



Orientation Resource

For Junior Doctors in Queensland





Message from the Chief Health Officer & Deputy Director-General, Prevention Division

Welcome to the Queensland public health system



Congratulations. I am delighted to welcome you to your new role within the Queensland public health system. I hope your pre-vocational experiences mould a lasting career in medicine in Queensland, one I hope is filled with rewarding challenges and both professional and personal fulfilment.

A comprehensive orientation program is critical to assist medical graduates and junior doctors to understand the complexities and requirements for a successful transition to the medical profession and to Queensland public health facilities.

This orientation resource is intended to provide an overview of the Australian and Queensland health care systems and an understanding of Queensland's vision to ensure that by 2026 Queenslanders will be among the healthiest people in the world.

It will also offer a broad insight into your role as a junior doctor and is designed to be complemented by more specific, local orientation programs.

As part of our skilled medical workforce, you will make a valuable contribution to health services delivered within the public health system.

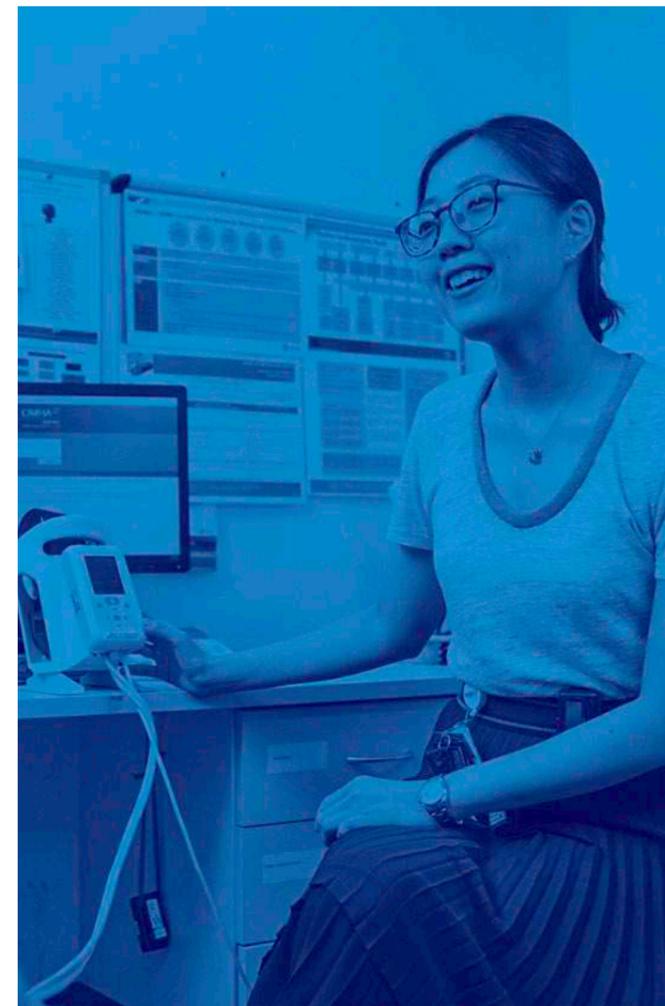
Every day, these contributions will not only affect the health outcomes of individuals, but also impact the health of the community and the sustainability of the entire health system.

Remember that you are a valued and supported member of our medical workforce. I encourage you to explore the many facets of your profession during your pre-vocational years and make the most of every learning opportunity.

I trust that you will find the Queensland public health system a stimulating and rewarding place to work, where you will establish lasting professional networks and discover opportunities for professional and leadership development to shape your career in medicine.

Perhaps in the not-so-distant future, you will be the leader, educator and mentor for the next generation of junior doctors in Queensland's public health system.

Dr Jeannette Young PSM
Chief Health Officer and Chief Medical Officer Queensland



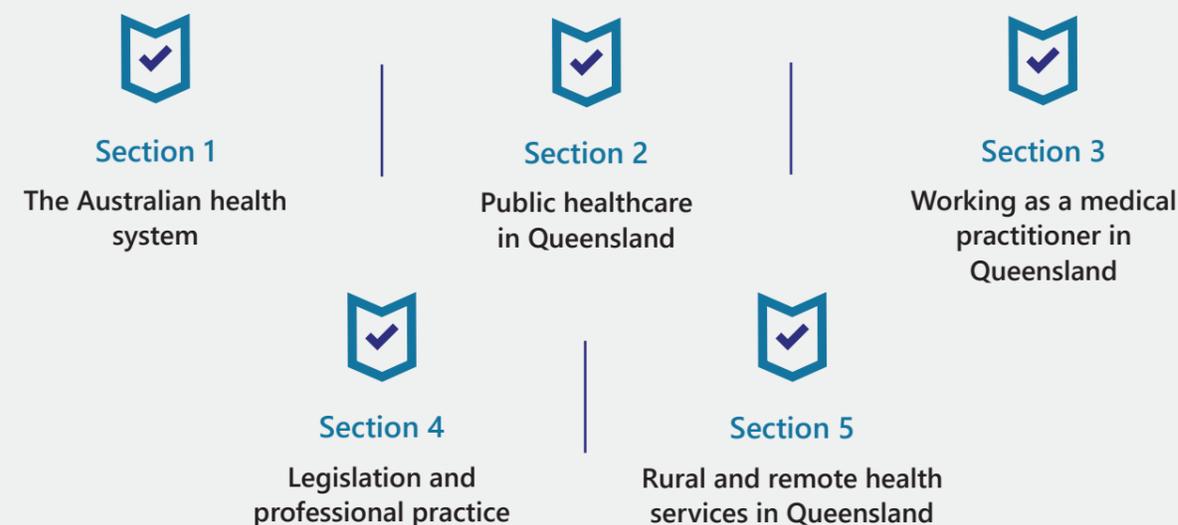
About this resource

The Queensland Junior Doctor Orientation Resource has been written as an introduction for all junior doctors employed in Queensland's public health system and is intended to complement local orientation programs delivered to junior doctors within their employing hospital and health service on commencement of duty.

It covers the key areas in which all junior doctors should have a basic knowledge and understanding to enable transition to safe and effective clinical practice in Queensland's public health system.

Due to the volume of material, the information on many subjects is not provided in detail, however junior doctors are encouraged to follow the links provided to research subjects of interest and access the most current information in an ever-changing environment.

The resource is structured into five sections:



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Healthcare system in Australia

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

The Australian 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.

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 (see section 1.1.2 for further information).
- + Pharmaceutical Benefits Scheme (PBS) which subsidises universal access to thousands of prescription medicines (see section 1.1.6 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 1.3.1 for further information).
- + veterans' health care through the Department of Veterans' Affairs (DVA)
- + 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.
- + education for 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 (see section 1.2 for further information).

Australian 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 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 preventative 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.

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 about Australia's healthcare system refer to:

<https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents>

1.1 Australia's public health system

1.1.1 Health system funding

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.

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 gives access to a range of medical services (such as doctors, specialists, optometrists, dentists and other allied health practitioners) for either free or subsidised treatment and lower cost prescriptions. It also provides free treatment as a public patient in a public or private hospital.

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

Information about Medicare is available at: <https://www.humanservices.gov.au/individuals/medicare>

Further information about RCHAs can be accessed at:

<https://www.humanservices.gov.au/individuals/services/medicare/reciprocal-health-care-agreements/visitors-australia/medical-care-visitors-australia>

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 (e.g. an appointment with GP or blood tests to monitor 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.

The full list of included and non-included services is available on the Medicare website:

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>

1.1.3 Schedule fee

The schedule fee is the 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 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 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 (e.g. if you were not an Australian citizen)

For further information, visit the Australian Taxation Office website:

<https://www.ato.gov.au/Individuals/Medicare-levy/>

1.1.5 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) 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.

Further information is available on the Department of Human Services website:

<https://www.humanservices.gov.au/individuals/subjects/hot-claim-medicare-benefit>

1.1.6 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 lists all medicines available under the PBS and explains how they can be used to obtain a subsidy.

The schedule is updated monthly and is available at: <http://www.pbs.gov.au/pbs/home>

1.1.7 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:

http://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_2_Explanatory_Notes#Authority-PBS

The Queensland Department of Health publishes guidelines and fact sheets about safe use of medicines, which can be accessed at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines>

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/safety>

1.1.8 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 further information visit:

http://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_4_Explanatory_Notes

1.1.9 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.

Further information about the safety net arrangement and review schedule is available at:

<http://www.pbs.gov.au/info/about-the-pbs>

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 team can assist 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 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. You will be allocated a separate provider number for every location in which you work.

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. An application form can be downloaded at:

<https://www.humanservices.gov.au/organisations/health-professionals/forms/hw019>

Prescriber numbers

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

It is important that you have this number by the time you start your intern year, otherwise the hospital will be unable to claim reimbursement from the Commonwealth for medicines you prescribe to patients being discharged. The number needs to be provided to Medical Administration and your hospital pharmacy during your induction. 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.

E-learning resources are available for health professionals at:

<https://www.humanservices.gov.au/organisations/health-professionals/subjects/pbs-education-health-professionals>

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 improved coordination of care to ensure patients receive the right care in the right place at the right time.

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

There are seven PHNs 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:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home>

1.3 Australia's private healthcare system

The private healthcare 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: <http://www.apha.org.au/>

1.3.1 Private health insurance

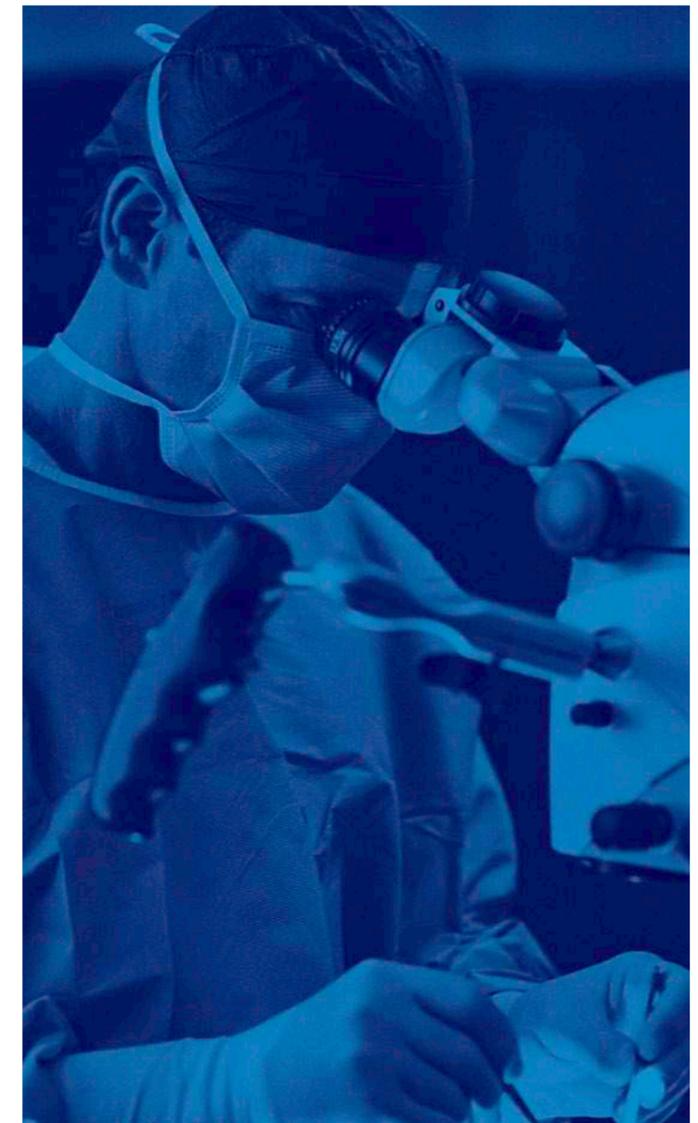
Australia's health system is sometimes described as a 'mixed system', because the private system in most cases operates parallel services with the public system.

