



Orientation Resource

For Junior Doctors in Queensland
Version 6, 2024





Message from the Chief Medical Officer, Queensland Health



My congratulations to you on your appointment as a junior medical officer, and I warmly welcome you to Queensland Health.

Your chosen career offers the privilege to care for, and improve the health of our population, across diverse communities. I encourage you to embrace your prevocational years, knowing that you are supported and empowered to accept challenges and explore new opportunities as you forge your career path.

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. I encourage you to make the most of your networks – your colleagues, educators, and mentors. Be wholeheartedly part of your team, support your colleagues, and in turn accept support from them. Be open to new and different ideas and be bold in your choices. Stepping out of your comfort zone may just set you on the path to professional fulfilment.

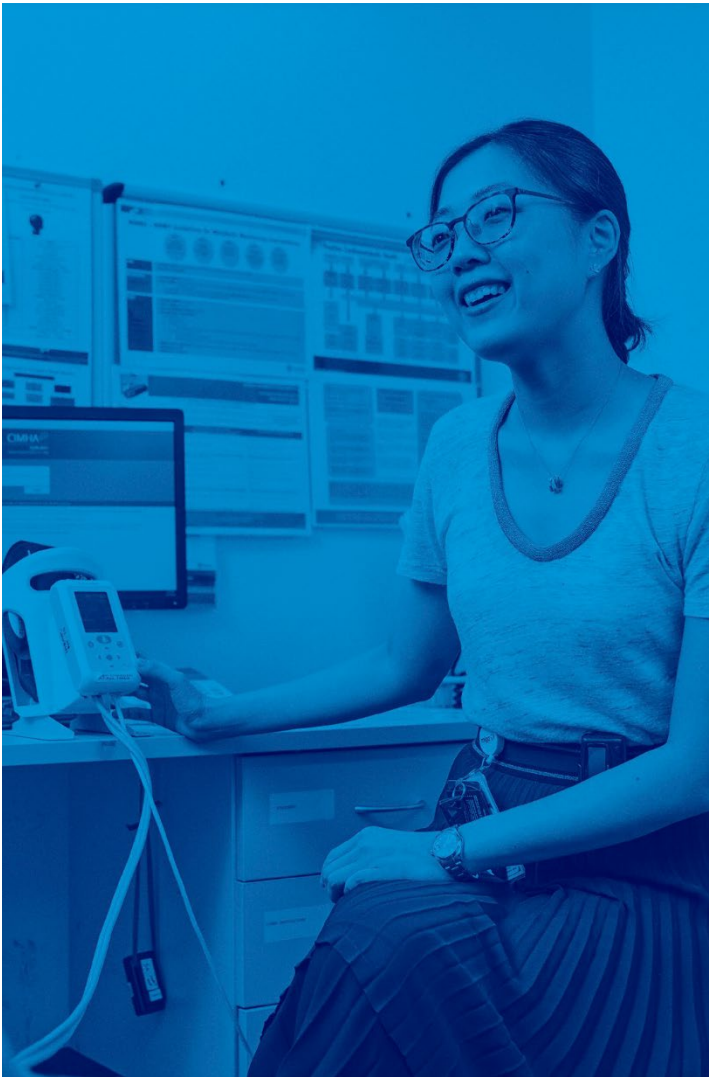
You are part of a large system, but one that is only efficient because of the contributions of every individual, across all disciplines. Your contributions underpin Queensland Health's vision – whether you are a new doctor practicing for the first time or joining us to further progress your medical career.

There is no doubt that being a doctor has its challenges, and while the training provided by our public health system does prepare 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 as you progress through the stages of your career.

This orientation resource is just a part of a comprehensive orientation program to assist your transition into Queensland public health facilities. It offers an overview of the Australian and Queensland health care systems and broad insight into your role as a junior doctor – and 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 ways that we are committed to supporting you.

I wish you every success in your career journey.

Associate Professor Catherine McDougall
Chief Medical Officer, Queensland Health



About this resource

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

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

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

The resource is structured into five sections:



Section 1

The Australian health system



Section 2

Public healthcare in Queensland



Section 3

Working as a medical practitioner in Queensland



Section 4

Legislation and professional practice



Section 5

Rural and remote health services in Queensland

Contents

Message from the Chief Medical Officer, Queensland Health	2
About this resource	3
Contents	4
Healthcare system in Australia	8
1.1 Australia's public health system	10
1.1.1 Health system funding	10
1.1.2 Medicare Benefits Schedule	11
1.1.3 Schedule fee	11
1.1.4 Medicare levy	11
1.1.5 Bulk billing arrangements by medical practitioners	11
1.1.6 Pharmaceutical Benefits Scheme	12
1.1.7 PBS prescribing	12
1.1.8 Patient charges	12
1.1.9 PBS Safety Net	12
1.2 Primary Health Networks	14
1.3 Australia's private healthcare system	14
1.3.1 Private health insurance	15
2.1 Queensland Health	17
2.2 Structure of the public health system	17
2.2.1 Department of Health structure	17
2.3 Queensland Health Vision	20
2.3.1 The vision	20
2.3.2 Underpinning principles	20
2.4 Hospital and Health Services	21
2.5 The health professional team	22
2.6 Clinical governance	23
2.6.1 Clinical Services Capability Framework	23
2.6.2 Credentialing and scope of clinical practice	23
Working as a medical practitioner in Queensland	24
3.1 Medical career structure	25
3.2 The multidisciplinary team	25

3.3	Medical education	26
3.4	Role expectations and responsibilities – junior doctors	27
	3.4.1 Expectations of professional practice	27
	3.4.2 Communication / handover	27
	3.4.3 Interactions with nursing staff	28
	3.4.4 Discharge planning	28
	3.4.5 Communication and discharge summary.....	28
	3.4.6 Ward rounds	29
	3.4.7 Attendance in operating theatres and specialist outpatient clinics.....	29
	3.4.8 Evidence-based medicine/practice	29
	3.4.9 Documentation	29
	3.4.10Referral to specialists and specialist services.....	29
3.5	Disease and infection prevention	30
	3.5.1 Acute respiratory infections.....	30
	3.5.2 Communicable Diseases and Infection Management.....	30
	3.5.3 Disease transmission	30
	3.5.4 Standard precautions	30
	3.5.5 Transmission-based precautions	31
	3.5.6 Hand hygiene	31
	3.5.7 Sharps management.....	31
	3.5.8 Aseptic technique	32
3.6	Systems and standards.....	32
	3.6.1 The digital hospital	32
	3.6.2 Queensland Health IT systems	32
	3.6.3 Professional behaviour in the workplace	35
	3.6.4 Cultural capability.....	37
	3.6.5 Closing the gap in Queensland	37
3.7	Wellbeing and support for junior doctors.....	39
	3.7.1 Wellbeing education and training.....	39
	3.7.2 Queensland Health Employee Wellbeing	39
	3.7.3 Prioritising wellbeing through legislation.....	40
	3.7.4 Employee assistance services	40
	3.7.5 Your own GP	40
	3.7.6 Peer support programs.....	40
	3.7.7 Organisations that provide support.....	41
3.8	Recruitment and Employment.....	42
	3.8.1 Overview.....	42

