International Medical Graduates

Orientation Handbook

2nd Edition

Medical Workforce Unit

Central Coast Local Health Network

Northern Sydney Local Health Network

January 2011

Contents

1. Introduction

WELCOME TO NORTHERN SYDNEY & CENTRAL COAST LOCAL HEALTH NETWORKS

Northern Sydney & Central Coast Local Health Networks (NS & CC LHNs) welcome all International Medical Graduates (IMGs) joining our services.

This handbook introduces you to the NSW Health system and what it means to be a doctor in this state, as well as offering an overview of life in Australia.

Due the complexity of some of the topics covered, only basic information has been provided. However, efforts have been made to provide details on where to get further information, including websites and contacts should you need these. In this way, readers should be able to research further any topic of interest or find the latest information at the time.

This edition is also being produced as the former Northern Sydney Central Coast Area Health Service (NSCCAHS) is being separated into the Northern Sydney Local Health Network and the Central Coast Local health Network. Some details regarding organisational structure and policies will change as this process evolves.

We hope the use of this handbook is helpful to you in making easier your transition into the system.

Wishing you an enjoyable and educational experience at NS& CC LHNs.

Dr Andrew Montague
Director of Medical Services
Northern Beaches Health Service

On behalf of the
Medical Workforce Advisory Committee

2. Australia's Healthcare System

2.1 Overview of Australia's Healthcare System

"The Australian health system is world-class in both its effectiveness and efficiency: Australia consistently ranks in the best performing group of countries for healthy life expectancy and health expenditure per person." (World Health Organization 2003)

The Australian healthcare system, however, still faces unique challenges to provide health care to all the community. Among these challenges are:

1. Cultural diversity - In recent years people from about 185 different countries have made Australia their home.

2. An ageing population - Australia has an ageing population.

3. The toll of chronic diseases – Australians experience health issues of the developed world such as cardiovascular disease, cancer, obesity, diabetes, bone and muscular diseases. Diseases that are seen in developing countries are also encountered in some communities and many indigenous communities.

4. There are also the healthcare needs of the very young, male and female needs, and the needs of people with chronic illness.

http://www.wpro.who.int/countries/aus/national_health_priorities.htm
http://www.immi.gov.au/media/fact-sheets/index.htm

Australia's health system is a unique combination of public and private health care, designed to make sure all Australians are well covered for their needs. Medicare is the basis of our public health system, with private health insurance also playing a key role in covering Australians' needs.
http://www.medicareaustralia.gov.au/about/whatwedo/health-system/index.jsp

Australia is a federation of six states and two territories. . There are three levels of Government:

1. The Australian Government (Federal/Commonwealth).
2. State and Territories
3. Local

The Australian Government's role is to develop national health policies, including those related to providing health care to all Australian permanent residents and citizens, and provide regulation and funding. The funding is through the Medicare system, which in turn funds community medical services using:

- The Medical Benefits Scheme (MBS),
- Pharmaceutical Benefits Scheme (PBS), which provides subsidised medications
- Aged care services, such as Aged Care facilities (nursing homes)
- Specific health services to members of the Australian Defence Force and Aboriginal and Torres Strait (indigenous) communities.

The State and Territory governments and Local Governments are responsible for delivery and management of the provision of public health services. This includes public hospitals, mental health and dental health services, population health and community health centres, ambulance services and health promotion.

The key national organisations to be familiar with are:

- Medicare (previously known as the Health Insurance Commission)
- The Pharmaceutical Benefits Scheme (PBS)

2.2 Medicare

Medicare is Australia's universal health insurance scheme to ensure that all Australian legal residents (or visitors from countries with whom Australia has signed a Reciprocal Health Care Agreement) have access to affordable, accessible and high-quality medical and hospital care.

Australian citizens and permanent residents have access to free treatment as a public or Medicare patient in a public hospital. During their admission, these patients have access to doctors and specialists employed by the public hospital, although they cannot choose their doctor. Their treatment may also include physiotherapy, occupational therapy, speech therapy, podiatry, psychology, social work or emergency dental care. All care and treatment required while the patient is in hospital is free.

Medicare also provides free or subsidised care and treatment in the community. For instance, it covers all or part of the consultation (scheduled) fees charged by general practitioners (GP or family doctor) or by specialists (e.g., paediatrician). It may also cover all or part of the costs of tests or examinations.

Allied Health Initiative

People with chronic illness can access Medicare rebates for allied health services (e.g., occupational therapy, physiotherapy, podiatry, psychology, speech pathology) and dental care under an initiative managed by their GP under an Enhanced Primary Care (EPC) plan. Up to five allied health services per year can be claimed (i.e., can be for a single type of service or combination of different types of services). Also, if a dental problem is severely affecting a person's medical condition, they can claim up to three dental services per year under the scheme. The allied health professional or dental professional must have a Provider or Registration number through Medicare. For more information visit the following website:
http://www.medicareaustralia.gov.au/provider/pubs/medicare-forms/index.jsp#N1006E

Ambulance services, private hospital fees, home nursing, private allied health and dental services (outside the above Allied Health Initiative criteria), private podiatry, hearing aids, glasses, and optical services are among services NOT covered by Medicare within the community.

The Medicare Levy

Medicare is financed through the income tax system. It is based on a system whereby Australians contribute towards the cost of health care. The amount paid by individuals depends on income levels. Normally, your Medicare levy is calculated at 1.5 % of your taxable income but may vary depending on your circumstances. If you do not have private health insurance, you may have to pay an additional 1 per cent Medicare levy, depending on your taxable income. For more information on the Medicare levy, visit the Australian Taxation Office website – www.ato.gov.au .

Issue of a Medicare Card

When people are eligible for Medicare, they are issued with a Medicare card. This is a green card which details the name of the holder, their Medicare number and the names of other immediate family members who share the card number. This card is required:

- When a person visits a doctor
- To make a claim at a Medicare office
- To make enquiries with Medicare
- When seeking treatment in a public hospital
- When getting a prescribed medication from a pharmacy

Reciprocal Health Care Agreements

Most overseas visitors and people holidaying in Australia are not entitled to the services provided under Medicare. However, Australia has Reciprocal Health Agreements with a number of other countries, including Finland, Italy, Malta, the Netherlands, New Zealand, Norway, the Republic of Ireland, Sweden and the United Kingdom. Visitors to Australia from these countries can access subsidised health services for urgent treatment while in Australia.

For more information on eligibility for Medicare, you can contact:

- Any Medicare office
- Phone 132 011
- E-mail: medicare@medicareaustralia.gov.au
- Website: www.medicareaustralia.gov.au

Medicare provider numbers for medical practitioners

In order for a doctor to be able to provide services under Medicare, including identifying the referring doctor for specialist referrals and ordering diagnostic tests, an application must be made through Medicare for a provider number which identifies the health professional and the location of the service. Should a provider work at different locations, the individual must apply for a provider number for each location. Eligible applications are determined by the Health Insurance Act 1973 and related regulations. To view the act, visit www.comlaw.gov.au

For further information on eligibility please visit www.health.gov.au

To access the application form and further information please visit
www.medicareaustralia.gov.au/provider/pubs/medicare-forms/provider-number

Billing arrangements by doctors

In Australia, doctors might choose to bill Medicare directly rather than seek payment from patients. This is called 'bulk billing'. In this instance, patients sign a completed Medicare form after consultation and are given a copy of it. There is no charge to the patient.

If doctors choose to bill patients with an account, patients are usually required to pay it at the time of consultation. 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 – this is called the 'gap').

Sometimes patients with an account can choose to claim the benefit directly from Medicare. Upon presentation of the doctor's account at a Medicare office, Medicare will send the patient a cheque payable to the doctor. This is forwarded to the doctor by the patient, together with any balance due (the 'gap') to cover the bill in full, if applicable. This balance due is covered by the patient.

For further information on Medicare, please contact directly on 132 011 or visit their website:
www.medicareaustralia.gov.au

Pharmaceutical Benefits Scheme (PBS)

Since 1948 the Federal Government, through the Pharmaceutical Benefits Scheme, has been able to make a range of necessary prescription medicines available at reduced cost for patients. This benefit is applicable to Australian residents and overseas visitors eligible under a Reciprocal Health Agreement. These are classified as 'general' patients. In addition, some patients under Centrelink and Department of Veterans' Affairs can get a further reduced rate. These are classified as 'concessional' patients.

Public hospitals are the other major source for subsidised medications as they are provided free to inpatients. Most hospitals use the PBS scheme for discharge medications.

The Department of Health and Ageing oversees the management of the PBS including administration of the Pharmaceutical Benefits Schedule, which lists all the medicines under the PBS. To view the schedule, please visit www.pbs.gov.au .

Medicare Australia is responsible for the administration of approval of authority prescriptions for medicines limited under special circumstances, the approval of pharmacists to provide medicines under PBS, the approval of health care providers and the approval of hospitals to provide PBS medicines.

Safety Net

The Safety Net Scheme is designed to protect those patients and their families who require a large number of PBS medications each year. When patients reach a certain cost 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 rest of that year.

PBS provider 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 location, the PBS prescriber number stays with the doctor for life.

To become familiar with the prescribing process and learn to use the PBS correctly, please visit, www.medicareaustralia.gov.au/provider/pbs/education/pbs-and-you

2.3 Private Health Care

Private health insurers and Medicare work in tandem to give us our current health care system. The private health system is also a major provider of hospital services, which lessens the demands on public hospital beds and can shorten the waiting period for elective surgery.

For the public it also:

- Gives them the option of choosing their own doctor
- Shortens the waiting time for elective surgery
- Provide access to services not covered by Medicare, e.g., chiropractic, dental, some alternative therapies

The Australian Government has established an independent website to:

- Compare products from different funds
- Access information about private health insurance
- Find out about rebates and The Gap

Visit: www.australia.gov.au/privatehealth

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

References List:

Duckett, S.J. (2004). The Australian health care system (2nd ed.). South Melbourne: Oxford.

Other Sources used:

Post Graduate Medical Council Victoria. (2007). Working in Victoria's public hospitals: An orientation manual for international medical graduates. Victoria: Department of Human Services. (www.pmcv.com.au)

Office of the Chief Nursing Officer. Living and working in Queensland: An orientation manual for overseas-trained nurses and midwives. Queensland: Queensland Health.

3: Introduction to NSW Health

3.1 NSW Health

The NSW government is responsible for the NSW Department of Health. The NSW health system comprises the following:

- NSW Minister for Health
- Minister assisting the NSW Health Minister for Health (Cancer)
- Minister assisting the NSW Minister for Health (Mental Health Services)
- NSW Department of Health
- Public Health Organisations

To view the current ministers in the above positions please visit www.health.nsw.gov.au .

The NSW Department of Health is responsible for ensuring that the people of NSW are provided with the best possible health care. The Department monitors the NSW public health system and supports the NSW Minister for Health in his/her statutory role. For more information about the NSW Department of Health Organisation Structure, please visit http://www.health.nsw.gov.au/aboutus/structure.asp .

Public health organisations include the following:

- 18 Local Health Networks
- the Ambulance Service of NSW
- the Children's Hospital at Westmead
- Justice Health
- Clinical Excellence Commission

These organisations plan, deliver and coordinate local health services. They are responsible for providing services such as public and community health, public hospitals, psychiatric hospitals, emergency transport, acute care, rehabilitation, counselling, and many community support programs. www.health.nsw.gov.au

NSW Health's mission and goals

Our vision is for everyone in NSW Health to work together to achieve "Healthy People - now and in the future".

