunteer service include, delivering a meal to the clients door and having friendly staff and volunteers monitor the safety and wellbeing of the client at each visit.

For further information refer to:
www.qmow.org/information_for_clients

3.12.16 Medical Aids Subsidy Scheme

Subsidy funding for medical aids and equipment is available to eligible Queenslanders with permanent/stable conditions or disabilities. Aids and equipment are subsidy funded either on a permanent loan basis, private ownership or through the supply of consumables.

Aids and equipment are provided primarily to assist people to live at home and avoid premature or inappropriate residential care or hospitalisation.

The Medical Aids Subsidy Scheme (MASS) provides subsidy funding assistance for:
- communication aids
- continence aids
- daily living aids
- mobility aids
- medical grade footwear
- orthoses
- home oxygen
- spectacles through the Spectacle Supply Scheme.

For further information refer to:
www.health.qld.gov.au/mass

3.12.17 Men’s Health

Australian men are more likely to get sick from serious health problems, such as cancer, than Australian women. Their mortality (death) rate is also much higher. The poor health status of Australian men is complicated by the fact that men are more likely than women to shy away from medical treatment of any kind. The lack of health awareness and unwillingness to adopt a healthier lifestyle also disadvantages men.

Advice and referring agencies regarding health conditions specific to Men’s Health are available at:
conditions.health.qld.gov.au/HealthCondition/home/category/16/mens-health
3.12.18 Mental Health

Mental Health Alcohol and Other Drugs Branch

The Mental Health Alcohol and Other Drugs Branch supports the state-wide development, delivery and enhancement of safe, quality, evidence-based clinical and non-clinical services in the specialist areas of mental health and alcohol and other drugs services.

The Mental Health Alcohol and Other Drugs Branch role:

• supports and coordinates clinical and non-clinical service development and improvement, including the management and evaluation of performance
• undertakes contemporary evidence-based service planning, development and review of models of care, new programs and service delivery initiatives
• facilitates strong cross sectoral and intergovernmental relations with government and non-government partners at the state and national level
• develops state-wide clinical guidelines and legislative policies
• promotes patient safety and quality improvement of services in partnership with clinicians and service managers through state-wide networks
• meets Queensland’s obligations around the collection and reporting of information
• represents Queensland in progressing national reform agendas
• provides purchasing advice on system-wide specialist mental health alcohol and other drugs programs
• supports patient safety and engagement.
• Currently administers the Mental Health Act 2000 incorporating the:
  - reporting and investigating compliance concerns with HHS and consumers
  - liaison with the Mental Health Court, the Mental Health Review Tribunal and other external customers.

Queensland parliament passed the Mental Health Act 2016 on 18 February 2016. The new Act will commence on 5 March 2017. Until then, the current Act, the Mental Health Act 2000, remains in place.

3.12.19 Mental health services – Queensland

Mental health care in Queensland is delivered by a range of providers operating within and across different sectors.

Clinical assessment and treatment services providing crisis response, acute, non-acute and continuing treatment services in inpatient and community settings are provided by public and private sector mental health services and health practitioners.

A variety of other interventions to support mental health and recovery are provided by other government and non-government sectors. These may include services delivered by a housing or employment agency, or personal care from a non-government community support provider.

All sectors, including public mental health services, other government agencies and non-government organisations are involved in identifying and intervening early with people who are at risk of developing mental illness and facilitating timely and effective recovery-oriented pathways to care. Key groups requiring particular attention in mental health prevention and early intervention include children of parents with mental illness, children and youth who have experienced, or are at risk of abuse/neglect, and young people displaying behaviour disturbances, and their families.

Public mental health services

Public mental health services are provided in each of the Hospital and Health Services. They deliver specialised assessment, clinical treatment and rehabilitation services to reduce symptoms of mental illness and facilitate recovery. These services are focused primarily on providing care to Queenslanders who experience the most severe forms of mental illness and behavioural disturbances, and those who may fall under the provisions of the Mental Health Act 2000.

Public mental health services work in collaboration with primary health and private sector health providers who assist individuals with mental health problems and facilitate access to specialist public and private mental health services when required.

Primary health care providers may include general practitioners, community health workers, nurses, allied health professionals, school health nurses, counsellors and community support groups.

Private mental health services

Private mental health services are delivered by psychiatrists, mental health nurses, clinical psychologists, social workers and other allied health professionals with expertise in mental health care. They provide a broad range of services through office-based private practice and inpatient care within private hospitals, including dedicated private psychiatric hospitals.
Non-government organisations

Non-government organisations include not-for-profit community agencies, consumer, family and carer groups and other community-based services that provide a range of treatment, disability support and care services, which complement both public and private mental health services. These organisations are the primary providers of psychiatric disability support for people with mental illness and play an important role in promoting and maintaining mental health and well-being.

Queensland Alliance work to promote, strengthen and develop the growth of non-government, community based, recovery oriented responses to the needs of people with mental illness and psychiatric disability in Queensland. Queensland Alliance represent non-government and non-profit organisations who meet the needs of people with mental illness or psychiatric disability including consumer groups, family and carer groups and non-government community based service providers across Queensland.

For further information refer to:
www.qldalliance.org.au

Alcohol and other drugs services in Queensland

Alcohol and other drugs (AOD) services provide people with a range of interventions that influence and support the decision to reduce or cease harmful substance use.

Referrals to alcohol and other drugs services can come from the individual experiencing the problem, family and friends, community services, Hospital and Health Services, GPs, Police, Courts and Corrective Services.

Alcohol and Drug Information Service

The Alcohol and Drug Information Service (ADIS) offers confidential and anonymous telephone counselling and information for individuals, parents, and concerned others.

ADIS can undertake telephone assessments, provide information about the effects of specific drugs and provide advice on various treatment options. They can also help clients contact the best service for their needs.

ADIS also manages two specialist services:
- Clean Needle Helpline: information about safe disposal of injecting equipment and location of needle and syringe programs.
- Community Services Information Line: contact details and advice about specific services to meet your needs.

ADIS is available 24 hours, seven days a week by calling 1800 177 833 (freecall).

You can also search the health service directory to find the closest alcohol and drugs treatment service. For further information refer to:

Non-government

The Queensland Network of Alcohol and other Drug Agencies (QNADA) is the peak organisation for the non-government alcohol and other drug sector.

For further information refer to:
Queensland Network of Alcohol and other Drug Agencies (QNADA)

Strategies

For further information refer to:
www.nationaldrugstrategy.gov.au

3.12.20 National Disability Insurance Scheme in Queensland

The National Disability Insurance Scheme (NDIS) is the new way of providing support for Australians with disability, their families and carers. The NDIS will provide about 460,000 Australians under the age of 65 with a permanent and significant disability with the reasonable and necessary supports they need to live an ordinary life.

The Queensland Government is working closely with the Commonwealth Government, local communities and the disability sector to ensure a smooth and carefully managed transition to the NDIS.

The NDIS will progressively roll out across Queensland over three years from July 2016 to June 2019.

For further information refer to:

3.12.21 National Heart Foundation

The National Heart Foundation is an independent Australia wide, non-profit health organisation which is funded almost entirely by donations from Australians. The Heart Foundation is dedicated to making a real difference to the heart health of Australians. Every day, their work includes:
- funding world-class cardiovascular research
- guiding health professionals on preventing and treating heart disease
- educating Australians about making healthy choices
• supporting people living with heart conditions
• advocating to government and industry to improve heart health in Australia.

For further information refer to:
www.heartfoundation.com.au

3.12.22 Oral health services
Queensland oral health services offer care to all children from age four, up to and including Year 10 school students. These services are provided through HHSs.

A program for eligible adults and their dependents is also available. This currently includes people eligible for a healthcare card issued by Centrelink and certain schemes for veterans administered by the Department of Veterans’ Affairs.

The Department of Health provides oral health services from community clinics, mobile dental clinics, fixed school clinics and a number of self-drive dental vans.

For further information refer to:

3.12.23 Palliative care
The Queensland Government has a strong commitment to the palliative care approach with palliative care being regarded as an integral part of the broader healthcare system. The majority of clients accessing palliative care services in Queensland have cancer. Palliative care services are available to all patients who require these services regardless of their underlying condition.

A palliative approach respects the dignity of the person with a life ending illness and seeks to improve their quality of life and that of their family and/or carer. The palliative approach provides active relief of pain and other symptoms and integrates the physical, psychological, social, emotional and spiritual aspects of care.

Please refer to your local palliative care service for further information.

Please also refer to the Australian Government Department of Health website for additional information on palliative care:
health.gov.au/palliativecare

For up to date research and evidence based palliative care practice go to:
www.caresearch.com.au

How to access palliative care
A person may be referred to palliative care by anyone providing care to that person, including health professionals, family or friends or the person can even refer themselves. Some palliative care services require referrals from a doctor. Care is available to anyone of any race, culture, religion, background or belief who is suffering a life threatening illness (not only cancer).

There is usually no payment for this care, either to the patient or their family. It should be remembered however, that most community based palliative care services are charitable organisations and as such rely on donations and fundraising to supplement the limited funding from state and commonwealth governments.

Outside of normal palliative care, palliative care units or hospices are available. A hospice is a place where specially trained doctors, nurses and others care for people who are dying. Patients must be referred by their doctor for entry into a hospice. Sometimes people go into a hospice for a short time to give their carers a rest or to have difficult symptoms brought under control and to improve their quality of life and are then discharged. Some hospices and hospitals will charge fees for inpatients, but Medicare or private insurance usually covers these.

A care services directory is available online from the Palliative Care Australia website. To find the closest palliative care service to you visit the website:
palliativecare.org.au

3.12.24 Relationships and Reproductive Health formally known as Family Planning Queensland
True Relationships and Reproductive Health (True) provides sexual and reproductive health services and education to the population of Queensland.

True is a member of Family Planning Alliance. True is supported by Queensland Health and provides a comprehensive range of clinical, counselling, educational and training activities on sexual and reproductive health.

True is also funded by the Department of Education, Training and Employment and the Department of Communities, Child Safety and Disability Services to manage specific projects, including:
• Multicultural Women’s Health Education Project on Female Genital Mutilation (FGM)
• Cairns Sexual Assault Service
• Cairns Children’s Counselling Services
• Children and students with special needs (Looking after me) package.

For further information refer to:
www.true.org.au
3.12.25 Salvation Army

The Salvation Army (‘the Salvos’) is a Christian church and international charitable organisation that provides the following:

- support for people whose lives have been diminished by excessive use of alcohol and drugs
- housing for the homeless
- comfort for victims of accident and disaster
- assistance in finding missing persons.

For further information refer to: salvos.org.au

3.12.26 Sexual health

The Queensland Health sexual health, HIV/AIDS and viral hepatitis website provides resources for the community, educators and healthcare providers relating to sexual health, HIV/AIDS, viral hepatitis C.


On this site, the community, educators and healthcare providers will find information and fact sheets to download about:

- sexually transmissible infections (STIs) including chlamydia, gonorrhoea, syphilis, herpes, human papilloma virus and HIV (human immunodeficiency virus)
- blood borne viruses (BBV) including HIV, hepatitis B, hepatitis C
- safe sex
- where to go for help
- how to tell partners if you have been diagnosed with an STI
- links to other relevant Department of Health sites, community organisations and other useful resources.

The program ‘Let Them Know’ helps people who have been diagnosed with chlamydia and a number of STIs, tell their current and past sexual partners that they might also be at risk. There are suggestions of how to tell partners and an SMS, email or letter service. Ensuring partners are tested and treated is an important way of avoiding getting these STIs again. It prevents partners developing complications from having STIs and controls the spread of the infection.


3.12.27 Statewide Sexual Assault Help Line

Sexual violence is a major social and health issue. Sexual assault is a crime in Queensland and the vast majority of victims of sexual assault are female. The Queensland public health system provides acute care for people who have been recently sexually assaulted. A listing of sexual assault service locations and contact details can be found at the website below: www.health.qld.gov.au/sexualassault

The Queensland Government has established a sexual assault help line which operates 24 hours a day, seven days a week.

The number is 1800 010 120 (free call).

For further information refer to: www.health.qld.gov.au/sexualassault/html/contact.asp

3.12.28 St Vincent de Paul

The St Vincent de Paul Society (St. Vinnies) in Queensland has more than 300 Parish Conferences and 8,000 members and volunteers that support around 300,000 people each year, providing social and financial assistance.

St Vincent de Paul services include:

- homeless services for men, women and children. These include hostels, learning centres, and counselling
- youth programs and camps for children experiencing disadvantage
- refuges for women and children escaping domestic violence
- friendship programs for people living with a mental illness
- rural task-force and disaster relief
- budget counselling
- drug, alcohol and gambling rehabilitation programs.

The above services and programs are funded by the profits of shops that provide affordable, bargain priced and pre-loved items such as clothing, furniture, books, music and bric-a-brac

For further information refer to: www.vinnies.org.au/home-qld

3.12.29 Suicide in Queensland

Suicide remains a major public health problem in Australia. The Queensland Suicide Prevention Action Plan 2015–17 (the Action Plan) provides a blueprint for a whole-of-government, whole-of-community approach to suicide prevention across the state.
A key priority of the Action Plan is to enhance the capacity and capabilities of frontline staff to recognise, assess, manage, and refer people at risk of suicide so that people at risk of suicide are able to access the right care, at the right time and in the right place.

**Your role**

A high proportion of people have had contact with a health service in the months, weeks, or days prior to their death. This suggests that individuals at risk of suicide are, in principle identifiable, and their deaths often preventable. Understanding and fulfilling your responsibilities in identifying people at risk of suicide and ensuring they have access to appropriate support and intervention is a key priority for Queensland Health staff.

You can do this by familiarising yourself with guidelines on suicide risk assessment and management developed by Queensland Health which can be found at:


For further information refer to:


www.livingisforeveryone.com.au

### 3.12.30 Women's health centres

There are many women’s health centres in Queensland. These centres are just one part of the response to improving the health and wellbeing of Queensland women.

Women’s health centres provide:

- libraries and information on a range of issues including healthy ageing, violence against women, sexuality and reproductive health, emotional and mental health and occupational health and safety
- referrals to other health and general services
- group workshops on topics including healthy ageing, stress management, child birth, loss and grief and puberty
- support groups on topics such as eating disorders, postnatal depression and pelvic wellness
- short term and medium term counselling.

For further information and advice contact your supervisor in your employing HHS.

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**The Mobile Women’s Health Service**

The Mobile Women’s Health Service is a network of specially trained women’s health nurses who provide a free and confidential service to Queensland women. The service, established by the Department of Health, aims to improve the health and wellbeing of women in rural and remote areas of Queensland.

The service visits over 200 rural and remote communities in Queensland and services a 300–500km radius from base locations to provide clinics and other services on a regular basis.

The service supports all women, including Aboriginal and Torres Strait Islander women and those from multicultural backgrounds. In some areas an Aboriginal and Torres Strait Islander women’s health worker assists the nurse in meeting the needs of local Aboriginal and Torres Strait Islander women.

The service provide a range of preventative health services for women, including clinical gynaecological services, education, information, counselling and support on a range of women’s health issues.

The service complements and works with other health services including:

- local general practitioners
- outreach gynaecology specialists
- the Royal Flying Doctor Service
- allied health staff.

For further information refer to:

## Legislation and professional practice

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4.1 Relevant Legislation

The legislation listed below are the Acts, Subordinate Legislation and associated documents which are relevant to medical practitioners employed by Queensland Health.

- Child Protection Act 1999 (Qld)
- Coroners Act 2003 (Qld)
- Health Ombudsman Act 2013 (Qld)
- Health Practitioner Regulation National Law Act 2009 (Qld)
- Health (Drugs and Poisons) Regulation 1996
- Information Privacy Act 2009 (Qld)
- Mental Health Act 2016
- Powers of Attorney Act 1998 (Qld)
- Right to Information Act 2009 (Qld)

This list is not exhaustive and other legislation associated with health care services is located at the Department of Health website: www.health.qld.gov.au/legislation

4.2 Accreditation

4.2.1 National Accreditation

In September 2011, Health Ministers took a significant step towards improving Australia’s health system by endorsing the National Safety and Quality Health Service (NSQHSS) Standards and a national accreditation scheme.

The Australian Commission on Safety and Quality in Health Care has legislative responsibility for maintaining and implementing the NSQHSS Standards under the Australian Health Service Safety and Quality Accreditation Scheme.

In the current version of the NSQHSS there are ten Standards focusing on areas that are essential to drive the implementation and use of safety and quality systems:

- **Standard 1** – Governance for Safety and Quality in Health Service Organisations
- **Standard 2** – Partnering with Consumers
- **Standard 3** – Preventing and Controlling Healthcare Associated Infections
- **Standard 4** – Medication Safety
- **Standard 5** – Patient Identification and Procedure Matching
- **Standard 6** – Clinical Handover
- **Standard 7** – Blood and Blood Products
- **Standard 8** – Preventing and Managing Pressure Injuries
- **Standard 9** – Recognising and Responding to Clinical Deterioration in Acute Health Care
- **Standard 10** – Preventing Falls and Harm from Falls

These mandatory Standards provide a quality assurance mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met and a quality improvement mechanism that allows health service organisations to realise developmental goals.

Refer to Section 3, section 3.6.4 for the Patient Safety and Quality Improvement Service (PSQIS) programs that support the National Standards.

The responsibility for the NSQHSS and Accreditation is managed by the Department of Health, PSQIS.

For further information refer to:


www.achs.org.au/programs-services

4.2.2 Other sector accreditation processes

In Queensland, Hospital and Health Services (HHSs) can be assessed against other standards used by an accreditation agency. As articulated in each HHS service agreement, all Queensland public hospitals, day procedure services and healthcare centres managed within the framework of HHSs are to maintain accreditation status.

Separate accreditation agencies and standards exist for other specific healthcare settings such as:

- Mental health services
- Aged care facilities
- Queensland Health owned/managed General Practices
  www.racgp.org.au/your-practice/standards/standards4thedition

For further information refer to:

www.achs.org.au/programs-services

4.3 Australian Charter of Healthcare Rights

Everyone who is seeking or receiving care in the Australian healthcare system has certain rights regarding the nature of that care. These are described in the Australian Charter of Healthcare Rights (the Charter). The rights included in the Charter relate to access, safety, respect, communication, participation, privacy and comment.

The Charter is available to everyone in the healthcare system. It allows patients, consumers, families, carers and providers to share an understanding of the rights of people receiving healthcare.

Patients, consumers, healthcare providers and health service organisations all have an important part to play in achieving healthcare rights and contributing
to a safe and high quality healthcare system. A genuine partnership between patients, consumers and healthcare providers is important so that everyone achieves the best possible outcomes.

For further information refer to: www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights

4.3.1 Ryan’s Rule

Ryan’s Rule consists of a series of steps that a patient, their family member or carer can take to raise their concerns when the patient in hospital is getting worse or not doing as well as expected. These steps facilitate a review of the patient. The patient, family member or carer can continue to escalate through the series of steps if they are not satisfied with the outcome after each step.

Ryan’s Rule has been developed in response to the tragic death of Ryan Saunders, who died from an undiagnosed Streptococcal infection, which led to Toxic Shock Syndrome. Staff did not know Ryan as well as his Mum and Dad. When Ryan’s parents were worried he was getting worse they did not feel their concerns were acted on in time. The Department of Health has made a commitment to introduce a patient, family, carer escalation process, Ryan’s Rule, to minimise the possibility of a similar event occurring.