Australian permanent residents and citizens may be provided with coverage by private health insurance for some or all 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, with many health insurance companies offering a variety of insurance options.

For further information about private health insurance, visit:

<https://www.privatehealth.gov.au/>





Queensland public health system

2.1 Queensland Health

Queensland's public health system is collectively known as Queensland Health and is made up of the Department of Health and 16 independent hospital and health services (HHSs). The Minister for Health and Minister for Ambulance Services has overall responsibility for Queensland's public health system.

The Department of Health, through the Director-General, is responsible for the management of the Queensland public health system, including monitoring the performance of HHSs.

HHS, independently and locally governed by hospital and health boards, are responsible for public health service delivery (including hospital and inpatient, outpatient and emergency services, community mental health services, aged care services and public health and health promotion programs).

HHSs were established in July 2012, assuming accountability as independent statutory bodies under the *Hospital and Health Boards Act 2011* (HHB Act) for the delivery of public hospital and health services, which were formerly provided by health service districts. The relationship between the department and the HHSs is governed by the HHB Act and service agreements.

2.2 Structure of the public health system

The Department of Health Director-General and hospital and health boards report to the Minister for Health and Minister for Ambulance Services.



Note: Image current as at November 2019

2.2.1 Department of Health structure

The department is managed by the Director-General (DG), who 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.
- + **Internal Audit Office:** provides risk and assurance functions necessary to support both the department and the broader health system to enable it to function effectively.
- + **Aboriginal and Torres Strait Islander Health Division:** improves health outcomes for Aboriginal and Torres Strait Islander Queenslanders by providing leadership, high-level advice and direction on effective and appropriate policies and programs.
- + **Corporate Services Division:** provides support functions in the areas of Finance, Human Resources, Legal Services and Integrated Communications.
- + **Clinical Excellence Queensland:** drives the patient safety, quality improvement and clinical improvement agendas for the Queensland public health system.
- + **Healthcare Purchasing and System Performance Division:** leads the development of high level planning and forecasting of health services for the Queensland population; purchasing of health services on behalf of the State; and monitoring and managing performance of healthcare providers.
- + **Prevention Division:** delivers policies, programs, services, regulatory functions that aim to improve health outcomes for the people of Queensland, along with clinical coordination of all aeromedical retrieval and transfers across Queensland.
- + **Strategy, Policy and Planning 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):** operates as a state-wide service, delivering 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.
- + **Health Support Queensland (HSQ):** divided into business units which deliver a wide range of diagnostic, clinical support and payroll services to enable the delivery of frontline healthcare.
- + **eHealth Queensland:** enables quality patient care by providing seamless technology solutions and services across Queensland Health, with a commitment to advancing digital healthcare.

For further health system induction materials, refer to:

<https://www.health.qld.gov.au/system-governance/health-system/managing/org-structure>

2.3 Queensland Health Vision

The Queensland Government's health vision is articulated in the *My health, Queensland's future: Advancing health 2026* publication.

The vision challenges all individuals employed or engaged by Queensland Health to improve the future well-being of the population of this state.

2.3.1 The vision

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

2.3.2 Underpinning principles

The five principles underpinning the vision, directions and strategic agenda guide decision making, collaboration and service delivery in the public health system. Our health system partners are encouraged to also consider these principles in their work.

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.

Complementing the Queensland government health vision, the Department of Health and each of the 16 Hospital and Health Services (HHSs) in Queensland has developed a strategic plan to each identify its vision, purpose, objectives and performance indicators.

Read more:

[Department of Health Strategic Plan 2019 – 2023](#)

[Queensland Hospital and Health Services strategic plans](#)

2.4 Hospital and Health Services

Public health services are delivered through 16 Hospital and Health Services (HHS) across Queensland. HHSs are statutory bodies with a governing Board, accountable to the local community and the Queensland Parliament, via the Department of Health. 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 well-being for all Queenslanders. While there are variances between all HHSs, the types of facilities within each can be broadly grouped into the following categories:

- **Large, tertiary referral and teaching hospitals** which provide an extensive range of services and subspecialties, education, research and support for smaller hospitals
- **Other larger metropolitan facilities** which provide a large range of services
- **Regional primary and secondary hospitals** which provide surgical, medical, emergency care, maternity and some subspecialties either on a permanent or visiting basis
- **Smaller rural hospitals** which provide surgical, medical, emergency, investigative services and some visiting subspecialties either permanently or on a weekly or monthly basis
- **Primary Healthcare Centres and Multipurpose Health Services** which provide emergency care, visiting subspecialties, aged care and focus on chronic disease maintenance.



For more information, visit the service profiles for each HHS and facilities within:

<https://www.health.qld.gov.au/services>

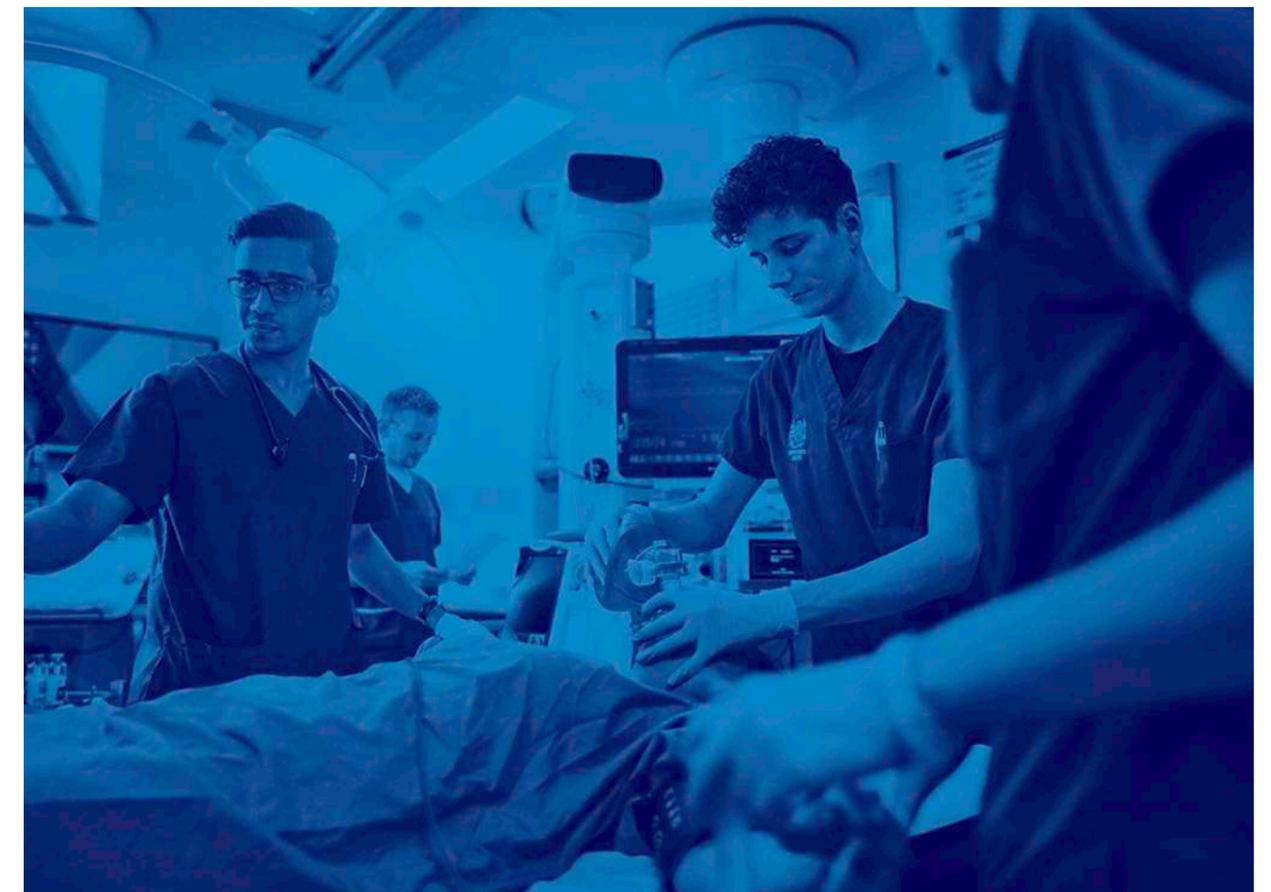
2.5 The health professional team

Core to the delivery of quality health care is an effective multidisciplinary team. Junior doctors will work with their patients and a range of professional clinical staff and support services, including administrative staff, operational staff (cleaners, wards persons, catering staff, maintenance staff, linen staff and a range of health assistants).

As a medical practitioner, it is likely you will 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 (MS) 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 Director of Medical Services** – coordinates all medical staff and services
- **Executive 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.



2.6 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 are accountable for governance of safety and quality – ensuring that the structures, processes and behaviours are in place to ensure achieve optimal patient outcomes and to safeguard high standards of care.

2.6.1 Clinical Services Capability Framework

The Clinical Services Capability Framework specifies minimum criteria by service, workforce and support service requirements to safely deliver patient care in Queensland's HHSs and licenced private facilities.

The CSCF is managed by the Private Health Regulation team within the Chief Medical Officer and Healthcare Regulation Branch of the Queensland Department of Health.

For further information, visit:

<https://www.health.qld.gov.au/system-governance/licences/private-health/cscf>

2.6.2 Credentialing and scope of clinical practice

All identified professionals must be credentialed and have a defined scope of clinical practice (SoCP) to support the delivery of safe and high-quality healthcare within HHSs and the department.

Credentialing and SoCP for health professionals in Queensland Health is covered by a Health Service Directive, available at:

https://www.health.qld.gov.au/_data/assets/pdf_file/0038/670979/qh-hsd-034.pdf

Local processes are detailed within hospital and health service policy documents.



Working as a
medical practitioner
in Queensland

A challenge for junior doctors is to manage the demands of service delivery, with the personal and professional expectations of training, education and career progression – while adapting to regularly changing rotations, supervisors and networks.

The following section details key information for success in your role as a junior doctor and will be supplemented by a local orientation program delivered by your hospital and health service, with ongoing support provided by the medical education team, your supervisors and colleagues.

3.1 Medical career structure

There are a variety of career paths medical practitioners can take within Queensland Health. Medical Officer classifications are outlined in the *Medical Officers (Queensland Health) Award – State 2015*.

The original award and reprints are available from:

<https://www.qirc.qld.gov.au/awards/modern-awards>

A diagrammatic overview of the typical career path for medical practitioners can be found at:

<https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/career-structure>

3.2 The multidisciplinary team

On a day to day basis, you will have interactions with a team of people from many different professions. It is vital to know that everybody within the team plays a significant role in your personal success within your job, as well as the outcomes for your patients. This team may include:

- + Medical Executive
- + Consultant/s (specialists, visiting medical officers (VMO), senior medical officers (SMO))
- + Registrars / principal house officers (PHO)
- + Senior and junior house officers (SHO and JHO)
- + Medical interns
- + Nurses
- + Allied health professionals
- + Operational support staff
- + Administrative officers
- + Clinical pharmacists

3.3 Medical education

Hospital and health services employ medical practitioners and medical education professionals who facilitate the ongoing education and training of junior doctors, as required by the Australian Medical Council and Medical Board of Australia. These professionals are known as Directors of Clinical Training (DCTs) and Medical Education Officers (MEOs). Medical education staff also play a pivotal role as advocates for junior doctors.

