Government of Western Australia
Department of Health

Living and Working in Western Australia:

an Orientation Manual for International Medical Graduates

Medical Workforce Branch
Department of Health
Western Australia

Second edition
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Acknowledgements

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We gratefully acknowledge the work of these organisations and the additional advice and feedback received during consultation with a number of groups and individuals representing international medical graduates, employers, supervisors and professional bodies.

Disclaimer

This Orientation Manual is provided as an information source only and readers are encouraged to make their own assessment of the material provided and to seek the most current information directly from the organisations referenced in this manual and other relevant organisations.

The information provided does not constitute professional advice and should not be relied upon as such. Formal advice from appropriate sources and organisations should be sought before making any decisions.

The Department of Health does not accept liability to any person for the information or advice contained in this manual.

While every effort is made to ensure accuracy, the information contained in this manual is subject to regular change. Accordingly it is the responsibility of the reader to make their own decision about the relevance and accuracy of the material contained in this document.

For further information visit the Department of Health website for international medical graduates: www.overseasdoctors.health.wa.gov.au

Terminology

Use of the term "International Medical Graduate" within this document refers to doctors who obtained their primary medical qualification outside Australia. An alternate term which may be used elsewhere is overseas trained doctor.

The use of the term "Aboriginal" within this document refers to Australians who identify as Aboriginal and/or Torres Strait Islander people.

The terms "doctor" and "medical practitioner" are used interchangeably to indicate an individual who holds a medical qualification.

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Contents

Foreword

International medical graduates (IMGs) play a vital role in helping the Western Australian (WA) public health system, WA Health; meet its service delivery responsibilities. A significant percentage of doctors in WA trained overseas, particularly those doctors working in country WA. Rural Health West reports that in November 2011, IMGs made up 52.5% of the rural and remote medical workforce.

This Orientation Manual has been developed for IMGs, and other medical practitioners not familiar with the WA health system, to provide an introduction to the WA and Australian health systems. It aims to cover the information required by doctors commencing work in WA and includes key areas of operation and management that will assist IMGs new to the WA health system.

This second edition of the Orientation Manual addresses the key areas identified by the Australian Medical Council in their Orientation Guidelines. It also provides practical advice on settling in WA and identifies professional support organisations and resources.

The manual also introduces workplace-based assessment, currently being piloted at two hospitals in country WA. This important program is allowing IMGs to gain general registration with the Medical Board of Australia through a practical and supportive assessment process.

The WA health system is a complex web of public and private organisations working together to provide health services across the hospital and community settings. As the amount of detail that can be provided in any manual is limited, wherever possible, advice has been included on where to access more detailed information through websites or other contacts.

I hope this manual provides you with the information you need to make a smooth transition to your new workplace and wish you success in establishing a fulfilling medical career in WA.

Kim Snowball
DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

12 March 2013

Section 1 Australian healthcare system

1.1 Overview of Australia's healthcare system

Australia is a federation of six states and two territories governed by three tiers of government:

1. Australian government (also referred to as Federal or Commonwealth)
2. State / Territory government
3. Local government.

The Australian health system comprises a mixture of public and private service providers, supported by legislative, regulatory and funding arrangements, with responsibility distributed across the three levels of government, non-government organisations and individuals.

Funding is provided by all levels of government, health insurers, non-government organisations and individuals. Other funding sources which contribute to the use of health services by Australians include private insurance, accident compensation schemes and individual out-of-pocket contribution to the cost of services.

The Australian Government mainly contributes via the two national health subsidy schemes, the Medicare Benefits Scheme (known as Medicare) and the Pharmaceutical Benefits Scheme (PBS).

- Medicare subsidises payments for services provided by doctors, optometrists, and some allied health professionals.
- The PBS subsidises payments for a large proportion of prescription medicines bought from community pharmacies.

State, territory and local governments are responsible for delivery and management of public health services including public hospitals, mental health and dental health services, population health, community health centres and health promotion.

Supplementary support is provided by the Australian Government through social welfare arrangements, regional and remote programs, funding programs for chronic and complex conditions and healthcare arrangements for those associated with the Australian Defence Force through the Department of Veterans' Affairs.

In addition there are private organisations which operate hospitals and accept fee-paying patients and patients for whom additional service-fees are covered by medical insurance companies. Some private hospitals may also provide services to public patients under contract to State governments.

This system aims to ensure that all Australians are well covered for their health care needs.

Australia's Health 2012 provides additional information on Australia's complex healthcare system.

1.2 Medicare – access to health care as a public patient

Medicare is Australia's universal health insurance scheme which was introduced by the Australian Government in 1984 to ensure all Australians (and visitors from countries with whom Australia has signed a Reciprocal Health Care Agreement) have access to medical and hospital care when they need it. The objectives of Medicare are to:

- make health care affordable for all Australians
- provide all Australians with access to health care services according to clinical need
- provide a high quality of care.

Medicare is available to people in Australia who:

- hold Australian citizenship
- have been granted permanent resident status
- have applied for a permanent resident visa and meet certain other criteria
- are covered by a Reciprocal Health Care Agreement.

When admitted to a public hospital people eligible for Medicare can access free treatment as a public (Medicare) patient. The hospital will choose the doctors and specialists who treat them and the patient is not charged for care, treatment or after-care by the treating doctor or hospital.

People who choose to be admitted as a private patient in either a public or private hospital, are able to choose the doctor to treat them. Medicare will pay 75% of the Medicare schedule fee for the services and procedures provided by the treating doctor. If the patient has private health insurance, this may cover some or all of the outstanding balance. Private patients are charged for hospital accommodation and items such as theatre fees and medicines. These costs may be covered by private health insurance.

Information on the range of services covered by Medicare can be found on the website: http://www.humanservices.gov.au/customer/enablers/medicare/medicare/what-medicare-covers

The Medicare levy

Australian residents contribute to the funding of the Medicare scheme by paying a Medicare levy through the income tax system. The Medicare levy payable is based on your taxable income and is in addition to any other income tax payable. Normally, the Medicare levy is calculated at 1.5% of taxable income but this rate may vary depending on individual circumstances.

People whose taxable income is above a certain level and who don't have private health insurance may have to pay the Medicare levy surcharge (1%) in addition to the Medicare levy.

For more information on the Medicare levy, visit the Australian Taxation Office website: http://www.ato.gov.au/individuals/pathway.aspx?pc=001/002/030

Australian Government rebate on private health insurance

Families and individuals who qualify for Medicare and who pay private health insurance premiums may be eligible for Australian Government rebates on private health insurance. If you

are paying a registered hospital and/or general private health fund insurance, your insurance costs may be reduced. There are three tiers of Australian Government rebates based on the taxable income for you and your family.

Further information: http://www.humanservices.gov.au/customer/services/medicare/australian-government-rebate-on-private-health-insurance

Accessing Medicare

Any person eligible for Medicare will be issued with a Medicare card. This is a green plastic card issued by Medicare, printed with the holder's name (and that of any other eligible family members) and Medicare number.

A Medicare card is required:

- when a person visits a doctor
- when a person wishes to make a claim for a cash benefit at a Medicare office
- to make enquiries with Medicare
- to show at a public hospital when a person seeks treatment as a public patient
- to show a pharmacist when a person takes a prescription to a pharmacy to be filled.

Reciprocal Health Care Agreements

Although overseas visitors holidaying in Australia are generally not entitled to receive services under Medicare, there are exceptions in the case of visitors from those countries that have a Reciprocal Health Care Agreement with Australia. These countries currently are United Kingdom, Finland, Republic of Ireland, Italy, Malta, the Netherlands, Belgium, Norway, New Zealand, Slovenia and Sweden.

Further information: http://www.humanservices.gov.au/customer/enablers/medicare/reciprocal-health-care-agreements/health-care-for-visitors-to-australia

For information in languages other than English:
http://www.humanservices.gov.au/customer/themes/migrants-refugees-and-visitors

Medicare provider number for medical practitioners

In order for a doctor to provide services under Medicare, they must apply for and be granted a Medicare provider and prescriber number which enables Medicare to identify the health professional and the location at which the service was delivered. All doctors working in private and public hospitals require these numbers. Doctors working at a number of different locations need a provider number for each location.

Provider numbers are also used to identify practitioners for referral and diagnostic test request purposes. A prescriber number should be included on prescriptions when prescribing PBS medicines for patients who are being discharged.

Information on how to apply for provider and prescriber numbers is provided on the website:
http://www.medicareaustralia.gov.au/provider/pubs/medicare-forms/provider-number.jsp

Alternatively you can contact Medical Administration at your employing hospital for details on how to obtain a prescriber number and a provider number.

Billing arrangements by doctors

In Australia there are two methods of billing depending on the doctor and the patient.

Direct billing (also known as bulk billing), is where a doctor chooses to charge Medicare directly rather than seeking payment from the patient. The doctor accepts the Medicare benefit as full payment for this service (there are limitations to bulk-billing as set out in clauses 45 to 48 of the *Australian Health Care Agreement 2003 to 2008*). Patients must sign a completed form (after the consultation with the doctor, not before) and be given a copy of the form. There is no charge to the patient.

Alternatively, doctors may issue the patient with an account. Patients are usually expected to pay the account at the time of the consultation and the payment may be more than the Medicare scheduled fee (doctors can charge higher fees if they choose). Patients can then take the receipt to a Medicare office to recoup any refund owing to them (they may not be able to claim the entire amount – the difference is called the 'gap').

If the patient does not pay the account at the time of the consultation, Medicare will send the patient a cheque payable to the doctor, which the patient then sends to the doctor together with any outstanding amount (the gap).

For information about Medicare payments and services you can visit any Medicare Office or email medicare@humanservices.gov.au

1.3 Pharmaceutical Benefits Scheme

The PBS is a system of subsidising the cost of selected prescription medicines. These subsidies are available to Australian residents and eligible foreign visitors, that is, people from countries that have Reciprocal Health Care Agreements with Australia.

The aim of the PBS, which has been in operation since 1948, is to provide reliable access to a wide range of necessary prescription medicines at a reduced cost for patients. Public hospitals also provide free medications to inpatients.

The Department of Health and Ageing oversees the management of the PBS including administration of the Pharmaceutical Benefits Schedule ('the Schedule'), which lists all the medicines under the PBS and explains how they can be subsidised. The Schedule is updated every month and can be accessed via the website: http://www.pbs.gov.au

Before a medicine can be subsidised under the PBS, the Pharmaceutical Benefits Advisory Committee (PBAC) must recommend it for listing on the PBS. When recommending a medicine to be listed on the PBS, the PBAC takes into account the medical conditions for which the medicine has been approved for use in Australia, its clinical effectiveness, safety and cost-effectiveness (value for money) compared with other treatments.

Patient charges

Under the PBS, eligible persons fall into one of two categories which determines the amount the patient contributes and the amount of subsidy paid.

- **General category**: General patients pay the cost of dispensed medicines up to a maximum amount per item. Where the dispensed price of a drug is above that maximum, the general

patient pays that amount and the PBS pays the balance up to the listed price. If the prescription involves a more costly but equivalent brand, the subsidy may be limited to the lower cost brand (the minimum pricing policy).

- **Concessional category**: People who have a Medicare card and also have certain pensions, benefits or concession cards administered by the Departments of Family and Children's Services or Veterans' Affairs, or people who meet certain criteria for being declared to be disadvantaged. To claim these concessions, the patient's Medicare number (including the individual reference number) or Veterans' Repatriation Health Care entitlement number must be included in the appropriate spaces on the prescription form.

Further information is available on the PBS website http://www.pbs.gov.au/info/general/faq or you should request advice from the Pharmacy Department in your hospital.

Safety net schemes

For individuals and families who visit a doctor often or use a large number of PBS prescriptions each year, the Federal Government has set in place safety net schemes which reduce the cost of accessing services once a set number of visits or scripts has been reached.

The Medicare Safety Net covers a range of out-of-hospital doctor visits and tests listed on the MBS. For individuals, Medicare keeps a record of the medical expenses while families and couples need to register for the safety net scheme so that Medicare can link the individuals to track combined medical expenses. Once the Medicare Safety Net threshold is reached, visits to the doctor or having tests may cost less for the rest of the calendar year. Patients may be eligible for additional Medicare benefits once the Medicare Safety Net threshold is reached.

For information: http://www.humanservices.gov.au/customer/services/medicare/medicare-safety-net

The PBS safety net scheme is designed to protect patients and their families who require a large number of PBS medications each year. When patients reach a certain level of spending within a calendar year, they are entitled to receive further PBS items at a cheaper price or free of charge for the remainder of that year.

For information: http://www.humanservices.gov.au/customer/services/medicare/pbs-safety-net

http://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_5_Explanatory_Notes

Prescriber numbers for medical practitioners

A doctor is automatically given a PBS prescriber number when applying for their initial Medicare provider number. Unlike the Medicare provider number which is linked to a specific location, the PBS prescriber number stays with the doctor for life.

Pharmaceutical Benefit Scheme prescribing

Medicines prescribed for patients by their medical practitioner under the PBS in the course of their treatment are listed in the Schedule of Pharmaceutical Benefits. The Schedule also details the clinical conditions and other criteria that must be satisfied for a patient to qualify for a PBS medicine.

Prescribers have a responsibility to make sure that all PBS medicine is prescribed in accordance with the PBS requirements. Medicines listed in the Schedule fall into one of three broad categories of pharmaceutical benefits:

- **Unrestricted**: Medicine that can be prescribed through the PBS without PBS restrictions on therapeutic use. The uses for the medicine under the PBS are in accordance with the uses registered in Australia with the Therapeutic Goods Administration (TGA).
- **Restricted**: Medicine that can be prescribed through the PBS if the prescriber is satisfied that the patient's clinical condition matches the therapeutic uses listed in the Schedule.
- **Authority Required** (two categories):
  - Authority Required - restricted medicine that requires prior approval from the Department of Human Services (Human Services) or the Department of Veterans' Affairs (DVA).
  - Authority Required (Streamlined) - restricted medicine that does not require prior approval from Human Services or DVA but must have the relevant streamlined Authority code included on the prescription.

For information about the prescribing process and how to use the PBS correctly: http://www.medicareaustralia.gov.au/provider/pbs/education/index.jsp

1.4 Department of Veterans' Affairs

The DVA aims to support those who serve or have served in defence of our nation and commemorate their service and sacrifice. The DVA provides a broad range of health care and support services to eligible veterans and dependants through DVA and various health service providers. An example of the services provided are:

- Veterans' Home Care
- public and private hospital care
- respite care
- community nursing
- physiotherapy
- home support
- dental care
- podiatry

For information: http://www.dva.gov.au/benefitsAndServices/health/Pages/index.aspx

1.5 Private health care

Private health insurers and Medicare work in tandem in the Australian health care system. The private health system is a major provider of hospital services, and assists to lessen the demand on public hospital services.

Private health services also give the public the option of choosing their own doctor, shorten the waiting time for elective surgery, and provide access to services not covered by Medicare.

The Private Health Insurance Administration Council is an independent statutory authority that regulates the private health insurance industry. For information: http://www.phiac.gov.au/

For information on the Australian health system: http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/australiasHealthSystem

Sources:

Australian Institute of Health and Welfare 2012. **Australia's health 2012**. Australia's health series no.13. Cat. no. AUS 156. Canberra: AIHW.

Postgraduate Medical Council of Victoria. **Working in Victoria's Public Hospitals – an orientation guide for International Medical Graduates (11th edition)**

Central Coast Local Health Network and the Northern Sydney Local Health Network. **International Medical Graduate Orientation Handbook (2nd edition)**

Section 2 Western Australian healthcare system

2.1 WA public health service

In 2012, the estimated population for Western Australia (WA) was 2.4 million (Australian Bureau of Statistics). In general, the WA community enjoys enviable health outcomes, with life expectancy among the best in the world and infant mortality rates among the lowest in Australia. WA hospitals perform well in the key areas of safety and quality and patients benefit from excellent care. The WA population is predominantly based in the metropolitan area of Perth (around 1.8 million). The remaining population lives in rural and regional areas of the State.

The Government of Western Australia is responsible for ensuring that the people of WA receive the best possible health care. The coordination of health services is managed through the Department of Health which reports to the Minister for Health and the Minister for Mental Health.

For information on the Department of Health and current ministers:
http://www.health.wa.gov.au/about/

On 1 July 2012 five Governing Councils, made up of community members and clinicians, were established by the WA Minister for Health. These Councils play an important role in planning, monitoring and reporting on public health services and engaging with clinical and community stakeholders. Each Governing Council is aligned with one of five Health Services, three metropolitan and two rural.

The Metropolitan Health Service (MHS) consists of:

- Child and Adolescent Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service

The WA Country Health Service (WACHS) consists of:

- Northern and Remote Country Health Service
- Southern Country Health Service

The Western Australian public health system is known as “WA Health”.