Ryan’s Rule applies to all patients admitted in HHS acute health care facilities including those receiving care under Hospital in the Home, and encourages patients or their family and carers to escalate their concerns regarding the patient’s deteriorating physical condition. The process that individual facilities implement will depend on their local capabilities.

For further information refer to: http://qheps.health.qld.gov.au/psu/rrcd/ryans-rule.htm

4.4 Child safety

The Queensland Government is committed to the protection of children and young people who have been harmed or who are at risk of harm.

The Queensland Health Child Safety homepage provides all staff with information on individuals’ responsibilities regarding child protection, how to recognise child abuse and neglect and how to report reasonable suspicions of child abuse and neglect.

For further information refer to: http://qheps.health.qld.gov.au/csu/home.htm

4.4.1 What is child abuse and neglect?

Child abuse includes physical abuse, sexual abuse, emotional abuse and neglect. Child abuse can be a single incident, or can be a number of different incidents that may take place over time. These types of abuse often occur together and can have a significant detrimental effect on a child’s physical or emotional health, development and wellbeing. The younger a child is, the more vulnerable they are and the more serious the consequences are likely to be.

Harm to a child is defined in the Public Health Act 2005 as any detrimental effect on the child’s physical, psychological or emotional wellbeing:

- that is of a significant nature, and
- that has been caused by physical, psychological or emotional abuse or neglect or sexual abuse or exploitation.

Section 13C of the Child Protection Act 1999 provides matters which the staff member may consider in forming a ‘reasonable suspicion’ about significant harm:

- whether there are detrimental effects on the child’s body or the child’s psychological or emotional state that are evident or likely to become evident in the future
- the nature and severity of the detrimental effects
- the likelihood that the detrimental effects will continue
- the child’s age.

Staff shall use their professional judgement to form a reasonable suspicion regarding harm to children. In forming a reasonable suspicion, staff members may consult with a senior staff member, child protection liaison officer or child protection advisor. Section 13H of the Child Protection Act 1999 provides for staff to consult with another health professional to assist in the formulation of a reasonable suspicion of child harm.


4.4.2 How to protect children

Reporting child abuse and neglect

Non mandatory reporting:

Any Queensland Health or HHS staff member should inform Child Safety Services in accordance with s 13A of the Child Protection Act 1999 where the staff member reasonably suspects:

- a child may be in need of protection, or
- an unborn child may be in need of protection after he or she is born.
The information given under s 13A of the Child Protection Act 1999 may include anything the person considers relevant to the person’s suspicion.

The reporting relates only to reasonable suspicions that staff have formed in the course of their professional practice.

**Mandatory reporting:**

Section 13E (1) of the Child Protection Act 1999 provides that a doctor and a registered nurse are mandatory reporters.

A reportable suspicion is defined at s 13E(2) of the Child Protection Act 1999 as a reasonable suspicion that a child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse; and may not have a parent able and willing to protect them from harm.

s 13E(3) of the Child Protection Act 1999 provides that a doctor or a registered nurse must give a written report to the Child Safety Services if that person forms a ‘reportable suspicion’ in the course of their employment.

Under s 13G(2) of the Child Protection Act 1999, this written report must contain the following details:

- state the basis on which the person has formed the reportable suspicion; and
- include the information prescribed by regulation, to the extent of the person’s knowledge.

**Determining whether a parent is able and willing**

In determining whether a child may not have a parent able and willing to protect them from harm, staff members should consider:

- a parent may be willing to protect a child, but not have the capacity to do so. That is, they are unable to protect the child from harm
- a parent may have the capacity to protect a child, that is they are able to protect the child from harm, but may choose not to do so. That is, they are unwilling to protect the child from harm.

**Reporting a reasonable / reportable suspicion**

When a staff member forms a reasonable/reportable suspicion, this staff member should:

- immediately report their concerns in writing to an authorised officer of Child Safety Services Regional Intake Service (CSS-RIS) or Child Safety After Hours Service (CSAHS)
- fill out a ‘Report of suspected child in need of protection’ form.
- telephone CSS-RIS or CSAHS and document the date, time and name of the person you spoke to in the client’s record.


The staff member submitting the report electronically should:

- print and file the report in the client’s record
- forward a copy of the form to their Hospital and Health Service (HHS) Child Protection Liaison Officer (CPLO).

The staff member submitting a paper copy of the Report of suspected child in need of protection form should:

- fax or email the form to CSS-RIS or CSAHS
- file the original form in the client’s record
- forward a copy of the form to their HHS CPLO.

**Care and Treatment Order for a Child**

A Care and Treatment Order for a Child is a very powerful intrusion on the normal decision making rights of parents or guardians and can be taken out on a child at a health service facility where a designated medical officer becomes aware of or reasonably suspects that:

- a child at a health service facility has been harmed or is at risk of harm, and
- is likely to leave or be taken from the facility and suffer harm if the designated medical officer does not take immediate action.

It is the Department of Health’s policy position that a Care and Treatment Order for a child only be invoked in circumstances where:

- health professionals’ efforts to engage and gain parental cooperation to secure the child’s immediate safety, health and well-being are unsuccessful, and
- it is not possible to use the custody provisions of the Child Protection Act 1999, which in general is the preferred course of action. This recognises that the Department of Communities has primary responsibility for child protection.


**Suspected Child Abuse and Neglect (SCAN) Teams**

The purpose of Suspected Child Abuse and Neglect teams (SCAN) is to enable a co-ordinated, multi-agency response to children where statutory intervention is required to assess and meet their protection needs. This will be achieved by:

- timely information sharing between SCAN team core members
• planning and coordination of actions to assess and respond to the protection needs of children who have experienced harm or are at risk of harm
• holistic and culturally responsive assessment of children’s protection needs.

For further information refer to:

Evolve Therapeutic Services

The Department of Health provides specialist intensive trauma informed mental health therapeutic services for an identified group of children and young people with severe psychological and behavioural problems who are in the care of the Department of Communities, Child Safety and Disability Services. This service is called Evolve Therapeutic Services (ETS).

ETS covers almost the entire state. Currently there are ten multi-disciplinary and multi-specialist teams (with an additional position being hosted in Mt Isa) over 17 different sites.

The key focus of ETS is to provide planned and coordinated mental health support aimed at improving emotional wellbeing and participation in school and community. In addition to direct (individual and systemic) mental health service provision, ETS teams provide psycho-education and skill development to foster/kinship carers, residential care providers, government, non-government and private sector service providers.

For further information refer to:

Child Protection Guidelines for HHSs

There are seven Guidelines which apply to HHSs. The Guidelines specify the actions or processes to support the safe delivery of services and efficient management of resources across HHSs.

For further information refer to:
Refer to Section 3.12.10 for detailed information about domestic violence.

4.5 Investigative and healthcare complaint entities in Queensland

4.5.1 Coroner

Coroners are responsible for investigating reportable deaths that occur in Queensland, including healthcare related deaths. The main function of the coroner is to find out the identity of the deceased person, when and where they died, how they died and the medical cause of death. Coroners also make recommendations aimed at preventing similar deaths in the future.

Health professionals have an obligation under the Coroners Act 2003 to report certain deaths to the Coroner and to provide relevant information to assist in any subsequent investigation. A reportable death is a death where:

• the identity of the person is unknown
• the death was violent or unnatural, such as accidents, falls, suicides or drug overdoses
• the death happened in suspicious circumstances
• a ‘cause of death’ certificate has not been issued and is not likely to be issued
• the death was a health care related death
• the death occurred in care
• the death occurred in custody
• the death occurred as a result of police operations.

If a coroner decides to hold an inquest he/she can make recommendations aimed at preventing similar deaths in the future. Coronial investigations do not focus on laying blame or assigning liability for the death. The emphasis is on the prevention of avoidable deaths through the making of coronial recommendations.

Queensland Health is committed to learning from coronial inquests through a system of consistent, coordinated response to coronial recommendations which is provided to the Coroner for their information and future reference. The department’s Patient Safety and Quality Improvement Service coordinate responses to coronial recommendations for interdepartmental annual reports and to share lessons.

Refer to the HHS for the local policy/guideline on coronial management.

Additional information is available at the website of the Office of the State Coroner at:

A copy of the Coroners Act can be obtained at:

Coronial inquest findings are publicly available online from the Office of the State Coroner at:

The Queensland Government’s response to coronial recommendations can be found under reports at:
4.5.2 Office of the Health Ombudsman

A complaint is defined as any expression of dissatisfaction or concern, by or on behalf of a consumer or group of consumers regarding the provision of a health service. A complaint can be made verbally or in writing. It can be made by a consumer, their advocate, carer or family member, groups of consumers or consumer organisation, or members of the community. Consumer complaints range from simple to complex matters.

Refer to your HHS for the local policy/guideline on the management of complaints.

The Office of the Health Ombudsman (OHO) is Queensland’s independent health complaints agency. It is an independent statutory body established under the Health Ombudsman Act 2013, which outlines the key objectives of the Office.

The Health Ombudsman is the single entity to receive all health service complaints in Queensland (including voluntary, mandatory and relevant event notifications under the Australian Health Practitioner Regulation National Law).

For important information about mandatory, voluntary and relevant event notifications refer to:


The Health Ombudsman is responsible for deciding the best way to deal with each complaint and can seek the advice of appropriately qualified medical practitioners and health consumers in informing their decision.

The Health Ombudsman may take immediate action against a registered or unregistered practitioner at any time (whether or not a complaint has been made) if the Health Ombudsman reasonably believes the practitioner poses a serious risk to the health and safety of the public; and for registered practitioners, that registration was improperly obtained, or registration elsewhere was cancelled or suspended under law in another country. The suspension, condition or interim prohibition order will remain in place unless revoked by the Health Ombudsman or the Queensland Civil and Administrative Tribunal (QCAT).

The Health Ombudsman Act 2013 places clear timeframes on the handling of health service complaints. The Health Ombudsman must decide whether to accept a complaint within seven days; assess a complaint within 30 days. This can be extended by 30 days due to the size or complexity of a case or time taken to receive submissions, and complete investigations undertaken within 12 months. If this does not occur, the Health Ombudsman is required to publicly report it, including the reasons for delay. If any investigation goes beyond two years, the Health Ombudsman is required to notify the Minister for Health and, the Health and Ambulance Services Parliamentary Committee.

The Health Ombudsman may also identify and report on systemic issues in the way health services are provided, including issues affecting the quality of health services, and provide recommendations with the goal to bring about quality and safety improvements. The Health Ombudsman may also undertake an inquiry in relation to a health service complaints matter, a systemic issue relating to the provision of a health service or any other matter that the Health Ombudsman sees is relevant. The Minister may direct the Health Ombudsman to undertake an inquiry.

While an independent statutory officer, the Health Ombudsman is accountable to the Minister for Health and the Parliamentary Committee.

For further information refer to:

www.oho.qld.gov.au

4.5.3 The Aged Care Complaints Commissioner

Some HHSs are approved providers of residential aged care services and/or providers of Commonwealth funded Home and Community Care (HACC) services.

The Aged Care Complaints Scheme Commissioner (formerly the Aged Care Complaints Scheme) provides a free service funded by the Commonwealth Government for anyone to raise their concerns about the quality of care or services being delivered to people receiving aged care services subsidised by the Commonwealth Government, including residential care, home care packages and Commonwealth funded HACC services.

The Scheme uses a service provider resolution to resolve concerns where possible to strengthen the relationship between service, complainants and care recipients. The Aged Care Complaints Commissioner can independently review decisions and processes.

For further information refer to:

www.agedcarecomplaints.gov.au

4.5.4 Crime and Corruption Commission

HHSs are a Unit of Public Administration (UPA) under the Crime and Corruption Act 2001 (the CCA). As a UPA, a HHS is accountable and responsible for consideration, assessment and reporting of suspected corrupt conduct that arises within the HHS. HHSs are required to report allegations directly to the Crime and Corruption Commission (CCC).

The Health Service Chief Executive is responsible for referring complaints of suspected corrupt conduct to the CCC.
The CCA defines corrupt conduct. The CCC guide ‘Corruption in focus’ summarises the definition as conduct:

1. that adversely or could adversely affect, directly or indirectly, the performance of a person’s duties that
2. is dishonest or lacks impartiality, or involves a breach of the trust placed in an officer by virtue of their position, or is a misuse of officially obtained information

AND

3. is engaged in for the purpose of providing a benefit to the person or another person or causing a detriment to another person

AND

4. is a criminal offence or conduct serious enough to justify dismissal.

The CCC assesses all referrals it receives and provides advice back to the HHS regarding how the complaint is to be dealt with. Each HHS has nominated a designated CCC Liaison Officer who is the CCC’s key contact for complaint referrals and their management.

For further information refer to:
www.ccc.qld.gov.au

4.5.5 National Boards and the Australian Health Practitioner Regulation Agency

The primary role of the National Boards is to protect the public and set the standards that all registered health practitioners must meet. Boards make decisions about individual practitioners.

Australian Health Practitioner Regulation Agency (AHPRA) receives and investigates complaints and concerns about practitioners.

Anyone can make a notification (complaint) about a registered health practitioner. If you are concerned about the health, conduct or performance of a registered health practitioner, you can make a notification.

Please refer to Section 4.5.2 for detailed information about complaints in relation to registered health practitioners and how they may be directed to the relevant National Registration Board through AHPRA at:

For further information refer to:

4.6 Information privacy and confidentiality

Information privacy recognises the importance of protecting the ‘personal information’ of individuals. It creates a right for individuals to access and amend their own personal information and provides rules for how agencies may and must handle personal information (including the collection, storage, data quality, use and disclosure of personal information).

In Queensland, the Department of Health and the HHSs are subject to rules around the collection and handling of personal and confidential information. These rules are contained within the Information Privacy Act 2009 (IP Act), the National Privacy Principles (NPPs) and the Hospital and Health Board (HHB) Act.

Patient confidentiality in Queensland public sector health services is strictly regulated. Section 142 in Part 7 of the HHB Act sets out the duty of confidence and exceptions that permit disclosure of confidential information by ‘designated persons’, including Queensland Health staff. It is an offence to disclose confidential information about a person unless one of the exceptions in Part 7 of the HHB Act applies. ‘Confidential information’ is information that could identify someone who has received, or is receiving a public sector health service (i.e. a patient), including deceased persons.

The IP Act recognises the importance of protecting personal information of individuals. Personal information is defined in the IP Act and can be any information or opinion about an identifiable living individual; including staff, patients and the community more broadly.

The privacy rules that apply to public sector health agencies under the IP Act are subject to the requirements of other laws that specifically detail how personal information shall be collected, stored/secured, used, disclosed, disposed of, etc. For example, the HHB Act about disclosure of confidential information, the Mental Health Act 2000 in relation to moving and transfer of patients, etc.

A breach of the duty of confidentiality in s 142 of the HHB Act or provisions in the IP Act may be dealt with as staff disciplinary matters under the Code of Conduct. Staff privacy and confidentiality obligations are referred to in the Code of Conduct training.

Each HHS has Privacy and Confidentiality Contact Officers (PCCOs) in place to manage privacy complaints and enquiries.

For further information refer to:
4.7 Informed Decision Making and Consent

Informed consent is an integral component of the provision of quality, patient-centred healthcare. Any medical practitioner can gain informed consent for a procedure and Queensland Health provides support to clinicians and patients in the area of informed consent by offering a comprehensive suite of consent documents which include procedure specific consent forms and corresponding patient information sheets. These sheets are distributed to patients to re-enforce the information that has already been communicated by various members of the health care team.

The comprehensive suite of consent documents is available at:


The Department of Health has also published a Guide to Informed Decision-making in Healthcare:


This comprehensive guide has been developed as a reference tool to support practitioners in understanding the complex ethical and legal requirements surrounding informed decision-making about healthcare. Complexities such as:

• types of consent
• who is responsible for obtaining and withholding consent
• informed decision-making and consent for adults who lack capacity to make decisions and substitute decision-makers
• informed decision-making and consent in relation to an Advance Health Directive for either an adult, child and young person
• informed decision-making and consent for children and young person
• informed decision making in specific healthcare situations such as mental health patients, blood and blood products transfusion, termination of pregnancy, research, clinical trials and medications
• communication and cultural issues which includes the use of interpreters, cultural and religious needs, refugees and vulnerable patients.


Refer to the HHS for the local policy/guideline on Consent and Informed decision-making.

For further information regarding health care decisions and Power of Attorney refer to the Office of the Public Guardian website located at:


4.8 Litigation and indemnity

Medical indemnity is provided to medical practitioners employed by the Department of Health and by HHSs under HR Policy 12 — Indemnity for Queensland Health Medical Practitioners.

The policy outlines that medical practitioners engaged to perform clinical or other associated clinical services will be indemnified for claims made against them and provide with legal representation/assistance for appearances before an investigative agency that relate to the performance of their duties and functions on behalf of Queensland Health. The details are set out in the policy including the (a) scope of indemnity; (b) method of indemnity; and (c) exclusions from indemnity. You should be thoroughly familiar with the content of this policy.

A medical practitioner will not be entitled to indemnity for a claim where:

• the medical practitioner has been convicted of a criminal offence arising from the conduct that is the subject of the claim or
• the medical practitioner’s conduct, that is the subject of the claim has been proven, to the satisfaction of the decision maker, to have been other than in good faith and without gross negligence or
• the medical practitioner is found to have engaged in misconduct of a kind that would warrant dismissal of employment.

There are circumstances, also described within the policy, where indemnity may be withdrawn.

The standard of care expected of a medical practitioner is that of a reasonably competent doctor of the same level of experience and skill. That is, if you are a junior house officer (JHO) you are not expected to have the experience and skill of a specialist medical practitioner.

For further information refer to:


Medical indemnity insurance plays a vital role within the Australian health system by working to protect both doctors and patients in the event of an adverse incident arising from medical care. While Australia’s health system is generally very safe, things occasionally go wrong and patients may sometimes be harmed in the process of receiving medical care.
Medical indemnity cover for doctors is a requirement of registration in Australia.
For further information refer to:

4.9 Organ transplantation and hospital autopsies

The Transplantation and Anatomy Act 1979 covers such topics as transplantation of tissue from live donors; transplantation of tissue from deceased donors and hospital autopsies.

There are strict guidelines and processes to be followed regarding all of the above topics. If you are working in a unit that undertakes transplants you will be oriented to the policies and procedures for transplantation.

Donation can occur in any hospital with an ICU but transplantation in Queensland can only happen at Princess Alexandra Hospital, The Prince Charles Hospital and Lady Cilento Hospital.

Medical practitioners should familiarise themselves with local hospital procedures related to the removal of tissue after death. Ask your supervisor for further information.

_registers and processes for organ donation and transplantation are coordinated by DonateLife._

 REFER TO SECTION 3 SECTION 3.11.2 FOR FURTHER INFORMATION REGARDING DONATELIFE.

For further information refer to:
www.donatelife.gov.au

The most common scenario that you will come across relates to hospital autopsies. A hospital autopsy is conducted to learn more about the deceased’s illness, investigation and treatment. The cause of death can be confirmed and the nature and extent of other diseases present can be identified.

