Orientation Resource

For Junior Doctors in Queensland

Version 7, 2025

Medi-Nav

Message from the Chief Medical Officer, Queensland Health

Congratulations on your appointment as a junior medical officer. I am delighted to welcome you to Queensland Health.

The career path you have chosen offers you the privilege of caring for, and improving the health of our population, while making a meaningful impact on the broader healthcare system. While a career as a doctor can no doubt be challenging, every day offers a new opportunity for growth, learning, and making a real difference in people's lives. I encourage you to embrace your prevocational years, knowing that you are supported and empowered to accept challenges and continue to grow and develop as a healthcare professional.

You are not alone on this journey. Lean on, learn from, and be inspired by the incredible colleagues you'll work alongside within Queensland Health. I am grateful for the many and wonderful mentors that I have had as I progressed in my career – especially in the early days. You will be a part of a multidisciplinary team, working alongside experienced consultants, nurses, and other healthcare professionals. It is important to make the most of these networks – your colleagues, educators, and mentors. Be fully part of your team, support your colleagues, and in turn accept support from them. The road ahead may be demanding, but with dedication, empathy, and commitment to lifelong learning, you will navigate it with confidence and compassion. Stepping out of your comfort zone may just set the path to a fulfilling medical career.

Whether your new role marks the start of your career in medicine, or whether you're joining us to further progress your medical career, the contributions you will make individually and collectively across the broader health system, will not only impact our patients but also their families, and the whole Queensland community.

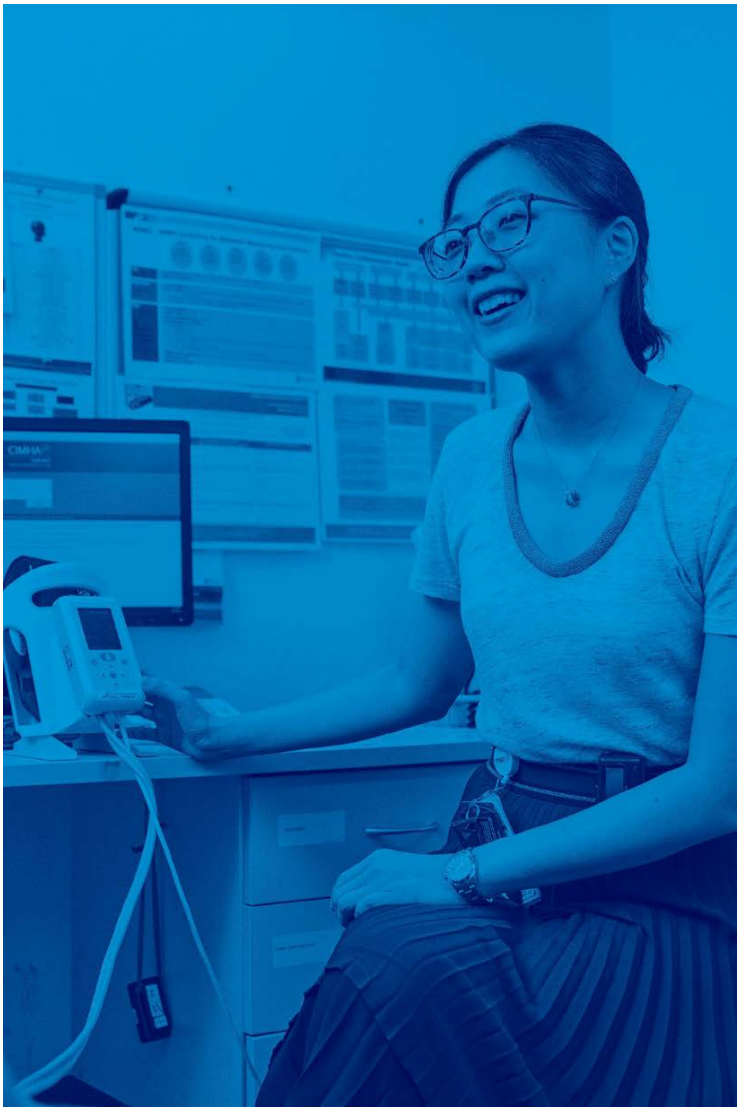
You are an integral and valued member of Queensland Health and while the training provided prepares you with the skills, knowledge, and inner strength to build great foundations, be assured that your wellbeing remains an organisational priority as we work with you throughout each stage of your career.

This orientation resource forms part of a comprehensive orientation program, to assist your transition into Queensland public health facilities. It offers overview information and broad insights to support transition to your role as a junior doctor. It also offers expanded information to support the specific needs of international medical graduates entering the Queensland Health system. It is designed to be complemented by more specific, local orientation programs. The resources available on the Medi-Nav careers website are just one of the many ways that we are dedicated to supporting you.

I wish you every success in your career journey and thank you for your commitment to helping better the lives of all Queenslanders.

Dr Catherine McDougall

Chief Medical Officer, Queensland Health



About this resource

The Queensland Junior Doctor Orientation Resource provides an introduction for all junior doctors employed in Queensland's public health system. It is intended to complement local orientation programs delivered to junior doctors within their employing hospital and health service as they start their role.

This resource covers the key areas in which all junior doctors should have a basic knowledge and understanding to enable the transition to safe and effective clinical practice in Queensland's public health system. Particular attention has been given to include information that will support the specific orientation needs of international medical graduates.

Due to the volume of material, the information on many subjects is not provided in full. For further detailed information on subjects of interest and to access the most current information in a constantly changing environment, please visit the websites provided in the links.

The resource is structured into seven sections:

Section 1
Healthcare system in Australia

Section 2
Queensland public health system

Section 3
Working as a medical practitioner in Queensland

Section 4
Legislation and professional practice

Section 5
Rural and remote health services in Queensland

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Healthcare system in Australia

1.1 Australia's public healthcare system

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 development 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 Australian Government has responsibility for:

- Medicare Benefits Schedule (MBS)
- Pharmaceutical Benefits Schedule (PBS)
- supporting and regulating private health insurance
- supporting and monitoring the quality, effectiveness, and efficiency of primary health care services
- subsidising aged care services, such as residential care and home care, and regulating the aged care sector
- collecting and publishing health and welfare information and statistics through the Australian Institute of Health and Welfare
- funding for health and medical research through the Medical Research Future Fund and the National Health and Medical Research Council
- funding veterans' health care through the Department of Veterans' Affairs
- funding community controlled Aboriginal and Torres Strait Islander primary healthcare organisations
- maintaining the number of doctors in Australia (through Commonwealth-funded university places) and ensuring they are distributed equitably across the country
- buying vaccines for the national immunisation program
- regulating medicines and medical devices through the Therapeutic Goods Administration (TGA)
- subsidising hearing services
- coordinating access to organ and tissue transplants
- ensuring a secure supply of safe and affordable blood products
- coordinating national responses to health emergencies, including pandemics
- ensuring a safe food supply in Australia and New Zealand
- protecting the community and the environment from radiation through nuclear safety research, policy, and regulation.

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 of health services, and are responsible for:

- 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, visit the Australian Institute of Health and Welfare's *Health System Overview*.

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:

- are an Australian on New Zealand citizen
- are an Australian permanent resident
- have applied for permanent residency (conditions apply)
- are a temporary resident covered by a ministerial order
- are a citizen or permanent resident of Norfolk Island, Cocos Islands, Christmas Island or Lord Howe Island
- are visiting from a Reciprocal Health Care Agreement country.

Medicare provides access to a range of medical services for either no cost or at a subsidised rate, including:

- general practitioner (GP) or specialist appointments
- allied health appointments
- screening, tests, and scans
- treatments
- medications
- surgeries and procedures
- hospital inpatient admissions.

Medicare benefits are paid by Services Australia in accordance with the legislation governing Medicare and is not able to pay benefits outside of the legislation.

For further information about Medicare, visit *Services Australia's What health care is covered by Medicare, how to enrol and how to claim*.

For further information about Reciprocal Health Care Agreements, visit Services Australia's *Reciprocal Health Care Agreements*.

1.1.2 Medicare Benefits Schedule

The Medicare Benefits Schedule (MBS) is a listing of medical services subsidised by the Australian Government. The MBS includes a wide range of consultations, procedures and tests and the Schedule fee for each of these items (e.g. an appointment with a GP or blood tests to monitor cholesterol level).

The schedule is part of the wider MBS managed by the Department of Health and Aged Care administered by Services Australia. The MBS can be accessed through MBS online which contains the latest MBS information.

For the full list of included and non-included services, visit the Australian Government Department of Health and Aged Care's *MBS Online*.

1.1.3 Schedule fee

The schedule fee is the set amount which Medicare pays toward the cost of medical services. An example of the schedule fee is when patients visit their GP and can claim 100 per cent of the schedule fee. However, the GP, 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. Normally, the Medicare levy is calculated at 2% 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 are 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)
- **Category 4:** Dependant

For further information, visit the Australian Taxation Office's *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.

For further information, visit Services Australia's *Bulk billing.*

1.1.6 Pharmaceutical Benefits Scheme

The Pharmaceutical Benefits Scheme (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 can be found at Australian Government Department of Health and Aged Care's *Pharmaceutical Benefits Scheme (PBS)*.

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 writing a PBS prescription in public hospitals is available at the Pharmaceutical Benefits Scheme's *Information for PBS Prescribers*.

The Queensland Department of Health publishes guidelines and fact sheets about safe use of medicines, which can be accessed at Queensland Health's *Medicines* and *Medication 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 the Pharmaceutical Benefits Scheme's *Patient Charges*.

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 the Pharmaceutical Benefits Scheme's *About the PBS*.

Provider and prescriber numbers

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

You can apply for provider and prescriber numbers online following the instructions at Services Australia's *Apply for initial provider and prescriber numbers*.

For detailed guidance on applying for your provider and prescriber numbers, refer to 3.8.8 Information for PGY1 doctors later in this resource.

Provider numbers

Your provider number is used to identify you as a medical practitioner by Services 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.

Prescriber numbers

A prescriber number is issued to all doctors and must be included on prescriptions (medication orders) when prescribing PBS medicines for patients. You can apply for a prescriber number when applying for your first provider number.

The number needs to be provided to your local medical administration unit 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 through Services Australia's *Education for Health Professionals*.

1.2 Primary Health Networks

Primary Health Networks (PHNs) are Commonwealth-funded independent organisations that coordinate and commission primary health care across specified regions. PHNs assess and coordinate medical services to increase efficiency and access for communities and patients, particularly those at risk of poor health outcomes. These efforts ensure patients receive the right care, in the right place, at the right time.

PHNs work directly with GPs, 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 the Australian Government Department of Health and Aged Care's *Primary Health Networks*.

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, dental and pharmacies.

A large network of for-profit and not-for-profit private hospital and day surgeries exist in Australia. These services funded through private health insurers, patients, and the Australian Government. State and territory governments may also provide funding when contracting private hospital to deliver public health services.

The Australian Private Hospitals Association is the peak national body representing private hospitals and day surgeries.

For further information, refer to the Australian Private Hospitals Association.

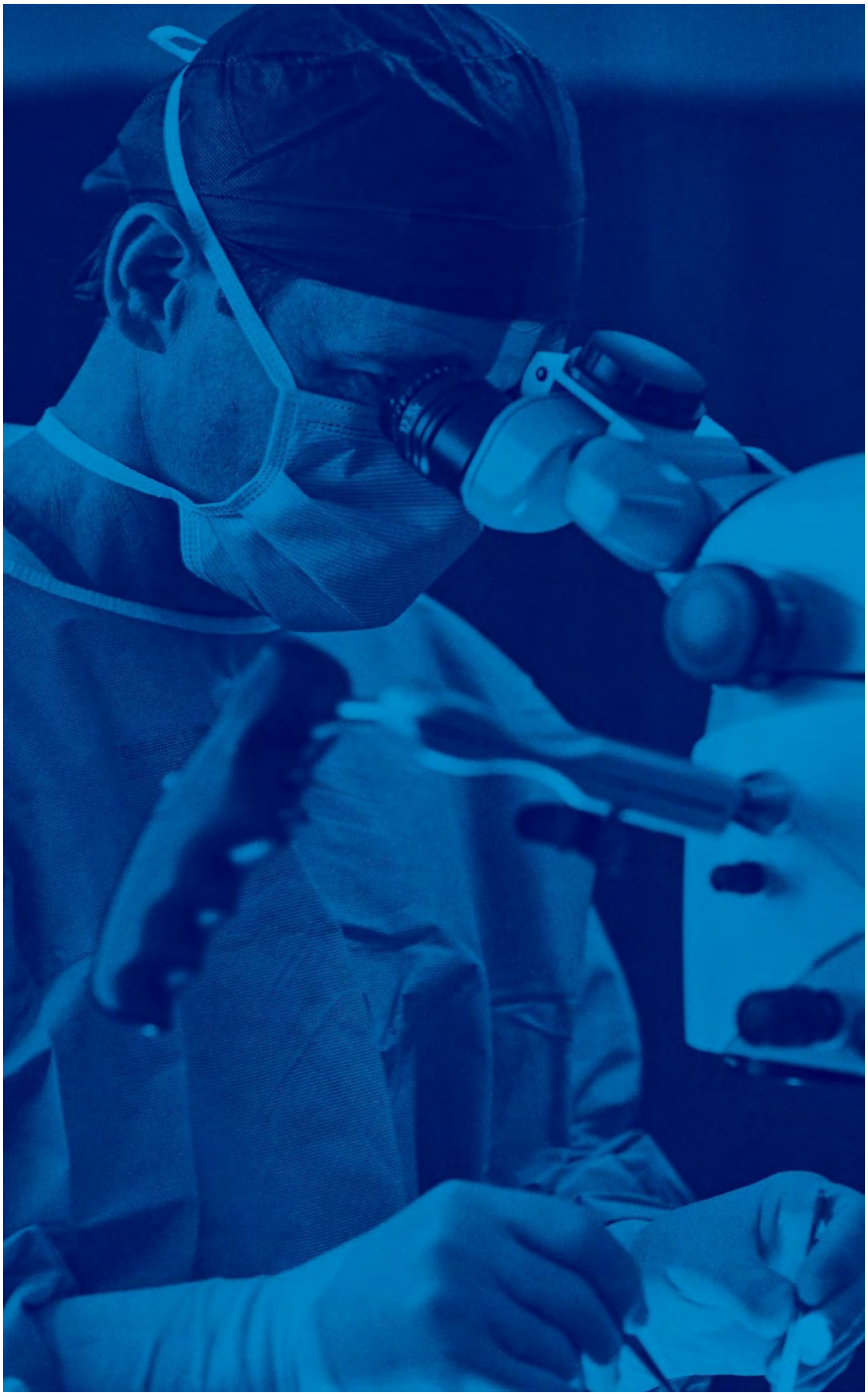
1.3.1 Private health insurance

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.

Private health insurance may cover some or all the costs of being a private patient either in a public or private hospital and in some cases, allows you to access some hospital services faster. 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 the Private Health Insurance Ombudsman's *Comprehensive, independent private health insurance information* website.



Queensland public health system

2.1 Queensland Health

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

The department, through the Director-General, is responsible for the management of the Queensland public health system, including monitoring the performance of HHSs. HHSs 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 are independent statutory bodies under the *Hospital and Health Boards Act 2011* which are governed by their own professional Hospital and Health Board and managed by a Health Service Chief Executive – to deliver public health services in their local area.

2.2 Structure of the public health system

The Minister for Health and Ambulance Services oversees Queensland's health system, including the department and the HHSs.

2.2.1 Department of Health structure

The department is managed by the Director-General, who reports directly to the Minister for Health and Ambulance Services. 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:

Queensland Health organisational structure

- **Office of the Director-General:** Provides leadership, direction, and coordination of activities to support and assist the health system to deliver safe, responsive, quality health services for Queenslanders.
- **Office of the Chief Health Officer (CHO):** Supports the CHO to provide strategic advice and guidance on a range of matters relevant to the health of Queenslanders and to fulfill duties and responsibilities of the CHO.
- **Office of the Chief First Nations Health Officer:** 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.
- **Clinical Excellence Queensland:** Drives the patient safety, quality improvement and clinical improvement agendas for the Queensland public health system. The division provides professional leadership for clinicians through the Office of the Chief Dental Officer, Office of the Chief Nursing and Midwifery Officer, and Allied Health Professions Office of Queensland.
- **Clinical Planning and Service Strategy Division:** Responsible for delivering clinical service strategy and planning, workforce strategy planning and leadership, mental health strategy and planning, precision medicine and research functions to improve health services available to the Queensland community, improve health gains, reduce inequalities, and increase efficiency and effectiveness of the health system.
- **Corporate Services Division:** Collaborates the department and HHSs to provide contemporary expert advice and specialist corporate services across the health system.
- **eHealth Queensland:** Enables quality patient care by providing technology solutions and services across Queensland Health, with a commitment to advancing digital healthcare.
- **Health Infrastructure Queensland:** Leads the planning, design, procurement, and delivery of Queensland Health's infrastructure projects including new build hospitals, hospital expansions, and rural and regional health facility upgrades.
- **Healthcare Purchasing and System Performance Division:** Purchases public health and social services from service providers to increase health gains, reduce inequalities, drive sustainable practices, and improve the health system's efficiency and effectiveness.
- **Queensland Public Health and Scientific Services:** Delivers policies, programs, services, and regulatory functions that aim to improve the health of the Queensland population by promoting and protecting health and wellbeing, detecting, and preventing disease and injury; and supporting high quality healthcare service delivery.
- **Strategy, Policy and Reform Division:** Responsible for driving the strategic agenda for public health in Queensland and works closely with other Queensland government agencies and interstate colleagues, including at the Commonwealth level.
- **Queensland Ambulance Service (QAS):** Operates as a statewide service across Queensland, 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.

The Executive Directors' Medical Services (EDMS) Forum and the Health Service Chief Executives' (HSCE) Forum are the main interface between HHSs and the department.

For further health system induction materials, refer to *Queensland Health's Managing the Queensland Health system*.

2.3 Queensland Health Vision

The Queensland Government's 10-year health vision highlights the opportunities and direction towards a healthier Queensland in 2032 and is articulated in the *HEALTHQ32: A vision for Queensland's health system* publication.