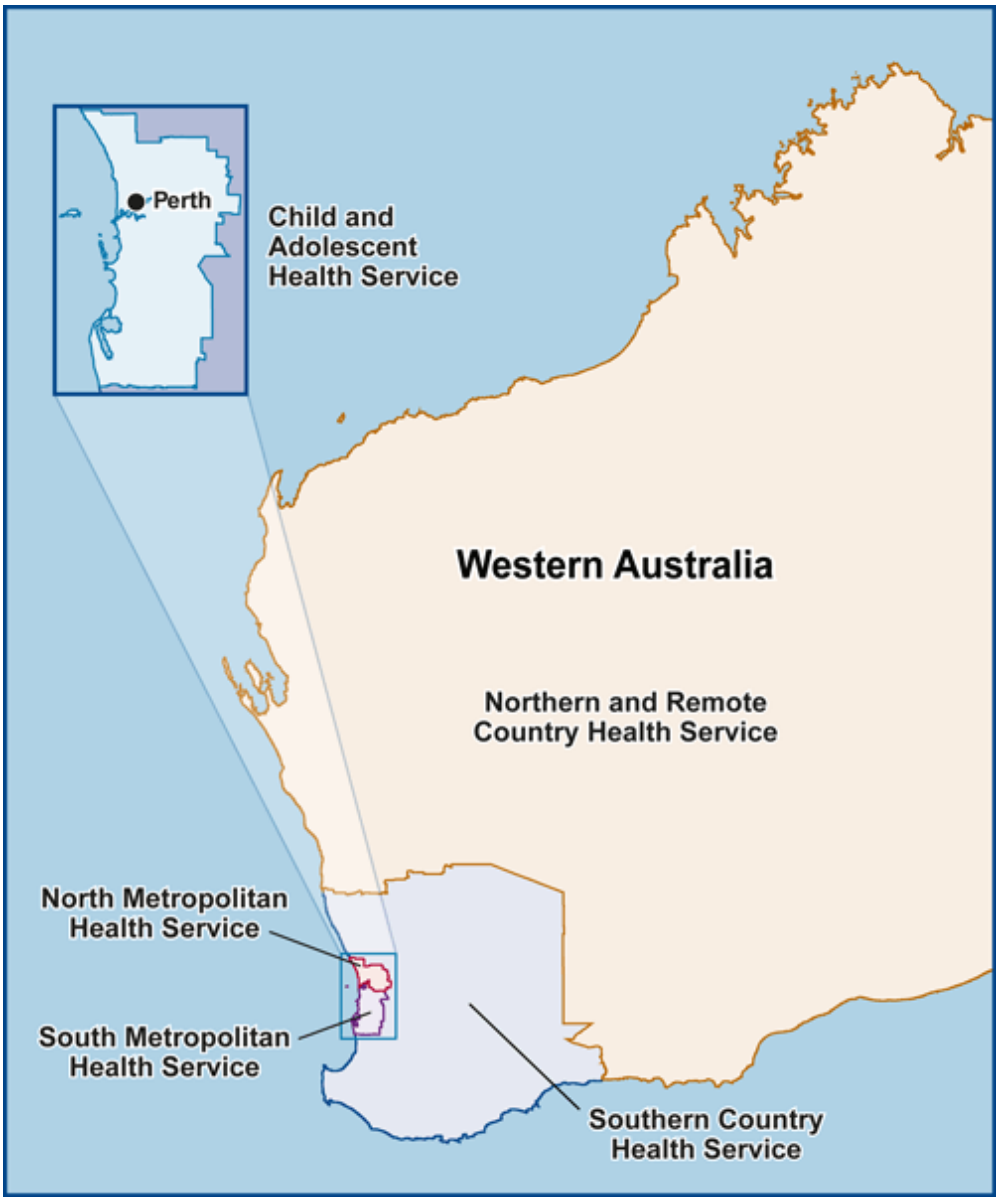
Vision: healthier, longer and better quality lives for all Western Australians.

Mission: to improve, promote and protect the health of Western Australians by:

- caring for individuals and the community
- caring for those who need it most
- making the best use of funds and resources
- supporting our team.

The health services delivered by WA Health include:

- public hospitals and community health services
- health protection through public health services and disaster preparedness management
- mental health services including in-patient services, crisis management, community treatment and support services
- dental health services including school dental health and public community dental services.



Map 1: *Location of Western Australian Health Services.*

2.2 Metropolitan health services

As part of the broader WA health system, the MHS delivers the majority of public health care services in WA through a range of primary, secondary and tertiary care services. It provides health care services to over 1.8 million people through the Child and Adolescent Health Service, North Metropolitan Health Service and South Metropolitan Health Service.

Child and Adolescent Health Service

The Child and Adolescent Health Service comprises Princess Margaret Hospital for Children (PMH), Child and Adolescent Community Health (CACH), Child and Adolescent Mental Health Service (CAMHS), and the New Children's Hospital project.

PMH is internationally recognised as a tertiary paediatric facility treating children and adolescents from around the State, providing over 250,000 patient visits each year.

CACH provides a comprehensive range of child health prevention and promotion services including early identification, intervention and treatment of child health issues in the community. Populations recognised to be "at-risk", such as WA's Aboriginal community are of particular focus, as are newly arrived refugees. Core services include child and school health, immunisation and child development.

CAMHS provides mental health services to infants, children and adolescents across the Perth metropolitan area. Services include inpatient care at PMH and the Bentley Adolescent Unit, the State's only authorised mental health facility for young people under the age of 18 years.

For more information: http://www.pmh.health.wa.gov.au/

North Metropolitan Health Service

The North Metropolitan Health Service (NMHS) provides public hospital, community, mental and public health services to almost one million people living in Perth's north and north-eastern suburbs. NMHS comprises three tertiary hospitals, three outer metropolitan hospitals, Dental Health Services, BreastScreen WA and PathWest Laboratory Medicine. It also oversees the provision of contracted public health care from the privately operated Joondalup Health Campus. The public hospitals include:

- Sir Charles Gairdner Hospital
- King Edward Memorial Hospital
- Graylands Hospital
- Kalamunda Hospital
- Osborne Park Hospital
- Swan District Hospital

The NMHS provides the following services:

- emergency services
- intensive and high dependency care
- coronary care
- medical services
- maternity and newborn services
- surgical services
- cancer services
- rehabilitation and aged care
- mental health services
- ambulatory care
- primary health care
- clinical support services

A range of statewide, highly specialised multi-disciplinary services are also offered from several hospital and clinic sites. The NMHS will oversee the provision of contracted public health care from the new, privately operated, Midland Health Campus when this opens in 2015.

For more information: http://www.nmahs.health.wa.gov.au/Services/Hospitals.html

South Metropolitan Health Service

The South Metropolitan Health Service (SMHS) provides a range of specialised statewide services to patients from across WA as well as tertiary, secondary, public and mental health services and community-based services to over 800,000 people living in Perth's southern suburbs. SMHS consists of two tertiary hospitals and four outer metropolitan hospitals and oversees the provision of contracted public health care from the privately operated Peel Health Campus. Public hospitals include:

- Royal Perth Group comprising Royal Perth and Bentley Hospitals
- Fremantle Hospital and Health Service comprising Fremantle and Kaleeya Hospitals and the Rottnest Island Nursing Post
- Armadale Kelmscott Memorial Hospital
- Rockingham General Hospital
- Murray Districts Hospital

The SMHS provides the following services:

- adult major trauma referral centre
- adult burns referral centre
- rehabilitation referral centre
- hyperbaric medicine referral centre
- emergency services
- intensive and high dependency care
- coronary care
- surgical services
- medical services
- cancer services
- obstetric services
- rehabilitation and aged care
- mental health services
- ambulatory care
- primary health care
- clinical support services

With the opening of the Fiona Stanley Hospital at Murdoch in 2014 there will be a reconfiguration of services across the existing hospitals in this health service.

For more information: http://www.southmetropolitan.health.wa.gov.au/services/default.aspx

2.3 Country health services

WACHS comprises seven regions allocated across two Health Services and supported by a central office in Perth. In total WACHS regions cover 2.5 million square kilometres, extending from the Kimberley region in the north to the Great Southern region in the south with the Indian Ocean to the west and the Northern Territory and South Australian borders in the east.

The WACHS service delivery model includes regional resource centres, integrated district health services and flexible services with a primary health care focus for small towns and isolated communities. Services are managed and adapted to address local need and circumstance with input from a wide range of community representatives and key stakeholders.

Overall WACHS manages 70 hospitals (including 30 multi-purpose services) and 38 nursing posts, as well as community health and mental health services.

Northern and Remote Country Health Service

This Health Service includes the Goldfields, Kimberley, Midwest and Pilbara regions and covers almost 2.25 million square kilometres with a population of almost 207,000 of whom 18.1% are

Aboriginal. This population represents approximately 10% of WA's total population and is expected to grow to nearly 260,000 by 2020. Services are delivered by:

- four regional health campuses at Broome, Geraldton, Kalgoorlie and South Hedland
- six integrated hospitals at Carnarvon, Derby, Esperance, Kununurra, Newman and Nickol Bay
- 19 small hospitals and four nursing posts in regional and remote locations
- numerous community based health centres.

Southern Country Health Service

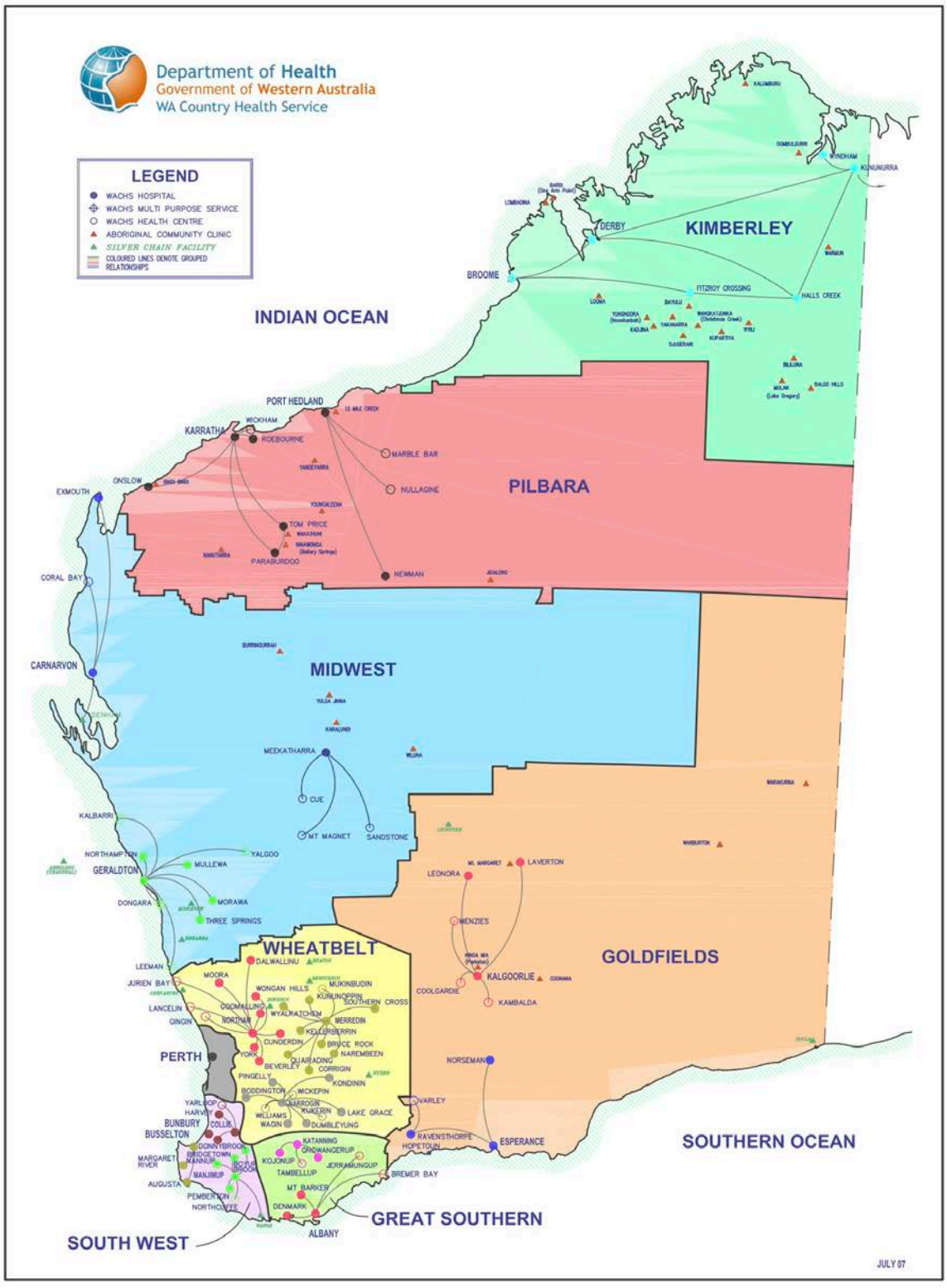
This Health Service includes the South West, Great Southern and Wheatbelt regions and covers more than 227,000 square kilometres with a population of over 300,000 of whom 3.1% are Aboriginal. The population represents 13% of WA's total and is projected to grow to more than 350,000 by 2020. Services are delivered through:

- two regional health campuses at Albany and Bunbury
- nine integrated district hospitals at Busselton, Collie, Katanning, Margaret River, Merredin, Moora, Narrogin, Northam and Warren District–Manjimup
- 32 small hospitals and six nursing posts in regional and remote locations
- numerous community based health centres.

Through this network of health facilities and service delivery programs, WACHS provides a full range of health services to adults and children throughout country WA including:

- emergency services
- high dependency
- medical services
- surgical services
- cancer services
- palliative care
- obstetric services
- paediatric services
- rehabilitation and aged care
- mental health
- ambulatory care
- primary health
- clinical support
- residential aged care
- Patient Assisted Travel Scheme (PATS)

For information: http://www.wacountry.health.wa.gov.au/index.php?id=433&no_cache=1



Map 2: *Western Australia showing WACHS regions and location of health service facilities.*

2.4 Community health services

WA Health's community-based services (Healthy@Home) helps patients manage their health, maintain their independence, and stay out of hospital. The services provided aim to prevent people from unnecessarily entering hospital and assist people to leave hospital sooner. It involves doctors, specialists and allied health professionals and usually, this care takes place at the patient's home, in the community or in another setting such as a doctor's clinic. The services provided include:

- community physiotherapy
- falls prevention programs
- Hospital in the Home (see description p.15)
- telehealth services
- wounds management services

For information: http://www.health.wa.gov.au/HealthyatHome/home/

2.5 Dental health services

The Dental Health Service is a service unit of the Western Australian Department of Health whose mission is to promote and improve the oral health of all people in WA. The service provides emergency dental care for eligible persons; facilitate general dental care for financially or geographically disadvantaged persons and other special groups of people; provides general dental care for all school children enrolled in the School Dental Service; and supports the training and education of oral health professionals.

For information: http://www.dental.wa.gov.au/index.php

2.6 Public health services and health protection

The Public Health Division is responsible for the development, coordination and delivery of a wide range of statewide public health policy and programs. Through this work the division aims to promote health in the community; prevent disease before it occurs; and manage risk, whether natural or man-made. The division works across a diverse group of stakeholders including:

- Metropolitan Health Services
- WA Country Health Service
- Child and Adolescent Health Services
- Office of Aboriginal Health
- local, state and federal government
- non-government organisations (NGOs)
- consumer, advocacy and media groups
- general practice and primary care organisations
- universities, research and professional groups.

For information: http://www.public.health.wa.gov.au/2/1232/1/introduction_to_public_health.pm

2.7 Mental health services

The MHS and WACHS provide mental health services throughout metropolitan and country WA for adults, adolescents and children. The Office of the Chief Psychiatrist is located in the Department of Health and is responsible for the implementation of the *Mental Health Act 1996*.

The Mental Health Commission provides leadership and support in the delivery of mental health services. Emergency counselling can be accessed by patients and medical practitioners via telephone help-lines:

- Metropolitan: 1300 555 788 Mental Health Emergency Response Line (MHERL)
- Peel: 1800 676 822 Mental Health Emergency Response Line (MHERL)
- Country: 1800 552 002 Rural Link
- National: 1800 022 222 Health Direct Australia

2.8 Private health services in WA

As in other Australian states, the people of WA are well served by a network of private hospitals and general practice clinics throughout the metropolitan area and major regional towns. Additionally, some country and metropolitan private hospitals are contracted to provide public health services further easing the pressure on public hospital services.

A list of all hospitals in WA can be accessed at: http://www.myhospitals.gov.au/browse/wa

2.9 Other health service organisations

Community-based services

Aged Care Assessment Team (ACAT): are teams of health professionals who help older people and their carers determine the level of care needed for the patient to remain at home or identify other available pathways if the older person is unable to remain at home. The assessment team may recommend people for government funded services such as:

- Community aged care packages
- Extended high-level aged care in the home
- Extended high-level aged care in the home for dementia sufferers
- Finding a residential aged care facility
- Transition between hospital and home

For information: http://www.agedcare.health.wa.gov.au/home/acat.cfm

Disability Services Commission (DSC): is a government department which works in partnership with service providers and other government departments to provide information, support and services to people with disability, their families and carers. DSC provides direct services and support and also funds non-government agencies to provide services to people with disability, their families and carers.