Our goals are to:

- Keep people healthy
- Provide the health care that people need
- Delivery high quality services
- Manage health services well.

We report our performance against these goals in our Annual Report. www.health.nsw.gov.au

3.2 Public Health Organisations

On 29 September 2010 the NSW Government announced major structural and funding changes to the NSW public health system. Central to these changes was the creation of eighteen Local Health Networks (LHNs) in NSW which are responsible for providing and coordinating health care services in their local area. These comprise:

- Eight geographically based LHNs covering the Sydney metropolitan area;
- Seven geographically based LHNs covering rural and regional areas; and
- Three specialty networks covering Children's Health, Forensic Mental Health, and services provided by St Vincent's Health.

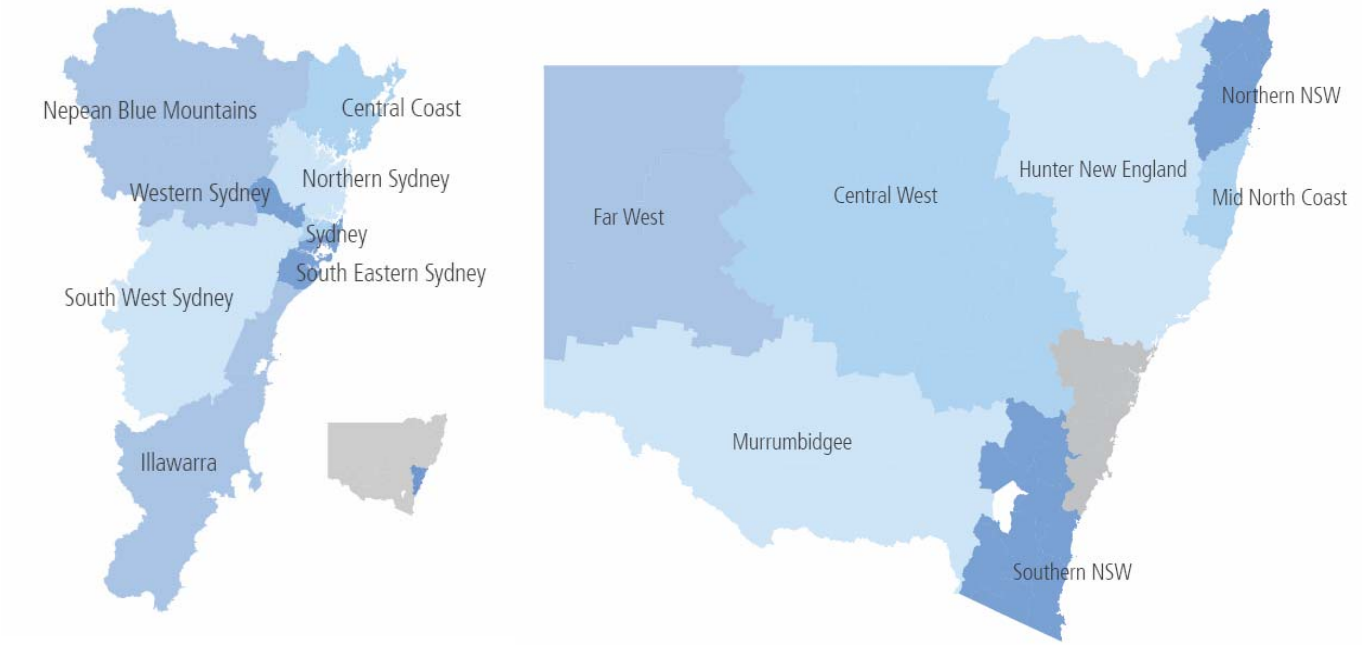
There will be a transitional period from January 2011 as governance responsibilities transfer from the former NSCCAHS structure to the NS and CC Local Health Networks.

Metropolitan Local Health Networks

Central Coast
Nepean Blue Mountains
South Eastern Sydney
Sydney
Illawarra Shoalhaven
Northern Sydney
South Western Sydney
Western Sydney

Rural and Regional Local Health Networks

Far West
Mid North Coast
Northern NSW
Western NSW
Hunter New England
Murrumbidgee
Southern NSW



Public Health Units

Each Area Health Service has a Public Health Unit which is responsible for surveillance and public health response in NSW, including monitoring the incidence of notifiable infectious diseases and taking the appropriate action to control the spread of diseases.

3.3 Other Public Health Organisations

NSW Health also comprises a number of state-wide or specialist health services:

- Ambulance Service of NSW (www.ambulance.nsw.gov.au)
  It is responsible for providing responsive, high quality clinical care in emergency situations, including pre-hospital care, rescue, and retrieval and patient transport services.

- Cancer Institute NSW (www.cancerinstitute.org.au)
  It is a statutory body whose primary aim is improving cancer control in NSW and decreasing the impact of cancer on our society.

- Centre for Oral Health Strategy, NSW (www.health.nsw.gov.au/cohs/)
  It is responsible for planning and developing oral health policies that focus on oral health promotion, prevention, early intervention and treatment.

- Clinical Excellence Commission (www.cec.health.nsw.gov.au)
  The Clinical Excellence Commission, established in August 2004 as part of the NSW Patient Safety and Clinical Quality Program ensures patient safety, excellence in clinical care and quality across the NSW Health system.

- Justice Health (www.justicehealth.nsw.gov.au)
  This is a state-wide service that provides health services to adult and juvenile offenders in local courts, in custody and detention, and in the community. It also provides health services to adult offenders in police cells.

3.4 Support Organisations

- AIDS Dementia & HIV Psychiatry Service (adahps) (www.health.nsw.gov.au/adahps/)
  This is a state-wide service that assists in the care of and management of people with HIV and the various complications associated with this disease. The website provides a number of fact sheets on the disease as well as a list of services provided to patients and their families including accommodation issues, case management, education, carer support, medical management and more.

- Education Centre Against Violence (www.health.nsw.gov.au/ecav)
  It provides a consultancy service as well as training and resource development for NSW Health and interagency workers who provide services to children and adults who have experienced sexual assault, domestic violence and physical / emotional abuse and neglect.

- Multicultural Health Communication Service (www.mhcs.health.nsw.gov.au)
  It provides services and information to health professionals to assist them to communicate with people from non English speaking backgrounds (NESB) throughout NSW. They undertake research, communication and social marketing campaigns targeting people from cultural and linguistic, diverse (CALD) backgrounds. They have over 450 publications in a wide range of languages on various health issues in NSW.

- NSW Pregnancy and Newborn Services Network (www.psn.org.au/)
  This is a multidisciplinary organisation set up in 1991 to provide service coordination of high risk pregnancy and neonatal care, monitoring and evaluation of health services to mothers and infants; planning, policy development and implementation, education and research.

3.5 Code of Conduct – NSW Health

This document:

- States the standards expected of staff within Health Services in relation to conduct in their employment.
- Assists in the prevention of corruption, maladministration and serious and substantial waste by alerting staff to behaviours that could potentially be corrupt or involve maladministration and waste.
- Provides a resources list to assist staff to gain further information or more detailed guidance.

The NSW Health Code of Conduct outlines the standards expected of staff within NSW Health in relation to their conduct in employment. It applies to all staff, including permanent, temporary, casual, termed appointment of honorary capacity in public hospitals, community health centres, affiliated health organisations, Dental Schools and clinics, Public Health Units, NSW Ambulance Service, NSW Dept of Health, Public Health System Support Division and Chief Executive and Board governed Statutory Health Corporations.

Values and Principles underpinning this Code of Conduct:

- Staff must conduct themselves in a way that promotes public confidence and trust in their organisation.
- Staff have a duty of care to the patients and clients utilising services as well as to other staff. Staff must ensure that, as far as practicable, the best interests of patients and clients are maintained in decision making and when undertaking duties within the Health Service, having regard to the duty of care the Health service has to staff as well as patients and clients.

The reputation of the public sector and its standing in the community are built on the following principles, and these principles must be incorporated into the decisions, actions and behaviour of all staff: Competence, courtesy and respect for individuals, cultural sensitivity, ethical behaviour, fairness and impartiality, transparency, openness, honesty, accountability, responsibility, efficiency and effectiveness. (NSW Health Code of Conduct, based on NSW Ombudsman, *Good Conduct and Administrative Practice,* August 2003). For a copy of the NSW Health Code of Conduct please visit: www.health.nsw.gov.au/policies/pd/2005.

4. Being a doctor in Australia

4.1 Medical Board of Australia

Every doctor practicing medicine in Australia must be registered with the Medical Board of Australia. The Board keeps up-to-date public registers of all registered medical practitioners with general, provisional, limited and non-practicing registration and of all medical practitioners who are recognized as specialists. National registration came into effect on 1 July 2010. Medical practitioners with general registration can practice in any state or territory in Australia.

Under the *Health Practitioner Regulation National Law Act 2009*, there is a range of registration categories under which a doctor can practice medicine in Australia. Different categories apply to different types of registration: general, specialist, provisional, limited and non-practicing. More information about these categories is published on www.ahpra.gov.au .

Medical Board Registration for IMGs

IMGs may be eligible for limited registration.

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.

All practitioners, regardless of the pathway they follow, must comply with the English Language and Primary Source Verification requirements. See www.ahpra.gov.au for detailed information on these requirements and registration standards.

Competent Authority Pathway

International Medical Graduates (IMGs) applying for limited registration who have a primary medical qualification from - or have completed specified training and assessment in - the United Kingdom, Ireland, USA, Canada or New Zealand may be eligible for the Competent Authority pathway.

Applicants who are eligible for the Competent Authority Pathway must provide the Board with a Certificate of Advanced Standing issued by the Australian Medical Council (AMC), together with their application. More information about Competent Authority pathway eligibility can be found on the AMC's website at www.amc.org.au.

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).

Applicants for the Specialist pathway are not required to sit the AMC MCQ examination. Applicants must have been assessed by an AMC accredited specialist college. More information about the Specialist pathway can be found at the AMC's website at www.amc.org.au.

Standard Pathway

This pathway applies to IMGs who are not eligible for registration under the Competent Authority and Specialist pathway. Applicants must have passed the AMC Multiple Choice Question (MCQ) examination.

More information about the MCQ can be found on the AMC's website at www.amc.org.au.

4.2 The Australian Medical Council Examination Process

The Australian Medical Council (AMC) is a national body that was established in 1984 to oversee medical training, including accreditation of medical schools and specialist colleges, also administers examinations of overseas trained doctors to ensure they meet the same standard of new graduates from Australian medical schools.

The Australian Medical Council 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.

However, all applicants must satisfy the national English Language Proficiency requirements before undertaking the AMC examination. This requirement is to ensure that medical practitioners can communicate effectively with patients, other doctors and health professionals. The English language requirement can be satisfied by completing and obtaining an overall pass in the Occupational English Test (OET) or International English Language Testing System (IELTS). For further information about the OET and IELTS including fees, examination dates and locations visit: www.occupationalenglishtest.org or www.ielts.org.

The AMC examinations consist of two sections:

- The first section comprises of two three-hour multiple choice examinations administered in one day (includes a morning session and an afternoon session). These test the principles and practice of medicine in the fields of internal medicine, paediatrics, psychiatry, surgery, general practice and obstetrics and gynaecology.
- The second section consists of clinical examinations in multi-stations in a single morning or afternoon session. Clinical assessment of clinical skills will cover medicine and surgery, obstetrics and gynaecology, paediatrics and psychiatry.