HEALTHQ32 sets the future direction for the health system, focusing on adaptability and embedding innovative models of care and new technologies to improve patient care and efficiency. Over the next decade, key priorities will enable better hospital care and more community-based options, ultimately improving wellbeing and quality of life for all Queenslanders, regardless of location.

2.3.1 The vision

A dynamic and responsive health system where our workforce is valued and empowered to provide high-quality healthcare to all Queenslanders.

2.3.2 Underpinning principles

From a good start to life, right through to the joys of healthy ageing, Queensland Health is committed to collaborating across the health system to deliver accessible, just, and sustainable healthcare for all Queenslanders.

There are seven system priorities that support the vision, directions, and strategic agenda to guide service delivery in the public health system. They state the values that should guide decision making and how health system partners work together. The principles guide service delivery in the public health system. Our health system partners are encouraged to also consider these principles in their work.

1. Reform – Delivering connected, equitable, sustainable, and integrated healthcare.
2. First Nations – Placing First Nations people at the centre of healthcare design and delivery in Queensland.
3. Workforce – A responsive, skilled, and valued workforce where our people feel supported.
4. Consumer Safety and Quality – Ensuring the delivery of safe and quality health care that supports consumers to achieve better health outcomes.
5. Health services – Sustainable, personalised health care that delivers outcomes that matter most to patients and the community.
6. Public Policy – Delivering quality advice to government to drive an agile, progressive health policy agenda.
7. Research – A health system where research and innovation are encouraged, supported, and enabled.

Each priority is supported by a 10-year strategy that will further outline a series of focus areas and outcomes, enabling the delivery of fair, accessible, and sustainable healthcare in Queensland.

Complementing the Queensland Government health vision, the department and each of the 16 HHSs in Queensland have developed a strategic plan to each identify its vision, purpose, objectives, and performance indicators.

For further information about Queensland Health's Vision visit the following websites:

HEALTH32: A vision for Queensland's health system

Department of Health's *Strategic Plan 2021–2025*

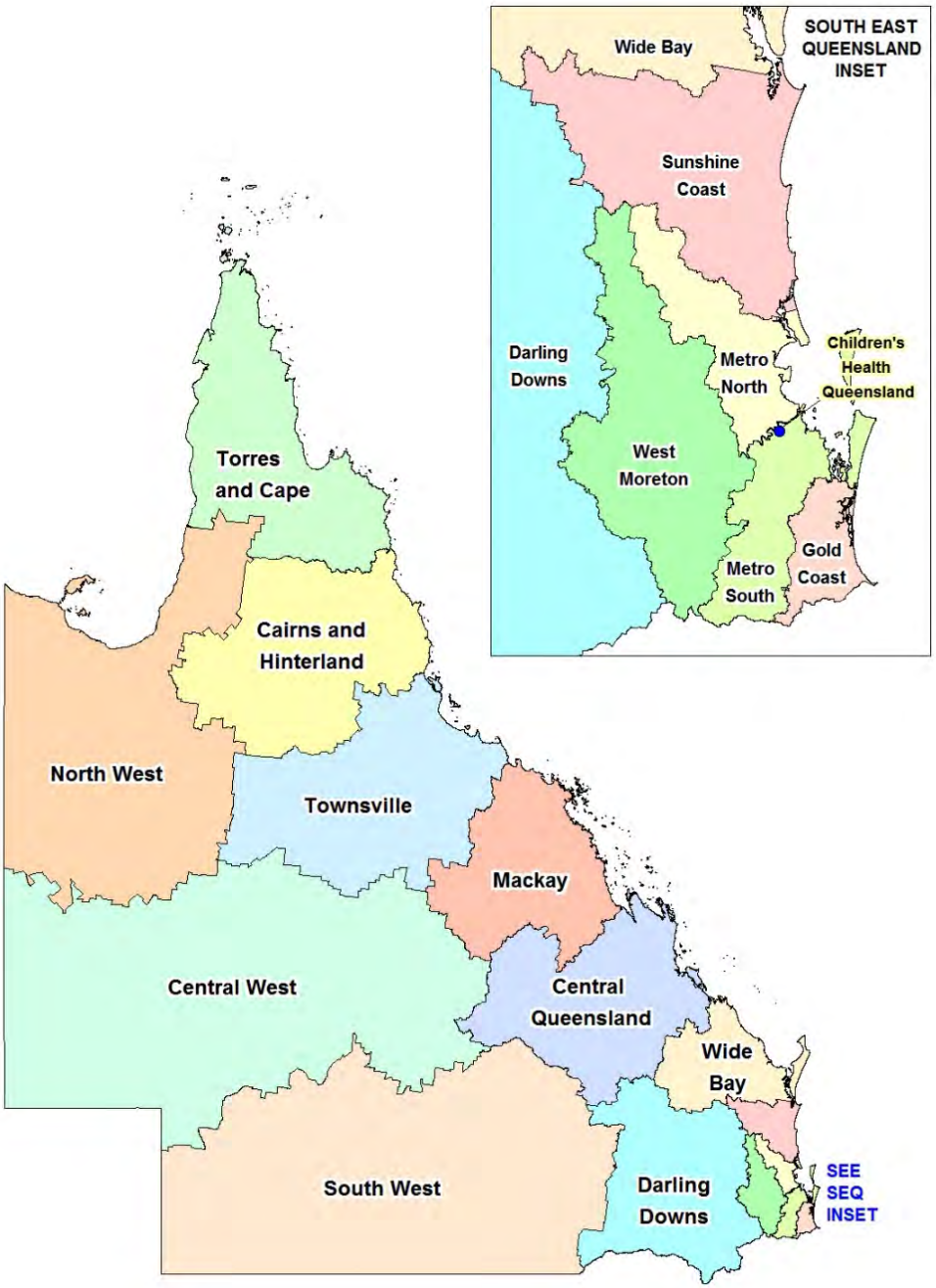
Queensland Health's *Hospital and Health Service strategic plans*

Queensland Health's *Strategic plans*

2.4 Hospital and Health Services

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

HHSs are committed to providing a range of services aimed at achieving good health and wellbeing for all Queenslanders. While there are differences between all HHSs, the types of facilities within each can be broadly grouped into the following categories:



Queensland Hospital and Health Service maps

+ **Large, tertiary referral and teaching hospitals** which provide an extensive range of services and subspecialties, education, research, and support for smaller hospitals.
+ **Other large 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, and aged care and focus on chronic disease maintenance.

For more information, visit the service profiles for each HHS and their facilities, visit *Hospital and Health Service facility profiles*.

2.5 The health professional team

Core to the delivery of quality healthcare is an effective multidisciplinary team. Junior doctors work with their patients and a range of professional clinical staff and support services, including administrative staff and 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.

Each HHSs has a management team to coordinate the hospitals and facilities within the HHS, including the following senior staff:

- **Chief Executive:** chief administrator of services
- **Executive Director of Medical Services:** coordinator of medical staff and services
- **Executive Director of Nursing and Midwifery Services:** coordinator of nursing and midwifery staff and services
- **Executive Director or Director of Corporate Services:** coordinator of 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 they achieve the best possible patient outcomes, and to safeguard high standards of care.

2.6.1 Clinical Services Capability Framework

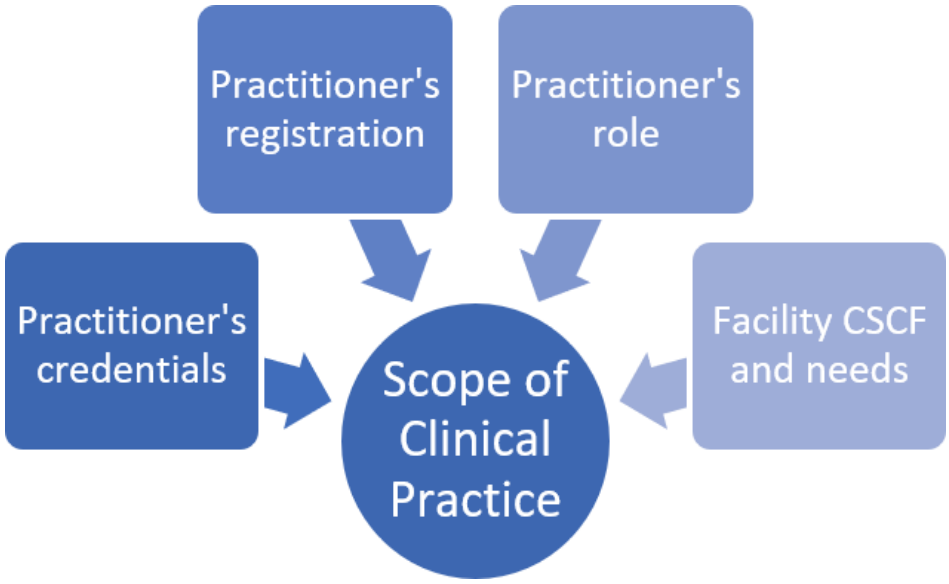
The Clinical Services Capability Framework for Public and Licensed Private Health Facilities outlines the minimum support services, staffing, safety standards and other requirements required in both public and private health facilities to ensure safe and appropriately supported clinical services.

For further information, visit Queensland Health's *Clinical services capability framework*.

2.6.2 Credentialing and scope of practice

Credentialing and scope of clinical practice (SoCP) supports patient safety and clinical governance. It ensures health professionals practise within the bounds of their role/position, education, training, experience, and competence, and within the capacity, capability and available support of the facility or service in which they are practising.

Credentialing is the formal process used to verify and review the qualifications, experience, professional standing, and other relevant professional attributes of practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide a safe, high quality healthcare service within specific environments.



Scope of Clinical Practice

As practitioners move towards independent practice, credentialing and SoCP become an integral part of working within a HHS or the department. It is typically a requirement that all senior medical officers and visiting medical officers, or roles of a similar nature, will be required to have a defined SoCP. This is defined within each HHS's SoCP policy or the department's credentialing and SoCP policy framework.

An application for credentialing and SoCP will require the submission of a suite of documents which as a minimum would include a current curriculum vitae, copies of qualifications (including medical degree and fellowships), and evidence of continuing professional development activities. Each credentialing committee may have other specific requirements, however, having these documents readily available will expedite your application.

Credentialing and SoCP for health professionals in Queensland Health is covered by a Health Service Directive, for further information, visit Queensland Health's *Credentialing and defining the scope of clinical practice*.

Working as a medical practitioner in Queensland

Medi-Nav

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 (HHS), 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 the Queensland Industrial Relations Commission's *Medical Officers (Queensland Health) Award – State 2015*.

A diagram overview of the typical career path for medical practitioners working in Queensland Health is available from Queensland Health's *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 Executives
- Consultants (specialists, visiting medical officers (VMO), senior medical officers (SMO))
- Registrars / principal house officers (PHO)
- Senior and junior house officers (SHO and JHO)
- PGY1 doctors (interns)
- Students in Medicine (SiM)
- Midwives
- Aboriginal Health Workers
- Physician Assistants
- Nurses
- Allied health professionals
- Operational support staff
- Administrative officers
- Clinical pharmacists

3.3 Medical education

HHSs 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 (MBA). These professionals are known as Directors of Clinical Training (DCTs) and Medical Education Officers (MEOs). Medical education staff also play an important role as advocates for junior doctors.

3.4 Role expectations and responsibilities – junior doctors

3.4.1 Expectations of professional practice

As a junior doctor you are expected to:

- play a central role in the day-to-day management of your patients
- perform clinical duties, including inpatient and outpatient services, ensuring high professional standards are maintained
- practice professionally and ethically, in accordance with the expectations of the community, the medical profession and the MBA
- collaborate 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
- be punctual, polite and be responsible for your personal health and safety.

3.4.2 Communication/handover

Communication is essential to working safely and effectively within a multidisciplinary team. When providing handover of any kind, it is important to communicate information effectively to ensure continuity and coordination of care and to minimise the risk of adverse events or outcomes. Your local orientation program will go into detail about any clinical handover requirements specific to each ward area.

3.4.3 Interactions with nursing staff

Your daily work will involve working together with ward and outpatient nursing staff, as well as nurse managers (NMs), nurse practice coordinators (NPCs), and clinical nurse consultants (CNCs). 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 the best possible care. Junior doctors are encouraged to talk to NCNs and NPCs 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 and service delivery. 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
- home care
- transport requirements
- the patient's social situation
- the patient's financial situation
- the patient's access to services
- the patient's home environment and suitability to return home

3.4.5 Communication and discharge summary

The Enterprise Discharge Summary (EDS) is a standardised clinical system used to generate discharge summaries, across Queensland's public hospitals. It improves the way hospitals and health services 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.

For further information about EDS, visit Queensland Health's intranet site *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 about 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

Your responsibilities as a junior doctor will include attending operating theatre sessions 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. Operating theatres also 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 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 you see a patient, you must make a clear and concise entry detailing the presenting problem, history, examination findings and 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 (e.g., 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 patient treatment time.

3.5 Disease and infection prevention

Infection prevention and control programs aim to improve the outcomes for patients and staff by minimising the risk of transmission of infections and the development of antimicrobial resistance. Healthcare associated infections are infections acquired as a direct or indirect result of healthcare and they are the most common complication affecting patients in hospital/

Healthcare associated infections may cause:

- patient harm and suffering and increase the risk of morbidity and mortality
- additional length of hospital stays and increased use of health resources (including procedures and antimicrobial therapy)
- increased demands on the health workforce.

Infection prevention and control is managed locally in each HHS.

3.5.1 Communicable diseases and infection management

The Communicable Diseases Branch (CDB) is responsible for the surveillance, prevention, and control of communicable diseases.

The Communicable Diseases Management Unit (CDMU) sits within the CDB and is responsible for providing state-wide leadership in the surveillance, prevention, and control of communicable diseases in Queensland. This involves overseeing legislation, policy, pandemic planning, and strategic guidelines for the management of communicable diseases. The CDMU leads state-wide responses to communicable disease threats of public health significance, working closely with HHSs and other agencies as required, using a One Health approach.

Further information on the detection, management and reporting of notifiable diseases in Queensland can be obtained from Communicable disease control guidance and enquiries can be directed to Queensland Health's *Communicable Diseases Management Unit*.

The Blood Borne Viruses and Sexually Transmissible Infections (BBVSTI) Unit is responsible for providing strategic direction and evidence-based support for the prevention and management of blood-borne viruses and sexually transmissible infections in Queensland. This involves providing strategic leadership, advice, and direction for the public health response to BBV/STIs and working closely with HHSs, non-government organisations, community-controlled health services and other agencies as required. Further information on the detection, management and reporting of notifiable diseases in Queensland can be obtained from Communicable disease control guidance. Enquiries can be directed to Queensland Health's *Blood Borne Viruses and Sexually Transmissible Infections Unit*.

The Queensland Infection Prevention and Control Unit (QIPCU) is a statewide service to provide support to infection prevention and control programs in Queensland. QIPCU publish numerous resources which can be accessed from Queensland Health's *Infection prevention and control*.

3.5.2 Disease transmission

Transmission of micro-organisms with the potential to cause infection requires the presence of three elements: a host, an agent and an environment facilitating the interaction between host and agent. Standard precautions such as hand hygiene, immunisation, following 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 used for all patient care and are the first line to infection prevention and control in healthcare. Standard precautions prevent or reduce the likelihood of transmission of infectious agents.

They are based on a risk assessment and include:

+ hand hygiene
+ appropriate use of personal protective equipment
+ use and management of sharps, safety engineered devices and medication vials
+ environment controls
+ appropriate reprocessing of reusable equipment and instruments
+ respiratory hygiene and cough etiquette
+ aseptic technique
+ appropriate handling of linen and waste.

3.5.4 Hand hygiene

Effective hand hygiene is the single most important strategy to prevent healthcare associated infections. Hand hygiene includes:

+ applying an alcohol-based handrub to the surface of hands; OR
+ washing hands with the use of water and soap or soap solution.

When performed correctly, hand hygiene results in a reduction of microorganisms on hands.

There are five key moments for hand hygiene that are designed to minimise the risk of transmission of microorganisms between healthcare worker, the patient, and the environment:

- 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 before putting on and after removing gloves.

Resources on the National Hand Hygiene Initiative are available from the Australian Commission on Safety and Quality in Health Care's *Hand hygiene and infection prevention and control eLearning modules*.

3.5.5 Sharps management

Healthcare workers are at risk of occupational exposure to blood borne viruses (BBV) including hepatitis B virus, hepatitis C virus and human immunodeficiency virus (HIV). Injuries from used needles and other used sharp devices carry the greatest risk of occupational BBV transmission. Most sharps injuries at work can be prevented with a sharps safety program and careful handling.

For information about sharps handling and disposal, refer to Queensland Health's *Sharps safety in health and care settings*.

3.5.6 Aseptic technique

The aim of aseptic technique is to protects patients from the introduction of pathogens during clinical procedures. Consistent, well-performed aseptic technique helps prevent and control healthcare-associated infections.

The Australian Guidelines for the Prevention and Control of Infection in Healthcare highlight five key principles for aseptic technique:

1. **Sequencing:**
   Follow these steps:
   + Assess the risks before starting.
   + Prepare the environment and tools.
   + Perform the procedure.
   + Document the process and ensure handover after.
2. **Environmental Control:** Make sure the area is clean and free from unnecessary risks (e.g., no nearby bed-making or commode use).
3. **Hand Hygiene:** Wash or sanitise hands before starting the procedure and after any contact with body fluids.
4. **Aseptic Field Maintenance:**
   + Clean and disinfect equipment and the patient.
   + Create and maintain a sterile area.
   + Use sterile tools and avoid touching key parts.
5. **Personal Protective Equipment (PPE):** Use appropriate sterile or non-sterile gloves, masks, or gowns for the procedure.

Detailed guidance for healthcare workers on aseptic technique for can be found in the guide from the Australian Commission on Safety and Quality in Healthcare's *Principles of aseptic technique: Information for healthcare workers*.

3.5.7 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 involve continued use of standard precautions and may involve some or all the following: use of appropriate personal protective equipment, single rooms or grouping of patients, restricted transfer of patients, and environmental controls such as enhanced cleaning and sanitisation and air handling requirements.

Further information can be found at the Australian Commission on Safety and Quality in Health Care's *Australian Guidelines for the Prevention and Control of Infection in Healthcare* and the National Health and Medical Research Council's *Preventing Infection*.