For information: http://www.disability.wa.gov.au

Home and Community Care (HACC): provides basic support services to some older people, people with a disability and their carers to assist them to continue living independently at home. The services provided include:

- support to participate in social activity in a group or one-on-one
- assistance with everyday household tasks
- assistance to enhance nutrition, function, strength, independence and safety
- assistance to support independence in personal care activities

- assistance to undertake essential activities such as shopping, banking and social contacts.

For information: http://www.health.wa.gov.au/hacc/home/index.cfm

Hospital in the Home (HITH): provides hospital care in the patient's own home under the care of the hospital doctor. The patient is regarded as a hospital inpatient and receives the same treatment they would have received had they been in a hospital bed. Patients may receive all hospital care at home or, they may have a short stay in hospital and then receive HITH in the latter part of their treatment. Participation in HITH is voluntary - both patients and their carers must agree to have the care provided at home.

For information: http://www.health.wa.gov.au/healthyathome/hith/index.cfm

Silver Chain: provides a range of clinical and health care services to assist people of all ages, including the elderly, people with disabilities, acute illness and injury, to maintain or regain their independence while caring for them in their home in metropolitan as well as country and remote WA.

For information: http://www.silverchain.org.au

Emergency services

Poisons Information Centre: provides toxicological advice on management of exposures to prescription and non-prescription pharmaceuticals, household and industrial chemicals, plants, animal envenomation, pesticides and other agricultural products. **Contact: 13 11 26**

For information: http://www.health.wa.gov.au/services/detail.cfm?Unit_ID=315

Newborn Emergency Transport Service (NETS): coordinates emergency transfer of newly born babies from their hospital of birth to either PMH for Children or KEMH for Women for specialised management. **Contact: 1300 638 792**

For information:
http://www.kemh.health.wa.gov.au/development/manuals/NETS_manual/index.htm

Royal Flying Doctor Service (RFDS): is a not-for-profit service providing aero medical evacuation, as well as emergency and primary health care services. **Contact: 1800 625 800**

The RFDS provides emergency evacuations from a range of isolated locations such as pastoral stations, Aboriginal communities, nursing posts, roadhouses, road accident sites and mine sites. The majority of patients are transferred from remote and regional areas to one of the tertiary hospitals in the Perth metropolitan area. RFDS operates five bases in WA (Jandakot, Kalgoorlie, Meekatharra, Port Hedland, Derby) and flies 15 aircraft, assisting over 80,000 patients each year.

RFDS also provides fly-in fly-out medical clinics to remote areas. Conducted at varying sites, from nursing posts in mixed communities, to mining sites and isolated Aboriginal communities. Facilities at many of these centres are very limited so there is a heavy reliance on good clinical skills.

For information: http://www.flyingdoctor.org.au/Health-Services/

St John Ambulance (SJA): is the primary provider of pre-hospital care services in WA. While SJA is a not-for-profit organisation, patients are charged for services provided, for both emergency and non-urgent ambulance transfers and treatment. **Contact: 000 for emergency services**

For information: http://www.stjohn.org.au/

Sexual Assault Resource Centre (SARC): provides care for females and males, 13 years and over, who have been affected by sexual assault or sexual abuse. SARC offers a free confidential service. **Contact: 1800 199 888 or 9340 1828**

SARC provides a 24-hour emergency service in metropolitan Perth which involves medical care, a forensic examination and counselling support to people who have been sexually assaulted within the previous 14 days. SARC also provides counselling in centres across the Perth metropolitan area to people who have experienced sexual assault and sexual abuse in the past.

For information visit: http://www.kemh.health.wa.gov.au/services/sarc/index.htm

Other organisations

Aboriginal Medical Services (AMS): aim to deliver holistic primary health care services based on Aboriginal needs and cultural values. AMS or Aboriginal Community Controlled Health Services (ACCHS) are governed by representatives of the local Aboriginal community.

AMS and ACCHS are located throughout WA with three in the metropolitan area and others regional areas, predominantly north and east of Perth. They provide primary care health services for the Aboriginal population and operate under a system of primary health care teams, including doctors, nurses and Aboriginal health workers.

It is not necessary to have knowledge of an Aboriginal language to work in an AMS. It can be a very satisfying experience to work in a cross-cultural setting and be part of a primary care team that deals with patients with high levels of medical need and consequently a high capacity to benefit from medical care.

For information and links to ACCHS throughout WA visit the Aboriginal Health Council of WA (AHCWA) website: http://www.ahcwa.org

Drug and Alcohol Office: provides and contracts a statewide network of services relating to prevention, treatment, research activities and professional education and training in the drug and alcohol sector. Accountable to the Minister for Mental Health, the Drug and Alcohol Office aims to prevent and reduce the adverse impacts of alcohol and other drugs in the WA community.

For information: http://www.dao.health.wa.gov.au/Home.aspx

Family Planning Association of WA (FPWA): provides a comprehensive range of clinical, counselling, educational and training activities around sexual and reproductive health throughout WA.

For information: http://www.fpwa.org.au/our-services/

Sources:

Western Australian Department of Health. **Annual Report 2011-12**

Western Australian Department of Health. **Metropolitan Health Service Annual Report 2011-12**

Western Australian Department of Health. **Country Health Service Annual Report 2011-12**

Section 3 Communication and cultural awareness

3.1 Australian society

Australia is a democratic society with a government elected by the people every three or four years. Cultural diversity is one of the defining features of Australian society today. Another feature is the egalitarian nature of this society, meaning that with hard work and commitment, all people have potentially, equal opportunity to succeed.

It is generally believed in Australia that no-one should be disadvantaged on the basis of their country of birth, cultural heritage, language, gender or religious belief. To maintain a stable, peaceful and prosperous community, Australians of all backgrounds are expected to uphold the shared principles and values of Australian society. These principles provide the basis for Australia's free and democratic society and include:

- respect for the equal worth, dignity and freedom of the individual
- freedom of speech
- freedom of religion and secular government
- freedom of association
- support for parliamentary democracy and the rule of law
- equality under the law
- equality of men and women and that all citizens share equal opportunity
- freedom of movement between states and territories and into and out of Australia
- freedom of assembly being the ability to meet with others in public or private and to peacefully demonstrate opposition or support for any issues
- a spirit of egalitarianism that embraces tolerance, mutual respect and compassion for those in need.

All people in Australia must obey the nation's law or face the possibility of criminal and civil prosecution. People are also expected to generally observe Australian social customs, habits and practices. For detailed information visit: http://australia.gov.au/topics/immigration/settling-in-australia

Social customs

There are few social customs which apply only to Australia. However, in some cases there may be differences in emphasis or approach compared to other countries. If in doubt, it is best to ask a friend, a neighbour or work colleague for advice or clarification.

For example, most Australians tend to be relatively informal in their relationships with acquaintances and work colleagues. In the workplace and among friends, most Australians tend to call each other by their first names.

However, this informality does not extend to physical contact, which is an area where Australians are generally quite reserved. When meeting someone for the first time, it is usual to shake the person's right hand with your right hand. People who do not know each other generally do not kiss or hug when meeting. (Department of Immigration and Citizenship website)

Polite behaviour

When interacting with people Australians tend to use the words "please" and "thank you" a lot. It is considered polite to use these words when asking for something, for example, "could you please help me with directions?" It is also polite to thank someone when something is done or offered to you by simply saying "thank you". Australians often say "excuse me" or "pardon me" if they want to get your attention or "sorry" if they bump into you.

Australians generally wait until it is their turn to be served or attended to. For that purpose, people will queue or line up to be served in a shop, bank or cinema. This way, respect for others is shown, and this is the fairest way for everyone to get what they need.

It is also important to be on time for meetings and visits. If you think you might not make it in time, it is polite to try to contact the person to let them know.

3.2 Aboriginal Australians

Aboriginal and Torres Strait Islander (ATSI) people are the original (indigenous) inhabitants of Australia. Their cultures are complex and diverse and their cultural history is recognised as the oldest in the world, dating back thousands of years. Aboriginal cultures have been able to adapt and change over time, mainly due to their affinity with their surroundings. Aboriginal people tend to be more visual and verbal in communication, and there is much emphasis on imparting knowledge and culture through art, rituals and story-telling. The "Land" is at the core of belief and well-being and it remains of central importance to Aboriginal Australians today.

The age profile of the Aboriginal population is considerably younger than the overall Australian population. In 2006, 57% of all Aboriginal people were aged under 25, and only 3% were aged 65 or over. This is due to both higher fertility rates and earlier mortality among Aboriginal people.

Aboriginal people, as a whole, experience disproportionate levels of disadvantage and poorer health compared with other Australians. Australian Bureau of Statistics estimates for 2009 show life expectancy at birth for Aboriginal people is much lower than for non-Indigenous population, 11.5 years lower for males and 9.7 years for females.

In the period 2002-2006 the death rate for Aboriginal children below five years of age was around three times the rate of non-Aboriginal children (305.2 compared with 102.4 deaths per 100,000). Approximately 83 per cent of Aboriginal deaths below age five occurred in the first year of life, and of these nearly half occurred within the first month.

The health and education inequality for Aboriginal Australians compared with non-Aboriginal Australians is a key focus for all Australian governments. The "Closing the Gap" reform agenda aims to close the life expectancy gap between Aboriginal and non- Aboriginal Australians within one generation and provide a better future for Indigenous children. The campaign is built on evidence that significant improvements in the health status of Aboriginal peoples can be achieved within short time frames.

The Department of Families, Housing, Community Services and Indigenous Affairs is the Australian Government's lead coordination agency in Aboriginal Affairs. This Federal Government Department also has agreements with state and territory governments in terms of service delivery.

For information: http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/overview

The Remote Area Health Corps provides online training modules for health professionals interested in remote health services in Aboriginal communities.
http://www.rahc.com.au/content/e-learning

As Aboriginal culture is diverse and complex, there can be practical impacts on communication and health care delivery. The following are examples of situations that may arise.

- Literacy levels may be low due to the preference for visual and verbal communication. Therefore, assistance may be required if forms and questionnaires are to be completed.
- Use of technical terms or jargon may cause confusion. For example, it may be preferable to point to certain parts of the body where a pain might be.
- It is also important to recognise that Aboriginal people have “men’s business” and “women’s business”, and it is inappropriate to have men and women sharing a room in the hospital.
- Where possible, it is preferable to have the doctor of the same gender as the patient.
- When a death occurs, there are specific beliefs about the deceased’s spirit and about allowing visitors with the deceased.

HealthInfoNet is a useful resource for information about Aboriginal health care issues and includes cultural, historical, social, economic and physical environment issues. The website is designed to share knowledge and information among people working in health and related services. The website includes online medical and technical dictionaries as well as links to formal training courses and other websites. http://www.healthinfonet.ecu.edu.au/

Western Australian Aboriginal population

Although Aboriginal Australians represent about eight percent of the population in rural WA, in remote communities this proportion is much higher. In the Kimberley region, Aboriginal people make up about two thirds of the total population and this proportion is considerably higher in some Kimberley towns such as Halls Creek and Derby.

Cardiovascular and respiratory diseases are common and diabetes and infectious diseases such as Hepatitis B are widespread. Children are prone to ear infections and resultant hearing loss.

In many remote parts of the State, English may often be the second language of Aboriginal people. Newly arrived medical practitioners are encouraged to develop links with a local community representative and an Aboriginal health worker to assist in their care of Aboriginal patients.

For information on Aboriginal health workers:
http://www.aboriginal.health.wa.gov.au/employment/ahw.cfm

WA Health is committed to closing the health gap between Aboriginal and non-Aboriginal people in WA and continuing to develop the capacity to more adequately respond to the health needs of Aboriginal communities.

Aboriginal Health is a strategic policy division within the Western Australian Department of Health that provides leadership, high level consultancy and direction. The division plays a strategic coordination role to ensure that the health system works effectively and equitably for Aboriginal people in WA and works collaboratively across Aboriginal community organisations and government agencies.

For information: http://www.aboriginal.health.wa.gov.au/home/

Aboriginal patients

Aboriginal people are very diverse and there is no such thing as a standard approach to dealing with Aboriginal patients. That said, patients with a strong traditional culture may have very different non-verbal communication and eye contact than non-Aboriginal people and direct eye contact may be seen as aggressive or rude. During conversation long pauses and silences are common. Medical staff may feel that they are being ignored which is generally not the case.

A comprehensive, technical resource written to assist doctors working in Aboriginal health is "Aboriginal Primary Health Care" written by Dr Sophia Couzos and Dr Richard Murray for the Kimberley Aboriginal Medical Service Council (Oxford University Press ISBN 0 19 5516192).

The Central Australian Rural Practitioners Association Inc. (CARPA) provides education and training support, as well as providing a communication forum, for primary health care health practitioners at all levels and across a range of disciplines, working in central and northern Australia. The CARPA Standard Treatment Manual is recognised as a valuable clinic handbook for the treatment of patients in remote locations, with a particular focus on Aboriginal health.

For information: http://www.carpa.org.au/drupal/node/15

3.3 The Australian patient

Because Australia is a multi-cultural society there is no "typical" definition of an Australian patient. Patients will vary depending on the area in which they live and work and their economic and educational backgrounds. In recent times Australian patients have become better informed and may choose to take an active part in the decision making process. There are also a number of consumer organisations who challenge health care systems in Australia.

As a rule, Australian patients expect to be kept informed about their health care. This includes possible treatment options, the benefits and risks, any tests required and the nature of their illness. Should the patient be unable to participate or understand due to difficulty understanding English, you should engage an appropriate interpreter. Care must be taken to avoid using family members for formal interpreting due to privacy issues. Interpreters have professional training to provide appropriate and direct communication between the health care worker and the patient. Information on interpreters can be accessed at: http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/

If you are concerned that the patient does not understand your recommendations or is refusing your treatment, which could lead to serious consequences for the patient, consider consulting your colleagues or supervisor; offering further information or a second medical opinion; meeting

with family members or holding a case conference with other health professionals involved in the patient's care.

The Health Translations Directory is particularly useful for health practitioners working with culturally and linguistically diverse communities to find reliable translated health information.

3.4 Cultural awareness

Australia is made up of people from a variety of cultures, many of whom hold different values and beliefs about health and medical treatment. These different beliefs and values will impact on your patients' perceptions of appropriate treatment and behaviour. Determining what is appropriate, given the various cultures, beliefs and expectations, within which you must work, may not be easy.

It is important to be aware of your own cultural background, beliefs and values and be aware that this may influence your expectations and communication with your patients. At times these may clash with the wishes or beliefs of your patients. Doctors in Australia are expected to keep the patient's needs uppermost in delivering health care.

The Australian Medical Council (AMC), Australian Medical Association (AMA) and Medical Board of Australia (MBA) all have Codes of Conduct for medical practitioners that highlight the importance recognising when your personal beliefs and/or opinions may impact on the care given to your patients and recognising that you are free to decline to personally provide or participate in that care. Further information on these codes is provided in section 3.7.

In areas in which you have strong personal beliefs, ensure you research alternative approaches more rigorously than usual and ask advice from others. The patient needs to be supported by you to find alternative help. Areas of health care that are potentially sensitive include:

- termination of a pregnancy
- the process of dying
- treatment of pain
- prescription of contraceptives
- AIDS related care
- sexual orientation
- cultural requirements (e.g. circumcision)
- organ donation
- substance abuse.

These are areas where your personal views and your role as a doctor may conflict strongly. Be aware of these areas of conflict to ensure your judgment does not impact on your ability to provide appropriate care for the patient.

Ensure that all the evidence for alternative treatments is equally weighted in your judgment. Take legal and reporting requirements into account. In some cases where you are aware your judgment may be biased, you may need to refer the patient to a colleague.

3.5 Communication

In a health care environment, cultural differences take on a greater significance. Proficiency in English may not always be enough to remove cultural barriers between doctor and patient. If in doubt, ask the patient whether they understand and accept your proposed actions and confirm that you have a shared understanding.

When consulting with the patient, it is best to introduce yourself, establish good eye contact and be polite, honest and direct about your diagnosis and their health care. Where possible, it is

best not to rush the consultation with the patient. Gaining the trust of your patient, and being open and honest in your communication with them, will assist you to achieve an effective medical consultation. Good communication underpins every aspect of good medical practice.

If you need to conduct a physical examination that could be considered intimate, you should ensure the patient's privacy but also consider having another person in the room – for your peace of mind and for the patient's. If this is not possible, it would be sensible to check with the patient whether they are happy to proceed without a witness.

Some basic principles for communicating with a person from a different culture include:

- assume differences until similarity is proven
- check your assumptions in a culturally sensitive way
- emphasise description rather than interpretation or evaluation
- delay judgment until you have had sufficient time to observe and interpret the situation
- practice empathy – try and see the situation from the other person's perspective
- treat your interpretation as a working hypothesis until you have sufficient data to support it.