Further information about the Australian Medical Council, including fees, examination dates and the structure of the examination process, is available on their website at www.amc.org.au.

4.3 Immigration and Visas

Doctors can enter Australia to work on either a temporary or permanent visa. You will need to include any family members (who will live, work or study in Australia) whom you intend to bring with you on your visa application.

Permanent migration visas
Permanent entry to Australia for overseas trained doctors is available through the General Skilled Migration Program, the Employer Nomination Scheme and the Regional Sponsored Migration Program. When applying for a permanent migration visa, you will need to provide evidence of medical registration.

Temporary visas
Alternatively, you may choose to enter Australia as a temporary resident and work with conditional medical registration before completing the requirements for full medical registration or specialist recognition. To obtain a temporary visa, you must first find a position for which you are considered a suitable candidate by the employer or sponsor. You must provide evidence from the relevant Australian Medical Board that you are eligible for medical registration in Australia. Doctors with such evidence may be eligible for a temporary visa for periods up to 4 years.
Temporary visas are generally used by doctors who:

- Wish to work in Australia on temporary basis
- Wish to migrate permanently to Australia but are not yet able to satisfy immigration requirements for permanent residency until they achieve full medical registration in Australia.
- Intend to undertake supervised training as a Postgraduate or Occupational Trainee, in a designated short term position.

Further information about visas and immigration can be found on the Department of Immigration and Citizenship website www.immi.gov.au .

4.4 Professional Indemnity Insurance

"The provisions of the Health Care Liability Act, 2001, require that every doctor practising medicine in Australia must hold approved insurance, or fit within an exempt category." (www.ahpra.gov.au) Every doctor is required to hold documentary evidence of his or her current indemnity insurance.

All medical practitioners who undertake any form of practice must have professional indemnity insurance (PII), or some alternative form of indemnity cover that complies with this standard, for all aspects of their medical practice. Initial registration and annual renewal of registration will require a declaration that the medical practitioner will be covered for all aspects of practice for the whole period of the registration,
(see www.ahpra.gov.au for exempt categories).

Professional Behaviour of Doctors

The Medical Board of Australia has developed codes and guidelines to guide doctors and give clear direction on the professional behaviour expected of them when working in Australia. These also help to clarify the Board's expectations on a range of issues.

Good Medical Practice (the code) describes what is expected of all doctors registered to practise medicine in Australia. It sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community. The code was developed following wide consultation with the medical profession and the community. The code is addressed to doctors and is also intended to let the community know what they can expect from doctors. The application of the code will vary according to individual circumstances, but the principles should not be compromised.

This code complements the Australian Medical Association *Code of Ethics* and is aligned with its values, and is also consistent with the *Declaration of Geneva and the International Code of Medical Ethics* issued by the World Medical Association.

This code does not set new standards. It brings together into a single Australian code standards that have long been at the core of medical practice.

Key components of ethical medical practice for practitioners are to**:**

- make care of the patient your primary concern
- treat every patient politely and considerately
- respect patients' dignity and privacy
- listen to patients and respect their views
- give patients information in a way they can understand
- respect patients' right to be fully involved in decisions about their care
- keep your professional skills and knowledge up to date
- recognise the limits of your professional competence
- respect and protect confidential information
- ensure that personal beliefs do not prejudice your patients' care
- act quickly to protect patients from risk if there is good reason to believe that you or a colleague may not be fit to practice
- do not abuse your role as a doctor
- work with colleagues in ways which serve patients' best interests
- be honest and trustworthy

4.5 Complaints

NSW Health

Health services have a responsibility for the quality of care they provide. This responsibility is often referred to as governance. There are two types of governance within NSW Health:

- Corporate governance
- Clinical governance

Corporate governance concerns the functions of the Board of Directors of a health service or other organisation. It ensures that the health service is managed effectively and that decisions are based on the best standards of integrity, the best available information, and in the best interests of the community.
Clinical governance refers to the role of the health service board in ensuring that an effective system is in place to foster quality, identify deficiencies, and address these deficiencies adequately. A large component of clinical governance is the effective management of healthcare incidents and complaints.

'A healthcare incident is defined as any event resulting in, or with the potential to result in, death, injury, ill health, damage or other loss. A complaint is an expression of dissatisfaction by a complainant. The complainant can be a consumer (patient, their family, a member of the public) or staff'. (NSW Health Publication, Complaints Handling Procedures and the Quality Agenda in the NSW Health System, 2004, p.10)

Health care services are the first point of contact for most healthcare incidents and complaints. All staff members are responsible for the management of incidents and complaints in conjunction with their managers. While health services undertake most investigations and reviews locally, serious matters involving conduct of individuals may be referred to the relevant professional registration authority or the Health Care Complaints Commission (HCCC).

Complaints about doctors

Complaints about doctors are handled by both the NSW Medical Council (which is affiliated with the Medical Board of Australia) and the Health Care Complaints Commission (HCCC), www.hccc.nsw.gov.au . Complaints may be received about doctors from anyone in the community. The Health Care Complaints Commission and the Medical Council are required to consult on the action to be taken in regards to complaints received by either body.
There are a number of options available to the Medical Council and the HCCC when dealing with a complaint. These include:

- referring a complaint for formal investigation by HCCC
- urgent action, including suspension, if doctor poses a serious threat to the public
- referring the complaint to another person or body, such as a Local Health Network, for investigation
- referring a matter to the Council to be considered in its Performance or Health programs
- referring complaint to the Health Conciliation Registry for conciliation
- referring complaint for direct resolution between the practitioner and the complainant, either with or without the assistance of a Complaints Resolution Officer
- determining that no further action be taken

For more information on the complaints process, visit:
Australian Health Practitioner Regulation Agency (AHPRA) www.ahpra.gov.au
NSW Medical Council www.mcnsw.org.au
Health Care Complaints Commission (HCCC) www.hccc.nsw.gov.au

5. Professional Development and Ongoing Education

There are professional bodies and organisations which provide professional and personal support to doctors in Australia. It is of paramount importance that you seek assistance and information to ensure that you provide best practice as per the Australian medical standards. It is best to be honest about the areas of practice you may be less confident in and utilise the resources available. In return you will gain invaluable support and knowledge.

Australia is a very large and diverse country. Medicine within the country is diverse in scope and resources. Doctors can encounter situations which are unique to Australia, such as a red back spider bite or the indigenous tribal beliefs on accepting medical treatment. It is not expected that you will be familiar with all the different and diverse situations that may arise, but it is a good idea to have well developed networks of doctors you can ask for help. New medical information and regulations are continually published; therefore, it is very important to stay up-to-date to maintain current clinical skills and knowledge.

Ongoing professional development and support is not only accepted in medicine in Australia, it is expected. "The Hippocratic oath guides doctors to prolong life and reduce suffering. Asking for help and assistance to do this is part of being a good doctor. As well as providing the best level of care for your patients, it means you are continually learning and gaining wisdom – thus becoming a better doctor." (Post Graduate Medical Council Victoria, 2007, Section 5, p. 50).

5.1 Professional Organisations

Australian Doctors Trained Overseas Association (ADTOA)

"The Australian Doctors Trained Overseas Association (ADTOA) is the peak national organisation of International Medical Graduates (IMGs) in Australia, representing Australian Citizens and Permanent Residents who are Overseas Trained Doctors (OTDs). ADTOA is highly respected in Australia and maintains close contacts with all government agencies, non government organisations, medical boards, colleges & associations." (http://www.adtoa.org).

The ADTOA website has a comprehensive search engine which will link you to key information on Australian medical registration, the Australian Medical Council and Health Departments. It also provides information on exams and study, courses, colleges, work as well as politics and legal issues.

The ADTOA provides a forum for ADTOA members and the public to discuss issues and share information. For more information please visit http://www.adtoa.org. Membership can be made online using the following link: http://www.adtoa.org/index.pl?page=246.

Australian Medical Association (AMA)

The Australian Medical Association (AMA) is an independent organisation representing more than 8,500 doctors in NSW and 27,000 doctors Australia-wide, in all areas of practice, whether salaried or in private practice, general practitioners, specialists, academics, researchers or trainees/students. The AMA is a broad political body seeking to advance the professional interests of doctors as well as the health of the community.

The AMA maintains a high commitment to professional and ethical behaviour to protect the integrity and independence of the doctor-patient relationship. It seeks to support and enhance the delivery of high quality health care to all Australians. It also aims to protect the academic, professional and economic independence and well-being of medical practitioners, as well as the political, legal and industrial interests.

The AMA is made up of a federal body (based in Canberra, Australia's capital city) which is responsible for national issues. Each state and territory has an AMA branch which is responsible for issues relating to state or territory matters.

For further information and contact details, see www.nswama.com.au and www.ama.com.au .

The Health Services Union (HSU)

The Health Services Union (HSU) is a specialist health union with over 70,000 members working in all areas of healthcare across Australia. The HSU has branches in each state and territory. The membership of the union includes doctors (in NSW, only junior medical officers), nurses, allied health professionals, ambulance officers; clerical and administrative staff, managers, and support staff such as ward clerks, storemen, kitchen, cleaning, maintenance and administrative staff.

The aim of the union is improvement of the rights and working conditions for its members, including pay, leave entitlements, safety and training.

HSU members have access to other benefits such as discounts and savings programs, scholarships for textbooks, holidays, insurance and loans.
For more information about the HSU visit www.hsu.net.au or telephone 1300 478 679.

Clinical Education and Training Institute (CETI) /
Medical Division (Institute Medical Education and Training) NSW

"The NSW Institute of Medical Education and Training (IMET) was established by the NSW Minister for Health and the Director General of NSW Health to develop and support medical education and training provided in NSW." (From CETI website)

Prevocational Training refers to the first two years of training that medical graduates undertake after leaving university. These are commonly referred to as PGY1 and PGY2 (where PGY stands for postgraduate year). These trainees also include AMC graduates, who are often called 'supervised trainees'. Trainees in their first postgraduate year (PGY1) who are graduates of Australian and New Zealand Medical Schools are called 'interns'. Interns are also known as Junior Medical Officers (JMOs).

Medical Board of Australia registration (APHRA) is conditional during the first year of prevocational training (PGY1). In order to obtain unconditional registration, a trainee must satisfactorily complete the first year of prevocational training. This involves the satisfactory completion of five terms, including three mandatory terms in General Medicine, General Surgery and Emergency Medicine. At the end of each term, the trainee will be assessed using a CETI assessment protocol. This information is forwarded to CETI to keep them informed of your progress.

Prevocational trainees in their second year (PGY2) are doctors who have satisfactorily completed their first year prevocational training and are undertaking their second year of prevocational/postgraduate training in the NSW/ACT public hospital system. PGY2 is also known as Resident Medical Officer Year 1 (RMO1).

The role of NSW CETI/IMET is to ensure that during PGY1 and PGY2, JMOs and RMOs meet agreed minimum standards of safety, clinical skill and professional confidence. Directors of Prevocational Education and Training (DPETs) are located at accredited teaching hospitals in NSW/ACT to support the education and training of JMOs and RMOs. If you do not know who your DPET is, please contact the JMO Manager at your site to obtain the name and contact details of your DPET.

It is CETI/IMET's role to allocate all eligible medical and AMC graduates (who need to undertake prevocational training/supervised training) to hospital networks across NSW and ACT. IMET works closely with relevant groups and individuals (including colleges, NSW Health, health services, clinicians and trainees) to develop a sustainable and high quality medical workforce by ensuring effective and efficient health service based training in NSW.