3.5.8 Acute respiratory infections

Acute respiratory illnesses (ARIs) are mainly spread between people when an infected person is in close contact with another person via droplets, aerosols, or indirect contact. Implementing standard and transmission-based precautions is essential in preventing the transmission of ARIs in healthcare settings.

The latest information about COVID-19 and other acute respiratory infections, including clinical guidelines, and infection control guidance is available to Queensland clinicians via:

- Queensland Health's *Acute Respiratory Infection – Infection Prevention and Control guidelines*
- Queensland Health's *Acute respiratory infection surveillance reporting*
- Queensland's Health *Communicable disease control guidance*

3.5.9 Invasive medical devices

Invasive medical devices are a common source of healthcare associated infections and provide a route for infectious agents to enter the body.

It is critical that the local facility policies, processes and procedures for the insertion, use, management, and removal of invasive medical devices are followed. Aseptic insertion and careful maintenance of devices is also important to reduce infection risk.

The following are key elements in minimising the risk of infections related to the use of invasive devices:

- Ensure invasive device use is clinically indicated and consider the infection risk during decision-making
- Staff must be adequately trained in the safe insertion, maintenance and removal of a device
- Choose the most appropriate device for the patient
- Review need for the device daily and remove as soon as no longer necessary
- Regularly monitor patients, the insertion site and the device for any signs or symptoms of infection
- Minimise the period of time a device remains in situ
- Provide patient education on the infection risk associated with the insertion of any devices and the importance of proper maintenance
- Document clearly – insertion, maintenance, daily review and removal
- Implement appropriate surveillance systems to monitor infection rates.

3.6 Systems and standards

Queensland public hospitals utilise a broad range of information technology (IT) systems. 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 resource.

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

Improving healthcare outcomes for all Queenslanders through digital innovation is an ongoing priority for Queensland Health.

The Digital Health 2031 strategy defines the future of digitally enabled healthcare in Queensland over the next 10 years and provides direction to guide Queensland's journey to be a world-class provider of safe, quality, and sustainable healthcare.

For more information about the strategy and other digital health plans and strategies visit Queensland Health's *Digital Health 2031 strategy*.

3.6.2 Queensland Health IT systems

Many IT programs are consistently used across Queensland Health. It is likely that you will come across many of the following IT programs at some point throughout your career within Queensland's HHSs.

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.*

Integrated electronic Medical Record (ieMR)

The integrated electronic Medical Record (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. The ieMR solution is being rolled out in a phased approach to enable each site to best absorb the change and minimise risk. If you are employed at a digital hospital, you will receive instructions for the use of the digital system and devices.

To find out more about the ieMR solution, visit Queensland Health's *Integrated electronic medical record (ieMR)*.

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

An integrated laboratory information system in pathology, clinical measurements, forensics, and public health laboratories. It provides real-time results which are uploaded by the pathology labs. Queensland Health will soon transition to AUSLAB Evolution, an upgraded, more contemporary, and user-friendly version of the AUSLAB solution.

Consumer Integrated Mental Health Application (CIMHA)

A patient-centred clinical information system designed to improve access to collaborative, holistic care, and support clinicians in the supply of safer quality mental health and alcohol and other drug services across Queensland. HHSs are responsible for managing requests for direct access to CIMHA. If you are non-mental health Queensland Health staff member 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 patient-centred clinical information system designed to improve access to collaborative, holistic care, and support clinicians in the supply of safer quality mental health and alcohol and other drug services across Queensland. HHSs are responsible for managing requests for direct access to CIMHA. If you are non-mental health Queensland Health staff member 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).

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)

An enterprise clinical information system which assists Queensland Health emergency department clinicians to triage and document the treatment and all emergency attendances.

Enterprise Scheduling Management (ESM)

The system used to schedule, manage, and report outpatient activity. It sits alongside other Cerner modules including FirstNet, SurgiNet and RadNet and is an extension of the integrated electronic medical record (ieMR).

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.

Enterprise Picture Archiving and Communication System (PACS)

The online central database for all medical imaging studies and radiology reports. The system enables staff to request the transfer of a patient's medical imaging results from another hospital or facility 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 the Queensland Health network.

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.

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 within 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 against the law under the following grounds:

- Sex
- Parental status
- Pregnancy
- Breastfeeding
- Age
- Relationship status
- Religious belief or religious activity
- Gender or gender identity
- Family responsibilities
- Trade union activity
- Race
- Disability
- Sexuality

Vilification means that a person must not encourage hatred toward, or serious disrespect for, or mock 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 unwanted act of physical contact or makes an unwanted demand or request for sexual behaviours. This also includes remarks or sexual connotations and engagement of any other unwelcome conduct of a sexual nature.

Penalties, up to and including termination of employment 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:

- hurtful, insulting, threatening, offensive language or comments
- unjustified criticism, bullying, complaints or spreading rumours
- deliberately excluding someone from workplace activities
- changing work arrangements to deliberately inconvenience an employee.

Employee complaints

Employees can lodge a complaint both informally and formally. All complaints 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 Queensland Health's *Employee complaints*.

Employee opinion survey

The Working for Queensland survey is conducted annually across Queensland public sector employees to gather feedback on experiences in the workplace to drive organisational improvements.

For further information, refer to Queensland Health's *Working for Queensland* *(accessible on Queensland Health computers only).*

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.

For further information on domestic and family violence, including support resources, visit Queensland Health's *Domestic and family violence (DFV)* *(accessible on Queensland Health computers only).*

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 which can be accessed through iLearn (Queensland Health's E-learning platform for online delivery of mandatory and professional development training for staff). If you are a Queensland Health employee, you can sign in using your Novell details or with your Queensland Health username and password.

For further training resources to support clinicians, visit Queensland Health's *Domestic and Family Violence (DFV) toolkit of resource to support the health workforce*.

Australia's health practitioner regulators have released a joint position statement regarding family violence. This statement emphasises that family violence is unacceptable and outlines the critical role health practitioners play in early detection, support, referral, and treatment of those experiencing family violence. To read the joint position statement by regulators of health practitioners, visit Ahpra's *Joint Position on Family Violence by Regulators of Health Practitioners*.

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, the Australian Health Practitioner Regulation Agency (Ahpra) has 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 MBA's *Social media: How to meet your obligations under the National Law*.

3.7 Wellbeing 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.

Promoting the wellbeing 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 it 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 it is not unusual for medical practitioners to seek support at some stage of their career and there are many avenues through which to do so.

3.7.1 Wellbeing education and training

An online wellbeing program for junior doctors (PGY1-5) was released at the beginning of the 2023 clinical year and new modules made available in 2024. *Mind(re)set* is an online wellbeing education and training program for junior doctors accessible anytime. The modules were developed in consultation with junior doctors.

*Mind(re)*set is not part of Queensland Health's mandatory training; modules are self-paced and accessible any time. In addition to the *Mind(re)*set modules, statewide facilitator education packages are being developed to enable Medical Education Units to deliver wellbeing training locally. These packages will also be available in the first half of 2025 and offer evidence-based, practical wellbeing education across a range of topics relevant to prevocational doctors.

The online wellbeing modules for junior doctors can be accessed through Queensland Health's E-learning platform for online delivery of mandatory and professional development training for staff visit *Mind(re)set* on iLearn. If you are a Queensland Health employee, you can sign in using your Novell details or with your Queensland Health username and password.

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 centralised resource with information and resources related to the five dimensions of wellbeing; mental, social, financial, physical and workplace. Employee wellbeing is enhanced by a wide approach to wellbeing, centred on sustainable principles and practices.

Queensland Health has a Workplace Mental Health and Wellbeing Framework that covers strategies and objectives targeted at promoting mental health, reducing stigma, prevention through effective work design, and early intervention and treatment or support for workers with mental health conditions. To access the framework, visit Queensland Health's *Workforce Mental Health and Wellbeing framework* *(accessible on Queensland Health computers only).*

The Queensland Health Medical Workforce Wellbeing Reference Group, chaired by the Chief Medical Officer and including representatives across the training continuum, informs organisational solutions to minimise risk, support early support-seeking behaviours, and promote a positive workplace culture that values the health and wellbeing of medical practitioners and medical students. A dedicated wellbeing project aligning with the Reference Group's priorities commenced in the second half of 2024 and is led by the Office of the Chief Medical Officer.

To find out more about wellbeing, visit Queensland Health's *Employee wellbeing* *(accessible on Queensland Health computers only).*

3.7.3 Prioritising wellbeing through legislation

Recognising that the public health workforce operates in challenging and high-pressure settings and reflecting Queensland Health's commitment to the health and wellbeing of its entire workforce, the Queensland Parliament passed amendments to the *Hospital and Health Boards Act 2011* to introduce a positive responsibility within legislation for HHSs to promote a culture and implement measures that support the health, safety, and wellbeing of staff in public health services. This covers both physical, psychological, emotional, and cultural health, safety, and wellbeing.

These obligations will complement and contribute to compliance activities required under existing work health and safety legislation including the new Code of Practice, *Managing the risk of psychological hazards at work* which commenced on 1 April 2023.

3.7.4 Employee assistance services

Queensland Health is committed to protecting and improving the health and wellbeing of all employees, their immediate family and work teams by providing employee assistance.

Employee Assistance Services (also known as Employee Assistance Programs) provide all Queensland Health staff with resources including counselling and coaching, crisis response services and manager assistance. They also assist with immediate strategies and referral to ongoing support pathways for longer term issues.

Employees receive up to six free hours/sessions over a 12-month period.

To find your local employee assistance service provider, based on where you work, visit Queensland Health's *Employee assistance service providers* *(accessible on Queensland Health computers only).*

3.7.5 Your own GP

Doctors often have substantial workloads and may not value their own health and wellbeing. It is important to have your own GP, from whom you can obtain care and medical treatment, including medical prescriptions and referrals.

3.7.6 Peer support programs

Confidential peer-led support networks with trained peer responders are available across several HHSs, providing an avenue for individuals experiencing difficulties to seek out and receive support and cultivate social and wellbeing support systems within the workplace.

In 2021, Children's Health Queensland HHS introduced a Doctors-in-Training Peer Support Program tailored to PGY1 doctors, residents, principal house officers, registrars and fellows. For further information about the Doctors-in-Training Peer Support Program and other wellbeing programs and resources visit Children's Health Queensland's *Doctors-in-Training Peer Support Program* *(accessible on Queensland Health computers only).*

Hand-n-Hand Peer Support is an organisation founded in Far North Queensland providing free, confidential peer support for health professionals in Australia and New Zealand. It began in response to the COVID-19 pandemic but in realising the value and need for peer support beyond the pandemic,

the organisation is working towards providing a sustainable solution to enable the ongoing availability of this resource for healthcare workers into the future. For information on how to access or provide support, including details of Hand-n-Hand Peer Support, please visit Hand-n-Hand Peer Support.

3.7.7 Organisations that provide support

Doctors' Health in Queensland

Doctors' Health in Queensland (DHQ) is a confidential, independent not-for-profit organisation developed for doctors, by doctors.

DHQ is dedicated to improving the health and wellbeing of doctors and medical students in Queensland, understanding that a healthy medical workforce benefits the whole community. DHQ operates a 24/7 helpline to provide advice and support to medical practitioners and students facing difficulties, plus education, advocacy, awareness, and research to improve understanding of doctors' health and how to care for doctors as patients.

Contact Doctors' Health in Queensland:

- Ph: (07) 3833 4352 – confidential 24-hour helpline
- DHQ website

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 or others. If you or someone you know is thinking about suicide, get help immediately. You are not alone.

Contact Lifeline:

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

Suicide Call Back Service

The Suicide Call Back Service is a nationwide service providing 24/7 telephone and online counselling to people affected by suicide.

Contact the Suicide Call Back Service:

- Ph. 1300 659 467
- Suicide Call Back Service's website

Alcohol and Drug Information Service

The Alcohol and Drug Information Service (adis) offers a 24/7 confidential support service for people in Queensland with alcohol and other drug concerns, their loved ones and health professionals. 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.

Contact adis:

- 1800 177 833 (free call)
- adis webite

Bush Support Services

CRANAplus, the peak professional body for remote health, offers rural and remote health professionals and their families access to 24/7, confidential telephone support and follow-up services. The helpline is staffed by qualified psychologists with rural and remote cross-cultural experience.

Contact CRANAplus:

- Ph: 1800 805 391 (free call) (mobile phones can request a call-back service)
- CRANAplus website

Emergency contact numbers

- Dial Triple Zero (000) for Police, Fire and Ambulance in an emergency
- Dial 13 HEALTH (Ph. 13 43 25 84) or *13HEALTH* 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 or access Queensland Health's *Queensland Poisons Information Centre*

3.8 Recruitment and employment

3.8.1 Overview

The bulk of the recruitment of junior doctors (PGY1, 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 Queensland Health's *Wages rates –Medical stream*.

Salary packaging (or salary sacrificing) is an option available to increase your take-home pay. 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. You tax is then calculated on your reduced 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 Queensland Health Career's *Salary packaging*.

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 Queensland Health's *Calendars* *(only accessible on Queensland Health network).*

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 Human Resources (HR) forms can be accessed via QHEPS.

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

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

To access the MyHR launch pad, visit Queensland Health's *myHR* *(accessible on Queensland Health computers only).*

3.8.4 Employment conditions

Medical practitioners employed by Queensland HHSs or the department are subject to the terms and conditions of the Medical Officers' (Queensland Health) Award – State 2015 and Medical Officers' (Queensland Health) Certified Agreement (No.6) (MOCA6). For a summary of entitlements for both resident medical officers (RMOs)s and senior medical officers (SMOs), see Appendix 10 and 11.

The employment of visiting medical officers in Queensland Health is guided by a Health Employment Directive (Visiting Medical Officers – Employment Framework). The new Visiting Medical Officer Employees' (Queensland Health) Certified Agreement (VMO1) 2023 was finalised in March 2024 and will be operative until 30 June 2026. The VMO1 will be renegotiated every three years.

All non-executive health service employees in HHSs are employed by the Director-General as system manager of Queensland Health. Senior Health Service employees (including senior medical officers and visiting medical officers) are employed by the HHS in which they work.

Medical practitioners (other than senior and visiting medical officers) working in a HHS work under the same terms and conditions of employment and their HHS are responsible for the day-to-day management of all employees working within it, including the provision of human resource and payroll advice from local teams.

Further information about Queensland Health employer arrangements is available at Queensland Health's *Employer Arrangements* *(accessible on Queensland Health computers only).*

To access awards and agreements for medical practitioners in Queensland Health, visit Queensland Health Careers *Awards, agreements and orders*.

To access Health employment directives, visit Queensland Health's *Health employment directives*.

3.8.5 Superannuation

Under Australian law, all employers must pay superannuation to employees who earn above 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

The Australian Medical Council's (AMC) *National Framework for Prevocational (PGY1 and PGY2) Medical Training* emphasises achieving broad and significant capabilities outcomes outlined in the Prevocational Outcome Statements. Supervisors evaluate performance using the Prevocational Training Term Assessment Form and provide supportive and constructive feedback. Prevocational doctors are also required to perform specific tasks known as Entrustable Professional Activities (EPAs). PGY1 doctors must meet the MBA's registration standard. Together, these form the basis on which a panel of at least three members make a global judgement on each prevocational doctor's eligibility to progress to the next stage of training.

Processes are in place to support doctors' progress and performance, including early identification and support for those experiencing difficulties. An Improving Performance Action Plan (IPAP) may be used to formalise strategies for improvement.

For more details about the improving performance process, refer to AMC's *National Framework for Prevocational (PGY1 and PGY2) Medical Training*.

3.8.7 Term dates for PGY1 doctors and RMOs

Each year, Queensland Health facilitates two coordinated recruitment campaigns – one for PGY1 doctors (interns) and the other for resident medical officers (RMOs) (PGY2+) and registrars to fill positions in hospitals and HHSs across the state for the subsequent clinical year.

Positions recruited via the RMO and Registrar campaign included accredited and non-accredited registrar and PHO positions, along with 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 beginning of the clinical year and opening of the RMO and Registrar recruitment campaign, PGY1 doctors 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, visit Queensland Health Career's *Resident Medical Officer (RMO) and Registrar campaign*.

For PGY1 doctors, 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. PGY1 doctors must complete a minimum of four 10-week terms across the clinical patient care categories outlined in the AMC's National Framework.

The allocation of clinical rotations and recreation leave is coordinated by individual facilities utilising term dates.

To ensure patient safety, Queensland Health implements phased starts for RMOs – PHOs and registrars will commence two weeks after PGY1 doctors, JHOs and SHOs.

Current term dates can be found at Queensland Health Career's *Medical internships*.

3.8.8 Information for PGY1 doctors

Medical Registration

As an Australian medical graduate, you receive provisional registration from the MBA and must then successfully complete a year of work-based generalist training in an accredited PGY1 (intern) program before receiving general registration from the Board.

The MBA has approved the standards and requirements relating to PGY1 training within the revised *National Framework for Prevocational (PGY1 & PGY2) Medical Training* (the framework). The revised standards and requirements for PGY1 were implemented in 2024, and with PGY2 components to be implemented from 2025. The framework supports these two prevocational training years because the first two years are crucial to your development as a competent and compassionate medical practitioner.

As a provisionally registered medical practitioner during your PGY1 training year, your responsibilities are defined by the relevant MBA registration standard. During your PGY1 year, you can only practice in an accredited PGY1 rotation. Under the revised framework, to become eligible for general registration, PGY1 doctors must complete 47 weeks of supervised practice with the following conditions:

- a minimum of 4 terms of at least 10 weeks,
- with a maximum of 25% in any one subspecialty, and
- a maximum of 50% in any one specialty (including its subspecialties),
- embedded in clinical teams for at least 50% of the year,
- a maximum of 20% of the year in service terms (relief or nights),
- have exposure to the four clinical experiences across the year:
    - A) patients presenting with undifferentiated illness
    - B) patients with chronic illness

    - C) patients with acute and critical illness
    - D) peri-procedural patient care.
- be assessed against the prevocational outcome statements.
- For example, PGY1 doctors may not work for more than 50% of the year in surgical terms or paediatric terms. Some health services offer the option of part-time work, and in these cases PGY1 must be completed within three years of commencement.

Apply for your initial Medicare provider number and your prescriber number

Medical interns are required to obtain a prescriber number which will enable prescriptions under the Pharmaceutical Benefits Scheme (PBS) and can do so from Day 1 of employment provided the prescriber number has been issued.