If you and your patient come from different cultures you need to be even more conscious of possible communication pitfalls. For example, when your patient says "yes"; are they giving consent?, acknowledging that they have heard what you have said?, or possibly simply repeating your words? Miscommunication affecting the doctor-patient relationship can also arise from attitudes toward the role of the medical profession in the treatment of illness; the influence of religion; and cultural differences in lifestyle, gender discrimination and status.

The Adelaide to Outback GP Training program has developed an online communication and language module which can assist you to improve communication with your patients. To access the modules follow this link: http://olle.aogp.com.au/course/view.php?id=62

3.6 Training in cultural awareness

Cultural awareness education helps participants to extend their knowledge about Aboriginal history and culture, explore attitudes and values that can influence perceptions and behaviours, improve their understanding of the key issues facing Aboriginal people and examine how they may become more culturally aware.

Through cultural safety training, participants come to understand what is needed to develop a culturally safe environment where individuals can be who they are without assault, challenge or denial of identity. This training involves participants identifying and planning improvements to their cultural safety practices, assisted by a local Aboriginal community representative.

All WA Health employees are required to undertake the on-line cultural awareness training module within the first three months of their employment. Staff should also attend any locally provided Cultural Awareness programs. Further information can be found in section 5.1.

Cultural awareness training programs are also provided by external agencies, including:

Combined Universities Centre Rural Health (CUCRH): a generic program developed by WACHS and CUCRH which provides information to assist health professionals develop a deeper understanding of Aboriginal culture, values and practices: http://lms.cucrh.uwa.edu.au/login/index.php

Share Our Pride: website developed by Reconciliation Australia to provide an introduction to ATSI people and their culture and assist in building respectful relationships. http://www.shareourpride.org.au/pages/topics/welcome-to-share-our-pride.php

Diverse WA: Cultural competency program developed by the Office of Multicultural Interests to educate WA public sector staff how to assist people from culturally and linguistically diverse backgrounds. http://www.diversewa.omi.wa.gov.au

Royal Australian College of General Practitioners (RACGP): provides online and face-to-face learning programs which meet professional development requirements for general practice. http://www.racgp.org.au/yourracgp/faculties/aboriginal/guides/cultural-awareness/

Additional cultural awareness information can also be found at:
http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/trainingAndEducation

3.7 Professional conduct of doctors

In Australia, medical practice is patient-centred and acknowledges that each patient is unique. This requires doctors to understand that they work in partnership with their patients, adapting what they do to address the needs and reasonable expectations of each patient. Doctors have a responsibility to protect and promote the health of individuals and the community.

The MBA has adopted and revised the AMC's *Code of Conduct for Doctors* and developed a set of guidelines for the medical profession. These help to clarify the Board's expectations on a range of issues and include:

- Good Medical Practice
- Medical - Guidelines for Mandatory Notifications
- Sexual Boundaries: Guidelines for doctors.

For information: http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx

The AMA's *Code of Ethics* represents the core of fundamental principles which should guide doctors in their professional conduct. It covers issues such as respect for patients, standards of care, clinical research and teaching, the dying patient, professional conduct and the doctor's role in society and includes:

- consider first the well-being of your patient
- treat your patient with compassion and respect
- approach health care as a collaboration between doctor and patient
- practise the science and art of medicine to the best of your ability
- continue life-long self-education to improve your standard of medical care
- maintain accurate contemporaneous clinical records
- ensure that doctors and other health professionals upon whom you call to assist in the care of your patients are appropriately qualified
- refrain from denying treatment to your patient because of a judgement based on discrimination
- respect your patient's right to choose their doctor freely, to accept or reject advice and to make their own decisions about treatment or procedures
- recognise your professional limitations and be prepared to refer as appropriate.

For information: http://www.amawa.com.au/AMAWACorporate/CodeofEthics.aspx

One of the greatest challenges in medical practice is having the insight to know when to seek assistance from your colleagues. Having access to a peer group, whether it is through one of the specialist colleges, a hospital or a practice makes it easier to seek such assistance. There are a number of resources and organisations available which can help you continue your professional development (see section 4.6).

Working with Children

WA Health has a duty of care to provide the highest level of safety for clients. Children are some of the most vulnerable members of our society and their wellbeing and protection from harm is the paramount consideration in all decision made regarding the employment or exclusion of persons from working in a child-related area.

A *Working with Children Check* is compulsory for people whose usual duties involve, or are likely to involve, contact with a child in connection with specific work categories defined in *Working with Children (Criminal Record Checking) Act 2004* including:

- a public or private hospital ward in which children are ordinarily patients
- a community child health service
- a counselling or other support service.

For more information: http://www.checkwwc.wa.gov.au/checkwwc

Mandatory reporting of child sexual abuse

As prescribed by the *Children and Community Services Act 2004* (the Act), mandatory reporters of child sexual abuse are doctors, midwives, nurses, teachers and police officers ("reporters") who are required to make a report when they have formed a reasonable belief that child sexual abuse occurred or has occurred on or since 1 January 2009.

The Department for Child Protection (DCP) administers the Act which places the responsibility for making a report on the reporter. Reporters employed within WA Health should make an immediate written report to DCP when a 'belief' is formed.

Forms can be accessed through the DCP website at:
http://www.mandatoryreporting.dcp.wa.gov.au

For more information: http://www.health.wa.gov.au/mandatoryreport/home/reporting.cfm

Child neglect

Suspected cases of child neglect can be referred to the Child Protection Unit (CPU), a specialised unit within PMH. The CPU accepts cases not only where there are concerns of child abuse but also cases where long and short-term protection are issues of concern. Cases that would be appropriate for referral include:

- children who have injuries or have had previous injuries that may be inflicted injury e.g. fractures, bruises, lacerations, burns
- neglect - e.g. physical, medical
- children who have been or are thought to have been sexually abused by any person
- non-organic failure to thrive
- children whose social circumstance puts them at risk of injury, neglect or further abuse

- children who upon discharge may not receive adequate care and protection for whatever reason.

For information: http://www.pmh.health.wa.gov.au/services/child_protection_unit/index.php

The National Association for Prevention of Child Abuse and Neglect (NAPCAN) is a not-for-profit organisation whose mission is to prevent child abuse and neglect and to ensure the safety and wellbeing of every Australian child. For information: http://www.napcan.org.au

Sources:

Australian Human Rights Commission website: http://www.humanrights.gov.au/social_justice/health/index.html

Australian Institute of Health and Welfare 2012. **Australia's health 2012**. Australia's health series no.13. Cat. no. AUS 156. Canberra: AIHW.

Department of Families, Housing, Community Services and Indigenous Affairs website: http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/programs-services/closing-the-gap

Section 4 Registration of doctors in Australia

- Medical Board of Australia
- Australian Medical Council
- Medical registration pathways: Competent Authority, Specialist, Standard
- Professional development, education, colleges and organisations

The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the registration and accreditation of 14 health professions across Australia. Each health profession that is part of the National Registration and Accreditation Scheme is represented by a National Board (the Boards). The primary role of the Boards is to protect the public by setting standards and policies that all registered health practitioners must meet.

The MBA is one of the Boards supported by AHPRA. Information on the Boards is available at: http://www.ahpra.gov.au/Health-Professions.aspx

AHPRA's operations are governed by the *Health Practitioner Regulation National Law Act 2009*, (National Law) which came into effect on 1 July 2010. Under the National Law there are a number of registration categories under which a doctor can practise medicine in Australia. Different categories apply to different types of registration: general, specialist, provisional, limited and non-practicing.

Further information: http://www.medicalboard.gov.au/Registration/Types.aspx

4.1 Medical Board of Australia

Every doctor practicing medicine in Australia must be registered with the MBA. The MBA keeps up-to-date public registers of all registered medical practitioners with general, provisional, limited and non-practicing registration, and those who are recognized as specialists. Medical practitioners with general registration can practice in any state or territory in Australia.

Registration with the Medical Board of Australia

IMGs who wish to apply for initial limited registration must provide evidence of eligibility under one of the following pathways: Competent Authority Pathway, Specialist Pathway or Standard Pathway.

The MBA requires IMGs to provide proof of English language proficiency for all registration categories unless it has granted an exemption. All applicants are advised to make arrangements to obtain that proof before they apply under any of the assessment pathways. Acceptable evidence of English language proficiency may be a certified copy of the original or the original of any one of the following:

- Occupational English Test (OET) results (grades A or B) http://www.occupationalenglishtest.org
- International English Language Testing System (IELTS) Academic Module results (scores 7 or higher in each of the 4 components) http://www.ielts.org
- a pass in the Professional Linguistic Assessment Board (PLAB) in the United Kingdom (PLAB pass letter)
- a pass in the New Zealand Registration Examination (NZREX) in New Zealand.

The results of the English language examinations must be obtained in one sitting and are valid for two years from the date of issue.

Additionally, all IMGs must have their primary qualification verified through the ECFMG International Credentials Services (EICS). EICS verification is mandated under the *Health Practitioner Regulation National Law Act 2009* for all IMGs seeking registration in any category.

For information: http://www.medicalboard.gov.au/Registration-Standards.aspx

4.2 Australian Medical Council

The AMC is an independent national standards body for medical education and training. Its mission is to "promote and protect public health and safety by ensuring a safe and competent workforce distributed across Australia to meet community needs".

The AMC also administers examinations of IMGs to ensure they meet the same standard of medical knowledge, clinical skills and attitudes expected of new graduates from Australian medical schools. This examination is comprised of a number of parts designed to test medical knowledge, clinical competencies and professional attitudes for the safe and effective clinical practice of medicine in Australia.

IMGs whose primary medical qualification are not from accredited Competent Authorities can gain eligibility for general registration through the Standard Pathway AMC examinations or Standard Pathway workplace-based assessment and completion of a period of supervised clinical practice approved by the MBA.

Australian Medical Council examinations

The AMC examination consists of two sections.

The first section, the AMC Computer Adaptive Test Multiple Choice Questionnaire (CAT MCQ) Examination, is a computer-administered fully integrated multi-choice question examination of 150 A-type MCQs delivered in one 3.5 hour session in examination centres worldwide. The exam tests the principles and practice of medicine in the fields of internal medicine, paediatrics, psychiatry, surgery, general practice and obstetrics and gynaecology.

For information: http://www.amc.org.au/index.php/ass/catex

The second section, the Clinical Examination, is an integrated multidisciplinary structured clinical assessment consisting of a 16-component multi-station assessment undertaken in a single morning or afternoon session. Clinical assessment of clinical skills will cover medicine and surgery, obstetrics and gynaecology, paediatrics and psychiatry. It also assesses ability to communicate with patients, their families and other health workers.

You must pass the AMC CAT MCQ Examination to be eligible to apply to sit the AMC Clinical Examination provided that your eligibility status is not conditional (that is the AMC is not waiting on required documentation to assess your credentials).

For information: http://www.amc.org.au/index.php/ass/clinex

Workplace-based assessment, an alternative to the AMC Clinical Examination, is being piloted by the AMC in conjunction with some Australian states. See section 4.5 for information.

4.3 Competent Authority Pathway

The Competent Authority Pathway is intended for overseas-trained non-specialists, but is also available to specialists, including general practitioners (GPs). If you have passed the examinations or you have completed training through an AMC designated competent authority, you can apply to the AMC for assessment under this pathway. The AMC-designated competent authorities are:

- United Kingdom - General Medical Council (PLAB examination or graduates of GMC-accredited medical courses in the UK)
- Canada – licentiate examinations of the Medical Council of Canada (LMCC)
- United States - Educational Commission for Foreign Medical Graduates (USMLE)
- New Zealand - Medical Council of New Zealand registration examination (NZREX)
- Ireland - medical courses accredited Medical Council of Ireland

If the AMC is satisfied that you are eligible for this pathway, it issues an Advanced Standing Certificate, which enables you to apply to the MBA for limited registration. Once granted limited registration, you undertake a period of supervised workplace-based performance assessment with an accredited provider. If satisfactorily completed, the AMC issues your AMC Certificate, which enables you to apply to the MBA for general registration.

For detailed information on eligibility requirements: http://www.amc.org.au/index.php/ass/apo/cap

4.4 Specialist Pathway

The Specialist Pathway is open to:

- overseas trained specialists whose qualifications have been partially recognised by an Australian/Australasian specialist college
- overseas trained specialists seeking work as an Area of Need specialist
- overseas trained specialists and specialists-in-training who wish to undertake training in Australia for a limited period (for example, one year).

All applicants must have a primary qualification in medicine and surgery from a training institution listed in the current International Medical Education Directory of the Foundation for Advancement of International Medical Education and Research. To view the listed training institutions: http://www.faimer.org/resources/imed.html

Specialists applying for an assessment of their comparability for specialist recognition or for an assessment of their suitability for an area of need position must also have satisfied all the training and examination requirements to practise in their field of specialty in their country of training.

Under the Specialist Pathway (specialist recognition):

- the AMC assesses your application and required documentation to determine your eligibility to apply
- the relevant specialist medical college assesses your comparability against the criteria for an Australian-trained specialist in the same field of specialty practice and reports the results of its assessment to the AMC.

For information: http://www.amc.org.au/index.php/ass/apo/spp/spfr

The outcome of the specialist medical college's assessment will determine your registration type with the MBA. You may be required to undertake peer review (oversight), further training or examinations.

For information about the specialist medical colleges, visit the Committee of Presidents of Medical Colleges website at: http://www.cpmc.edu.au

4.5 Standard Pathway

The Standard Pathway is generally for non-specialist IMGs seeking general registration in Australia who do not qualify for the Competent Authority Pathway. Under this pathway, the AMC conducts two alternative processes leading to the AMC Certificate:

- **Standard Pathway (AMC examinations)**: Assessment is by examination only – the AMC CAT MCQ Examination and the AMC Clinical Examination. Most non-specialist applicants will be assessed through this method.
- **Standard Pathway (workplace-based assessment)**: Assessment is by the AMC CAT MCQ Examination and workplace-based assessment of clinical skills and knowledge by an AMC-accredited authority. There are limited places available for applicants to be assessed through this pathway which is currently being piloted in some states, including WA.

For more information visit: http://www.amc.org.au/index.php/ass/apo/sp

Workplace-based assessment in WA

Workplace-based assessment (WBA) in everyday clinical practice tracks your progress in integrating clinical knowledge and skills as a basis for safe and effective clinical judgments and decision making. It also assesses how well you deal with patients and whether you can work productively in a team of healthcare professionals.

The content and the assessment standard of accredited WBA programs are approved by the AMC and overseen by members of the AMC Board of Examiners, who ensure that the format and content of the assessments are consistent with the required standard.

The assessment methods for WBA programs are rigorous and structured. Disciplines covered include medicine, surgery, obstetrics and gynaecology, paediatrics, emergency medicine and psychiatry.

WA has two AMC-accredited sites undertaking WBA – Bunbury Hospital and Kalgoorlie Hospital. Candidates must apply for positions through standard recruitment processes to secure employment before being eligible to join the workplace-based assessment program.

For information: http://www.overseasdoctors.health.wa.gov.au/home/

4.6 Professional development and education

Because Australia is a large and diverse country, individual doctors cannot be expected to be expert in all the situations they meet. Some situations encountered by doctors will be uniquely Australian, for example spider bites or the impact of Aboriginal traditional beliefs on acceptance of medical treatment. It is not expected that you will be familiar with the diverse range of

situations that you may need to deal with as a medical practitioner in Australia. Additionally, new information and regulations are frequently being published, from research and ethical analysis conducted in both Australia and overseas.

Under the National Law all registered health practitioners must undertake Continuing Professional Development (CPD). Practitioners registered with each Board must achieve a certain number of hours/points/credits each year on CPD activities. The MBA has developed a CPD registration standard that outlines these requirements. For more information: http://www.medicalboard.gov.au/Registration-Standards.aspx

Information on training workshops and education sessions will generally be posted on bulletin boards at your hospital and may be accessed on the intranet site of each health service, from the Director of Clinical Training and/or the Medical Education Office of your hospital. Most sites also have a medical library or access to online library resources.

There are a number of organisations that provide professional and personal support to doctors in Australia and offer a valuable source of experience and knowledge. Do not be shy about using them. Asking for advice or help is part of the learning process and most of your colleagues will have faced similar situations during their working experience. Seeking advice can help you to build a rich network of collegiate support and friendship.

Specialist Colleges

Australian & New Zealand College of Anaesthetists - ANZCA

Australasian College of Dermatologists - ACD

Australasian College for Emergency Medicine - ACEM

Australasian College of Legal and Forensic Medicine - ACLM

Australian College of Rural & Remote Medicine - ACRRM

Royal Australian College of General Practitioners - RACGP

Royal Australasian College of Medical Administrators - RACMA

Royal Australasian College of Physicians - RACP

Royal Australasian College of Surgeons - RACS

Royal Australian & New Zealand College of Obstetricians & Gynaecologists - RANZCOG

Royal Australian & New Zealand College of Ophthalmologists - RANZCO

Royal Australian & New Zealand College of Psychiatrists - RANZCP

Royal Australian & New Zealand College of Radiologists - RANZCR

Royal College of Pathologists of Australasia - RCPA

For information about specialist medical colleges: http://www.cpmc.edu.au

Professional Organisations

Australian Doctors Trained Overseas Association (ADTOA): represents Australian citizens and permanent residents who have trained overseas. ADTOA maintains contacts with government agencies, non-government organisations, medical boards, colleges & associations.