A hospital autopsy is not conducted to diagnose the cause of death. If the cause is genuinely unknown, no death certificate can be issued and the death must be reported to the coroner. A hospital autopsy is different from a post mortem examination ordered by a coroner.

The cause of death entered on a medical certificate is simply the attending doctor’s opinion and can be legitimately based on clinical judgement, without knowing every details of the mechanism of death or necessarily having investigative confirmation.

The treating doctor usually proposes an autopsy. However, it is not uncommon for the family to make the request. Requests for samples for other purposes may come from researchers and other medical staff.

All hospital autopsies done in Queensland must comply with the _Transplantation and Anatomy Act 1979_, which requires Queensland Health to:

- seek consent for autopsy (which includes keeping organs) from the senior available next of kin
- check that no other family member objects
- check whether the deceased spoke about any wishes about autopsy in life
- check the deceased did not change his/her mind
- obtain, in most cases, written authority from a Designated Officer (defined under the law).

All hospital autopsies must follow the ‘_National Code of Ethical Autopsy Practice_’. The Code stresses the importance of:

- talking to families and honouring their wishes
- asking for informed consent
- respecting the dignity of the deceased person.

Information can be found at the following website in relation to the:

- hospital autopsy consent form and information sheet for families and
- hospital autopsy information sheet for staff.


For information on the guidelines about best processes to optimise organ donation for transplantation, and cadaveric organ and tissue donation and transplantation, as well as information on Queensland’s strategic plan to improve organ donation, please refer to:


4.10 Right to Information

The _Right to Information Act 2009 (RTI Act)_ gives the public a right of access to information held by government. The IP Act is designed to work in parallel with the RTI Act and provides a statutory right to individuals to apply to access and amend their own personal information.

The legislation is pro-disclosure; therefore unless the information is exempt from release or would be contrary to the public interest if released, documents will be disclosed. The term ‘document’ has an extensive definition and includes (but is not limited to) filed or unfiled papers, drafts, information in electronic form, emails, medical images, diaries and, text and Lync messages.
All documents held by HHSs are subject to the RTI and IP Acts and may be subject to internal and external review. As independent statutory bodies, the HHSs are also required to:

- maintain a publication scheme which sets out the kinds of information the agency makes routinely available (for example, policies, finances, gifts and benefits register)
- maintain a disclosure log outlining RTI decisions made under the RTI Act
- provide annual statistics regarding access and amendment applications to the department for on-forwarding to the Department of Justice and Attorney-General—these are then collated and reported to Parliament
- provide submissions to and liaise with the Office of the Information Commissioner (OIC) regarding external reviews of access and amendment decisions.

The Office of the Information Commissioner also conducts performance reviews of agencies’ compliance with the RTI Act and IP Act. The reports of the performance reviews are tabled in Parliament.

Refer to your HHS for the local policy/guideline as each HHS has experienced decision-makers in place to manage the RTI/IP application workload.

The Right to Information Act 2009 is available at:
5.1 Rural and remote Medical Practitioner classifications  
5.2 Remuneration/incentives for rural and remote medical practitioners  
5.3 Support for rural and remote medical practitioners  
5.4 Rural and remote health in Queensland — organisations and programs
According to the Australian Institute of Health and Welfare, people living in rural areas tend to have shorter lives and higher levels of illness and disease risk factors than those in major cities. It is also true that, on average, people living in rural Australia do not always have the same opportunities for good health as those living in major cities. For example, residents of more inaccessible areas of Australia are generally disadvantaged in their access to good and services, educational and employment opportunities and income.

In contrast, rural Australians generally have higher levels of social cohesiveness, for example, higher rates of participation in volunteer work and feelings of safety in their community.

For further information refer to:

A list of Queensland public health services and their profiles are available at:

5.1 Rural and remote Medical Practitioner classifications

5.1.1 Medical Superintendents with Rights of Private Practice and Medical Officers with Rights of Private Practice

Medical Superintendents with Rights of Private Practice (MSPP) and Medical Officers with Rights of Private Practice (MOPPs) are senior medical officers employed by Queensland Health who work in smaller rural hospitals. They provide services to the hospital as well as private general practice services in the town. Private practice arrangements for MSPP/MOPP are negotiated and agreed in writing at the local Hospital and Health Service level.

These positions are vitally important for the provision of medical services in smaller rural and remote towns across the state.

For information on terms and conditions of employment, please refer to the Medical Officers (Queensland Health) Certified Agreement (No.4) 2015:

For general information on private practice in the Queensland public health sector, please consult the dedicated guideline:

5.1.2 Rural Generalists

A Rural Generalist is a rural medical practitioner who provides:
- hospital and community-based primary medical practice; and
- hospital-based secondary medical practice including emergency and inpatient care; and
- advanced specialised skills in at least one discipline: emergency medicine, Indigenous health, internal medicine, mental health, paediatrics, obstetrics, surgery or anaesthetics; and
- hospital and community-based public health practice.

The Queensland Rural Generalist Pathway (QRGP), hosted by the Darling Downs Hospital and Health Service, provides medical graduates with a supported training pathway to a career in rural medicine; and rural and remote communities with a skilled medical workforce.

The QRGP offers:
- an advisory and support service coordinated by an experienced team of rural medical and administrative staff dedicated to assisting junior doctors to achieve a career in rural medicine
- quarantined training opportunities at select Rural Generalist Training Hospitals
- attendance at intensive, simulation based, procedural and non-procedural skills workshops
- support and advice regarding Advanced Skills Training
- access to a range of accredited vocational training opportunities in rural Queensland.

For further information refer to:

5.1.3 Visiting Medical Officers

Visiting Medical Officers (VMOs) in rural and remote Queensland work under similar provisions as they do in Metropolitan facilities in Queensland. VMOs are specialists that have their own private practice or general practitioners who choose to consult within public and private hospitals on a part time basis. In some cases, VMOs provide the sole speciality service in a number of disciplines in many rural and regional facilities.

For further information refer to:
5.2 Remuneration/incentives for rural and remote medical practitioners

Queensland medical practitioners working in rural and remote locations, under the terms and conditions of their employment may be entitled to remuneration and benefits.

For further information refer to:

5.2.1 General Practice Rural Incentives Program

The General Practice Rural Incentives Program (GPRIP) aims to encourage medical practitioners to practise in regional and remote communities and to promote careers in rural medicine through the provision of financial incentives. The program aims to retain these medical practitioners in regional and remote locations by providing incentives to continue to work in these areas.

For further information refer to:

5.2.2 Rural Other Medical Practitioners Program

The Rural Other Medical Practitioners Program (ROMPs) provides an increase in the medical rebate for non-vocationally registered medical practitioners who provide general practice services in eligible rural and remote areas.

For further information refer to:

5.2.3 Rural Procedural Grants Program

The Rural Procedural Grants Program (RPGP) provides financial support to maintain and enhance the clinical skills of general practitioners and locums who deliver:

- unsupervised anaesthetics, obstetrics and / or surgery in ACGC-RA 1*-5 locations (1* dependent on additional approval)
- unsupervised emergency medicine in 24-hour triaging Accident and Emergency facilities located in ASGC-RA 2-5 locations.

Eligibility for the program is determined by the Royal Australian College of General Practitioners (RACGP) or Australian College of Rural and Remote Medicine (ACRRM).

For further information refer to:

or

5.2.4 Rural Health Continuing Education program – Stream One

The Rural Health and Continuing Education (RHCE) program – Stream One supports medical specialists working outside our cities. It helps specialists working in rural and remote Australia and their specialist Colleges to develop and access education, training and continuing professional development.

For further information refer to:
www.ruralspecialist.org.au

The Commonwealth Department of Health and the Committee of Presidents of Medical Colleges have signed a three year funding agreement to provide new funding for rural specialists to undertake continuing professional development (CPD) and upskilling. The RHCE Stream One Program is transitioning to Support for Rural Specialists in Australia (SRSA). The SRSA will build upon the existing infrastructure and services, to grow and modernise to reflect new ways of learning.

For further information refer to:
ruralspecialist.org.au/courses/support-for-rural-specialists-in-australia-srsa

5.2.5 Rural and Remote Medical Benefits Scheme

The Rural and Remote Medical Benefits Scheme (RRMBS) is a joint initiative between the Commonwealth Government and the Queensland Department of Health. The aim is to increase and improve access to primary healthcare services for rural and remote Aboriginal and Torres Strait Islander communities.

Under the RRMBS, Medicare payments have been extended under section 19 (2) of the Health Insurance Act 1973 to specific HHS staff delivering medical services within approved rural and remote sites under the agreement. Funds generated are retained in the community/area where they were generated and these funds can then be spent on programs, infrastructure or extra positions in the community, which benefits both the community and the health team.

The Department of Health policy is to maximise this revenue and have a standard approach to RRMBS bulk billing. All eligible services provided by a medical practitioner or under the direction of a medical practitioner in an approved rural and remote site are to be bulk billed.

For more information on RRMBS please contact the Practice Management Program via email: QH-RRMBS-COAG-19-2@health.qld.gov.au
5.3 Support for rural and remote medical practitioners

5.3.1 The Cunningham Centre

The Cunningham Centre is a unit of the Darling Downs Hospital and Health Service. The Centre provides training, education, research and support of health personnel in Queensland.

A statewide team of experienced and accredited trainers deliver a wide range of programs throughout Queensland in areas such as medicine, nursing, allied health, multidisciplinary and Aboriginal and Torres Strait Islander Health. The Cunningham Centre employs a wide variety of delivery modes, including onsite training in hospitals, clinics, healthcare centres, video conferencing and teleconferencing.


5.3.2 Clinical Rural Skills Enhancement workshop series

The Clinical Rural Skills Enhancement (CRuSE) workshop is an intensive two-day program designed to prepare, support and build a junior medical practitioner’s skills and confidence in readiness to undertake a rural placement.

The workshop is designed to provide training for junior medical practitioners prior undertaking a rural generalist term via the Queensland Country jDocs program.

For further information refer to:

5.3.3 CRANAplus and Bush Support Line

CRANAplus seeks to promote the development and delivery of safe, high quality healthcare to remote areas of Australia and its external territories. They provide professional development and personal support for remote health practitioners and their families. You don’t have to be a Member to utilise this service.

The CRANAplus Bush Support Line is a national Freecall 1800 805 391 — confidential 24 hour telephone debriefing service for rural and remote health practitioners and their families.

For further information refer to:

5.3.4 Medical Education and Training Team

The Medical Education and Training (MET) Team of the Cunningham Centre provides education, training and support to medical officers across Queensland through a variety of initiatives and education programs.

For further information refer to:

5.3.5 Pathways to Access Rural and Remote Orientation and Training

The Pathways to Access Rural and Remote Orientation and Training (PARROT) program provides online orientation and professional development focusing on primary health care, rural and remote health service provision and chronic disease care.

The self-paced courses have been designed to support preferred learning styles and a pathways approach to understanding and implementing this type of care.

For further information refer to:

5.3.6 Rural and Remote Clinical Support Unit

The Rural and Remote Clinical Support Unit (RRCSU) provides support services to Torres and Cape, Central West, North West and South West Hospital and Health Services, supporting safe and quality rural and remote health care through the production of clinical resources, training, credentialing, medical advisory support and primary health care information system services.

For further information refer to:

5.3.7 Rural Mental Health Help Sheet

The National Rural Mental Health Alliance (NHRA) prepares Fact Sheets on a variety of issues relating to health in rural and remote areas. The Alliance has prepared a Rural Mental Health Help Sheet detailing organisations that can assist if you or someone close to you is experiencing mental health difficulties.


5.4 Rural and remote health in Queensland — organisations and programs

5.4.1 Australian College of Rural and Remote Medicine

ACRRM is one of two colleges in Australia, along with the RACGP, that are responsible for setting and arbitrating standards for the medical specialty of general practice. Their programs focus on the unique scope and depth of clinical skills, knowledge and values that are required by practitioners working in rural and remote contexts.

The college is responsible for setting professional standards for training, assessment, certification and
continuing professional development. It also plays an important role in supporting medical students and junior medical practitioners considering a career in rural practice.

GPs who achieve these standards are recognised through the award of Fellowship of ACRRM. Fellows of ACRRM receive full vocational recognition for Medicare purposes and are able to practice in any location throughout Australia.

The college is committed to creating better care for rural and remote communities by providing quality education programs and innovative support. ACRRM is the endorsed provider for Rural SMO Pre-Employment Structured Clinical Interview (PESCI).

Refer to Section 7.5.7 for further information about PESCI.

For further information refer to:
www.acrrm.org.au

5.4.2 Flying doctor services

Queensland Health contracts a variety of providers including the Royal Flying Doctor Service (RFDS) to provide aeromedical transport to improve access for people in rural and remote Queensland communities, including transport between health care facilities and response to emergencies.

Refer to Section 3.10.5 for detailed information.

5.4.3 Health Workforce Queensland

Health Workforce Queensland is part of a network of Rural Workforce Agencies within Australia funded by the Commonwealth Government Department of Health. It seeks to facilitate the recruitment, retention and quality of general medical practitioners and primary healthcare teams in rural and remote Queensland communities. Health Workforce Queensland provides a range of services to support primary healthcare in rural and remote Queensland communities, including:

- recruitment and locum services
- medical education and training
- data and research
- quality use of medicine and home medicines review
- General Practice Rural Incentives Program (GPRIP)
- Queensland Rural Medical Family Network (QRMFN)
- health careers in the bush
- student initiatives
- Rural and Remote Incentive Programs Assistance Service (RRIPA).

For further information refer to:
www.healthworkforce.com.au

5.4.4 National Rural Health Alliance

The National Rural Health Alliance (NRHA) is comprised of 38 national organisations. It is committed to improving the health and wellbeing of people in rural and remote Australia by being a source of information and expertise. The NRHA works with the Government and the Opposition on responses to current and emerging rural health issues.

For further information refer to:
www.ruralhealth.org.au

5.4.5 Outreach Program

The Outreach Program is a Commonwealth Government funded program that subsidises visits by medical specialists to rural and remote locations.

CheckUP Australia and the Queensland Aboriginal and Islander Health Council (QAIHC) are the jurisdictional fund holders. They seek to ensure that the Outreach program is coordinated with local health services to facilitate, where possible, continuity of care to patients, coordination and integration with local health services. The aims of the program are to:

- improve the access of rural and remote communities to medical specialist outreach services
- increase access to a range of health services, including expanded primary healthcare, provided to people in rural and remote Aboriginal and Torres Strait Islander communities for the treatment and management of chronic disease
- increase and improve access to high quality, safe, evidence-based maternity care for women and their families in rural and remote communities primarily for, but not limited to, the antenatal and postnatal stage of pregnancy
- additional services provided include eye health, mental health, healthy ears, cardiology, diabetes, respiratory, chronic renal services and cancer services.

For further information refer to:
www.checkup.org.au/page/Initiatives/Outreach_Services

The Medical Specialist Outreach Assistance Program (MSOAP) is another initiative that improves access to medical specialists for people in rural and remote areas of Queensland.

The program increases access to specialist services and ensures that continuous care is organised with local health services (where possible).

Specialist services include:
- surgery
- dermatology
• gastroenterology
• psychiatry
• ophthalmology
• physician services (general, respiratory, adult, endocrinology, etc.).

For further information refer to:

5.4.6 Queensland Country Practice

Queensland Country Practice (QCP) aims to enhance and support the sustainability of rural medical practices and promote excellence through integrated medical practices and training.

QCP works with rural and remote HHS facilities with a priority to address immediate workforce improvement opportunities. The goals of QCP are:
• to improve the quality of medical services available in rural and remote communities
• to have medical practitioners available where they are needed
• to have health practitioners available where they are needed
• to improve the efficiency of rural medical service delivery
• to improve support and development opportunities for the rural medical workforce
• to provide practical assistance and strategic advice that enable rural health practitioners to meet the needs of their community.

For further information refer to:

5.4.7 Queensland Rural Medical Family Network

The Queensland Rural Medical Family Network (QRMFN) is responsible for supporting medical spouses, partners and families in rural and remote medical practice. Supported by Health Workforce Queensland and the Department of Health, QRMFN actively works to recognise rural medical families by providing information, referral and support services, as well as organising regular networking and training opportunities.

For further information refer to:
www.qrmfn.com.au

5.4.8 Retrieval Services Queensland

Retrieval Services Queensland (RSQ) is part of the Medical Retrieval and Disaster Management Branch within the Prevention Division. RSQ provides clinical coordination for the aeromedical retrieval and transfer of all patients from parts of northern New South Wales to the Torres Strait.

Refer to Section 3.10.5 - Retrieval Services Queensland for further information.

5.4.9 Royal Australian College of General Practitioners – National Rural Faculty

The Royal Australian College of General Practitioners (RACGP) Rural supports and advocates for GPs working in rural and remote communities. RACGP Rural is committed to addressing rural disadvantage focusing efforts toward strategies which lead to more equitable access to healthcare.

For further information on the National Rural Faculty of the RACGP and support programs for rural GPs and International Medical Graduates (IMGs) refer to:
www.racgp.org.au/rural

5.4.10 Rural Doctors Association of Queensland

The Rural Doctors Association of Queensland (RDAQ) was formed in 1989 to support rural medical practitioners and their families, and the communities in which they live and work. RDAQ is the only state medical organisation which has an exclusively rural and remote focus.

It is a non-profit organisation with its main objective being the attainment of the highest standard of healthcare for the people of rural Queensland. The annual conference is a highlight on the RDAQ calendar. It provides excellent opportunities for professional development, medico-political discussions, family time and fellowship.

For further information refer to:
www.rdaq.com.au

5.4.11 Telehealth

Telehealth is the delivery of health services and information using telecommunication technology. Telehealth can be leveraged to support new and innovative service delivery models in the health sector and facilitate access to safe, sustainable and appropriate health care that is simple, equitable and timely for all Queenslanders.

The Telehealth Support Unit enables telehealth services across HHSs through the provision of tools, support and technical capability necessary to deliver a range of healthcare services to the people of Queensland via the Queensland telehealth network.

For further information refer to:
Aboriginal and Torres Strait Islander health and cultural capability

6.1 What is cultural capability? 79
6.2 Why do we need Aboriginal and Torres Strait Islander cultural capabilities? 79
6.3 Closing the Gap 80
6.4 Department of Health Aboriginal and Torres Strait Islander Cultural Capability Action Plan 80
6.5 Aboriginal and Torres Strait Islander view of health 80
6.6 Information and resources for health professionals 80
Queensland Health acknowledges and pays respect to Aboriginal and Torres Strait Islander Peoples, Elders, consumers and staff, past and present, on whose land we provide health services to all Queenslanders.

The Queensland Government acknowledges that culture is at the heart of Aboriginal and Torres Strait Islander Peoples’ identity and everyday life. Aboriginal and Torres Strait Islander Peoples have a sense of value on belonging and as such maintaining family and community membership plays a significant role in the lives of many Aboriginal and Torres Strait Islander Peoples. Elders and Traditional Owners are important role models providing support and guidance to community members.