There are valuable learning opportunities available to medical practitioners within each HHS, which may include:

- + intern/RMO education sessions
- + 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

Online interactive learning environments (eLearning) is accessible by medical practitioners across Queensland Health for training and education. Some examples include:

iLearn (online delivery of mandatory and professional development training for Queensland Health staff): <https://ilearn.health.qld.gov.au/d2l/login>

eLAMP (interactive learning modules to support care for patients with substance dependence and withdrawal): <https://insight.qld.edu.au/toolkits/elamp/detail>

There are many important skills to develop as a doctor in training and your supervisor can assist with your learning. 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 skills includes:

- + 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

Other avenues to access medical education opportunities include:

Clinical Skills Development Service: <https://csds.qld.edu.au/>

Joanna Briggs Institute: <http://joannabriggs.org/>

The Australasian Cochrane Centre: <https://australia.cochrane.org/>

Health Workforce Queensland: <https://www.healthworkforce.com.au/professional-development>

3.4 Role expectations and responsibilities – junior doctors

3.4.1 Expectations of professional practice

As a junior doctor you:

- + will play a central role in the day to day management of your patients
- + should expect to perform clinical duties, including inpatient and outpatient services, ensuring high professional standards are maintained
- + should practice professionally and ethically, in accordance with the expectations of the community, the medical profession and the Medical Board of Australia
- + 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
- + should be punctual and courteous and be responsible for your personal health and safety

3.4.2 Communication / handover

Communication is an essential component of work as a doctor within a multidisciplinary team. Whether it is at shift change, or you are informing nursing or allied health staff of your wishes, or ensuring that other doctors covering your ward know about your patients and are aware of any issues which must be monitored, it is important to communicate your handover information effectively to ensure continuity and coordination of care and to minimise the risk of adverse events.

Your local orientation program will go into detail about any specific clinical handover requirements for each ward area.

3.4.3 Interactions with nursing staff

Your daily work will involve liaison with nurse managers (NMs), nurse practice coordinators (NPCs), clinical nurse consultants (CNCs) and all nurses of the wards on which they work. The CNCs and NPCs provide invaluable assistance with ward practices and hospital procedures. They are senior members of the hospital staff whose primary role is to ensure that patients receive optimal care. Junior doctors are encouraged to 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 judgements and ensure that you can be contacted as required.

3.4.4 Discharge planning

Discharge planning should commence as soon as possible after admission, as early referrals ensure timely discharges. When a patient is discharged it is important 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 this contact to be made. This ensures the exchange of information, which assists in the management of the patient.

Planning must consider:

- + the patient's medical, functional and psychological status, social circumstances and home environment
- + the availability of necessary rehabilitation, social and long-term care needs
- + patient and family involvement, wherever possible

In planning the discharge of patients, staff should also 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 patient's social situation
- + the patient's home environment and suitability to return home
- + the patient's financial situation
- + the patient's access to services

3.4.5 Communication and discharge summary

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 many 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.

Further information about EDS is available on the Queensland Health intranet site:

<https://qheps.health.qld.gov.au/eds-and-the-viewer> (accessible on Queensland Health computers only)

3.4.6 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.

Your local orientation program will cover the expectations for participation in ward rounds, including timings, preparation and individual responsibilities.

3.4.7 Attendance in operating theatres and specialist outpatient clinics

As a junior doctor, 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 early advice if you cannot attend.

Please ask your registrar or senior medical officer (as appropriate) to ensure you understand what is expected of you with these timings.

Operating theatres have specific dress / infection control requirements, which should be detailed by operating theatre staff as part of your local orientation.

3.4.8 Evidence based medicine/practice

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.

3.4.9 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 judgements as well as care planned and delivered; and for the standard of that documentation.

3.4.10 Referral to specialists and specialist services

As a junior doctor, you will be required to write referrals to specialists and specialist services such as diagnostic radiology. Referrals should contain patient details, your site-specific provider number, 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.

3.5 Disease and infection prevention

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

3.5.1 Communicable Diseases and Infection Management

The Communicable Diseases and Infection Management (CDIM) team within the Communicable Diseases Branch in the department 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:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/management-plans-guidance>

3.5.2 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.

3.5.3 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

3.5.4 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 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 can be found in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*.

<https://nhmrc.gov.au/health-advice/public-health/preventing-infection>

3.5.5 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 an 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:

<https://www.hha.org.au/online-learning/complete-a-module>

3.5.6 Sharps management

Sharps are objects or devices having sharp points, protuberances or cutting edges. For example, syringe needles, scalpel blades, cannulas.

Contaminated sharps pose the greatest risk to healthcare workers of exposure to blood borne viruses. They should be handled with due care.

For information about sharps handling and disposal, refer to:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/standard-precautions/sharps-safety>

3.5.7 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.

For further information, refer to:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/standard-precautions/aseptic>

3.6 Systems and Standards

Queensland public hospitals utilise a broad range of information technology (IT) systems and your employing HHS will coordinate any access and training requirements, where relevant.

The practice of medicine in Australia is guided by a range of professional standards, ensuring high standards of professional conduct, education, training and competence. The specific areas of accreditation and registration are addressed in Section 4 of this document.

The orientation program delivered by your employing HHS will highlight important local policies and procedures and provide guidance for completion of mandatory training requirements.

3.6.1 The digital hospital

A determined program of healthcare transformation is underway in Queensland Health.

[Queensland Health's e-Health Investment Strategy](#) outlines the plan for investing in the digital future – including the roll-out of an integrated electronic Medical Record (ieMR) solution or digital hospital system.

Integrated electronic Medical Record (ieMR)

The ieMR allows you to document and access patients' medical information, reason for admission, medical history and any allergies on computers instead of using paper files.

The ieMR solution is currently available at varying levels of capability at many Queensland hospitals. It is expected that a total of 27 sites around Queensland will be paperless by June 2020. If you are employed at a digital hospital, you will receive instruction for the use of the digital system and devices.

Find out more about the ieMR solution:

<https://www.health.qld.gov.au/clinical-practice/innovation/digital-health-initiatives/queensland/integrated-electronic-medical-record-iemr>

3.6.2 Queensland Health IT systems

Many IT programs are uniformly used across the Queensland health system. It is likely that you will come across many of the following IT programs at some point throughout your career within Queensland's hospital and health services.

Note: to use these programs, you will require a username and password which will be issued to you by your employing HHS after you complete the required paperwork.

AUSCARE

- ✚ Provides a state-wide view of all pathology results. When a medical practitioner, nurse practitioner, midwife or other authorised clinician signs off a diagnostic report either on paper or through an approved electronic system such as AUSCARE, it means that they have taken full responsibility for acknowledging acceptance of the results and that appropriate clinical action can be considered from the results.

AUSLAB

- ✚ the largest state-wide 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.

Consumer Integrated Mental Health Application (CIMHA)

- ✚ A consumer-centric clinical information system designed to support mental health clinicians in the provision of safer quality mental health services. HHSs are responsible for managing requests for direct access to CIMHA. If you are non-mental health Queensland Health staff, but require information about a consumer's mental health condition to inform clinical decisions, a select range of CIMHA information is available within **The Viewer** (see below for further information about this application)

Clinicians Knowledge Network (CKN)

- ✚ a system that 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 large range of journals.

DynaMed Plus

- ✚ A medical reference service that is designed to be used at the point of care by answering tough clinical questions quickly and accurately.

Emergency Department Information System (EDIS)

- ✚ Captures Queensland Health Emergency Department (ED) attendance data. It replaced the HBCIS emergency system. EDIS was designed based on clinical input and follows the progression of a patient through the ED. The EDIS can monitor patient progress and provide alerts and record treatment details.

Enterprise Scheduling Management (ESM)

- ✚ The system used for outpatient scheduling. If you have previously used OSIM at a Queensland Health hospital, ESM will look and feel familiar. In a nutshell, ESM is the new OSIM. There are significant improvements and changes to the reports generated from OSIM, with the new report layouts easier to read.

Hospital-based Clinical Information System (HBCIS)

- ✚ 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.

Novell

- ✚ The network login program allowing access to online services and servers

Operating Room Management Information System (ORMIS)

- ✚ A medical theatre management system providing an enterprise software solution that facilitates and assists in effectively managing and maintaining operational efficiency of Queensland Health's operating theatre departments.

Outlook

- ✚ The program used for email, storing contact details and making appointments for meetings.

Picture Archiving and Communication System (PACS)

- ✚ The system used to display x-rays, CT scans and other radiology online as a digital image, enabling staff in one hospital to digitally view the radiology of a patient in a hospital many kilometres away within a short timeframe. Note: this system is not available at all hospitals.

Patient Flow Manager (PFM)

- ✚ A web-based application providing access to all admitted patients (acute areas and emergency) data for the facility in which you are working. PFM displays ward occupancy, patient demographic details, admission details, alerts, referrals to allied health professionals and patient condition information. The system can produce Medical and Nursing handover sheets.

Queensland Health Electronic Publishing Service (QHEPS)

- ✦ The internal site (intranet) which provides access to a range of resources, such as pathology test information, prescribing and education and evidence based research references such as CKN. QHEPS can only be accessed on Queensland Health computers connected locally.

The Viewer

- ✦ A read-only web-based application used by clinicians and supporting staff across the state to gain immediate access to vital, real-time clinical information regardless of where the staff member or patient is located within Queensland.

3.6.3 Professional behaviour in the workplace

Queensland Health is committed to providing employees with a safe, secure and supportive workplace, free from harassment. Appropriate workplace behaviour is the responsibility of every employee. Accordingly, your employer will have specific policies and guidelines in place that will apply to all employees. These will be outlined within your local orientation program.

For further information, refer to:
<https://www.health.qld.gov.au/employment/conditions/supportive-workplace>

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 junior doctors will encounter and deal with in their day to day work and are required to ensure their decisions are ethical and they exercise integrity in relationships with others.

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 toward, or 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 and procedures have been developed by HHSs to ensure employees are aware of their legal obligations, requirements and responsibilities.

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 or sexual connotations and engagement of any other unwelcome conduct of a sexual nature.

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.

Workplace bullying

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 an employee

Employee complaints

Employees can 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:

<https://www.health.qld.gov.au/employment/conditions/staff-complaints>

Domestic and family violence

All employees 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.

Employees are encouraged to complete the *Recognise, Respond, Refer* online training program to learn how to support a colleague affected by domestic and family violence.

Further information, refer to:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/domestic-family-violence/workplace>

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. Additionally, Ahpra have a social media policy that guide the use of social media for health practitioners. Each HHS also has a social media policy which all staff are expected to comply with.

For further information, refer to:

<https://www.medicalboard.gov.au/codes-guidelines-policies/social-media-policy.aspx>

3.6.4 Cultural capability

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.

Queensland is a culturally and linguistically diverse state, with almost 30% of the population born overseas and 14% of households speaking a language other than English at home.