The website provides information on Australian medical registration, exams and study, courses, colleges and work, as well as political and legal issues. The ADTOA provides a forum for members and the public to discuss issues and share information.

For information: http://www.adtoa.org

Australian Medical Association (AMA): is an independent association which represents more than 27,000 doctors nationally whether salaried or in private practice, GPs and specialists, teachers and researchers or young doctors. It is a broad political body, which aims to protect the academic, professional, industrial needs and wellbeing of medical practitioners.

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

For information: http://www.amawa.com.au

Rural Health West: is a not-for-profit, membership-based organisation overseen by a Board of Directors. As the workforce agency for WA, Rural Health West aims to work collaboratively with organisations and individuals to ensure that the health needs of rural Western Australians are met by a high-quality, sustainable health workforce.

Rural Health West is funded by the Australian Government Department of Health and Ageing and Western Australian Department of Health.

For information on programs and activities: http://www.ruralhealthwest.com.au

Support Organisations and Services

Colleague of First Contact: a confidential 24-hour service that offers professional peer support for medical students and doctors by doctors, in times of personal crisis. Contact can be made by the person themselves or a concerned family member, colleague or friend. All contact remains confidential. Telephone: (08) 9321 3098

DoctorConnect: an Australian Government website developed to assist doctors trained outside Australia to understand the Australian health system and provide information which can support them to work in regional, rural and remote Australia.

For information: http://www.doctorconnect.gov.au/

Rural Doctors Association of Australia (RDAA): is a national body representing the interests of rural medical practitioners around Australia and comprises the RDAs of each State and Territory.

For information: http://rdaa.com.au/

Rural Medical Family Network: to speak with a counsellor telephone: 1800 218 176

Section 5 Working in Western Australia

- Working in hospitals: orientation, radiology, pathology, prescribing, communication, discharge planning
- Medical credentialing and scope of practice
- Working in general practice: visiting medical practitioners, area of need, support, telehealth
- Infection control: hand-washing, immunisation, infectious diseases
- Taxation and insurance: superannuation, salary packaging, professional indemnity
- Medico-Legal: medical records, patient confidentiality, patient consent, notifiable conditions, FOI
- Deaths in hospital

Like other Australian states and territories, WA has a mix of public and private health service providers that comprise the state's health system. When first arriving in WA, IMGs are likely to work in metropolitan public hospitals or in country hospitals through WACHS. Restricted access to a Medicare provider number under the *Health Insurance Act 1973*, means IMGs wishing to work in general practice must generally seek employment in an Area of Need, generally located either in rural or outer metropolitan areas. See section 5.3 for further information.

5.1 Working in hospitals

Working in a hospital can provide you with a valuable experience that enables you to consolidate and extend your theoretical knowledge and technical skills. If you are employed as a Resident Medical Officer (RMO) you will undertake placements which allow you to contribute positively to patient care as a member of the healthcare team while providing you with supervision to support your career development and satisfy any medical registration requirements.

All prospective employees with WA Health are required to provide a recent National Police Clearance or undergo a WA Health Criminal Records Screening before employment arrangements can be finalised. Prospective employees for child-related positions must also apply for a Working With Children check (see section 3.7).

Hospital structure

Hospitals have varied structures and you should receive a copy of your hospital's governance and organisational structure during hospital orientation when you commence employment. Your main contacts will be the doctors in your clinical unit such as the Unit Head and nominated Supervisor, as well as other Consultants, Registrars, RMOs, Interns, and relevant ward staff.

The education pathway in metropolitan teaching hospitals and the standard position titles associated with these training positions are described in Figure 1 below.

<table>
<tr><th>Occupational Category</th><th>Position Title</th><th>Stage of Training</th></tr>
<tr><td rowspan="3">Junior Doctors
(Junior Medical Officers)
(postgraduate years 1 to 5)</td><td>Intern</td><td rowspan="3">Prevocational
(postgraduate)</td></tr>
<tr><td>General Registration with MBA</td></tr>
<tr><td>Resident
(Resident Medical Officer)</td></tr>
<tr><td colspan="3">Clinical and written examinations in a Professional College (undertaken at any time from years 3 to 5)</td></tr>
<tr><td rowspan="3">Specialists in Training
(supervise Junior Doctors)</td><td>Registrar</td><td>Basic Vocational
(postgraduate)</td></tr>
<tr><td colspan="2">Completion of Professional College requirements.</td></tr>
<tr><td>Senior Registrar</td><td>Advanced Vocational
(postgraduate)</td></tr>
<tr><td colspan="3">Completion of Professional College requirements. Admission to Fellowship in Professional College.</td></tr>
<tr><td>Specialists
(supervise Junior Doctors and Specialists in Training)</td><td>Consultant</td><td>Continuing Professional Development</td></tr>
</table>

Figure 1: *Medical education pathway and position titles in Western Australian metropolitan teaching hospitals.*

However, a number of other titles are used for medical practitioners, particularly by WACHS, to indicate the level of training and responsibility of doctors working in these hospitals. Common position titles and the associated clinical occupation are set out in Figure 2 below.

Occupational Category	Position Title
Senior non-specialist doctors	• District Medical Officer (procedural and non-procedural) • Health Service Medical Practitioner • Senior Medical Officer • Senior Medical Practitioner • Visiting Medical Practitioner
Medical administration	• Area Director of Clinical Services (Clinical Leads) • Director Clinical Services • Director Medical Services • Medical Director
Medical education	• Director Clinical Training • Director Postgraduate Medical Education

Figure 2: *Common medical position titles in Western Australia.*

As a doctor, there are a number of people that you will interact with directly including:

- patients and their relatives/friends
- medical practitioners including other junior doctors, registrars and consultants
- other health professionals including nursing and allied health
- GPs and health professionals involved in community services
- medical administration and medical education staff.

Role of hospital doctors

As a hospital doctor you will play a central role in the day-to-day management of patients, performing clinical duties including inpatient and outpatient services. You will be expected to practice professionally and ethically, in accordance with the expectations of the community, the medical profession and the MBA.

You will liaise with medical, nursing, allied health and other relevant staff regarding patient management and should ensure that appropriate communication is maintained with external parties such as GPs. In addition you should ensure that adequate medical records and discharge planning systems are maintained, be punctual and courteous and be responsible for your personal health and safety.

Performance reviews

During each rotation, you will be assigned a supervisor employed by the hospital, who is responsible for helping you set goals, supervising your work and conducting mid-term (formative) and end of term (summative) assessment interviews, during which there is opportunity for all parties to provide feedback.

The *Australian Curriculum Framework* (ACF) is an excellent reference to guide you to set your learning goals and understand the level of clinical competence expected of junior doctors in Australia. Developed to support junior doctors in their prevocational training years, the ACF outlines the learning outcomes JMOs should achieve through their clinical rotations, education programs and individual learning. For information: http://curriculum.cpmec.org.au

Support and assistance

Should you find yourself in difficulty for personal or professional reasons or have issues to discuss such as career counselling, there are a number people available to support you in the hospital.

- Director of Medical Services
- medical administration
- Medical Officer representatives
- clinical supervisors
- Directors of Clinical Training/Medical Education Officers

Information on support organisations external to the hospital are provided in section 4.6 of this manual.

Orientation to the hospital

The hospital will provide an orientation program for all new employees so that they can familiarise themselves with the workings of the hospital, the medical unit to which they have

been assigned, and the overall operation of WA Health. Specific areas of the orientation may be provided by different staff. For example general administration may be covered by medical administration staff; information on specific hospital services may be covered by staff in those areas; and clinical information regarding your unit may be provided by your supervisor or another senior doctor in the unit.

WA Health has a program of mandatory training modules that all hospital medical staff must complete when they commence employment. Many of these modules can be completed online on the Department of Health intranet. These intranet sites are only accessible from computers within the hospital.

CAHS:http://cahs.hdwa.health.wa.gov.au/staff_resources/education/self_directed_learning/self_directed_learning/about_us

NMHS: http://intranet.nmahs.health.wa.gov.au/Education/NM/NM_eLearning.asp

SMHS: http://elearning.smahs.health.wa.gov.au/

WACHS: http://wachs.hdwa.health.wa.gov.au/index.php?id=9118

Imaging and pathology: ordering and reporting

Appropriate use of imaging and pathology related investigations contribute to patient care and should be considered in the context of 'how will it affect decision making and management of the patient'.

The process for ordering imaging and pathology investigations will be different in each hospital. During the orientation to your hospital you will be informed how these investigations are ordered and reported.

It is important that you clearly complete the request form indicating the range of investigations to be performed on the sample. Most request forms will include a section for requesting additional reports (e.g. copy to the GP). As a general rule, ensure that all specimens are fully labelled, including: time and date of collection and type of specimen and site. Unlabelled specimens and/or specimens without completed request forms cannot be processed.

If specimens are urgent, mark these clearly and notify the laboratory in advance so that appropriate preparations can be made to facilitate faster results.

All results of investigations ordered must be reviewed as part of quality assurance. Where you are unable to review results for your patients, it is essential that you arrange for sound processes to be in place to ensure timely review by a clinician who can act in accordance with clinical need.

Prescribing medications

Medications in Australia are generally referred to by their brand name rather than the active ingredient, although either is acceptable. In both hospitals and general practice, drug names used may be different to those IMGs are used to from their work in other countries. Moreover, through the National Medicines Policy, the Australian Government encourages the use of generic drugs to reduce any financial pressure on the PBS.

When preparing a patient for discharge, ensure that they consult their GP for community-dispensed prescriptions (i.e. dispensed by the local chemist/pharmacy) for any ongoing medications.

IMGs new to the Australian health system should be aware that many medications may have several names. The following resources may assist you in becoming familiar with this terminology.

The National Medicines Policy website provides information on the Quality Use of Medicines program and links to a number of websites with information for those prescribing medications.

Australian Medicines Handbook is an essential reference tool for medical practitioners, pharmacists, nurses and nurse practitioners, dentists, students, hospitals, aged care facilities and any health practitioners with an interest in the quality use of medicines.

Therapeutic Goods Administration has developed and maintains lists of Australian approved terminology. For medicines, the lists cover substances (active ingredients and excipients), containers, dosage forms, routes of administration and units of expression and proportion.

The Medical Register of Australia runs a short medical terminology course held at various locations, one evening per week for about two months.

Medication Safety online training course: To explore the various causes of medication errors and equip you with the knowledge and skills to help prevent errors from occurring in the workplace and increase safety for your patients.

Australian Prescriber is an independent publication about drugs and therapeutics. It covers topics assisting doctors, dentists, pharmacists and students. This site provides full text versions of the publication with a search facility.

Commonly used and understood terminology and abbreviations relating to the prescription, dosage and administration of medications are provided in Appendix 1.

A new pharmacy management application, i.Pharmacy, has been implemented as part of eHealthWA. Among other function the program can be used to dispense drugs to patients (PBS and Non-PBS) and enable online PBS claiming.

Schedule 8 medicines

The Pharmaceutical Services Branch of the Department of Health provides advice, develops policies and administers regulatory controls for medicines including Schedule 8 medicines (drugs of dependence), therapeutic goods and poisons in WA.

For information: http://www.public.health.wa.gov.au/1/872/2/medicines_and_poisons.pm

Occupational safety and health

WA Health is committed to providing a safe work environment for all staff in keeping with the *Occupational Safety & Health Act, 1984*. To achieve this, WA Health has established comprehensive and effective Occupational Safety and Health (OSH) programs throughout all public health services in WA. The programs are implemented by the OSH Department for each Health Service to provide the organisational framework and achieve a safe work environment.

Success of the program relies on staff fulfilling their own responsibility for risk minimisation, identifying potential risk areas and reporting any potential or adverse incidents using the correct reporting mechanisms so that these can be remedied. New staff should ensure that they are familiar with reporting mechanisms and the designated OSH officer for their work area.

Ongoing development and maintenance of a safe working environment and management of risks to employees includes:

- injury prevention
- ergonomics
- hazardous substances management
- injury management and vocational rehabilitation
- workers' compensation claims management.

Communication and handover

Communication with members of a multidisciplinary team is an essential part of fulfilling your role as a doctor in the provision of patient care. Whether you are informing nursing or allied health staff of your wishes or ensuring that other doctors covering your patients/ward know about your patients and are aware of any issues which must be monitored, effective communication is of the highest importance.

Incomplete transfer of clinical information between medical personnel, particularly during patient handover, has been identified as one of the most important contributing factors in serious adverse events. WA Health strives to avoid this through the use of the ISOBAR system (see below, the word that forms the pneumonic in each description is underlined).

I - introduce self (name, role, contact number) and the patient (name, date of birth, gender)

S - explain situation: presentation, diagnosis, principle problems, reason seeking transfer/advice

O - most recent primary survey including observations, drips and drains

B - background to the patient: medications, allergies, test results, social information

A - agree a plan: determine urgency and treatment priorities, who does what, when

R - read-back the situation: clarify for shared understanding, clear on treatment, doses, numbers, roles and tasks

For information: http://www.safetyandquality.health.wa.gov.au/initiatives/clinical_handover.cfm

Interactions with nursing staff

As a hospital doctor you are encouraged to liaise with Nurse Managers and Clinical Nurse Specialists (CNS) of the wards in which they work. The CNS and Nurse Managers can provide invaluable assistance about ward practices and hospital procedures. They are senior members of the hospital staff whose primary role is to ensure that patients receive optimal care. Please talk to them about relevant issues, particularly where you have concerns.

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

Rosters

Interns and RMOs at Royal Perth, Sir Charles Gairdner and Fremantle Hospitals rotate through five terms of approximately 10 weeks each. Some of the rotations may be in one of the satellite hospitals attached to the tertiary hospital and opportunities exist to work at rural hospitals run by WACHS for some rotations. RMOs at Princess Margaret Hospital and King Edward Memorial Hospital undertake six-month terms which are subdivided into three rotations of eight or nine weeks duration. As either an Intern or an RMO you will be expected to work a mix of day, weekend and night rosters.

While the hospital will try to give consideration to personal preferences and individual requests, ensuring adequate staffing to support patient care remains the hospital's primary objective.

Pay rates

The conditions of employment for junior doctors working in Western Australian hospitals are subject to the terms and conditions of the *Medical Practitioners (Metropolitan Health Services) AMA Industrial Agreement 2011* or *The Medical Practitioners (Country Health Services) AMA Industrial Agreement 2011*.

A copy of these Agreements can be obtained from your employer or, if you are a member of the AMA (WA), you can access these from the website: http://www.amawa.com.au

For information: http://www.amawa.com.au/Portals/0/docs/2011_DIT_Agreement.pdf

Discharge planning and communication with General Practitioners

When a patient is discharged, it is of the greatest importance that communication is made with the doctor who is to provide follow-up treatment, provided the patient consents to this contact being made. This is a matter of courtesy and also ensures health practitioners in the community receive a written copy of the necessary information to support on-going management of the patient.

Discharge planning should commence as soon as possible after admission as early referrals will ensure the patient can leave hospital without unnecessary delays. This is particularly important for country patients in metropolitan hospitals. Planning should take into account:

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

In planning the discharge of patients, the following areas should be considered:

Communication with GPs

- follow-up appointments
- pharmacy requirements
- geriatric assessment (ACAT)
- Silver Chain assessment

Home services

- home help
- day hospital
- HACC assessment

Internal services

- palliative care
- stoma and prosthetic care
- anti-coagulant therapy
- diabetic clinic
- other hospital clinic outpatient services

Allied Health services

- physiotherapy
- occupational therapy
- speech and hearing
- social work requirements

A consideration for country patients is the cost of travel and accommodation to access certain services that may not be available where they live. These patients may be eligible for travel assistance funding through the Patient Assisted Travel Scheme administered by WACHS hospitals.

5.2 Medical credentialing and defining scope of practice

All doctors who provide hospital services are subject to a credentialing process through which the scope of their practise is defined. This is essential to confirm that medical practitioners are suitably qualified to undertake the work they are engaged to perform and that the standard of their clinical practice is maintained at an acceptable level. The hospital Credentialing and Clinical Privileging Committee is responsible for confirming the credentials and setting the scope of practice of each medical practitioner applying for a position in their hospital. From time to time practitioners will be re-credentialed.

In making a determination about the employment and scope of clinical practice granted to a medical practitioner, the Credentialing and Clinical Privileges Committee consider the qualifications, professional training, clinical experience, training and experience in leadership, research, education, communication and teamwork which contribute to a medical practitioner's competence, performance and professional suitability to provide safe, high quality health care in their appointed role.

A medical practitioner's professional history and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record are also considered relevant to this credentialing review.