In order to issue a prescriber number, under the current Services Australia process, interns must first obtain a Medicare provider number using the hospital location details where they will be employed for their internship. Interns will, in practice, be operating under their employing hospital's provider number rather than their individual provider number.

Ahpra will advise Services Australia when you receive provisional registration with the MBA. If eligible, Services Australia will send you an email notification (via your Ahpra registered email address) inviting you to apply for a provider number using Digital Provider Number Registration through the Health Professional Online Services (HPOS).

To use HPOS, you will need to get an individual Provider Digital Access (PRODA) account which verifies your identity online and allows you to securely access online government services such as HPOS. You can get a PRODA account any time.

Once you have provisional registration, you'll then be able to link your PRODA account to HPOS and use the Digital Provider Number Registration process. When you first access HPOS you will be asked if you would like to receive email notifications for HPOS messages (this is highly recommended).

When completing your medical provider number application, you will need the following information:

- Details of the location where you will be providing health services
- Your employer's details including ABN
- If you are a permanent or temporary Australian resident; or recently arrived in Australia, your visa details and supporting documentation.

Once your application is approved, your Medicare provider number and prescriber number will be issued to you through HPOS message. Ensure you inform your medical administration and pharmacy departments at the hospital you will be working at.

For further information about PRODA, visit Services Australia's *PRODA (Provider Digital Access)*.

For further information about provider and prescriber numbers visit Services Australia's *Provider and prescriber numbers*.

3.8.9 Information for PGY2 doctors

Implementation of the revised *National Framework for Prevocational (PGY1 & PGY2) Medical Training* (the framework) has resulted in the expansion of accredited and structured training into the PGY2 training year. This means that all PGY2 doctors who wish to complete accredited training and receive a certificate of completion upon meeting requirements need to be employed and train in an accredited training program.

Similar to the PGY1 year, the framework defines requirements by which PGY2 doctors can become eligible for a certificate of completion:

- a minimum of 47 weeks of supervised clinical practice,
- a minimum of three terms of at least 10 weeks,
- with a maximum of 25% in any one subspecialty,
- embedded in clinical teams for at least 50% of the year,
- a maximum of 25% of the year spent in service terms,
- exposure to clinical experiences A, B and C, and no more than one term in a non-direct clinical care experience.

3.8.10 Information for international medical graduates

Application for registration and pathways to registration

To work as a doctor in Queensland Health, you must hold and maintain registration with the MBA. International Medical Graduates (IMGs) have different registration pathways based on their qualifications, and all registration applications are assessed against the MBA's registration standards.

To ensure your application is assessed efficiently by Ahpra and MBA, please follow these steps, and **ensure all documentation is complete to avoid delaying a registration decision** (e.g. proof of identity, qualifications, translations, international criminal history check). Timeframes for registration decisions, may vary but will generally be approximately four to six weeks for IMGs. You should expect to be contacted within fourteen days if further information is required to be able to assess your registration application.

IMGs in Australia follow a registration pathway that aligns with their qualifications and experience. Each pathway has specific requirements, and IMGs must fulfill these to progress toward full registration. During this process, IMGs typically hold limited or provisional registration to allow for supervised practice and assessment of their competence. There are four pathways available:

- Standard pathway
- Competent Authority pathway
- Specialist pathway

For more details about registration and pathways to practice in Australia, visit Ahpra's Information for international practitioners.

To access to the self-assessment tool for international medical graduate pathways, specific forms and further information about each of the pathways for IMGs, visit MBA's *Pathways to registration for international medical graduates*.

English language skills registration standard

The MBA requires all applicants for initial registration to demonstrate proficiency in English. This can be done by completing education in English in recognised countries, achieving required scores in approved English language tests (IELTS, OET, PTE Academic, TOEFL iBT), or through other specified means. The standard ensures that medical practitioners have the necessary English skills to practice safely and effectively.

For further information, refer to MBA's *Registration standard: English language skills*.

Workplace based assessments (WBA)

The Standard Pathway Workplace Based Assessment (WBA) is an authentic evaluation method used to assess the performance of IMGs in real clinical environments. It allows IMGs to demonstrate clinical knowledge and skills, making effective clinical judgments and decisions. The WBA focuses on various aspects of clinical practice, including communication, teamwork, and patient safety, ensuring that IMGs are progressing towards becoming independent practitioners in the Australian healthcare settings.

There are currently seven HHSs within Queensland Health that facilitate accredited WBAs. These providers are accredited by the AMC to ensure that IMGs are well-prepared to practice safely in Australia. For further, site-specific details please visit the following links or contact the site's WBA coordinator:

Queensland Health Site	**WBA Coordinator contact details**
Central Queensland *(accessible on Queensland Health computers only)*	CQHHS_WBA@health.qld.gov.au
Darling Downs *(accessible on Queensland Health computers only)*	DDHHS-WBA@health.qld.gov.au
Gold Coast	GCHWBA@health.qld.gov.au
Mackay	MHHS_WBA@health.qld.gov.au
Metro North	WBA-CKW@health.qld.gov.au
Sunshine Coast	SC-WBA@health.qld.gov.au
Wide Bay	WBHHS-WBA@health.qld.gov.au

Career progression

Starting a medical career in Australia involves several stages. Each stage helps build the skills and experience needed to practice independently. Here's a brief overview:

Resident Medical Officers (RMO)

- **Postgraduate Year 1 (PGY1) doctors (intern):** A medical graduate with a practicing certificate from Ahpra, working under supervision in their first year post-medical degree. They must complete various clinical rotations. Queensland Health is currently the sole provider of PGY1 training in Queensland.
- **Junior House Officer (JHO):** A medical practitioner in their first year of service after eligibility for full registration as a medical practitioner.
- **Senior House Officer (SHO):** A medical practitioner in the second or subsequent years of practical experience after eligibility for full registration as a medical practitioner. SHOs have not yet been appointed as registrars or principal house officers.

These RMOs work in teams led by senior medical staff and may be supported by registrars in specific specialties.

- **Principal House Officer (PHO):** A PHO is a medical practitioner who is not undertaking an accredited course of study leading to a higher medical qualification and are at an equivalent level to registrars.
- **Registrar:** Medical practitioners undertaking an accredited course leading to a higher medical qualification.

- **Senior Registrar:** Medical practitioners with specialist registration with the MBA, also pursuing an accredited higher medical qualification.
- **Provisional Fellowship Year (PFY):** Registrars who have completed training and are required to do a Fellowship Year for their specialist registration or choose to do so voluntarily.

All these medical staff are on 12-month temporary contracts and must reapply annually through the RMO Campaign.

Please note, certain specialist training programs require doctors to have permanent residency or citizenship to progress in their training.

For more details on career structure, positions, visit Queensland Health Career's *Medical career structure*.

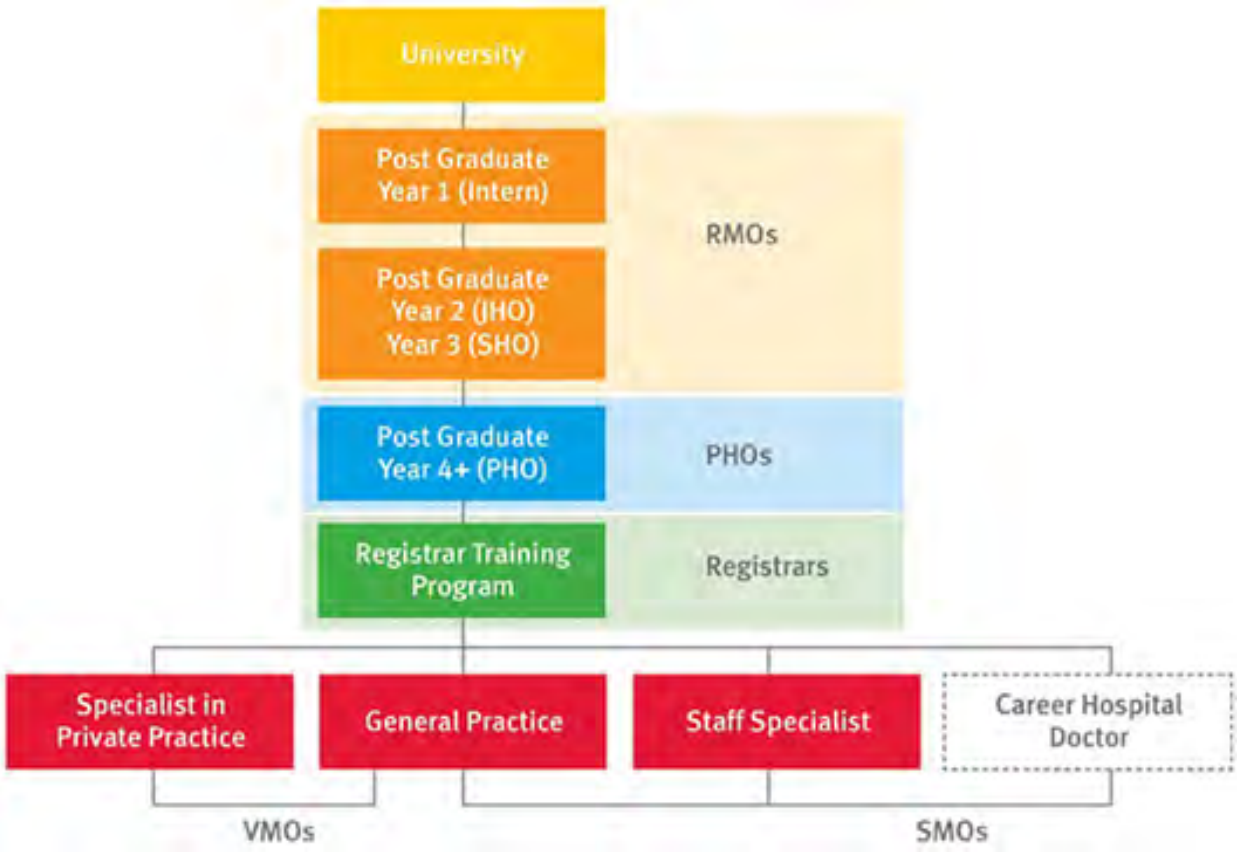


Diagram of typical career pathways for medical officers working in Queensland Health

Please note: the diagram above is reflective of the practical structure you work in; this does not reflect the Queensland Health industrial relations awards structure.

Visa types and requirements for employment

There are various visa options that allow international candidates to live and work in Australia. These visas are processed and managed by the Australian Government's Department of Home Affairs.

If you are an Australian permanent resident or a New Zealand citizen, you already have work rights in Australia and do not need to apply for a visa.

For further details about visa types and requirements, visit the Australian Government's *Department of Home Affairs*.

Employer sponsored visas

There are a number of visa classes that you may apply for as an international medical graduate. The visa classes that the department frequently sponsors includes:

- Skills in Demand (SID) (subclass 482)
- Employer Nomination Scheme (ENS) (subclass 186) - permanent residence visa
- Skilled Employer Regional (provisional) Visa (subclass 494)

As a healthcare worker, you may qualify for multiple visa categories, including both permanent and temporary visa options. The visa finder on the Department of Home Affairs will show you which visas you might be able to apply for, visit the Department of Home Affairs' *Explore visa options*.

Support services for visa applications

It is important to ensure accuracy when applying for a visa due to:

- The complicated nature of visa options, procedures, and eligibility criteria.
- The lengthy processing times for some visas and the operational disruptions caused by unnecessary delays.
- The high costs that may be lost if a nomination or visa application is denied.
- The potential consequence for an employee losing their eligibility for permanent residency.
- The risk to Queensland Health of violating employer or sponsor obligations under the *Migration Act 1958*.

There are rules around who can provide migration assistance. A registered migration agent, legal practitioner, or exempt person can provide detailed advice and support with your visa applications. Each agent has different skills, so take the time to find one who best fits your needs. You can use the register to find the right registered migration agent for you through the Office of the Migration Agents Registration Authority's *Search for registered migration agents.*

Or to find out more about getting help from someone who is not a registered migration agent, visit the Office of the Migration Agents Registration Authority's *Getting help from someone who is not a registered migration agent*.

Pathways to permanent residency

For immigration purposes, doctors applying for permanent residency in Australia must hold full medical registration. The Department of Home Affairs accepts the following certificates issued by the MBA as proof of full registration:

- Full/unconditional/general medical registration
- Conditional specialist registration, which allows you to practice solely within your specific specialty, with no further training or supervision required.

10-year moratorium and scaling

A moratorium is a temporary restriction that requires international medical graduates to work in designated priority areas for a specified period before they can access full Medicare benefits. This policy aims to address doctor shortages in underserved regions. The 10-year moratorium under Section 19AB of the *Health Insurance Act 1973* requires overseas-trained doctors and foreign graduates

of accredited medical schools to work in designated priority areas for ten years to access Medicare benefits.

The moratorium period can be reduced through scaling, which grants credits for working in more remote locations, potentially shortening the required service time. Eligibility for scaling includes working in eligible areas, meeting a monthly billing threshold, and claiming Medicare Benefits Schedule items. The moratorium ends after ten years for permanent residents or citizens but continues for temporary residents.

However, if working in a salaried position that does not attract Medicare benefits, these restrictions generally do not apply. Doctors in such positions do no need to meet the same requirements for Medicare provider numbers or vocational recognition that are necessary for billing Medicare.

For further information about the moratorium and scaling eligibility visit the Department of Health and Aged Care's *10-year moratorium and scaling*.

3.9 Professional associations

3.9.1 Australian Medical Association Queensland

The Australian Medical Association 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, perseverance, tips on how to handle ward call and prescribing as well as many other key topics to help prospective interns.

For information about AMAQ visit, AMA Queensland's *Home page*.

For further information for interns, visit AMA Queensland's *Medical student*.

3.9.2 Junior Medical Officer Forum

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.

Contact the JMOFQ directly at JMOForum@health.qld.gov.au

Legislation and professional practice

Queensland Government

4.1 Relevant legislation

The legislation and regulations listed below are relevant to medical practitioners employed by Queensland Health.

- *Child Protection Act 1999 (Qld)*
- *Coroners Act 2003 (Qld)*
- *Health Ombudsman Act 2013 (Qld)*
- *Hospital and Health Boards Act 2011 (Qld)*
- *Health Practitioner Regulation National Law Act 2009 (Qld)*
- *Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021 (Qld)*
- *Medicines and Poisons (Medicines) Regulation 2021 (Qld)*
- *Information Privacy Act 2009 (Qld)*
- *Mental Health Act 2016 (Qld)*
- *Powers of Attorney Act 1998 (Qld)*
- *Public Health Act 2005 (Qld)*
- *Public Interest Disclosure Act 2013 (Cth)*
- *Voluntary Assisted Dying Act 2021 (Qld)*
- *Right to Information Act 2009 (Qld)*
- *Human Rights Act 2019 (Qld)*

This list is not exhaustive and other legislation associated with health care services is available from Queensland Health's *Legislation and bills*.

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 that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The AMC's functions include:

- developing accreditation standards, policies and procedures for medical programs of study
- assessing medical courses and training programs (both medical school courses and medical specialty training programs) and accredit programs which meet AMC accreditation standards
- assessing the case for the recognition of new medical specialties
- assessing, or overseeing the assessment of, the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners seeking registration in Australia.

For further information refer to the Australian Medical Council.

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

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 are a range of registration categories under which a medical practitioner can practice 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 MBA's *Registration*.

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 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 who review the documentation on behalf of the MBA and support MBA in the development of registration standards, codes and guidelines.

Recognising the challenges posed to the health system and wider community during the COVID pandemic, MBA and Ahpra has at times introduced new policies to increase flexibility within their regulatory approach, while maintaining standards to keep the public safe.

For further information, refer to Ahpra.

4.3 Accreditation

4.3.1 National accreditation

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

The NSQHS has eight standards, focusing on areas that are essential to drive the implementation and use of safety and quality systems:

- **Standard 1** – Clinical Governance
- **Standard 2** – Partnering with Consumers
- **Standard 3** – Preventing and Controlling Infections
- **Standard 4** – Medication Safety
- **Standard 5** – Comprehensive Care

- **Standard 6** – Communicating for Safety
- **Standard 7** – Blood Management
- **Standard 8** – Recognising and Responding to Acute Deterioration

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 learning goals.

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

The Australian Council on Healthcare Standards is an approved accreditation provider to assess health organisations against the NSQHS standards. Information about national accreditation is available at ACHS's *Accreditation and Standards*.

Further information about the NSQHS standards is available at Clinical Excellence Queensland's *Audit tools for National Safety and Quality Health Service Standards*.

4.3.2 Prevocational accreditation

Prevocational Medical Accreditation Queensland (PMAQ), as a unit within the department, administers a system of accreditation that ensures quality education and training for prevocational medical practitioners that enables the provision of safe patient-centred care. PMAQ is accredited by the AMC as the prevocational training accreditation authority for Queensland, delivering the largest medical accreditation service of its kind in the Pacific with 23 prevocational training programs currently accredited throughout Queensland.

What is accreditation of prevocational medical training?

- Quality assurance through a four-year cycle of assessment, observation, and reporting
- Peer review process
- Ensuring governance, purpose, and context of the training experience
- Ensuring wellbeing and safety – of the prevocational doctor and patients

Further information about PMAQ can be found at Queensland Health's *Prevocational Medical Accreditation Queensland*.

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 the Australian Commission on Safety and Quality in Health Care's *Australian Charter of Healthcare Rights*.

4.4.1 Ryan's Rule

Ryan's Rule is a step-by-step process to support patients, families, and carers to initiate an increase of care response while under the care of a HHS acute care facility, including Hospital in the Home patients. 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 intervention process, Ryan's Rule, to reduce the possibility of a similar event occurring.

Ryan's Rule 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 Queensland Government's *Ryan's 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 harmful effect on the child's physical psychological or emotional wellbeing:

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

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

- Whether there are harmful 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 extent of the harmful effects.
- The likelihood that the harmful effects will continue.
- The child's age.

For further information, visit Queensland Legislation's *Child Protection Act 1999*.

For further information about child abuse and neglect, refer to Queensland Health's *Child protection education resources for health workers*.