In a health care environment, cultural differences take on 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 expectation from those of your patients.

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 judgement until you have had sufficient time to observe and interpret the situation
- + Express empathy simply – try to see the situation from the other person’s perspective and convey that you acknowledge their feelings and appreciate their situation – “I can see that you are angry / upset / sad / worried / annoyed about.....”
- + Treat your interpretation as a working hypothesis until you have sufficient data to support it
- + Be aware of your own cultural beliefs and prejudices

Queensland Health has established frameworks providing the basis for building cultural capability within clinical and other workforces. Along with the delivery of Aboriginal and Torres Strait Islander cultural capability training, Queensland Health publishes various resources to support the provision of culturally sensitive healthcare in hospitals and community health services.

For further information, refer to:

https://www.health.qld.gov.au/atsihealth/health_professionals

www.health.qld.gov.au/multicultural

<https://www.health.qld.gov.au/research-reports/reports/public-health/cho-report>

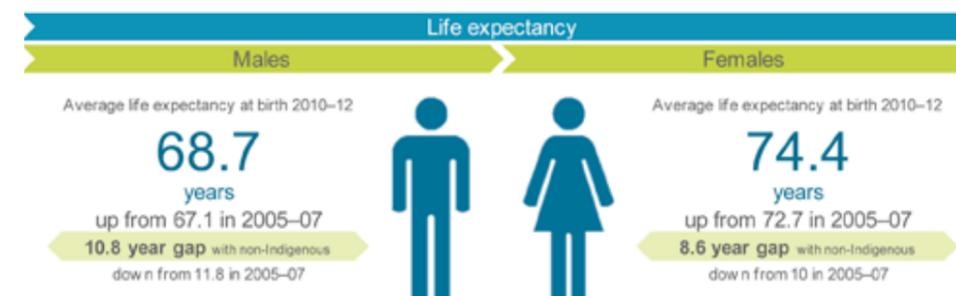
3.6.5 Closing the gap in Queensland

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.

In 2016 the estimated resident Queensland Aboriginal and Torres Strait Islander population was 221,000. That is 4.6% 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.



Source: Queensland Health Aboriginal and Torres Strait Islander Health Branch; CTG Performance Report 2016.

The health gap is the difference between the Aboriginal and Torres Strait Islander burden of disease estimates and those for the general population.

The leading contributors to the burden of disease and injury gap were:

- + Cardiovascular disease (20%)
- + Mental health and substance use disorders (20%)
- + Diabetes (16%)
- + Chronic respiratory disease (9%)
- + Intentional injuries (7%)

Queensland's Aboriginal and Torres Strait Islander people experienced more than two times the burden of non-Indigenous Queenslanders. Chronic disease (such as diabetes), mental disorders and intentional injuries (predominately suicide and self-inflicted injuries) were significant contributors to the gap in disease and injury burden. These represent priority areas for improving the health gap.

The Aboriginal and Torres Strait Islander Health Division, led by the Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General, plays a lead role in increasing the system-wide visibility and importance of Aboriginal and Torres Strait Islander health and improving health equity and outcomes for Queensland Aboriginal and Torres Strait Islander peoples.

The Division develops and delivers Queensland Health's Aboriginal and Torres Strait Islander policies, services and programs – contributing to change to close the health gap.

For further information, refer to:

<https://qheps.health.qld.gov.au/atsihb>

https://www.health.qld.gov.au/atsihealth/close_gap

https://www.health.qld.gov.au/atsihealth/burden_of_disease

<https://www.health.qld.gov.au/research-reports/reports/public-health/cho-report>

3.7 Well-being and support for junior doctors

The balance of meeting both service delivery and training obligations, along with your personal expectations can be a highly stressful combination for junior doctors.

Preserving the well-being of junior doctors is vitally important during the prevocational and vocational training years when the challenges of your chosen career can, at times, seem overwhelming. During this time, it is not only self-care that is important but also supporting your colleagues. You are part of a team and it is likely that you share similar experiences, stresses and concerns.

Often the biggest challenge is acknowledging your circumstances and asking for help, but know that there are many avenues through which junior doctors may seek support

3.7.1 Wellbeing at Work

Since 2017, the Department of Health has engaged the Australian Medical Association Queensland to deliver the Wellbeing at Work training program to all medical interns.

The Wellbeing at Work program focuses on developing techniques for resilience and mindfulness, better managing interpersonal relationships, navigating difficult scenarios on the job and practical steps for asking for help.

All Queensland medical interns will be provided the opportunity to attend the Wellbeing at Work training sessions, which are scheduled as part of the intern training program as coordinated by the Medical Education Units.

For further information, visit: <https://qld.ama.com.au/events/wellbeing-at-work>

3.7.2 Queensland Health Employee Wellbeing

Queensland Health is committed to ensuring the wellbeing of its entire workforce. The Queensland Health Employee Wellbeing website is a consolidated hub of information and resources related to the five dimensions of wellbeing; mental, social, financial, physical and workplace.

Find out more about Queensland Health Employee Wellbeing: <https://qheps.health.qld.gov.au/csd/employee-centre/workhealth-safety-wellbeing>

3.7.3 Employee assistance program

Queensland Health is committed to protecting and improving the health and well-being of all employees and their immediate family by providing employee assistance.

Employee Assistance Program provides all Queensland Health staff with the following resources:

- + **Counselling services** – up to six counselling sessions per calendar year for either the employee or their immediate family;
- + **Manager Assist** – provides managers, supervisors and team leaders assistance in navigating people management challenges;
- + **Critical incident management** – crisis response services provide immediate support for any sudden and traumatic event that impacts upon a person's physical and emotional state.

The Employee Assistance Program provider available to you will depend on your employing HHS.

For more information on the specific details for each HHS, and to find out more about your local provider, including access codes to their online resources and contact details, please visit:

<https://qheps.health.qld.gov.au/hr/staff-health-wellbeing/counselling-support>

Note: this is a QHEPS website and only accessible on a Queensland Health computer.

3.7.4 Vigeo (Doctor's health app)

Vigeo is a single source of health information for doctors to enable timely and appropriate access to health care resources for themselves.

Everybody needs help at some point in time and it is important to know where and who to turn to for help. The resources on Vigeo can help guide you to the right support. <http://vigeo.health.qld.gov.au/>

3.7.5 Your own GP

Doctors often have substantial workloads and may put duty of care to their patients ahead of their own health and well-being. It is important to have your own general practitioner, from whom you can obtain care and medical treatment, including medical prescriptions and referrals.

If you, or your family require a GP after hours, there are many private after-hours doctor services that offer Medicare bulk-billed home visits. These are not generally available in some rural and remote locations. You can find a local service provider via an online search.

3.7.6 Organisations that provide support

Doctors Health Advisory Service

The Queensland Doctors Health Programme is an organisation established by the Doctors Health Advisory Service (Qld) to assist doctors who may be in difficulty. The aim of the programme is to support doctors and medical students in Queensland to achieve optimal health and well-being throughout their careers.

The programme provides a helpline for advice and support, plus education to improve the understanding of doctors' health and how to care for doctors as patients.

Contact Queensland Doctors' Health Programme:

- + Ph: (07) 3833 4352 – helpline (24 hour)
- + Ph: (07) 3067 2351 – Office

Lifeline

Lifeline provides all Australians experiencing a personal crisis with access to online, phone and face-to-face crisis support and suicide prevention services. Find out how these services can help you, a friend or loved one. If you or someone you know is thinking about suicide, get help immediately. You are not alone.

- + Ph. 13 11 14 (Lifeline)
- + Ph. 000 (Emergency Services), if life is in danger

For further information, visit the Lifeline website: <https://www.lifeline.org.au>

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 services 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 (free call).

For further information refer to:

<https://www.health.qld.gov.au/public-health/topics/atod/services/default.asp>

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.

- + Ph: 1800 805 391 (free call)

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

Emergency contact numbers

- + Dial Triple Zero (000) for Police, Fire and Ambulance in an emergency
- + Dial 13 HEALTH (Ph. 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:

<https://www.qld.gov.au/health/contacts/advice/13health>

www.childrens.health.qld.gov.au/chq/our-services/queensland-poisons-information-centre

3.8 Recruitment and Employment

3.8.1 Overview

The bulk of the recruitment of junior doctors (interns, resident medical officers and registrars) is done via a centrally coordinated e-recruitment system, where individuals can nominate job preferences within a single online application form.

Junior doctors who are offered a job at the end of a selection process will be employed directly by the HHS. All employment paperwork, orientation activities and payment of salaries will be coordinated through the HHS.

3.8.2 Wages and benefits

Medical practitioner classification and salary levels, along with leave and other entitlements are detailed in the *Medical Officers (Queensland Health) Award – State 2015*.

Your position, classification and salary should be noted in your letter of appointment. Current wage rates can be accessed via the Queensland Health website.

www.health.qld.gov.au/hrpolicies/wage_rates/medical

Salary packaging (or salary sacrificing) is an option available to maximise your income. It 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:

<https://www.health.qld.gov.au/employment/conditions/salary/sacrifice>

3.8.3 Payment of salaries

Staff are paid fortnightly (i.e. 26 pay cycles per financial year). An annual payroll calendar can be accessed from QHEPS (intranet) <https://qheps.health.qld.gov.au/payroll-portfolio-staff/cals-keydates>

Your pay is electronically transferred to your nominated bank account. 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 (AVAC) or leave form – all HR forms can be access via QHEPS (intranet).

Individuals can access their own pay information via the Queensland Health Streamline website. Streamline provides all Queensland Health staff with easy online access to:

- + payslips
- + payment summaries
- + payroll enquiries
- + loan and overpayment repayment details

Access the Streamline website at: <https://streamline.health.qld.gov.au/>

3.8.4 Employment conditions

Medical practitioners employed by Queensland Hospital and Health Services or the Department of Health are subject to the terms and conditions of the *Medical Officers' (Queensland Health) Award – State 2015* and *Medical Officers' (Queensland Health) Certified Agreement (no. 5) (MOCA5)*.

The employment of Visiting Medical Officers in Queensland Health is guided by a Health Employment Directive (*Visiting Medical Officers – Employment Framework*).

Awards and Agreements for medical practitioners are published at:

<https://www.health.qld.gov.au/employment/conditions>

Health employment directives are published at:

<https://www.health.qld.gov.au/directives/employment>

3.8.5 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.

QSuper is the default superannuation fund for Queensland Government employees, however, eligible Queensland Government employees are now able to choose their superannuation provider. In addition to employer contributions, permanent and temporary employees are required to make standard contributions 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.

3.8.6 Performance management

Resident Medical Officers (RMO) are required to complete term assessments, which are generally used by MEOs/DCTs to complete Work Performance Reports for Australian Health Practitioner Regulation Agency (Ahpra).

Intern performance is assessed by term supervisors against the Australian Medical Council (AMC) and Medical Board of Australia's (MBA) *Intern training – Intern outcome statements*.

Full details are on the MBA's website:

<https://www.medicalboard.gov.au/registration/interns/guidelines-resources-tools.aspx>

When required, a clinical supervisor, in consultation with the medical education team and the junior doctor 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.

IPAP forms can be viewed on the AMC website at:

<https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/national-internship-framework/>

Generally medical practitioners employed at Principal House Officer (PHO) / Registrar level and above are required to participate a performance and development process, which 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 for improvement identified by supervisors

The process should be a combination of formal and informal performance evaluation and planning.