3.8.2	Wages and benefits.....	42
3.8.3	Payment of salaries	43
3.8.4	Employment conditions.....	43
3.8.5	Superannuation.....	44
3.8.6	Performance management	44
3.8.7	Term dates for interns and RMOs	45
3.8.8	Information for interns.....	46
3.9	Professional Associations.....	48
3.9.1	Australian Medical Association Queensland	48
3.9.2	Junior Medical Officer Forum of Queensland.....	48
	Legislation and professional practice.....	49
4.1	Relevant legislation	50
4.2	Accreditation and registration bodies	50
4.2.1	Australian Medical Council	50
4.2.2	Registration – Medical Board of Australia	51
4.2.3	Australian Health Practitioner Regulation Agency	51
4.3	Accreditation.....	52
4.3.1	National accreditation.....	52
4.3.2	Prevocational accreditation	52
4.4	Australian Charter of Healthcare Rights.....	53
4.4.1	Ryan’s Rule.....	53
4.5	Child safety	54
4.6	Investigative and healthcare complaint entities in Queensland	55
4.6.1	Coroner	55
4.6.2	Office of the Health Ombudsman.....	55
4.6.3	Aged Care Complaints Commissioner	56
4.6.4	Crime and Corruption Commission.....	56
4.6.5	National Boards and the Australian Health Practitioner Regulation Agency	56
4.7	Information privacy and confidentiality.....	56
4.8	Informed Decision-Making and Consent	57
4.9	Medical indemnity insurance	58
4.10	Organ transplantation and hospital autopsies	58
4.11	Voluntary Assisted Dying	59

4.12	Right to information	60
4.13	Whistleblowers and public interest disclosures.....	60
	Rural and remote health services in Queensland	61
5.1	Rural and Remote Health in Queensland	62
5.2	Rural and remote medical practitioner classifications.....	62
	5.2.1 Medical Superintendents with Private Practice and Medical Officers with Private	62
	5.2.2 Rural Generalists	63
	5.2.3 Visiting Medical Officers.....	63
5.3	Remuneration/incentives for rural and remote medical practitioners.....	63
	Appendices.....	64
	Appendix 1: Emergencies internal and external.....	65
	Appendix 2: Statewide emergency services	66
	Appendix 3: Statewide Systems	67
	Appendix 4: Government and non-government referral agencies.....	69
	Appendix 5: Common medical abbreviations.....	77
	Appendix 6: Common medication terminology abbreviations	79
	Appendix 7: Route of medication administration abbreviations.....	79
	Appendix 8: Government abbreviations	79
	Appendix 9: Common health industry abbreviations	80



Healthcare system in Australia

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

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

Broadly, the Australian Government has responsibility for:

- + Medicare, the national scheme which provides free or subsidised access to clinically relevant medical, diagnostic and allied health services as specified in the Medicare Benefits Schedule (see section 1.1.2 for further information).
- + Pharmaceutical Benefits Scheme which subsidises universal access to a wide range of prescription medicines (see section 1.1.6 for further information).
- + The purchase of vaccines for the National Immunisation Program.
- + Rebates for private health insurance premiums, and regulation of private health insurers (see section 1.3.1 for further information).
- + Veterans' health care through the Department of Veterans' Affairs (DVA).
- + Subsidies for aged care services, such as residential care and regulation of the aged care sector.
- + Funding for community-controlled Aboriginal and Torres Strait Islander primary healthcare organisations.
- + Education for health professionals (through Commonwealth-funded university places).
- + Regulation of therapeutic goods and medical devices through the Therapeutic Goods Administration.
- + Expanded after-hours general practice and primary care services through Primary Health Networks (see section 1.2 for further information).

Australian states and territories are primarily responsible for the delivery and management of public sector health services, and for maintaining direct relationships with most healthcare providers. The state and territory governments are the largest providers of health services, including:

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

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

For further information about Australia's healthcare system refer to:

<https://www.aihw.gov.au/reports/australias-health/australias-health-2022-data-insights/summary>

1.1 Australia's public health system

1.1.1 Health system funding

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

Under the *Health Insurance Act 1973*, a patient is eligible for Medicare benefits if they:

- + are an Australian or 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.

Information about Medicare is available at: [Medicare - Services Australia](#)

Further information about Reciprocal Health Care Agreements can be accessed at

<https://www.servicesaustralia.gov.au/individuals/services/medicare/reciprocal-health-care-agreements/when-you-visit-australia>

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 the MBS online which contains the latest MBS information.

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

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

1.1.3 Schedule fee

The schedule fee is the set amount which Medicare pays toward the cost of 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 per cent of your taxable income but this rate may vary depending on your circumstances.

You may qualify for an exemption from paying the Medicare levy if you 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 website:

<https://www.ato.gov.au/Individuals/Medicare-and-private-health-insurance/Medicare-levy/>

1.1.5 Bulk billing arrangements by medical practitioners

In Australia, doctors may direct bill (also known as bulk billing). This allows a doctor to charge Medicare directly, accepting the Medicare benefit as full payment. Patients will pay nothing when bulk billing occurs. Patients must sign a completed form (after the consultation) and be given a copy of the form. Some doctors may issue patients with an account, which they pay and then claim the benefit from Medicare. Rebates may also be paid directly into the patient's bank account if arranged.

Further information is available on the Services Australia website:

<https://www.servicesaustralia.gov.au/individuals/subjects/how-claim-medicare-benefit/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 is available at: <http://www.pbs.gov.au/pbs/home>

1.1.7 PBS prescribing

Pharmaceutical benefits can only be prescribed by doctors, dentists, optometrists, midwives and nurse practitioners who are approved to prescribe PBS medicines under the *National Health Act 1953*.

A guide for medical practitioners when writing a PBS prescription in public hospitals is available at:

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

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

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

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

1.1.8 Patient charges

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

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

For further information visit:

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

1.1.9 PBS Safety Net

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

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

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

Provider and prescriber numbers

Services Australia allocates Medicare provider and prescriber numbers to medical practitioners where they meet the eligibility requirements. These numbers have distinct and separate uses. Your local medical administration team can assist you through the process of obtaining provider and prescriber numbers.

Provider numbers

Your provider number is used to identify you as a medical practitioner by 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. An application form can be downloaded at:

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

Prescriber numbers

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

It is important that you have this number by the time you start your intern year, otherwise the hospital will be unable to claim reimbursement from the Australian Government for medicines you prescribe to patients being discharged. 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 at:

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

1.2 Primary Health Networks

Primary Health Networks (PHNs) role is to increase the efficiency and effectiveness of the coordination of medical services for patients, particularly those at risk of poor health outcomes. PHNs aim to improve coordination of care to 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:

<https://www.health.gov.au/initiatives-and-programs/phn>

1.3 Australia's private healthcare system

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

The private sector assists in the provision of public health care services through the contracting of specific services.

A large network of private hospitals and day surgeries exist in Australia. Some of these hospitals are for-profit private organisations and some are not-for-profit religious organisations. All are privately funded through payment for medical services by the patients themselves, by insurers and by governments through national health insurance programs.

The Australian Private Hospitals Association is the peak national body representing private hospitals and day surgeries. For further information, refer to: <http://www.apha.org.au/>

1.3.1 Private health insurance

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

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

Private health insurance is optional in Australia, with many health insurance companies offering a variety of insurance options.

For further information about private health insurance, visit:

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





Queensland public health system

2.1 Queensland Health

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

The Department of Health, through the Director-General, is responsible for the management of the Queensland public health system, including monitoring the performance of HHSs. 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* (HHB Act) for the delivery of public hospital and health services, which were formerly provided by health service districts. The relationship between the department and the HHSs is governed by the HHB Act and service agreements.