Child Abuse Prevention Service

- Ph. 1800 177 135 (free call)
- Child Abuse Prevention Service website

Department of Families, Seniors, Disability Services and Child Safety

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

- Ph. 1800 811 810 or 13 QGOV (13 74 68)
- Department of Families, Seniors, Disability and Child Safety website

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)

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 determine 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. 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.

For further information about the coroners their role in Coroners Court, visit Queensland Courts' *Coroners Court*.

Access the *Coroners Act 2003*, detailing the definition of reportable deaths, at Queensland Legislation's *Coroners Act 2003*.

To view Coronial inquest findings, visit Coroners Court of Queensland's *Findings and upcoming inquests*.

Queensland Government's responses to coronial recommendations can be found within annual reports through Department of Justice's *Annual reports*.

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 health service complaints agency and manages complaints or notifications made about a health service provided in Queensland. The OHO 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's website.

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 Quality and Safety Commission 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 the Aged Care Quality and Safety Commission's *What to do if you have a complaint*.

4.6.4 Crime and Corruption Commission

HHSs are a unit of public administration under the *Crime and Corruption Act 2001*.

As a unit of public administration, HHSs are accountable and responsible for the consideration, assessment and reporting of suspected corrupt conduct that arises within the HHS. HHSs are required to report allegations directly to the Crime and Corruption Commission (CCC).

The Health Service Chief Executive is responsible for referring complaints of suspected corrupt conduct to the CCC.

For further information, including a description of corrupt conduct, visit Crime and Corruption Commission's website.

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.

The Australian Health Practitioner Regulation Agency (Ahpra) receives and investigates complaints and concerns about practitioners. In Queensland, all complaints about registered health practitioners or students are made to the Office of the Health Ombudsman

Information about Ahpra notifications can be viewed at Ahpra's *About notifications*.

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 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 Boards Act 2011* (HHB Act).

Patient confidentiality in Queensland's public 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 offence to disclose confidential information about a person unless one of the exceptions in Part 7 of the HHB Act applies. 'Confidential information' is information that could identify someone who has received or is receiving 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, and disposed of.

A breach of the duty of confidentiality in section 142 of the HHB Act or provisions in the IP Act may be dealt with as staff conduct issues 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 Queensland Health's *Privacy and Right to Information Unit* *(accessible only on Queensland Health computers).*

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 recommended 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.

To access a comprehensive suite of consent documents, visit Queensland Health's *Informed Consent*.

For information regarding healthcare decisions and Power of Attorney, refer to the Office of the Public Guardian's website.

For further information, refer to Queensland Health's *Guide to Informed Decision-making in Health Care*.

4.9 Medical indemnity insurance

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 and by HHSs under Human Resources (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.

To access the Queensland Health medical indemnity policy document, visit Queensland Health Career's *Medical indemnity*.

For further information about medical indemnity in Australia, visit Department of Health and Aged Care's *Medical and midwife professional indemnity insurance*.

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 introduced to the policies and procedures for transplantation.

Donation can occur in any hospital with an intensive care unit, but transplantation in Queensland Health can only be performed at the Princess Alexandra Hospital, The Prince Charles Hospital, Queensland Children's Hospital, and from mid-2025, in Townsville University Hospital.

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

Registers and processes for organ donation and transplantation are coordinated by DonateLife.

Further information about donations and DonateLife can be accessed at Organ and Tissue Authority's *DonateLife*.

For further information about DonateLife Queensland, visit Queensland Health's intranet site *DonateLife Queensland (accessible on Queensland Health computers only).*

Visit the Queensland Health Organ and Tissue Donation Service website to learn more about the vital process of organ and tissue donation. This resource provides comprehensive information on how to become a donor, the donation process, and the initiatives and structures of donation in Queensland, visit Queensland Health's *Organ and Tissue Donation for Transplantation* *(accessible on Queensland Health computers only).*

4.11 Voluntary assisted dying

Voluntary assisted dying became available to eligible Queenslanders on 1 January 2023.

Voluntary assisted dying is an additional end-of-life choice that gives eligible people who are suffering and dying the option of asking for medical assistance to end their lives. There are strict suitability criteria for accessing voluntary assisted dying.

The *Voluntary Assisted Dying Act 2021* (the Act) outlines strict suitability criteria for persons accessing voluntary assisted dying. A person must meet all the suitability criteria to access voluntary assisted dying:

- Have an eligible disease, illness or medical condition
- Have decision-making capacity
- Be acting voluntarily and without pressure
- Be at least 18 years of age
- Fulfil residency requirements.

There are three key roles in Queensland's voluntary assisted dying process—coordinating, consulting, and administering practitioners, which are generally referred to as authorised voluntary assisted dying practitioners.

Medical practitioners can apply to participate in Queensland's voluntary assisted dying scheme as coordinating, consulting, and administering practitioners. To be eligible to participate in voluntary assisted dying in Queensland as a coordinating, consulting, or administering practitioner, a medical practitioner must:

- hold specialist registration and have practiced for at least one year as the holder of specialist registration, OR
- hold general registration and have practiced for at least five years as the holder of general registration, OR
- hold specialist registration and have practiced for at least five years as the holder of general registration.

Nurse practitioners and registered nurses can also participate in Queensland's voluntary assisted dying scheme as administering practitioners.

The law respects the rights of healthcare workers to not provide voluntary assisted dying. Medical practitioners, healthcare workers and health services need to be aware of their rights, roles and responsibilities as detailed in the Act.

Medical practitioners can choose not to participate in the voluntary assisted dying process, but all medical practitioners have obligations under the Act. These are:

- Initiating a discussion—providing specific information if the medical practitioner initiates a conversation about voluntary assisted dying with a person.

- Responding to a first request—following a set process when receiving a first request for access to voluntary assisted dying.
- Completing a cause of death certificate—following mandatory steps when completing a cause of death certificate for a person who died by accessing voluntary assisted dying.

Developed in partnership with Queensland University of Technology, education modules for healthcare workers provide an overview of the voluntary assisted dying process, and roles and responsibilities of healthcare workers.

The Queensland Voluntary Assisted Dying Handbook assists healthcare workers, health services and others to understand their roles and responsibilities and supports compliance with the Act.

For further information about voluntary assisted dying in Queensland, please access Queensland Health's *Queensland Voluntary Assisted Dying Handbook*.

To learn the key aspects of voluntary assisted dying in Queensland, visit iLearn's education module *Voluntary assisted dying education module for healthcare workers*. If you are a Queensland Health employee, you can sign in using your Novell details or with your Queensland Health username and password.

For further details about the process, eligibility, and guidelines for voluntary assisted dying in Queensland, visit Queensland Health's *Voluntary assisted dying*.

To find out how to become an authorised voluntary assisted dying practitioner in Queensland, including eligibility and application details, visit Queensland Health's *Becoming an authorised voluntary assisted dying practitioner*.

To access essential information and guidelines for healthcare workers regarding voluntary assisted dying in Queensland, visit Queensland Health's *Information for medical practitioners and healthcare workers*.

4.12 Right to information

The *Right to Information Act 2009* (RTI Act) gives the public a right of access to information held by government. The *Information Privacy Act 2009* (IP Act) is designed to work in parallel with the RTI Act and provides individuals the right 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 assigned decision-makers in place to manage applications.

To view the RTI Act, visit Queensland Legislation's *Right to Information 2009*.

4.13 Whistleblowers and public interest disclosures

All employees, supervisors and managers need to be aware that they are responsible for reporting official inappropriate conduct and other matters affecting the public interest.

The act of reporting inappropriate conduct may amount to a Public Interest Disclosure (PID).

Whistleblowing and PID are covered by the *Public Interest Disclosure Act 2010*.

For further information, refer to Queensland Health Career's *Public interest disclosure*.

Rural and remote health services in Queensland

People living in rural and remote areas of Australia face significant health challenges compared to those in metropolitan areas. They tend to have shorter lives, higher levels of illness, disease, and injury, and poorer access to health services. These differences are influenced by various factors, including lifestyle differences, limited education and employment opportunities, and geographic isolation.

Despite these challenges, rural Australian communities often have strong community solidarity, with higher rates of volunteer work and a greater sense of safety within their communities. However, the health inequalities in these areas are worsened by difficulties in accessing healthcare and healthcare professionals, social factors like income and education, higher rates of risky behaviors such as smoking and alcohol use, and increased occupational and physical risks associated with farming, mining, and transport-related accidents.

For further information, reports and statistics on rural and remote health in Australia, visit the Australian Institute of Health and Welfare's *Rural and remote Australians*.

5.1 Rural and remote health in Queensland

All Queenslanders deserve fair and equal access to healthcare, no matter where they live. Queensland Health has a number of measures in place to support and give a voice to staff and patients living in rural and remote communities.

The Office of Rural and Remote Health (ORRH) provides a strong voice in the development of statewide policy, strategy and planning, and to foster strong and more reliable healthcare in Queensland's rural and remote communities. With its main office established in Townsville, the ORRH also has staff in Brisbane, Cairns, and Cunnamulla. ORRH provides a centralised and coordinated hub to respond to system-wide healthcare challenges with the Strategy and Governance Unit, as well as providing practical support to smaller health services and rural and remote facilities through the Clinical Support Unit. ORRH projects are guided by the Rural and Remote Health and Wellbeing Strategy 2022-2027.

Additionally, the Queensland Rural and Remote Clinical Network, one of several statewide clinical networks, provides clinical leadership, expertise, and advice to Queensland Health with the aim of improving health outcomes and providing a better consumer experience for rural Queenslanders. Network members collaborate across Queensland to develop and implement evidence-based practice in a coordinated way to achieve high-quality healthcare.

Further information on the ORRH, including current projects and available resources, can be found at Queensland Health's *Office of Rural and Remote Health* *(accessible on Queensland Health computers only).*

For further information on the Queensland Rural and Remote Clinical Network, visit Clinical Excellence Queensland's *Rural and Remote*.

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 vital services to the hospital as well as private general practice services in rural and

remote towns across the state. Private practice arrangements for MSPP / MOPP are negotiated and agreed in writing at the local HHS level.

The terms and conditions of employment are available through Queensland Health Career's *Medical Officers (Queensland Health) Certified Agreement (No. 6) 2022*.

The Health Service Directive for private practice activities is available through Queensland Health's *Private practice in the Queensland public sector*.

The accompanying framework is available through Department of Health's *Private practice in the Queensland public health sector framework*.

5.2.2 Rural Generalists

A rural generalist is a rural medical practitioner who provides:

- hospital and community-based primary medical practice
- hospital-based secondary medical practice including emergency and inpatient care
- advanced specialised skills in at least one discipline: emergency medicine, Indigenous health, internal medicine, mental health, paediatrics, obstetrics, surgery, or anaesthetics
- hospital and community-based public health practice.

The Queensland Rural Generalist Pathway (QRGP), hosted by the Darling Downs HHS, 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 Queensland Health Career's *Queensland Rural Generalist Pathway*.

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 multi-disciplinary specialty input in many rural and regional facilities. For further information about VMOs in Queensland Health, visit Queensland Health Career's *Visiting Medical Officers*.

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 encourage medical practitioners to practice in regional and remote communities and, train existing rural generalists.

For further information about salary and benefits available to medical professionals working in rural and remote areas, visit Queensland Health Career's *Medical salaries*.

To learn about the support available for rural GPs through the Rural Procedural Grants Program, which helps cover the cost of professional development in procedural and emergency medicine, visit RACGP's *Rural Procedural Grants Program*.

To explore resources and support for rural specialists, including training opportunities and professional development, visit the Support for Rural Specialists in Australia's website.

For further information about the Rural and Remote Medicare Benefits Scheme and its policies, visit Queensland Health's *Rural and Remote Medicare Benefits Scheme (RRMBS)*.

Living in Queensland

As of March 2024, the estimated population of Queensland is 5,560,452 people. The population is largely based in the metropolitan area of Brisbane, with the remaining population living in remote and rural regions across the state. The Queensland Government is responsible for ensuring that the people living in Queensland receive the best possible health care.

Queensland welcomes people from interstate and overseas with ideas, skills, and initiative to share a quality of life that ranks among the best in the world. The people of Queensland enjoy an outdoor lifestyle with world-class beaches, waterways, national parks, rainforests, and tropical reefs.

6.1 Life in Australia and Queensland

There are several websites that provide helpful information about Queensland, including events, tourism, and local communities.

For details about Queensland's top attractions, travel tips, and destination guides, visit the official Queensland Tourism website.

For details about attractions, events and activities in Brisbane and the South-East corner of Queensland, visit the Visit Brisbane website.

To access resources and insights about tourism in Queensland, visit Tourism and Events Queensland's website.

To explore Queensland's national parks, state forests, and recreation areas, including information on bushwalking, camping, permits and staying safe in Queensland's parks, visit the Department of the Environment, Tourism, Science and Innovation's *Parks and forests*.

6.1.1 Time and date

Australia is divided into three distinct time zones:

- Australian Eastern Standard Time (AEST): Covers the Australian Capital Territory, New South Wales, Queensland, Tasmania, and Victoria.
- Australian Central Standard Time (ACST): Includes the Northern Territory and South Australia.
- Australian Western Standard Time (AWST): Applies to Western Australia.

Daylight Saving Time (DST) involves setting clocks forward by one hour during the warmer months to make better use of daylight.

Queensland does not observe DST.

The Australian Capital Territory, New South Wales, South Australia, Victoria, and Tasmania begin DST on the first Sunday in October and end it on the first Sunday in April.

For detailed information about Australia's time zones, including current times and daylight saving practices, by visiting Tourism Australia's *Australian Time Zones*.

6.1.2 Smoking and vaping

The Queensland Government has introduced anti-smoking laws, which includes the use of electronic cigarettes, across Queensland. Smoking and the use of electronic cigarettes (vapes) are banned in a number of outdoor public areas, in cars carrying children under the age of 16 years, eating and drinking venues and education, healthcare and residential aged care facilities, as well as some communal areas in multi-unit residential premises.

To learn about the smoking laws in Queensland, including restrictions on smoking in public places and electronic cigarettes, and regulations for the supply and advertising of smoking products, by visiting Queensland Health's *Smoking laws in Queensland*.

6.1.3 Natural disasters

Queensland faces more natural disasters than any other state, including bushfires, floods, cyclones, and storms. Emergency services are coordinated by state and territory authorities, supported by volunteer groups like the State Emergency Service (SES) and rural fire services, with assistance from the Australian Defence Force during major events.

The state's tropical and sub-tropical climate creates unique risks. Queensland's wet season occurs in summer, while fire risk peaks in winter through spring. Cyclones primarily impact coastal areas north of Bundaberg, but their effects, such as wind and rain, can reach far inland.

Natural disasters can strike quickly and without warning, impacting thousands of Queenslanders each year. These events leave lasting effects on people, property, and possessions, making preparation essential.

Planning is the best way to protect yourself and your family. By understanding the risks where you live and work, you can create an emergency plan and gather the supplies needed to stay safe. This includes preparing an emergency kit with essentials like food, water, and medicines, as well as ensuring you have adequate insurance to protect your finances.

Disasters can disrupt access to shops, power, and clean water, so being prepared can save lives, reduce costs, and speed up recovery.

Prepare for natural disasters with practical tips and resources. To start your emergency plan today and explore the guide below to create your emergency kit, visit the Get Ready Queensland's *Prepare for National Disaster*.

6.1.4 Biosecurity

Australia

Australia has strict biosecurity rules to protect its unique environment, agriculture, and economy from pests and diseases. All travellers must meet the requirements before entering Australia. Food, plant materials and animal products must be declared on your Incoming Passenger Card.

Restricted items that must be declared when entering Australia include:

- Firearms, weapons, and ammunition
- All medicines
- Agricultural and veterinary chemical products
- Pornography and objectionable material
- Heritage-listed goods, such as works of art, stamps, coins, archaeological objects and specimens
- Defence and strategic goods
- E-cigarettes (vapes) and vaping goods
- Cash over AUD10,000 (or foreign currency equivalent)
- Wildlife, plants and animals

To find out what you need to know about biosecurity requirements when travelling to Australia, including what items you can bring and how to declare them, visit the Department of Agriculture, Fisheries and Forestry's *Travelling to Australia*.

Queensland

It is important that you are familiar with what you can and cannot bring into Queensland from other states of Australia. There are strict guidelines regarding carrying items such as the following into Queensland:

- Plants or plant products (including fruits, vegetables and nuts)
- Skins and hides
- Movement of livestock
- Pets
- Invasive fish species
- Anything containing soil

To understand the quarantine rules and regulations for domestic travel within Australia, including restrictions on moving goods between states, by reading Quarantine Domestic's *Travellers Guide*.

6.2 Government structure and responsibilities

6.2.1 Commonwealth government

The Australian Government, also known as the Commonwealth Government, is the federal authority responsible for implementing laws passed by the Commonwealth Parliament. Its responsibilities, as outlined in the Australian Constitution, encompass national matters such as external trade and commerce, quarantine, currency, immigration, defence, telecommunications, employment, and health.

The Commonwealth Government also administers key assistance programs like Medicare, Centrelink, and Workforce Australia. These programs provide essential services and support to Australians, ensuring access to healthcare, social security, and employment services.

Furthermore, the Commonwealth Government plays a crucial role in areas such as foreign affairs, postal services, air travel, and broadcasting. It works in conjunction with state and territory governments to manage shared responsibilities, ensuring cohesive governance across the country.

For further information, visit the Parliamentary Education Office's *Understand our Parliament*.

6.2.2 State government

Matters not assigned as Commonwealth responsibilities under the Australian Constitution fall to the states, including Queensland. Queensland handles regional issues such as policing, education, roads and traffic management, public hospitals, community health services, public housing, and business regulation.

The state collects various taxes, including the Goods and Services Tax (GST), land tax, payroll tax, and stamp duties on transactions like property sales. Queensland also receives financial support from the Commonwealth.

More information about Queensland's government is available at the Queensland Government website.

6.2.3 Local government

Local governments support the states and the Northern Territory. Local governments can take the form of city or town councils, or shires. Their responsibilities include town planning, building approvals, local roads, parking, public libraries, public toilets, water and sewerage services, waste removal, domestic animal management, and community facilities.

Local governments collect taxes, known as rates, from homeowners based on the value of their land. These taxes fund the services provided. Additionally, local governments collect parking fees.

Information on local councils can be found at the Department of Local Government, Water and Volunteers.