Details of local processes will be available from your HHSs HR Department.

3.8.7 Annual Intern and RMO recruitment campaigns

Each year, Queensland Health facilitates two centralised recruitment campaigns – one for interns and the other for Resident medical officers (RMO) and registrars to fill positions in HHS across the state for the subsequent clinical year.

Positions recruited via the RMO & Registrar campaign included accredited and non-accredited registrar and principal house officer (PHO) positions, along with senior and junior house officer (SHO and JHO) positions, which are usually rotational.

The campaign website publishes an available positions search tool to guide applicants when nominating their five preferences (for location, position level and specialty/sub-specialty) on the online form. Applicants may be required to complete additional application requirements, depending on the position.

Your nominated preferences create an applicant pool which specialist medical colleges, Queensland Health facilities, vocational training pathways, networks and central allocation programs utilise to run independent meritorious recruitment processes and make their selections during scheduled selection rounds for the campaign.

Preferences are considered sequentially and applicants who are not selected for higher preferences will have opportunities to change their preferences during the annual campaign so they can be considered for other opportunities.

The RMO and Registrar recruitment campaign opens around May each year for Rural Advanced Skill training program applications, followed by the main campaign applications around June.

With only a short time between the commencement of the clinical year and opening of the RMO and Registrar recruitment campaign, interns are encouraged to consider options for referees early.

See the Queensland Health RMO Campaign website for key dates and further information about applications and offers of RMO positions.

<https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/recruitment/rmo>

3.8.8 Term dates for interns and RMOs

For interns, the official clinical year commences immediately after a period of paid orientation. Each clinical year is divided into five terms of between 10 to 12 weeks. The allocation of clinical rotations and recreation leave is coordinated by individual facilities utilising these dates.

To ensure patient safety, Queensland Health implements staggered starts for RMOs – PHOs and registrars will commence two weeks after interns, JHOs and SHOs.

Current term dates can be found at:

<https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/recruitment/intern/key-dates/terms>

3.8.9 Information for interns

All medical graduates must successfully complete an internship before obtaining general registration with the Medical Board of Australia.

Your internship is a key part of the transition from medical school to independent practice and specialty training and focuses on practice (on-the job or work-based) training under supervision from senior colleagues, who also provide you with support, feedback, teaching and assessment.

Whether you will be working in a major metropolitan facility or a regional hospital, you will have access to generalist medical and surgical rotations, emergency rotations and exposure to sub-specialties which will assist you as you decide your future vocational pathway.

Guidelines, resources and tools on intern training can be found on the Medical Board of Australia website: <https://www.medicalboard.gov.au/registration/interns/guidelines-resources-tools.aspx>

Medical registration

Australian and New Zealand medical school graduates must apply for provisional registration with the Australian Health Practitioner Regulation Agency (Ahpra) to undertake a period of approved intern training to become eligible for general registration.

Interns are only permitted to work in accredited intern positions. They are not permitted to undertake any clinical work outside their allocated intern position.

To become eligible for general registration, interns must complete the following clinical experiences:

- ✦ A term of at least eight weeks that provides experience in emergency medical care
- ✦ A term of at least ten weeks that provides experience in medicine
- ✦ A term of at least ten weeks that provides experience in surgery, and
- ✦ A range of other approved terms to make up 12 months (minimum of 47 weeks full-time equivalent service)

Apply for your initial Medicare provider number

If you're a medical graduate and have an intern position, or you're a registered provider seeking access to Medicare benefits for the first time, you must apply for an initial Medicare provider number. This number identifies you as a health professional at your practice location.

Note: new medical professionals must be registered with the Medical Board of Australia before you can apply for your provider number.

You need a different Medicare provider number for each location you provide health services. The processing time for applications can be up to six weeks. If you're a new health professional you must have your provider number and Medicare eligibility before you start billing.

For further information refer to:

<https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/medicare-benefits-health-professionals/apply-medicare-provider-number/applying-medicare-provider-number>

Apply for your prescriber number

When applying for your initial provider number, you may also apply for a prescriber number within the same form. This number allows you to prescribe medicines listed in the Pharmaceutical Benefits Schedule (PBS) to your patients.

Download the application form at:

<https://www.humanservices.gov.au/organisations/health-professionals/forms/hw019>

Intern training and assessment

It is recommended that all prospective and current interns develop an understanding of the national standards framework for intern training to support the Medical Board of Australia's registration standard for *Granting general registration to Australian and New Zealand medical graduates after completion of the intern year*.

As part of the framework, the Australian Medical Council (AMC) has developed a suite of intern training documents which the Board has approved, detailing what is expected of interns and intern training providers.

<https://www.medicalboard.gov.au/registration/interns/guidelines-resources-tools.aspx>

<https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/national-internship-framework/>

3.9 Professional Associations

3.9.1 Australian Medical Association Queensland

The Australian Medical Association of Queensland (AMAQ) is the State's peak medical representative body and represents more than 6,000 Queensland doctors. AMAQ members have access to industrial, workplace relations, legal and commercial assistance for within the medical profession.

Each year, the AMAQ publishes an Intern Guide detailing hints and tips for prospective interns, covering topics including junior doctor contracts, resilience, tips on how to handle ward call and prescribing as well as many other key topics to help prospective interns.

For information about the AMAQ visit: <https://qld.ama.com.au>

Download the 2018 AMA Queensland Intern Guide at: <https://qld.ama.com.au/student>

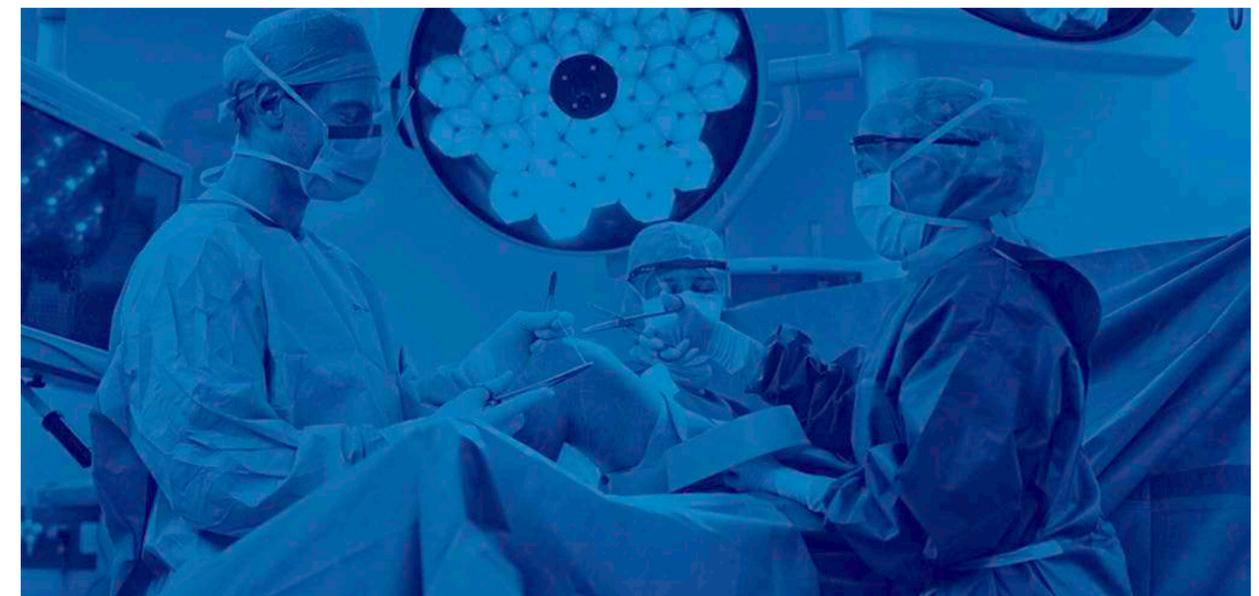
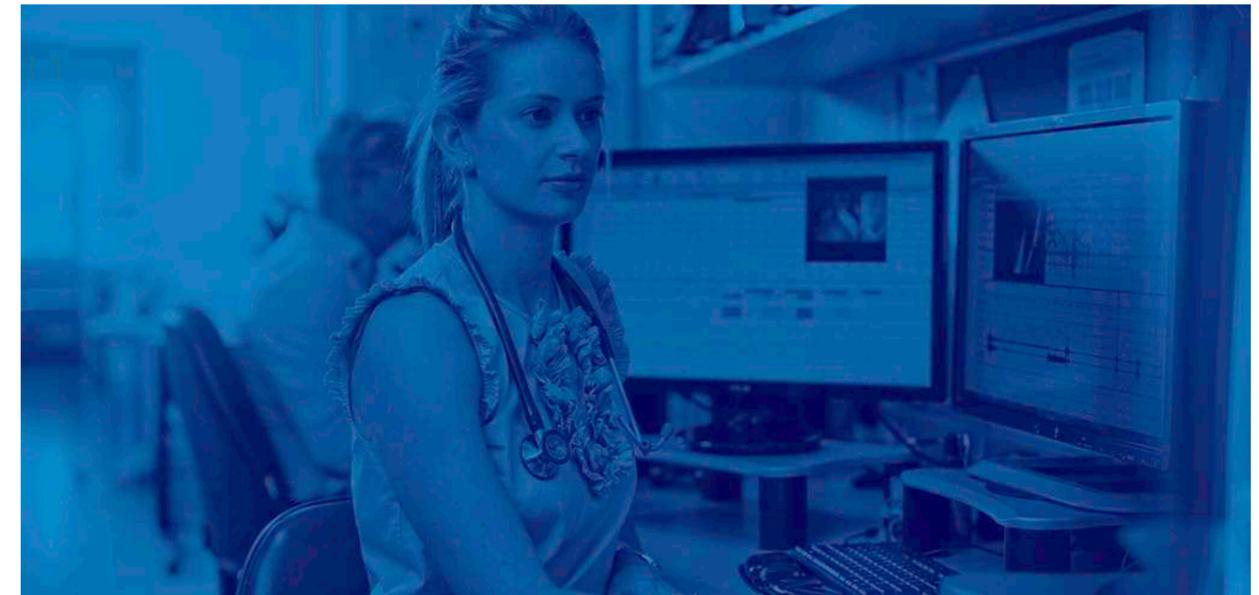
3.9.2 Junior Medical Officer Forum of Queensland

The Junior Medical Officer Forum of Queensland (JMOFQ) was created to enhance the professional relationship between Queensland's intern accreditation authority and junior medical officers (JMOs).

It provides a forum where JMOs have a voice on how their training is developed, implemented, evaluated and improved.

Specifically, the JMOFQ:

- + Provides JMOs with the opportunity to meet with their peers to discuss and collaborate on issues related to their education and training
- + Promotes the development, implementation and evaluation of guidelines for the delivery of educational and training programs for JMOs in Queensland hospitals
- + Provides opportunities to facilitate and encourage research regarding junior medical officer education in Queensland





Legislation and professional practice

4.1 Relevant legislation

The legislation listed below are the Acts, Subordinate legislation and associated documents 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 available on the Department of Health website at: <https://www.health.qld.gov.au/system-governance/legislation>

4.2 Accreditation and registration bodies

4.2.1 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 the 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 medical specialty training programs) and accredit programs which meet AMC accreditation standards
- + advise the Medical Board of Australia 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: <http://www.amc.org.au/>

4.2.2 Registration – Medical Board of Australia

All medical practitioners who work in Queensland are required to be registered with the Medical Board of Australia (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 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.