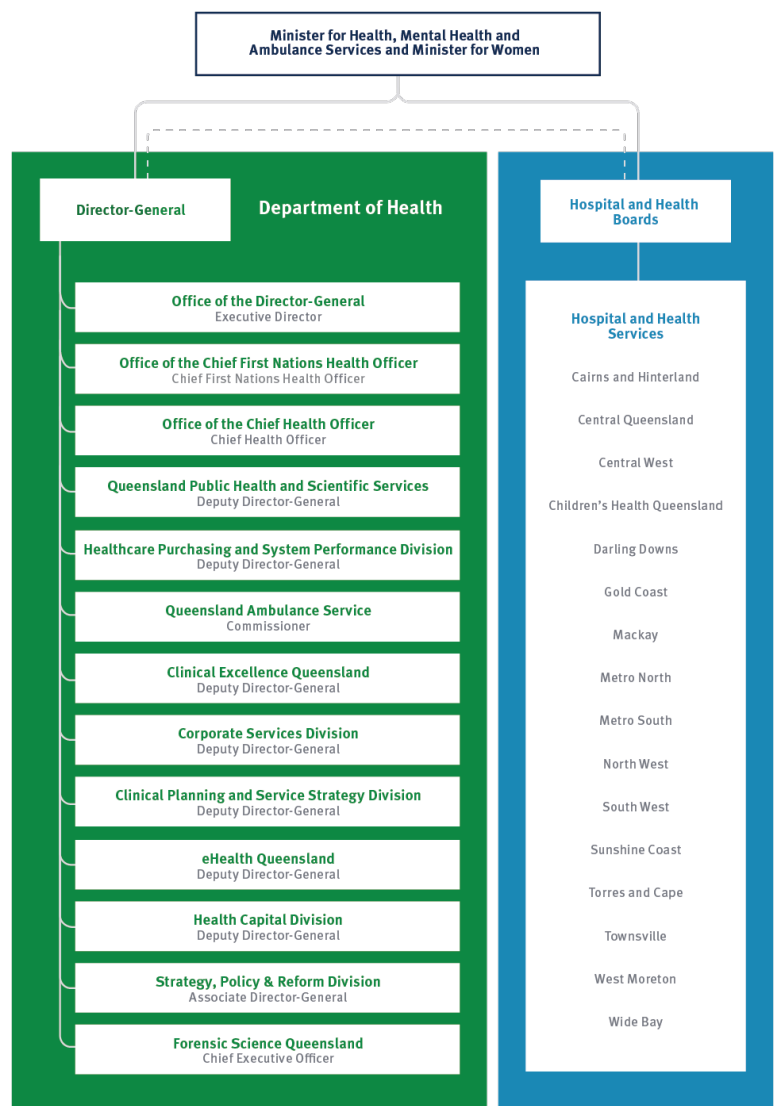
2.2 Structure of the public health system

The Director-General, Department of Health and Hospital and Health Boards report to the Minister for Health, Mental Health and Ambulance Services and Minister for Women.

2.2.1 Department of Health structure

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

The Department performs its role through the following divisions



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- + **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:** Supports the Chief Health Officer (CHO) to provide strategic advice and guidance on a range of matters relevant to the health of Queenslanders and to discharge the statutory obligations of the role. The Office of the CHO ensures coordinated, accurate and timely advice is available to the CHO through partnerships and engagement across the Department, HHSs and other government departments and agencies.
- + **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.
- + **Clinical Planning and Service Strategy Division:** Is 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, optimise health gains, reduce inequalities, and maximise the efficiency and effectiveness of the health system. The division collaborates with health system leaders, HHSs, clinical networks, key healthcare service providers, research and academic organisations, State and Commonwealth agencies as well as non-government organisations and other divisions.
- + **Corporate Services Division:** Partners with the Department and HHSs to provide contemporary expert advice and specialist corporate services across the health system through Business Services, Corporate Enterprise Solutions, Finance, Governance, Assurance and Information Management, Human Resources, Legal, Supply Chain Surety and System Procurement.
- + **eHealth Queensland:** Enables quality patient care by providing seamless technology solutions and services across Queensland Health, with a commitment to advancing digital healthcare.
- + **Health Capital Division:** Provides client focused support to achieve quality-built environments for the individual needs of clients. Through partnering with HHSs, Health Capital Division delivers the s Queensland Health Capital program, provides expert advice to effectively manage assets and property, as well as monitor and report on the performance of statewide capital and asset management programs.
- + **Healthcare Purchasing and System Performance Division:** Purchases public health and social services from service providers to optimise health gains, reduce inequalities, drive sustainability and maximise the health system's efficiency and effectiveness.

- + **Queensland Ambulance Service (QAS):** Operates as a state-wide service, delivering pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter-facility ambulance transport, casualty room services, and planning and coordination of multi-casualty incidents and disasters.
- + **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 cross-jurisdictional colleagues, including at the Commonwealth level.
- + **Forensic Science Queensland:** an interim Queensland Health business unit which provides independent, expert oversight of the delivery of forensic DNA and chemistry services within Queensland.

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:

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

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 and focuses on being adaptable and embedding innovative models of care and new technologies that improve patient care and deliver services more efficiently. Over the next decade, key system priorities will enable the delivery of better care in the hospital where it's needed and more care options delivered in the community, closer to home to ultimately refocus our system to maximise wellbeing and quality of life for all Queenslanders, regardless of where they live.

2.3.1 The vision

A dynamic and responsive health system where our workforce is valued and empowered to provide world-class 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 partnering across the health system to deliver accessible, equitable and sustainable healthcare for all Queenslanders.

There are seven system priorities that underpin 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, personalized 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, future-focused 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 equitable, accessible, and sustainable health care in Queensland.

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

Read more:

[HEALTHQ32: A vision for Queensland's health system |](#)

[Queensland Health](#)

[Department of Health Strategic Plan 2021-2025](#)

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

[Queensland Health Strategic Plans](#)

2.4 Hospital and Health Services

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

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



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

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

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

2.5 The health professional team

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

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

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

- + **Chief Executive** – chief administrator of services
- + **Executive Director of Medical Services** – coordinates all medical staff and services
- + **Executive Director of Nursing and Midwifery Services** – coordinates all nursing staff and services
- + **Executive Director or Director of Corporate Services** – coordinates administrative staff and business management processes.



2.6 Clinical governance

HHSs are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Hospital and health boards are accountable for governance of safety and quality – ensuring that the structures, processes and behaviours are in place to ensure they achieve optimal patient outcomes and to safeguard high standards of care.

2.6.1 Clinical Services Capability Framework

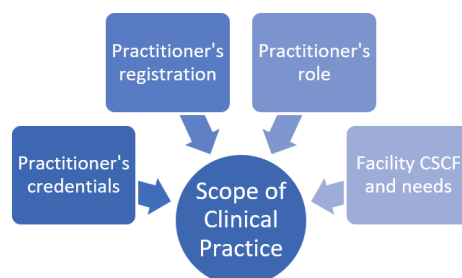
The Clinical Services Capability Framework for Public and Licensed Private Health Facilities outlines the minimum support services, staffing, safety standards and other requirements required in both public and private health facilities to ensure safe and appropriately supported clinical services

For further information, visit: <https://www.health.qld.gov.au/system-governance/licences/private-health/cscf>

2.6.2 Credentialing and scope of clinical practice

Credentialing and scope of clinical practice (SoCP) is a clinical governance risk management strategy to support the delivery of safe and high-quality healthcare within HHSs and the department.

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.