6.3 Centrelink

Centrelink is an Australian Government statutory agency that provides a wide range of payments and support services to the community. Permanent Australian residents can register with Centrelink for assistance in looking for work, financial aid to have overseas qualifications recognised, and access to relevant courses. If you have children, you may be eligible for government-funded family assistance payments to help with the costs of raising them. Please note that waiting periods may apply for accessing Centrelink benefits. Centrelink offers information and services in multiple languages to assist non-English speakers, these include translated publications and access to interpreters.

For further information about multilingual support please visit Services Australia's *Information in your language*.

For more information on social security payments and services for Australians, visit Services Australia's *Centrelink*.

6.4 Driving a car in Queensland and other transport options

6.4.1 Obtaining a licence to drive or transferring your overseas driver's licence

If you're in Queensland on a temporary working visa and do not hold a permanent visa, you're not required to exchange your foreign driver's licence for a Queensland licence. You can drive on Queensland roads using your foreign licence as long as you:

- Only drive the class of motor vehicle authorised by your licence.
- Comply with any conditions on your licence.

Always carry your licence while driving and show it to a police officer if requested. Once you receive an Australian permanent visa (become a permanent resident), you must transfer your foreign licence to a Queensland driver's licence within three months. To do so, visit a Department of Transport and Main Roads service centre. You'll need to present your foreign licence, proof of identity, and current Queensland residential address. You will also need to complete an application form and may be required to pass a written and/or practical driving test.

Temporary residents may opt to apply for a Queensland driver's licence to meet compulsory third-party (CTP) insurance requirements, as some insurers may require a current Queensland licence. CTP insurance is included in the registration cost for all vehicles in Queensland.

For more details about transferring to a Queensland licence, application forms, fees, acceptable proof of identity and address documents, translators, and customer service centre locations, visit Queensland Government's *Transferring to a Queensland licence*.

For essential information on Queensland's road rules, driver licencing requirements and Queensland road rules, read the Department of Transport and Main Roads' *Your Keys to Driving in Queensland*.

6.4.2 Buying a car, registration and compulsory insurance

New and used vehicles are advertised for sale in newspapers, magazines, online, and at car dealerships. The listed purchase prices generally do not include registration, stamp duty, compulsory insurance, or the transfer fee for second-hand cars.

For information on vehicle inspections for second-hand vehicles, insurance, and roadside assistance, visit the Royal Automobile Club of Queensland's (RACQ) website.

Details about buying a new or used car, support making an informed decision based on your needs and preferences and considerations for buying a used car, visit RACQ's *Buying a new or used car*.

Compulsory third-party insurance

Compulsory third-party (CTP) insurance provides coverage for vehicle owners and drivers who are legally liable for personal injury to others in the event of a motor vehicle accident. CTP insurance is mandatory for all motor vehicle registrations in Queensland and is included in the vehicle registration costs. Many drivers also invest in additional insurance policies, such as comprehensive or third-party property insurance, to cover damage to their own vehicle or other property. For more information on CTP insurance, visit the Queensland Government's *Motor Accident Insurance Commission*.

For more information on CTP insurance, the Queensland Government's Motor Accident Insurance Commission.

6.4.3 Demerit points scheme

Demerit points are a type of penalty that can be imposed for committing traffic offences anywhere in Australia. This includes violations of road rules, driving under the influence of alcohol (above the legal limit) or drugs, dangerous driving, and vehicle registration offences.

In Queensland, drivers start with zero demerit points on their licence, and points accumulate as offences are committed. Monetary fines may also be issued alongside demerit points.

If you hold a Queensland Learner or Provisional licence and accumulate four or more demerit points within twelve months, or if you hold a Queensland Open licence and accumulate twelve or more demerit points within three years, you will need to choose one of the following options:

- Have your licence suspended for a specified period, or
- Agree to a good behaviour period for one year, during which you must not amass more than one demerit point.

Information on demerit points, selected demerit point offences and set fines are available from Queensland Government's *About demerit points*.

6.4.4 Drugs, drinking and driving

In Queensland, drivers holding an Open licence must adhere to a blood alcohol limit of 0.05 per cent. Consuming one or two standard drinks in an hour could put a driver over this limit. Drivers with Learner or Provisional licences are required to maintain a 0.00 per cent blood alcohol reading at all times. For more information, visit Queensland Government's *Drinking and driving*.

There is zero tolerance for driving under the influence of illegal drugs in Queensland. Similar to random breath tests, Queensland police officers can conduct random roadside saliva tests to detect the presence of illegal drugs. These tests can be performed at random breath testing sites and targeted drug test sites. Additionally, police officers can pull over and test drivers if they suspect drug influence. For further details, visit Queensland Government's *Drugs and driving*.

6.4.5 Toll roads

Queensland has a network of toll roads that make traveling around greater Brisbane easy and convenient. Roads like the Gateway Motorway, Logan Motorway, Legacy Way, Clem Jones (CLEM7) Tunnel, the Go Between Bridge, AirportLinkM7 and the Toowoomba Bypass use electronic tolling. This means you don't have to stop at toll booths; the toll is automatically charged as you drive under a tolling point.

Since there are no toll booths in Queensland, you need to arrange to pay your tolls within 3 days of travel through a toll payment provider. You can buy an in-vehicle tag online, over the phone, at customer service centres, or at participating stores before you travel on a toll road.

For more information visit the Department of Transport and Main Roads' *Toll roads*.

6.4.6 Speed limits

In built-up areas in cities, towns, and suburbs, the maximum speed limit is usually 50 kilometres per hour (km/h) unless road signs indicate otherwise. Some areas may have a 60 km/h limit, and school zones and other zoned areas often have reduced speed limits of 40 km/h. On country roads and highways, speed limits typically range from 80 to 110 km/h unless signs specify different limits. Always pay attention to speed limit signs and the time of day, especially when driving through school zones.

For further information refer to Queensland Government's *Speed limits*.

6.4.7 Mobile phones and driving

Using a mobile phone while driving in Queensland is illegal if the phone is held in your hand or resting on any part of your body, even if you are stopped in traffic. This applies regardless of whether the phone is turned on or in use.

Learner and P1 Provisional drivers under 25 cannot use hands-free, wireless headsets, or a mobile phone's loudspeaker function. They must not touch, look at, or operate the phone, even if it is in a pocket or pouch. Passengers of learner and P1 provisional drivers are also banned from using a mobile phone's loudspeaker function.

Open and P2 Provisional licence holders can use a phone hands-free if it is in a cradle attached to the vehicle or in a pocket/pouch, but must not touch or look at the phone, only operate it using voice commands.

For further information, visit Queensland Government's *Driving and mobile phones*.

6.4.8 Driving in rural and remote areas

When driving in rural and remote areas, the distances between towns can be significant, and services like fuel stations, roadside assistance, and other resources may not be readily available. It's essential to ensure your vehicle is in excellent condition, carry a spare tyre, water, fuel, and necessary equipment.

Always have a mobile phone with you, although be aware that mobile coverage can be inconsistent in some rural and all remote areas. It's also wise to inform someone of your travel plans, including your departure and arrival times. This way, if you are overdue, they can take appropriate action to provide assistance if needed.

6.4.9 Avoiding wildlife on rural and remote roads

When driving on rural and remote roads, it is very important to take certain precautions with regards to the local wildlife. Hitting an animal can pose a serious risk to your car and its occupants. The best way to avoid hitting a kangaroo is not to drive at dawn, dusk and night. This is when wildlife generally – and kangaroos in particular – are most active. It's also when they can't see the car because they are blinded by the headlights. Check with your relevant HHS if any specific driving on rural and remote roads training is available.

For further information refer to Drive's *How to avoid hitting a kangaroo*.

6.4.10 Seat belts and bicycle helmets

All occupants in a vehicle must wear a seatbelt at all times in Queensland. Failing to comply with this law can result in fines and loss of demerit points. Drivers are responsible for ensuring that all passengers are properly restrained. This includes children up to 7 years old, who must be in an Australian Standard approved child restraint. In addition, drivers and passengers aged 16 years or older can be fined for not wearing a seatbelt or for wearing it incorrectly. Double demerit points apply for second or subsequent seatbelt offences within one year of an earlier offence.

When riding bicycles or personal mobility devices (such as e-scooters, e-skateboards and e-bikes), helmets must be worn at all times. Non-compliance with this requirement also attracts fines.

6.4.11 Children in cars

In Queensland, drivers are legally required to ensure that children under 16 years old are using a properly fitted child restraint or seatbelt. Failure to comply can result in a fine and demerit points.

Infant restraints

An infant carrier is a rear-facing restraint that can be easily clicked in and out of a base that remains in the car. Babies from 0 to 6 months old must use a rear-facing child restraint, with many parents opting to continue using rear-facing child restraints until their child is 2 years old. They should continue using this restraint until their shoulders exceed the maximum height marker.

Child car seats

While it's safer for children to remain in a rear-facing restraint until around 2 years old, a forward-facing restraint with a harness can be used for children from 6 months to 4 years old. This type of restraint features a harness that goes across the child's chest.

Booster seats

Booster seats lifts the child so they can use the adult seatbelt properly. Children from 4 years old can use a front-facing booster seat. When using a booster seat, the adult seatbelt must go across the child's lap and shoulder. However, children are safer in a forward-facing restraint with a chest harness until their shoulders exceed the maximum height marker.

Children from 7 years old can use a regular car seat with an adult seatbelt that fits across their lap and shoulder. However, it's safer for them to stay in a booster seat until their shoulders exceed the maximum height markers. Most children aren't large enough to use an adult seatbelt safely until they are around 11 or 12 years old. By law, all children up to seven years old must be correctly restrained according to their age and size.

Resources for parents to select a suitable child restraint can be found at StreetSmarts' *Child restraints*.

6.4.12 Other transport options

Translink is responsible for statewide transport services. This includes:

- Buses, trains, ferries, and trams in South East Queensland
- Bus services in various regions
- Regional services and demand responsive transit
- Personalised Public Transport
- Long-distance rail, coaches, and regional air services

For more information on these services, visit the Department of Transport and Main Roads' *Translink*.

6.5 Child care services and facilities

In Queensland, child care services are licensed and monitored by the Department of Education to ensure they meet minimum quality standards. These services can be either centre-based or home-based. Note that in some areas, there may be high demand for child care services, and availability may be limited. It's advisable to check for availability and waiting lists.

Centre-based services include long day care, kindergarten, limited hours care, occasional care, and school-age care services. Home-based services, also known as family day care, involve caring for a small group of children in the private homes of carers under a family day care scheme, supported by the scheme's coordination unit.

For more information on licensed services and other types of child care services (unlicensed) that may be available locally, such as vacation care, visit the Early Childhood Education and Care's website.

6.5.1 Kindy

In Queensland, the government offers free kindergarten for eligible children. For details regarding eligibility criteria, how to find a participating kindergarten, and the benefits of early childhood education, please visit Early Childhood Education and Care's *Free kindy*.

6.6 Educational services and facilities

In Australia there are three levels of formal education:

- Primary education
- Secondary education
- Tertiary or higher education – University or vocational education and training Technical and Further Education (TAFE).

Information on educational services across the three education levels as well as early child care services and adult community education programs can be obtained through Queensland Government's *Education and training*.

6.6.1 Primary and secondary school

In Queensland the school year typically spans from late January to mid-December, divided into two semesters, each consisting of two terms, with vacation breaks for Easter, winter, spring, and summer. Across the state there are almost 1,300 state schools and over 450 independent and Catholic schools. Schools support students with disabilities through local state schools or, where eligible, state special schools. When selecting a school, parents should consider factors like facilities, policies, and extracurricular offerings, and can obtain more information directly from the school through tours, newsletters, and school documents. Parents can choose a school for their child based on proximity, availability, and enrolment criteria, by using the Department of Education's Schools Directory.

Education or training is compulsory for children aged 6 – 16 years. The first year of school is called Prep, a foundational year that develops basic literacy, numeracy, and social skills. Primary school generally spans from Prep to Year 6, followed by high school from Years 7 to 12. Schooling is compulsory until Year 10 or when a child turns 16 (whichever comes first), after which students can choose to continue to Year 12 or pursue alternative pathways.

Department of Education offers a range of international student programs. Temporary residents, including dependants of overseas students and certain visa holders, can study in Queensland's education system by applying through the temporary residents program. For further information, visit Education Queensland International's *Temporary residents*.

For more information about Catholic education and schools in Queensland, visit the Queensland Catholic Education Commission's website.

For more information about independent schools across Queensland, visit the Independent Schools Queensland website.

6.6.2 Tertiary education

In Australia, tertiary education refers to formal post-secondary education offered by both government and private institutions, comprising two main sectors: Higher Education, delivered by universities, and Vocational Education and Training (VET), provided by government-owned TAFEs and private Registered Training Organisations (RTOs).

Vocational education and training

Vocational Education and Training (VET) in Queensland provides practical, industry-specific skills to help students advance in their careers or pursue further education. VET courses, developed with industry input, offer hands-on training in diverse fields like business, healthcare, technology, and trades, and are nationally recognised for their value in employment. In Queensland, VET is delivered by TAFE Queensland, private colleges with specialised VET training packages in targeted fields, and some universities that integrate VET with higher education programs. These qualifications are highly regarded both within Australia and internationally, making VET an excellent pathway for career growth and education.

For further information about VET, courses, pathways, and subsidised training options in Queensland, visit the Department of Employment, Small Business and Training's *About vocational education and training (VET)*.

Universities

Queensland is home to some of Australia's leading universities, offering a diverse range of study and research opportunities across various industries. These institutions offer programs at all levels, including undergraduate degrees such as bachelor's degrees and honours, and postgraduate degrees such as graduate certificates, graduate diplomas, master's by coursework, master's by research, and PhDs.

For further information about universities in Queensland, with details about the study and research opportunities available across various fields and industries, visit Study Queensland's *Universities in Queensland*.

6.7 Taxation

In Australia, the tax system helps fund public services like healthcare and education. There are several key taxes including:

- **Income Tax:** The income tax you pay is based on earnings; higher income means higher tax rate. Employers withhold and pay the tax to the ATO.
- **Goods and Services Tax (GST):** Is the 10% tax on most goods and services, with some exemptions like food and healthcare. GST is collected by businesses and passed to the government to pay for public services.
- **Excise Duty:** Taxes on specific goods like alcohol, tobacco, and fuel, paid by manufacturers or importers and included in the final price.
- **Stamp Duty:** Tax on certain transactions, such as property purchases and vehicle registrations, charged by state and territory governments.
- **Land Tax:** Annual tax on land value, compulsory in some states and territories, with varying rules.

- **Customs Duty:** Tax on imported goods, based on value and type, collected by the Australian Border Force.
- **Fringe Benefits Tax (FBT):** Tax on non-salary benefits provided by employers, such as company cars and housing, paid by employers.

In Australia, employers withhold tax from your pay and send it to the Australian Taxation Office (ATO). The amount of tax you pay depends on your total earnings, with higher earners paying a higher percentage of tax. You can estimate your tax using the ATO's online calculator and must lodge a tax return each year to determine if you owe more tax or are due a refund.

For further information about income tax, the process for lodging your tax return, salary sacrificing and managing your tax obligations, visit Moneysmart's *Income tax* or the Australian Taxation Offices website for individuals and families.

6.7.1 Obtaining a tax file number

A Tax File Number (TFN) is a unique identifier issued by the Australian Taxation Office (ATO) to individuals and businesses for tax purposes. It's used to track your income and tax obligations, making it easier for the ATO to manage your tax records. You need a TFN to work in Australia, lodge your tax returns, and access certain government services like Medicare or superannuation. It is a good idea to apply for a TFN as soon as you can. It's important to keep your TFN private to avoid identity theft, and you can apply for one through the ATO either online, by post, or in person at a participating post office.

For more information or to apply online, visit the Australian Taxation Office's *Permanent migrants and temporary visitors – TFN application*.

6.7.2 Tax return

Tax obligations are calculated based on the financial year, which runs from 1 July to 30 June. You must submit your income tax return to the ATO after 1 July but before 31 October for that tax year, unless you've been granted an extension. If you haven't paid enough tax while working, you may owe more. On the other hand, if too much tax was withheld, you might be eligible for a refund. You can get the Individual tax return instructions tax return form online, or file your return online using myTax, the ATO's online tax lodgement service. At the end of the financial year, your employer(s) will give you a payment summary (PAYG payment summary) showing your earnings, which must be included in your return.

For more details on the Australian tax system, visit the Australian Taxation Office's website.

6.8 Housing and essential household services

Whether you're renting or buying a home in Queensland, there are several household utilities you'll need to understand and have connected.

6.8.1 Housing

When you first arrive in Queensland, you might want to stay in a hotel or motel, or consider renting a house, unit, villa, or apartment. If you're thinking longer-term, purchasing a property such as a house, unit, or land to build a home could also be an option.

You can find useful information about these choices through Queensland Government's *Homes and housing*.

For additional information, including buying, renting, tips for finding the right property and consumer protections, visit the Department of Home Affairs' *Settle in Australia*.

If you're a foreign investor, keep in mind that the Foreign Investment Review Board (FIRB) assesses proposals from foreign individuals looking to invest in Australian residential real estate. Approval will depend on your visa status and the type of property you're interested in. You can find more information and application forms by visiting The Treasury's *Foreign investment in Australia*.

Accommodation assistance may be offered as an incentive to attract new employees to specific centres or facilities within Queensland. However, this is not guaranteed and is subject to availability. The allocation of accommodation is based on availability, employee's family needs and positions. For further information please contact your HHS's Human Resource unit.

Tenants' rights and responsibilities

When renting a property, tenants must sign a tenancy agreement provided by the real estate agent. Tenants have rights that protect them, as well as responsibilities they must uphold to ensure a fair and safe living arrangement. Tenants have the right to live in a safe and well-maintained property, with necessary repairs done in a timely manner. They also have the right to privacy, with landlords needing to provide notice before entering the property. Rent can only be increased under certain conditions, and tenants can challenge unfair rent hikes or bond deductions.

Tenants are responsible for paying rent on time, keeping the property clean, and notifying the landlord about maintenance issues. They must also respect neighbours and adhere to the lease agreement, which may include rules about pets or subletting. At the end of the lease, tenants should return the property in good condition, considering fair wear and tear. Additionally, tenants may need to arrange and pay for utilities such as electricity, water, and gas, depending on the lease terms.

For more information about renting, visit the Residential Tenancies Authority's (RTA) website.