CETI contact details are as follows:
Location: Building 12, Gladesville Hospital Campus, Victoria Road, Gladesville NSW 2111
Postal Address: Locked Bag 5022, Gladesville NSW 1675
Enquiry telephone: 02 9844 6551
Fax: 02 9844 6544
Web: www.ceti.nsw.gov.au

The AMC Graduate Pre-Employment Program

NSW CETI/IMET offers an AMC Pre-Employment Program for AMC graduates who have been allocated and have accepted a prevocational training position in NSW/ACT. The program runs over a period of three to four weeks. Its main goal is to introduce and orientate AMC graduates to the NSW Health System and to support a smooth transition into the public hospital system. The program includes practical experience in hospitals.

The program is not compulsory, but it is highly recommended for AMC graduates about to undertake prevocational training in NSW. The program is free of charge, but participants are not paid to attend the course. There has been very positive feedback from AMC graduates undertaking the program in the past, it being well received and rated as very beneficial.
For further information please see www.ceti.nsw.gov.au/files/directory_v8.pdf Section 11.

Colleges

Once doctors have graduated from university and completed their internship, the majority of them choose to specialise. There are over sixty different specialties across the range of medical disciplines, including but not limited to:

- Anaesthesia
- Dermatology
- Emergency Medicine
- General Practice
- Medicine – Cardiology, Neurology, Paediatrics, etc.
- Obstetrics and Gynaecology
- Pathology
- Psychiatry
- Radiology
- Surgery

In pursuing a specialty, doctors must undertake a minimum period of three years' additional training, often broken into Basic then Advanced Training. The length of the training is determined by each specialty, and the standards of the specialty training programs are determined by the Colleges.

NSW CETI/IMET undertakes research and evaluation of the delivery of specialist medical training programs in NSW Health Services through engagement with trainees, clinicians, health services and the colleges. www.ceti.nsw.gov.au/page/specialty_training.html

Specialist Colleges and some societies:

- The Australian and New Zealand College of Anaesthetists (ANZCA) www.anzca.edu.au
- The Australasian College of Dermatologists (ACD) www.dermcoll.asn.au
- The Australasian College for Emergency Medicine (ACEM) www.acem.org.au
- The College of Intensive Care Medicine of Australia and new Zealand (CICM) www.cicm.org.au
- The Royal Australian College of General Practitioners (RACGP) www.racgp.org.au
- The Royal Australasian College of Physicians (RACP) www.racp.edu.au
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP) www.ranzcp.org.au
- The Royal Australian and New Zealand College of Radiologists (RANZCR) www.ranzcr.edu.au
- The Royal Australasian College of Surgeons (RACS) www.surgeons.org.au
- The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) www.ranzco.edu.au
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) www.ranzcog.edu.au
- The Royal Australasian College of Medical Administrators (RACMA) www.racma.edu.au
- The Royal College of Pathologists of Australasia (RCPA) www.rcpa.edu.au
- The Australian Orthopaedic Association (AOA) www.aoa.org.au
- The Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS) www.asohns.org.au

For further information see www.drsref.com.au/organisations.html or www.ceti.nsw.gov.au .

Other useful sites are www.doctorconnect.gov.au and www.health.nsw.gov.au .

Education and Training in NS & CC LHNs

Northern Sydney & Central Coast Local Health Networks strive to support Junior Medical Officers (JMOs) and Resident Medical Officers (RMOs) in furthering their professional development and training. The extensive educational programs provided have been developed in accordance with the Institute of Medical Education and Training (IMET) guidelines and principles. This training is provided through on the job supervised clinical work, as well as formal education sessions and assessment / feedback procedures and is presented by a large range of Staff Specialists, VMOs and Registrars who volunteer their time to help educate junior doctors.

Director of Prevocational Education and Training (DPET)

Medical education for Prevocational Trainees in NS & CC LHNs is the responsibility of the DPET appointed to each major hospital, who can be located through the JMO Unit of each of the hospitals. The DPET will:

- Develop, coordinate and promote the clinical training of JMOs, in association with JMO staff management and the General Clinical Training Committee (GCTC)
- Promote a sense of professional responsibility and ethics among JMOs
- Act as an advocate for JMOs
- Facilitate feedback to JMOs about their performance
- Liaise with JMO Term Supervisors regarding JMO issues
- Liaise with those involved in the administration of junior doctors in matters relating to JMO education and training
- Liaise with other DPETs in the network
- Act as a resource and mentor for clinical teachers
- Assist the GCTC evaluate training programs, clinical educators and educational resources
- Identify junior doctors with special needs and ensure support systems are implemented and effective
- Ensure there is a DPET succession plan

(From Hornsby Ku-ring-gai Hospital Junior Medical Officers' Handbook 2008)

Specific information on education and training will be provided to doctors during their orientation program with the Area Health Service as well as through site specific Orientation Handbooks provided through the JMO Units. You can also access NSCCAHS Policy and Procedure documents by visiting the following website: http://intranet02.nsccahs.health.nsw.gov.au/policyprocedure/index.html

6. Medicolegal Issues

The Medical Record

When working in a public hospital you will be required to be familiar with and to use a number of different forms. 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. There are also guidelines recommending minimum standards for keeping medical records. The medical record is 'a documented account of a patient's illness and treatment during each hospital stay or visit and serves as a basis for review, study and evaluation of care given to the patient' (NSW Health PD2005_004). It also is a means of communicating with other staff involved in the care of that patient to plan the ongoing care, treatment and therapy, and it serves to protect the legal interests of the patient and staff.

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.

Confidentiality

The Health Records (Privacy and Access) Act 1997 states that identifying information about a patient's care or treatment can not be disclosed to others without the consent of the patient. However, there are several exceptions to this requirement, including:

- The disclosure is necessary to avoid risk to life or health
- Disclosure is required or authorised by law
- An immediate family member needs to be consulted in an emergency.

Mandatory Reporting of Child Abuse

The Children and Young Persons (Care and Protection) Act 1998 states that you are a mandatory reporter (you must make a report) to the Department of Community Services (DOCS) if you are in paid employment / deliver a service to a child under the age of 16 years and you have reasonable concern that a child or young person is at risk of significant harm.

Health staff with concerns about the safety, welfare or wellbeing of a child or young person should work through the Mandatory Reporters Guide (MRG).
(http://www.keepthemsafe.nsw.gov.au/reporting_children_at_risk/mandatory_reporter_guide)

Based on the outcome of completing the MRG, it may be appropriate to contact the Child Wellbeing Unit on 1300 480 420. If there is a perceived to be an imminent risk of significant harm, the Department of Community Services (DOCS) can be contacted on telephone 133627, 24 hours a day, seven days a week. For more information visit their website www.community.nsw.gov.au . See also guidelines posted at http://intranet02.nsccahs.health.nsw.gov.au/clinical/child_protection.html.

Freedom of Information Act

Patients are entitled to access their health information under the Freedom of Information (FOI) legislation by making a written request to the medical records department in the hospital. Doctors are generally not involved in this process.

Consent for Medical Treatment

Adequately informing patients and obtaining their consent for treatment is both a legal requirement and part of good clinical practice. It involves the patient in his/her health care decisions and allows an exchange of information which may direct treatment options. Failure to obtain informed consent before treatment may lead to an action for negligence or assault.

In order for the patient to give informed consent, the doctor must provide sufficient information to the patient to enable them to understand:

- Why the treatment is necessary or desirable
- Their treatment options
- Consequences and side effects of treatment or not having treatment

Elements of Consent

- It is informed
- It is freely given. That is, the patient must not be coerced, pressured or intimidated. They also should not feel as though they have no choice or that they do not have enough time to make a decision.
- The consent must be specific and is valid only in relation to the treatment for which the patient has been informed and has agreed.
- The patient must have capacity to consent. Incapacity may be due to temporary factors, e.g., unconsciousness, mental illness, intellectual impairment, dementia or brain damage or being a child under 14 years of age. For more information, please see Appendix 1.
- Consent may be in writing or given verbally. It may also be implied, e.g., a patient may hold out his arm for an injection. It is important to document in the medical record that consent has been obtained.

Exceptions to the need for consent
There are occasions where consent may not be required from the patient. These include:

- In an emergency, where treatment is necessary to save the patient's life or prevent serious injury / illness
- When authorised by court order or specifically by statute, e.g., blood tests on request of police
- When another person (called the person responsible) is able to provide consent on the child's behalf, e.g., parent or guardian of a child under 16 years of age

Substitute Consent

The *Guardianship Act 1987* outlines who can give consent when a patient is unable to consent to treatment. The Act establishes a hierarchy for determining who is the person responsible for a patient unable to consent to treatment.

- The **guardian** is responsible if the person is under guardianship.
- An **enduring guardian** may be appointed by the patient to make medical decisions. An enduring guardian usually has been pre-arranged by the person using prescribed forms and witnessed by a solicitor or clerk of the local court.
- If there is no enduring guardian, a **spouse** (including de facto) with whom the person has a close continuing relationship is responsible.
- If there is no guardian or spouse, a **carer** for the patient is responsible. A carer is someone who provides support or arranges support for the patient other than for remuneration.
- If there is no guardian, spouse or carer, a **close relative** or **friend** may act as the person responsible.

Not for Resuscitation (NFR) or Not for Cardiopulmonary Resuscitation (NCPR) Orders
An 'NFR or NCPR Order' is made in consultation with the patient or their guardian or person responsible as well as senior medical staff and nursing staff. This means that in the event of a cardiopulmonary arrest the patient will not be resuscitated. This decision is based on clinical judgment about the reversibility of the patient's condition and the likely prognosis. It can be revoked at any time at the request of the patient or guardian. It should be documented and tagged in the medical record for all treating medical staff to see.

Legally the medical team can also make this order where there is clear evidence that such resuscitation would be futile.

6.1 End of Life Decision Making

In Australia, all patients have a right to be informed about their condition and treatment options. They also have a right to receive or refuse life prolonging measures. Health workers have a legal and ethical responsibility to honour a patient's wishes.

When planning end of life care, it is essential for doctors to maintain good communication with the patient and/or their family and the treatment team. NSW Health has published guidelines (GL2005_057) which outline a cyclic process for end of life decision making. This process is based on **assessment, disclosure, discussion** and **consensus building.**

Assessment

Once a patient is stabilised following a sudden deterioration in their condition, a full assessment should take place to determine whether or not there is potential to reverse the event / condition.
Points to consider:

- Treatment may be withdrawn upon discussion with the patient or based on their clinical condition.
- If there is doubt about the assessment, advice should be sought from other senior medical staff. Second opinions should be documented.
- The assessment should include evidence of the patient's preferences and values from the patient or their family. These should be reviewed regularly as they may change over time.
- Cultural and religious backgrounds should be taken into consideration, and the use of trained interpreters is preferable to using family members during these discussions.
- If a patient fails to make any improvement over an extended period of time, discussions may be initiated by the family or the treating team about the continuation of treatment.

Disclosure

When speaking with patients and their families, doctors should use simple language which is easily understood by the non medical population. The doctor should maintain honesty with the patient and communicate to them when they are uncertain about prognosis or effectiveness of treatment. This may help to prevent unrealistic expectations about what can be achieved with treatment. It can also help create the trust needed for shared decision making.