According to the Australian Indigenous Health Info Net, Aboriginal and Torres Strait Islander Peoples are the original first people of Australia. Aboriginal Peoples are distinctively different ethnically and culturally from Torres Strait Islander Peoples. Aboriginal Peoples in Australia are recognised among the oldest living cultures in the world with estimates ranging from 50,000 to 120,000 years. They occupied the mainland and some surrounding islands of what is now known as Australia. Family or clan groups would move across the land according to climatic seasons. Around 260 language groups co-existed each with their own customs and cultural practices. There is diversity of cultural practices amongst Aboriginal Peoples as well as with Torres Strait Islander Peoples.

Torres Strait Islander Peoples have lived in the archipelago on the 270 or so islands in the straits between Australia and Papua New Guinea for approximately 2,500 years. Today in addition to living in other parts of Australia, they continue to live on 18 of the islands with two communities on the Northern Peninsula Area (NPA) of Queensland. Community life was based on hunting, fishing, gardening and trading. Whilst located in the Torres Strait they have traditionally had close contact with Papua New Guinean communities and Australian Aboriginal communities. The Torres Strait Treaty defines the boundary between Australia and Papua New Guinea and provides a framework for the management of common border areas.

Despite their differences, Aboriginal and Torres Strait Islander Peoples have had many shared experiences since colonisation including dispossession, marginalisation and racism, and the Stolen Generations, that have had a significant impact on health outcomes to the present day.


In 2013 the estimated resident Queensland Aboriginal and Torres Strait Islander population was 198,206. That is 4.3 per cent of the Queensland population.

National data establishes that Aboriginal and Torres Strait Islander Peoples experience much poorer health outcomes than other Australians.

The life expectancy gap between Aboriginal and Torres Strait Islander and non-Indigenous Queenslanders is currently estimated to be 10.8 years for males and 8.6 years for females in Queensland.

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For further information refer to:

Protocols for use of ‘Aboriginal’ and ‘Torres Strait Islander’

This information sheet provides a guide for Queensland Health staff on using the terms ‘Aboriginal’ and ‘Torres Strait Islander’.

Definition of Aboriginal or Torres Strait Islander person

According to s21 (25) of the High Court of Australia (1983): ‘An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander (person) and is accepted as such by the community in which he or she lives.’

Collective names used to describe Aboriginal and Torres Strait Islander people

The collective names used to describe Aboriginal and Torres Strait Islander people are commonly used in reference to the distinct and diverse nations and peoples of the First Australians. The term ‘Aboriginal’ is not inclusive of Torres Strait Islander people as the term ‘Torres Strait Islander’ is not inclusive of Aboriginal people. In respect of both cultural groups, Queensland Health’s preference is for ‘Aboriginal and Torres Strait Islander’ to be used when referring collectively to Indigenous Australians.

- Aboriginal and Torres Strait Islander people
- Aboriginal and Torres Strait Islander peoples
- Aboriginal and Torres Strait Islander Queenslanders
- Aboriginal

The lowercase word ‘aboriginal’ refers to an indigenous person from any part of the world, and does not necessarily refer to an Aboriginal Australian. Queensland Health’s preference is that ‘Aboriginal’ always be capitalised when referring to Aboriginal Australians.

- aboriginal
- Aboriginal

Ensure that the use of the term ‘Australian’ does not infer exclusion of Aboriginal and Torres Strait Islander people. The median age of Aboriginal and Torres Strait Islander people is 21 years compared to the median age of Australians at 37 years.

- The median age of Aboriginal and Torres Strait Islander people is 21 years compared to the median age of Australians at 37 years.

Abbreviations

When forming part of an acronym to describe such entities as organisations, abbreviations are used extensively.

- ATSIHB (Aboriginal and Torres Strait Islander Health Branch)
- ATSI
- A&TSI
- Aboriginal and Torres Strait Islander

Correct use of ‘Aboriginal’

Although it is grammatically correct, the term ‘Aborigine(s)’ has negative connotations and should be avoided. ‘Aboriginal’ should be used as an adjective, not as a noun.

- on Aboriginal/Aborigines
- Aboriginal person/people
- Many Aboriginals came to the health clinic
- Many Aboriginal people came to the health clinic

Correct use of ‘Torres Strait Islander’

A Torres Strait Islander person is a descendant from one of the Torres Strait Islands located to the north of mainland Queensland. ‘Torres Strait Islander’ should be used as an adjective, not as a noun.

- Many Torres Strait Islanders came to the health clinic
- Many Torres Strait Islander people came to the health clinic

‘Torres Strait Islander’ must always be capitalised.

- Torres Strait Islander
- Torres Strait Islanders

The term ‘Torres Strait Islander’ should never be abbreviated, as to do so may cause offense.

- TSI
- Islander/s
- Torres Strait Islander

Correct use of ‘Indigenous’

As ‘Indigenous’ is not specific, some Aboriginal and Torres Strait Islander people feel the term diminishes their identity and should be avoided; however, in certain circumstances ‘Indigenous’ with capitalisation is acceptable.

- Aboriginal and/or Torres Strait Islander Queenslanders (preferred)
- Indigenous Queenslanders (acceptable)

The lowercase word ‘indigenous’ is used when referring to people of any region or country; therefore, when referring to Aboriginal and Torres Strait Islander people, it is highly recommended that it is capitalised.

- indigenous
- Indigenous

6.1 What is cultural capability?

Cultural capability, like clinical capability, is an ongoing journey of continuous individual learning and organisational improvement. In the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033, cultural capability is demonstrated through knowledge, skills and behaviours, and includes:

- learning more about Aboriginal and Torres Strait Islander histories and cultures
- understanding the historical and contemporary issues relating to Aboriginal and Torres Strait Islander Peoples
- recognition, respect and valuing of Aboriginal and Torres Strait Islander cultures
- sustained, respectful and participatory engagement with Aboriginal and Torres Strait Islander Peoples when developing policies, programs and services
- understanding how and with whom to consult
- implementing work practices to support a culturally diverse workforce.

To see the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033 in full refer to:

6.1.1 Aboriginal and Torres Strait Islander Cultural Practice Program

The Aboriginal and Torres Strait Islander Cultural Practice Program is Queensland Health’s foundational program. It provides staff with increased understanding of the links between health and cultures. It aims to develop the cultural skills of all staff, recognising that every person across Queensland Health plays a role in improving health outcomes for Aboriginal and Torres Strait Islander Peoples. The program is conducted as a workshop in all Hospital and Health Services (HHSs) and in the Department of Health.

An Introductory Aboriginal and Torres Strait Islander Cultural Practice Online Program is accessible to all Queensland Health staff through iLearn. This program does not replace the face-to-face program.

Some HHSs have also developed online programs. Staff are to check with their local HR / Learning and Development or Talent Management areas for further information.

The Aboriginal and Torres Strait Islander Cultural Development Framework provides Hospital and Health Services (HHSs) and the Department of Health with an overarching guide to the ongoing cultural capability development of the workforce, from foundational levels through to advanced capability for specific roles.

6.1.2 Some important definitions

You may hear the terms ‘cultural awareness’, ‘cultural safety’, ‘cultural respect’ and ‘cultural competence’ used in Australia, especially in the healthcare system. The following definitions will help you to understand what they mean as practical knowledge of these issues will mean safe, effective, and appropriate clinical communication at all times:

- cultural awareness is a sensitivity to the similarities and differences between cultures and the application of this sensitivity to effectively communicate with members of all cultural groups living in Australia
- cultural safety involves actions that recognise, respect and nurture the unique cultural identity of a person to safely meet their needs, expectations and rights. It means working from the cultural perspective of the other person, not from your own perspective
- cultural respect can be defined as the recognition, protection and continued advancement of the inherent rights, cultures and traditions of a particular culture
- cultural competence means becoming aware of the cultural differences that exist, appreciating and having an understanding of those differences, accepting them and being prepared to guard against accepting your own behaviours, beliefs and actions as the norm
- personal cultural competence is the actions we personally take to expand our knowledge of other cultures and how we use that knowledge to shape service to all our patients. This is especially important in effective doctor patient relationships.

6.2 Why do we need Aboriginal and Torres Strait Islander cultural capabilities?

Queensland Health is the main provider of health services in Queensland, and often the sole provider in rural and remote areas. Queensland Health therefore has very clear responsibilities in terms of Aboriginal and Torres Strait Islander health. Improving Aboriginal and Torres Strait Islander health and closing the life expectancy gap between Aboriginal and Torres Strait Islander and other Queenslanders are two of Queensland Health’s highest priorities.

In some instances, general insensitivity, fear of offending, lack of knowledge of Aboriginal and Torres Strait Islander cultural issues relating to history, spirituality, trauma, loss and grief and inadequate grounding in health issues and risk factors, prevent Queensland Health from providing quality, culturally appropriate services.
6.3 Closing the Gap

Across Australia, the Council of Australian Governments (COAG) has committed to the National Indigenous Reform Agreement (NIRA) closing the gap in the disadvantage between Aboriginal and Torres Strait Islander people and other Australians. Under the NIRA the two health targets are:

- to close the gap in life expectancy within a generation (by 2033)
- halve the gap in mortality rates for Indigenous children under five years of age within a decade (by 2018).

The Closing the Gap performance report 2014 was released in March 2015 and charts progress in achieving health gains for Aboriginal and Torres Strait Islander Queenslanders against a comprehensive suite of key performance indicators, targets and trajectories.

Evidence indicates that to make sustainable gains towards closing the gap, the most effective interventions should focus on:

- improved early diagnosis, treatment and management of the diseases and conditions that together contribute to 80 per cent of the health gap - cardiovascular disease, diabetes, chronic respiratory disease, cancers, mental disorders and injury
- health promotion and health education to prevent the adoption of risky behaviours and target the risk factors for poor health outcomes that together contribute to one-third of the health gap - in particular smoking cessation, but also alcohol abuse, nutrition, physical activity, sexual health, and family violence, and
- maternal and child health, early childhood development, parenting support and adolescent health.

For further information refer to:


6.4 Department of Health Aboriginal and Torres Strait Islander Cultural Capability Action Plan

The Aboriginal and Torres Strait Islander Cultural Capability Action Plan is built around the five core principles of the Queensland Government Aboriginal and Torres Strait Islander Cultural Capability Framework:

- valuing culture
- developing leadership and accountability
- building cultural capability to improve economic participation
- engagement and stronger partnerships
- culturally responsive systems and services.

For further information refer to:


6.5 Aboriginal and Torres Strait Islander view of health

Aboriginal and Torres Strait Islander Peoples traditionally view their health in a broad sense, which includes consideration of the physical, cultural and spiritual components of their wellbeing. For Aboriginal Peoples, culture and identity are central to perceptions of health and ill health. The 1989 National Aboriginal Health Strategy states that:

“Health to Aboriginal people is a matter of determining all aspects of their life, including control over their physical environments, of dignity, of community self-esteem and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.”

6.6 Information and resources for health professionals

The Queensland Health Aboriginal and Torres Strait Islander Patient Care Guideline provides general advice to support healthcare staff in delivering safe, clinically and culturally responsive care for Aboriginal and Torres Strait Islander patients.

The guideline can be found at the following link:


For detailed information and further resources for medical practitioners refer to:

6.6.1 Language

According to the Australian Institute of Health and Welfare document titled, *The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples, 2015*, of the more than 250 known Australian Indigenous languages, about 120 were still spoken in 2012. In 2005, 145 Indigenous languages were spoken.

- According to the 2011 Census, 11 per cent of Indigenous people spoke an Indigenous language at home; this was the same proportion as recorded in the 2006 Census.
- Almost two in three Indigenous adults (63 per cent) identified with a regional group, tribal group, language group, clan or mission in 2012–13. Rates of identification were higher with increasing remoteness.

6.6.2 Communicating with Aboriginal and Torres Strait Islander patients

Aboriginal and Torres Strait Islander Peoples are very diverse and one standard approach to communicating with Aboriginal and Torres Strait Islander patients will not work. Increasing your knowledge of cultural communication norms and applying strategies will assist clinicians and administrative staff to effectively communicate with Aboriginal and Torres Strait Islander patients. These key strategies include:

- **being clear** — i.e. be open and friendly, use plain language (avoid the use of jargon). Ensure the patient has understood what you have said to ensure that the information provided is not misinterpreted. Use verbal and visual diagrams over written communication. Be sensitive to the power imbalance or being perceived by patients as authoritative or intimidating.
- **indirect or non-verbal communication** — e.g. you may notice very little eye contact from your Aboriginal and Torres Strait Islander patients. This does not mean that they are ignoring you or do not wish to communicate. Be aware of body language and personal space. This behaviour may change as trust and rapport is built.
- **gender issues** — women’s health is only women’s business and men’s health is only men’s business in traditional Aboriginal and Torres Strait Islander communities.
- **information gathering** — exchanging information, open ended questions, tone of voice, silence, levels of literacy or understanding of medical jargon can cause confusion therefore you must speak very clearly at all times.
- **speaking of those who have died to some communities** — It is distressing and offensive to depict or name persons who have died. Seek advice from relatives about the appropriate names and titles to be used.
- **time** — allow time for patients to absorb the information you have provided. This will allow for the patient to consider the implications on family roles and responsibilities. Take time to gain an understanding of cultural obligations that may impact on their capacity to manage their own health concerns.

For further information refer to:

6.6.3 Aboriginal and Torres Strait Islander Identification

When clinicians and administrative staff know that a patient, client or consumer identifies as being of Aboriginal and/or Torres Strait Islander origin, they should ensure the services they provide are both clinically and culturally responsive. This may include:

- referrals to internal services (for example to the Aboriginal and Torres Strait Islander Hospital Liaison Services or Health Worker)
- person-centred health care that is culturally capable, safe and responsive
- additional immunisations
- screening and health checks at a younger age
- referrals and linkages to external services specifically for Aboriginal and Torres Strait Islander Peoples (including Aboriginal and Torres Strait Islander community support organisations; and Aboriginal and Torres Strait Islander medical services located in the local community).

The Australian Institute of Health and Welfare recommends the exact wording for asking this question, consistent across Australia, is:

“Are you of Aboriginal or Torres Strait Islander origin?”

The question must be asked of all patients and clients irrespective of their appearance, country of birth and main language spoken. Please ask the question in a respectful and confidential manner, just as you would any other question.

When a patient/client does not speak or read English, use an interpreter, a staff member or an accompanying person who can interpret to elicit an accurate response to the Indigenous status question. Never ask for proof of descent, ancestry or community acceptance to validate a response.

For further information refer to:
6.6.4 Aboriginal and Torres Strait Islander flags

Aboriginal flag

Torres Strait Islander flag

6.6.5 Aboriginal and Torres Strait Islander hospital liaison officers and Aboriginal and Torres Strait Islander community health workers in Hospital and Health Services

The Aboriginal and Torres Strait Islander Hospital liaison officers and health workers act as a cultural link between health professionals and Aboriginal and Torres Strait Islander patients and their families. Every HHS has an Aboriginal and Torres Strait Islander Hospital Liaison Officer or an Aboriginal and Torres Strait Islander Community Health Worker whose job it is to assist Aboriginal and Torres Strait Islander clients within the health service. Contact your local switchboard operator to assist you in locating the Aboriginal and Torres Strait Islander Hospital liaison officer.

Hospital Liaison Officers provide:

- assistance to patients in understanding medical terminology and information, emotional and cultural support for Aboriginal and Torres Strait Islander patients and their families to assist in delivering services accommodation assistance, referrals to social workers and support services when required
- referrals to social workers and linkages to support services (e.g. accommodation, transport etc.) when required
- consultation with hospital staff seeking further information on patient/family history or discussing any special needs of Aboriginal and Torres Strait Islander patients
- access to and information about cultural awareness training for hospital staff.

For further information refer to:

6.6.6 Aboriginal and Torres Strait Islander Community Controlled Health Services

The Queensland Aboriginal and Islander Health Council (QAIHC) is the peak body representing the Community Controlled Health Sector in Queensland at both a state and national level.

To find an Aboriginal and Torres Strait Islander health service in your area, refer to the following link:

For other Aboriginal and Torres Strait Islander health services as well as information related to access to health care and transport to appointments refer to:
www.qld.gov.au/atsi/health-staying-active/find-medical-service

6.6.7 Medicare Aboriginal and Torres Strait Islander Access Line

There is a freecall telephone service to help Aboriginal and Torres Strait Islander patients get better access to Medicare services. The service is supported by staff who are culturally aware of the special conditions that may affect Aboriginal and Torres Strait Islander patients.

Call the Medicare Aboriginal and Torres Strait Islander Access Line on 1800 556 955.

For further information refer to:
7 Information for International Medical Graduates

7.1 Australian society  84
7.2 The Australian patient  85
7.3 Useful communication strategies  86
7.4 International Medical Graduates and Medicare provider numbers  87
7.5 Types of registration for international medical graduates  90
7.6 Permanent residency and Australian citizenship  92
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This section of the resource has information specifically intended for International Medical Graduates (IMGs). Sections within this Section have been cross referenced to other Sections and sections within this resource that provide additional information on specific subject matters.

7.1 Australian society

Australia is a democratic society with a government elected by the people. Cultural diversity is one of the defining features of Australian society today. Another feature is the egalitarian nature of this society, meaning that with hard work and commitment, all people have potentially, equal opportunity to succeed.

Under Commonwealth, state and territory anti-discrimination laws, no person should be treated less favourably than others because of their age, race, country of origin, gender, marital status, pregnancy, political or religious beliefs, disability or sexual preference. This applies to most areas, including employment, education, accommodation, buying goods, and access to services such as doctors, banks and hotels. Men and women are equal under the law and for all other purposes. All people in Australia must obey the nation’s law or face the possibility of criminal and civil prosecution.

To maintain a stable, peaceful and prosperous community, Australians of all backgrounds are expected to uphold the shared principles and values of Australian society. These principles provide the basis for Australia’s free and democratic society, including:

- respect for the equal worth, dignity and freedom of the individual
- freedom of speech
- freedom of religion and secular government
- freedom of association
- support for parliamentary democracy and the rule of law
- equality under the law
- equality of men and women
- equality of opportunity
- peacefulness
- a spirit of egalitarianism that embraces tolerance, mutual respect and compassion for those in need.

The Commonwealth Government encourages new residents to learn as much as they can about their new country, including Australia’s heritage, language, customs, values and way of life.

For further information refer to:

www.australia.gov.au

The Commonwealth Government has also produced some books to help you:

- Life in Australia
  www.border.gov.au/Trav/Life
- Beginning a Life in Australia

7.1.1 Government structure and responsibilities

Commonwealth government

The Commonwealth Government is Australia’s federal government. It implements laws made by the Commonwealth Parliament. The responsibilities of the Commonwealth are set out by the Australian Constitution. These include national matters such as external trade and commerce, quarantine, currency, immigration, defence, telecommunications, employment and health. Income tax and the collection of various levies and excise (including those placed on tobacco, alcohol, fuel and customs duties) are also a Commonwealth responsibility.

The Commonwealth administers assistance programs such as Medicare, Centrelink and Job Network.

State government

Other matters not provided under the Australian Constitution as a Commonwealth responsibility are the responsibility of the states and the two mainland federal territories — the Northern Territory and the Australian Capital Territory.

The states and territories are responsible for provincial matters such as policing, education and learning, roads and traffic, public hospitals and community health services, public housing and business regulation.

For further information refer to:

www.qld.gov.au/about

Local government

Local governments can be in the form of a city or a town council or a shire. They are responsible for town planning, building approvals, local roads, parking, public libraries, public toilets, water and sewerage, waste removal, domestic animals and community facilities.