For information on the guidelines and standard for credentialing and defining the scope of clinical practice: http://www.health.wa.gov.au/safetyandquality/

5.3 Working in general practice

Restrictions to medical practice – the 10 year moratorium

To work as a GP or a specialist and treat private patients, a medical practitioner must have a Medicare provider number so patients can access the Medicare rebate. Under section 19AB of the *Medical Insurance Act 1973* (the Act) IMGs and Foreign Graduates of Accredited Medical Schools (FGAMS), who gained their first medical registration or became permanent Australian residents or citizens on or after 1 January 1997, are restricted in their access to Medicare benefit arrangements for a period of usually 10 years from the date of their first Australian medical registration.

To be granted a Medicare provider number during these 10 years (known as the ten year moratorium), IMGs and FGAMS may apply for an exemption to section 19AB of the Act. To be

eligible for an exemption and to be granted a provider number, an IMG on limited registration must be employed in a District of Workforce Shortage (DWS). The DWS process is administered by the Australian Government and refers to an area that according to Medicare statistics has access to less medical services than the national average.

For information: http://www.doctorconnect.health.gov.au

Initially, most IMGs and FGAMS are restricted to obtain limited registration with the MBA and must undertake a period of supervised employment in an Area of Need (AoN). An AoN is a location in which there is a recognised lack of specific medical practitioners or where there are medical positions that remain unfilled even after recruitment efforts have taken place over a period of time. In WA, AoN for GPs is generally restricted to rural and outer metropolitan regions but can be applied to positions in either the public or private sector. The AoN process is administered by the Western Australian Department of Health. GPs and specialists treating private patients require a Medicare provider number; therefore they also require DWS approval by the Australian Government Department of Health and Ageing.

For information: http://www.overseasdoctors.health.wa.gov.au/

Working in rural general practice

Working in private general practice in rural WA can be immensely rewarding and challenging. The GP generally sees a wide range of patients requiring acute and non-acute care, ranging from treatment of acutely ill children, diabetes assessment, counselling the bereaved, arranging in-home care for the elderly, and managing minor injuries. In private practice, GPs charge their patients a fee-for-service and develop an ongoing relationship with their patients which can greatly enhance their clinical practise.

Most GPs in country WA work in group practices where a number of GPs share the resources of one practice and support to each other in delivering services. In smaller country towns many GPs still operate as a solo practitioner. For these GPs the services of a locum doctor is essential to provide support during busy times or to allow them to take some time away from their work.

Group practices will often share on-call rosters, and may also organise rosters to share after-hours anaesthetics and obstetrics care. For some smaller practices these arrangements may be in place within the same town or between towns that are geographically close together.

In addition to the work performed in their private practice, some GPs may also treat patients in the local hospital. While hospital Emergency Departments in larger towns may be staffed by salaried doctors employed by the hospital, these doctors may be supported by local GPs who participate in providing medical services to gain additional income, maintain skill levels and share and balance their workloads. In smaller hospitals, the local GP may be the sole provider of hospital services.

The GP provides these services as a Visiting Medical Practitioner (VMP) and is contracted by WACHS through a Medical Service Agreement (MSA).

Visiting Medical Practitioners

VMPs provide contracted medical services under an MSA and are paid on a fee for service basis. The hospital Credentialing Committee will define the scope of clinical practice for VMPs

which will be reflected in the MSA. As contractors, VMPs must abide by all hospital policies and procedures for the delivery of safe quality health care and practice within the AMA *Code of Ethics* and the *Memorandum of Understanding* between the Minister for Health and the AMA signed in 2012.

Further information: http://www.wacountry.health.wa.gov.au/index.php?id=mca

Under the WACHS medical credentialing system, VMPs granted admitting rights will also be approved for relevant and appropriate clinical privileges. These will be based on their qualifications and skills, in addition to the range and level of services applicable in the one or more WACHS hospitals the practitioner is enabled to provide services to. The MSA schedules the payments to be made to the doctor in addition to the fee for service payments for ED and admitted patient attendances. The schedules also specify the particular type, and in some cases volumes, of activity or services to be provided and paid for under the contract.

In many hospitals the services provided by VMPs and salaried doctors are further supplemented by visiting specialists who provide services on an occasional or regular programmed basis. Typically, the visiting specialists will be a specialist from a metropolitan tertiary hospital or private practice who has been engaged by WACHS and/or Rural Health West to supplement local and regional specialist services.

Support for country doctors

GPs and hospital salaried doctors in country hospitals are well supported by doctors working in tertiary hospitals in metropolitan Perth. Historically many WACHS hospitals have had special relationships with specific hospitals in Perth through regular rotations of senior doctors in training to these country hospitals or the visiting specialists programs. Medical advice by specialist colleagues is continually available to help manage any acute or complex cases which may present. As a country doctor it is important that you are familiar with the referral and consultation patterns for the hospital you work in and to establish a relationship with your clinical colleagues in Perth.

Rural Health West provides a recruitment and orientation program for IMGs working in rural general practice and AMSs. The organisation will undertake clinical interviews as required and provide support in relation to Medical Board registration, immigration and visas and orientation on arrival. Rural Health West also provides career development support through:

- continuing professional development opportunities
- family support program
- the Five Year Overseas Trained Doctor Scheme or Exam Support Program

Telehealth

WACHS is establishing a telecommunications network which will enable consultation via telecommunication technologies such as videoconferencing to all WACHS sites. The system known as “Telehealth” aims to bridge the distance for consumers and health workforce in their access to health services.

Current Telehealth services use videoconferencing for outpatient services, telepsychiatry and education, offering:

- enhanced access to health services

- better education, training and support opportunities for local healthcare providers
- improved collaboration and communication between healthcare providers.

For information: http://www.wacountry.health.wa.gov.au/index.php?id=478

General practice organisations

Royal Australian College of General Practitioners (RACGP): aims to maintain high standards of general practice through education, training and research by offering vocational training, continuing education and research, and maintaining a commitment to the development and promotion of standards and quality assurance programs.

For information on the RACGP, including events, membership, library, resources, publications, and routes to becoming a GP: http://www.racgp.org.au

Australian College of Rural and Remote Medicine (ACRRM): is the peak professional association for rural medical education and training in Australia and is responsible for setting standards for rural medicine as a separate and distinct discipline. ACRRM's core function is to determine and uphold the standards that define and govern competent unsupervised rural and remote medical practice. It is committed to providing sound training and continuing medical education. CPD is available to rural doctors through the ACRRM Professional Development Program that includes Rural and Remote Medical Education Online (RRMEO).

For information: http://www.acrrm.org.au

WA General Practice Education and Training (WAGPET): is the sole provider of the Australian General Practice Training Program for GP Registrars in WA and one of 17 Regional Training Providers in Australia. IMGs with general registration can apply to WAGPET to access a fully supported training program. For information: http://wagpet.com.au/about

Medicare Locals: in 2010 the Australian Government introduced policy directions aimed at creating a more equitable, cost effective and integrated health system in Australia. Through the *National Health and Hospitals Network Agreement*, regional Medicare Locals and Local Hospital Networks were established to work together to deliver more integrated, locally responsive and flexible health services and thereby improve the patient's journey through the health system.

Medicare Locals cover the primary health care needs of the population within a defined geographic region and establish links to their local communities, health professionals, service providers and consumer and patient groups. To achieve this, Medicare Locals manage a range of functions aimed at:

- making it easier for patients to navigate the local healthcare system
- ensuring more responsive local GP and primary healthcare services that meet the needs and priorities of patients and communities
- providing more integrated care
- making primary health care work as an effective system as part of the overall health system.

For information: http://www.yourhealth.gov.au

5.4 Infection control

Hand washing

Regular washing of hands is considered the most important measure in preventing the spread of infection. This should occur:

- before and after each patient contact
- if hands become contaminated
- before handling food
- after handling waste
- after removal of gloves
- after using the toilet
- after sneezing, coughing, using a tissue

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

Wearing gloves

Gloves should be worn when:

- handling blood or body fluids
- handling equipment or materials contaminated with blood or body fluids
- touching mucous membrane
- touching non-intact skin of any person
- performing venepuncture
- performing other invasive procedures.

Handling sharp instruments

Sharp instruments (such as needles and scalpel blades, known as “sharps”) should be treated with respect and properly disposed of after use. Any incidents such as needle-stick injuries should be reported immediately to your Supervisor. To prevent needle-stick injury:

- needles should never be recapped, bent, broken, removed from disposable syringes or otherwise manipulated
- you should pick up a syringe by the barrel and when discarding place the syringe and needle in a puncture-proof container (known as a “sharps container”).

Exposure to blood or body fluids in the workplace

If an incident occurs involving a break in the surface of the skin through which infectious bodily fluids may have entered, flush with lots of running water and then wash with soap and warm water. If eyes are contaminated, rinse eyes with lots of tap water or saline and if blood gets into the mouth, spit and then repeatedly rinse with water.

After taking the appropriate first aid steps outlined above, the incident should be reported to the nominated person in your hospital/unit and the incident recorded and reported via the appropriate incident reporting procedure.

Immunisations

The following immunisations are recommended for healthcare workers:

- Hepatitis B vaccination (HBV)
- Diphtheria and Tetanus (ADT Booster immunisation)
- influenza vaccine of which one brand is Fluvax (given annually)
- Measles, mumps, rubella (MMR)
- Varicella (chickenpox) – for non-immune staff only.

Infectious diseases

All hospitals in WA have processes and protocols which must be followed if you are exposed to an incident that places you at risk of a transmissible disease (such as a needle stick injury).

All medical practitioners and medical students should know their Human Immunodeficiency Virus, HBV and Hepatitis C Vaccination antibody status. As medical staff are at risk from contracting infections from their patients, they should protect themselves and their patients by:

- adhering to current infection control guidelines and protocols
- being immunised against HBV at the earliest possible opportunity in their career and preferably before commencing clinical contact. They should ensure that they have responded by having post-vaccination testing
- following post-exposure protocols, including seeking expert advice about early management and practice modification.

For information: Medical - Guidelines for Mandatory Notifications

Responsibilities of treating medical practitioners

Medical practitioners who treat healthcare workers should observe the same standards of clinical practice and record keeping as they would when caring for any other patient. The infected healthcare worker has the same rights of clinical care, counselling and confidentiality as any other patient; unless the treating doctor believes that the infected healthcare worker is putting the public at risk. In this case the matter must be referred to the appropriate registration body.

In caring for an infected healthcare worker, the treating doctor should assess and monitor the patients' physical, emotional and cognitive status and his or her safety to practise medicine and/or maintain patient contact.

Medical practitioners who are managing other doctors or students with infectious diseases can approach the Director of Medical Services if they would like help in assessing whether an infected practitioner should be practicing medicine and whether his or her practice should be limited. An expert advisory group can be convened to assess the case and provide advice.

5.5 Taxation and insurance

Taxation

In general, anyone earning an income in Australia is required to pay tax. A tax file number (TFN) is issued to individuals and organisations by the Australian Taxation Office (ATO) to assist with the administration of tax and other Australian Government systems. It is not compulsory to have a TFN, but if you don't have one to provide to your employer, more tax may be withheld than is required, or you may not be able to receive the government benefits you are entitled to. A TFN is issued only once during your lifetime, regardless of any changes in name, residency or any other circumstances.

To apply for a TFN visit the ATO website: http://www.ato.gov.au

Salary packaging

Salary packaging enables you to use pre-tax income towards benefits and reduces the amount of tax you pay, giving you increased disposable income. Items available to package include car leases, superannuation, laptop computers, general living expenses, meal entertainment, mortgage repayments, rent, credit card payments and education resources.

The items you can package depend on the applicable Industrial Award and Agreement. Limits and varying Fringe Benefits Tax conditions apply depending on the item to be packaged, and you should seek advice from your financial advisor.

For information about salary packaging providers for WA Health: http://www.smartsalary.com.au and http://www.paradigmtsm.com.au

Superannuation

Superannuation is money set aside over your working lifetime to provide for your retirement. For most people, superannuation begins to accumulate when you start work and your employer starts paying contributions for you. These payments are known as super guarantee contributions or concessional contributions. You may also be entitled to choose the fund your super is paid into.

Superannuation funds invest your money in areas such as shares, property and managed funds. Complying super funds receive more favourable tax treatment than individuals and companies. The minimum employer contribution is nine per cent of your "ordinary time earnings" which is generally what you earn for ordinary hours of work including: over-award payments; commissions; allowances, and paid leave.

You can increase your superannuation by making your own contributions and you may be eligible for government contributions. You may also want to consider a salary sacrifice arrangement to grow your superannuation and achieve taxation benefits by doing so.

For information: http://www.ato.gov.au/content/00250233.htm

Government Employee's Superannuation Board (GESB): http://www.gesb.wa.gov.au/

General insurance and income protection

All subclass 457 visas granted on or after 14 September 2009 are subject to condition 8501 requiring visa holders to maintain adequate arrangements for health insurance for the duration of their stay in Australia. Visa holders who fail to comply may have their visas cancelled.

For information on private health insurance in Australia: http://www.privatehealth.gov.au

Visa applicants who have enrolled with Medicare in Australia and hold a valid Medicare card issued under a Reciprocal Health Care Agreement (RHCA) will satisfy minimum requirements for adequate health insurance.

To check your eligibility for Medicare:
http://www.medicareaustralia.gov.au/public/migrants/visitors/index.jsp

Professional indemnity insurance

The MBA's registration standard on professional indemnity insurance states that practitioners must be insured or indemnified for each context in which they practice. In private practice, this is usually professional indemnity insurance. The MBA requires that this be with an approved insurer. The following insurers have been approved by the MBA to meet the minimum product standards that apply to all medical indemnity insurers as defined in the *Medical Indemnity (Prudential Supervision and Products Standards) Act 2003* (Commonwealth):

- Avant
- Invivo
- Medical Indemnity Protection Society Limited (MIPS)
- Medical Insurance Group (MIGA)
- MDA National

Medical officers employed by WA Health are eligible to apply for medical indemnity cover through the Western Australian Department of Health's contractual indemnity scheme. Under the scheme, each salaried medical officer is provided with individual indemnity covering medical treatment liability claims that might arise during the course of his or her employment. In return, the indemnified practitioner must provide full and open support for quality improvement practices such as medical audit and the reporting and investigation of adverse events, thereby formalising arrangements already occurring.

If as a salaried medical officer with WA Health you are treating patients who do not fall within the scope of the indemnity provided, you may need to purchase medical indemnity cover from a private Medical Defence Organisation (MDO). Should your MDO also offer insurance against general legal costs (e.g. advice and representation at inquiries), you may also wish to purchase this cover as these fall outside the scope of the indemnity.

For information: http://www.health.wa.gov.au/indemnity/salaried/index.cfm

5.6 Medico-Legal

Medical records

The patient's medical record documents their assessment and treatment during each medical encounter, whether this be a hospital stay or visit, or a general practice consult. It provides an

account which can be reviewed in order to assess and evaluate the care given to the patient. The medical record also serves as a means of communicating with other staff involved in the care of that patient to plan the ongoing care, treatment and therapy, and it protects the legal interests of both the patient and staff.

Wherever you are employed, whether in a public hospital or in private general practice, you should ensure that you are familiar with the forms and documentation used. They may be shown to you during orientation, but if not, find out where they are kept, what they look like and who usually completes them.

A medical record must include:

- patient identification data
- presenting problem
- medical history
- physical examination
- diagnostic and treatment orders
- observations and findings
- diagnosis and discharge summary.

The medical record must be kept up to date, be relevant and concise. The medical record is a confidential document.

Medico-legal reports

When working for WA Health, all requests for medical reports and summaries from solicitors, life insurance companies and government departments, including subpoenas and reports for coroner's cases, must be referred to the hospital Patient Record Administration, Medical Administration and your supervising doctor or the senior clinician in your area. You should not give opinions or information in such cases.

Patient confidentiality

Health professionals have a duty to maintain the confidentiality of all information that comes to them in the course of their relationship with patients. The duty protects information created, disclosed or acquired directly or indirectly in the context of the patient and the health service provider relationship. All persons, including administrative staff, who come into contact with the information as part of the health care process, have a duty to maintain the confidentiality of that information.

The general principle is that the duty of confidence prevents the disclosure of the information to individuals and organisations not involved with providing the health service. However, there are some exceptions where otherwise confidential information may be disclosed to third parties.

- Where the patient or the patient's parents (where the patient is a minor) or legal guardian (where the patient is a mentally incompetent adult) or executor (where the patient is deceased) consents to the disclosure of the information.
- Where the public interest justifies disclosure of the information (i.e. where there is a real and immediate risk of danger to the public or any person and the requirement that disclosure be to a responsible authority).
- Where disclosure of the information is required or permitted by operation of the law.

Where confidential information is disclosed to the responsible body under the exceptions listed above, there will exist no actionable breach of confidence. However, information disclosed must be limited to that necessary to comply with the statutory requirement.