Discussion

Ideally, discussions with patients and their families should begin early in the process and should occur in stages over a period of time, preferably while the patient can determine appropriateness of treatment or ceasing treatment. It is a good idea for a member of the nursing staff or other key members of the treatment team to be present during these discussions to help facilitate communication.

Consensus Building

Documentation of the agreed management plan and decisions about life sustaining treatment is very important, as it is often difficult to communicate directly with all members of the team and staff caring for the patient. These notes should clearly state:

- Medical facts leading to the decision, including prognosis
- Persons involved in the discussion
- Statements of the patient's wishes
- Goals of treatment
- Specific details about medical treatments to be provided or withdrawn

Regular reviews are necessary when the patient's condition is fluctuating, and documentation is vital.

Death of a Patient

There are a number of guidelines as well as statutory obligations in relation to the death of a patient, whether it is in a hospital, dead on arrival to hospital, reportable or non reportable to the Coroner. This section will give basic information and guidelines on the duties and obligations of the doctor in these instances. If there is any doubt as to whether a case should be reported to the Coroner, the Coroner's office should be contacted for advice.

Coroner's Court (office hours) …….	8584 7777
Department of Forensic Medicine (after hours) …….	8584 7800
24-hour Police Switchboard ……	9281 0000

Coroner's cases must be reported to the local police immediately, regardless of the time, day or night, as the police are the Coroner's representatives. The police will make arrangements for transporting the body to the morgue.

Confirmation of death

Assessment of the extinction of life is a clinical assessment to determine if the patient has in fact died. The assessment involves evaluation of cardiac output, neurological signs and respiratory status using standard assessment tools.

Certification of death

Certification of death is a process whereby a medical practitioner certifies that a person has died and the circumstances in which the person died, as per the legislative requirements in the Births, Deaths and Marriages Registration Act 1996.

The Births, Deaths and Marriages Registration Act 1996 states that, "A doctor who was responsible for a person's medical care immediately before death, or who examines the body of a deceased person after death, must, within 48 hours after the death, notify the Registrar of the death and of the cause of the death in a form and matter approved by the Registrar and specifying any prescribed particulars."

A doctor is not required to give notice if another doctor has already done so. He or she must not give notice if he or she is required under the *Coroner's Act 2009* to notify the Coroner or the police.

Deaths Reportable to the Coroner

As per NSW Health Department PD2010_054 Coroners' Cases and the *Coroner's Act 2009*, a medical practitioner must not give a certificate as to the cause of death of a person if the person's death is a reportable death. A reportable death is defined as a death that occurs in any of the following circumstances:

- The person died a violent or unnatural death.
- The person died a sudden death, the cause of which is unknown.
- The person died under suspicious or unusual circumstances.
- The person died in circumstances where he or she had not been attended by a medical practitioner during the period of six months immediately before the person's death.
- The person died in circumstances where the person's death was not the reasonably expected outcome of a health-related procedure carried out in relation to the person.
- The person died while in or temporarily absent from a declared mental health facility within the meaning of the *Mental Health Act 2007* and while the person was a resident at the facility for the purpose of receiving care, treatment or assistance.

  OR
- The person died in circumstances which would be examinable by the Coroner.

The circumstances where a medical practitioner must not complete a death certificate include deaths:

- Occurring while in the custody of a police office or in other lawful custody.
- Occurring while escaping or attempting to escape from the custody of a police officer or other lawful custody.
- Occurring as a result of or in the course of police operations.
- Of a person temporarily absent from an institution or place where the person was an inmate.
- Of a child in care or a child whose death is or may be due to abuse or neglect or which occurs in suspicious circumstances.
- Of a person who, at the time of death, was living in or temporarily absent from residential care provided by a service provider and authorised or funded under the *Disability Services Act 1993* or a residential centre for disabled persons.

Under Section 38(2) of the Act, medical practitioners can issue a death certificate for a person aged 72 years or older if they are of the opinion that:

- The person died in circumstances other than in any of those referred to in Section 2.2.1 (Reportable deaths as listed above), Section 3 (deaths in custody) and Section 4 (Death of a child as referred to in the *Coroners Act 2009*) NSW Health Department PD2009_083 and the *Coroner's Act 2009*;

OR

- The person died after sustaining an injury from an accident which was attributable to the age of the person, which contributed substantially to the cause of death and which was not caused by an act or omission by any other person.

The legal forms for reporting deaths to the Coroner are located at each hospital. If you have any questions about the forms, speak with the Nursing Unit Manager and/or your supervisor.

Death in Hospital – When the Death is a Reportable Death

Nothing should be done to a body after death if it is a Coroner's case.

- All intravenous cannulae, needles, endotracheal and intragastric tubes, all drains and airways should be left in situ.
- Attached drip bags, bottles and feed lines must accompany the body.
- Tape all sharps or pieces of equipment left in situ to minimise injury or leakage.
- The body should be placed in a plastic body bag. It should not be washed, as trace evidence may be destroyed if the death was as a result of violence or trauma.
- If death is from a suspected poisoning, any vomitus or material sucked from the stomach should be retained and bottled with container labelled and forwarded with the body.
- The local police should be contacted as soon as practicable. They will arrange and supervise transportation to the morgue on behalf of the Coroner.

Post Mortem Examinations

If the death is a **reportable** death, only the Coroner can direct that an autopsy be performed. If the body is released by the Coroner without an autopsy and the hospital wishes to conduct its own autopsy, the Coroner's authority must be obtained.

If the death is **not** a **reportable** death, appropriate consent must be obtained before an autopsy can be conducted. Consent can be obtained from:

- The senior next of kin who has agreed verbally to a medical practitioner.
- The patient, prior to his/her death. Must be in writing or expressed verbally in the presence of at least two witnesses.
- An autopsy may also be performed if the patient's wishes are not known and, after making reasonable inquiries, next of kin cannot be found.

Please check with your health care facility as to the processes there. For more information on post mortem examinations, consult the *Human Tissues Act 1982*.

Open Disclosure

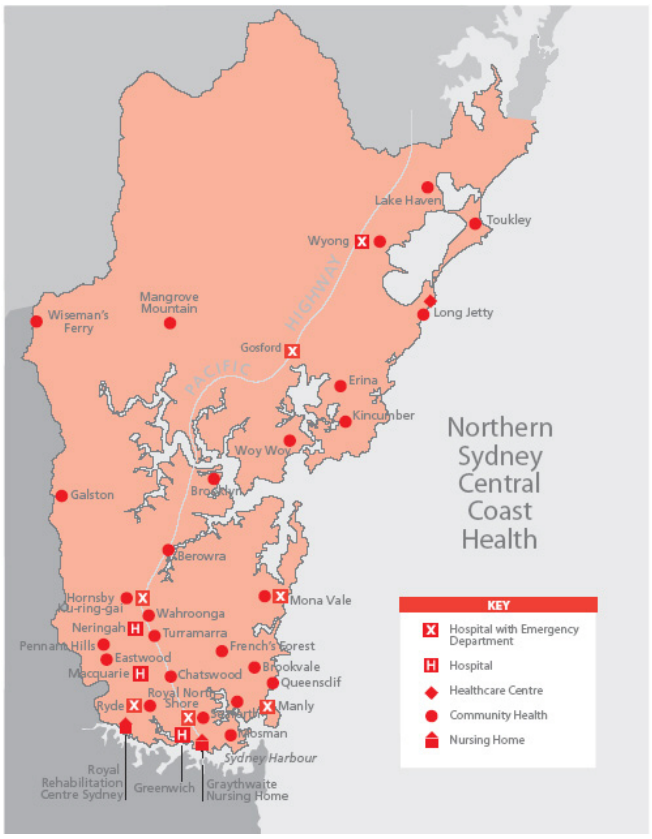
Open Disclosure is a Mandatory Policy Directive from the Department of Health. This policy provides a standard approach for communication with patients and support person(s) after an incident has occurred. It ensures that the communication process is empathic and consistent.

For more information about Open Disclosure, please go to:
http://www.health.nsw.gov.au/policies/pd/2007/PD2007_040.html

7. Working in Northern Sydney & Central Coast Local Health Networks

Profile of the former Northern Sydney Central Coast Area Health Service (NSCCAHS)

Northern Sydney Health Service and Central Coast Area Health Service amalgamated in 2005 to become Northern Sydney Central Coast Area Health Service (NSCCAHS) and, as noted previously, is being split with effect from January 2011. The service has been responsible for the funding, organisation and delivery of public health services in a geographical area extending from Sydney Harbour to Catherine Hill Bay at the northern end of the NSW Central Coast region.



Health Services in NSCCAHS are provided through a number of facilities:

Hospitals:

- Gosford Hospital
- Greenwich Hospital
- Hornsby Ku-ring-gai Hospital
- Macquarie Hospital
- Manly Hospital
- Mona Vale Hospital
- Neringah Hospital
- Royal North Shore Hospital
- Ryde Hospital
- Woy Woy Hospital
- Wyong Hospital

Local Units:

- Graythwaite Nursing Home
- Kolling Institute of Medical Research
- Long Jetty Health care Centre
- Royal Rehabilitation Centre
- Sydney Dialysis Centre

In addition, there are a number of area-wide and community-based NSCCHS services.

The NSCCAHS has a resident population of approximately 1,130,000 covering 13 local government areas. Of this population 15% are aged 65 years and over.

The NSCCAHS employs approximately 10,780 full time equivalent staff.

Workforce Directorate

Workforce Directorate management, along with a State based service called Health Support Services, looks after the employees in terms of pay, leave, recruitment and human resource policies and guidelines

Rosters

A roster is organised for each term or area of rotation. You should receive your roster prior to the beginning of each term. As hospitals operate 24 hours, 7 days a week, all shifts must be filled. You will be required to work a mix of day, weekend and night rosters. You are given a day off for each calendar month (ADO). In general, you have to have your supervisor's approval for ADO as well as from your JMO Manager. For more details, contact your JMO Support Units as follows:

- Royal North Shore Hospital: 9926 6162
- Ryde Hospital : 9887 6221
- Central Coast Hospitals: 4320 3009
- Hornsby Hospital: 9477 9249
- Manly Hospital 9976 9777
- Mona Vale hospital 9998 0416

Pay Rates and Conditions for Medical Officers
(Intern, Resident, Registrar, Senior Registrar)

By visiting the NSW Health Intranet, you can view the Award (including rates of pay) that covers your classification. Go to Employment (in the NSW Health Intranet Home Page), then the Quick Links and select Pay Rates and Conditions. Select "I" for intern; this will take you to the relevant (State) awards including rates of pay.
http://www.health.nsw.gov.au/jobs/conditions/classifications/medicalofficers.asp

Other employment information

For information about NSW Health policies on workplace conduct, flexible work practices, grievance resolution, workplace safety, childcare for staff, and other human resource issues, click on 'Other employment information' on the right. http://www.health.nsw.gov.au/jobs/conditions/otheremp.asp

Pay

Health Support Services has been established under the Health Administration Corporation to provide corporate and business services across the NSW Health system and it processes the pay from roster information or time sheet information for employees. Payment is made via electronic banking to employees' back accounts on a fortnightly basis. Please be aware of signoff times for timesheets. A pay-slip is also issued each fortnight.

Health Support Services has a database which maintains most employees' leave balances (such as sick leave, long service leave, family and Community Service Leave (FACS). When an employee's anniversary date falls due, the balance is updated. Long Service Leave and Maternity Leave are currently being managed by NSCCAHS payroll staff seconded to Health Support, during a transition period.