Local taxes (called rates) are collected from home owners based on the value of their land. These taxes are used to pay for the services provided. Local governments also collect parking fees. Information on local councils can be found at the Department of Infrastructure, Local Government and Planning website:

www.dilgp.qld.gov.au
7.1.2 Queensland society

According to the Australian Bureau of Statistics, Census of Population Housing 2011, Queensland is home to people who speak more than 220 languages, hold more than 100 religious beliefs and come from more than 220 countries. More than 20 per cent of Queenslanders were born outside of Australia (Source: ABS 2011 Census of Population Housing).

The Queensland Department of Health has developed a number of guides and policies to support the provision of culturally sensitive healthcare in hospitals and community health services.

For further information refer to:

7.2 The Australian patient

Australian culture is multi layered and Australian patients have a diversity of expectations from the healthcare system. There are however some recognised characteristics that may help you to understand why your patient behaves in the way they do and what they may expect of you. Health Consumers Queensland has resources for health care providers.

For further information refer to:
www.hcq.org.au/for-health-providers/resources

7.2.1 Informed decision making

Over time Australian patients have become better informed and may choose to take an active part in the decision making process. As a rule, Australian patients expect to be kept informed about their health care. This includes possible treatment options, the benefits and risks, any tests required and the nature of their illness. Should the patient be unable to participate or understand due to difficulty understanding English, you should engage an appropriate interpreter. Care must be taken to avoid using family members for formal interpreting due to privacy issues. Interpreters have professional training to provide appropriate and direct communication between the health care worker and the patient.

If you are concerned that the patient does not understand your recommendations or is refusing your treatment, which could lead to serious consequences for the patient, consider consulting your colleagues or supervisor; offering further information or a second medical opinion; meeting with family members or holding a case conference with other health professionals involved in the patient’s care.

7.2.2 Individuality

Many Australians prefer to be treated as individuals rather than being generalised into any particular class, group or position. Some people also dislike being too dependent on others. The extended family therefore is not as dominant as in many other countries and cultures.

7.2.3 Equality

Australians are generally tolerant people and believe that people have dignity and are to be valued and respected. Australians grow up believing that people, including women and children should have equal social, legal, and political rights. The Australian Constitution and laws protect these rights. Anti-discrimination laws, for example, prevent discrimination on the grounds of race, gender, marital status, sexual orientation, and physical and intellectual disability. Australian women are treated equally to men. Patients may call you by your first name and expect you to do the same. Many Australians are very well informed and like to be partners in the management of their health. If you appear authoritarian and insensitive they may challenge this either directly or indirectly (e.g. in writing).

7.2.4 Directness

In Australia, issues, events, and ideas are openly discussed. In a consultation, your patients might bring up issues and events which you may consider sensitive, embarrassing, or rude. Be aware of your own reactions with your body language and also with what you say so that the consultation can continue without embarrassment and remain objective.

Take the lead and be direct and welcoming in your introductions, including stating your name and role to your patient. The use of names throughout a consultation enables you to connect with your patient in order to establish and maintain rapport. If your patient is unsure of how to address you, then it will generally be difficult to form an effective partnership. Sometimes your name can be as unfamiliar to Australians as their name may be to you. Let your patients know what you would like to be called and also ensure that you ask them what they would like to be called too. If you are unsure how to pronounce a name, ask.

Maintain eye contact with your patients as this tells your patient that you are interested, honest and sincere. However, not everyone feels like this for example, Aboriginal and Torres Strait Islander patients and patients from some Asian cultures do not like direct eye contact so you will need to adapt your consultation style to respect the cultural requirements. Patients will mostly expect that you are upfront, direct, and honest with them.

Moreover, if you are uncertain or do not know something, it is essential that you either seek clarification or explain that you do not know and will try to find out.
7.2.5 Sense of humour

Some Australians love to joke and enjoy telling a joke. “Did you hear the one about...?” is a very familiar opening to any joke. Colleagues and patients alike may tease or ‘pull your leg’ and if they do this to you, it is a form of acceptance and by no means meant to be an insult or a form of discrimination. Smile and join in as laughter keeps work interesting and it is good for health. If at any time you are offended by this, you can let others know that you feel this way and why.

Patients may joke about conditions or illnesses that are often very serious. For example, Australian males may underplay serious symptoms by joking. Be aware of this. In general, males do not visit doctors often and when they do, they may make light or fun of their situation.

7.2.6 Clothing

Australia is a diverse society. The variety of clothing that people wear reflects this diversity. Many people tend to dress casually or informally for comfort or according to the social situation or climate. Many people also choose to wear traditional clothes, which may be religious or customary, particularly on special occasions.

Women and men may wear clothing that does not cover their entire bodies, particularly in the hotter climate areas of Queensland. This is normal in Australia and does not mean they wish to attract attention.

7.2.7 Healthy scepticism

Australians can be quite sceptical about governments, institutions, politicians, and often even their doctors. Australian patients have access to a wealth of information from the internet, popular magazines, and television programs about healthcare. Some of this material is highly credible, while some may be dubious in quality and/or reliability. You will sometimes need to work hard to negotiate with your patients, so asking what they know about their illness upfront can often shortcut a consultation for you. You can correct any misinformation and misperceptions, or build on existing knowledge to maximize the best use of your time.

7.3 Useful communication strategies

7.3.1 Polite Behaviour

Maintaining communication with others in your healthcare team is vital. Your colleagues will be your greatest teachers. ‘Please’ and ‘thank you’ are important words in Australian workplace culture and will help you maintain effective relationships with all of your team.

If you do not use appropriate language, your simple questions and requests may unintentionally appear arrogant, demanding and/or very rude.

7.3.2 The importance of admitting you don’t know and asking for clarification

In Australia it is acceptable to tell a patient or a colleague that you do not know or understand something. Medical practitioners who work in the Australian healthcare system are not expected to know everything and you will not be regarded negatively if you don’t know the answer to a query.

You don’t need to save face in the Australian culture and pretend that you do know. Patients and colleagues alike value honesty, so if you don’t know, say “I am sorry but I don’t know that but I will find out and get back to you.” Similarly, it is alright to admit to your consultant that you haven’t done a task if you have been too busy rather than saying that you have. Importantly, it also means that you are less likely to make mistakes that could cause harm to your patients.

Ask for clarification if you do not understand. For example, if your patient says “Doc, I’m feeling a bit wobbly on my pins today”, you may need to clarify that they mean their legs are a bit shaky. Rephrasing or clarifying parts of the consultation will help your communication.

If you do make a mistake, admit your error by saying “I’m sorry” but then find out where you went wrong and learn from your errors. You will then have the opportunity to learn something new and move on. This will enable you to make the most of all your learning opportunities and ensure a safe and effective healthcare environment for everyone.

7.3.3 The importance of the appropriate attitude

A medical practitioner’s authority with regard to knowing what is best for their patients is respected in this culture. In response, it is expected that patients will also be given respect and not treated in an authoritarian manner by doctors and healthcare workers.

For example, if you need to examine a patient, ask permission first, explain what physical examination you will be doing and why you are doing it, clearly state what clothing needs to be removed, provide draping and privacy, arrange for a chaperone, wash your hands, then thank them afterwards. Offer them the same respect that you would expect if you were in their position.

In the workplace, you will work in multi-disciplinary teams where every person has equal value and respect. Every team member has an important role to play. In the hospitals, everyone from the switchboard operator and ward assistants to the most senior administrator is important.
In Australian culture, it is expected that each team member will carry out their own roles and responsibilities i.e. ‘pull their weight’ and not leave tasks to other team members.

7.3.4 Being observant

Watch the response of your patient, their families and your colleagues when you are speaking, to check for understanding and any misunderstandings. For example, people often express non-comprehension by frowning. You will learn a lot from how people respond to you, about how to say something and/or if you have said something that is inappropriate or not correct.

7.3.5 Slowing down your rate of speaking

Many people will not understand you if you talk quickly. This is especially so on the phone or in a noisy ward. If you find that people misunderstand or do not respond to what you are saying then slow down your rate of speech. Take the time to pronounce individual words clearly.

7.3.6 Coping with Australian idiom

Australians use a lot of idioms and slang or colloquialisms when they speak to each other. Even within Australia, people who live in different regions can use different words to say the same thing.

This may seem complicated, but it is not a cause for alarm. If you don’t understand, you can ask people to explain what they mean. Slang words are often just shortened versions of longer words, with ‘o’ or ‘ie’ added at the end, e.g. barbeque becomes ‘barbie’, afternoon becomes ‘arvo’, Okay becomes ‘Okie Dokie’.

Swearing is also quite common. Sometimes it is meant to be offensive and sometimes it isn’t. Like all language though, it depends how something is said, rather than what is said, that often transfers the meaning.

7.3.7 Doctors Speak Up

The website Doctors Speak Up is a very useful resource for building communication skills for patient care. Developed by the Medical Education Unit at the University of Melbourne, with support from the Victorian Department of Health and the Postgraduate Medical Council of Victoria, this website contains video examples, consultation transcripts, and communication activities to help clinicians improve their English language and communication proficiency:

doctorsspeakup.com/home

7.4 International Medical Graduates and Medicare provider numbers

7.4.1 Medicare rebate for specialists or consultants

Specialists can attract a higher ‘specialist’ or ‘consultant’ rebate under Medicare.

To attract a higher ‘specialist’ or ‘consultant’ rebate under Medicare the eligible IMG will also need to apply to Medicare Australia for recognition as a specialist for Medicare billing purposes.

Note: this is separate to the recognition process by an Australian medical speciality college that assesses an IMG’s qualifications, otherwise known as specialist comparability or recognition assessment, which is undertaken for Fellowship and registration purposes.

Before applying for recognition as a specialist or consultant physician by Medicare, the IMG must meet Medicare Australia’s eligibility criteria. An overview of the Medicare system can be found in Section 1.2.1

For further information please contact:
srac@medicareaustralia.gov.au

7.4.2 District of workforce shortage

A District of workforce shortage (DWS) is determined by the Commonwealth Department of Health and only applies to eligible medical jobs that need to provide services that attract Medicare rebates. A location is deemed to be a DWS if it falls below the national average for the provision of medical services of the type provided by the applicant. Population needs for healthcare are deemed to be unmet if a district has less access to medical services than the national average.

Medicare provider number restrictions apply to all IMGs. By restricting the Medicare provider numbers issued to IMGs who work in locations that have been identified as a DWS, the department aims to achieve an equitable distribution of medical services across Australia.

Further information regarding which areas in Australia are considered to be a DWS can be searched on the following website:


7.4.3 IMGs and provider number restrictions (“ten year moratorium”)

Since 1996, all medical practitioners in Australia have been required to obtain recognised post graduate qualifications to be eligible for a Medicare provider number which enables them to attract Medicare rebates for services provided. Alternatively they must be registered to be undertaking an
approved program placement under Section 3GA of s 19AA of the *Health Insurance Act 1973*.

Furthermore, the IMGs that want to attract Medicare rebates for their services are subject to a ten year restriction (known as the “ten year moratorium”) to obtaining a provider number, if they were first registered with the Medical Board of Australia (MBA) after 1 January 1997. These restrictions of s 19AB of the *Health Insurance Act 1973* can affect where an IMG can work in Australia.

However IMGs may be issued with a Medicare provider number to attract Medicare rebates for their services if they have obtained an exemption under s 19AB where the exemption has been approved by the Minister for Health and Ageing through delegates of the Department of Health.

IMGs who have been offered a job that has been approved as a DWS may apply for a s 19AB exemption to be eligible to be issued with a Medicare provider number. Refer to this section below for further information on District of Workforce Shortage.

Doctors subject to s 19AB are generally required to work in a DWS for a minimum period of ten years from the date of their first medical registration.

An application for a s 19AB exemption to these Medicare provider number restrictions is made by Medicare Australia to the Commonwealth Department of Health on behalf of the IMG when they apply for a Medicare provider number.

### 7.4.4  IMGs who hold an Australian temporary resident visa

While a temporary resident IMG holds a 19AB exemption they satisfy the requirements of s 19AA under subsection 19AA(1)(v).

Once they complete their ten year commitment to s 19AB i.e. the ten year moratorium, they are then subject to the restrictions under s 19AA of the *Health Insurance Act 1973*, i.e. the requirement for a recognised post graduate qualification.

However if they complete their ten year moratorium, but have not gained Fellowship (or for GPs who are not on the GP Vocational Register), they will still be subject to the restrictions where an IMG is unable to access a Medicare provider number unless they obtain an exemption under s 19AB.

For IMGs who hold an Australian temporary resident visa the Medicare provider number restriction, and thereby the need to work in a DWS to be exempt, applies indefinitely until they obtain a recognised post graduate qualification.

However, conditions of ongoing medical registration for these IMGs will be in effect and will require them to attain unconditional specialist or general registration within a timely period.

### 7.4.5  IMGs — Australian permanent residents or citizens and provider number restrictions

For IMGs who are subject to s 19AB and become a holder of a permanent visa or Australian Citizenship, the 19AB exemptions no longer meets the requirements under s 19AA. They are therefore subject to the second type of Medicare provider number restriction of s 19AA.

Under this further restriction they will be unable to attract payment of Medicare rebates unless they:

- have obtained a post graduate qualification recognised by Medicare — as a specialist, consultant physician, or general practitioner (i.e. Fellow of Royal Australian College of General Practitioners (FRACGP), Fellow of Australian College of Rural and Remote Medicine (FACRRM) — or included on Vocational Register); or

- are on an approved program placement and registered in that program by Medicare Australia under s 3GA of the *Health Insurance Act 1973*.

Information on recognition of postgraduate qualifications and a list of approved s 3GA programs is on the Medicare Australia application for an initial Medicare provider number form.

For further information refer to:


It is important to note that they will also need to satisfy the requirements of s 19AB at the same time.

For information on s 19AA and 19AB of the *Health Insurance Act 1973* please contact:

19AA@health.gov.au or 19AB@health.gov.au

### 7.4.6  Amendments to Section 19AB — Citizens/ Permanent Residents of New Zealand (2010)

A major amendment to s 19AB from 1 April 2010 includes the removal of the ten year restriction (moratorium) on access to Medicare benefits for doctors who were either:

- New Zealand citizens or permanent residents at the time they enrolled in their primary medical degree at an Australian or New Zealand medical school (accredited by the AMC); or

- medical practitioners who were Australian citizens or permanent residents at the time they enrolled in their primary medical degree at a New Zealand medical school (accredited by the AMC).

These medical practitioners will no longer be classified as "International Medical Graduates" under the *Health Insurance Act 1973* (the Act).
This means that these doctors will no longer be subject to the restrictions of s 19AB of the Act. They will still be subject to s 19AA, which will require them to obtain fellowship qualification with a medical specialty college, if not already obtained i.e. they must be recognised by Medicare as a GP, specialist or consultant physician for Medicare purposes, or be in an approved program placement under s 3GA of the Act before Medicare benefits can be paid for their services.

Note: Evidence of their residency status when they enrolled in an accredited medical school must be provided to Medicare Australia.

If the IMG under these conditions has not gained fellowship with one of the relevant colleges, it is recommended that they contact the Workforce Regulation Section (WRS) at:

19AA@health.gov.au

The WRS will then direct them to the most appropriate training provider for their situation and location to assist in an interim program which will enable them to continue to access Medicare benefits until a suitable 3GA placement can be found.

Additional information including fact sheets on whether a doctor is restricted by s 19AB is available from:


7.4.7 Reductions on ten year moratorium — 2010 scaling incentives

IMGs and Foreign Graduates of Accredited Medical Schools (FGAMS) may be eligible for a reduction in the ten year moratorium period through a process called Scaling.

Scaling offers non cash incentives of time reduction on the moratorium time period for those that choose to live and work in rural and more remote areas as described in the Australian Standard Geographical Classification — Remoteness Area (ASGC-RA) table (following). The greatest reward will be for those willing to work in the most remote locations.

7.4.8 Scaling incentives

<table>
<thead>
<tr>
<th>RA Classification</th>
<th>RA Category</th>
<th>Scaling % discount</th>
<th>Restriction period reduced to</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA 1</td>
<td>Major cities</td>
<td>Nil</td>
<td>10 years</td>
</tr>
<tr>
<td>RA 2</td>
<td>Inner regional</td>
<td>10</td>
<td>9 years</td>
</tr>
<tr>
<td>RA 3</td>
<td>Outer regional</td>
<td>30</td>
<td>7 years</td>
</tr>
<tr>
<td>RA 4</td>
<td>Remote</td>
<td>40</td>
<td>6 years</td>
</tr>
<tr>
<td>RA 5</td>
<td>Very remote</td>
<td>50</td>
<td>5 years</td>
</tr>
</tbody>
</table>

Discounts on the moratorium time period will be based on medical practitioners Medicare claiming activities every month where the claims were made in applicable ASGC-RA locations.

For IMGs who have already served part of their ten year moratorium period, scaling is not applied retrospectively and will apply only on the balance of the restriction period.

7.4.9 Eligibility for scaling

All IMGs and FGAMS are considered eligible for scaling where:

- a valid s 19AB exemption is held for the location in which the services were provided, i.e. their medical services are attracting Medicare benefits;
- the total ‘value of claims’ threshold of $5,000 has been met for that month;
- services were provided in an eligible ASGC-RA 2 — 5 category.

Note: Medical practitioners participating on the IMG Five Year Scheme will not be eligible for scaling discounts.

There is no formal application process for scaling discounts. Those who meet monthly eligibility criteria will automatically receive scaling discounts.

7.4.10 On completion of ten year moratorium

For IMGs who have met the return of service obligation under the Act and are now free from practicing in a DWS:

- Medicare Australia will automatically apply an open ended ‘scaling class’ 19AB exemption to a doctor’s record that is non-location specific. This will allow the doctor to practice in any location.

Note: Medicare Australia will provide written notification to doctors when the ‘scaling class’ 19AB exemption is applied.

For any new locations, medical practitioners will need to apply for a Medicare provider number through Medicare Australia (as all medical practitioners are required to).

Enquiries in reference to the application of scaling and eligible services can be made by telephone to Medicare Australia on 13 21 50.

For further information on scaling refer to the following website for:


7.5 Types of registration for international medical graduates

The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the registration and accreditation of 14 health professions across Australia. Every medical practitioner in Australia must be registered with the MBA and there are a range of different types of registration to match different levels of training and
experience. The AMC is the national standards body for medical education and training and is responsible for assessing the knowledge, clinical skills and professional attributes of IMGs seeking registration to practice in Australia. Refer to Section 2 for further information.

7.5.1 Assessment pathways to registration for IMGs

According to the MBA, IMGs whose medical qualifications are from a medical school outside of Australia or New Zealand and who are seeking registration to practice medicine in Australia must provide evidence of eligibility to undertake one of the following assessment pathways:

- Competent Authority pathway
- Standard pathway
- Specialist pathway

The assessment process assesses the knowledge and clinical skills of IMGs seeking to qualify for medical registration in Australia.