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 similar nature, will be required to have a defined SoCP. This is defined within each HHS's 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, available at: <https://www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/credentialing-and-defining-the-scope-of-clinical-practice>



Working as a medical practitioner in Queensland

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

The following section details key information for success in your role as a junior doctor and will be supplemented by a local orientation program delivered by your 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:

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

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

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

3.2 The multidisciplinary team

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

- + Medical Executives
- + Consultants (specialists, visiting medical officers (VMO), senior medical officers (SMO))
- + Registrars / principal house officers (PHO)
- + Senior and junior house officers (SHO and JHO)
- + Medical 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. These professionals are known as Directors of Clinical Training (DCTs) and Medical Education Officers (MEOs). Medical education staff also play a pivotal role as advocates for junior doctors.

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

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

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

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

INSIGHT: specialist providers of alcohol and other drug training, education, clinical resources and practice advice for workers and services <https://insight.qld.edu.au/>

There are many important skills to develop as a doctor in training and your supervisor can assist with your learning. The skills you may be expected to learn should be identified and form part of your learning objectives at the start of each work rotation.

A selection of these skills includes:

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

Other avenues to access medical education opportunities include:

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

JBI (formerly Joanna Briggs Institute): <http://joannabriggs.org/>

Cochrane Australia: <https://australia.cochrane.org/>

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

3.3.1 Continuing professional development

Australian Health Ministers approved changes to continuing professional development (CPD) to increase the value of doctors' life-long learning, effective from 1 January 2023. The changes are reflected in the Medical Board of Australia's *Registration standard: Continuing professional development*. The three core changes to CPD are the introduction of CPD homes, professional development plans for all doctors, and the requirement that doctors complete a variety of CPD activities each year. These standards aim to improve the value of doctors' professional development.

An exemption for PGY2 doctors to have a CPD home was extended for 12 months, through until the end of 2024.

Further information is available within the registration standard at: <https://www.medicalboard.gov.au/Registration-Standards.aspx>

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 Medical Board of Australia
- + liaise with other medical, nursing, allied health and other relevant staff regarding patient management and ensure appropriate communication is maintained with external agencies such as GPs and VMOs
- + be punctual and courteous and be responsible for your personal health and safety

3.4.2 Communication / handover

Communication is an essential component of work as a doctor within a multidisciplinary team.

Whether it is at shift change, or you are giving instructions to nursing or allied health staff, or ensuring that other doctors covering your ward know about your patients and are aware of any issues which must be monitored, it is important to communicate your handover information effectively to ensure continuity and coordination of care and to minimise the risk of adverse events.

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

3.4.3 Interactions with nursing staff

Your daily work will involve liaising 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 optimal care. Junior doctors are encouraged to talk to them about relevant issues, particularly where you have concerns.

Always treat nursing staff with respect and remember that you share a primary goal – high quality patient care. Listen to their concerns, discuss the rationale for your clinical judgements and ensure that you can be contacted as required.

3.4.4 Discharge planning

Discharge planning should commence as soon as possible after admission, as early referrals ensure timely discharges. When a patient is discharged, it is important that communication, preferably written, be made with the medical practitioner (GP or local medical practitioner) who is to provide the follow up treatment, provided the patient wishes this contact to be made. This ensures the exchange of information, which assists in the management of the patient.

Planning must consider:

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

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

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

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 HHSs manage and distribute discharge summaries.

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

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

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

3.4.6 Ward rounds

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

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

3.4.7 Attendance in operating theatres and specialist outpatient clinics

As a junior doctor, your responsibilities 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 with these timings.

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

3.4.8 Evidence-based medicine/practice

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

3.4.9 Documentation

Each time 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 the time to patient treatment.

3.5 Disease and infection prevention

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

3.5.1 Acute respiratory infections

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

For further information refer to: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians>

3.5.2 Communicable Diseases and Infection Management

The Communicable Diseases and Infection Prevention (CDIP) team within the Communicable Diseases Branch, Queensland Public Health and Scientific Services aims to support infection prevention and control preparedness and response. CDIP publishes the various infection control guidelines that outline critical aspects of infection prevention and control and include the guideline for the management of healthcare workers infected with blood borne viruses.

For further information refer to:

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

3.5.3 Disease transmission

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

3.5.4 Standard precautions

Standard precautions are:

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

3.5.5 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 cohorting of patients, restricted transfer of patients, and environmental controls such as enhanced cleaning and disinfection and air handling requirements.

Further information can be found in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)* available at <https://nhmrc.gov.au/health-advice/public-health/preventing-infection>

3.5.6 Hand hygiene

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

The key five moments for hand hygiene are:

- + before touching a patient
- + before a procedure
- + after a procedure or body fluid exposure risk
- + after touching a patient
- + after touching a patient's surroundings

Hand hygiene must also be performed after the removal of gloves. Clinical hand washing (with anti-microbial soap) should be done prior to performing invasive or clinical procedures. An online learning package for healthcare workers is available on the Hand Hygiene Australia web page here:

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

3.5.7 Sharps management

Sharps are objects or devices having sharp points, protuberances or cutting edges (e.g. syringe needles, scalpel blades, cannulas). Contaminated sharps pose the greatest risk to healthcare workers of exposure to blood borne viruses. They should be handled with due care.

For information about sharps handling and disposal, refer to:

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

3.5.8 Aseptic technique

Aseptic technique protects patients during invasive clinical procedures by employing infection control measures that minimise, as far as practicably possible, the presence of pathogenic organisms.

Aseptic technique is the key component of Standard 3 (Preventing and Controlling Infections Standard) of the National Safety and Quality Health Service Standards and is intended to prevent or minimise the risk of introducing harmful infectious agents into sterile areas of the body when undertaking clinical procedures.

For further information, refer to:

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

3.6 Systems and standards

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

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

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

Integrated electronic Medical Record (ieMR)

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

The ieMR solution is currently available at varying levels of capability at many Queensland hospitals. 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.

Find out more about the ieMR solution: <https://www.health.qld.gov.au/clinical-practice/innovation/digital-health-initiatives/queensland/integrated-electronic-medical-record-iemr>

3.6.2 Queensland Health IT systems

Many IT programs are uniformly used across 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 hospital and health services.

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

AUSCARE

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

AUSLAB

- + 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 consumer-centric clinical information system designed to improve access to collaborative, holistic care, and support clinicians in the provision 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)

- + CKN provides clinicians with direct access to the latest evidence-based information for point of care decision making; medical, nursing and health research; and ongoing professional development. CKN allows access to the Australian Medicines Handbook (AMH), online health texts and large range of journals. A number of training and information opportunities are provided to support CKN users through the website.

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 repository 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.

For further information, refer to:

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

Workplace conduct and ethics

All employees have an obligation to ensure their conduct is appropriate and reflects the principles, values and standards of conduct outlined in the [Code of Conduct for the Queensland Public Service](#). There are many ethical challenges that junior doctors will encounter and deal 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 unlawful under the following grounds:

- + Sex
- + Age
- + Gender identity
- + Relationship Status
- + Race
- + Sexuality
- + Parental Status
- + Impairment
- + Family Responsibilities
- + Pregnancy
- + Religious belief or religious activity
- + Breastfeeding
- + Trade union activity

Vilification means that a person must not incite hatred toward, or serious contempt for, or severe ridicule of a person or groups of persons on the grounds of race, religion, sexuality or gender identity of the person.

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

Workplace harassment and sexual harassment

All employees are responsible for ensuring the workplace is free from harassment and must not engage in any behaviour that could amount to harassment.

Workplace harassment is repeated and unreasonable behaviour directed towards a worker or group of workers that creates a risk to health and safety. **Sexual harassment** occurs when an employee subjects another person to an unsolicited act of physical intimacy or makes an unsolicited demand or request for sexual behaviours. This also includes remarks or sexual connotations and engagement of any other unwelcome conduct of a sexual nature.