If there are any problems with pay such as not receiving pay or not receiving all entitlements, priority will be given to process the documentation once received and an employee will be paid on the next available Electronic Funds Transfer. For any problems or inquiries related to roster or timesheet errors, the contact points are as follows:

1. Contact your JMO Support Unit if your pay is incorrect to make sure there has not been a roster or timesheet error.
2. With your manager, determine if this issue is either a processing problem or incorrect data.
3. You then should contact either NSCCAHS Workforce Services Unit or the Health Support payroll helpline on 1800 853400.

For more information there is a NSW Health Link to Health Support NSCCAHS intranet.
http://intranet.hsupport.health.nsw.gov.au/_data/assets/pdf_file/0018/56304/NCAHS_FAQ.pdf

Salary Packaging

Salary packaging is a fringe benefit system whereby a portion of an employee's gross salary (up to $9095) can be claimed. The Department of Health (DOH) has offered the scheme to staff provided that benefits are shared equally between the Area Health Service and the employee on a 50/50 basis. There is also an annual administration fee apportioned fortnightly.
Salary packaging is open to employees who are permanent full or part time, or contracted for at least three months. It is not open to casual staff. Each employee's salary package is calculated on the base salary, but tax savings may increase if an employee receives other allowances, penalties or overtime. Employees can package any of these full fringe benefit items:

- Home mortgage re-payments
- Home rental re-payments
- Private health insurance payments
- Insurance premium payments
- Credit card re-payments
- Personal loan re-payments
- School fees: private or public schooling
- HECS/HELP student loan re-payments
- Utility payments: rates, water, strata fees, gas, electricity and telephone
- Private travel: flights and accommodation
- Car purchases, repairs and running costs
- Club memberships: gym, golf etc.
- Aged care expenses
- Hire purchase agreement: interest free goods

It is best to apply early (the Fringe Benefit Tax year runs from April to March) to obtain the maximum tax benefits from Salary Packaging. Should your employment conditions change, such as reducing your working hours or termination of your employment, the fringe benefit arrangements will cease or will be recalculated.

Salary Packaging staff do not give financial advice, only information about participation in salary packaging and guidance on what benefits may be achieved. If you require financial advice, it is best to contact an accountant or financial advisor qualified to provide financial advice.

For more information including the contacts for Northern Sydney Sector and Central Coast Sector, please visit the NSCCAHS intranet and select Corporate then Finance links.
http://intranet02.nsccahs.health.nsw.gov.au/corporate/finance/salary_packaging/docs/GeneralInformation.doc

Forms

In addition to timesheets, NS & CC LHNs require forms to be completed for requests for leave. There are standard forms used for sick leave, annual leave, change of bank account details or FACS leave. There may be site specific forms used for requests such as ADO request, end of term handover, etc. Please contact your JMO Support Unit in regards to the correct forms to use.

Employee Assistance Program (EAP)

EAP provides personal and/or group support to all NS & CC LHN employees. It is a free and confidential counselling service. Consultations can be on work or non-work related matters. Counsellors are also skilled in providing follow up for staff involved in difficult or adverse incidents. To locate more information about EAP including the places and contact numbers, go to the NSCCAHS intranet and go through the following selections; Corporate, Human Resources, Area Human Resources, then Employee Assistance Program.
http://intranet01.nsahs.nsw.gov.au/intranet/area/hr/eap/003737331.shtml

Other Health Programs

There is a Doctors' Health Advisory Service (NSW) which aims to assist all NSW doctors, dentists, veterinarians and undergraduates in these professions, to ensure access to personal health care. More information about this service is covered in the Section Seven "Life in Australia".

Taxation

In general, anyone with 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 without having one and providing it you may end up with more tax withheld than required, or not be able to receive government benefits you are entitled to. The TFN is issued only once during your lifetime, regardless of any changes in name, residency or any other circumstances. The Australian financial year begins on 1 July and ends on 30 June. A tax return is calculated at the end of each financial year, and there are time frames to be met in terms of submitting your taxation return to the ATO. If you are a permanent migrant or temporary visitor to Australia, you can apply for a TFN online at any time after entering Australia. Go to www.ato.gov.au and select "For individuals" on the left of the screen, "Apply for a tax file number", then "Online individual tax file number (TFN) registration".

This option is available if you are a:

- Working holiday-maker
- New Zealander (who is automatically granted a visa on arrival)
- Overseas student
- Person with a valid visa allowing you to stay in Australia indefinitely, and
- Person with a business visa.

To apply online, you will need a valid passport or relevant travel documents and must be:

- authorised to work in Australia by the Department of Immigration and Citizenship (DIAC) or have a valid overseas student visa;
- allowed to remain here indefinitely; and
- Located in Australia when you lodge your application.

The Australia Taxation Office will verify proof of identity by comparing your personal and travel document details with DIAC's records. Once your details have been validated, you will be given a receipt number. Please allow at least ten days for processing of your application. Sometimes it may take up to twenty eight days.

If you do not have access to the internet, you can visit a Tax Office shop-front or public internet facility such as a public library.

Your TFN needs to be kept secure to help to guard against identity theft. There are Commonwealth privacy laws which provide guidelines intended to protect your privacy by restricting the use of your TFN information.

For more information about tax file numbers, please visit the Australian Taxation Office website: www.ato.gov.au

Superannuation

Superannuation is a saving scheme set up to provide benefits at retirement, invalidity or death. Superannuation begins when you first start working. Your employer has an obligation to pay superannuation contributions (on behalf of all eligible employees including eligible temporary resident visa) in addition to salaries and wages into a nominated superannuation fund. The minimum contribution is 9 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 may be eligible to claim your superannuation if you leave Australia and you have visited on an eligible temporary resident visa; your visa has expired or been cancelled; and you have permanently departed Australia. This is not available for permanent Australian or New Zealand citizens. For more information about superannuation please visit the Australian Taxation Office website: www.ato.gov.au

General Insurance and Income Protection

There are many insurance companies in Australia who offer insurance policies for general insurance (e.g. motor vehicle, home, disability) as well as income protection and practice insurance.

AMA Life and General Insurance provide insurance programs for AMA members. Visit the AMA website for more details www.ama.com.au/web.nsf?opendatabase .

From 14 September 2009, regulation requires all subclass 457 visa applicants, prior to grant of their subclass 457 visa, to provide evidence of adequate arrangements for health insurance in Australia during the period of their stay. All 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. Further information about private health insurance in Australia may be found on: www.privatehealth.gov.au

Visa applicants who have enrolled with Medicare in Australia and hold a valid Medicare card issued under a Reciprocal Care Agreements (RHCA) will satisfy minimum requirements for adequate health insurance. You may check your eligibility with Medicare on www.medicareaustralia.gov.au/public/migrants/visitors/index.jsp .

8. Life in Australia

Australia is one of the world's oldest land masses. It is the only country to be a continent, and it is the largest inhabited island in the world. Australia is the sixth largest country but also one of the driest, with just six per cent of its land considered suitable for agriculture.

Australia stretches about 4000 kilometres from east to west and 3700 kilometres from north to south. Distances are vast; it takes about five hours to fly from Sydney to Perth.

Australia was officially claimed for England in 1770 by Captain James Cook. It was declared terra nullius (land not belonging to anyone). However, the indigenous Australians (Aboriginal and Torres Strait Islander people) have occupied this land for at least 40000 years. The rest of Australia's people are migrants or descendants of migrants who have come from nearly 200 countries since the start of European settlement of Australia in 1788.

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, they 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
- equality of opportunity
- peacefulness
- A spirit of egalitarianism that embraces tolerance, mutual respect and compassion for those in need.

8.2 Settling in

The Department of Immigration and Multicultural Affairs offers a range of booklets available from their website called "Beginning a Life in Australia". They offer valuable information on processes as well as contact details for assistance in various topics. They are also available in more than 20 languages and for each state and territory. To view them please see:
www.immi.gov.au/living-in-australia/settle-in-australia/beginning-life/index.htm

8.3 Help with English

In preparation for the Occupational English Test or for more advanced English for further education, the UNSW Institute of Languages offers various courses at different levels of proficiency. For further information see:
www.lang.unsw.edu.au/mep/sfe_healthprofessionals.htm .

Many sources of English language training and other help with English exist for family members who may be entering Australia.

People with very limited English skills may qualify for the Adult Migrant English Program (AMEP) and have access to free English lessons. The program teaches basic English skills and is designed for adult migrants and refugees 18 years old 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.

The DPET office at Central Coast Health offers an English Communication class for AMC graduates working on the Central Coast. Please enquire by calling telephone: 4320 3793.

Local migrants' resource centres (MRC) may also offer assistance in this area. For a list of MRCs please follow this link:

http://www.immi.gov.au/media/media-releases/1997/d97006a.htm .

If a family member has difficulties with communicating in English, the National Translating and Interpreting Service (TIS) provides assistance over the telephone by contacting 131450 anywhere in Australia.

8.4 Housing

Finding suitable housing will depend on where you want to live and whether you wish to rent or buy.

If you are in a position to buy a home, there are some restrictions that might apply to you. Temporary residents must gain permission to buy real estate in Australia. For more information about this, please visit the Doctor Connect website and look under overseas investments regulations before committing to any purchase. (www.doctorconnect.gov.au)

The Department of Immigration and Citizenship (DIAC) also provides valuable information about housing in Australia in their website. Please follow the link:
http://www.immi.gov.au/living-in-australia/settle-in-australia/everyday-life/housing/index.htm

The classified sections of the regional newspapers offer housing information. There is also vast information on real state websites. Use your preferred internet search engine and type in the keywords: Australian real estate rent or buy, according to your needs.

8.5 Family Health Care

When thinking about health care for you and your family, you may choose to have Medicare cover only or a combination of Medicare and private health insurance.

See section 1 for more information on Medicare, its levy and eligibility or visit their website. For private health insurance, there are many organisations which offer a wide range of insurance cover. For information on private insurance you can visit the Private Health Insurance Administration Council website: www.phiac.gov.au or simply contact a private health insurance provider.

The Doctors' Health Advisory Service (NSW) is another resource available. Its aim is to ensure that no NSW doctor, dentist, veterinarian or undergraduate in these professions lacks access to health care. Enquiries about the service may be made by telephone on 99028135.
They also offer a help line which is available 24 hours a day on 94376552. For more information on their service please visit their website: http://dhas.org.au/ .

8.6 Education

There are three levels of schooling in Australia:

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

School is compulsory from the ages of six to fifteen. Primary school is seven years from kindergarten to year 6, and secondary school is six years, from year 7 to year 12.

Schools are divided into two categories, public (government) and private (non-government).
The majority of private schools are Christian, but there are schools under other faiths and independent teaching philosophies.

For information on public schools please follow this link: http://www.schools.nsw.edu.au/index.php

For information about independent schools, please follow the links:
http://www.cecnsw.catholic.edu.au/ or http://www.aisnsw.edu.au/Main/

For information on tertiary education, please follow this link which provides contacts for universities and TAFE colleges:
https://www.det.nsw.edu.au/communityed/higheredu/contacts.htm

There is also general information in Department of Immigration and Citizenship website.

To find out more detailed information about Australia, including its political system, its government, law and so on, please visit:

www.immi.gov.au/living-in-australia or www.doctorconnect.gov.au

8.7 Employment for partners or other family members

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.