Registration standards define the requirements that applicants, registrants or students need to meet to be registered and to maintain that registration.

For further information, please refer to the MBA website:

<https://www.medicalboard.gov.au/Registration/Types.aspx>

<https://www.medicalboard.gov.au/registration-standards.aspx>

<https://www.medicalboard.gov.au/registration/registration-renewal.aspx>

4.2.3 Australian Health Practitioner Regulation Agency

As a medical practitioner in Queensland, you must be registered with the Australian Health Practitioner Regulation Agency (Ahpra), the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia.

Ahpra provides administrative support to the MBA and the other national boards which are responsible for regulating the 15 health professions.

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.

For further information, refer to: <https://www.ahpra.gov.au/>

4.3 Accreditation

4.3.1 National accreditation

The Australian Commission on Safety and Quality in Healthcare has legislative responsibility for maintaining and implementing Australia's National Safety and Quality Health Service (NSQHS) standards under the Australian Health Service Safety and Quality Accreditation Scheme.

The NSQHS has ten standards, focussing 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 standards provide a quality assurance mechanism that tests whether the 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.

The Patient Safety and Quality Improvement Service within the department are responsible for the NSQHS standards and managing accreditation.

Further information about the NSQHS standards is available at:

<https://clinicaexcellence.qld.gov.au/resources/audit-tools-national-safety-and-quality-health-service-standards>

The Australian Council on Healthcare Standards is an approved agency to assess health organisations against the NSQHS standards. Information about national accreditation is available at: <https://www.achs.org.au/programs-services>

4.3.2 Prevocational accreditation

Queensland Health has an internal, independent authority responsible for implementing and monitoring standards for training, supervision and welfare of prevocational trainees in intern (PGY1)

Further information about Prevocational Medical Accreditation Queensland (PMAQ) can be found at:

<https://pmaq.health.qld.gov.au>

4.4 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.

For further information, refer to:

<https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/>

4.4.1 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 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:

<https://clinicaexcellence.qld.gov.au/priority-areas/safety-and-quality/ryans-rule>

4.5 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 website 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.

Harm to a child is defined in the *Public Health Act 2005* as any detrimental effect on the child's physical psychological or emotional well-being:

- + 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

Access the *Child Protection Act 1999* at:

<https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010>

For further information about child abuse and neglect, refer to:

https://www.health.qld.gov.au/_data/assets/pdf_file/0022/465160/childabuse-neglect-mod-ext.pdf

Child Abuse Prevention Services:

- + Ph. 1800 688 009 (free call)

Queensland Department of Child Safety, Youth and Women:

In non-emergencies during business hours, contact local child safety services centre on:

- + Ph. 1800 811 810 or <https://www.csyw.qld.gov.au/child-family>

Child Safety After-Hours Service Centre:

After-hours emergency service including assessment of urgent reports about harm to children and information referral services.

- + Ph. 1800 177 135 (free call, Queensland only) or
- + Ph. (07) 3235 9999

4.6 Investigative and healthcare complaint entities in Queensland

4.6.1 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 provide relevant information to assist in any subsequent investigation.

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 recommendation for interdepartmental annual reports and to share lessons. Refer to your employing HHS for local policy/guidelines on coronial management.

Additional information is available from the Coroners Court of Queensland at:

<https://www.courts.qld.gov.au/courts/coroners-court>

Access the *Coroners Act 2003*, detailing the definition of reportable deaths, at:

<https://www.legislation.qld.gov.au/view/html/inforce/2018-12-01/act-2003-013>

View Coronial inquest findings at:

<https://www.courts.qld.gov.au/courts/coroners-court/findings>

Queensland Government's responses to coronial recommendations can be found within annual reports at: <https://www.justice.qld.gov.au/publications-policies/reports/annual-report/2018-19-djag-annual-report>

4.6.2 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 may be made verbally or in writing.

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 OHO 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 further information visit the Office of the health Ombudsman website:

<https://www.oho.qld.gov.au/>

4.6.3 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 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.

For further information refer to:

<https://www.agedcarequality.gov.au/making-complaint>

4.6.4 Crime and Corruption Commission

HHS 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. HHS 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.

For further information, including a description of corrupt conduct, visit: <http://www.ccc.qld.gov.au>

4.6.5 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.

Information about Ahpra notifications can be viewed at: <https://www.ahpra.gov.au/notifications.aspx>

4.7 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).

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 confidentiality and exceptions that permit disclosure of confidential information by 'designated persons', including Queensland Health staff. It is an offense 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 public health sector health service (i.e. a patient), including deceased persons.

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.

A breach of the duty of confidentiality in s142 of the HHB Act or provisions in the IP Act may be dealt with as staff disciplinary matters under the Code of Conduct.

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

For further information, refer to the Privacy and Right to Information intranet site (accessible only on Queensland Health computers): <https://qhps.health.qld.gov.au/csd/business/records-and-information-management/privacy-rti/privacy>

4.8 Informed Decision Making and Consent

Informed consent is an integral component of the provision of quality, patient-centred healthcare. Queensland Health is committed to providing support to their health practitioners and patients around informed consent. Informed consent means that a patient has received the information relevant to them to make an informed decision and they have given permission for the healthcare service to be provided.

All health practitioners must obtain consent from an appropriate decision-maker before touching (examining) or providing health care to adult and child patients, except in a limited number of circumstances where that is not possible.

Generally, the law does not require consent in writing and in many cases, it can be verbal or simply implied.

Verbal consent may be appropriate for health care that carries no significant risks to the patient. For example, the insertion of an intravenous cannula into a peripheral vein, or a dental filling under local anaesthetic.

Written consent is advisable for:

- + any health care which carries significant risks to the patient
- + where doubt exists about the patient's capacity to consent
- + where the health care is controversial

Refer to your employing HHS for local policy/guideline documents on consent and informed decision-making.

Junior doctors are encouraged to initiate a discussion with their supervising registrar or senior medical officer to clarify their expectations and boundaries of your role in receiving consent from patients.

Access a comprehensive suite of consent documents at: <https://www.health.qld.gov.au/consent>
For information regarding health care decisions and Power of Attorney, refer to the Office of the Public Guardian: <https://www.publicguardian.qld.gov.au/>

For further information, refer to the Department of Health's Guide to Informed Decision-making in Health Care: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

4.9 Litigation and indemnity

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. Medical indemnity cover for doctors is a requirement of registration in Australia.

Medical indemnity is provided to medical practitioners employed by the Department of Health and by HHSs under HR Policy I2 – Indemnity for Queensland Health Medical Practitioners.

The policy outlines the scope of indemnity offered to medical practitioners engaged to perform clinical services, the method of indemnity; and exclusions from indemnity.

Access the Queensland Health medical indemnity policy document at: <https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/indemnity>

For further information about medical indemnity in Australia, visit: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-medicalindemnity-legislation.htm>

4.10 Organ transplantation and hospital autopsies

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

There are strict guidelines and processes to be followed regarding 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 intensive care unit, but transplantation in Queensland can only happen at Princess Alexandra Hospital, The Prince Charles Hospital and Queensland Children's 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 DonatLife.

Further information about DonatLife can be accessed at: <https://donatlife.gov.au/>

DonatLife Queensland's website is accessible on Queensland Health computers only at: <https://qhps.health.qld.gov.au/donatelifeqld>

Information on the guidelines about best processes to optimise organ donation for transplantation, and cadaveric organ and tissue donation and transplantation is accessible on Queensland Health computers only at: <https://qhps.health.qld.gov.au/prevention/all-services/organ-tissue-donation>

4.11 Right to information

The *Information Privacy Act 2009* (IP 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. All documents held by HHSs are subject to the RTI and IP Acts and may be subject to internal and external review.

Refer to your employing HHS for the local policy / guideline as each HHS has experienced decision-makers in place to manage the RTI/IP application workload. View the *Right to Information Act 2009* at: <https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2009-013>.

4.12 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: <https://www.health.qld.gov.au/employment/conditions/staff-complaints/how-to/public-interest-disclosure>



Rural and remote health services in Queensland

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.

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.

Visit the AIHW website for more reports and statistics on rural health in Australia:

<https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview>

5.1 Rural and Remote Health in Queensland

In 2020 Queensland Health will establish the Office of Rural Health, a collaborative 'hub' connecting stakeholders to co-design the future of Queensland Health's rural and remote health services.

Expertise from across Queensland will contribute to improving access to services, enhancing patient safety, driving health and workforce planning and supporting the well-being of staff in rural and remote Queensland.

5.2 Rural and remote medical practitioner classifications

5.2.1 Medical Superintendents with Private Practice and Medical Officers with Private Practice

Medical Superintendents with Private Practice (MSPP) and Medical Officers with Private Practice (MOPP) are senior medical officers employed by Queensland Health to 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.

The terms and conditions of employment is contained in the Medical Officers (Queensland Health) Certified Agreement (currently no.4) 2015:

<https://www.health.qld.gov.au/employment/conditions/awards-agreements/current>

Overarching direction for private practice activities is contained in a Health Service Directive and accompanying framework – Private Practice in the Queensland Public Health Sector:

https://www.health.qld.gov.au/_data/assets/pdf_file/0010/151030/qh-hsd-044.pdf

<https://www.publications.qld.gov.au/dataset/afd5ae59-60ce-4ef8-b59d-f84137aa4962/resource/3fab45ba-ed8e-4bb0-8722-ef3d4f85d428/download/private-practice-framework-2019.pdf>

5.2.2 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.

For further information about the QRGP, visit: <https://ruralgeneralist.qld.gov.au>

5.2.3 Visiting Medical Officers

Visiting Medical Officers (VMOs) in rural and remote Queensland work under similar provisions as they do in metropolitan facilities. 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 specialty service in a number of disciplines in many rural and regional facilities.

For further information about VMOs in Queensland Health, visit:

<https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/vmo>

5.3 Remuneration/incentives for rural and remote medical practitioners

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

In addition, there are a range of programs and grants available to upskill existing, or encourage medical practitioners to practise in regional and remote communities.

Further information can be found by following the links below:

Queensland Health remuneration information:

<https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/salary>

General Practice Rural Incentives Program (GPRIP):

http://www.health.gov.au/internet/main/publishing.nsf/content/general_practice_rural_incentives_programme

Rural Procedural Grants Program (RPGP):

<https://www.racgp.org.au/the-racgp/awards-and-grants/racgp-grants/training-grants>
<https://www.acrrm.org.au/continuing-development/assistance-and-grants/rpgp>

Support for Rural Specialists in Australia (SRSA): <https://ruralspecialist.org.au/>

<https://qheps.health.qld.gov.au/csd/business/finance/revenue/private/coag>

(Accessible on Queensland Health computers only)



Appendices

Appendix 1: Emergencies internal and external

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.

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.

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.

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 near 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.

Fire prevention

Every precaution has been taken for the prevention of fires. In the area you work you should:

- + find out who is the zone warden for the area
- + note the location of fire extinguishers and any other fire-fighting appliances. Check what fires they are suitable for 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
- + complete mandatory fire and evacuation training (Building and Fire Safety Regulation 1991) provided by your HHS.

Appendix 2: State-wide emergency services

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.

<https://www.ambulance.qld.gov.au/index.html>

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.