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

Workplace bullying

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

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

Employee complaints

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

For further information, refer to:

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

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:

<https://qheps.health.qld.gov.au/hr/workplace-culture/working-for-queensland-survey> (*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.

Information on domestic and family violence, including support resources is available on the Queensland Health intranet at: <https://qheps.health.qld.gov.au/hr/staff-health-wellbeing/domestic-family-violence> (*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.

Further information, refer to: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/domestic-family-violence/healthcare-workers>

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: <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Social-media-guidance.aspx>

3.6.4 Cultural capability

According to the *Australian Bureau of Statistics Census of Population Housing 2021*, Queensland is a culturally and linguistically diverse state, with almost 30% of the population born overseas and 15% of households speaking a language other than English at home.

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

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

- + Assume differences will be present
- + Check your assumptions in a culturally sensitive way
- + Emphasise description rather than interpretation or evaluation
- + Delay judgement until you have had sufficient time to observe and interpret the situation
- + Express empathy simply – try to see the situation from the other person’s perspective and convey that you acknowledge their feelings and appreciate their situation – “I can see that you are angry / upset / sad / worried / annoyed about.....”
- + Treat your interpretation as a working hypothesis until you have sufficient data to support it
- + Be aware of your own cultural beliefs and prejudices

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

For further information, refer to:

<https://www.health.qld.gov.au/public-health/groups/multicultural/resources-health-professionals>

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

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

3.6.5 Closing the gap in Queensland

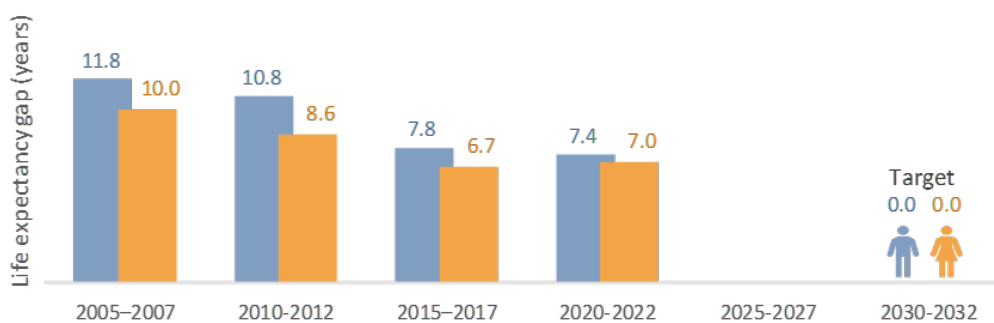
Queensland Health acknowledges and pays respect to Aboriginal and Torres Strait Islander Peoples, Elders, consumers and staff, past and present, on whose land we provide health services to all Queenslanders.

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 7 years for males and 7 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 undercount. 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 the system-wide visibility and importance of Aboriginal and Torres Strait Islander health and improving health equity and outcomes for Queensland Aboriginal and Torres Strait Islander peoples.

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, refer to:

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

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

<https://www.health.qld.gov.au/public-health/groups/atsihealth/burden-of-disease>

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

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

A self-paced, online wellbeing program for junior doctors (PGY1-5) was released at the beginning of the 2023 clinical year and is due to be refreshed in early 2024. New modules will be developed in consultation with junior doctors during 2024.

The online wellbeing modules for junior doctors can be accessed through iLearn (online delivery of mandatory and professional development training for Queensland Health staff):

<https://ilearn.health.qld.gov.au/d2l/login>.

Search the iLearn course catalogue for "mind" to find Mind(re)set – an online wellbeing education and training program for junior doctors.

3.7.2 Queensland Health Employee Wellbeing

Queensland Health is committed to ensuring the wellbeing of its entire workforce.

The Queensland Health Employee Wellbeing website is a consolidated hub of information and resources related to the five dimensions of wellbeing; mental, social, financial, physical and workplace. Employee wellbeing is enhanced by a whole-of-system approach to wellbeing, centered on sustainable principles and practices.

In October 2023, Queensland Health released the Workplace Mental Health and Wellbeing Framework, covering strategies and objectives targeted at promoting mental health, reducing stigma, prevention through good work design, and early intervention and treatment or support for workers with mental health conditions.

The Queensland Health Medical Workforce Wellbeing Reference Group, chaired by the Chief Medical Officer and including representatives across the training continuum, works to inform organisational solutions to minimise risk, support early help-seeking behaviours, and promote a positive workplace culture that prioritises the health and wellbeing of medical practitioners and medical students.

Find out more about Queensland Health employee wellbeing at:

<https://qheps.health.qld.gov.au/csd/employee-centre/workhealth-safety-wellbeing/employee-wellbeing-overview> (accessible on Queensland Health computers only)

The Queensland Health Workforce Mental and Health Wellbeing framework is available at: <https://qheps.health.qld.gov.au/hr/staff-health-wellbeing/staff-wellbeing/mental-wellbeing/mental-health-wellbeing-framework> (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, the Queensland Parliament passed amendments to the *Hospital and Health Boards Act 2011* to require Hospital and Health Boards and HHSs to proactively consider the health, safety and wellbeing of staff of public sector health service facilities. This includes both physical and psychological health, safety and wellbeing, as well as emotional wellbeing and cultural safety. This legislation extends to clinical, administrative and operational staff.

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.

Find your local employee assistance service provider, based on where you work: <https://qheps.health.qld.gov.au/csd/employee-centre/workhealth-safety-wellbeing/employee-assistance-service-providers> (accessible on Queensland Health computers only)

3.7.5 Your own GP

Doctors often have substantial workloads and may not prioritise 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-driven 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 interns, residents, principal house officers, registrars and fellows.

Further information is available at: <https://qheps.health.qld.gov.au/childrenshealth/html/peopleculture/wellbeingprogram/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: <https://www.handnhand.org.au/>

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 community as a whole. 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 helpline (24 hour)
- + DHQ website: <http://dhq.org.au>

Lifeline

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

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

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

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
- + SCBS website: <https://www.suicidecallbackservice.org.au/>

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.

Call, or request a call-back from adis on Ph: 1800 177 833 (free call) or visit their website at: <https://adis.health.qld.gov.au/>

Bush Support Services

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

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

For further information, refer to: <https://crana.org.au/workforce-support/bush-support-services>

Emergency contact numbers

- + Dial Triple Zero (000) for Police, Fire and Ambulance in an emergency
- + Dial 13 HEALTH (Ph. 13 43 25 84) for non-urgent medical help or for assistance finding a health service in your area
- + Dial 13 11 26 (national number) for Poisons Information Centre

For further information refer to:

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

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

3.8 Recruitment and Employment

3.8.1 Overview

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

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

3.8.2 Wages and benefits

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

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

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

Salary packaging (or salary sacrificing) is an option available to maximise your income. It is an arrangement whereby you authorise a specific amount to be deducted from your gross wage to pay for other benefits prior to tax being calculated. Your tax is then calculated on the reduced amount of wages.

The salary packaged amount deducted is forwarded by payroll to an approved salary package provider under contract to the government, to pay for the benefit items selected. To take full advantage of these arrangements, you are encouraged to seek independent financial advice.

For further information, refer to:

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

3.8.3 Payment of salaries

Staff are paid fortnightly (i.e. 26 pay cycles per financial year). An annual payroll calendar can be accessed from QHEPS (intranet) <https://qheps.health.qld.gov.au/paris/calendar> (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 HR forms can be accessed via QHEPS (intranet).