6.8.2 Internet

In Australia, there are various internet options and providers. The National Broadband Network (NBN) is the primary service in most areas, offering various connection types like Fibre to the Premises (FTTP) and Fibre to the Node (FTTN), though mobile broadband and ADSL may be available in some regions. Popular internet service providers include Telstra, Optus, TPG, and Aussie Broadband, with both contract-based and no-contract plans available. Installation can take a few days to weeks, depending on location, and it's important to check for data limits or unlimited data options. Most providers offer Wi-Fi routers, and customer support is available if issues arise. It's recommended to arrange service early to ensure connectivity for work and personal needs.

For further information about providers and connections visit the National Broadband Network's (NBN) website.

6.8.3 Phone

When moving to Australia, international employees should also be aware of the phone services available. For mobile phones, major providers like Telstra, Optus, Vodafone, and Telstra offer both prepaid and postpaid plans, with options for SIM-only plans or phone bundles. Mobile coverage is generally good in urban areas, but can be limited in rural or remote regions, so it's worth checking

coverage maps. You can purchase SIM cards and plans from retail stores or online. For landline services, some internet service providers (like Telstra, Optus, and TPG) offer landline connections bundled with internet plans, while others provide standalone services. As with internet, it's a good idea to set up phone services early to ensure they are ready for use when you arrive.

6.8.4 Electricity and gas

Electricity and gas are typically provided by a range of private companies, and you'll need to set up an account with one of these suppliers when you move in. Prices can vary between providers, so it's a good idea to compare options to find the best deal for your needs. Most Australian homes use electricity for heating, cooling, and powering appliances, and gas is often used for heating, hot water, and cooking. However, not all housing uses both electricity and gas, so it's important to check your specific property's setup.

You can choose to receive both electricity and gas services from the same provider or from different ones. In some areas, you may need to pay for both the supply and the usage, while in others, there may be additional charges for connection or disconnection. Be sure to check the billing frequency, as some providers charge quarterly, while others offer monthly billing. Once you're set up, it's important to keep track of your usage, as energy bills can vary depending on the season, especially with heating and cooling costs.

For further information about electricity supply and pricing in Queensland, comparing and choosing electricity retailers and payments and rebates, visit Queensland Government's *Electricity*.

For further information about gas supply and pricing in Queensland, tips for choosing gas retailers, understanding your rights as a gas customer, and payments and rebates, visit Queensland Government's *Gas*.

6.8.5 Water

Water services are typically managed by local councils or regional water authorities, depending on the area. When you move into a property, water charges may be included in the rent or paid separately if you own or rent a house. For properties that require separate billing, you will need to set up an account with the local water supplier. These charges usually include the cost of water usage, as well as a fixed charge for the supply of water.

Not all properties have the same setup, so it's important to check whether your water bill is covered in your rent or if you need to pay it separately. Water usage charges are based on the amount of water you consume, and in some regions, there may be a charge for sewage services as well. Many properties have water meters that track usage, and some areas also have water-saving regulations to encourage conservation, like restrictions on lawn watering during dry periods.

It's a good idea to contact your local water provider to understand your billing cycle, rates, and any water-saving initiatives that might be in place. If you're renting, your lease agreement should clarify who is responsible for paying the water bills.

For further information, including understanding your water bill, current water restrictions and water use, visit the Queensland Government's *Water for your home*.

6.8.6 Garbage collection and recycling

Local governments manage the collection of garbage and recyclable materials. Separate bins are provided for general household waste and recyclables like bottles, cans, and cardboard. To find out your garbage and recycling collection schedule, contact your local council or use the following website to identify your local council, Department of Local Government, Water and Volunteers' *Local government directory*.

6.9 Opening a bank account in Queensland

Once you arrive in Australia, one of the first things you should do is open a bank account. Most employers in Australia pay salaries directly into employees' nominated accounts.

For the first six weeks, you can open an account using just your passport as identification. After this period, you'll need additional forms of ID, such as your passport, birth certificate, and documents showing your name and address (e.g., driver's licence, rental lease, or utility bills). Bank staff can guide you on what other documents may be needed. There are various types of financial institutions, including banks, credit unions, and building societies, so it's worth comparing your options before choosing one.

For further details about bank accounts, banking options and ensuring your bank is covered under the Financial Claims Scheme, visit Moneysmart's *Banking*.

6.10 Translating and Interpreting Services

If you or a family member need interpreting assistance, you can contact the National Translating and Interpreting Service (TIS) by calling 13 14 50, available 24/7.

For more details about the service or to access interpreting services, visit the Department of Home Affairs' *Translating and Interpreting Service*.

Family members who are permanent residents or hold eligible temporary visas may also qualify for the Australian Migrant English Program which is a free service to support migrants settle into life in Australia.

For more details about the service, visit the Department of Home Affairs' *Adult Migrant English Program (AMEP)*.

Communication and cultural safety

Queensland Government

7.1 Understanding Australian communication styles

Australian communication is often defined by its informality, directness, and friendliness. People may use first names, even in professional settings, and casual conversations are common. Australians value honesty and may express opinions directly, which might come across as blunt to those from more indirect cultures. Conversations often include small talk and humour to create a friendly and approachable environment – even in the workplace.

7.1.1 Informality and directness

Australians often use informal language, even in professional settings. This relaxed style can sometimes mask the seriousness of a conversation, so be attentive to tone and context – particularly in the workplace. Australians value honesty and directness, so they say what they mean without much small talk, which means they often get straight to the point. This can sometimes seem blunt to people from other cultures. They also believe in fairness and treating everyone equally, which is reflected in their communication style.

7.1.2 Humour

Australian humour can be described as a mix of sarcasm, self-deprecation, and irony. Humour is an integral element of communication in Australia, it builds rapport and eases tension. If you're unsure if something is a joke, it's okay to ask or observe how others react. While these may take time to understand, embracing the humour can help you connect with locals. Learning to appreciate this humour can help break the ice in social settings.

7.1.3 Non-verbal communication

Non-verbal cues like nodding to show agreement or smiling to express friendliness are common. However, some gestures have specific meanings—like a thumbs-up, which usually signals approval. Be cautious about mimicking gestures until you understand their context in Australian culture.

In Australia, eye contact plays an important role in communication. Direct eye contact is generally seen as a sign of sincerity and openness. However, holding eye contact for too long can make people feel uncomfortable, so it's best to break eye contact occasionally. As Australia is a multicultural country it's important to be mindful of cultural differences. For Aboriginal and Torres Strait Islander people, avoiding eye contact is a traditional sign of respect, many Aboriginal and Torres Strait Islander individuals may feel uncomfortable with direct eye contact, especially with unfamiliar people.

Australians value personal space and may feel uncomfortable with close physical proximity during conversations. If unsure about how to act in a situation, it's best to observe the other person's body language and eye contact and follow their lead.

7.1.4 Clinical communication

Communication is integral to patient care and can be developed with practice, experience, continuous learning, mentorship, and support. Good communication enhances patient experience and satisfaction, while poor communication can lead to errors, misdiagnosis, and inappropriate treatment. Communicating with kindness and empathy improves interactions with patients, their families, and colleagues.

It's important to consider the health literacy needs of patients, families, and carers, ensuring information is clear and understood. Certain patient groups, such as those with disabilities, older adults, and those from culturally and linguistically diverse backgrounds, may have specific communication needs. Queensland Health Working with Interpreter Guidelines state that a professional interpreter should be engaged when:

+ A patient requests an interpreter
+ When the information to be communicated in crucial for the patient's health or health outcomes
+ When the patient's English proficiency is insufficient to fully understand the situation or instructions
+ When the patient presents a Queensland Government interpreter card

For further details about requesting an interpreter, visit Queensland Health's *Requesting an interpreter for a planned session* *(accessible on Queensland Health computers only).*

Alternatively, for details about the national service, visit the Department of Home Affairs' *Translating and Interpreting Service (TIS)*.

7.2 Cultural capability

Australia's population includes people from over 200 countries, with approximately 30% of the population born outside Australia; so you'll encounter diverse traditions, foods, and festivals. It's crucial to be aware of and respect the diversity of both colleagues and patients. This includes understanding cultural differences and using professional interpreters when needed. Healthcare workers should treat everyone with respect, avoid assumptions, and focus on patient-centred care. Embracing diversity can lead to improved patient outcomes, better communication, and innovative problem-solving. Continuous learning and fostering an inclusive environment are key to providing effective and respectful care.

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 to support the diverse needs of Queensland's communities, including health topics in multiple language, tools and resources for culturally sensitive care and communicating with

patients from various cultural and linguistic backgrounds, visit Queensland Health's *Multicultural resources for healthcare professionals*.

7.2.1 Understanding Aboriginal and Torres Strait Islander cultures

A critical aspect of Australian culture is acknowledging and respecting the traditions of Aboriginal and Torres Strait Islander peoples, also referred to as First Nations people. Aboriginal and Torres Strait Islander people are two distinct cultural groups. Aboriginal people are the original inhabitants of mainland Australia, while Torres Strait Islander people come from the Torres Strait Islands, located between the northern tip of Queensland and Papua New Guinea. First Nations people hold a significant place in Australia's cultural heritage. They have a history that spans over 65,000 years, with diverse languages, customs, and traditions that are distinct to each of the 250 separate language groups and traditional countries (specific geographic locations). Their deep connection to the land, known as "Country," is central to their identity and spirituality. Despite facing historical and ongoing challenges such as colonisation, displacement, and social disadvantage, they continue to maintain and revive their cultural practices and knowledge.

Aboriginal and Torres Strait Islander Cultural Practice training is provided as part of Queensland Health employee's mandatory training program and is generally delivered locally within HHSs.

For further information, including resources and guidelines to support staff, visit First Nations Health Office's *Resources* *(accessible on Queensland Health computers only).*

Terminology

It's important to use respectful and accurate terms. Aboriginal people, Torres Strait Islander people and First Nations people is preferred over the term "Indigenous Australians". The terms Aboriginal, Torres Strait Islander, Indigenous, First Peoples/Nations should always be capitalised and avoid acronyms like "ATSI" as they can be seen as disrespectful.

7.2.2 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.

Based on the 2021 Census of Population and Housing, the estimated resident Aboriginal and Torres Strait Islander population was 5.2 per cent of Queensland's population (273.119 of 5,215,814). National data establishes that Aboriginal and Torres Strait Islander Peoples experience much poorer health outcomes than other Australians.

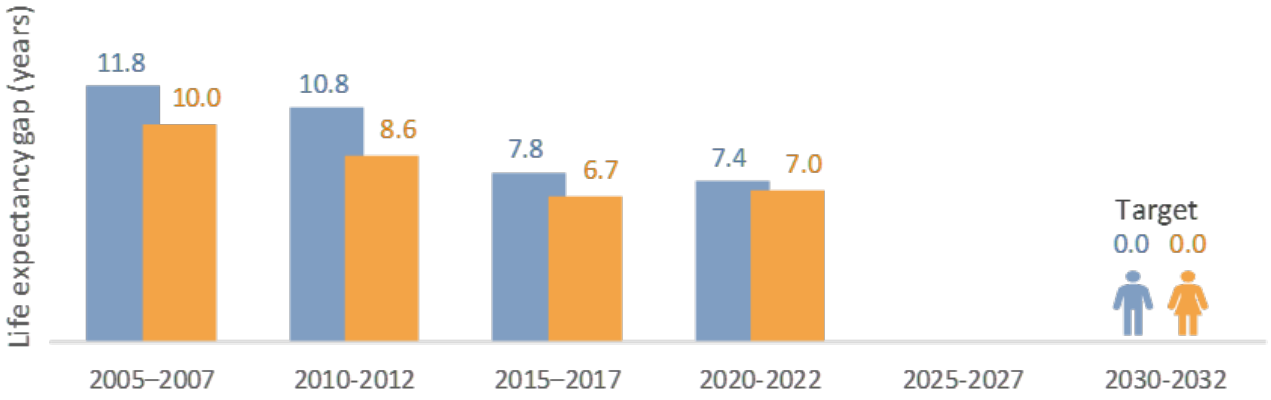
The 2020-2022 life expectancy gap between Aboriginal and Torres Strait Islander and Other Queenslanders was estimated to be seven years for males and seven years for females.

The Australian Bureau of Statistics (ABS) states that Aboriginal and Torres Strait Islander life expectancy estimates are not comparable over time due to changing identification and previous incomplete counts. It is clear however, that the gap in life expectancy will almost certainly not be closed by 2031.

A First Nations boy born in Queensland in 2020-2022 had an average life expectancy of 72.9 years.

A First Nations girl born in Queensland in the same period had an average life expectancy of 76.6 years.

Combined, they accounted for approximately 61.7% of the difference in mortality rate between Aboriginal and Torres Strait Islander and other Queenslanders in 2015-2017.



Life expectancy at birth for other Queenslanders minus life expectancy at birth of First nations peoples.

Life expectancy estimates for First Nations peoples and gaps are not directly comparable over time.
Source 2005-2007 to 2015-2017: ABS Life tables for Aboriginal and Torres Strait Islander Australians 2015-2017
Source 2020-2022: ABS Aboriginal and Torres Strait Islander Life Expectancy 2020-2022

The First Nations Health Office (FNHO) plays a lead role in increasing visibility across the system and importance of Aboriginal and Torres Strait Islander health and improving health accessibility and outcomes for Queensland Aboriginal and Torres Strait Islander peoples. They develop and deliver Queensland Health's Aboriginal and Torres Strait Islander policies, services, and programs – contributing to change to close the health gap.

For further information on improving health outcomes for First Nations peoples in Queensland, including the specific health priorities, visit Queensland Health's *First Nations Health Office (accessible on Queensland Health computers only).*

For a comprehensive overview of the impact of diseases and injuries on the health of Queensland's First Nations peoples, visit Queensland Health's *Burden of Disease report*.

7.3 Language in Australia

Australians frequently use slang and idiomatic expressions that might be unfamiliar at first. Words are often shortened, so don't hesitate to ask for clarification if needed during a conversation.

7.3.1 Standard Australian English

The form of English that is widely accepted and used in Australia for formal writing and speaking. It follows common grammar rules, spelling, and vocabulary that are consistent across the country, influenced by British English. It's the standard way of speaking and writing in Australia, ensuring everyone can understand each other in official and public situations.

For more detailed information on Standard Australian English, including grammar, punctuation, and conventions, visit the Australian Government's Style Manual's *Grammar, punctuation and conventions*.

7.3.2 Common phrases, idioms, and slang

Australian slang can be confusing. Slang often involves shortening words, using rhymes, and incorporating humour, which create a relaxed and friendly atmosphere – even in the workplace. This distinctive way of speaking fosters a sense of camaraderie and makes interactions more engaging and approachable. Understanding and using Australian slang can help you connect better with locals and appreciate the nuances of their communication style.

For an introduction to some of the slang terms you may hear in everyday Australian conversations, visit Victoria University's *Australian slang*.

7.4 Navigating misunderstandings and conflict

7.4.1 Conflict

Conflict is common in clinical environments and can arise between colleagues or between patients and clinicians. Causes of conflict include poor quality collaboration, poor leadership, misunderstandings about patient care, lack of coordination, poor communication, and time pressures.

To de-escalate conflict, it's important to recognise and address these triggers, use respectful and clear communication. Expressing disagreement is normal in Australia, but it's often done politely. Phrases like "I see your point, but..." or "I have a different perspective" allow for constructive discussion. Effective communication principles include active listening, explaining disagreements calmly and professionally, and being mindful of body language.

Within the online wellbeing modules for junior doctors, there are two modules dedicated to conflict and using communication to de-escalate conflict – Module 4 and Module 5. These educational modules can be accessed through iLearn's *Mind(re)set*. If you are a Queensland Health employee, you can sign in using your Novell details or with your Queensland Health username and password.

7.4.2 Seeking help

If you're unsure how to handle a cultural misunderstanding or you require support with communication and conflict resolution in the workplace, the following resources are valuable sources to support your communication in the workplace:

- **Human Resources (HR) Department):** seek out the HR team within your HHS for guidance, mediation, and support for resolving workplace conflicts.
- **Employee Assistance Service:** Queensland Health access the services of a number of external employee assistance service (EAS) providers for personal or work-related issues affecting your performance or wellbeing. Face-to-face, telephone counselling and online resources are available for free. This resource is available for both individuals and teams, with the goals of identifying and resolving issues. To find the EAS provider for your HHSs, select your specific work area through Queensland Health's *Employee assistance service providers* *(accessible on Queensland Health computers only)*
- **Professional development:** Queensland Health's professional development portal, iLearn, provides a wide range of resources to support effective communication with staff and patients, as well as conflict resolution. Search the course catalogue to explore a variety of courses tailored to your specific professional development needs. If you are a Queensland Health employee, you can sign in using your Novell details or with your Queensland Health username and password.

7.5 Building relationships

Community groups and cultural organisations also provide opportunities to connect with people from your home country or other cultures. Participating in these groups can make the transition smoother and provide valuable support networks.

7.5.1 Support and resources

Community groups, cultural organisations, and online forums can provide additional support. To find people with similar backgrounds or interests, the Department of Families, Seniors, Disability Services and Child Safety has a *Multicultural Resource Directory*. The directory is an extensive database with over 1500 organisations focused on multicultural communities in Queensland. Users can search the directory by organisation name, subject, ethnic group, language group, religion, or region. The directory also includes multicultural media outlets, government and non-government agencies, and details for migrant and refugee services.

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 requires a significant and coordinated response. Emergency plans are intended to identify procedures and staff roles enabling 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 to your identification badge.

Fire prevention

Every precaution has been taken to prevent fires. In your work area, you should:

- find out who is the zone warden for the area
- note the location of fire extinguishers and other fire-fighting equipment. Check what fires they are suitable for and how they operate
- note the location of the nearest telephone and break glass alarm
- familiarise yourself with the building layout and evacuation routes from the area
- complete mandatory fire and evacuation training (Building and Fire Safety Regulation 1991) provided by your HHS.

Appendix 2: Statewide 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.

For further information about QAS, their services and resources, visit the Queensland Government's *Queensland Ambulance Service*.

St John Ambulance (Queensland)

St John Ambulance is a self-funded 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 mainly by volunteers.

For further information about St John Ambulance Australia's services, training and community programs, visit St John Ambulance Queensland's website.