The Department of Immigration and Citizenship offers comprehensive information in its website www.immi.gov.au

The Australian Workplace website is a helpful resource for finding a job, training information, wages and employment conditions and other related topics: www.workplace.gov.au

8.8 Childcare Facilities

There are different types of child care available, such as Long Day Care Centres and Family Day Care.

The Australian Government has established the Child Care Access Hotline. The service provides information aimed to assist you to choose a child care service that meets your needs. The information covered includes:

- child care services and vacancies in your area
- types of child care available
- quality issues
- government financial assistance with the cost of childcare

For further information call the Child Care Access Hotline between 8 am to 9pm, Monday to Friday on 1800 670 305.

Section 9: Communication and Cultural Awareness

9.1 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. This means that, with hard work and commitment, people without high level connections can still succeed. It does not mean that everyone is the same or that everybody has equal wealth or property.

Australia believes firmly that no-one should be disadvantaged on the basis of their country of birth, cultural heritage, language, gender or religious belief. (See Australian values and principles in Section 7).

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 more detailed information visit www.immi.gov.au/living-in-australia

Social customs

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

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. 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, 2007, p. 28)

Polite behaviour

'Please' and 'thank you' are words that are very helpful in interacting with other people. It is 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.

Aboriginal and Torres Strait Islander Culture

Aboriginal and Torres Strait Islander people are the original (indigenous) inhabitants of Australia. Their cultures are complex and diverse. Their cultural history is seen 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. They 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 is still central in importance to indigenous Australians today. hhtp://www.cultureandrecreation.gov.au/articles/indigenous/
The Department of Families, Housing, Community Services and Indigenous Affairs is the Australian Government's lead coordination agency in Indigenous Affairs. It has a range of programs to assist indigenous people. This Federal Government Department also has agreements with the State and Territory Governments in terms of service delivery. You may find more information on http://www.fahcsia.gov.au/internet/facsinternet.nsf/indigenous/nav.htm . Access to culturally and socially appropriate services is widely recognised as a major factor in the improvement of the health and well-being of Aboriginal people and communities. https://portal.nsccahs.health.nsw.gov.au/dohintranet/health-public-affairs/ahealth/page2.html

As indigenous cultures are diverse and complex, there can be practical impacts on communication and health care delivery. Some examples of this might be:

- 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. It may be preferable to point (for example) 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.

For more information see http://www.medicineau.net.au/clinical/abhealth/strategies.html .

The Australian Indigenous HealthInfoNet is an informative website designed to share knowledge and information on Indigenous health, practice and policy. The website provides quality, up-to-date knowledge and information about many aspects of Indigenous Australians' health as well as cultural information. It provides 'yarning places' (electronic networks) that encourage information-sharing and collaboration among people working in health and related services. http://www.healthinfonet.ecu.edu.au/

NS & CC LHNs employ Aboriginal health care workers who can be contacted as follows:
Northern Sydney Department Listing for Aboriginal Health: Telephone Area Director on 9926 6786.
Central Coast Department Listing (Gosford) for Aboriginal Health: Telephone 4320 2698.
To view NSW Department of Health policies relating to Aboriginal health, please visit:
http://www.health.nsw.gov.au/policies/a-z/a.asp

The Australian Patient

There is no "typical" definition for an Australian patient because Australia is a multi-cultural society. The cultural backgrounds of the patients will depend on what area you are working in. In Australia, however, there has been a move away from the traditional doctor/patient relationship. The patient is often better informed and may choose to take an active part in the decision making process. Since the early 1980s, there has been a significant increase in the number of consumer organisations who challenge health care systems in Australia (Duckett, 2000).

As a rule, it is essential that the Australian patient be kept informed about their health care. This includes any treatment, the benefits and risks, any tests required and the nature of their illness. Should the patient be unable to participate or understand due to difficulties such as hearing impairment or difficulty understanding English, engage an appropriate interpreter. Care must be taken to avoid using family members for formal interpreting due to privacy issues. Interpreters have professional training to provide appropriate and direct communication between the health care worker and the patient. If you are concerned that the patient does not understand your recommendations or is refusing your treatment, which will lead to serious consequences for the patient, consider:

- consulting with your supervisor;
- offering a second medical opinion;
- holding a family meeting;
- having a case conference with other health professionals involved with the patient's care
- Providing more information to the patient such as relevant articles or literature on their condition.

(Source: Dr Terry Norwood, ATDO, 14.1.2002)
When consulting with the patient, it is best to introduce yourself. Use eye contact and be polite, honest and direct about their health care. Where possible, it is also best not to rush the consultation with the patient. "Trust and open communication are central to any effective medical consultation. These are lost when a doctor is perceived to be rude, arrogant or insensitive." (Post Graduate Medical Council Victoria, p. 33). 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. However, in Australia you are expected to keep the patient's needs uppermost in your health care delivery.

"When a personal moral judgement or religious belief alone prevents you from recommending some form of therapy, inform your patient so that they may seek care elsewhere." (AMA Code of Ethics).

Overall, being clear and unambiguous in communication is an effective way to minimise complaints to the Health Service or Medical Board and avoid litigation.

Example:
A female patient was referred to a physician for the management of liver dysfunction of unknown aetiology, although it was believed that it may have been caused by ingestion of Chinese herbal medications.
The physician admitted the patient to hospital. The patient was given supportive treatment and regular liver function tests were performed. The physician observed the patient to ensure that other complications did not occur. The patient eventually transferred to a tertiary hospital but succumbed to fulminant hepatic failure.
The patient's family complained that the physician had failed to recognize the seriousness of the patient's condition, thus failing to organize early transfer that they believed may have resulted in a better outcome. The family also complained that the physician had failed to communicate with them adequately so they were not aware of how sick the patient actually was. They complained that they were not given an understanding of the treatment options that would have allowed them to make decisions about management.

At informal hearing, the physician detailed the medical management of the patient, and the Panel accepted this had been appropriate. However, the physician recognised that he had communicated poorly with the family.

The Panel found that the physician had engaged in unprofessional conduct in relation to his communication with the patient's family. (Reported in the MPB-V Bulletin (Summer 2001). In Post Graduate Medical Council Victoria, 2007, Section 4, p. 32-33).

9.2 The Health Care Team

As a doctor working for NS or CC LHN, you have a central role in the day-to-day management of patients. It is important to be aware that you are also working with a dedicated team of professionals such as:

- other medical staff;
- nurses;
- allied health staff;
- external agencies;
- general practitioners; and
- Other relevant staff involved in the patient's health care needs.

This dedicated team is able to provide significant and invaluable assistance in terms of optimal patient care. The nursing staffs are there 24 hours, 7 days per week, providing essential and direct care to the patients. It is important to be polite and respectful and to listen to nursing and other staff involved in the patients' care. Be courteous and remember to clearly communicate your clinical judgments, plans and rationale for treatment (e.g., legible medical record entries; clear verbal communication).

Doctors are encouraged to keep in regular communication with the Nurse Unit Managers (NUMs) of each ward, as they can provide essential information about hospital procedures and ward practices. Communicate your whereabouts. Be prepared to discuss relevant issues or concerns as well as to listen to any concerns by other staff. It is important to remember that men and women have equal rights in the community and workplace. All staff share the same goal of providing high quality patient care.

Every member of the team has an important role within their discipline and the team. They are there to support your role as a doctor in providing high quality patient care. It is important to take into account their recommendations and points of view in regards to patient care. Good interaction and communication with team members will provide you with comprehensive information to assist you in providing high quality care. Please see Appendix 2 for more details on the different disciplines.

"While we all have our own responsibilities, we must remember that through the patient's eyes all our different services are provided by a single team, "the health service". We are one team, and we've got to work together to give each patient the best experience we can". (NSW Department of Health, 2008, p.3).

9.3 Cultural awareness

Proficiency in English is not always sufficient to remove cultural barriers present between doctor and patient. In the health care environment, cultural differences take on greater significance. This is very much a fact in multicultural Australia. (See www.doctorconnect.gov.au).

As a doctor working in Australia, you will be caring for patients of many different cultural and linguistic backgrounds. It may be advantageous for you to undertake some form of cultural training. For that purpose, the Centre for Training and Development (CTD) provides courses in areas such as developing cultural competence, health needs of older Australians from culturally diverse backgrounds and using interpreters.

Please see the current Education & Training Calendar by visiting
http://intranet02.nsccahs.health.nsw.gov.au/corporate/workforce_dev/org_education/index.html
Listed below are some of many areas which may be culturally sensitive:

- Birth rituals/ birth control
- Blood transfusions
- Concept of healing and care
- Disability/rehabilitation
- Appropriate behaviour for a sick person
- Preferred practitioner gender
- Attitudes to nudity
- Preparation for death and death rituals
- Organ donation
- Substance abuse

(www.health.qld.gov.au/sop/content/cultural_diversity.asp; Post Graduate Medical Council Victoria, 2008)

Here are some basic principles which could help in communicating with people from a different culture:

- 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 to see the situation from the other person's perspective.
- Treat your interpretation as a working hypothesis until you have sufficient data to support it.

Be aware of your own beliefs and prejudices. For example:

- Do you believe women are equal in value, intelligence and maturity to men?
- What is your attitude to physical violence, uncommon sexual habits, or poor personal hygiene?
- How do you react when a family does not feed their children properly but they seem to have enough money for beer and cigarettes?

Whatever approach you take, the most important thing is keeping the patient's needs uppermost in your mind." (Post Graduate Medical Council Victoria p. 35)

9.4 Training and Resources for Communication and Cultural Awareness

OTD Communication Skills Workshops

NS & CC LHNs provide classes in communication skills for Overseas Trained Doctors called OTD Communication Skills Workshops. These classes are held fortnightly for an hour and a half, with a second session (in a smaller group) on alternative weeks for those doctors identified as requiring more intensive training in communication skills. For more information about the availability of these sessions and for specific times, contact the Clinical Training Units at each hospital.

Australian Medical Expressions

The website www.doctorconnect.gov.au has a section on cultural awareness and Australian medical expressions. Follow the links "Work as a Doctor in Australia > After registration > Training and education > Cultural awareness in Australia. This website provides valuable suggestions for courses and information to assist with bridging cultural and professional differences. These include:

- Checking with the organisations listed under Support for Doctors (including specialist medical colleges), or your employer.
- Australian Indigenous Health InfoNet.
- Cultural Diversity – a guide for health professionals.
- Cultural Diversity in Health.

- Health Matters – Australian Broadcasting Commission website.
- Rural Workforce Agency of Victoria (RWAV).

Australian English has its own unique accent and character. The section of the website dealing with Australian medical expressions outlines some of the differences and unique characteristics of Australian English. Courses and resources suggested are:

- Health Translations Directory
- Australian Medicines Handbook
- Therapeutic Goods Administration (TGA)
- The Medical Register of Australia Australian

The Macquarie Dictionary Online

The Macquarie Dictionary Online is updated each year. It is an Australian dictionary and thesaurus with over 300,000 words and definitions. It requires subscription.

NSW Multicultural Health Communication Service

NSW Multicultural Health Communication Service (Multicultural Communication) provides information and services to assist health professionals to communicate with non English speaking communities throughout New South Wales. For more information visit http://www.mhcs.health.nsw.gov.au .
(Department of Immigration and Citizenship. (2007). Life in Australia. Barton, ACT: Commonwealth of Australia.)

10. Support Organisations and Services

10.1 Health & Hospital Support Organisations

NS & CC LHNs have a multitude of services for the patients' continuing care in the community. Outlined below are a number of the available services. To find out more information, including types of services, location of services and their contact details, go into the NSCCAHS Intranet site home page → Links → Health Services Provider Directory – Health Services within NSCCAH.