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

Access the MyHR launch pad at: <https://qheps.health.qld.gov.au/payroll-assistance/html/myhr> (accessible on Queensland Health computers only)

3.8.4 Employment conditions

Medical practitioners employed by Queensland HHSs or the Department of Health are subject to the terms and conditions of the *Medical Officers' (Queensland Health) Award – State 2015* and *Medical Officers' (Queensland Health) Certified Agreement (No.6) (MOCA6)*.

The employment of visiting medical officers in Queensland Health is guided by a Health Employment Directive (*Visiting Medical Officers – Employment Framework*). The proposed *Visiting Medical Officer Employees' (Queensland Health) Certified Agreement (VMO1) 2023* reached in-principle agreement, though is yet to be certified.

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: <https://qheps.health.qld.gov.au/hr/employer-arrangements> (accessible on Queensland Health computers only)

Awards and Agreements for medical practitioners are published at: <https://www.health.qld.gov.au/employment/conditions>

Health employment directives are published at: <https://www.health.qld.gov.au/directives/employment>

Updates relating to the VMO1 enterprise bargaining status can be accessed at: <https://qheps.health.qld.gov.au/hr/policies-agreements-directives/enterprise-bargaining> (accessible on Queensland Health computers only)

3.8.5 Superannuation

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

QSuper is the default superannuation fund for Queensland Government employees, however, eligible Queensland Government employees are now able to choose their superannuation provider. In addition to employer contributions, permanent and temporary employees are required to make standard contributions either before (salary packaging) or after tax.

Contact your human resource department for details on specific arrangements if you are employed on a casual or contract basis.

3.8.6 Performance management

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

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

Full details are on the MBA's website:

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

When required, a clinical supervisor, in consultation with the medical education team and the junior doctor can complete an Improving Performance Action Plan (IPAP) to address identified issues. The Director of Clinical Training has responsibility for ongoing implementation of action plans.

IPAP forms can be viewed on the AMC website as a PDF. The document is called an IPAP.

[intern-training-ipap-template-2014-09-241.pdf \(amc.org.au\)](https://www.amc.org.au/intern-training-ipap-template-2014-09-241.pdf)

Generally medical practitioners employed at principal house officer (PHO) / registrar level and above are required to participate a performance and development process, which allows staff to:

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

The process should be a combination of formal and informal performance evaluation and planning. Details of local processes will be available from your HHSs HR Department.

3.8.7 Term dates for interns and RMOs

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

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

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

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

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

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

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

See the Queensland Health RMO Campaign website for key dates and further information about applications and offers of RMO positions. <https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/recruitment/rmo>

For interns, the official clinical year commences immediately after a period of paid orientation. Each clinical year is divided into five terms of between 10 to 12 weeks. Interns must complete a minimum of four 10-week terms across the clinical patient care categories.

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

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

Current term dates can be found at: <https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/recruitment/intern/key-dates#term-dates>

3.8.8 Information for interns

Medical Registration

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

The Medical Board of Australia has approved the standards and requirements relating to PGY1 training within the new National Framework for Prevocational (PGY1 & PGY2) Medical Training. This is considered a transition period with the new standards and requirements for PGY1 to be implemented in 2024, with PGY2 components due to be implemented from 2025. The National 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 PGY1 and during PGY2 when you will have general registration, your responsibilities are defined by the Medical Board of Australia's registration standards. During your intern year you can only practice in an accredited intern position. Under the new National Framework, to become eligible for general registration, interns must complete:

a 47-week intern year, whereby you will be required to complete:

- 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).
- For example, interns 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.

During the year all interns must have exposure to the four clinical experience categories:

- A. patients presenting with undifferentiated illness
- B. patients with chronic illness
- C. patients with acute and critical illness
- D. peri-procedural patient care.

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 Service 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

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: <https://www.servicesaustralia.gov.au/organisations/business/services/proda-provider-digital-access>

For further information about provider and prescriber numbers visit: <https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/medicare-benefits-health-professionals/apply-provider-number-or-prescriber-number>

Intern training and assessment

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

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

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

<https://www.amc.org.au/accredited-organisations/accreditation-overview>

The AMC recently finalised a comprehensive review of the National Framework for Prevocational (PGY1 and 2) Medical Training, with jurisdictions preparing for implementation in 2024.

Further information about the review is available on the AMC website: <https://www.amc.org.au/framework/>

3.9 Professional Associations

3.9.1 Australian Medical Association Queensland

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

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

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

Download the 2023 AMA Queensland Intern Guide at: <https://qld.ama.com.au/student>

3.9.2 Junior Medical Officer Forum of Queensland

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

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

Specifically, the JMOFQ:

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

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





Legislation and professional practice

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*
- + *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 on the Department of Health website at: <https://www.health.qld.gov.au/system-governance/legislation>

4.2 Accreditation and registration bodies

4.2.1 Australian Medical Council

The Australian Medical Council (AMC) is an independent national standards body for medical education and training. The purpose of the AMC is to ensure 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:

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

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

4.2.2 Registration – Medical Board of Australia

All medical practitioners who work in Queensland are required to be registered with the Medical Board of Australia (MBA). This includes registration for:

- + medical practitioners who completed their medical degrees in Australia
- + medical practitioners who completed their medical degrees in a country other than Australia

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

Under the National Law, there 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 the MBA website:

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

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

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

4.2.3 Australian Health Practitioner Regulation Agency

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

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

Applications for registration and renewal of registration are processed by Ahpra who review the documentation on behalf of the MBA and support the 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, the 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: <https://www.ahpra.gov.au/>

COVID-19 related policy changes are communicated at: <https://www.ahpra.gov.au/News/COVID-19.aspx>

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 Healthcare-Associated 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 developmental goals.

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

Further information about the NSQHS standards is available at:

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

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:

<https://www.achs.org.au/our-services/accreditation-and-standards>

4.3.2 Prevocational accreditation

Prevocational Medical Accreditation Queensland (PMAQ), as a unit within the Queensland Department of Health, 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 Australian Medical Council (AMC) as the intern training accreditation authority for Queensland, delivering the largest medical accreditation service of its kind in the Pacific with 23 intern training programs currently accredited throughout Queensland.

What is accreditation of prevocational medical training?

- Quality assurance through a four-year cycle of assessment, monitoring 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 Prevocational Medical Accreditation Queensland (PMAQ) can be found at <https://pmaq.health.qld.gov.au>

4.4 Australian Charter of Healthcare Rights

Everyone who is seeking or receiving care in the Australian healthcare system has certain rights regarding the nature of that care. These are described in the Australian Charter of Healthcare Rights (the Charter). The rights included in the Charter relate to access, safety, respect, communication, participation, privacy and consent. The Charter is available to everyone in the healthcare system. It allows patients, consumers, families, carers and providers to share an understanding of the rights of people receiving healthcare.

For further information, refer to:

<https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-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 escalation of care response while under the care of a HHS acute care facility, including Hospital in the Home (HITH) 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 escalation process, Ryan's Rule, to minimise 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: <https://clinicaexcellence.qld.gov.au/priority-areas/safety-and-quality/ryans-rule>

4.5 Child safety

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

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

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

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

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

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

Access the *Child Protection Act 1999* at: <https://www.legislation.qld.gov.au/view/html/inforce/current/act-1999-010>

For further information about child abuse and neglect, refer to: https://www.health.qld.gov.au/_data/assets/pdf_file/0022/465160/childabuse-neglect-mod-ext.pdf

Child Abuse Prevention Service:

- + Ph. 1800 177 135 (free call) or <https://www.caps.org.au/>

Department of Child Safety, Seniors and Disability Services

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

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

Child Safety After-Hours Service Centre:

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

- + Ph. 1800 177 135 (free call, Queensland only) or <https://www.dcssds.qld.gov.au/contact-us>

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.