For further information refer to:

7.5.2 Competent Authority Pathway

A pathway for general registration for IMGs who have completed training and assessment through one of the AMC designated and approved ‘Competent Authorities’ which currently include:

- General Medical Council of the United Kingdom
- Medical Council of Ireland
- Medical Council of Canada
- Educational Commission for Foreign Medical Graduates of the United States
- Medical Council of New Zealand

For further information refer to:

7.5.3 The Standard Pathway

This is a pathway for IMGs seeking registration who do not qualify for the Competent Authority or Specialist Pathways. Under this pathway, the AMC conducts two alternative processes leading to the AMC Certificate:

- Standard Pathway (AMC examinations) – IMGs must pass the AMC Multiple Choice Questionnaire (MCQ) Examination and the AMC Clinical Examination in order to obtain the AMC Certificate. Most IMGs are assessed via the AMC examinations which comprehensively test medical knowledge, clinical competency and performance.
- Standard Pathway (workplace-based assessment) – IMGs must pass the AMC MCQ Examination and an AMC-accredited workplace-based assessment (WBA) program. While this pathway is still being implemented nationally, Hervey Bay and Maryborough Hospitals in the Wide Bay HHS are the first Queensland Health facilities to be granted accreditation by the AMC to run the WBA program. IMGs proceeding via the Standard Pathway must pass the AMC MCQ Examination in order to become eligible for limited registration and before they can attempt either the AMC Clinical Examination or workplace-based assessment.

7.5.4 The Specialist Pathway

A pathway for IMGs who have satisfied all the training and examination requirements to practice in their field of specialty in their country of training and who are seeking specialist recognition in Australia, or applying for a specialist level position within a declared Area of Need, or wishing to undertake a short period of specialist or advanced training. IMGs require an assessment from the relevant Australian medical specialty college before they can be registered to practice in their field of specialisation. The specialist comparability assessment compares the qualifications, skills and experience of the IMG to an Australian-trained specialist in the same field of specialty practice. This assessment is required for IMGs to be able to progress towards fellowship and therefore specialist registration. Before an Area of Need assessment application can be processed, an IMG must have been selected by an employer for appointment to a designated Area of Need staff grade position.

It is highly recommended that an IMG undertaking an Area of Need assessment apply at the same time for a specialist comparability assessment. This will assist them in meeting registration renewal requirements to progress towards unconditional specialist registration.

A number of colleges provide a simultaneous specialist comparability and Area of Need assessment through a single application and interview process. Please refer to the relevant college and the MBA for further details. A list of colleges is available at:

For further information refer to:

7.5.5 Provisional registration

IMGs that have successfully completed all components of the AMC examinations or the AMC standard pathway are eligible to apply for provisional registration. This allows IMGs to undertake 12 months of approved supervised practice or some or all of the supervised practice while holding limited registration in order to meet the requirements for general registration.
Applicants who meet the eligibility requirements for the competent authority pathway are eligible to apply for provisional registration so they can undertake a 12 month period of approved supervised practice to meet requirements for general registration.

Refer to Section 2.1 for further information.

7.5.6 Limited registration

Limited registration is available to IMGs whose medical qualifications are from a medical school outside of Australia or New Zealand. Applicants must be able to demonstrate they have completed a medical curriculum of at least four academic years, which leads to an entitlement to registration in the country issuing the medical degree.

Types of limited registration are:
• postgraduate training or supervised practice
• area of need
• teaching or research
• public interest.

Postgraduate training or supervised practice

According to the Medical Board of Australia, typically, this type of registration is for IMGs undertaking supervised training in Australian hospitals or other healthcare facilities. This registration category is suitable for IMGs who:
• intend to return to their country of training after completing their training in Australia
• have had their specialist qualifications assessed by an Australian medical specialty college and are completing the college’s requirements for fellowship
• are undertaking a period of supervised practice to meet the requirements for the AMC Certificate and eligibility for general registration.

Medical practitioners with this registration category must comply with the MBA’s registration standard on limited registration for post graduate training or supervised practice which is available via:

Area of Need

Medical practitioners with this type of registration work within an area of medical workforce shortage. These practitioners have been assessed by the MBA as having the necessary skills, training and experience to undertake this practice safely. The Minister for Health (or their delegate) must declare that the area in which the applicant will work is an ‘area of need’. Within Queensland, the Minister for Health has delegated the decision making responsibility to the Chief Health Officer and the Senior Director, Office of the Chief Health Officer, Department of Health.

Only an employer or an employer’s authorised agent may make an Area of Need application. There is no central public register of Area of Need positions.

For further information refer to:

Medical practitioners with this type of registration must comply with the MBA’s registration standard on limited registration for Area of Need which is available via:

Teaching or research

As of 1 July 2016, applicants seeking to demonstrate a clinical technique/procedure or participate in a workshop will apply for limited registration for teaching or research rather than limited registration in public interest.

Medical practitioners with this type of registration will be likely to be working in a position that involves clinical teaching or research, for example a university appointment. These practitioners can undertake a limited clinical practice that is relevant to their teaching or research role.

Medical practitioners with this registration category must comply with the MBA’s registration standard on limited registration for teaching or research which is available via:

Public interest

Limited registration in the public interest is intended to be short-term, with a limited scope of practice. It applies to circumstances in which the MBA deems there is a “public interest” in registering a medical practitioner. Examples of when it might be in the public interest to register a medical practitioner who is not eligible for general or specialist registration might include in response to a natural disaster, pandemics or for an expert to demonstrate a new procedure. From 1 July 2016 applicants seeking to demonstrate a clinical technique/procedure or participate in a workshop will apply for limited registration for teaching or research rather than limited registration in public interest.

This is not a suitable type of registration for medical practitioners who are working towards general or specialist registration.

For further information refer to:
7.5.7 Pre-Employment Structured Clinical Interview

There are two Pre-Employment Structured Clinical Interviews (PESCs) operating in Queensland. One is facilitated by the Australian College of Rural and Remote Medicine (ACRRM) and the other is facilitated by Metro North Hospital and Health Service.

ACRRM conducts PESCs on behalf of the MBA for IMGs seeking limited registration on the Standard or Competent Authority pathways for general practice, medical officer, medical superintendent and senior medical officer positions.

For further information regarding the ACRRM PESCI, fees and schedules please visit the ACRRM website at: www.acrrm.org.au/becoming-registered-in-australia/standard-pathway/pesci

A PESCI is a mandatory requirement for employment within a Hospital and Health Service (HHS) in Queensland. Candidates who are progressing via the standard pathway and have been offered a Principal House Officer (PHO)/Registrar position for the first time within a HHS will be required to undertake a PESCI in the following specialties:

• emergency medicine
• obstetrics and gynaecology
• mental health
• anaesthetics
• general medicine
• intensive care medicine
• paediatrics
• general surgery
• orthopaedics.

For more information about the Queensland Health PESCI, contact the PESCI team on (07) 3646 6553 or via email CSDS-PESCI@health.qld.gov.au

Alternatively, refer to:
www.sdc.qld.edu.au/about/communicationprogram/PESCI

7.5.8 Progressing towards general or specialist registration

All IMGs holding limited and provisional registration are required to provide evidence to confirm they are making satisfactory progress towards meeting a qualification required to obtain general or specialist registration within four years.

This evidence is required to be provided with each application for renewal. Limited registrants are restricted by the national law to only seek renewal a maximum of three times.

The MBA has developed the Fact sheet: How IMGs can demonstrate satisfactory progress towards gaining general or specialist registration which provides information to limited registrants about how to meet the requirements of the applicable registration standards when making an application for renewal of registration or a new application for limited registration.


From 1 October 2016, the MBA has implemented a revised Continuing Professional Development (CPD) registration standard which requires confirmation of enhanced CPD activities. The revised standard introduces a minimum number of CPD hours for IMGs - 50 hours per year. In the past there was no minimum hour requirement.

IMGs must complete the CPD in their supervision plan and work performance report. If this amounts to less than 50 hours, IMGs must complete additional CPD to reach a minimum of 50 hours per year.

For further information refer to: www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ/FAQ-for-CPD-for-IMGs.aspx

7.6 Permanent residency and Australian citizenship

7.6.1 Department of Immigration and Border Protection

The Department of Immigration and Border Protection is the Commonwealth Government department which has responsibility for immigration arrangements of non-citizens, migration, citizenship and settlement. Further information can be obtained from the website at: www.border.gov.au

To receive a temporary residence working visa, a medical practitioner must obtain at least limited medical registration to practice in Australia.

The most common visa for doctors working in HHSs is the Temporary Business Long Stay Visa (Sub-class 457). The benefits of the Temporary Business Long Stay Visa include:

• it is valid for four years
• it allows the applicant’s spouse or partner to work unlimited hours
• it may be lodged electronically (decreases processing time).

For further information refer to: www.border.gov.au/about/corporate/information/fact-sheets/48b-temporary-business-visa

The Department of Health provides organisational sponsorship with the Department of Immigration and Border Protection, decreasing the workload for individual hospitals and allowing more flexibility in the IMG workforce.
7.6.2 Health Undertaking

According to the Department of Immigration and Border Protection, Health Undertakings are primarily designed to help ensure that visa holders with a significant health condition are followed up by onshore health providers when necessary. If you or any of your family members signed a Health Undertaking (Form 815) at the request of the Department of Immigration and Border Protection, you must ring the Health Undertaking Service after you arrive in Australia. The Health Undertaking Service will advise you of the nearest Health Authority Clinic where you can have your follow up medical checks.

For further information refer to:

7.6.3 English language tuition

Communicating in English is very important and is a key to your successful settlement. English language courses for new arrivals in Australia are provided under the Adult Migrant English Program (AMEP). If you have permanent residency or hold an eligible temporary visa you may be entitled to receive free English language tuition of up to 510 hours. The AMEP offers a number of learning options to suit a range of circumstances. You must register within six months of your arrival or gaining permanent residence to be entitled to these classes.

For further information refer to:

7.6.4 Document translation

The translation of documents can be arranged through accredited translators on a fee for service basis. For a list of accredited translators in your language phone the National Accreditation Authority for Translators and Interpreters (NAATI) Hotline 1300 557 470 or visit their website:
www.naati.com.au

7.6.5 Progression to permanent visa

For immigration purposes, medical practitioners who entered Australia on a temporary work/student visa seeking progression to permanent residency in Australia must hold full medical registration.

For more information on permanent residency visas including employer sponsored and skilled migration (individual merit) visas refer to the following website:
www.border.gov.au/Trav/Work/Work

7.6.6 Australian citizenship

To become a permanent resident you must have lawfully resided in Australia for four years in the period prior to applying to become an Australian Citizen, this includes:

- 12 months as a permanent resident, and
- absences from Australia of no more than 12 months in total, including no more than 90 days in the 12 months before applying.

- New Zealand citizens living in Australia.

As a New Zealand citizen, eligibility for Australian citizenship depends on whether you arrived in Australia before or after 26 February 2001. On arrival most New Zealand citizens are automatically granted a Special Category Visa (CSV). This visa allows the holder to remain and work in Australia indefinitely. For information on Australian citizenship options refer to the following website:
www.border.gov.au/Trav/Citi

7.7 What to do soon after arrival

7.7.1 Obtaining a licence to drive or transferring your overseas driver’s licence

If you are visiting Queensland on a temporary working visa and do not have a permanent visa, you are not required to change your foreign drivers licence to a Queensland licence.

You can drive on Queensland roads using a foreign licence if you:
- only drive the class of motor vehicle authorised on that licence
- comply with the conditions (if any) of your licence.

You must carry your licence with you at all times when driving and immediately show it to a police officer when asked to do so. When you obtain an Australian permanent visa (i.e. become a permanent resident) you must change your foreign driver’s licence to a Queensland driver’s licence. This must be transferred within three months of becoming a permanent resident.

A Queensland driver’s licence can be obtained through Queensland Department of Transport and Main Roads.

Payment of compulsory third party (CTP) insurance is included in the registration costs for all cars registered within Queensland. Temporary residents may choose to apply for a Queensland driver’s licence in order to meet CTP requirements for a current licence as stipulated by some insurance companies.
To transfer your foreign driver’s licence you must personally attend a Department of Transport and Main Roads Service Centre. You will need to take your foreign driver’s licence as well as proof of your identity and current Queensland residential address. You will be required to complete an application form and sit a written test. You may also be required to undertake a practical driving test.

For further information about driver’s licences including application forms, fees, eligible proof of identity and resident address documents, recognised translators, as well as locations of Department of Transport and Main Roads customer service centres refer to:


Before you take the written test, you can study from a book called *Your Keys to Driving in Queensland* which includes essential information about the Queensland driver licensing system and road rules. This is available at:

publications.qld.gov.au/dataset/your-keys-to-driving-in-queensland

### 7.7.2 Opening a bank account in Queensland

After arriving in Australia, one of the first things you should do is open a bank account. The majority of employers in Australia prefer to pay salaries directly into the employees’ nominated bank accounts.

In the first six weeks, you can open a bank account with only your passport as identification. After the first six weeks, you will need extra forms of identification. This could be your passport, your birth certificate and other documents which show your name and address such as your driver’s licence, your rental lease or bills from gas or electricity companies. Staff at the bank will explain what other documents may be suitable and/or required.

There are different types of financial institutions, such as banks, credit unions and building societies. You should find out what best suits your needs before you open an account.

The Australian Bankers’ Association website also provides a list of its member banks at:

www.bankers.asn.au

### 7.7.3 Apply for a Tax File Number

Refer to Section 8.2 Financial considerations for living in Queensland.

### 7.7.4 Register with Medicare

As the basis of Australia’s healthcare system, Medicare covers many health care costs. If you are eligible to register with Medicare, you should wait approximately ten days after your arrival in Australia and then go to your nearest Medicare office with supporting identification and travel documents. If registration requirements are met, you will be advised of your Medicare number and your Medicare card will be posted to you. Refer to section 1.1 which provides more detailed information about Medicare.

If you live in Australia and aren’t eligible for Medicare during all or part of a financial year, you may claim an exemption from paying the Medicare levy.

For further information refer to:


### 7.7.5 Community organisations and support

The Department of Immigration and Border Protection website provides information and publications about life in Australia and links to government settlement services including help with learning English. Information on Australian values and the cultural diversity of Australia’s people is also available at the following link:

www.border.gov.au/Trav/Life

There are many ethnic and community organisations which may be able to help you or direct you to those who can assist you. There are also clubs, associations and religious organisations which you might want to join. They are listed under ‘Clubs’ and ‘Organisations’ in the Yellow Pages telephone directory available at:

www.yellowpages.com.au

A key organisation is the Ethnic Communities Council of Queensland (ECCQ).

Their contact details are:

253 Boundary Street
WEST END BRISBANE QLD 4101
Telephone: 3844 9166
Email: administration@eccq.com.au
www.eccq.com.au
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In August 2016, the estimated population for Queensland was 4,846,807 people. The population is predominately based in the metropolitan area of Brisbane and the remaining population lives in remote and rural regions across the state. The Queensland Government is responsible for ensuring that the people living in Queensland receive the best possible health care.

Queensland welcomes people from interstate and overseas with ideas, skills and initiative to share a quality of life that ranks with the best in the world. The people of Queensland enjoy an outdoor lifestyle with world class beaches and waterways, national parks, rainforests and tropical reefs.

“Queensland is like no other place on earth. From endless coastlines to the great outback expanses, the world famous Great Barrier Reef and the array of luscious rainforests, Queensland is a giant living and breathing postcard waiting to be explored!”

teq.queensland.com/news-and-media/queensland-media-centre/fact-sheets

There are a number of websites that provide helpful information about Queensland including events, tourism and local communities including:

www.queensland.com
www.eventsqueensland.com.au
www.nprsr.qld.gov.au

8.1 Specific information about living in Queensland

8.1.1 Time and Date

Australia is divided into three separate time zones:

- Australian Eastern Standard Time (AEST) — Australian Capital Territory, New South Wales, Queensland, Tasmania and Victoria.
- Australian Central Standard Time (ACST) — Northern Territory and South Australia.
- Australian Western Standard Time (AWST) — Western Australia.

Daylight Saving Time (DST) is the practice of advancing clocks one hour during the warmer months of the year to enable preservation of daylight hours.

Queensland does not participate in daylight saving.

The Australian Capital Territory, New South Wales, South Australia, Victoria and Tasmania start daylight savings on the first Sunday in October and end on the first Sunday in April.


8.1.2 Alcohol Regulations: Late Trading and 1am Lock out

From 1 February 2017, a 1am lock out will apply to all late-trading licensed venues located within an approved 3am safe night precinct. However, if a venue’s liquor licence has a condition imposing a lock out, the venue must comply with the conditions of the liquor licence. The lock out is in place to protect patrons, the community and hospitality workers from alcohol-related harm in and around licensed venues.

The 1am lock out in Queensland:

- allows liquor licensees (that have late-trading approval) to continue trading past 1am
- does not allow the entry or re-entry of patrons after 1am.

For example, if patrons go outside to smoke, move their car, or meet up with friends, they will not be permitted to re-enter the licenced venue or any other venue.

For further information refer to:


8.1.3 Smoking

The Queensland Government has introduced anti-smoking legislation which means that smoking has been banned from enclosed public facilities, in cars carrying children under the age of 16 years and many outdoor public places where people gather as groups and particularly where children are present. The government has also implemented restrictions on retail advertising, display and promotion of tobacco products.

For further information refer to:


8.1.4 What you can bring into Queensland from interstate

It is important that you are familiar with what you can and cannot bring into Queensland from other states of Australia.

There are strict guidelines regarding carrying items such as the following into Queensland:

- Plants or plant products
- Skins and hides
- Movement of livestock
- Pets
- Declared noxious fish

For further information refer to:

8.2 Financial considerations for living in Queensland

A relaxed lifestyle, affordable homes and easy commuting make Queensland one of Australia’s most attractive places to live and work. In general, Queensland has a low cost of living compared to other eastern Australian states. However, living expenses in many remote locations may be higher.

8.2.1 Managing your Finances

In Australia, you will find a large range of banking, insurance, superannuation and investment products and services. Financial products and services may only be sold by a business that is licensed by the government. It is against the law to sell financial services without a licence.

For further information refer to:

8.2.2 Tax file number and tax file number declaration form

Income tax is paid on all salary and wages in Australia and on any other forms of income. Your employer usually deducts this amount from your pay and sends the tax payment to the Australian Taxation Office (ATO).

A Tax File Number (TFN) is a unique number issued by the ATO to individuals and organisations to administer tax and other Australian Government systems.

You should apply for a TFN as soon as possible. Temporary visitors who are in Australia with a visa that allows work rights, or permanent migration, can apply for an individual TFN via the internet at:
www.ato.gov.au/individuals

When you start work with a new employer you must complete a TFN declaration form. The information you provide on this form is used to determine how much tax you pay. The declaration will ask for your TFN. If you do not quote this number, tax may be deducted at the highest rate and may be more tax than you are actually required to pay.

8.2.3 Tax return

Tax returns cover the financial year from 1 July to 30 June, and if you’re lodging your own tax return they are due by 31 October.

The easiest and fastest way to lodge your tax return is online using myTax. MyTax is the quick, easy, safe and secure way to lodge your tax return online. It’s web-based, so you don’t need to download anything and you can lodge on a range of devices – computer, smartphone or tablet.

To lodge online you need a myGov account linked to the ATO.

You can also use a registered tax agent to prepare and lodge your tax return for you. Registered tax agents are the only people allowed to charge a fee to prepare and lodge your tax return.