Notifiable conditions

A number of health related Acts and Regulations specify the reporting of medical events, conditions or diseases in WA. Statutory medical notifications require medical practitioners, practising in WA, to notify the Department of Health of these medical events. This information is vital in assisting the Department to monitor medical events and develop appropriate health responses and policies. The legislation in which these statutory notifications are prescribed are:

- *Health Act 1911*
- *Poisons Act 1964*
- Regulations made under the *Health Act 1911* and *Poisons Act 1964*

The WA Health Public Health Unit deals with the following notifiable conditions:

- Abortion
- Acute rheumatic fever
- Addiction to drugs
- Adverse events following immunisation
- Anaesthetic deaths (In addition to the coroner, these deaths must be reported to the Executive Director, Public Health)
- Communicable diseases other than HIV/AIDS
- Death of a woman as a result of pregnancy or child birth (must be reported to the Executive Director, Public Health)
- Cancer
- Cervical cancer testing
- HIV/AIDS
- Intussusception
- Lead poisoning
- Maternal and child health
- Mental health
- Notifiable communicable diseases
- Perinatal and infant deaths (Whenever any child of more than 20 weeks gestation is stillborn or any child under the age of one year dies from any cause whatsoever, the Executive Director, Public Health must be notified of the event)

For information:
http://www.public.health.wa.gov.au/3/287/2/statutory_notifications_and_authorisations.pm

To download forms: http://www.public.health.wa.gov.au/3/522/2/notifications__forms.pm

Patient rights

Patients in Australian public hospitals are entitled to expect and receive high quality services. WA Health has developed a Public Patient Hospital Charter which sets out the patients' rights and obligations as a patient of WA Health. Copies are available in every public hospital in WA.

To view the Charter: http://www.health.wa.gov.au/publications/subject_index/index.cfm

Patient complaints

Patients who are dissatisfied with any aspect of their treatment are entitled to make a formal complaint. As patients become more aware of their rights, have higher expectations and as resources are limited patient complaints can become more common. It is important not to take complaints personally and to maintain objectivity as you deal with the patient.

Complaints are best handled in the workplace and you should not hesitate to refer the patient to senior staff if required. Most hospitals and health services have staff that deal with complaints from patients. If you have a patient who wishes to make a complaint you can refer them to these staff.

It is important to understand the protocol for managing patient dissatisfaction. Many issues can be resolved at an early stage and two key processes can assist in minimising the risk of patient complaints.

- Communication – many incidents that lead to legal action could be prevented if there is a good relationship with patients. This means freely providing information that is asked for, encouraging questions and active participation in the decision-making process and offering emotional as well as medical support.
- Keeping good records – this is essential, both for patient care (especially if patients do not see the same doctor on each visit) and for legal protection. Make special note of any discussions or advice relating to optional treatments and risks, especially phone calls.

The *Health Services (Conciliation and Review) Act 1995* established a dispute resolution process to provide a formal channel through which consumers of health services can make their grievances known and for clinicians and administrators to respond. The Office of Health Review is established under Section 6 of the Act.

For information: https://www.hadsco.wa.gov.au/home/

Patient consent to treatment

It is important to gain a patient's consent (agreement) prior to undertaking any treatment or procedures. Written consent is an essential requirement when a patient is to undergo any surgical or invasive procedure or treatment. In general, consent must meet the following criteria to be legally valid:

- the patient must have capacity to give consent
- consent must be informed
- consent must be specific
- consent must be freely given.

In addition to gaining consent, it is essential that the doctor adequately explains (discloses) to a patient what the procedure involves, any relevant benefits and risks associated with the procedure, and any options or alternatives available, including no treatment. It is helpful if the patient understands the likely outcome of each option. If a patient could successfully argue that they would have made a different decision if they had received more detailed explanations, the doctor may be found negligent for "failure to warn". The patient may claim negligence if they suffer an adverse consequence, even if the procedure is skilfully performed and the patient suffers a recognised complication.

Hospitals and health services have consent forms available, which must be completed where written consent for a procedure is required. The discussion between the doctor and patient around risks and benefits should be detailed in the patient's medical record by the doctor. You should be familiar with your hospital's policy on consent to ensure you understand any specific requirements.

Medical practitioners should ensure that that if they are asked to be part of the consent process for procedures they are not familiar with, that they seek the assistance of the proceduralist(s) involved. If you are asked to gain a patient's consent and do not know the procedure in sufficient detail, you should not gain the patient's consent without appropriate assistance.

If the patient is not fluent in English or doesn't understand the medical terminology, you should use the service of a professional interpreter to gain the patient's consent. It is not wise to use the services of staff or family in the doctor/patient relationship.

Whether or not medical treatment is to take place is a decision for the patient and treatment may not take place without a patient's consent. Failure to obtain consent may render the practitioner liable for an action in battery or even in extreme cases, to criminal sanctions.

For information:
http://www.safetyandquality.health.wa.gov.au/involving_patient/informed_consent.cfm

Advanced Health Directive

Some patients may have set in place an Advanced Health Directive (AHD) or "living will" which gives direction on health matters and comes into force if they lose mental capacity. The law requires that a medical practitioner comply with an AHD only if it is consistent with good medical practise and they are comfortable that this represents the intentions of the adult. The patient's relatives cannot over-rule a valid AHD. If in doubt you should seek advice from Medical Administration or senior staff.

Medical procedures involving children

Where a child lacks the relevant capacity to consent to treatment on its own behalf, parental consent (or the consent of the child's duly appointed guardian) will be required except in the case of an emergency. However, a parent or guardian is not able to consent to all medical procedures. For instance, consent must be obtained through the Court system for procedures such as sterilisation of a child, or gender reassignment.

If a child has requested medical treatment and, in the opinion of the treating medical practitioner, appears to fully comprehend the nature and consequences of that treatment, then the doctor is entitled to assume that the child has the capacity to consent or decline medical treatment and may be categorised as a "mature minor".

In cases of conflict between parents (if there is any doubt as to which parent may consent on behalf of a child), or between parents and child (as to whether a child is competent to consent on its own behalf), consideration should be given to making an application through the Court system for a decision. If the practitioner is concerned as to who may consent on behalf of the child, assistance should be sought from the hospital executive.

In some Australian states, a minor's capacity to give informed consent to medical treatment is regulated by statute. For further information, see current Department consent policy guidelines: http://www.safetyandquality.health.wa.gov.au/involving_patient/informed_consent.cfm

Guardianship

The *Guardianship and Administration Act 1990* (the GA Act) contains provisions designed to ensure that patients over the age of 18 years are not deprived of necessary medical treatment because they are unable to consent to treatment.

Under the GA Act, the State Administrative Tribunal may appoint a guardian for a person who is 18 years or over. A plenary guardian has, and a limited guardian may have, the power to consent to treatment or health care for the represented person as if it had been given by the represented person and he/she were of full legal capacity. It is good practice to ask to see the appointing document and to take a copy of this document for the patient records.

The GA Act sets out a list of the persons who may provide consent to such treatment in order of priority. Where treatment is required urgently such that there exists a significant threat to the patient's health if treatment is delayed, the practitioner may provide treatment without consent if, in the opinion of the practitioner, it is not possible to obtain consent from persons on the list within the time available.

A guardian cannot consent to sterilisation of a represented person unless the consent of the State Administrative Tribunal has been first obtained.

For information: http://www.publicadvocate.wa.gov.au/G/guardianship.aspx?uid=1541-4327-7273-5606

Freedom of information

Under section 10 of the *Freedom of Information Act 1992* (the FOI Act) a person has the right to receive access to the documents of an agency (other than an exempt agency). An agency may refuse access to a document if the document is an exempt document. See section 23 of the FOI Act.

Patients who wish to gain access to their health information (including X-rays) should be asked to make a written request to the medical records office of a hospital. Doctors do not handle this.

For information: http://www.health.wa.gov.au/medical_records/

Sexual harassment and unlawful discrimination

In WA it is unlawful to discriminate against a person on the following grounds:

- gender
- marital status
- pregnancy
- gender history
- family responsibility
- family status
- sexual orientation
- ethnicity
- religious or political conviction
- impairment and age.

Sexual harassment in employment is also unlawful. The law relating to discrimination and sexual harassment is set out in the *Equal Opportunity Act 1984*.

Employers should provide their employees with an environment that is free from harassment and unlawful discrimination. Policies and procedures are in place to deal with complaints that may be made in this area. You must understand and comply with these policies and procedures. All complaints of sexual harassment or unlawful discrimination should be treated seriously and should be investigated quickly and confidentially. Action must be taken to ensure that the harassment/discrimination stops.

For information from the Equal Opportunity Commission: http://www.eoc.wa.gov.au

Violence, aggression and bullying in the workplace

Section 57 of the WA *Occupational Safety & Health Act 1984* includes a Code of Practice for prevention and management of violence, aggression and bullying at work. The code has been developed to provide guidance and should be considered in conjunction with the general duties in the *Occupational Safety & Health Act 1984*.

5.7 Deaths in hospital

Each Health Service has administrative policies/procedures for certifying the death of a patient. You should familiarise yourself with these policies as soon as possible on commencing your employment.

Deaths reportable to the coroner

The *Coroners Act 1996* established the Coroner's Court of WA and a State coronial system to inquire into deaths in WA. The coronial system includes a State Coroner and a Deputy State Coroner. In addition, every magistrate is contemporaneously a coroner and is able to conduct coronial investigations and hold coronial inquests throughout WA. An inquest is a formal hearing by the Coroner's Court into the circumstances surrounding a reportable death in WA.

A death must be reported to a Coroner or to any member of the WA Police Service immediately where the death is a WA death and one or more of the following applies:

- the death appears to be unexpected, unnatural or violent, or have resulted directly or indirectly from injury
- the death occurs during an anaesthetic or as a result of an anaesthetic and is not due to natural causes
- the death occurs in prescribed circumstances (there are currently no legislated 'prescribed circumstances')
- the deceased immediately before death was a person 'held in care'. (That is a person in the control, care or custody of the Police or Prison Service or under the *Child Welfare Act 1947*. It also includes individuals admitted or received into a centre under the *Alcohol and Drug Authority Act 1974*, an approved hospital under the *Mental Health Act 1996*, or otherwise detained under the *Young Offenders Act 1994*.)
- the death appears to have been caused or contributed to while the deceased was held in care
- the death appears to have been caused or contributed to by any action of a member of the Police Service
- the deceased is a person whose identity is unknown
- the death occurs outside WA but a medical practitioner legally qualified, as such in the place concerned has not issued a certificate of cause of death

- the death occurs within WA but the cause of death has not been certified under section 44(1) of the *Births, Deaths and Marriages Registration Act 1998*
- in the opinion of any medical practitioner present at or soon after death, the cause of death cannot be determined or the death has or may have occurred under suspicious circumstances.

Any person can make a report to a Coroner or member of the WA Police Force where they believe a 'reportable death' has or may have occurred.

The *Coroners Act* imposes a legal obligation on the following persons to report deaths that are or may be 'reportable deaths' under the *Coroners Act*.

- Any person who has knowledge of an actual or possible 'reportable death' must immediately he or she becomes aware of it, report the death to a Coroner or a member of the WA Police Force unless there are reasonable grounds to believe the death has already been reported.
- Any medical practitioner present at or soon after an actual or possible 'reportable death' must report the death immediately to a Coroner if:
    - the medical practitioner is unable to determine cause of death; or
    - in the opinion of the medical practitioner, the death has occurred under any suspicious circumstances.

If more than one medical practitioner is present at or soon after the death and one reports to a Coroner, the others need not do so but must give to the Coroner investigating the death any information that may help the investigation.

Failure to report a death that is or may be a 'reportable death' is an offence in respect of which a fine may be imposed.

If there is any doubt as to whether a case should be reported or not, the advice of the Coroner should be sought.

More information on coronial process and steps to take to report a death:
http://www.safetyandquality.health.wa.gov.au/mortality/coronal_liaison.cfm

Registration of deaths

Part 7 of the *Births, Deaths and Marriages Registration Act 1998* deals with the registration of deaths. Information is available on the Department website for Statutory Medical Notifications:
http://www.public.health.wa.gov.au/3/287/2/statutory_notifications_and_authorisations.pm

Section 44 of the *Births, Deaths and Marriages Registration Act 1998* requires the medical practitioner who immediately before death was responsible for the medical care of the deceased or of the mother of a stillborn child, or who examined the body after death, to complete and sign a medical certificate of cause of death within 48 hours of the death, and provide the certificate to the funeral director. However, the medical practitioner is not required to issue a certificate of cause of death in circumstances in which the death is reportable to a Coroner.

Section 6 Living in Western Australia

6.1 About Western Australia

WA has diverse landscapes and environments throughout its regions. White sandy beaches along the west coast, lush green vineyards and forests in the state's south west and rugged red earth of the north-west regions provides a variety of places to experience and live.

Perth has more hours of sunshine than any other capital city in Australia. The Mediterranean climate means people in Perth enjoy mild winters, warm to hot summers and blue skies most of the year. The city is situated on the Swan River and the metropolitan area stretches along the Indian Ocean coastline, north and south of the city centre. The Perth life-style is focussed on the outdoors and people enjoy a range of sporting activities which involve the ocean or the river.

For information about living and working in WA, including housing, education and transport: http://www.migration.wa.gov.au/Pages/LivingInWesternAustralia.aspx

Tourism WA: http://www.westernaustralia.com/en/Pages/Welcome_to_Western_Australia.aspx

Local councils

Local government in WA works with the State Government to develop communities at the local level. Local councils are made up of a group of suburbs, a town, a town and its surrounding countryside or a rural area. Your local council can provide information about services available in your area including library and recreation services.

General information

The Department of Immigration and Multicultural Affairs offers a range of booklets titled *Beginning a Life in Australia* which provide valuable information on processes as well as contact details for assistance in various areas. The booklets are available in more than 20 languages and for each state and territory and cover the following information:

- environment
- indigenous peoples
- culturally diverse society
- settlement by migrants
- government
- customs and laws.

For information: http://www.immi.gov.au/living-in-australia/settle-in-australia/beginning-life/

To access all publications on the Department of Immigration and Citizenship website: http://www.immi.gov.au/media/publications/

6.2 Visa requirements

Once you have secured employment in Australia you will need to apply for an appropriate visa for yourself and any family members who will be accompanying you to Australia. Your employer, or the recruitment agency you have been dealing with regarding your appointment, will generally provide guidance and assistance in obtaining the correct visas.

The Australian Government Department of Immigration and Citizenship (DIAC) are responsible for the processing and assessment of visa applications, ensuring compliance with Australia's immigration laws. The DIAC website provides information on the types of visas available, the application process and access to forms and the online application process.

For information: http://www.immi.gov.au/skilled/medical-practitioners/visa-options-doctors.htm

The DoctorConnect website also provides immigration and visa information for doctors: http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/immigrationAndVisas

6.3 Opening a bank account

In Australia, most income including salary or wages and government benefits are paid directly into a bank account. If you open a bank account within six weeks of your arrival, you usually need only your passport as identification. After six weeks you will need extra identification to open an account.

For information: http://www.bankers.asn.au/smarter-banking/open-account.html

6.4 Learning English

There are many organisations that offer English language training and can provide help with English for family members who may be entering Australia with you.

People with very limited English skills may qualify for the Adult Migrant English Program and receive access to free English lessons. The program teaches basic English and is designed for adult migrants and refugees 18 years and over to help them settle in Australia.

Adult English lessons are also available from many local community colleges as well as colleges of Technical and Further Education (TAFE). Contact your local agencies for details.

If a family member has difficulties communicating in English, the national Translating and Interpreting Service (TIS) provides telephone assistance. TIS can be contacted on 13 14 50. The operator will ask what language they speak and the number of the organisation they wish to contact. They will then assist with making the call. The service is available 24 hours per day, 7 days a week. Centrelink have their own translating service which can be contacted on 13 12 02.

For information: http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/how-use-tis/non-english-speakers.htm

6.5 Housing and essential services

Finding a suitable place to live will depend on where you want to live and whether you intend to rent or buy. It is wise to speak with colleagues and friends who may have first-hand experience of areas you are looking at for prospective housing.

The increased activity in the mining industry has impacted on the WA economy and increased the cost of living and particularly housing in the state. Your employing health service may offer assistance with finding temporary accommodation upon your arrival. Otherwise, short-term accommodation can be arranged over the internet or by phone through a reputable real estate agent. For any long-term arrangements ensure that either you or someone you know inspects the property before signing any rental contracts.

The Real Estate Institute of WA (REIWA) provides information about suburb location and the different types of accommodation available in Perth as well as links to real estate agents in metropolitan and country areas: http://reiwa.com.au/home/default.aspx

If you are in a position to buy a home, there are restrictions that may apply to you. For example, if you are living in Australia but are not a permanent resident, you will need permission from the Foreign Investment Review Board to buy a house or land for building.