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

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

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

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

View Coronial inquest findings at:

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

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

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. It is an independent statutory body established under the *Health Ombudsman Act 2013*, which outlines the key objectives of the Office.

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

For further information visit the OHO website: <https://www.oho.qld.gov.au/>

4.6.3 Aged Care Complaints Commissioner

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

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

4.6.4 Crime and Corruption Commission

HHSs are a unit of public administration (UPA) under the *Crime and Corruption Act 2001* (the CCA). 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: <http://www.ccc.qld.gov.au>

4.6.5 National Boards and the Australian Health Practitioner Regulation Agency

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

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: <https://www.ahpra.gov.au/notifications.aspx>

4.7 Information privacy and confidentiality

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

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

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

For further information, refer to the Privacy and Right to Information intranet site:

<https://qheps.health.qld.gov.au/csd/business/records-and-information-management/privacy-rti> (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 advisable for:

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

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

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

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

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

4.9 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 of Health and by HHSs under HR Policy 12 – Indemnity for Queensland Health Medical Practitioners.

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

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

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

4.10 Organ transplantation and hospital autopsies

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

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

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

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

Registers and processes for organ donation and transplantation are coordinated by DonateLife. Further information about DonateLife can be accessed at: <https://donatelife.gov.au/>
DonateLife Queensland's website is accessible on Queensland Health computers only at:
<https://qheps.health.qld.gov.au/donatelifeqld>

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

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 eligibility criteria for accessing voluntary assisted dying.

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

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

There are 3 key roles in Queensland's voluntary assisted dying process—coordinating, consulting, and administering practitioners, which are collectively 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 1 year as the holder of specialist registration, OR
- hold general registration and have practiced for at least 5 years as the holder of general registration, OR
- hold specialist registration and have practiced for at least 5 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 (including the handbook, education module and other resources), please visit:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/information-for-healthcare-workers/handbook>

<https://ilearn.health.qld.gov.au/shared/Qvad/story.html>

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

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/authorised-practitioners/becoming-vad-practitioner>

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/voluntary-assisted-dying/information-for-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 IP Act is designed to work in parallel with the RTI Act and provides a statutory right to individuals to apply to access and amend their own personal information. All documents held by HHSs are subject to the RTI and IP Acts and may be subject to internal and external review.

Refer to your employing HHS for the local policy / guideline as each HHS has delegated decision-makers in place to manage applications. View the RTI Act at: [Right to Information Act 2009 \(legislation.qld.gov.au\)](http://legislation.qld.gov.au)

4.13 Whistleblowers and public interest disclosures

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

The act of reporting misconduct or maladministration may amount to a Public Interest Disclosure (PID).

Whistleblowing and PID are covered by the *Public Interest Disclosure Act 2013*.



For further information, refer to: <https://www.health.qld.gov.au/employment/conditions/staff-complaints/how-to/public-interest-disclosure>



Rural and remote health services in Queensland

According to the Australian Institute of Health and Welfare, people living in rural areas tend to have shorter lives, higher levels of illness and disease risk factors than those in major cities. It is also true that, on average, people living in rural Australia do not always have the same opportunities for good health as those living in major cities. In contrast, rural Australians generally have higher levels of social cohesiveness, for example, higher rates of participation in volunteer work and feelings of safety in their community.

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

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

5.1 Rural and Remote Health in Queensland

All Queenslanders deserve equitable 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 resilient 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 a number of 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 on their QHEPS page <https://qheps.health.qld.gov.au/rural-remote-health> (accessible on Queensland Health computers only). Information on the QRRCN can be found here <https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-networks/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 Hospital and Health Service level.

The terms and conditions of employment are contained in the Medical Officers (Queensland Health) Certified Agreement (currently no.6) 2022: <https://www.health.qld.gov.au/employment/what-its-like-to-work-for-us/awards-agreements/current>

Overarching direction for private practice activities is contained in a Health Service Directive: <https://www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/private-practice-in-the-queensland-public-sector>

and accompanying framework: *Private Practice in the Queensland Public Health Sector (2019)*: <https://www.publications.qld.gov.au/dataset/afd5ae59-60ce-4ef8-b59d-f84137aa4962/resource/3fab45ba-ed8e-4bb0-8722-ef3d4f85d428/download/private-practice-framework-2019.pdf>

5.2.2 Rural Generalists

A rural generalist is a rural medical practitioner who provides:

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

The Queensland Rural Generalist Pathway (QRGP), hosted by the Darling Downs Hospital and Health Service, provides medical graduates with a supported training pathway to a career in rural medicine; and rural and remote communities with a skilled medical workforce. For further information about the QRGP, visit: <https://ruralgeneralist.qld.gov.au>

5.2.3 Visiting Medical Officers

Visiting Medical Officers (VMOs) in rural and remote Queensland work under similar provisions as they do in metropolitan facilities. VMOs are specialists that have their own private practice or general practitioners who choose to consult within public and private hospitals on a part time basis. In some cases, VMOs provide the sole specialty service in a number of disciplines in many rural and regional facilities. For further information about VMOs in Queensland Health, visit: <https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/vmo>

5.3 Remuneration/incentives for rural and remote medical practitioners

Under their employment terms and conditions, Queensland medical practitioners working in rural and remote locations may be entitled to remuneration and benefits. In addition, there are a range of programs and grants available to upskill existing rural generalists, or encourage medical practitioners to practice in regional and remote communities.

Further information can be found by following the links: Queensland Health remuneration information: <https://www.health.qld.gov.au/employment/work-for-us/clinical/medical/salary>

Workforce Incentive Program (WIP): <https://www.healthycareers.health.qld.gov.au/attraction-incentives>

Rural Procedural Grants Program (RPGP): <https://www.racgp.org.au/the-racgp/faculties/rural/rural-procedural-grants>, <https://www.acrrm.org.au/support/grants/rpgp>

Support for Rural Specialists in Australia (SRSA): <https://ruralspecialist.org.au/>
<https://qheps.health.qld.gov.au/csd/business/finance/revenue/private/coag>



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 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.

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

St John Ambulance (Queensland)

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

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

Queensland Police Service

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

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

Queensland Fire and Emergency Services

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

Retrieval Services Queensland

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

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

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

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

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

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

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

State Emergency Service

The State Emergency Service (SES) is a not-for-profit, volunteer organisation designed to help Queensland communities in times of emergency or disaster.

Each year the SES receives thousands of calls for assistance. Services are mostly provided in local communities by volunteers.

For further information, refer to: <https://www.qfes.qld.gov.au/about-us/frontline-services/state-emergency-service>



Poisons Information Centre

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

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

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

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

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.

For further information, refer to:

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

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

Elective surgery

While access to surgery is regulated to a large extent by workloads in operating theatres and surgical wards, it is also influenced by activity in emergency departments and outpatient clinics. 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 state-wide hospital formulary for medicine (List of Approved Medicines – LAM).

<https://qheps.health.qld.gov.au/medicines/services> (*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, refer to: <https://qheps.health.qld.gov.au/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 information, refer to: https://qheps.health.qld.gov.au/multicultural/interpreting/interpreter_serv (*accessible only on Queensland Health computers*)

Telehealth

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

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

For further information, refer to:

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

National Prescribing Service

The National Prescribing Service 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, refer to: <https://www.nps.org.au/>

Appendix 4: Government and non-government referral agencies

13 HEALTH (13 43 25 84)

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

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

13 QGOV (13 74 68)

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

For further information, refer to:

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

Allied health services

A range of allied health services are provided by the public healthcare system in community health centres and public hospitals. Services are usually provided on a referral only basis and are at no cost to the patient. The range of allied health services available may vary depending on the location of the public health facility.