Most registered tax agents have special lodgement schedules and can lodge returns for their clients later than the usual 31 October deadline. If you’re using a tax agent for the first time, or using a different tax agent, you need to contact them before 31 October.

For further information refer to:

8.2.4 Private health insurance

Private health insurance provides additional cover for services not covered by Medicare. There are a number of companies who offer private health insurance and a number of reasons why it may be an option for you to consider.

Refer to Section 1.4.1 Private Health Insurance for more detailed information and helpful links.

Visitors or temporary residents in Australia who are not eligible for Medicare should consider arranging for comprehensive private health insurance to cover unexpected healthcare costs during their visit to Australia. For further information about private health insurance and contact details of registered insurance companies refer to:

For a list of Private Health Facilities in Queensland refer to:

8.3 Housing considerations for living in Queensland

When you first arrive in Queensland you may wish to either stay in a hotel/motel, or rent a house, unit, villa or apartment. You may also wish to consider purchasing a house, unit, villa or apartment, or even to purchase land on which to build a home. The cost of housing/accommodation varies from region to region across Queensland and between suburbs within a region. Price ranges generally increase for both property purchase and/or rentals as you get closer to the Central Business Districts (CBDs) or waterfront areas.

Useful information to consider with all of these options is available at the following website:
www.qld.gov.au/housing

There are many websites that allow you to search for properties including:
www.domain.com.au
www.realestate.com.au
www.reiq.com.au
Please note that the Foreign Investment Review Board examines proposals by foreign persons to invest in Australia including residential real estate. Approval will depend on your current visa status and the nature of the house you wish to buy. Information and application forms can be obtained from the Foreign Investment Review Board.

For further information refer to:
www.firb.gov.au

8.3.1 Tenants' rights and responsibilities

If you are renting a property, tenants are required to sign a tenancy agreement that will be provided by the real estate agent. They will also provide a copy of the brochure 'Renting in Queensland'.

For information about renting contact the Residential Tenancies Authority (RTA) on 1300 366 311 or refer to their website at:
www.rta.qld.gov.au

8.3.2 Essential household services

Whether you are renting or buying a house in Queensland, some of the household utilities that you will require to be connected include:

Electricity and gas
A number of suppliers are available and supply electricity and/or gas to parts or all of Queensland.

For further information refer to:
www.dews.qld.gov.au

Telephone and Internet
There are various internet and telecommunication companies. A Google search can help in finding the best service to suit your needs.

Note that these services may require a connection fee.

Water
People living in Queensland are encouraged to adopt smart water practices and use water efficiently at all times of the year – whether around the home or business. Permanent water conservation measures have been in place in south east Queensland since December 2009.

For further information refer to:
www.qwc.qld.gov.au/home

8.4 Driving a car in Queensland

8.4.1 Buying a car, registration and compulsory insurance

New and second hand vehicles are advertised for sale in newspapers, magazines, on the internet and are also sold from car dealerships. The purchase prices do not usually include registration, stamp duty or compulsory insurance or the transfer fee if the car is second hand. Current listings of new and used vehicles can be found at:
www.carsales.com.au

For information on vehicle inspections for second hand vehicles, insurance and road side assistance visit the Royal Automobile Club of Queensland (RACQ) website on:
www.racq.com.au

Information in relation to requirements for registering a car or transferring registration of second hand cars can be found at Department of Transport and Main Roads' website:
www.tmr.qld.gov.au

Compulsory Third Party (CTP) insurance provides indemnity for vehicle owners and drivers who are legally liable for personal injury to any other party in the event of a motor vehicle accident. CTP is compulsory and a condition of all motor vehicle registrations in Queensland. These insurance premiums will be included in the vehicle registration costs. Information on CTP, the Queensland Government's Motor Accident Insurance Commission and details of the licensed insurers for CTP insurance are available at:
www.maic.qld.gov.au

8.4.2 Demerit points scheme

Demerit points are one type of penalty that may be imposed when you commit a traffic offence anywhere in Australia. This includes all offences relating to the road rules, as well as any driving under the influence of alcohol (greater than the recognised limit) or drugs, dangerous driving or vehicle registration offences which you have committed in Australia.

Within Queensland, drivers start with zero demerit points recorded against their licence and points accumulate when offences are committed. A monetary fine may also be imposed together with demerit points.

If you hold a Queensland Learner or Provisional licence and get four or more demerit points in a twelve month period; or if you hold a Queensland Open licence and you accumulate twelve or more demerit points in a three year period, you will be required to choose one of the following options:
• have your licence suspended for a stated period, or
• agree to be of good behaviour while driving for one year (i.e. acquire no more than one demerit point during that year).

Information on selected demerit point offences and set fines and demerit points are available at: www.tmr.qld.gov.au/Licensing/Licence-demerit-points.aspx

Common offences for which demerit points and/or fines will apply relate to non-compliance with:

8.4.3 Drinking and driving

Queensland has a 0.05 per cent blood alcohol limit for drivers holding an Open licence. One or two standard drinks in an hour could put a driver over the limit.


Drivers with Learner or Provisional licences must have a 0.00 per cent blood alcohol reading at all times.


8.4.4 Drugs and driving

There is zero tolerance for driving under the influence of illegal drugs. Just like random breath tests, you can be pulled over by Queensland police officers for a random roadside saliva test to detect any presence of illegal drugs. The tests can be carried out at random breath testing sites and at targeted drug test sites. You can also be pulled over and tested by a police officer if they suspect that you are driving under the influence of drugs.


8.4.5 Mobile phones and driving

Driving is a task that requires all of your attention in order to be safe. There is a lot of research showing that mobile phones distract people from other tasks. Driving with a mobile phone in the driver’s hand is illegal. This includes, but is not limited to, making and receiving calls and any other function of the phone. You can be fined if your mobile phone is in your hand for any reason while you are driving.


8.4.6 Seat belts and bicycle helmets

All occupants in a car must wear a seat belt at all times. Fines and loss of demerit points are handed out for failing to comply with this law. Bicycle helmets must be worn by all cyclists when riding. Fines will apply if you do not comply with these requirements.

8.4.7 Speed limits

The maximum speed limit in ‘built up areas’ (i.e. cities, towns and all suburban areas) is 50 kilometres per hour (km/h), unless otherwise indicated on road signs (e.g. some built up areas may have a 60km/h limits and school zones may have reduced speed limits (40km/h) during particular times of the day). Country roads and highways generally have 80–110km/h limits unless signs indicate otherwise. So always make sure that you pay attention to the speed limit road signs and the time of day, especially when driving through ‘School Zones’.

8.4.8 Obtaining a road map

A roadmap or a road atlas, which provides a guide to Queensland’s roads (local, regional or statewide) should be kept in your vehicle. The RACQ produces a range of maps and directories which are available free (if you become a member) or can be purchased from a Newsagent or Service Station (if you are not a member).

For further information refer to: www.racq.com.au

8.4.9 Toll roads

Queensland has a network of toll roads providing easy and convenient travel around greater Brisbane. The Gateway Motorway, Logan Motorway, Legacy Way, Clem Jones (CLEM7) Tunnel, the Go Between Bridge and the Airport Link employ electronic free-flow tolling, providing uninterrupted, reliable travel for motorists. On free-flow tolling motorways, tolls are automatically calculated as you pass under a tolling point. Because there are no toll booths or toll gates in Queensland, you need to make arrangements to pay your toll.

Before you travel on a toll road in Queensland you may purchase an in-vehicle tag online, over the phone or at customer service centres and participating retailers.

8.4.10 Driving in rural and remote areas

When driving in rural and remote areas the distance to travel between towns can be considerable and service stations, roadside assistance and other such services may not be readily available. It is recommended that all vehicles are in peak condition and that you carry a spare tyre and water, petrol and equipment.

It is a good idea to have a mobile phone with you at all times. Note that consistent mobile coverage across some rural and all remote areas may be limited. It is also a good idea to let someone know that you are planning to travel a long distance in these areas and give them an indication of the time that you are planning to depart and arrive to/from your destinations. This will help to alert people if you are overdue so that appropriate action can be taken to provide you with assistance if needed.

8.4.11 Avoiding wildlife on rural and remote roads

When driving on rural and remote roads, it is very important to take certain precautions with regards to the local wildlife. Hitting an animal can pose a serious risk to your car and its occupants. The best way to avoid hitting a kangaroo is not to drive at dawn, dusk and night. This is when wildlife generally – and kangaroos in particular – are most active. It’s also when they can’t see the car because they are blinded by the headlights. Check with your relevant hospital and health service (HHS) if any specific driving on rural and remote roads training is available.

For further information refer to:

8.4.12 Other transport

A range of transport services are provided by state and local government owned transport operators, private bus and ferry operators, as well as taxi and limousine companies and regional air services. Further information is available on the following services at:
www.tmr.qld.gov.au
- bus services available in regional areas within Queensland
- rail services including services in regional areas (Traveltrain) and south east Queensland (Citytrain)
- assistance with school transport costs for eligible students to attend educational facilities under the School Transport Assistance Scheme.

Information such as timetables and schedules, journey planning solutions, fares and special events provided within Brisbane and south east Queensland is available at:

8.5 Children in cars

Under Queensland law, the driver of the vehicle must ensure children under 16 years of age are wearing a correctly fitted child restraint or seatbelt. The penalty for failing to do this is a monetary fine and demerit points. For more information go to:

8.5.1 Infant restraint

Babies up to 6 months of age must be in an approved rear-facing restraint that is properly fastened and adjusted. It is recommended that babies stay in a rear-facing restraint for as long as their size allows.

8.5.2 Child car seats

Babies and children from 6 months and up to 4 years must be in an approved child restraint that is properly adjusted and fastened. The child restraint may be rear-facing or forward-facing with a built-in harness. However, it is recommended babies and children stay in a rear-facing restraint for as long as their size allows.

8.5.3 Child harness

Children aged 4 years and up to 7 years may be in an approved child restraint that is forward-facing with a built-in harness that is properly adjusted and fastened.

A guide for parents to select a suitable child restraint can be found at:

8.6 Child care services and facilities

In Queensland, child care services are licensed and monitored by the Department of Education Training and Employment in terms of meeting minimum quality standards. Services required to be licensed are either centre based or home based. Please note that in some locations there may be a high demand for child care services and places may be limited. It is recommended that you clarify availability and waiting lists.

Centre based services include long day care, kindergarten, limited hours care, occasional care, and school aged care services.

Home based services, also known as family day care, provide care for a small group of children in the private homes of carers under a family day care scheme. Carers are supported by the scheme’s coordination unit.
Further information is available on licensed services and on other types of child care services (unlicensed) that may be available in local areas such as vacation care at the following website:


Information is available on child care services located in Queensland including:
- the types of child care services available
- the location, hours of operation and contact details for services
- information on what to look for in a quality service.

For further information about early childhood education and care in Queensland please contact the Early Childhood Information Service on 13 QGOV (13 74 68).

8.6.1 Child Care Access Hotline

Advice on the child care service to meet your needs, or the location of child care services can be freely obtained from the Commonwealth Government’s Child Care Access Hotline 1800 670 305.

8.6.2 Funding and support

The Commonwealth Family Assistance Office may be able to assist you financially with costs of child care and raising a family. For further information on family assistance, visit the Family Assistance website at:


For information, advice and contacts about caring for children up to the age of 18 years you can contact the 24 hour emergency crisis line call (07) 3235 9999; or 1800 177 135 (for Queensland rural areas)

Parentline — counselling line available 8am–10pm, seven days for the cost of a local call 1300 30 1300

www.parentline.com.au

8.7 Education

The Queensland Department of Education and Training’s current policy is that school aged children arriving in Australia on a temporary working visa are exempt from paying tuition fees in Queensland Government (i.e. public) primary and high schools. Additional costs, for items such as textbook hire or purchase, uniforms, non-compulsory school activities, stationery, international and domestic travel, computers and lunch at schools are not covered by this exemption. These costs are levied by individual schools within a broad policy framework and apply to all resident and non-resident students unless the school offers an exemption for low income families.

For further information refer to:

education.qld.gov.au/schools

Please note that student tuition fees for private schools and universities and other associated costs are not covered under this exemption. As there is a range in the cost of these fees, please contact the individual institution for details. You can search for a private school at the following website:


8.7.1 Kindergarten

An approved kindergarten program is provided for children the year before they start Prep (i.e. children who turn four by 30 June in the year they start). At kindergarten your child will:
- take part in play-based learning
- expand their physical abilities
- build their confidence
- enhance their social skills.

Other Australian states or territories may call it ‘preschool’ or ‘kinder’.

For further information refer to:


8.7.2 Primary and secondary schools

A full time preparatory year (Prep) is part of primary schooling and is available through all Queensland state schools and accredited non-state schools offering a primary program.

Prep lays the educational foundations for all students to attain the skills required for success in later schooling. Because of high demand in some locations it is recommended that you clarify availability and waiting lists with each service.

In Queensland there are 1236 government state schools and over 498 independent and Catholic (non-state) schools. Schools that cater for geographically isolated students and for those with disabilities are also available. You can find your designated school region and a suitable government or non-state school by visiting the Department of Education and Training’s website and searching under school directory at:

www.education.qld.gov.au/parents/find-school

Education or training is compulsory for children aged 6-17 years. Secondary education comprises Years 7 to 12 and attendance in education or training is now compulsory until 17 years of age.

The school year usually runs from late January to mid-December. It is divided into two semesters, with two terms in each and holiday breaks for Easter, winter, spring and summer.

Education Queensland offers a range of international student programs.
For further information refer to:

www.education.qld.gov.au/international

Further information on private/non-government and independent schools can be obtained from websites of the Queensland Catholic Education Commission at:
qcec.catholic.edu.au

And The Association of Independent Schools of Queensland website at:
www.isq.qld.edu.au

8.7.3 Tertiary and vocational education

Information on tertiary and vocational education in Queensland is available at the website:

You will need to apply through Queensland Tertiary Admissions Centre (QTAC) for admission to undergraduate university and TAFE courses. For information on qualifying criteria, application processes and information for overseas students refer to:
www.qtac.edu.au

8.7.4 Technical and Further Education and Adult Community Education

Vocational education and training is provided through Technical And Further Education (TAFE) and other registered providers of adult, community and further education throughout Queensland. All vocational courses are developed on the basis of industry advice, at a statewide and national level.

TAFE Queensland has 13 institutes with over 70 campuses throughout metropolitan and regional areas in Queensland. Services also include international student support, personal and vocational counselling, learning support and English language assistance, recreational activities and jobs and careers.

TAFE Queensland offers part time, non-accredited short courses without formal assessment to upgrade your skills and cultivate creative talents in a relaxed, non-competitive learning environment. They are designed to provide knowledge and skills across a wide range of topics, including art, computers, wine appreciation, small business, languages and sport. Each of the institutes offers their own range of TAFE Queensland Short Course or Adult Community Education (ACE) courses.

For further information refer to:
www.tafe.qld.gov.au

8.7.5 University

Queensland offers education and research across a wide variety of fields at undergraduate and postgraduate levels through nine universities available in both metropolitan and regional areas.

The following website provides links to each of the Universities in Queensland:
education.qld.gov.au/transitiontopostschool/options/university.html

8.8 Employment for partners

Job vacancies are advertised in the Positions Vacant part of the classified section of major newspapers (especially on Saturday) and also posted on the internet.

This includes:
- the Australian Government job network at:
  apsjobs.gov.au
- the Queensland Government:
  www.jobs.qld.gov.au
- to search for vacancies in specific professional roles, refer to:
  www.seek.com.au

8.9 Personal and family support

8.9.1 Home doctor service

If you or your family require a GP after hours, there are a number of private after-hours doctor services that offer Medicare bulk-billed home visits. These are not generally available in some rural and remote locations. Search Google to find a local service provider.

8.9.2 Doctors’ Health Advisory Service

The Doctors’ Health Advisory Service (DHAS) is an initiative that has been established to assist doctors wanting confidential advice, support and facilitation with a personal health issue.

Refer to Section 2.10.3 for more detailed information.

8.9.3 Become involved in the local community

Get to know your community by getting involved. Getting involved in community activities is the best way to start. A trusted network of family and friends is invaluable. It is important to create sufficient time and energy to nurture these relationships and to communicate openly with loved ones about your feelings and worries.

For further information refer to:
www.dss.gov.au
8.10 Other organisations that provide support

8.10.1 Alcohol and Drug Information Service

The Alcohol and Drug Information Service (ADIS) offers confidential and anonymous telephone counselling and information for individuals, parents, and concerned others.

ADIS can undertake telephone assessments, provide information about the effects of specific drugs and provide advice on various treatment options. They can also help clients contact the best service for their needs.

ADIS also manages two specialist services:

- Clean Needle Helpline: information about safe disposal of injecting equipment and location of needle and syringe programs.
- Community Services Information Line: contact details and advice about specific services to meet your needs.

ADIS is available 24 hours, seven days a week by calling 1800 177 833 (freecall).

For further information refer to:

8.10.2 Bush Support Line

The Bush Support Line is a confidential telephone support and debriefing service available 24 hours a day for multidisciplinary rural and remote health practitioners and their families and is staffed by qualified psychologists with rural and remote cross-cultural experience. Refer to Section 5.3.3 for further information.

Phone 1800 805 391 or refer to:
www.crana.org.au

8.10.3 Child abuse and neglect

Refer to Section 4.4 Child safety for detailed information.

Child Abuse Prevention Services:
Freecall: 1800 688 009

Queensland Department of Communities, Child Safety and Disability Services:
In non-emergencies during business hours contact local child safety services centre on 1800 811 810 — details are available at:

Child Safety after Hours Service Centre:
After-hours emergency service including assessment of urgent reports about harm to children and information referral services.

Telephone: (07) 3235 9999 or Freecall: 1800 177 135 (Queensland only)

8.11 Emergency contact numbers

- Dial Triple Zero (000) for Police, Fire and Ambulance in an emergency.
- Dial 13 HEALTH (13 43 25 84) for non-urgent medical help or for assistance finding a health service in your area
- Dial 13 11 26 (national number) for Poisons Information Centre.