Queensland Police Service

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

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

For further information about QPS, visit Queensland Police's website.

Queensland Fire and Emergency Services

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

For further information about QFES, current incidents and warnings, safety and education, and resources related to fire safety, emergency management and community preparedness, visit Queensland Fire and Emergency Services' website.

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 unbiased 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's website and LifeFlight's website.

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 SES' website.

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, including information and support for managing poisonings and suspected poisonings, visit refer to Queensland Health's *Queensland Poisons Information Centre*.

Appendix 3: Statewide 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 statewide 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 HHSs throughout the state to facilitate organ and tissue donation.

Further information about donations and DonateLife can be accessed at Organ and Tissue Authority's *DonateLife*.

For further information about DonateLife Queensland, visit Queensland Health's intranet site *DonateLife Queensland* *(accessible on Queensland Health computers only).*

Elective surgery

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

Medication Services Queensland

Medication Services Queensland provides professional advice regarding pharmaceuticals and pharmacy practice, including PBS reimbursement issues, medication safety initiatives and the management of the approved state-wide hospital medications list.

For further information about approved medicines, updates and changes to the LAM or information on individual patient approvals for medicines, visit Queensland Health's *List of Approved Medicines (LAM)* *(accessible only on Queensland Health computers).*

Pathology

Pathology Queensland is part of the Queensland Public Health and Scientific Services Division and is the main provider of public sector pathology services in Queensland. Additionally, Pathology Queensland provides clinical support, tertiary and state referral services, autopsies, education, research, and development.

For further information about statewide diagnostic services, available tests, collection centres, support for remote areas or collaborative research, visit Queensland Health's *Pathology Queensland* *(accessible only on Queensland Health computers).*

Statewide 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 details about requesting an interpreter, visit Queensland Health's *Requesting an interpreter for a planned session* *(accessible on Queensland Health computers only).*

Alternatively, for details about the national service, visit the Department of Home Affairs' *Translating and Interpreting Service (TIS)*.

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 about telehealth services, visit Queensland Health's *Telehealth*.

National Prescribing Service (NPS MedicineWise)

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

For further information for health professionals, visit NPS MedicineWise's website.

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, referrals, information, disease management and crisis intervention.

For further information, refer to Queensland Government's *13HEALTH–Health advice over the phone*.

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 Queensland Government's *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 home-care agencies (often also referred to as domiciliary agencies) 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 Council's support and counselling services

The Cancer Helpline and counselling service provides information, support, and a referral for the cost of a local call. The services are available to people with cancer and those close to them.

+ Ph. 13 11 20

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

The Cancer Council Queensland website offers a variety of resources specifically for health professional students, including clinical guidelines, educational recordings, tools for making referrals to support services and professional events to enhance skills and knowledge in cancer care.

General information for use in student assignments and presentations, together with links to other informative sites.

For further information, visit Cancer Council Queensland's *Health professionals*.

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 more information, visit Services Australia's *Centrelink*.

Commonwealth Home Support Programme

The Commonwealth Home Support Programme (CHSP) funded by the Australian 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 My Aged Care's *Commonwealth Home Support Programme*.

Diabetes Australia in Queensland

Diabetes Australia in Queensland (DAQ) provides information on how people with diabetes, pre-diabetes and those affected by diabetes can access services and advice on diabetes management in their local area.

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

For further information, visit Diabetes Australia's *Diabetes in Australia in Queensland*.

Child and family safety and protection, domestic and family violence, community, and social 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, visit the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism's website or Department of Families, Seniors, Disability Services and Child Safety's website.

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

For further information, visit the Department of Justice's *Violence prevention*.

Or to find your local employee assistance service provider, based on where you work, visit Queensland Health's *Employee assistance service providers* *(accessible on Queensland Health computers only)*.

Department of Veterans' Affairs

The Department of Veterans' 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 Veteran healthcare cards

DVA issues three types of benefits cards to ensure access to health and other care services that promote and maintain independence, wellbeing, 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 the Department of Veterans' Affairs' *Veteran healthcare cards*.

Home care services in Queensland

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

For a comprehensive list of available services, refer to the Aged Care Guide's *Home Care*.

Injuries 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, visit Queensland Government's *WorkSafe*.

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 shot term medical conditions and their carers to live in the community where they are the happiest – their own homes.

For further information, refer to Meals on Wheels Queensland's website.

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, visit Queensland Health's *Medical Aids Subsidy Scheme*.

Men's health

Australian men are more likely to get sick from serious health problems, such as cancer, than Australian women. Their death toll 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, referring agencies and information about health conditions specific to men's health are available at Queensland Government's *Men's health*.

Mental health services

The Mental Health Alcohol and Other Drugs Branch within the Department of Health supports the statewide development, delivery, and improvement 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 about planning, strategy, legislation and clinical governance for Queensland's mental health, alcohol and other drug services, visit Queensland Health's *Mental Health, Alcohol and Other Drugs Branch (accessible only on Queensland Health computers).*

For information on various helplines and support services available for mental health assistance, visit the Queensland Government's *How to get help*.

For training and resources in the delivery for mental health and wellbeing services, visit the Queensland Alliance for Mental Health's website.

To access the direction and priority areas for improving mental health and wellbeing across Queensland, visit the Queensland Mental Health Commission's *Statewide strategic plan*.

For detailed information and resources regarding the reduction and prevention of the harmful effects of alcohol, tobacco, and other drugs, visit the Department of Health's *National Drug Strategy*.

National Disability Insurance Scheme

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

For further information, visit the National Disability insurance Agency's website.

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 premier cardiovascular research, supporting emerging and leading heart health researchers
- supporting health professionals in their work to prevent, diagnose, manage and treat heart disease
- educating Australians about living a heart-healthy lifestyle, through public health awareness campaigns, accessible information and resources
- supporting people living with heart conditions
- advocating to governments and industry to improve heart health in Australia.

For further information, visit the Heart Foundation's website.

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, visit Queensland Health's *Oral health*.

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.

To access information and resources for the support of palliative care patients, visit the Department of Health and Aged Care's CareSearch website or Palliative care site.

To find out more about the National Palliative Care Standards, access a directory of service providers and palliative care education and training, visit Palliative Care Australia's website.

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, visit The Salvation Army's website.

True Relationships and Reproductive Health

True (formerly Family Planning Queensland) 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, visit True's website.

Sexual health

The Queensland Health sexual health website provides resources for the community, educators and healthcare providers on a range of topics, including sexually transmitted infections, blood borne viruses and safe sex.

For further information, visit Queensland Health's *Sexual health*.

Statewide sexual assault helpline

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 and resources, visit Queensland Health's *Sexual Assault*.

St Vincent de Paul

The St Vincent de Paul Society (St. Vinnies) in Queensland has more than 300 Parish Conferences and 45, 000 members and volunteers, providing more than 200 services, including emergency relief, housing support, and advocacy for marginalised communities.

For further information, visit St Vincent de Paul's website.

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, recognisable 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 Suicide Prevention Practice Guideline, assists clinical teams within Queensland Health, implement best practices in identifying, engaging, assessing, treating, and transition individuals at risk of suicide. For more details, access Queensland Health's *Suicide Prevention Practice Guideline (accessible only on Queensland Health computers)*.

For further information about mental health services in Queensland, visit Queensland Government's *How to get help*.

Women's health centres

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

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, visit the Queensland Government's *Mobile Women's Health Service*.

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	Cerebrovascular accident
D/C	Discharge
DNR	Do Not 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	Nil 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: Government abbreviations

AHPPC	Australian Health Protection Principal Committee
DDCC	District Disaster Coordination Centre
DDMG	District Disaster Management Group
DMC	Disaster Management Coordinator
DPC	Department of the Premier and Cabinet
ELT	Executive Leadership Team
HEOC	Health Emergency Operations Centre
HIC	Health Incident Controller
IMT	Incident Management Team
LDCC	Local Disaster Coordination Centre
LDMG	Local Disaster Management Group
SDCC	State Disaster Coordination Centre
SDMG	State Disaster Management Group
SHC	State Health Coordinator
SHECC	State Health Emergency Coordination Centre

Appendix 9: Common health industry abbreviations

A&E	Accident and Emergency
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACHSM	Australasian College of Health Service Management
ACOSS	Australian Council of Social Services
ACRRM	Australian College of Rural and Remote Medicine
ACSQHC	Australian Commission on Safety and Quality in Healthcare
ADA	Australian Dental Association
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
AR-DRGs	Australian Refined Diagnosis Related Groups
ANZCA	Australian and New Zealand College of Anaesthetists
AO	Administration Officer
AON	Area of Need
APA	Australian Physiotherapy 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 Drugs Service
ATSI	Aboriginal and Torres Strait Islanders
BOD	Burden of Disease
CAHS	Child and Adolescent Health Service
CALD	Culturally and Linguistically Diverse
CACPs	Community Aged Care Packages
CHC	Community Health Centre
CHO	Chief Health Officer
CICM	College of Intensive Care Medicine of Australia and New Zealand
CKN	Clinicians Knowledge Network
CMO	Chief Medical Officer
CN	Clinical Nurse
CNC	Clinical Nurse Consultant
CNS	Clinical Nurse Specialists
CPD	Continuing Professional Development
CQI	Continuing Quality Improvement
CSCF	Clinical Services Capability Framework
CYCHS	Child and Youth Community Health Service

CYMHS	Child and Youth Mental 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
DPA	Distribution Priority Area
DRG	Diagnostic Related Group
DSQ	Disability Support Queensland
DVA	Department of Veterans' Affairs
DWS	District of Workforce Shortage
EBMR	Evidence Based Medicine 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 Plan
FBT	Fringe Benefits Tax
FOI	Freedom of Information
FTE	Full Time Equivalent
GP	General Practitioner/Practice
GPT/Q	General Practice Training/Queensland
HMM	Health Ministers' Meeting
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
HCEF	Health Chief Executive
HSCE	Health Service Chief Executive
HSD	Health Service Directive
HWQ	Health Workforce Queensland
ieMR	integrated electronic Medical Record
IMG	International Medical Graduate
IT	Information Technology
JHO	Junior House Officer
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	Physician Assistant
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
PHC	Primary Healthcare
PHO	Principal Health Officer
PHR	Patient Health Record
PHS	Public Health or Population Health Services
PREMs/PROMs	Patient Reported Experience Measures/Patient Reported Outcome Measures
PSA	Pharmaceutical Society of Australia
PT	Physiotherapist
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
RACF	Residential Aged Care Facility
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian 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 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
SiM	Student in Medicine
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
VAD	Voluntary Assisted Dying
VLAD	Variable Life Adjustment Display
VMO	Visiting Medical Officer
WEHO	Workplace Equity and Harassment Officer
WHO	World Health Organisation

Appendix 10: Working entitlements as a Resident Medical Officer

As a Resident Medical Officer employed with a Hospital and Health Service (HHS), your conditions of employment are outlined in the Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022 (MOCA 6) and the Medical Officers (Queensland Health) Award - State 2015.

HOURS OF WORK

Full time employment is 76 ordinary hours a fortnight (pay period).

Rostered a minimum of four hours per day AND a maximum of 12.5 ordinary hours per day (inclusive of 30 minute meal break).

Where practical, rosters will be posted four weeks in advance OR where this is not possible, two weeks in advance. However, rosters may be changed to reflect emergent needs.

Current pay rates for medical officers can be found at Wage rates – Medical stream | Queensland Health

FATIGUE PERIODS

RMOs must have 10 hours off duty between shifts (fatigue break).

If the required break is not provided, an RMO will be paid double time until released from duty.

OVERTIME

All time worked in excess of 10 hours will be paid at applicable overtime rates.

RMOs are eligible to perform overtime subject to approval from the authorised manager.

Prior approval of un-rostered overtime is not required when the overtime is necessary as a result of a medical emergency or other factors as outlined in clause 12.14.4

Overtime is paid as follows:

- Monday to Saturday: Time and one -half (150%) for the first three hours and double time (200%) thereafter.
- Sunday: double time (200%).
- Public holidays: double time and one-half (250%).

NIGHT SHIFTS

RMOs may be rostered to work a maximum of 7 consecutive nights shifts in any fortnight (where shift finishes after midnight or majority of hours after midnight)

Where three or more consecutive night shifts are worked, the RMO should be free from duty for the following 48 hours (up to 6 shifts).

If the RMO works 7 consecutive night shifts, then they should be free from duty for the following 96 hours.

ON-CALL

When on call, the RMO must be available to return to work within 30 minutes of being recalled.

RMOs are paid an allowance of 8% of the hourly rate for each hour on call.

WORKING CONDITIONS

MEAL BREAKS

RMOs are entitled to an unpaid meal break of 30 minutes clear of work commitments.

Where the meal break cannot be reasonably accessed, the RMO will be paid overtime at the applicable overtime rate for the duration of the meal break.

RMOs are entitled to one paid 10 minute rest pause for shifts 6 hours or less OR two paid 10 minute rest pauses for shifts over 6 hours. Rest pauses can be combined with the agreement of the employer.

Medical officers are expected to make a reasonable effort to access breaks.

ENTITLEMENTS

PROFESSIONAL DEVELOPMENT ALLOWANCE (PDA)

A Junior, Senior, or Principal House Officer is entitled to an annual professional development allowance, paid fortnightly.

VOCATIONAL TRAINING SUBSIDY (VTS)

A Registrar is entitled to an annual vocational training subsidy, paid fortnightly.
Registrars need to provide satisfactory proof of their enrolment in a training program.

ANNUAL LEAVE

Full time RMOS will accrue 5 weeks of annual leave per year.
This includes one week of annual leave as compensation for work performed on a public holiday.

RMOs working as a continuous shift worker will accrue an additional week of annual leave on a pro-rata basis (total 6 weeks per year).

PROFESSIONAL DEVELOPMENT LEAVE

- RMOs accrue 1.6 weeks of PDL per year.
- PDL leave does not apply to Interns.
- Approval to access PDL cannot be reasonably withheld.
- PDL can accrue for a maximum of 5 years and is transferable between HHSs.

EXAMINATION LEAVE

- RMOs are entitled to one full day of leave for each day of an approved examination PLUS an additional three days to be used either before or after the examination.
- Examination leave entitlements are separate to PDL and are for each approved examination.

ACCESS TO TRAINING COURSES

All RMOs, including interns, will be provided with reasonable access to training courses during ordinary working hours at no cost to the Medical Officer.

Appendix 11: Working entitlements as a Senior Medical Officer

As a Senior Medical Officer employed with a Hospital and Health Service (HHS), your conditions of employment are outlined in the Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022 (MOCA 6) and the Medical Officers (Queensland Health) Award - State 2015.

HOURS OF WORK

Full time employment is 80 ordinary hours a fortnight (pay period).

The ordinary hours of work for SMOs will be worked between 07:00 and 18:00 Monday to Friday. Medical officers work 8 continuous hours (excluding 30 minute meal break).

Current pay rates for medical officers can be found at Wage rates – Medical stream | Queensland Health

ROSTERS

Rosters should be posted four weeks in advance or, where this is not possible, two weeks in advance.

Rosters may be changed to reflect emergent needs. Where practical, the employer should consult on the roster changes.

FATIGUE PERIODS

SMOs must have 10 hours off duty between shifts (fatigue break).

If the SMO does not have a fatigue break of 10 hours, then they will be released until they have had a fatigue break (if assessed as reasonably able to defer or delegate the work).

OVERTIME

Overtime must be approved and paid for in accordance with Clause 12.15 (MOCA6) unless it is necessary due to a medical emergency or other factors outlined in clause 12.15.2.

If the SMO performs work outside of rostered hours, they must submit a MEDAVAC for approval.

MSPP/MOPPs are not entitled to overtime.

ON-CALL

When on call, SMOs must be available to return to work within 30 minutes of being recalled.

SMOs will be paid a rate equivalent to 12% of their hourly base rate level for each hour on-call.

RECALL

In the event of the SMO on-call being recalled to a facility to perform duty, the SMO will be paid for the time worked at 270% of their hourly base rate. The time payable for recall will be calculated as: from home and back to home with a minimum payment of two hours.

ANNUAL LEAVE

Full time SMOs will accrue four weeks of annual leave per year.

Where the SMO is ordinarily required to perform work on public holidays, the SMO will be allowed one week of annual leave (in lieu of extra payment for work performed on public holidays).

LONG SERVICE LEAVE

Employees who complete ten years continuous service are entitled to long service leave at a rate of 1.3 weeks on full pay for each year of continuous service. Long service leave can be taken after seven years.

WORKING CONDITIONS

MEAL BREAKS

SMOs are entitled to an unpaid meal break of 30 minutes clear of work commitments.

Where the meal break cannot be reasonably accessed, the SMO will be paid overtime at the applicable overtime rate for the duration of the meal break.

SMOs are entitled to one paid 10 minute rest pause for shifts 6 hours or less OR two paid 10 minute rest pauses for shifts over 6 hours. Rest pauses can be combined with the agreement of the employer.

Medical officers are expected to make a reasonable effort to access breaks.

ENTITLEMENTS

PROFESSIONAL DEVELOPMENT ALLOWANCE (PDA)

All SMOs, MSPPs and MOPPs are entitled to an annual professional development allowance, paid fortnightly.

PROFESSIONAL DEVELOPMENT LEAVE (PDL)

SMOs will accrue 3.6 weeks professional development a year (for a maximum of ten years).

ATTRACTION AND RETENTION INCENTIVE SCHEME

Refer to clause 12.28 (MOCA6)

MOTOR VEHICLE ALLOWANCE (MVA)

SMOs are entitled to a motor vehicle allowance in lieu of being provided with a motor vehicle. The motor vehicle allowance will be paid in fortnightly installments through the payroll system.

CLINICAL SUPPORT TIME

Clinical support time is calculated as a minimum of 10% of the SMOs contracted ordinary hours per fortnight. It is the expectation that all SMOs will have access to clinical support time. Where this is not possible, SMOs are to be consulted and the clinical support time will be made available at an appropriate time.

Clinical support activities will be undertaken at the place of work. Medical Officers will not derive separate income from activities during clinical support time.

WORKSPACE

SMOs shall be provided with appropriate workspace and Information Technology (where facilities can reasonably accommodate such requests).

HHSs will provide a policy to ensure that confidential space is provided for SMOs to undertake confidential work (for example dictation of protected information).


Medi-Nav