More information is available on the Department of Immigration and Citizenship website: http://www.immi.gov.au/living-in-australia/settle-in-australia/everyday-life/housing/

Whether you are renting or buying a house, you will need to connect to essential household utilities:

- electricity – Synergy 13 13 53 or http://www.synergy.net.au/index.xhtml
- gas – Alinta Energy 13 13 58 or http://alintaenergy.com.au/WA/Home
- water – Water Corporation 13 13 85 or http://www.watercorporation.com.au/
- telephone – there are a number of telecommunications suppliers in Australia so it is wise to compare the prices and packages that they offer for landlines and mobile phones and ensure you get the services that you need.

6.6 Personal health care

Medicare

As the basis of Australia's healthcare system, Medicare covers many health care costs. To register with Medicare, you should wait approximately 10 working days after your arrival in Australia and then go to your nearest Medicare office with your passport and travel documents. If registration requirements are met, you will be advised of your Medicare number and your Medicare card will be posted to you. Section 1 of this manual provides information on Medicare, the Medicare levy, and the Medicare surcharge.

Private health insurance

Private health insurance provides additional cover for services not covered by Medicare. A number of organisations offer private health insurance and there are a variety of reasons why it may be an attractive option for you to consider. If you have private health insurance, you are covered against some or all of the costs of being a private patient in either a public or private

hospital. Even if you have private health insurance you can choose to be treated as a public patient in a public hospital at no charge if you qualify for Medicare.

As a privately insured patient you may insure against some or all of the costs of health services not covered by Medicare, such as:

- hospital expenses (theatre fees or accommodation) in either a public or private hospital
- dental treatment
- ambulance
- chiropractic treatment
- home nursing
- podiatry
- physiotherapy, occupational, speech and eye therapy
- glasses and contact lenses
- prostheses
- other ancillary services.

People with employer sponsored temporary visas (and their dependents) must have adequate medical insurance cover.

Information about private health insurance is available from the Private Health Insurance Administration Council: http://www.phiac.gov.au

- Health Insurance Fund (HIF): http://www.hif.com.au
- Hospital Benefit Fund (HBF): http://hbf.com.au
- Medibank Private: http://www.medibank.com.au/

6.7 Education

Australia has four levels of education:

- kindergarten and pre-school
- primary school
- secondary school (also known as high school)
- tertiary or higher education – university or TAFE.

The WA education system comprises around 770 government schools and almost 315 private schools. The Government also offers distance education to students in rural and remote areas.

Education is compulsory for children aged six years and above, with preschool places available from the age of four. From 2015, most children will begin their secondary education at the beginning of the year in which they turn 12. Secondary education comprises Years 7 to 12 and is compulsory to Year 12.

For information on your designated school zone: http://www.eddept.wa.edu.au

Private/independent schools

There is a large non-government school sector in WA which is funded by Government subsidies and collection of student fees.

For information on Catholic schools: http://www.ceo.wa.edu.au

For information on other independent schools: http://www.ais.wa.edu.au

Tertiary education

There are five universities in WA which offers undergraduate education through to post-graduate levels of study.

Information for each of the universities can be found on their respective websites:

- Curtin University http://www.curtin.edu.au
- Edith Cowan University http://www.ecu.edu.au
- Murdoch University http://www.murdoch.edu.au
- Notre Dame University http://www.nd.edu.au/
- The University of Western Australia http://www.uwa.edu.au

Vocational education

Vocational education and training is provided through TAFE and other registered providers of adult, community and further education. All vocational courses are developed on the basis of industry advice, at a statewide and national level.

TAFE is the State's largest vocational, education and training provider. It provides:

- Award Courses - to provide a nationally recognised qualification
- trade training – pre-apprenticeship and pre-vocational courses, off the job training for apprentices and post-trade courses
- bridging courses – to give students sufficient skills and confidence to enter mainstream TAFE courses
- commercial training - customised training and short courses to meet the needs of industry, commerce and government on a corporate or single basis
- adult community education courses – hobby, leisure and recreational courses.

For information: http://www.tafe.wa.gov.au

Childcare services

Childcare centres provide care for children of preschool age and may provide services for school age children either before or after school or during school holidays. Childcare services are governed by the *Community Services Act 1972* and services cannot be provided except under the authority of a license or permit issued under this Act.

For information, contact the Child Care Access Hotline: 1800 670 305

6.8 Employment for partners

To determine if your partner or other members of the family will be eligible to work in Australia, you need to check with the Department of Immigration and Citizenship to confirm whether their type of entry visa allows them to work. Some visas might have restrictions, in which case they might have to apply for a different type of visa. For information: http://www.immi.gov.au

Jobs within the WA public sector, including health, can be viewed on the Jobs WA website: http://jobs.wa.gov.au

Centrelink

Centrelink is the Australian Government's central administrative agency, which delivers services on behalf of 20 client agencies, delivering a wide range of payments and support. Newly arrived residents can register with Centrelink to get help looking for work, having overseas qualifications recognised and accessing relevant courses. If you have children, you may be eligible for government funded family assistance payments to help with the cost of raising them.

For information: http://www.centrelink.gov.au

6.9 Emergency services

In an emergency situation you can contact emergency assistance by dialling 000 (three times zero) on your phone to contact:

- ambulance
- fire brigade
- police

When the emergency service operator answers your call, be prepared to give your name, location and telephone number and the type of service you require.

Ambulance service

Ambulance services provide emergency transport to the nearest hospital for emergency medical attention. Interpreters are available. Please note that there is a fee involved for ambulance service. However, the cost may be discounted to people who have a Health Care Card, receive a government pension or are covered by insurance.

Fire service

Fire and Emergency Authority of WA respond to a range of hazards – bush and structural fires, incidents involving hazardous materials (chemical, biological, radiological), floods, storms, cyclones and earthquakes.

Police service

To contact your local police service for a non-emergency situation call 131 444.

State Emergency Service

The State Emergency Service (SES) is a volunteer organisation which provides services to help members of the community cope with the impact of a disaster, including repairs on buildings, restoration of essential services and transporting people and cargo through flood waters. For SES assistance in these circumstances call 132 500.

6.10 Getting around

Public transport

The Perth metropolitan public transport system combines the use of trains, buses and ferries and includes a free Central Area Transit (CAT) bus system that services the Perth and Fremantle central business districts. For information: http://www.transperth.wa.gov.au/

Public transport to regional WA includes bus services to 275 country towns via 29 different routes, and train services to Bunbury, Kalgoorlie, Midland and Northam.

For information on country bus and train services: http://www.transwa.wa.gov.au/Default.aspx

Driving

Residents who hold a permanent visa may drive (or learn to drive) on an overseas licence/permit for a period of three months, after which time, a WA driver's licence must be obtained if the holder wishes to continue to drive. Where a permanent visa is issued on or before entry into Australia, the three month period commences from the date of arrival in Australia. Where the person has been a long term resident of Australia on a temporary visa, the period commences from the date a permanent visa is issued. Obtaining a WA driver's licence requires you to pass a knowledge test, a practical driving test and an eyesight test.

Visitors, including temporary visa holders, can drive on an overseas licence for up to 12 months after arrival in WA. If you intend to take up permanent residence, you will need to apply for a WA driver's licence.

Demerit points system

Drivers are allocated a number of merit points which validate their license. The WA Police will issue demerit points to drivers for motoring offences. Drivers on a learner permit or probationary licence, who receive five or more demerit points in a twelve-month period may lose their driver's licence or permit. If you hold a full driver's licence you may lose your licence if you receive twelve or more demerit points over a three-year period.

For information: http://www.transport.wa.gov.au/licensing/20669.asp

Appendix 1 Medication terminology

Dose frequency or timing

mane	morning
midi	midday
nocte	night
b.d.	twice daily
t.d.s	three times daily
q.i.d	four times daily
4 hourly (or q4h)	every 4 hours
6 hourly (or q6h)	every 6 hours
8 hourly (or q8h)	every 8 hours
p.r.n.	when required
stat.	immediately
a.c.	before food
p.c.	after food

Route of administration

MA	metered aerosol (puffer)
T/H	Turbuhaler
A/H	Accuhaler
IM	intramuscular
IT	intrathecal
IV	intravenous
NG	naso-gastric
PO	oral
PV	per vagina
PR	per rectum
TOP.	topical
SUBCUT.	subcutaneous
NEB.	nebulised

Unit of measure

mL	Millilitre(s)
L	Litre(s)
mg	Milligram(s)
g	Gram(s)
microgram [Never mcg or µg]	Microgram(s)
Unit(s) [Never I.U.]	International Unit(s)

Dose forms

Cap.	Capsule
Crm.	Cream
Inj.	Injection
Supp.	Suppository
Pess.	Pessary
Tab.	Tablet

Latin terms for other dose forms

The following Latin terms are included for your information only, as they are still used by some senior doctors. Avoid using these terms as many younger pharmacy and nursing staff may not be familiar with these terms.

Gtt.	Eye drop (guttae)
Mist.	Mixture
Pulv.	Powder
Oc.	Eye ointment
Ung.	Ointment

Dangerous abbreviations

Avoid using the following abbreviations on medication charts and prescriptions as they are open to misinterpretation by nursing and pharmacy staff.

Avoid these abbreviations	Intended meaning	Why?	What should I use?
OD, o.d. or d.	Once daily	'OD' can be mistaken as twice a day. 'd' can easily be missed	Write the time of the day for administration e.g. 'mane', 'midi', 'nocte' or write 'daily'
m.	morning	Mistaken for 'n' (night)	Write mane
n.	night	Mistaken for 'm' (morning)	Write nocte
TIW	three times a week	Mistaken as three times a day	Write out in full and specify which days
sc	subcutaneous	Mistaken for sublingual	Use 'subcut' or write

Avoid these abbreviations	Intended meaning	Why?	What should I use?
			'subcutaneous'
q.d. or QD	every day	Mistaken as Q.I.D or four times a day	Use 'daily' or specify time of day e.g. mane, nocte etc
IU e.g. 3 iu	International unit	Misread as IV (intravenous) or misread as 31 U (i.e. 31 units)	Use 'units'
cc	cubic centimetres	Misread as 'u' when handwritten	Use 'mL'
µg	microgram	Mistaken as 'milligram' when handwritten	Write out in full
x3d	for 3 days	Mistaken as three doses	Use 'for three days'
> or <	greater than or less than	Opposite of intended	Use 'greater than' or 'less than'
Zero after a decimal point e.g. (5.0)	5 mg	Misread as 50mg if decimal point not seen	Do not use decimal points after whole numbers
No decimal point before fractional dose e.g. (.5mg)	0.5mg	Misread as 5mg if decimal point not seen	Always use a zero before a decimal when dose is less than one
Chemical symbols e.g. MgSO4	Magnesium sulphate	May not be understood or misunderstood e.g. morphine sulphate	Write out in full
Drug names; e.g. epo (many other examples!)	erythropoietin	Mistaken as evening primrose oil	Write all drug names out in full- generic name for single active ingredient and trade name for combination drugs
6/24	Every six hours	Mistaken as six times a day	Use 'q6h' or '6 hourly'
1/7	For one day	Mistaken for one week	Write out 'for one day'
e	'ear' or 'eye'	Misinterpreted as the other organ	Write 'ear' or 'eye'
S/L	For sublingual	Mistaken for S/C – subcutaneous	Write 'sublingual' or under tongue
D/C	Discharge or discontinue	Misinterpreted as the other intention	Write out 'discontinue' or 'discharge'

Source:

WACHS Kimberley Region. JMO Orientation Booklet. Broome Health Service. December 2010

Appendix 2 Health industry acronyms

AAU	Acute Assessment Unit
ACAT	Aged Care Assessment Teams
ACCC	Australian Competition and Consumer Commission
ACD	Australian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACLM	Australasian College of Legal and Forensic Medicine
ACMH	Aged Community and Mental Health
ACOSS	Australian Council of Social Service
ACRRM	Australian College of Rural and Remote Medicine
ACSQHC	Australian Council for Safety and Quality Health Care
ADEC	Australian Drug Evaluation Committee
AHPRA	Australian Health Practitioner Regulation Agency
AHS	Area Health Service
ALS	Advanced Life Support
AMA	Australian Medical Association
AMC	Australian Medical Council
AMLA	Australian Medicare Local Alliance (formerly Australian General Practice Alliance)
AMS	Aboriginal Medical Services
AMSA	Australian Medical Students' Association
ANZCA	Australian and New Zealand College of Anaesthetists
APA	Australian Physiotherapy Association
APAC	Australian Pharmaceutical Advisory Council
APHA	Australian Private Hospitals Association
APMA	Australian Pharmaceutical Manufacturers Association
ASGC-RA	Australian Standard Geographical Classification – Remoteness Area
ASMOF	Australian Salaried Medical Officers Federation
AST	Advanced Surgical Trainee
ATO	Australian Taxation Office
ATSI	Aboriginal and Torres Strait Islanders
ATSIC	Aboriginal and Torres Strait Islander Commission
BLS	Basic Life Support

BMJ	British Medical Journal
CAHS	Child and Adolescent Health Service
CNC	Clinical Nurse Consultant
CNM	Clinical Nurse Manager
CNS	Clinical Nurse Specialist
CPD	Continuing Professional Development
CPE	Continuing Professional Education
CPMC	Committee of Presidents of Medical Colleges
CPMEC	Confederate of Postgraduate Medical Education Councils
DCT	Director of Clinical Training
DEST	Department of Education, Science and Training
DIAC	Department of Immigration and Citizenship
DIT	Doctor in Training
DMS	Director of Medical Services
DOH	Department of Health
DOHA	Department of Health and Aging
DON	Director of Nursing
DPGME	Director of Postgraduate Medical Education
DSC	Disability Services Commission
ED	Emergency Department
EDMS	Executive Director of Medical Services
EN	Enrolled Nurse
FOI	Freedom of Information
FRACGP	Fellow of the Royal Australian College of General Practitioners
FTE	Full Time Equivalent
GP	General Practitioner
GPEA	General Practice Education Australia
HACC	Home and Community Care

HDU	High Dependency Unit
HIC	Health Insurance Commission
HITH	Hospital in the Home
HRIT	Health Reform Implementation Taskforce
ICU	Intensive Care Unit
IMG	International Medical Graduate
JMO	Junior Medical Officer
LGA	Local Government Area
MBA	Medical Board of Australia
MBCC	Medicare Benefits Consultative Committee
MBS	Medicare Benefits Schedule
MCQ	Multiple-Choice Questionnaire
MEO	Medical Education Officer
MET	Medical Emergency Team
MEU	Medical Education Unit
MHS	Metropolitan Health Service
MJA	Medical Journal of Australia
ML	Medicare Locals
MLO	Medical Liaison Officer
MSOAP	Medical Specialists' Outreach Assistance Program
MTRP	Medical Training Review Panel
NACSR	National Advisory Committee on Overseas Skills Recognition
NASOG	National Association of Specialist Obstetricians and Gynaecologists
NESB	Non-English Speaking Background
NFR	Not For Resuscitation
NGO	Non-Government Organisation
NMHS	North Metropolitan Health Service
NP	Nurse Practitioner
NRHA	National Rural Health Alliance

OT	Occupational Therapist
OTA	Occupational Therapist Assistant
OTD	Overseas Trained Doctor (see IMG)
OTS	Overseas Trained Specialist
PBAC	Pharmaceutical Benefits Advisory Committee
PCA	Personal Care Assistant
PBS	Pharmaceutical Benefits Scheme
PGPPP	Prevocational General Practice Placements Program
PHC	Primary Health Care
PHR	Patient Health Record
PMCWA	Postgraduate Medical Council of Western Australia
PSA	Pharmaceutical Society of Australia
RACGP	Royal Australian College of General Practitioners
RACGPTF	Royal Australian College of General Practitioners Task Force
RACGPTP	Royal Australian College of General Practitioners Training Program
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCOG	Royal Australia and New Zealand College of Obstetricians and Gynaecologists
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCGP	Royal College of General Practitioners
RCNA	Royal College of Nursing, Australia
RCPA	Royal College of Pathologists of Australia
RCS	Rural Clinical School
RDAA	Rural Doctors Association of Australia
RDAWA	Rural Doctors Association of Western Australia
RDN	Rural Doctors Network
RDRN	Rural Doctors Resource Network
REIWA	Real Estate Institute of Western Australia

RFDS	Royal Flying Doctor Service
RHW	Rural Health West
RITH	Rehabilitation in the Home
RMO	Resident Medical Officer
RN	Registered Nurse
RRMA	Rural, Remote and Metropolitan Areas (see ASGC-RA)
SDE	Staff Development Educator
SDN	Staff Development Nurse
SJA	St John Ambulance
SMHS	South Metropolitan Health Service
SRN	Senior Registered Nurse
STP	Specialist Training Program
SW	Social Worker
TIS	Translating and Interpreting Service
TRD	Temporary Resident Doctor
UDRH	University Department of Rural Health
VMP	Visiting Medical Practitioner
WA	Western Australia
WACHS	Western Australian Country Health Service
WAGPET	Western Australian General Practice Education and Training Ltd
WBA	Workplace-Based Assessment
WHO	World Health Organization

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This document can be made available in alternative formats on request for a person with a disability.