Some allied health services are provided to the community by other government departments. Some non-government organisations such as domiciliary agencies (often also referred to as home care) also offer allied health services to eligible patients in the community.

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

Cancer Council Queensland

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

Cancer information and services

Cancer Helpline 13 11 20 toll free

The Cancer Helpline provides information, support and a referral for the cost of a local call.

Cancer Counselling Service

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

Support groups and programs

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

Prevention and early detection

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

Information for health professionals and students

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

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

Centrelink

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

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

<https://www.myagedcare.gov.au/help-at-home/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, refer to: <https://www.diabetesqld.org.au/>

Child safety, seniors and disability services

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

For further information, refer to:

Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts:
<https://www.dsdsatsip.qld.gov.au/>

Department of Child Safety, Seniors and Disability Services:
<https://www.dcssds.qld.gov.au/>

Domestic and family violence

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

If you suspect someone is in a violent or abusive relationship and need information and/or help, there are many services throughout Queensland that can be contacted.

Support options in the workplace include:

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

For further information, refer to:

<https://www.justice.qld.gov.au/about-us/services/women-violence-prevention/violence-prevention>

<https://qheps.health.qld.gov.au/csd/employee-centre/workhealth-safety-wellbeing/employee-assistance-service-providers> (accessible only on Queensland Health computers)

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 repatriation benefits cards

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

For further information, refer to:

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

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

Home care services in Queensland

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

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

Injury at work

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

This insurance coverage ensures that employees injured at work receive financial support, reasonable medical treatment and appropriate rehabilitation to facilitate return to their previous employment.

Doctors play an important role in the workers' compensation process by providing workers with medical and rehabilitation services that help people recover from injury or illness. For a worker to be entitled to make a claim from their workers compensation insurer, they must obtain a workers' compensation medical certificate for the duration of their claim.

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

Meals on Wheels

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

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

Medical Aids Subsidy Scheme

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

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

Men's health

Australian men are more likely to get sick from serious health problems, such as cancer, than Australian women. Their mortality rate is also much higher. The poor health status of Australian men

is complicated by the fact that men are more likely than women to shy away from medical treatment of any kind. The lack of health awareness and unwillingness to adopt a healthier lifestyle also disadvantages men.

Advice and referring agencies regarding health conditions specific to men's health are available at: <http://conditions.health.qld.gov.au/HealthCondition/home/category/16/mens-health>

Mental health services

The Mental Health Alcohol and Other Drugs Branch within the Department of Health supports the statewide development, delivery and enhancement of safe, quality, evidence-based clinical and non-clinical services in the specialist areas of mental health and alcohol and other drugs treatment. Mental health care in Queensland is delivered by a range of providers operating within and across different sectors. Clinical assessment and treatment services providing crisis response, acute, non-acute and continuing treatment services in inpatient and community settings are provided by public and private sector mental health services and health practitioners, along with non-government organisations.

For further information, refer to:

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

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

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

Queensland Mental Health Commission: <https://www.qmhc.qld.gov.au/strategic-planning/statewide-strategic-plan>

National Drug Strategy: <https://www.health.gov.au/resources/collections/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, refer to: <https://www.ndis.gov.au>

National Heart Foundation

The National Heart Foundation is an independent Australia-wide, non-profit health organisation which is funded almost entirely by donations from Australians. It is dedicated to making a real difference to the heart health of Australians by:

- + funding world-class cardiovascular research, 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, refer to: <https://www.heartfoundation.org.au/>

Oral health services

Queensland oral health services offer care to all children from age four, up to and including Year 10 school students. These services are provided through HHSs. A program for eligible adults and their dependents is also available.

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

Palliative care

The Queensland Government has a strong commitment to the palliative care approach with palliative care being regarded as an integral part of the broader healthcare system. Though most clients accessing palliative care services in Queensland have cancer, they are available to all patients requiring the services regardless of their underlying condition.

For additional information on palliative care services, refer to:

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

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

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

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

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

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

Salvation Army

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

- + Support for people whose lives have been diminished by excessive use of alcohol and drugs
- + Housing for the homeless
- + Comfort for victims of accident and disaster
- + Assistance in finding missing persons.

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

Sexual health

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

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

For further information, refer to: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health>

Statewide Sexual Assault Help Line

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

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

For further information, refer to:

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

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

St Vincent de Paul

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

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

Suicide in Queensland

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

The Queensland Health guidelines on suicide risk assessment and management are available on the QHEPS intranet at: https://www.health.qld.gov.au/data/assets/pdf_file/0027/1125864/qh-gdl-967.pdf (accessible only on Queensland Health computers)

For further information refer to:

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

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

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

Women's health centres

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

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



Appendix 5: Common medical abbreviations

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

ID	Identity / Identification
LOC	Loss of Consciousness
LPM	Litres Per Minute (oxygen)
MEDS	Medication
MI	Myocardial Infarction
MICU	Mobile Intensive Care Unit
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSDS	Material Safety Data Sheet
MSO	Medical Support Officer
MSQ	Mental Status Questionnaire
MVA	Motor Vehicle Accident
Mx	Management
NAD	Nil Abnormalities Detected
NBM / NPO	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	Administrative 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
CHRISP	Centre for Healthcare Related Infections Surveillance and Prevention
CICM	College of Intensive Care Medicine of Australia and New Zealand
CKN	Clinicians Knowledge Network

CN	Clinical Nurse
CNC	Clinical Nurse Consultant
CNS	Clinical Nurse Specialist
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 Program
FBT	Fringe Benefits Tax
FOI	Freedom of Information
FTE	Full Time Equivalent
GPT	General Practice Training
GP	General Practitioner/Practice
GPT	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 Forum
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
JMO	Junior House Officer (Medical)
LAM	List of Approved Medicines
LGA	Local Government Area
MASS	Medical Aids Subsidy Scheme
MBA	Medical Board of Australia
MBS	Medical Benefits Schedule
MEO	Medical Education Officer
MET	Medical Emergency Team
MEU	Medical Education Unit
MOPP	Medical Officer with Private Practice
MOW	Meals on Wheels
MPHS	Multi-purpose Health Service
MSQ	Medication Services Queensland
MSP	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 House Officer (Medical)
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	Physiotherapists
PTSS	Patient Travel Subsidy Scheme
QA	Quality Assurance

QAS	Queensland Ambulance Service
QATSIHP	Queensland Aboriginal and Torres Strait Islander Health Partnership
QCS	Queensland Clinical Senate
QH	Queensland Health
QHEPS	Queensland Health Electronic Publishing Service
QIMR	Queensland Institute for Medical Research
QPS	Queensland Police Service
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 of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists Australasia
RDAA	Rural Doctor Association of Australia
RDAQ	Rural Doctor Association of Queensland
RFDS	Royal Flying Doctor Service
RMO	Resident Medical Officer
RN	Registered Nurse
RRCSU	Rural and Remote Clinical Support Unit
RSQ	Retrieval Services Queensland
RTI	Right to Information
SES	State Emergency Service
SHO	Senior House Officer (Medical)
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
VLAD	Variable Life Adjustment Display
VMO	Visiting Medical Officer
WEHO	Workplace Equity and Harassment Officer
WHO	World Health Organisation



 **Medi-Nav**