<https://stjohn.org.au/index.php>

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. www.police.qld.gov.au

Queensland Fire and Emergency Services

The Queensland Fire and Emergency Services (QFES) is the primary provider of fire and emergency services in Queensland. <https://www.qfes.qld.gov.au/Pages/default.aspx>

Retrieval Services Queensland

Retrieval Services Queensland (RSQ) is responsible for the clinical coordination of all aero-medical retrievals and transfers of patients from parts of northern New South Wales up to the Torres Strait Islands. It plays a vital role in helping overcome the vast distances throughout the State, supporting equitable access to specialist clinical services for all Queenslanders.

RSQ provides the state-wide clinical governance and operational leadership for Queensland Health's contracted and HHS retrieval services and aero-medical transport providers.

RSQ delivers specialist education and training to clinicians working in rural, regional and remote emergency departments, with a focus on initial resuscitation of critically ill or injured patients and preparation of patients for aero-medical transfer.

RSQ coordinates all aero-medical resources as part of major incidents response in Queensland and, via the Aviation Cell, is embedded within the State's Disaster Coordination Centre.

For further information on the two major aero-medical services, refer to:

Royal Flying Doctors Service: <https://www.flyingdoctor.org.au/>

LifeFlight: <https://www.lifeflight.org.au/>

State Emergency Service

The State Emergency Service (SES) is a not-for-profit, volunteer organisation designed to help Queensland communities in times of emergency or 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: <https://www.ses.qld.gov.au/Pages/default.aspx>



Poisons information centre

The Poisons Information Centre provides the public and health professionals of Queensland with prompt, up-to-date, evidence-based clinical information and advice to assist in the management of poisonings and suspected poisonings. The Centre is 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:

<https://www.childrens.health.qld.gov.au/chq/our-services/queensland-poisons-information-centre/>

Appendix 3: State-wide Systems

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 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. A capacity alert cannot be initiated without consultation from hospital executive management team.

Local procedures will be available from your HHS.

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.

Specialist DonateLife doctors and nurses are employed in 11 HHS's throughout the state to facilitate organ and tissue donation.

For further information, refer to:

<https://donatelife.gov.au/>

<https://qheps.health.qld.gov.au/donatelifeqld> (accessible only on Queensland Health computers)

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. HHS's 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.

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 state-wide hospital formulary for medicine (List of Approved Medicines – LAM).

<https://qheps.health.qld.gov.au/medicines> (accessible only on Queensland Health computers)

Pathology

Pathology Queensland is part of Health Support Queensland 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.

For further information, refer to: <https://qheps.health.qld.gov.au/hsg/pathology> (accessible only on Queensland Health computers)

Radiation oncology

There are public radiation oncology services available at:

- + Princess Alexandra Hospital
- + Mater Health Services Brisbane
- + Royal Brisbane and Women's Hospital
- + Townsville University Hospital
- + Rockhampton Hospital

Radiation oncology services are also provided in several private hospitals and centres throughout the state.

State-wide interpreter services

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 24/7 and provided at no charge to the client. It is Queensland Government policy to use professional interpreters when possible.

For further information, refer to:

https://qheps.health.qld.gov.au/multicultural/interpreting/interpreter_serv (accessible only on Queensland Health computers)

Telehealth

Queensland's telehealth program enables patients to receive quality care closer to home via telecommunication technology, improving access to specialist healthcare for people in regional communities and reducing the need to travel for specialist advice.

State-wide Telehealth Services support and manage the largest telehealth network in Australia with approximately 4000 video-conference systems state-wide.

For further information, refer to:

<https://www.health.qld.gov.au/telehealth>

<https://qheps.health.qld.gov.au/telehealth> (accessible only on Queensland Health computers)

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 well-being.

For further information, refer to: <https://www.nps.org.au/>

Appendix 4: Government and non-government referral agencies

13 HEALTH (13 43 25 84)

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

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

For further information, refer to: <https://www.qld.gov.au/health/contacts/advice/13health>

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:

<https://www.forgov.qld.gov.au/provide-services-through-13-qgov-13-74-68>

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.

Some allied health services are provided to the community by other government departments. 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.

An alternative is to refer patients to private allied health services, which will be at a cost to the patient but may be subsidised if they have private health insurance. Patients who are eligible for WorkCover or Department of Veteran's Affairs card holders may be able to access private allied health services under these schemes.

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.

Cancer information and services

Cancer Helpline 13 11 20 toll free

The Cancer Helpline provides information, support and a 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.

For further information, refer to: <https://cancerqld.org.au/>

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 in one place.

For further information, please refer to: <https://www.humanservices.gov.au/individuals/centrelink>

Commonwealth Home Support Programme

The Commonwealth Home Support Programme (CHSP) funded by the Commonwealth Government, is an entry level home help program 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 is required to obtain support at home.

For further information, refer to:

<https://www.myagedcare.gov.au/help-at-home/commonwealth-home-support-programme>

Diabetes Queensland

Diabetes Queensland (DQ) 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 is the agent for Diabetes Australia to administer the National Diabetes Services Scheme (NDSS) in Queensland, on behalf of the Australian Government.

For further information, refer to: <https://www.diabetesqld.org.au/>

Disability and community care services

Various Queensland government departments provide services in the areas of child and family safety and protection, domestic and family violence, community (including aged care and disability services) and social services.

For further information, refer to:

Department of Communities, Disability Services and Seniors: <https://www.communities.qld.gov.au/>

Department of Child Safety, Youth and Women: <https://www.csyw.qld.gov.au/>

Domestic and family violence

The *Domestic and Family Violence Protection Act 2012* aims to provide safety and protection for people in domestic relationships who are victims of domestic and family violence.

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.

Support options in the workplace include:

- + a minimum of 10 days paid domestic and family violence leave
- + flexible work arrangements
- + reasonable workplace adjustments
- + counselling through employee assistance programs (EAP)

For further information, refer to:

<https://www.csyw.qld.gov.au/violence-prevention>

<https://qheps.health.qld.gov.au/hr/staff-health-wellbeing/counselling-support> (accessible only on Queensland Health computers)

Department of Veteran's 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 dependents.

DVA repatriation benefits cards

DVA issues three types of benefits cards to ensure access to health and other care services that promote and maintain self-sufficiency, well-being and quality of life. The three cards are the DVA Gold Health Card, the DVA White Healthcare Card and the DVA Orange Pharmaceutical Card.

For further information, refer to:

<https://www.dva.gov.au/>

<https://www.dva.gov.au/health-and-wellbeing/veterans-health-cards>

Home care services in Queensland

To support people in the community to stay in their own homes there are many organisations who provides services.

For a comprehensive list, refer to: <https://www.agedcareguide.com.au/>

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 to facilitate 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.

For further information, refer to: <https://www.worksafe.qld.gov.au/>

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 the happiest – their own homes.

For further information, refer to: <https://www.qmow.org/>

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.

For further information, refer to: <https://www.health.qld.gov.au/mass>

Men's health

Australian men are more likely to get sick from serious health problems, such as cancer, than Australian women. Their mortality 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: <http://conditions.health.qld.gov.au/HealthCondition/home/category/16/mens-health>

Mental health services

The Mental Health Alcohol and Other Drugs Branch within the Department of Health 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 treatment.

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, along with non-government organisations.

For further information, refer to:

<https://qheps.health.qld.gov.au/mentalhealth/aboutus/aboutus> (accessible only on Queensland Health computers)

<https://www.qld.gov.au/health/mental-health/help-lines/services>

Queensland Alliance for Mental Health: <https://www.qamh.org.au/>

Queensland Mental Health Commission:

<https://www.qmhc.qld.gov.au/strategic-planning/state-wide-strategic-plan>

National Drug Strategy: <https://www.health.gov.au/resources/collections/national-drug-strategy>

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) provides support for Australians with disability, their families and carers.

For further information, refer to: <https://www.ndis.gov.au>

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. It is dedicated to making a real difference to the heart health of Australians by:

- + 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 Australia

For further information, refer to: <https://www.heartfoundation.org.au/>

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.

For further information, refer to: <https://www.health.qld.gov.au/oralhealth>

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. Though most clients accessing palliative care services in Queensland have cancer, they are available to all patients requiring the services regardless of their underlying condition.

For additional information on palliative care services, refer to:

<https://www.health.gov.au/health-topics/palliative-care>

<https://palliativecare.org.au/>

<https://www.caresearch.com.au/Caresearch/Default.aspx>

Relationships and Reproductive Health (True, formerly Family Planning Queensland)

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

For further information, refer to: <http://www.true.org.au/>

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: <https://www.salvationarmy.org.au>

Sexual health

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

From this website, the community, educators and healthcare providers can access information and download fact sheets across a range of topics, including sexually transmitted infections, blood borne viruses and safe sex.

For further information, refer to:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health>

State-wide Sexual Assault Help Line

Sexual violence is a major social and health issue. Sexual assault is a crime in Queensland and most victims are female. The Queensland public health system provides acute care for people who have been recently sexually assaulted.

The Queensland Government has a sexual assault help line operating 24 hours a day, seven days a week. The number is 1800 010 120 (free call).

For further information, refer to:

<https://www.health.qld.gov.au/sexualassault>

<https://www.health.qld.gov.au/sexualassault/html/contact>

St Vincent de Paul

The St Vincent de Paul (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.

For further information, refer to: <https://www.vinnies.org.au/>

Suicide in Queensland

Suicide remains a major public health problem in Australia. 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 may be 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.

The Queensland Health guidelines on suicide risk assessment and management are available on the QHEPS intranet at:

http://qheps.health.qld.gov.au/mentalhealth/docs/guide_suicide_risk.pdf (accessible only on Queensland Health computers)

For further information refer to:

<https://www.qld.gov.au/health/mental-health/suicide>

<https://www.health.qld.gov.au/public-health/topics/mental-health>

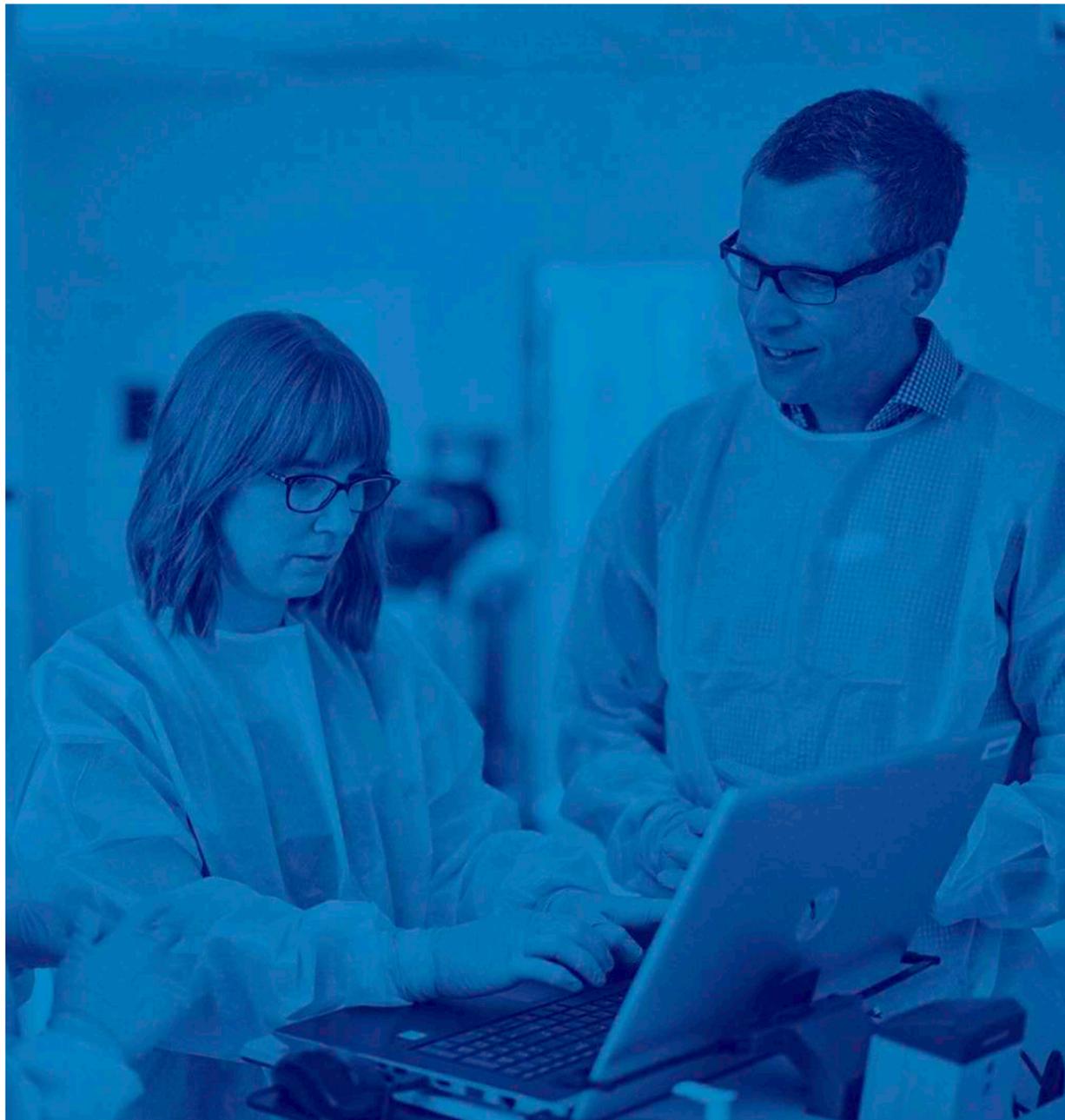
<http://www.livingisforeveryone.com.au/>

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 well-being of Queensland women.

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, aiming to improve the health and well-being of women in rural and remote areas of Queensland.

For further information, refer to: <https://www.qld.gov.au/health/contacts/womens-health>



Appendix 5: Common medical abbreviations

#	Fracture
A/O	Alert and orientated
ABG	Arterial blood gases
ACLS	Advanced Cardiac Life Support
AED	Automatic External Defibrillator
AFA	Advanced First Aid
AICD	Automatic Implantable Cardioverter / Defibrillator
Ambo	Ambulance Officer
AMI	Acute Myocardial Infarction
APLS	Advanced Paediatric Life Support
ATSP	Asked to see patient
BLS	Basic Life Support
BP	Blood Pressure
C/o	Complains of
Ca	Cancer
CAD	Coronary Artery Disease
CCU	Cardiac/Coronary Care Unit
CO2	Carbon Dioxide
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous Positive Airway Pressure
CPR	Cardio-Pulmonary Resuscitation
CSF	Cerebral Spinal Fluid
CT	Computerised Tomography
CVA	Cerebro-vascular accident
D/C	Discharge
DNR	Do No Resuscitate
DOA	Dead on Arrival
DOB	Date of Birth
DUI	Driving Under the Influence
Dx	Diagnosis
ECG	Electrocardiogram
ED or ER	Emergency Department / Room
EEG	Electroencephalogram
EENT	Ears, Eyes, Nose and Throat
ENT	Ears, Nose and Throat
ET or ETT	Endotracheal (tube)
ETA	Estimated Time of Arrival
ETOH	Ethanol (Ethyl Alcohol)
FB	Foreign Body
HBCIS	Hospital Base Central Information System
Hx	History
ICU	Intensive Care Unit

ID	Identity / Identification
LOC	Loss of Consciousness
LPM	Litres Per Minute (oxygen)
MEDS	Medication
MI	Myocardial Infarction
MICU	Mobile Intensive Care Unit
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSDS	Material Safety Data Sheet
MSO	Medical Support Officer
MSQ	Mental Status Questionnaire
MVA	Motor Vehicle Accident
Mx	Management
NAD	Nil Abnormalities Detected
NBM / NPO	Nill By Mouth
NFR	Not For Resuscitation
NKDA	No Known Drug Allergies
NOK	Next of Kin
NS	Normal Saline
OD	Overdose
OPD	Outpatient Department
PE	Pulmonary Embolism
PEARL	Pupils equal and reacting to light
PPE	Personal Protective Equipment
PERLA	Pupils equal and reactive to light and accommodation
PET	Positron Emission Tomography
PO	Pulmonary Oedema
Pt	Patient
PVD	Peripheral Vascular Disease
Rx	Prescription
SDL	Standard Drug List
SOB	Shortness of Breath
Sx	Symptoms / Signs
TIA	Transient Ischaemic Attack
TKO	To Keep Open
TKVO	To Keep Vein Open
TPR	Temperature, Pulse, Respirations
Tx	Treatment
VF / V-fib	Ventricular Fibrillation
x/24	Number of hours
x/7	Number of days
x/52	Number of weeks
x/12	Number of months
Y/O	year-old
YTD	Year to date

Appendix 6: 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 a day
4 hourly	every 4 hours
6 hourly	every 6 hours
8 hourly	every 8 hours
p.r.n.	when required
Stat	immediately
a.c.	before food
p.c.	after food

Appendix 7: 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 8: Common health industry abbreviations

A&E	Accident and Emergency
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Teams
ACD	Australian College of Dermatologists
ACF	Aged Care Facility
ACEM	Australian College of Emergency Medicine
ACHSE	Australian College of Health Service Executives
ACOSS	Australian Council of Social Services
ACRRM	Australian College of Rural and Remote Medicine
ACSQHC	Australian Council on Safety and Quality in Healthcare
ADA	Australian Dental Association
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
Ahpra	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
AIN	Assistant in Nursing
ALS	Advanced Life Support
AMA	Australian Medical Association
AMC	Australian Medical Council
AMS	Aboriginal Medical Services
AMSA	Australian Medical Students Association
AN-DRG	Australian National Diagnosis Related Groups
ANZCA	Australian and New Zealand College of Anaesthetists
AO	Administrative Officer
AON	Area of Need
APA	Australian Physiotherapists Association
APAC	Australian Pharmaceutical Advisory Council
APHA	Australian Private Hospitals Association
APMA	Australian Pharmaceutical Manufacturers Association
ATO	Australian Taxation Office
ATODS	Alcohol, Tobacco and other Drug Service
ATSI	Aboriginal and Torres Strait Islanders
BOD	Burden of Disease
CAHS	Child and Adolescent Health Service
CALD	Culturally and Linguistically Diverse
CACP	Community Aged Care Package
CHC	Community Health Centre
CHO	Chief Health Officer
CHRISP	Centre for Healthcare Related Infections Surveillance and Prevention
CICM	College of Intensive Care Medicine of Australia and New Zealand
CKN	Clinicians Knowledge Network

CN	Clinical Nurse
CNC	Clinical Nurse Consultant
CNS	Clinical Nurse Specialist
COAG	Council of Australian Governments
CPD	Continuing Professional Development
CQI	Continuing Quality Improvement
CSCF	Clinical Services Capability Framework
CYHS	Child and Youth Health Service
DAQ	Diabetes Australia - Queensland
DCT	Director of Clinical Training
DG	Director-General
DMS	Director of Medical Services
DoH	Department of Health
DON	Director of Nursing
DRG	Diagnostic Related Group
DSQ	Disability Services Queensland
DVA	Department of Veterans' Affairs
DWS	District of Workforce Shortage
EBMR	Evidence Based Medical Review
EBP	Evidence Based Practice
EDMS	Executive Director of Medical Services
EDON	Executive Director of Nursing
EDS	Enterprise Discharge Summary
EEO	Equal Employment Opportunity
EN	Enrolled Nurse
EQuIP	Evaluation and Quality Improvement Program
FBT	Fringe Benefits Tax
FOI	Freedom of Information
FTE	Full Time Equivalent
GMET	Generalist Medical Training
GP	General Practitioner/Practice
GPTQ	General Practice Training Queensland
HACC	Home and Community Care
HDU	High Dependency Unit
HEAPS	Human Error and Patient Safety
HHB	Hospital and Health Board
HHS	Hospital and Health Service
HIV	Human Immunodeficiency Virus
HP	Health Practitioner
HSCE	Health Service Chief Executive
HSD	Health Service Directive
HWPC	Health Workforce Principal Committee

HWQ	Health Workforce Queensland
ieMR	Integrated Electronic Medical Record
IMG	International Medical Graduate
IT	Information Technology
JMO	Junior House Officer (Medical)
LAM	List of Approved Medicines
LGA	Local Government Area
MASS	Medical Aids Subsidy Scheme
MBA	Medical Board of Australia
MBS	Medical Benefits Schedule
MEO	Medical Education Officer
MET	Medical Emergency Team
MEU	Medical Education Unit
MOPP	Medical Officer with Private Practice
MOW	Meals on Wheels
MPHS	Multi-purpose Health Service
MSQ	Medication Services Queensland
MSPP	Medical Superintendent with Private Practice
NHA	National Healthcare Agreement
NESB	Non-English Speaking Background
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NHTP	Nursing Home Type Patient
NP	Nurse Practitioner
NPS	National Prescribing Service
NRAS	National Registration and Accreditation Scheme
NRHA	National Rural Health Alliance
NUM	Nurse Unit Manager
OHO	Office of the Health Ombudsman
OH&S	Occupational Health and Safety
OTS	Overseas Trained Specialist
PA	Privacy Act
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
PHC	Primary Healthcare
PHO	Principal House Officer (Medical)
PHR	Patient Health Record
PHS	Public Health or Population Health Services
PSA	Pharmaceutical Society of Australia
PT	Physiotherapists
PTSS	Patient Travel Subsidy Scheme
QA	Quality Assurance
QAS	Queensland Ambulance Service

QATSIHP	Queensland Aboriginal and Torres Strait Islander Health Partnership
QCS	Queensland Clinical Senate
QH	Queensland Health
QHEPS	Queensland Health Electronic Publishing Service
QIMR	Queensland Institute for Medical Research
QPS	Queensland Police Service
RACGP	Royal Australian College of General Practitioner
RACMA	Royal Australian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists Australasia
RDAA	Rural Doctor Association of Australia
RDAQ	Rural Doctor Association of Queensland
RFDS	Royal Flying Doctor Service
RMO	Resident Medical Officer
RN	Registered Nurse
RRCSU	Rural and Remote Clinical Support Unit
RSQ	Retrieval Services Queensland
RTI	Right to Information
SES	State Emergency Service
SHO	Senior House Officer (Medical)
SMO	Senior Medical Officer
SOP	Standard operating procedure
SoCP	Scope of clinical practice
SW	Social Worker
TFN	Tax File Number
TGA	Therapeutic Goods Administration
TIS	Translating and Interpreting Service
TO	Technical Officer
VMO	Visiting Medical Officer
WEHO	Workplace Equity and Harassment Officer
WHO	World Health Organisation



 **Medi-Nav**