Community Mental Health
There is a large range of mental health services within NS & CC LHNs providing both inpatient and community care for people with a mental illness. Community services provide both acute home-based care as well as longer term care to support people in preventing a relapse, in accessing employment, with housing and with counselling for clients and their families.

Drug and Alcohol Service
Services provided include individual and family counselling for people with drug and alcohol abuse problems, stop smoking counselling and an inpatient detox centre.

Child Wellbeing Unit
The Child Wellbeing Unit (on telephone 1300 480 420) is devoted to ensuring that all children are adequately protected while in the hospital and upon discharge from hospital. They can provide guidance to staff members who need to make a report to DOCS (Department of Community Services). The DOCS Child Protection Helpline is telephone 133627.

Sexual Assault Counselling Service
This service offers medical examinations, treatment and follow-up after sexual assault. Counselling for non-offending family and children is provided, as well as support and information for non-offending family and partners. A crisis team is available 24 hours / day.

Palliative Care
This service provides care to those patients who are suffering a progressive life-threatening illness and their families. It aims to make people as comfortable and symptom-free as possible during the course of their illness.

Women's Health
The service provides women's health clinics in various locations, as well as information and education to allow them to make more informed decisions about their health. The clinics provide screening, Pap smears, breast checks, pregnancy testing and counselling, contraceptive advice and information on a range of women's health issues.

Acute Post Acute Care (APAC)
APAC provides acute care in the home, physiotherapy (7 days/week), IV antibiotics, occupational therapy, anticoagulant monitoring, pharmacy services and up to 2 weeks short-term comprehensive care.

Transpac
Transpac comprises the Transitional Care Unit (TCU) and Community Packages. The TCU provides slow stream rehabilitation and support at home to clients who demonstrate the potential and motivation to improve their functional capacity. Before they are accepted to this unit they must be ready for discharge (all investigations completed), be medically stable and have been assessed by Age Care Assessment Team as being eligible for residential aged care.

Community Nursing
This service is part of the NS & CC LHNs and aims to provide high quality nursing care to patients in their home during periods of illness or disability. It is a free service and can accept referrals from any person, i.e., self referral, relative, neighbours, doctors, hospitals, other service providers etc. Staffs comprise registered nurses, enrolled nurses, health service aides and several specialty areas.

Dementia Support
This service has specialised community nurses with experience and training in the nursing management of dementia. They provide support, education and guidance to carers and families. They also provide client assessment of daily living skills, emotional support, and referral to further support agencies.

Aged Care Assessment Team (ACAT)
ACAT provides a comprehensive assessment of aged clients. They aim to gain maximum benefit from available support services, advising on appropriate equipment, assistive devices and home modifications, providing carer advice and support, assisting clients in accessing respite care in day centres, hostels, nursing homes and liaising with hostels and nursing homes.

Aged Care and Disability Services
It is important to consider how a patient will manage at home on discharge from hospital, not only for their safety and independence but also to reduce readmission rates to hospital. There is a wide range of services available to support people in their homes. If concerns have been identified, a referral should be made to the Discharge Planner on the ward, who will assess the patent's needs and make appropriate referrals to community organisations.

Caring Networks
Caring Networks incorporates a number of community services for the frail aged and people with disabilities. Services include Aged Care Assessment Team, Commonwealth Carelink, and Carer Respite Centre

Home and Community Care (HACC)
The Home and Community Care (HACC) program provides a range of services to help frail older people and people with a disability of all ages to remain as independent as possible in their homes. There is a cost for these services. However, if a person cannot pay, they will not be denied access to these services. Patients are prioritised according to greatest need, so the waiting list time will vary. This program is funded jointly by the NSW and Commonwealth Governments and is administered through the Department of Ageing, Disability and Home Care.

Aged & Disability Support Services Inc (ADSSI)
ADSSI supports people with disabilities within their own home, family or neighbourhood. They provide assistance with tasks of daily living, such as personal assistance, house cleaning, home maintenance and modification, respite, transport and case management.

Meals on Wheels
Meals on Wheels (MOW) is a community organisation that provides a home-delivered service of chilled and frozen meals to frail aged or younger disabled people and their carers living at home.

10. 2 Government Agencies

Commonwealth Carelink Centre
Commonwealth Carelink Centres can offer information about what community services are available to the elderly, people with disabilities, their carers and families, General Practitioners, and other service
Providers who deliver community aged care, disability and other support services in the local region.
Phone 1 800 052 222 or visit www.commcarelink.health.gov.au .

Veteran's Home Care (VHC)
Veteran's Home Care (VHC) is an Australian Government program designed to assist those veterans and war widows/widowers who wish to continue living at home but who need a small amount of practical help. The program is provided through the Department of Veteran's Affairs. Services available include domestic assistance, personal care, safety-related home and garden maintenance, and respite care. For more information, see www.dva.gov.au .

Centrelink
Centrelink is an Australian Government agency delivering payments and services on behalf of a number of government departments, including:

- The Department of Employment and Workplace Relations
- The Department of Families, Community Services and Indigenous Affairs
- The Department of Education, Science and Training.

They aim to help people become more self sufficient and to support those in need. They provide payments to assist people in financial need as well as providing referrals to other agencies, such as employment agencies. For more information, see www.centrelink.gov.au .

Interpreting and Disability Services

Translating and Interpreting Service (TIS) National is an interpreting service for people who do not speak English and for the English speakers who need to communicate with them. The service has access to over 1300 contracted interpreters speaking more than 120 languages. It is available to any person or organisation 24 hours/day, 7days/week. For more information visit http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/index.htm .

National Relay Service is an Australian Government service which allows people who are deaf or have a hearing or speech impairment to use the telephone. For more information see www.relayservice.com.au.

Work Cover

Work Cover NSW is a statutory authority which works in partnership with the NSW community to achieve safe work places, effective return to work and security for injured workers.

Work Cover NSW administers and enforces compliance with occupational health and safety (OHS) regulations, injury management, return to work and workers compensation legislation. It also manages the workers compensation system.

The objectives of Work Cover NSW are:

- To promote the prevention of work-related injury and diseases and assist workplaces to become healthier and safer.
- To promote the prompt, efficient and effective management of injuries to persons at work.
- To ensures the efficient operation of workers compensation insurance arrangements.
- To ensure the appropriate coordination of arrangements for the administration of the schemes to which the workers compensation legislation and the OHS legislation relate.
- For further information see www.workcover.nsw.gov.au

Appendix One: Assessing Capacity to Consent for Health Intervention

From the Department of Justice and Attorney General's Capacity Toolkit (Section 5.2 pages 103 – 106)

Legal test

This is what you are looking for when you are assessing whether a person has the capacity to make medical or dental decisions:

Capacity = Understanding the nature and effect of the actual treatment being proposed at the time the consent is required.

- Does the person understand the **effect** of the treatment? Are they aware, in simple terms, of the main benefits and risks of the treatment?
- Does the person know the **nature** of the treatment? Meaning, do they understand broadly and in simple language:

  - What the medical or dental treatment is?
  - What the procedure involves?
  - Why it is proposed?
  - That there are other options? If choosing between options, the person must understand what each option is, what it involves the effect of each option, and the risks and benefits?
  - What it means if they don't have the treatment?

- Does the person understand the nature and effect **at the time** that the medical or dental decision is required, not hours or days before or after it is made?
- Does the person have the **ability to indicate** whether they want the treatment? Can they communicate any decision made, with assistance if necessary?
- Has the person made the decision **freely** and **voluntarily**?

Also consider that a person has a **right to refuse** treatment. What most people would decide to do in the situation is irrelevant. Consider the following:

- Is refusal of treatment consistent with the person's views and values?
- Is this behaviour usual for the person?
- Has all the relevant information been given to the person in a way they can understand?

Tips on Questioning Remember, when assessing whether a person has the capacity to make medical or dental decisions, it is important that you:

- Ask open-ended question.
- Do not ask leading questions.
- Frame your questions to quickly identify any areas of concern for which a person may need support or help, or require a substitute decision-maker.
- Ensure it is the person being assessed who answers the questions. In some circumstances the person may need support from a neutral person, such as an advocate or an interpreter.

Questions

Here are some specific questions you may ask as part of the assessment process to determine if the person has the capacity to make medical and dental decisions:

- Tell me about your health or teeth and why you need some medical or dental treatment.
- What is the medical or dental treatment that you might be having? Can you explain it to me?
- Where will you be having the treatment?
- How long will it take?
- How will the treatment help you? What are the good things about the treatment?
- Will there be any bad things about the treatment? What are they?
- How do you think you will be able to deal with these?
- What are the risks of having the treatment?
- Is there any other treatment you might be able to have? Can you tell me about it?
- How would this other treatment help you?
- What are the risks of having this other treatment?
- Which do you think is the best treatment? Why?
- What would happen if you didn't have any treatment at all?
- What do your family and friends think of the treatment?
- What do they want you to do? Why?

Appendix Two: Allied Health Professionals

Allied Health Professionals play a key role in optimising a person's independence and quality of life and minimising the risk of further problems. This guide outlines the role of the Allied Health professionals you will usually find within the multidisciplinary team in the hospital. They include physiotherapists, occupational therapists, speech pathologists, social workers, and dieticians. Allied Health Professionals also include psychologists, pharmacists, audiologists, podiatrists and others.

Physiotherapists
Physiotherapists (physios) are experts in the diagnosis, management and prevention of movement disorders. They use a wide range of drug-free techniques to relieve pain, restore function and movement and prevent further problems. Physiotherapists work with premature babies, incontinent women, stroke victims, frail elderly and sufferers of conditions like Parkinson's disease, arthritis, and osteoporosis.

Occupational Therapists
Occupational Therapists aim to enhance and maximize a patient's level of function, independence and quality of life. They see anyone who has an illness, injury, disability and/or is experiencing a major lifestyle change which is affecting their daily activities. They teach patients to use particular movements (or compensate for a lack of movement) in day-to-day activities. They also help people adapt their environment (modify their home to prevent falls, for example) and train them to use specially-developed equipment (to access a computer, for instance). Occupational Therapists also provide assessment and strategies to compensate for cognitive impairment.

Speech Pathologists
Speech pathologists work not only with individuals who stutter or have articulation problems. They also treat those who have trouble eating or drinking due to swallowing difficulties, including the very young. Babies with difficulties breastfeeding or bottle-feeding properly, toddlers not taking solids, children finding it hard to talk, people suffering hearing loss, the head injured, stroke victims and those with degenerative diseases (such as motor neurone disease) may all benefit from speech therapy.

Social Workers
Social Workers help people assess and interpret the problems they face and provide support in finding solutions. They provide guidance and support in relation to legal matters, such as guardianship applications, and in finding alternative accommodation / care for people as required. They liaise regularly with other health professionals – doctors, nurses, police, lawyers, and teachers – to act on behalf of their clients.

Dieticians
Dieticians translate scientific information about nutrition into practical information about what individuals should eat. They can assist patients to meet specific goals and provide advice on a healthy balanced diet, weight loss (or gain), food allergies or intolerances, as well as conditions like diabetes, heart disease, cancer and digestive problems. They play a vital role in the recovery from illness in the hospital setting by recommending appropriate diets for patients.
For more information see
www.abc.net.au/health/consumerguides/stories/2005/10/15/1836929.htm .