For further information refer to:
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### Appendix 1: Common medical abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Fracture</td>
</tr>
<tr>
<td>A/O</td>
<td>Alert and Oriented</td>
</tr>
<tr>
<td>ABG</td>
<td>Arterial Blood Gases</td>
</tr>
<tr>
<td>ACLS</td>
<td>Advanced Cardiac Life Support</td>
</tr>
<tr>
<td>AED</td>
<td>Automatic External Defibrillator</td>
</tr>
<tr>
<td>AFA</td>
<td>Advanced First Aid</td>
</tr>
<tr>
<td>AICD</td>
<td>Automatic Implantable Cardioverter/Defibrillator</td>
</tr>
<tr>
<td>Ambo</td>
<td>Ambulance Officer</td>
</tr>
<tr>
<td>AMI</td>
<td>Acute Myocardial Infarction</td>
</tr>
<tr>
<td>APLS</td>
<td>Advance Paediatric Life Support</td>
</tr>
<tr>
<td>APO</td>
<td>Acute Pulmonary Oedema</td>
</tr>
<tr>
<td>ATLS</td>
<td>Advanced Trauma Life Support</td>
</tr>
<tr>
<td>ATSP</td>
<td>Asked to see patient</td>
</tr>
<tr>
<td>BLS</td>
<td>Basic Life Support</td>
</tr>
<tr>
<td>BP</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>C/o</td>
<td>Complains of</td>
</tr>
<tr>
<td>Ca</td>
<td>Cancer</td>
</tr>
<tr>
<td>CAD</td>
<td>Coronary Artery Disease</td>
</tr>
<tr>
<td>CCU</td>
<td>Cardiac/Coronary Care Unit</td>
</tr>
<tr>
<td>CO2</td>
<td>Carbon Dioxide</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>CPAP</td>
<td>Continuous Positive Airway Pressure</td>
</tr>
<tr>
<td>CPR</td>
<td>Cardio-Pulmonary Resuscitation</td>
</tr>
<tr>
<td>CSF</td>
<td>Cerebral Spinal Fluid</td>
</tr>
<tr>
<td>CT</td>
<td>Computerized Tomography</td>
</tr>
<tr>
<td>CVA</td>
<td>Cerebro-vascular Accident</td>
</tr>
<tr>
<td>D/C</td>
<td>Discharge</td>
</tr>
<tr>
<td>DNR</td>
<td>Do Not Resuscitate</td>
</tr>
<tr>
<td>DOA</td>
<td>Dead on Arrival</td>
</tr>
<tr>
<td>DOB</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>DUI</td>
<td>Driving Under the Influence</td>
</tr>
<tr>
<td>Dx</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>ECG</td>
<td>Electrocardiogram</td>
</tr>
<tr>
<td>ED or ER</td>
<td>Emergency Department/Emergency Room</td>
</tr>
<tr>
<td>EEG</td>
<td>Electroencephalogram</td>
</tr>
<tr>
<td>EENT</td>
<td>Ears, Eyes, Nose and Throat</td>
</tr>
<tr>
<td>ENT</td>
<td>Ears, Nose and Throat</td>
</tr>
<tr>
<td>ET or ETT</td>
<td>Endotracheal (tube)</td>
</tr>
<tr>
<td>ETA</td>
<td>Estimated Time of Arrival</td>
</tr>
<tr>
<td>ETOH</td>
<td>Ethanol (Ethyl Alcohol)</td>
</tr>
<tr>
<td>FB</td>
<td>Foreign Body</td>
</tr>
<tr>
<td>HBCIS</td>
<td>Hospital Based Central Information System</td>
</tr>
<tr>
<td>Hx</td>
<td>History</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>ID</td>
<td>Identify/Identification</td>
</tr>
<tr>
<td>LOC</td>
<td>Level of Consciousness</td>
</tr>
<tr>
<td>LOC</td>
<td>Loss of Consciousness</td>
</tr>
<tr>
<td>LPM</td>
<td>Litres Per Minute (oxygen)</td>
</tr>
<tr>
<td>MEDS</td>
<td>Medication</td>
</tr>
<tr>
<td>MI</td>
<td>Myocardial Infarction</td>
</tr>
<tr>
<td>MICU</td>
<td>Mobile Intensive Care Unit</td>
</tr>
<tr>
<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin-Resistant Staphylococcus Aureus</td>
</tr>
<tr>
<td>MSDS</td>
<td>Material Safety Data Sheet</td>
</tr>
<tr>
<td>MSO</td>
<td>Medical Support Officer</td>
</tr>
<tr>
<td>MSQ</td>
<td>Mental Status Questionnaire</td>
</tr>
<tr>
<td>MVA</td>
<td>Motor Vehicle Accident</td>
</tr>
<tr>
<td>Mx</td>
<td>Management</td>
</tr>
<tr>
<td>NAD</td>
<td>Nil Abnormalities Detected</td>
</tr>
<tr>
<td>NBM or NPO</td>
<td>Nil By Mouth</td>
</tr>
<tr>
<td>NFR</td>
<td>Not For Resuscitation</td>
</tr>
<tr>
<td>NKDA</td>
<td>No Known Drug Allergies</td>
</tr>
<tr>
<td>NOK</td>
<td>Next of Kin</td>
</tr>
<tr>
<td>NS</td>
<td>Normal Saline</td>
</tr>
<tr>
<td>OD</td>
<td>Overdose</td>
</tr>
<tr>
<td>OPD</td>
<td>Outpatient Department</td>
</tr>
<tr>
<td>PE</td>
<td>Pulmonary Embolism</td>
</tr>
<tr>
<td>PEARL</td>
<td>Pupils equal and reacting to light</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal protective equipment</td>
</tr>
<tr>
<td>PERLA</td>
<td>Pupils Equal and Reactive to Light and Accommodation</td>
</tr>
<tr>
<td>PET</td>
<td>Positron Emission Tomography</td>
</tr>
<tr>
<td>PO</td>
<td>Pulmonary Oedema</td>
</tr>
<tr>
<td>Pt</td>
<td>Patient</td>
</tr>
<tr>
<td>PVD</td>
<td>Peripheral Vascular Disease</td>
</tr>
<tr>
<td>Rx</td>
<td>Prescription</td>
</tr>
<tr>
<td>SDL</td>
<td>Standard Drug List</td>
</tr>
<tr>
<td>SOB</td>
<td>Shortness Of Breath</td>
</tr>
<tr>
<td>Sx</td>
<td>Symptoms/Signs</td>
</tr>
<tr>
<td>TIA</td>
<td>Transient Ischemic Attack</td>
</tr>
<tr>
<td>TKO</td>
<td>To Keep Open</td>
</tr>
<tr>
<td>TKVO</td>
<td>To Keep Vein Open</td>
</tr>
<tr>
<td>TPR</td>
<td>Temperature, Pulse, Respirations</td>
</tr>
<tr>
<td>Tx</td>
<td>Treatment</td>
</tr>
<tr>
<td>VF or V-fib</td>
<td>Ventricular Fibrillation</td>
</tr>
<tr>
<td>x/24</td>
<td>Numbers of hours</td>
</tr>
<tr>
<td>x/7</td>
<td>Number of days</td>
</tr>
<tr>
<td>x/52</td>
<td>Number of weeks</td>
</tr>
<tr>
<td>x/12</td>
<td>Number of months</td>
</tr>
<tr>
<td>Y/O</td>
<td>year-old</td>
</tr>
<tr>
<td>YTD</td>
<td>Year to date</td>
</tr>
</tbody>
</table>
# Appendix 2: Common medication terminology abbreviations

- **mane**: morning
- **midi**: midday
- **nocte**: night
- **b.d.**: twice a day
- **t.d.s.**: three times a day
- **q.i.d.**: four times daily
- **4 hourly**: every 4 hours
- **6 hourly**: every 6 hours
- **8 hourly**: every 8 hours
- **p.r.n.**: when required
- **a.c.**: before food
- **p.c.**: after food

# Appendix 3: Route of medication administration abbreviations

- **MA**: metered aerosol (puffer)
- **T/H**: Turbuhaler
- **IM**: intramuscular
- **IT**: intrathecal
- **IV**: intravenous
- **NG**: naso-gastric
- **PO**: oral
- **PV**: per vagina
- **PR**: per rectum
- **TOP.**: topical
- **Subcut**: subcutaneous
- **NEB.**: nebulised

# Appendix 4: Common health industry abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A &amp; E</td>
<td>Accident and Emergency</td>
</tr>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACAT</td>
<td>Aged Care Assessment Teams</td>
</tr>
<tr>
<td>ACD</td>
<td>Australasian College of Dermatologists</td>
</tr>
<tr>
<td>ACF</td>
<td>Aged Care Facility</td>
</tr>
<tr>
<td>ACEM</td>
<td>Australian College for Emergency Medicine</td>
</tr>
<tr>
<td>ACHSE</td>
<td>Australian College of Health Service Executives</td>
</tr>
<tr>
<td>ACROSS</td>
<td>Australian Council of Social Services</td>
</tr>
<tr>
<td>ACRRM</td>
<td>Australian College of Rural and Remote Medicine</td>
</tr>
<tr>
<td>ACSEQHC</td>
<td>Australian Council on Safety and Quality in Healthcare</td>
</tr>
<tr>
<td>ADA</td>
<td>Australian Dental Association</td>
</tr>
<tr>
<td>AHCA</td>
<td>Australian Healthcare Agreement</td>
</tr>
<tr>
<td>AHD</td>
<td>Advance Health Directive</td>
</tr>
<tr>
<td>AHMAC</td>
<td>Australian Health Ministers’ Advisory Council</td>
</tr>
<tr>
<td>AHMC</td>
<td>Australian Health Minister’s Conference</td>
</tr>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>AIN</td>
<td>Assistant in Nursing</td>
</tr>
<tr>
<td>ALS</td>
<td>Advanced Life Support</td>
</tr>
<tr>
<td>AMA</td>
<td>Australian Medical Association</td>
</tr>
<tr>
<td>AMC</td>
<td>Australian Medical Council</td>
</tr>
<tr>
<td>AMS</td>
<td>Aboriginal Medical Services</td>
</tr>
<tr>
<td>AMSA</td>
<td>Australian Medical Students Association</td>
</tr>
<tr>
<td>AN-DRG</td>
<td>Australian National Diagnosis Related Groups</td>
</tr>
<tr>
<td>ANZCA</td>
<td>Australian and New Zealand College of Anaesthetists</td>
</tr>
<tr>
<td>AO</td>
<td>Administrative Officer</td>
</tr>
<tr>
<td>AON</td>
<td>Area of Need</td>
</tr>
<tr>
<td>APA</td>
<td>Australian Physiotherapists Association</td>
</tr>
<tr>
<td>APAC</td>
<td>Australian Pharmaceutical Advisory Council</td>
</tr>
<tr>
<td>APHA</td>
<td>Australian Private Hospitals Association</td>
</tr>
<tr>
<td>APMA</td>
<td>Australian Pharmaceutical Manufacturers Association</td>
</tr>
<tr>
<td>ATO</td>
<td>Australian Taxation Office</td>
</tr>
<tr>
<td>ATODS</td>
<td>Alcohol, Tobacco and other Drug Services</td>
</tr>
<tr>
<td>ATS</td>
<td>Aboriginal and Torres Strait Islanders</td>
</tr>
<tr>
<td>BMA</td>
<td>British Medical Association</td>
</tr>
<tr>
<td>BOD</td>
<td>Burden of Disease</td>
</tr>
<tr>
<td>CAHS</td>
<td>Child and Adolescent Health Service</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CACP</td>
<td>Community Aged Care Package</td>
</tr>
<tr>
<td>CE</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>CHC</td>
<td>Community Health Centre</td>
</tr>
<tr>
<td>CHO</td>
<td>Chief Health Officer</td>
</tr>
<tr>
<td>CHRISP</td>
<td>Centre for Healthcare Related Infections Surveillance and Prevention</td>
</tr>
<tr>
<td>CICM</td>
<td>College of Intensive Care Medicine of Australia and New Zealand</td>
</tr>
<tr>
<td>CIMG</td>
<td>Centre for International Medical Graduates</td>
</tr>
<tr>
<td>CKN</td>
<td>Clinicians Knowledge Network (Queensland Health)</td>
</tr>
<tr>
<td>CN</td>
<td>Clinical Nurse</td>
</tr>
<tr>
<td>CNC</td>
<td>Clinical Nurse Consultant</td>
</tr>
<tr>
<td>CNS</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
</tr>
<tr>
<td>CQI</td>
<td>Continuing Quality Improvement</td>
</tr>
<tr>
<td>CSCF</td>
<td>Clinical Services Capability Framework</td>
</tr>
<tr>
<td>CYHS</td>
<td>Child and Youth Health Service</td>
</tr>
<tr>
<td>DAQ</td>
<td>Diabetes Australia — Queensland</td>
</tr>
<tr>
<td>DCT</td>
<td>Director of Clinical Training</td>
</tr>
<tr>
<td>DG</td>
<td>Director-General</td>
</tr>
<tr>
<td>DMS</td>
<td>Director of Medical Services</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DON</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>DRG</td>
<td>Diagnostic Related Group</td>
</tr>
<tr>
<td>DSQ</td>
<td>Disability Services Queensland</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>DVA</td>
<td>Department of Veterans’ Affairs</td>
</tr>
<tr>
<td>DWS</td>
<td>District of Workforce Shortage</td>
</tr>
<tr>
<td>EBMR</td>
<td>Evidence Based Medical Review</td>
</tr>
<tr>
<td>EBP</td>
<td>Evidence Based Practice</td>
</tr>
<tr>
<td>EDMS</td>
<td>Executive Director of Medical Services</td>
</tr>
<tr>
<td>EDON</td>
<td>Executive Director of Nursing</td>
</tr>
<tr>
<td>EDS</td>
<td>Enterprise Discharge Summary</td>
</tr>
<tr>
<td>EEO</td>
<td>Equal Employment Opportunity</td>
</tr>
<tr>
<td>EN</td>
<td>Enrolled Nurse</td>
</tr>
<tr>
<td>EQuIP</td>
<td>Evaluation and Quality Improvement Program</td>
</tr>
<tr>
<td>FBT</td>
<td>Fringe Benefits Tax</td>
</tr>
<tr>
<td>FPQ</td>
<td>Family Planning Queensland</td>
</tr>
<tr>
<td>FRACGP</td>
<td>Fellow of the Royal Australian College of General Practitioners</td>
</tr>
<tr>
<td>FOI</td>
<td>Freedom of Information</td>
</tr>
<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner/Practice</td>
</tr>
<tr>
<td>GPET</td>
<td>General Practice Education and Training</td>
</tr>
<tr>
<td>HACC</td>
<td>Home and Community Care</td>
</tr>
<tr>
<td>HDU</td>
<td>High Dependency Unit</td>
</tr>
<tr>
<td>HEAPS</td>
<td>Health Education and Promotion Scheme</td>
</tr>
<tr>
<td>HHB</td>
<td>Hospital and Health Board</td>
</tr>
<tr>
<td>HHS</td>
<td>Hospital and Health Service</td>
</tr>
<tr>
<td>HIC</td>
<td>Health Insurance Commission</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HP</td>
<td>Health Practitioner</td>
</tr>
<tr>
<td>HSCE</td>
<td>Health Service Chief Executive</td>
</tr>
<tr>
<td>HSD</td>
<td>Health Service Directive</td>
</tr>
<tr>
<td>HSD</td>
<td>Health Service District</td>
</tr>
<tr>
<td>HWA</td>
<td>Health Workforce Australia</td>
</tr>
<tr>
<td>HWPC</td>
<td>Health Workforce Principal Committee</td>
</tr>
<tr>
<td>HWQ</td>
<td>Health Workforce Queensland</td>
</tr>
<tr>
<td>IELTS</td>
<td>International English Language Testing System</td>
</tr>
<tr>
<td>ieMR</td>
<td>Integrated Electronic Medical Record</td>
</tr>
<tr>
<td>IMG</td>
<td>International Medical Graduate</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
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<td>JMO</td>
<td>Junior Medical Officer</td>
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<td>LAM</td>
<td>List of Approved Medicines</td>
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<td>LGA</td>
<td>Local Government Area</td>
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<tr>
<td>MASS</td>
<td>Medical Alsids Subsidy Scheme</td>
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<tr>
<td>MBA</td>
<td>Medical Board of Australia</td>
</tr>
<tr>
<td>MBS</td>
<td>Medical Benefits Schedule</td>
</tr>
<tr>
<td>MEO</td>
<td>Medical Education Officer</td>
</tr>
<tr>
<td>MET</td>
<td>Medical Emergency Team</td>
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<tr>
<td>MEU</td>
<td>Medical Education Unit</td>
</tr>
<tr>
<td>MORPP</td>
<td>Medical Officer with Right to Private Practice</td>
</tr>
<tr>
<td>MOW</td>
<td>Meals on Wheels</td>
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<tr>
<td>MPHS</td>
<td>Multi-purpose Health Service</td>
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<td>MSQ</td>
<td>Medication Services Queensland</td>
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<tr>
<td>MSRPP</td>
<td>Medical Superintendent with Right to Private Practice</td>
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<tr>
<td>NHA</td>
<td>National Healthcare Agreement</td>
</tr>
<tr>
<td>NESB</td>
<td>Non-English Speaking Background</td>
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<td>NGO</td>
<td>Non-Government Organisation</td>
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<tr>
<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<tr>
<td>NHTP</td>
<td>Nursing Home Type Patient</td>
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<tr>
<td>NP</td>
<td>Nurse Practitioner</td>
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<td>NPS</td>
<td>National Prescribing Service</td>
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<tr>
<td>NRAS</td>
<td>National Registration and Accreditation Scheme</td>
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<td>NRHA</td>
<td>National Rural Health Alliance</td>
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<td>NUM</td>
<td>Nurse Unit Manager</td>
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<td>OHO</td>
<td>Office of the Health Ombudsman</td>
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<tr>
<td>OH&amp;S</td>
<td>Occupational Health and Safety</td>
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<tr>
<td>OTS</td>
<td>Overseas Trained Specialist</td>
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<td>PA</td>
<td>Privacy Act</td>
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<tr>
<td>PBAC</td>
<td>Pharmaceutical Benefits Advisory Committee</td>
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<td>PESC</td>
<td>Pre-employment Structured Clinical Interview</td>
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<td>PHC</td>
<td>Primary Healthcare</td>
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<td>PHO</td>
<td>Principal House Officer (Medical)</td>
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<td>PHR</td>
<td>Patient Health Record</td>
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<tr>
<td>PHSS</td>
<td>Public Health or Population Health Services</td>
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<td>PSA</td>
<td>Pharmaceutical Society of Australia</td>
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<td>PT</td>
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<td>PTSS</td>
<td>Patient Travel Subsidy Scheme</td>
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<td>QA</td>
<td>Quality Assurance</td>
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<tr>
<td>QATSIHP</td>
<td>Queensland Aboriginal and Torres Strait Islander Health Partnership</td>
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<td>QCS</td>
<td>Queensland Clinical Senate</td>
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<td>QH</td>
<td>Queensland Health</td>
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<td>QHEPS</td>
<td>Queensland Health Electronic Publishing Service</td>
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<td>QIMR</td>
<td>Queensland Institute for Medical Research</td>
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<td>QPS</td>
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<td>RACMA</td>
<td>Royal Australasian College of Medical Administrators</td>
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<tr>
<td>RANZCO</td>
<td>Royal Australian and New Zealand College of Ophthalmologists</td>
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<td>RDAQ</td>
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<td>RACS</td>
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<td>RANZCOG</td>
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<td>RANZCP</td>
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<td>RANZCR</td>
<td>Royal Australian and New Zealand College of Radiologists</td>
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<td>Royal College of Pathologists of Australasia</td>
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<td>RADA</td>
<td>Rural Doctor Association of Australia</td>
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<td>RFDS</td>
<td>Royal Flying Doctor Service</td>
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<td>Rural and Remote Clinical Support Unit</td>
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<td>RSQ</td>
<td>Retrieval Services Queensland</td>
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<td>Right to Information</td>
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<td>Acronym</td>
<td>Description</td>
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<td>SOP</td>
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<td>SoCP</td>
<td>Scope of clinical practice</td>
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<td>Translating and Interpreting Service</td>
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<td>WEHO</td>
<td>Workplace Equity and Harassment Officer</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Additional abbreviations can be identified at the following web address: