



Orientation Resource

For Junior Doctors in Queensland

Version 8, 2026





Message from the Chief Medical Officer, Queensland Health



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

The career path you have chosen offers the privilege of caring for, and improving the health of our population, while making a meaningful impact on the broader healthcare system. A career in medicine can be challenging, but every day brings new opportunities for growth, learning, and making a real difference in people's lives. I encourage you to embrace your prevocational years, knowing that you are supported and empowered to take on challenges and continue developing as a healthcare professional.

You are not alone on this journey. Lean on, learn from, and be inspired by the incredible colleagues you will work alongside within Queensland Health. I am grateful for the many and wonderful mentors who supported me early in my career, and I encourage you to make the most of the networks available to you – your colleagues, educators, and mentors. You will be part of a multidisciplinary team, working alongside experienced consultants, nurses, and other healthcare professionals. Be fully engaged with your team, support your colleagues, and accept support in return. The road ahead may be demanding, but with dedication, empathy, and a commitment to lifelong learning, you will navigate it with confidence and compassion. Stepping outside your comfort zone may set the path to a truly fulfilling medical career.

Whether this role marks the start of your career in medicine or represents the next step in your professional journey, the contributions you make – individually and collectively, will have a lasting impact on patients, their families, and the broader Queensland community.

You are an integral and valued member of Queensland Health. While your training will equip you with the skills, knowledge, and resilience to build strong foundations, please be assured that your wellbeing remains an organisational priority throughout every stage of your career.

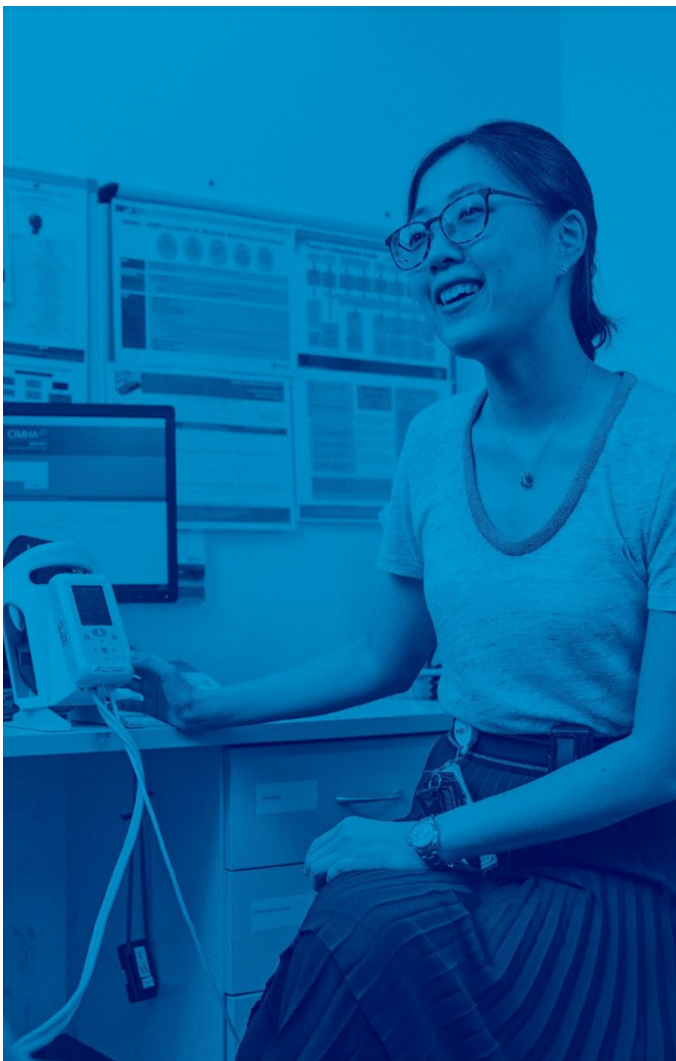
This orientation resource forms part of a comprehensive program designed to support your transition into Queensland public health facilities. It provides an overview and broad insights to assist you in your role as a junior doctor, with additional information tailored to the needs of international medical graduates entering the Queensland Health system. It is intended to complement local orientation programs. Resources available on the Medi-Nav careers website are just one of the many ways that we are dedicated to supporting you.

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

Dr Catherine McDougall (BPHTY, MBBS, FRACS(Orth), MPH, GAICD)

Chief Medical Officer

Health Workforce Division, Queensland Health



About this resource

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

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

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

The resource is structured into seven sections:



Section 1

Australia's
healthcare system



Section 2

Queensland's public
health system



Section 3

Working as a medical
practitioner in
Queensland



Section 4

Legislation and
professional practice



Section 5

Rural and remote health
services in Queensland



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Australia's healthcare system

1.1 Australia's public healthcare system

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

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

Broadly, the Australian Government has responsibility for:

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

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

- management and administration of public hospitals
- funding and management of community and mental health services

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

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

For further information about Australia's healthcare system, visit the [Australian Institute of Health and Welfare Health System Overview](#).

1.1.1 Health system funding

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

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

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

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

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

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

For further information about Medicare, visit [Services Australia What health care is covered by Medicare, how to enrol and how to claim.](#)

For further information about Reciprocal Health Care Agreements, visit [Services Australia Reciprocal Health Care Agreements.](#)

1.1.2 Medicare Benefits Schedule

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

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

For the full list of included and non-included services, visit the [Australian Government Department of Health and Aged Care MBS Online.](#)

1.1.3 Schedule fee

The schedule fee is the set amount which Medicare pays toward the cost of medical services. An example of the schedule fee is when patients visit their GP and can claim 100 per cent of the schedule fee. However, the GP, if they choose, may charge any amount above the schedule. The patient must pay the gap or difference between the schedule fee and the total amount the doctor may charge. This amount can vary between practices.

1.1.4 Medicare levy

To help fund the Medicare scheme, any persons who are employed in Australia and pays income tax, must pay a Medicare levy. The Medicare levy payable is based on your taxable income. Normally, the Medicare levy is calculated at 2% of your taxable income but this rate may vary depending on your circumstances.

You may qualify for an exemption from paying the Medicare levy if you are in any of the following exemption categories at any time in the year:

- **Category 1:** Medical exemption
- **Category 2:** Foreign and Norfolk Island residents
- **Category 3:** Not entitled to Medicare benefits (e.g. if you were not an Australian citizen)
- **Category 4:** Dependant

For further information, visit the [Australian Taxation Office Medicare levy.](#)

1.1.5 Bulk billing arrangements by medical practitioners

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

For further information, visit [Services Australia Bulk billing](#).

1.1.6 Pharmaceutical Benefits Scheme

The Pharmaceutical Benefits Scheme (PBS) is a system which subsidises or reduces the cost of most prescription medicines. The subsidies are available to all Australian residents and eligible foreign visitors, whose countries have a Reciprocal Healthcare Agreement with Australia. The aim of the PBS is to provide reliable and affordable access to a large range of necessary medicines.

The Schedule of Pharmaceutical Benefits lists all medicines available under the PBS and explains how they can be used to obtain a subsidy.

The schedule is updated monthly and can be found at [Australian Government Department of Health and Aged Care Pharmaceutical Benefits Scheme \(PBS\)](#).

1.1.7 PBS prescribing

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

A guide for medical practitioners writing a PBS prescription in public hospitals is available at the [Pharmaceutical Benefits Scheme Information for PBS Prescribers](#).

The Queensland Department of Health publishes guidelines and fact sheets about safe use of medicines, which can be accessed at Queensland Health's [Medicines](#) and [Medication safety](#).

1.1.8 Patient charges

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

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

For further information visit the [Pharmaceutical Benefits Scheme Patient Charges](#).

1.1.9 PBS Safety Net

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

Further information about the safety net arrangement and review schedule is available at the [Pharmaceutical Benefits Scheme About the PBS](#).

Provider and prescriber numbers

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

You can apply for provider and prescriber numbers online following the instructions at [Services Australia Apply for initial provider and prescriber numbers](#).

For detailed guidance on applying for your provider and prescriber numbers, refer to [3.8.8 Information for Interns](#) later in this resource.

Provider numbers

Your provider number is used to identify you as a medical practitioner by Services Australia. It is not illegal to work without a provider number, however if you do not have one, patients are not able to receive a rebate from Medicare for the services you provide.

A Medicare provider number does not automatically allow you to attract Medicare rebates for your services. You should ask your employer which level of Medicare access for a provider number you need.

A Medicare provider number uniquely identifies both you and the place you work. You will be allocated a separate provider number for every location in which you work.

It is your responsibility to ensure that the details relating to your provider number are updated and to apply for a new number if necessary.

Prescriber numbers

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

The number needs to be provided to your local medical administration unit and your hospital pharmacy during your induction. Unlike the provider number, the prescriber number is unique. You will not receive different numbers for different locations or times. You will use this number permanently.

E-learning resources are available for health professionals through [Services Australia Education for Health Professionals](#).

1.2 Primary Health Networks

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

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

There are seven PHNs in Queensland:

- Brisbane North
- Brisbane South
- Gold Coast
- Darling Downs and West Moreton
- Western Queensland
- Central Queensland, Wide Bay, Sunshine Coast
- Northern Queensland

For further information about PHNs, refer to the [Australian Government Department of Health and Aged Care's Primary Health Networks](#).

1.3 Australia's private healthcare system

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

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

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

For further information, refer to the [Australian Private Hospitals Association](#).

1.3.1 Private health insurance

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

Private health insurance may cover some or all the costs of being a private patient either in a public or private hospital and in some cases, allows you to access some hospital services faster. Depending on the level of cover negotiated with a health fund, it may also contribute to the costs of health services not covered by Medicare, such as dental treatment, chiropractic treatment, home nursing, podiatry, physiotherapy, occupational and speech therapy, optical services, prostheses, and other ancillary services.

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

For further information about private health insurance, visit the [Private Health Insurance Ombudsman Comprehensive, independent private health insurance information](#) website.

Queensland's public health system



2.1 Queensland Health

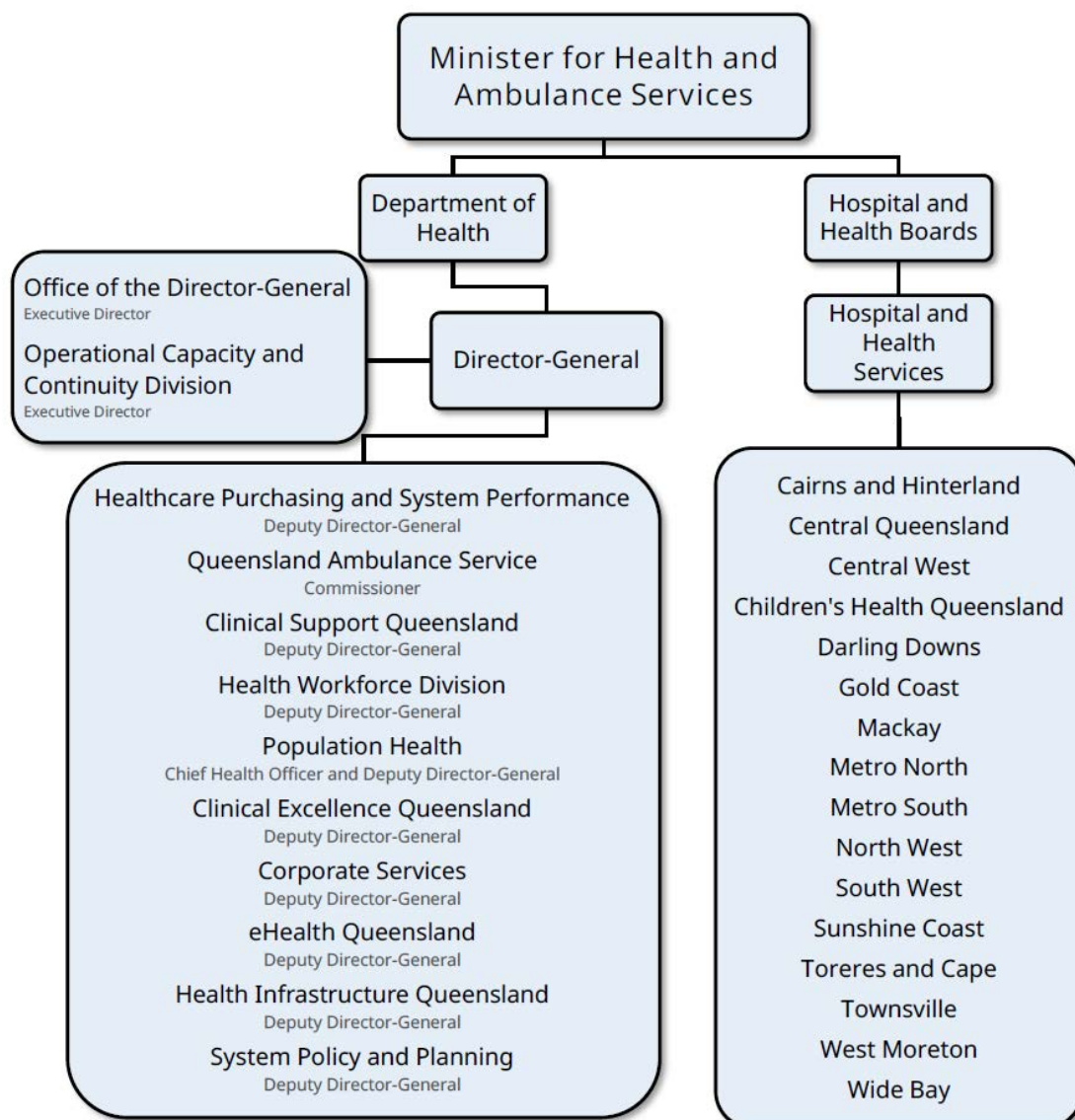
Queensland's public health system is known as Queensland Health and is made up of the Department of Health (the department) and 16 independent hospital and health services (HHSs). The Minister for Health and Ambulance Services has overall responsibility for Queensland's public health system.

The department, through the Director-General, is responsible for the management of the Queensland public health system, including monitoring the performance of HHSs. HHSs independently and locally governed by hospital and health boards, are responsible for public health service delivery including hospital and inpatient, outpatient and emergency services, community mental health services, aged care services and public health and health promotion programs.

HHSs are independent statutory bodies under the *Hospital and Health Boards Act 2011* which are governed by their own professional Hospital and Health Board and managed by a Health Service Chief Executive – to deliver public health services in their local area.

2.2 Structure of the public health system

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



2.2.1 Department of Health structure

The department, led by the Director-General who reports directly to the Minister for Health and Ambulance Services, provides a single point of accountability for public hospital performance, planning, and performance management across Queensland. It manages this role through several key divisions:

- **Office of the Director-General:** Provides leadership, direction, and coordination of activities to support and assist the health system to deliver safe, responsive, quality health services for Queenslanders.
- **Operational Capacity and Continuity Division:** Ensures the health system remains resilient and coordinated, maintaining patient flow, demand management, and continuity of care during daily pressures and emergencies.
- **Healthcare Purchasing & System Performance:** Purchases public health and social services to improve outcomes, reduce inequalities, and strengthen system effectiveness and sustainability.
- **Queensland Ambulance Service:** Delivers statewide emergency and non-emergency pre-hospital care, transport services, and disaster response coordination.
- **Clinical Support Queensland (CSQ):** Provides specialist clinical and scientific services, including pathology, forensic medicine, biomedical technology, and supply chain management.
- **Health Workforce:** Supports a skilled, diverse, and sustainable workforce, partnering with HHSs to strengthen care delivery—particularly in rural, remote, and priority communities.
- **Population Health:** Leads programs, policies, regulatory functions, and services that promote health, prevent disease and injury, and support high-quality care.
- **Clinical Excellence Queensland:** Drives patient safety, quality improvement, and clinical excellence across public and private health services.
- **Corporate Services Division:** Provides specialist corporate and advisory services across the department and HHSs.
- **eHealth Queensland:** Delivers digital health solutions and technology services to support quality patient care.
- **Health Infrastructure Queensland:** Leads the planning and delivery of major health infrastructure, including new hospitals and facility upgrades.
- **System Policy and Planning Division (SPPD):** Leads policy development and service planning to ensure sustainable, responsive, and clinician-informed health services.

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

For further health system induction materials, refer to [Queensland Health *Managing the Queensland Health system*](#).

2.3 Queensland Health Vision

HEALTHQ32 outlines the Queensland Government's 10-year vision for a healthier Queensland by 2032. It sets the future direction for the health system, emphasising adaptability, innovative models of care, and new technologies to enhance patient care and efficiency. Over the next decade, the strategy focuses on improving hospital services and expanding community-based care options to lift wellbeing and quality of life for all Queenslanders, regardless of where they live.

2.3.1 The vision

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

2.3.2 Underpinning principles

Queensland Health is committed to delivering accessible, fair, and sustainable healthcare for all Queenslanders – from early life through to healthy ageing– by working collaboratively across the health system. Seven system priorities underpin this vision and strategic direction, outlining the values that guide decision-making and how partners across the health system work together. These principles also guide public health service delivery and are encouraged to be applied by all system partners.

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

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

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

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

[HEALTH32: A vision for Queensland's health system](#)

[Queensland Health's Hospital and Health Service strategic plans](#)

[Department of Health's Strategic Plan 2021–2025](#)

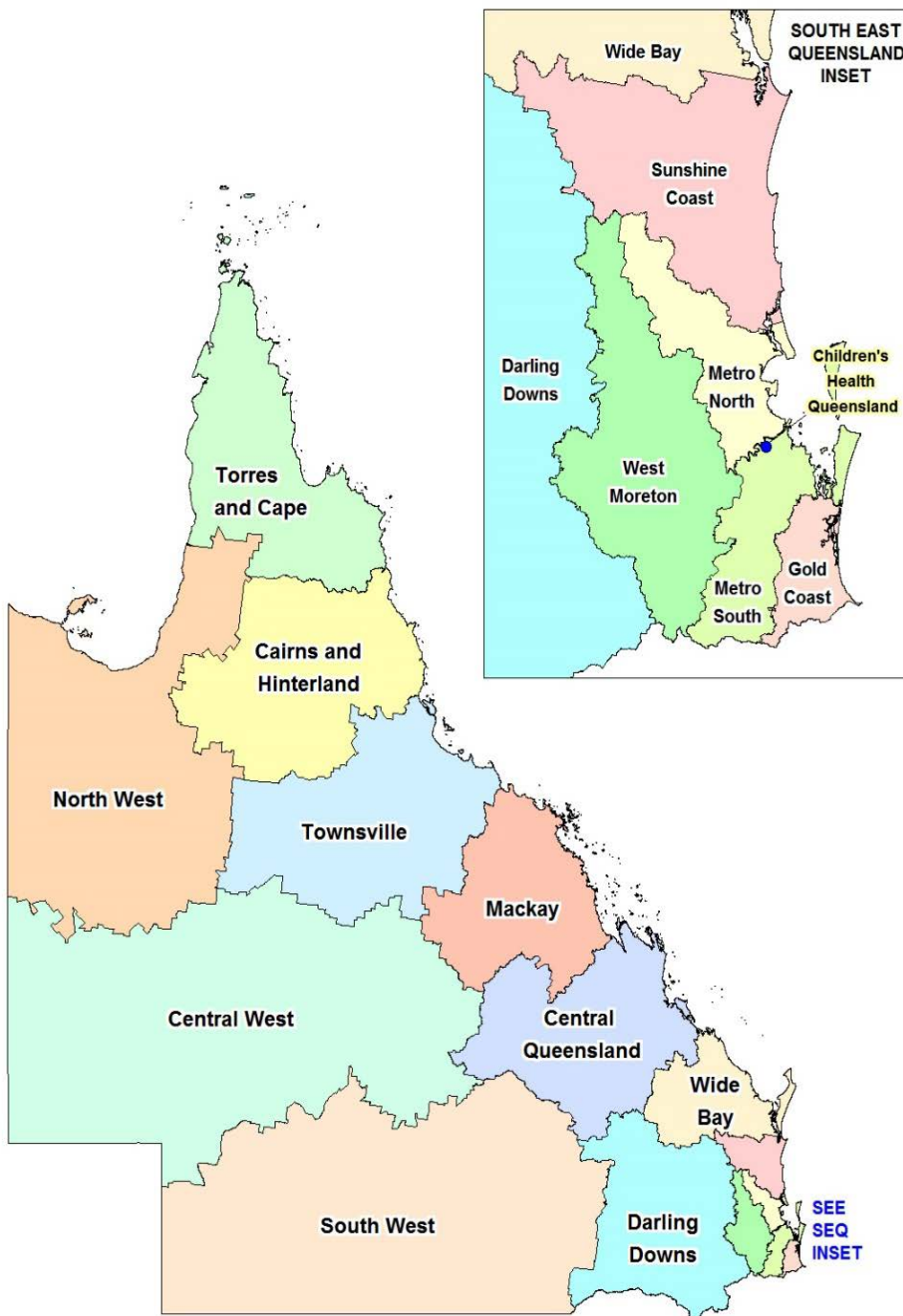
[Queensland Health's Strategic plans](#)

2.4 Hospital and Health Services

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

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

- **Large, tertiary referral and teaching hospitals** which provide an extensive range of services and subspecialties, education, research, and support for smaller hospitals.



Queensland Hospital and Health Service maps

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

For more information, visit the service profiles for each HHS and their facilities, visit [Hospital and Health Service facility profiles](#).

2.5 The health professional team

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

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

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

- **Chief Executive:** chief administrator of services
- **Executive Director of Medical Services:** coordinator of medical staff and services
- **Executive Director of Nursing and Midwifery Services:** coordinator of nursing and midwifery staff and services
- **Executive Director or Director of Corporate Services:** coordinator of administrative staff and business management processes.



2.6 Clinical governance

HHSs are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Hospital and health boards are accountable for governance of safety and quality – ensuring that the structures, processes, and behaviours are in place to ensure they achieve the best possible patient outcomes, and to safeguard high standards of care.

2.6.1 Clinical Services Capability Framework

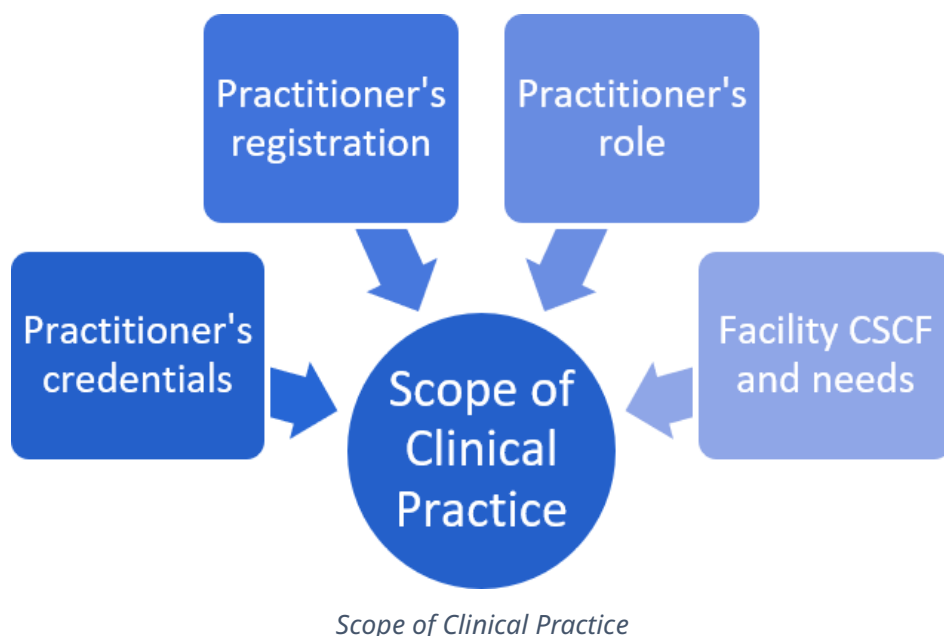
The Clinical Services Capability Framework for Public and Licensed Private Health Facilities outlines the minimum support services, staffing, safety standards and other requirements required in both public and private health facilities to ensure safe and appropriately supported clinical services.

For further information, visit [Queensland Health Clinical services capability framework](#).

2.6.2 Credentialing and scope of practice

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

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



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

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

Credentialing and SoCP for health professionals in Queensland Health is covered by a Health Service Directive, for further information, visit [Queensland Health Credentialing and defining the scope of clinical practice](#).

Working as a medical practitioner in Queensland



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

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

3.1 Medical career structure

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

The original award and reprints are available from the [Queensland Industrial Relations Commission *Medical Officers \(Queensland Health\) Award – State 2015*](#).

A diagram overview of the typical career path for medical practitioners working in Queensland Health is available from [Queensland Health *Medical career structure*](#).

3.2 The multidisciplinary team

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

- Medical Executives
- Consultants (specialists, visiting medical officers (VMO), senior medical officers (SMO))
- Registrars / principal house officers (PHO)
- Senior and junior house officers (SHO and JHO)
- Inters (PGY1 doctors)
- Students in Medicine (SiM)
- Midwives
- Aboriginal Health Workers
- Nurses
- Allied health professionals
- Operational support staff
- Administrative officers
- Clinical pharmacists

3.3 Medical education

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

3.4 Role expectations and responsibilities – junior doctors

3.4.1 Expectations of professional practice

As a junior doctor you are expected to:

- play a central role in the day-to-day management of your patients
- perform clinical duties, including inpatient and outpatient services, ensuring high professional standards are maintained
- practice professionally and ethically, in accordance with the expectations of the community, the medical profession and the MBA
- collaborate with other medical, nursing, allied health and other relevant staff regarding patient management and ensure appropriate communication is maintained with external agencies such as GPs and VMOs
- be punctual, polite and be responsible for your personal health and safety.

3.4.2 Communication/handover

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

3.4.3 Interactions with nursing staff

Your daily work will involve working together with ward and outpatient nursing staff, as well as nurse managers (NMs), nurse practice coordinators (NPCs), and clinical nurse consultants (CNCs). CNCs and NPCs provide invaluable assistance with ward practices and hospital procedures. They are senior members of the hospital staff whose primary role is to ensure that patients receive the best possible care. Junior doctors are encouraged to talk to CNCs and NPCs about relevant issues, particularly where you have concerns.

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

3.4.4 Discharge planning

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

Planning must consider:

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

- patient and family involvement, wherever possible.

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

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

3.4.5 Communication and discharge summary

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

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

For further information about EDS, visit [Queensland Health intranet site *EDS and the Viewer*](#) (*accessible on Queensland Health computers only*).

3.4.6 Ward rounds

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

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

3.4.7 Attendance in operating theatres and specialist outpatient clinics

Your responsibilities as a junior doctor will include attending operating theatre sessions and outpatient clinics. As these services are reliant on complex time scheduling, it is important that you ensure you are punctual or provide early advice if you cannot attend.

Please ask your registrar or senior medical officer (as appropriate) to ensure you understand what is expected of you. Operating theatres also have specific dress/infection control requirements, which should be detailed by operating theatre staff as part of your local orientation.

3.4.8 Evidence-based medicine/practice

It is your responsibility to ensure that the treatment of patients is evidence-based and best practice. Both evidence-based medicine (EBM) and evidence-based practice (EBP) assert that making clinical decisions based on best evidence, either from the research literature or clinical

expertise, improves the quality of care and patient's quality of life. Best practice is a comprehensive, integrated, and cooperative approach to the continuous improvement of all areas of healthcare delivery.

3.4.9 Documentation

Each time you see a patient, you must make a clear and concise entry detailing the presenting problem, history, examination findings and conclusions reached.

Healthcare professionals recording in the patient record are responsible for complete and accurate documentation of the clinical judgements as well as care planned and delivered, and for the standard of that documentation.

3.4.10 Referral to specialists and specialist services

As a junior doctor, you will be required to write referrals to specialists and specialist services (e.g., diagnostic radiology). Referrals should contain patient details, your site-specific provider number, all relevant clinical information including diagnosis, past surgical/medical history, known allergies and current treatments.

Incomplete information will slow down the referral process and slow down patient treatment time.

3.5 Disease and infection prevention

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

Healthcare associated infections may cause:

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

Infection prevention and control is managed locally in each HHS.

3.5.1 Communicable diseases and infection management

The Communicable Diseases Branch (CDB) monitors, prevents, and controls communicable diseases in Queensland.

The Communicable Diseases Management Unit (CDMU), part of CDB, provides statewide leadership. It manages legislation, policy, pandemic planning, and guidelines, and leads responses to major disease threats in partnership with HHSs and other agencies using a One Health approach.

For details on notifiable diseases, see Communicable Disease Control guidance or email CDMU@health.qld.gov.au.

The Blood Borne Viruses and Sexually Transmissible Infections (BBVSTI) Unit sets strategy and provides evidence-based advice for preventing and managing BBVs and STIs. It works with HHSs, NGOs, and community-controlled health services.

For more information, visit Communicable Disease Control guidance or email BBVCDU@health.qld.gov.au.

The [Queensland Infection Prevention and Control Unit](#) supports infection prevention programs statewide and publishes resources (*accessible on Queensland Health computers only*).

3.5.2 Disease transmission

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

3.5.3 Standard precautions

Standard precautions are used for all patient care and are the first line to infection prevention and control in healthcare. Standard precautions prevent or reduce the likelihood of transmission of infectious agents.

They are based on a risk assessment and include:

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

3.5.4 Hand hygiene

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

- applying an alcohol-based handrub to the surface of hands; OR
- washing hands with the use of water and soap or soap solution.
- When performed correctly, hand hygiene results in a reduction of microorganisms on hands.

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

1. before touching a patient
2. before a procedure
3. after a procedure or body fluid exposure risk

4. after touching a patient
5. after touching a patient's surroundings.

Hand hygiene must also be performed before putting on and after removing gloves.

Resources on the National Hand Hygiene Initiative are available from the [Australian Commission on Safety and Quality in Health Care Hand hygiene and infection prevention and control eLearning modules](#).



3.5.5 Sharps management

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

For information about sharps handling and disposal, refer to [Queensland Health Sharps safety in health and care settings](#).

3.5.6 Aseptic technique

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

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

1. Sequencing:

- Assess the risks before starting.
- Prepare the environment and tools.
- Perform the procedure.
- Document the process and ensure handover after.

2. Environmental Control:

- Make sure the area is clean and free from unnecessary risks (e.g., no nearby bed-making or commode use).

3. Hand Hygiene:

- Wash or sanitise hands before starting the procedure and after any contact with body fluids.

4. Aseptic Field Maintenance:

- Clean and disinfect equipment and the patient.
- Create and maintain a sterile area.
- Use sterile tools and avoid touching key parts.

5. Personal Protective Equipment (PPE):

- Use appropriate sterile or non-sterile gloves, masks, or gowns for the procedure.

Detailed guidance for healthcare workers on aseptic technique for can be found in the guide from the [Australian Commission on Safety and Quality in Healthcare *Principles of aseptic technique: Information for healthcare workers*](#).

3.5.7 Transmission-based precautions

Transmission-based precautions are used in addition to standard precautions when there is a confirmed or suspected infectious agent presenting an increased risk of transmission to others. Implementation of transmission-based precautions involve continued use of standard precautions and may involve some or all the following: use of appropriate personal protective equipment, single rooms or grouping of patients, restricted transfer of patients, and environmental controls such as enhanced cleaning and sanitisation and air handling requirements.

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

3.5.8 Acute respiratory infections

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

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

- [Queensland Health *Acute Respiratory Infection – Infection Prevention and Control guidelines*](#)
- [Queensland Health *Acute respiratory infection surveillance reporting*](#)
- [Queensland Health *Communicable disease control guidance*](#)

3.5.9 Invasive medical devices

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

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

Key elements for minimising infection risk related to invasive device use include:

- ensure invasive device use is clinically indicated and consider the infection risk during decision-making
- staff must be adequately trained in the safe insertion, maintenance and removal of a device
- choose the most appropriate device for the patient
- review need for the device daily and remove as soon as no longer necessary
- regularly monitor patients, the insertion site and the device for any signs or symptoms of infection
- minimise the time a device remains in situ
- provide patient education on the infection risk associated with the insertion of any devices and the importance of proper maintenance
- document clearly – insertion, maintenance, daily review and removal
- implement appropriate surveillance systems to monitor infection rates.

3.6 Systems and standards

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

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

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

3.6.1 The digital hospital

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

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

For more information about the strategy and other digital health plans and strategies visit [Queensland Health *Digital Health 2031 strategy*](#).

3.6.2 Queensland Health IT systems

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

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

Integrated electronic Medical Record (ieMR)

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

The ieMR solution is currently available at varying levels of capability at many Queensland hospitals. The ieMR solution is being rolled out in a phased approach to enable each site to best absorb the change and minimise risk. If you are employed at a digital hospital, you will receive instructions for the use of the digital system and devices.

To find out more about the ieMR solution, visit [Queensland Health Integrated electronic medical record \(ieMR\)](#).

AUSCARE

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

AUSLAB

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

Consumer Integrated Mental Health Application (CIMHA)

A patient-centred clinical information system designed to improve access to collaborative, holistic care, and support clinicians in the supply of safer quality mental health and alcohol and other drug services across Queensland. HHSs are responsible for managing requests for direct access to CIMHA. If you are non-mental health Queensland Health staff member but require information about a consumer's mental health condition to inform clinical decisions, a select range of CIMHA information is available within The Viewer (see below for further information about this application).

Clinicians Knowledge Network (CKN)

A patient-centred clinical information system designed to improve access to collaborative, holistic care, and support clinicians in the supply of safer quality mental health and alcohol and other

drug services across Queensland. HHSs are responsible for managing requests for direct access to CIMHA. If you are non-mental health Queensland Health staff member but require information about a consumer's mental health condition to inform clinical decisions, a select range of CIMHA information is available within The Viewer (see below for further information about this application).

DynaMed Plus

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

Emergency Department Information System (EDIS)

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

Enterprise Scheduling Management (ESM)

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

Hospital-based Clinical Information System (HBCIS)

The program used to record patient details, including a patient's Unique Record Number (URN or UR Number), name, date of birth, address, treating doctor, ward, and bed number (if admitted), current condition, previous admissions, treatments at the hospital and can also provide the current location of the patient's medical chart.

Novell

The network login program allowing access to online services and servers.

Operating Room Management Information System (ORMIS)

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

Outlook

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

Enterprise Picture Archiving and Communication System (PACS)

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

Note: *this system is not available at all hospitals.*

Patient Flow Manager (PFM)

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

Queensland Health Electronic Publishing Service (QHEPS)

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

The Viewer

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

3.6.3 Professional behaviour in the workplace

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

Workplace conduct and ethics

All employees have an obligation to ensure their conduct is appropriate and reflects the principles, values and standards of conduct outlined in the Code of Conduct for the Queensland Public Service. There are many ethical challenges that junior doctors will encounter and deal within their day-to-day work and are required to ensure their decisions are ethical and they exercise integrity in relationships with others.

Anti-discrimination and vilification

All employees are responsible for ensuring the workplace is free from unlawful discrimination and vilification. Discrimination is against the law under the following grounds:

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

Vilification means you must not encourage hatred, serious disrespect, or mock someone because of their race, religion, sexuality, or gender identity. Each HHS has its own local guidelines to help employees understand their legal responsibilities.

Workplace harassment and sexual harassment

All employees must help keep the workplace free from harassment. Workplace harassment is repeated, unreasonable behaviour that puts someone's health or safety at risk. Sexual harassment is any unwanted sexual behaviour, this can include physical contact, comments, requests, or any other unwelcome conduct of a sexual nature.

Employees who engage in workplace or sexual harassment may face serious consequences, including termination of employment.

Workplace bullying

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

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

Employee complaints

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

For further information, refer to [Queensland Health Employee complaints](#).

Employee opinion survey

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

For further information, refer to [Queensland Health Working for Queensland](#) (accessible on Queensland Health computers only).

Domestic and family violence

All employees have a responsibility to model the public service values and behave in a way that promotes a work environment free of violence and supports colleagues.

For further information on domestic and family violence, including support resources, visit [Queensland Health Domestic and family violence \(DFV\)](#) (accessible on Queensland Health computers only).

Employees are encouraged to complete the [Keeping Everyone Safe online training program](#) to learn how to support a colleague affected by domestic and family violence which can be accessed through iLearn (Queensland Health's E-learning platform for online delivery of mandatory and professional development training for staff). If you are a Queensland Health employee, you can sign in using your Novell details or with your Queensland Health username and password.

For further training resources to support clinicians, visit [Queensland Health Domestic and Family Violence \(DFV\) toolkit of resource to support the health workforce](#).

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

Appropriate internet, social media, and email use

All employees are required to use internet and email systems appropriately. All staff need to be aware of their obligations to utilise these systems ethically and in line with current Queensland Government standards, Code of Conduct documentation regarding security, ICT user responsibilities and applicable policies. Additionally, the Australian Health Practitioner Regulation Agency (Ahpra) has a social media policy that guide the use of social media for health practitioners. Each HHS also has a social media policy which all staff are expected to comply with. For further information, refer to [MBA Social media: How to meet your obligations under the National Law](#).

3.7 Wellbeing and support for junior doctors

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

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

Often the biggest challenge is acknowledging your circumstances and asking for help but know that it is not unusual for medical practitioners to seek support at some stage of their career and there are many avenues through which to do so.

3.7.1 Wellbeing education and training

Mind(re)set is an online, self-paced wellbeing program for junior doctors (PGY1–5), developed in consultation with junior doctors. The online wellbeing modules for junior doctors can be accessed through Queensland Health's E-learning platform for online delivery of mandatory and professional development training for staff visit [Mind\(re\)set on iLearn](#).

In addition to these statewide resources, individual Hospital and Health Services may also implement their own wellbeing initiatives tailored to local needs.

3.7.2 Queensland Health employee wellbeing

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

The Queensland Health Employee Wellbeing website is a centralised resource with information and resources related to the five dimensions of wellbeing; mental, social, financial, physical and

workplace. Employee wellbeing is enhanced by a wide approach to wellbeing, centred on sustainable principles and practices.

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

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

To find out more about wellbeing, visit [Queensland Health Employee wellbeing](#) (accessible on Queensland Health computers only).

3.7.3 Prioritising wellbeing through legislation

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

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

3.7.4 Employee assistance services

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

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

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

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

3.7.5 Your own GP

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

3.7.6 Peer support programs

Hand-n-Hand Peer Support is an organisation founded in Far North Queensland providing free, confidential peer support for health professionals in Australia and New Zealand. It began in response to the COVID-19 pandemic but in realising the value and need for peer support beyond the pandemic, the organisation is working towards providing a sustainable solution to enable the ongoing availability of this resource for healthcare workers into the future. For information on how to access or provide support, including details of Hand-n-Hand Peer Support, please visit [Hand-n-Hand Peer Support](#).

3.7.7 Organisations that provide support

Doctors' Health in Queensland

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

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

Contact Doctors' Health in Queensland:

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

Lifeline

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

Contact Lifeline:

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

Suicide Call Back Service

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

Contact the Suicide Call Back Service:

- Ph. 1300 659 467
- [Suicide Call Back Service website](#)

Alcohol and Drug Information Service

The Alcohol and Drug Information Service (adis) offers a 24/7 confidential support service for people in Queensland with alcohol and other drug concerns, their loved ones and health professionals. adis can undertake telephone assessments, provide information about the effects of specific drugs, and provide advice on various treatment options. They can also help clients contact the best services for their needs.

Contact adis:

- 1800 177 833 (free call)
- [adis website](#)

Bush Support Services

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

Contact CRANApplus:

- Ph: 1800 805 391 (free call) (mobile phones can request a call-back service)
- [CRANApplus Bush Support Line](#)

Emergency contact numbers

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

3.8 Recruitment and employment

3.8.1 Overview

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

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

3.8.2 Wages and benefits

Medical practitioner classifications, salary levels, leave entitlements and related conditions are outlined in the Medical Officers (Queensland Health) Award – State 2015. Your position, classification and salary will be detailed in your letter of appointment. Current wage rates are available on [Queensland Health Wage rates – Medical stream webpage](#).

Salary packaging (salary sacrificing) is also available to eligible employees; under this arrangement, you authorise a portion of your gross salary to be directed towards approved benefits before tax is applied, meaning your taxable income is reduced. The packaged amount is forwarded by payroll to the approved salary packaging provider contracted by the Queensland Government, who then administers the selected benefits.

To maximise the advantages of salary packaging, you are encouraged to seek independent financial advice. For further information visit [Queensland Health Careers – Salary packaging webpage](#).

3.8.3 Payment of salaries

Staff are paid fortnightly (i.e. 26 pay cycles per financial year). An annual payroll calendar can be accessed from [Queensland Health Calendars](#) (*only accessible on Queensland Health network*).

Pay is electronically transferred to the nominated bank account. It is the employee's responsibility to ensure that rosters are accurate and that any variations or exceptions are promptly communicated to, and documented with, medical administration staff. Variations to rosters—including overtime and leave—must be recorded on the relevant Variation and Allowance Claim (AVAC) or leave form. All Human Resources (HR) forms are available via QHEPS.

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

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

To access the MyHR launch pad, visit [Queensland Health myHR](#) (*accessible on Queensland Health computers only*).

3.8.4 Employment conditions

Medical practitioners employed by Queensland HHSs or the department are subject to the terms and conditions of the Medical Officers' (Queensland Health) Award – State 2015 and Medical Officers' (Queensland Health) Certified Agreement (No.7) (MOCA7).

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

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

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

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

To access awards and agreements for medical practitioners in Queensland Health, visit [Queensland Health Careers Awards, agreements and orders](#).

To access Health employment directives, visit [Queensland Health Health employment directives](#).

3.8.5 Superannuation

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

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

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

3.8.6 Performance management

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

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

For more details about the improving performance process, refer to [AMC National Framework for Prevocational \(PGY1 and PGY2\) Medical Training](#).

3.8.7 Term dates for Interns and RMOs

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

Positions recruited via the RMO and Registrar campaign included accredited and non-accredited registrar and PHO positions, along with SHO and JHO positions, which are usually rotational.

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

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

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

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

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

See the Queensland Health RMO Campaign website for key dates and further information about applications and offers of RMO positions, visit [Queensland Health Career Resident Medical Officer \(RMO\) and Registrar campaign](#).

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

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

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

Current term dates can be found at [Queensland Health Career Medical internships](#).

3.8.8 Information for Interns

Medical Registration

As an Australian medical graduate, you receive provisional registration from the Medical Board of Australia (MBA). You must then complete one year of work-based general training in an accredited intern (PGY1) program before you can gain general registration.

The MBA has approved the standards for intern training under the *revised National Framework for Prevocational (PGY1 & PGY2) Medical Training* (the framework). The framework supports your first two years of practice because they are essential for developing into a competent and compassionate doctor.

During your intern year, as a provisionally registered practitioner, your responsibilities are set by the relevant MBA registration standard. You may only practise within accredited intern rotations. Under the revised framework, to become eligible for general registration, interns must complete 47 weeks of supervised practice under the following conditions:

- a minimum of 4 terms of at least 10 weeks and a maximum of 5 terms
- with a maximum of 25% in any one subspecialty
- a maximum of 50% in any one specialty (including its subspecialties)
- embedded in clinical teams for at least 50% of the year
- a maximum of 20% of the year in service terms (relief or nights)

- have exposure to the four clinical experiences across the year:
 - a) patients presenting with undifferentiated illness
 - b) patients with chronic illness
 - c) patients with acute and critical illness
 - d) peri-procedural patient care.
- be assessed against the prevocational outcome statements.

For example, interns may not work for more than 50% of the year in surgical terms or paediatric terms. Some health services offer the option of part-time work, and in these cases PGY1 (Intern) must be completed within three years of commencement.

Apply for your initial Medicare provider number and your prescriber number

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

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

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

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

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

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

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

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

For further information about PRODA, visit [Services Australia PRODA \(Provider Digital Access\)](#).

For further information about provider and prescriber numbers visit [Services Australia Provider and prescriber numbers](#).

3.8.9 Information for PGY2 doctors

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

Like the intern year, the framework defines requirements by which PGY2 doctors can become eligible for a certificate of completion:

- a minimum of 47 weeks of supervised clinical practice
- a minimum of three terms of at least 10 weeks and a maximum of 5 terms
- with a maximum of 25% in any one subspecialty
- embedded in clinical teams for at least 50% of the year
- a maximum of 25% of the year spent in service terms
- exposure to clinical experiences A, B and C, and no more than one term in a non-direct clinical care experience.

Following successful completion of the PGY2 year, a PGY2 Certificate of Completion of training can be awarded.

3.8.10 Information for international medical graduates

Application for registration and pathways to registration

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

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

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

- [Standard pathway](#)
- [Specialist pathway](#)
- [Competent Authority pathway](#)
- [Expedited Specialist pathway](#)

For more details about registration and pathways to practice in Australia, visit [Ahpra Information for international practitioners](#).

To access to the self-assessment tool for international medical graduate pathways, specific forms and further information about each of the pathways for IMGs, visit [MBA Pathways to registration for international medical graduates](#).

English language skills registration standard

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

For further information, refer to [MBA Registration standard: English language skills](#).

Workplace based assessments (WBA)

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

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

Queensland Health Site

[Central Queensland](#) (*accessible on Queensland Health computers only*)

[Darling Downs](#) (*accessible on Queensland Health computers only*)

[Gold Coast](#)

[Mackay](#)

[Metro North](#)

[Sunshine Coast](#)

Townsville

[Wide Bay](#)

WBA Coordinator contact details

CQHHS_WBA@health.qld.gov.au

DDHHS-WBA@health.qld.gov.au

GCHWBA@health.qld.gov.au

MHHS_WBA@health.qld.gov.au

WBA-CKW@health.qld.gov.au

SC-WBA@health.qld.gov.au

THHS-WBA@health.qld.gov.au

WBHHS-WBA@health.qld.gov.au

Career progression

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

Resident Medical Officers (RMO)

- **Intern (PGY1/Postgraduate Year 1):** A medical graduate with a practicing certificate from Ahpra, working under supervision in their first year post-medical degree. They must complete various clinical rotations.
- **Junior House Officer (JHO):** A medical practitioner in their first year of service after eligibility for full registration as a medical practitioner. Eligibility for a PGY2 Completion

Certificate from the Australian Medical Council requires completion of the specified clinical rotations in accordance with the established framework.

- **Senior House Officer (SHO):** A medical practitioner in the second or subsequent years of practical experience after eligibility for full registration as a medical practitioner. SHOs have not yet been appointed as registrars or principal house officers.

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

- **Principal House Officer (PHO):** A PHO is a medical practitioner who is not undertaking an accredited course of study leading to a higher medical qualification and are at an equivalent level to registrars.
- **Registrar:** Medical practitioners undertaking an accredited course leading to a higher medical qualification.
- **Senior Registrar:** Medical practitioners with specialist registration with the MBA, also pursuing an accredited higher medical qualification.
- **Provisional Fellowship Year (PFY):** Registrars who have completed training and are required to do a Fellowship Year for their specialist registration or choose to do so voluntarily.

Junior medical staff are employed on temporary contracts and are required to reapply annually through the RMO Campaign. Contract lengths may vary, and some roles, such as interns and Junior House Officers, particularly in regional areas – may be appointed on two-year contracts.

Please note, certain specialist training programs require doctors to have permanent residency or citizenship to progress in their training. For more details on career structure, positions, visit [Queensland Health Career Medical career structure](#).

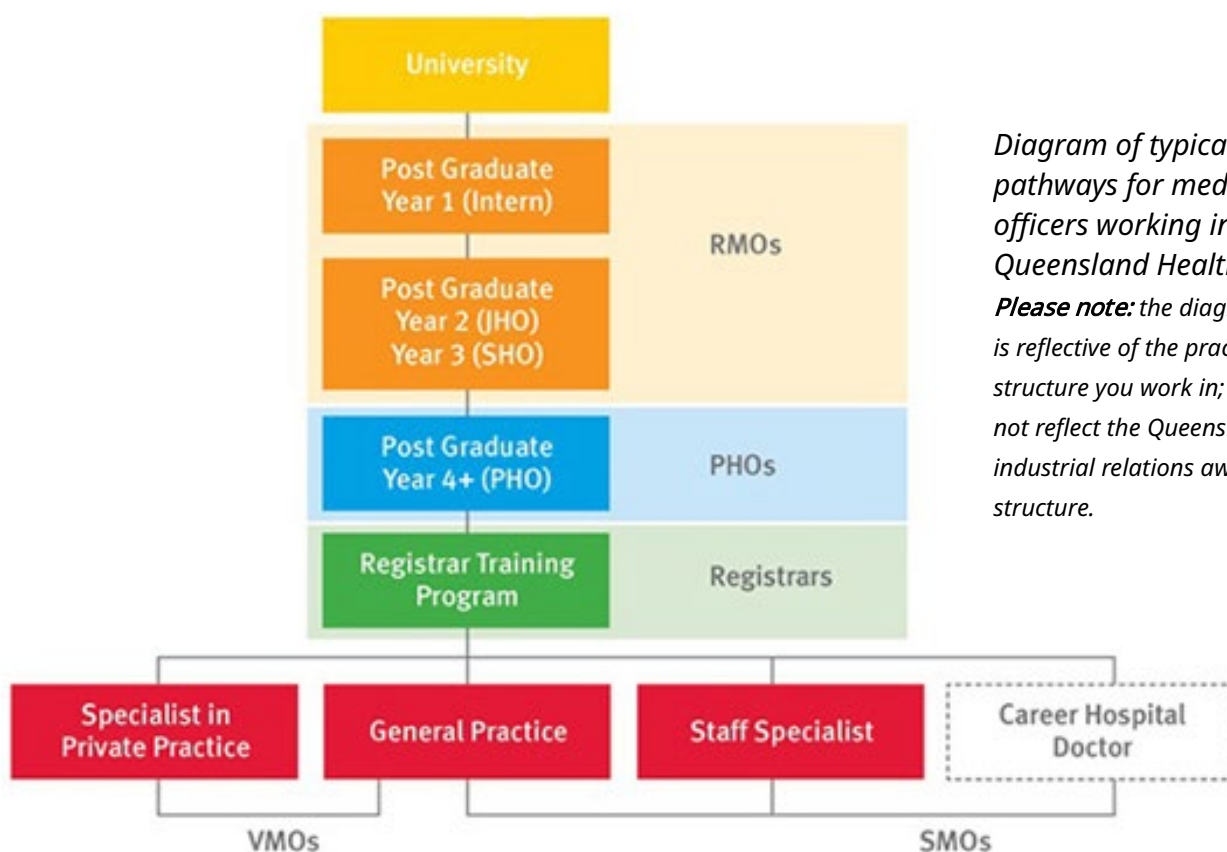


Diagram of typical career pathways for medical officers working in Queensland Health

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

Visa types and requirements for employment

There are various visa options that allow international candidates to live and work in Australia. These visas are processed and managed by the Australian Government's Department of Home Affairs. If you are an Australian permanent resident or a New Zealand citizen, you already have work rights in Australia and do not need to apply for a visa. For further details about visa types and requirements, visit the [Australian Government Department of Home Affairs](#).

Employer sponsored visas

There are several visa pathways for IMGs working in Australia. The visa classes that the department frequently sponsors includes:

- Skills in Demand visa – Subclass 482
- Employer Nomination Scheme (ENS) visa – Subclass 186
- Skilled Employer Sponsored Regional (Provisional) visa – Subclass 494

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

Support services for visa applications

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

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

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

Or to find out more about getting help from someone who is not a registered migration agent, visit the [Office of the Migration Agents Registration Authority Getting help from someone who is not a registered migration agent](#).

Pathways to permanent residency

To apply for permanent residency in Australia, doctors need full medical registration. Home Affairs accepts two types of registration as proof: general registration, or conditional specialist registration that lets you work independently in your specialty.

10-year moratorium and scaling

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

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

However, if working in a salaried position that does not attract Medicare benefits, these restrictions do not apply. Doctors in such positions do not need to meet the same requirements for Medicare provider numbers or vocational recognition that are necessary for billing Medicare.

For further information about the moratorium and scaling eligibility visit the [Department of Health and Aged Care 10-year moratorium and scaling](#).

3.9 Professional associations

3.9.1 Australian Medical Association Queensland

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

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

For information about AMAQ visit [AMA Queensland Home page](#).

Additional information relevant to doctors in training is available via [AMA Queensland Doctor in Training](#).

3.9.2 Junior Medical Officer Forum

The Junior Medical Officer Forum of Queensland (JMOFQ) was set up to support a stronger working relationship between the intern accreditation authority and junior doctors. It gives JMOs a voice in how their training is designed, delivered, and improved. The forum brings JMOs together to discuss training issues, helps guide statewide education and training programs, and encourages research into JMO education. You can contact the forum at

JMOForum@health.qld.gov.au.



Legislation and professional practice

4.1 Relevant legislation

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

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

This list is not exhaustive and other legislation associated with health care services is available from [Queensland Health Legislation and bills](#).

4.2 Accreditation and registration bodies

4.2.1 Australian Medical Council

The Australian Medical Council (AMC) is an independent national standards body for medical education and training. The purpose of the AMC is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. The AMC's functions include:

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

For further information refer to the [Australian Medical Council](#).

4.2.2 Registration – Medical Board of Australia

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

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

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

Under the National Law, there are a range of registration categories under which a medical practitioner can practice medicine in Australia.

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

For further information, please refer to [MBA Registration](#).

4.2.3 Australian Health Practitioner Regulation Agency

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

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

Applications for registration and renewal of registration are processed by Ahpra who review the documentation on behalf of the MBA and support MBA in the development of registration standards, codes and guidelines.

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

For further information, refer to [Ahpra](#).

4.3 Accreditation

4.3.1 Safety and Quality Health Service accreditation

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

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

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

- **Standard 5** – Comprehensive Care
- **Standard 6** – Communicating for Safety
- **Standard 7** – Blood Management
- **Standard 8** – Recognising and Responding to Acute Deterioration

These standards provide a quality assurance mechanism that tests whether the relevant systems are in place to ensure minimum standards of safety and quality are met and a quality improvement mechanism that allows health service organisations to realise learning goals.

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

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

Further information about the NSQHS standards is available at [Australian Commission on Safety and Quality in Health Care NSQHS Standards](#).

4.3.2 Prevocational accreditation

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

What is accreditation of prevocational medical training?

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

Further information about PMAQ can be found at [Queensland Health Prevocational Medical Accreditation Queensland](#).

4.4 Australian Charter of Healthcare Rights

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

For further information, refer to the [Australian Commission on Safety and Quality in Health Care Australian Charter of Healthcare Rights](#).

4.4.1 Ryan's Rule

Ryan's Rule is a step-by-step process to support patients, families, and carers to initiate an increase of care response while under the care of a HHS acute care facility, including Hospital in the Home patients. These steps facilitate a review of the patient. The patient, family member or carer can continue to escalate through the series of steps if they are not satisfied with the outcome after each step.

Ryan's Rule has been developed in response to the tragic death of Ryan Saunders, who died from an undiagnosed Streptococcal infection, which led to Toxic Shock Syndrome. Staff did not know Ryan as well as his Mum and Dad. When Ryan's parents were worried, he was getting worse they did not feel their concerns were acted on in time. The Department of Health made a commitment to introduce a patient, family, carer intervention process, Ryan's Rule, to reduce the possibility of a similar event occurring.

Ryan's Rule encourages patients or their family and carers to escalate their concerns regarding the patient's deteriorating physical condition. The process that individual facilities implement will depend on their local capabilities.

For further information, refer to [Queensland Government Ryan's Rule](#).

4.5 Child safety

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

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

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

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

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

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

For further information, visit [Queensland Legislation Child Protection Act 1999](#).

For further information about child abuse and neglect, refer to [Queensland Health Child protection education resources for health workers](#).

Child Abuse Prevention Service

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

Department of Families, Seniors, Disability Services and Child Safety

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

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

Child Safety After-Hours Service Centre

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

- Ph. 1800 177 135 (free call, Queensland only)

4.6 Investigative and healthcare complaint entities in Queensland

4.6.1 Coroner

Coroners are responsible for investigating reportable deaths that occur in Queensland, including healthcare-related deaths. The main function of the coroner is to determine the identity of the deceased person, when and where they died, how they died and the medical cause of death. Coroners also make recommendations aimed at preventing similar deaths in the future.

Health professionals have an obligation under the *Coroners Act 2003* to report certain deaths to the Coroner and provide relevant information to assist in any subsequent investigation.

Queensland Health is committed to learning from coronial inquests through a system of consistent, coordinated response to coronial recommendations. The department's Patient Safety and Quality Improvement Service coordinate responses to coronial recommendation for interdepartmental annual reports and to share lessons. Refer to your employing HHS for local policy/guidelines on coronial management.

For further information about the coroners their role in Coroners Court, visit [Queensland Courts Coroners Court](#).

Access the *Coroners Act 2003*, detailing the definition of reportable deaths, at [Queensland Legislation Coroners Act 2003](#).

To view Coronial inquest findings, visit [Coroners Court of Queensland Findings and upcoming inquests](#).

Queensland Government's responses to coronial recommendations can be found within annual reports through [Department of Justice Annual reports](#).

4.6.2 Office of the Health Ombudsman

A complaint is defined as any expression of dissatisfaction or concern, by or on behalf of a consumer or group of consumers regarding the provision of a health service. A complaint may be

made verbally or in writing. Refer to your HHS for the local policy/guideline on the management of complaints.

The Office of the Health Ombudsman (OHO) is Queensland's health service complaints agency and manages complaints or notifications made about a health service provided in Queensland. The OHO is an independent statutory body established under the *Health Ombudsman Act 2013*, which outlines the key objectives of the Office.

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

For further information visit the [Office of the Health Ombudsman website](#).

4.6.3 Aged Care Complaints Commissioner

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

The Aged Care Quality and Safety Commission provides a free service, funded by the Commonwealth Government, for anyone to raise their concerns about the quality of care or services being delivered to people receiving aged care services subsidised by the Commonwealth Government, including residential care, home care packages and Commonwealth-funded HACC services.

For further information refer to the [Aged Care Quality and Safety Commission *What to do if you have a complaint*](#).

4.6.4 Crime and Corruption Commission

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

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

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

For further information, including a description of corrupt conduct, visit [Crime and Corruption Commission website](#).

4.6.5 National Boards and the Australian Health Practitioner Regulation Agency

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

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

Information about Ahpra notifications can be viewed at [Ahpra About notifications](#).

4.7 Information privacy and confidentiality

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

In Queensland, the department and the HHSs are subject to rules around the collection and handling of personal and confidential information. These rules are contained within the *Information Privacy Act 2009* (IP Act), the National Privacy Principles (NPPs) and the *Hospital and Health Boards Act 2011* (HHB Act).

Patient confidentiality in Queensland’s public health services is strictly regulated. Section 142 in Part 7 of the HHB Act sets out the duty of confidentiality and exceptions that permit disclosure of confidential information by ‘designated persons’, including Queensland Health staff. It is an offence to disclose confidential information about a person unless one of the exceptions in Part 7 of the HHB Act applies. ‘Confidential information’ is information that could identify someone who has received or is receiving public health sector health service (i.e. a patient), including deceased persons.

The privacy rules that apply to public sector health agencies under the IP Act are subject to the requirements of other laws that specifically detail how personal information shall be collected, stored/ secured, used, disclosed, and disposed of.

A breach of the duty of confidentiality in section 142 of the HHB Act or provisions in the IP Act may be dealt with as staff conduct issues matters under the Code of Conduct. Each HHS has Privacy and Confidentiality Contact Officers (PCCOs) in place to manage privacy complaints or enquiries.

For further information, refer to [Queensland Health Privacy and Right to Information Unit](#) (accessible only on Queensland Health computers).

4.8 Informed decision-making and consent

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

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

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

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

Written consent is recommended for:

- any health care which carries significant risks to the patient
- where doubt exists about the patient’s capacity to consent

- where the health care is controversial.

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

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

To access a comprehensive suite of consent documents, visit [Queensland Health Informed Consent](#).

For information regarding healthcare decisions and Power of Attorney, refer to the [Office of the Public Guardian website](#).

For further information, refer to [Queensland Health Guide to Informed Decision-making in Health Care](#).

4.9 Medical indemnity insurance

Medical indemnity insurance plays a vital role within the Australian health system by working to protect both doctors and patients in the event of an adverse incident arising from medical care. Medical indemnity cover for doctors is a requirement of registration in Australia.

Medical indemnity is provided to medical practitioners employed by the department and by HHSs under Human Resources (HR) Policy I2 – Indemnity for Queensland Health Medical Practitioners.

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

To access the Queensland Health medical indemnity policy document, visit [Queensland Health Career Medical indemnity](#).

For further information about medical indemnity in Australia, visit [Department of Health and Aged Care Medical and midwife professional indemnity insurance](#).

4.10 Organ transplantation and hospital autopsies

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

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

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

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

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

Further information about donations and DonateLife can be accessed at [Organ and Tissue Authority DonateLife](#).

For further information about DonateLife Queensland, visit [Queensland Health intranet site DonateLife Queensland](#) (accessible on Queensland Health computers only).

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

4.11 Voluntary assisted dying

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

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

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

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

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

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

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

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

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

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

- Initiating a discussion – providing specific information if the medical practitioner initiates a conversation about voluntary assisted dying with a person.
- Responding to a first request – following a set process when receiving a first request for access to voluntary assisted dying.
- Completing a cause of death certificate – following mandatory steps when completing a cause of death certificate for a person who died by accessing voluntary assisted dying.

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

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

For further information about voluntary assisted dying in Queensland, please access [Queensland Health Queensland Voluntary Assisted Dying Handbook](#).

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

For detailed information on voluntary assisted dying in Queensland, including processes, eligibility and practitioner authorisation, visit:

- [Voluntary assisted dying](#)
- [Becoming an authorised voluntary assisted dying practitioner](#)
- [Information for medical practitioners and healthcare workers](#)

4.12 Right to information

The *Right to Information Act 2009* (RTI Act) gives the public a right of access to information held by government. The *Information Privacy Act 2009* (IP Act) is designed to work in parallel with the RTI Act and provides individuals the right to apply to access and amend their own personal information. All documents held by HHSs are subject to the RTI and IP Acts and may be subject to internal and external review.

Refer to your employing HHS for the local policy/guideline as each HHS has assigned decision-makers in place to manage applications.

To view the RTI Act, visit [Queensland Legislation Right to Information 2009](#).

4.13 Whistleblowers and public interest disclosures

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

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

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

For further information, refer to [Queensland Health Career Public interest disclosure](#).

Rural and remote health services in Queensland



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

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

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

5.1 Rural and remote health in Queensland

Queensland Health is committed to ensuring fair and equitable access to healthcare for all Queenslanders, including those in rural and remote communities. The Office of Rural and Remote Health (ORRH) provides statewide policy leadership and coordinated support through its Strategy and Governance Unit and Clinical Support Unit, with offices in Townsville, Brisbane, Cairns and Cunnamulla. ORRH's work is guided by the *Rural and Remote Health and Wellbeing Strategy 2022-2027*.

The Queensland Rural and Remote Clinical Network also contributes clinical leadership and expertise, supporting evidence-based, coordinated care to improve health outcomes and consumer experience for rural Queenslanders.

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

For further information on the Queensland Rural and Remote Clinical Network, visit [Clinical Excellence Queensland Rural and Remote](#).

5.2 Rural and remote medical practitioner classifications

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

Medical Superintendents with Private Practice (MSPP) and Medical Officers with Private Practice (MOPP) are senior medical officers employed by Queensland Health to work in smaller rural hospitals. They provide vital services to the hospital as well as private general practice services in rural and remote towns across the state. Private practice arrangements for MSPP / MOPP are negotiated and agreed in writing at the local HHS level.

The terms and conditions of employment are available through [Queensland Health Career Medical Officers \(Queensland Health\) Certified Agreement \(No. 7\) 2025](#).

The Health Service Directive for private practice activities is available through [Queensland Health Private practice in the Queensland public sector](#).

The accompanying framework is available through [Department of Health Private practice in the Queensland public health sector framework](#).

5.2.2 Rural Generalists

A rural generalist is a rural medical practitioner who provides:

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

The Queensland Rural Generalist Pathway (QRGP), hosted by the Darling Downs HHS, provides medical graduates with a supported training pathway to a career in rural medicine, and rural and remote communities with a skilled medical workforce. For further information about the QRGP, visit [Queensland Health Career Queensland Rural Generalist Pathway](#).

5.2.3 Visiting Medical Officers

Visiting Medical Officers (VMOs) in rural and remote Queensland work under similar provisions as they do in metropolitan facilities. VMOs are specialists that have their own private practice or general practitioners who choose to consult within public and private hospitals on a part time

basis. In some cases, VMOs provide multi-disciplinary specialty input in many rural and regional facilities. For further information about VMOs in Queensland Health, visit [Queensland Health Career Visiting Medical Officers](#).



5.3 Remuneration/incentives for rural and remote medical practitioners

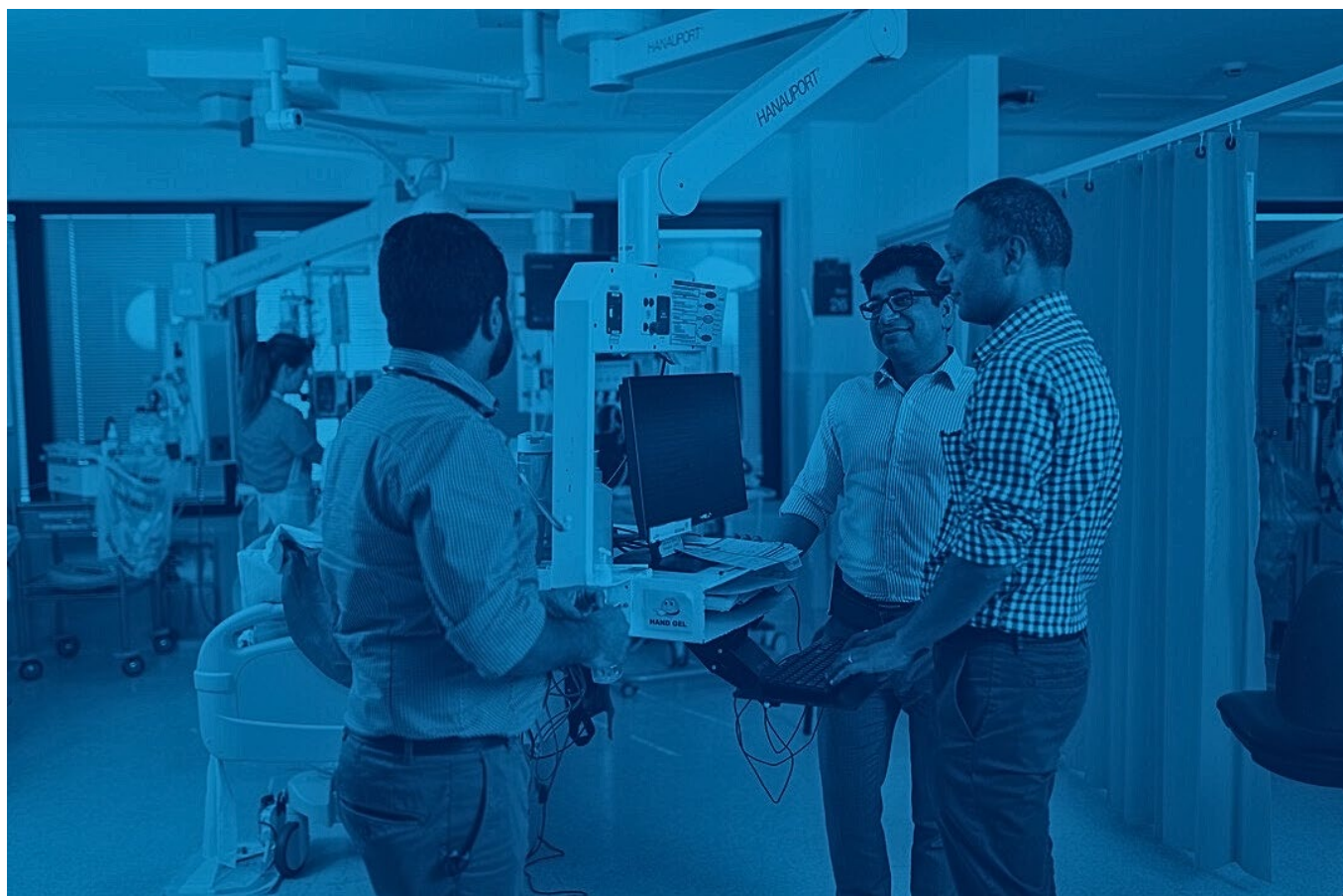
Under their employment terms and conditions, Queensland medical practitioners working in rural and remote locations may be entitled to remuneration and benefits. In addition, there are a range of programs and grants available to encourage medical practitioners to practice in regional and remote communities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

For further information about salary and benefits available to medical professionals working in rural and remote areas, visit [Queensland Health Career Medical salaries](#).

To learn about the support available for rural GPs through the Rural Procedural Grants Program, which helps cover the cost of professional development in procedural and emergency medicine, visit [RACGP Rural Procedural Grants Program](#).

To explore resources and support for rural specialists, including training opportunities and professional development, visit the [Support for Rural Specialists in Australia website](#).

For further information about the Rural and Remote Medicare Benefits Scheme and its policies, visit [Queensland Health Rural and Remote Medicare Benefits Scheme \(RRMBS\)](#).



Living in Queensland



As of June 2025, the estimated population of Queensland is 5,669,834 people. The population is largely based in the metropolitan area of Brisbane, with the remaining population living in remote and rural regions across the state. The Queensland Government is responsible for ensuring that the people living in Queensland receive the best possible health care.

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

6.1 Life in Queensland

Find information about attractions, events, and travel tips:

- [Queensland Tourism](#) – top destinations and guides.
- [Visit Brisbane](#) – events and activities in Brisbane and South-East Queensland.
- [Tourism and Events Queensland](#) – tourism insights.
- [Parks and Forests](#) – national parks, camping, permits, and safety tips.

6.1.1 Time and date

Australia has three time zones:

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

Daylight Saving Time (DST) involves setting clocks forward by one hour during the warmer months to make better use of daylight. **Queensland does not observe DST.**

For details, visit [Tourism Australia Time Zones](#).

6.1.2 Smoking and vaping

Smoking and vaping are banned in many places across Queensland. This includes cars carrying children under 16, all indoor eating and drinking venues, education facilities, hospitals, healthcare services, and aged-care facilities. It is also banned in outdoor public areas such as public transport waiting points, pedestrian malls, patrolled beaches between the flags, public swimming pools, skate parks, playgrounds, national park facilities, under-18 organised sporting events, and within set distances of non-residential building entrances. Smoking is also banned at major sports and events facilities, outdoor markets, government precincts, and communal areas of multi-unit residential buildings. Learn more at [Queensland Health Smoking Laws](#).

6.1.3 Natural disasters

Common disasters: bushfires, floods, cyclones, and severe storms.

Risks:

- Wet season: Summer brings heavy rain and flooding.
- Fire season: Higher bushfire risk in winter and spring.
- Cyclones: Mostly affect coastal areas north of Bundaberg, but strong winds and rain can reach inland.

Preparation is key. Disasters can happen suddenly and disrupt power, water, and access to shops. Being prepared helps keep you and your family safe. To prepare for natural disasters:

- make an emergency plan for your home and family
- pack an emergency kit with essentials like food, water, medicines, torch, and batteries
- check your insurance covers natural disasters.

Learn more at [Get Ready Queensland](#), including practical tips, emergency kit checklists, and planning guides.

6.1.4 Biosecurity

Entering Australia

- Declare items like food, plants, animal products, medicines, weapons, money over \$10,000 (AUD), and wildlife.

Visit [Department of Agriculture, Fisheries and Forestry Travelling to Australia](#) for more details.

Within Queensland

- Restrictions on moving plants, soil, pets, livestock, and invasive species from other states.

See [Quarantine Domestic Travellers Guide](#) for further details.

6.2 Government structure and responsibilities

6.2.1 Commonwealth (Federal) government

The Australian Government, also known as the Commonwealth Government, is the federal authority responsible for implementing laws passed by the Commonwealth Parliament. Its responsibilities include:

- Handling national issues like trade, immigration, defence, health, and telecommunications.
- Running programs such as Medicare, Centrelink, and Workforce Australia for healthcare, social security, and employment.
- Managing foreign affairs, postal services, air travel, and broadcasting.

Learn more by visiting [Parliamentary Education Office Understand our Parliament](#).

6.2.2 State government (Queensland)

Matters not assigned as Commonwealth responsibilities under the Australian Constitution fall to the states, including Queensland. Queensland handles regional issues such as:

- Policing, education, roads, hospitals, community health, housing, and business regulation.

- Collecting taxes (e.g. land tax, payroll tax, stamp duty) and receives funding from the Commonwealth.

More information about Queensland's government is available at the [Queensland Government website](#).

6.2.3 Local government

Local governments take the form of city or town councils, or shires. Their responsibilities include:

- Managing town planning, building approvals, local roads, parking, libraries, water/sewerage, waste removal, and animal control.

Local governments are funded through property rates and parking fees.

Information on local councils can be found at the [Department of Local Government, Water and Volunteers](#).

6.3 Centrelink

Centrelink is an Australian Government statutory agency that provides a wide range of payments and support services to the community. Assistance includes:

- Job search and training
- Financial help for overseas qualification recognition
- Family assistance payments
- Multilingual support (interpreters and translated materials).

For further information about multilingual support please visit [Services Australia Information in your language](#).

For more information on social security payments and services for Australians, visit [Services Australia Centrelink](#).

6.4 Driving and Transport in Queensland

6.4.1 Driver's licence

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

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

For more details about transferring to a Queensland licence, application forms, fees, acceptable proof of identity and address documents, translators, and customer service centre locations, visit [Queensland Government Transferring to a Queensland licence](#).

For information on Queensland's road rules, driver licencing requirements and Queensland road rules, read the [Department of Transport and Main Roads Your Keys to Driving in Queensland](#).

6.4.2 Buying a Car and Insurance

Car prices usually exclude registration, stamp duty, compulsory insurance, or the transfer fee for second-hand cars.

Compulsory third-party (CTP) insurance provides coverage for vehicle owners and drivers who are legally liable for personal injury to others in the event of a motor vehicle accident. CTP insurance is mandatory for all motor vehicle registrations in Queensland and is included in the vehicle registration costs.

Many drivers also invest in additional insurance policies, such as comprehensive or third-party property insurance, to cover damage to their own vehicle or other property. For more information on CTP insurance, visit the Queensland Government's *Motor Accident Insurance Commission*.

Find information on buying cars and insurance:

- [Royal Automobile Club of Queensland \(RACQ\) website](#) – information on vehicle inspections for second-hand vehicles, insurance, and roadside assistance.
- [RACQ Buying a new or used car](#) – for details on buying a new or used car, support making an informed decision based on your needs and preferences and considerations for buying a used car.
- [Queensland Government Motor Accident Insurance Commission](#) – for further information about CTP insurance.

6.4.3 Demerit points

In Queensland, demerit points are applied for traffic offences such as speeding, driving under the influence of alcohol or drugs, dangerous driving, and registration breaches. Drivers start with zero points, and points accumulate as offences occur. Learner and Provisional licence holders can receive a maximum of four points within 12 months, while Open licence holders have a limit of 12 points over three years. If you exceed these limits, you must either accept a licence suspension for a set period or agree to a one-year good behaviour period, during which you cannot accumulate more than one point.

For full details, visit [Queensland Government About demerit points](#).

6.4.4 Alcohol and drugs

Queensland has strict laws for alcohol and drug use while driving. Open licence holders must keep their blood alcohol concentration (BAC) below 0.05%, while Learner and Provisional drivers must always maintain a zero BAC. There is zero tolerance for illegal drugs, and police conduct random roadside saliva tests like breath tests. These can occur at random sites or if officers suspect drug use.

For more information, see [Queensland Government Drinking and driving](#) and [Queensland Government Drugs and driving](#).

6.4.5 Toll roads

Queensland has a network of toll roads that make traveling around South East Queensland easy and convenient. Toll roads use electronic tolling, meaning there are no toll booths. Drivers must

pay their toll within three days of travel or purchase a toll tag for automatic payment. Tags can be ordered online, by phone, or at participating stores.

For details, visit [Department of Transport and Main Roads Toll roads](#).

6.4.6 Speed limits

Speed limits vary depending on location. In built-up areas, the limit is usually 50 km/h unless signs indicate otherwise, though some areas allow 60 km/h. School zones typically have a 40 km/h limit during designated times. On highways and country roads, limits range from 80 to 110 km/h. Always check road signs and pay attention to school zone times.

For more information, visit [Queensland Government Speed limits](#).

6.4.7 Mobile phones and driving

Using a mobile phone while driving is illegal if the phone is held or touched, even when stopped in traffic. Learner and Provisional 1 drivers under 25 cannot use a phone at all, including hands-free or loudspeaker functions. Open and Provisional 2 drivers may use hands-free features if the phone is secured in a cradle or pocket, but they must not touch or look at the phone.

For details, visit [Queensland Government Driving and mobile phones](#).

6.4.8 Driving in rural and remote areas

Distances between towns can be significant, and fuel or roadside assistance may be limited. Before travelling, check your vehicle, carry a spare tyre, water, fuel, and emergency supplies. Mobile coverage can be patchy, so let someone know your travel plans and expected arrival time. This ensures help can be arranged if needed.

6.4.9 Avoiding wildlife on rural and remote roads

Wildlife, especially kangaroos, is most active at dawn, dusk, and night. Avoid driving during these times, if possible, as animals may be blinded by headlights and harder to see.

For tips, visit [Drive How to avoid hitting a kangaroo](#).

6.4.10 Seat belts and bicycle helmets

Seatbelts are mandatory for all passengers, and drivers must ensure everyone is properly restrained. Children up to seven years must use an approved child restraint. Double demerit points apply for repeat seatbelt offences within a year. Helmets are compulsory when riding bicycles or e-mobility devices such as e-scooters and e-bikes.

6.4.11 Children in cars

Children must use the correct restraint or seatbelt. Babies up to six months require a rear-facing restraint, while children aged six months to four years can use a forward-facing restraint with a harness. From four to seven years, a booster seat with an adult seatbelt is required. It is safest to keep children in restraints or boosters until they meet height markers, even beyond age seven.

For guidance, visit [StreetSmarts Child restraints](#).

6.4.12 Other transport options

Public transport in Queensland is managed by Translink, which operates buses, trains, ferries, and trams in South East Queensland, as well as regional bus and rail services, demand-responsive transit, and long-distance travel options.

For details, visit [Department of Transport and Main Roads Translink](#).

6.5 Child care services and facilities

Child care in Queensland is licensed and monitored by the Department of Education. Types of care:

- Centre-based: long day care, kindergarten, occasional care, school-age care
- Home-based (Family Day Care): small groups cared for in private homes.

Availability can be limited – check waiting lists.

For details, visit [Early Childhood Education and Care website](#).

6.5.1 Kindy

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

6.6 Educational services and facilities

In Australia there are three levels of formal education:

- Primary education (Prep–Year 6)
- Secondary education (Years 7–12)
- Tertiary (University or Vocational Education and Training)

In Queensland the school year typically spans from late January to mid-December, divided into two semesters, each consisting of two terms, with vacation breaks for Easter, winter, spring, and summer.

Education is compulsory from age 6 to 16. After Year 10 or age 16, students can continue to Year 12 or choose other pathways.

Information on educational services is available through [Queensland Government Education and training](#).

Across the state there are almost 1,300 state schools and over 450 independent and Catholic schools. Support for students with disabilities is available. Parents can choose schools based on location and enrolment criteria.

For more information about education, visit:

- [Department of Education Schools Directory](#)
- [Queensland Catholic Education Commission website](#)
- [Independent Schools Queensland website](#).

Temporary residents can apply through [Education Queensland International *Temporary residents*](#).

6.6.2 Tertiary education

In Australia, tertiary education refers to formal post-secondary education offered by both government and private institutions, comprising two main sectors:

- Higher Education, delivered by universities offering undergraduate and postgraduate degrees.
- Vocational Education and Training (VET), delivered by government-owned TAFEs, private Registered Training Organisations (RTOs) and some universities.

For further information, visit [Department of Employment, Small Business and Training *About vocational education and training \(VET\)*](#) or [Study Queensland *Universities in Queensland*](#).

6.7 Taxation

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

- Income Tax: Based on earnings; employers deduct and send to ATO.
- GST: 10% on most goods/services (some exemptions).
- Excise Duty: On alcohol, tobacco, fuel.
- Stamp Duty: On property and vehicle transactions.
- Land Tax: Annual tax on land value.
- Customs Duty: On imported goods.
- Fringe Benefits Tax: On non-salary benefits (e.g., company car).

Australia's financial year runs from 1 July – 30 June and tax returns must be lodged by 31 October each year. At the end of the financial year, your employer(s) will give you a payment summary (PAYG payment summary) showing your earnings, which must be included in your return.

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

6.7.1 Obtaining a tax file number

A Tax File Number (TFN) is a unique identifier issued by the Australian Taxation Office (ATO) to individuals and businesses for tax purposes. It is used to track your income and tax obligations, making it easier for the ATO to manage your tax records. You need a TFN to work in Australia, lodge your tax returns, and access certain government services like Medicare or superannuation.

For more information or to apply online, visit the [Australian Taxation Office *Permanent migrants and temporary visitors – TFN application*](#).

6.8 Housing and household services

When you first arrive in Queensland, you may choose short-term accommodation such as hotels or motels or look for longer-term options like renting or buying a house, unit, or apartment. The [Queensland Government Homes and housing](#) website and the [Department of Home Affairs Settle in Australia](#) guide provides useful information on finding housing. If you are a foreign investor, you will need approval from the [Foreign Investment Review Board \(FIRB\)](#) before purchasing property. Some employers may offer housing assistance as part of relocation packages, so check with your local HHS HR team.

Tenants' rights and responsibilities

If you rent a property, you will sign a tenancy agreement outlining your rights and obligations. Tenants have the right to live in a safe, well-maintained property and to privacy, with landlords required to give notice before entering. They are responsible for paying rent on time, keeping the property clean, and following lease conditions such as rules about pets or subletting. Utilities like electricity, water, and gas may need to be arranged separately.

For detailed guidance, visit the [Residential Tenancies Authority \(RTA\) website](#).

6.8.2 Internet and phone

Most homes in Queensland connect to the National Broadband Network (NBN), which offers fibre connections (FTTP, FTTN) and, in some areas, mobile broadband or ADSL. Popular providers include Telstra, Optus, TPG, and Aussie Broadband, with options for contract or no-contract plans. Installation can take several days to weeks, so arrange early.

For details, visit the [NBN website](#).

Mobile phone services are widely available through providers such as Telstra, Optus, and Vodafone. Plans include prepaid or postpaid options, SIM-only or bundled with a handset. Coverage is strong in cities but can be limited in rural or remote areas, so check coverage maps if you plan to travel. Landline services are often bundled with internet plans.

6.8.4 Electricity, gas, and water

Electricity and gas are supplied by private companies, and you'll need to set up an account when you move in. Compare providers to find the best rates. Electricity is commonly used for heating, cooling, and appliances, while gas may be used for heating, hot water, and cooking, though not all homes have gas connections. Billing is usually monthly or quarterly, and costs can vary seasonally.

For more information, visit [Queensland Government Electricity](#).

Water services are managed by local councils or regional authorities. Charges may be included in your rent or billed separately if you own or rent a house. Bills typically cover water usage and supply, and some areas also charge for sewage services. Check your lease to confirm who is responsible for payment.

For details, visit [Queensland Government Water for your home](#).

6.8.6 Garbage collection and recycling

Local councils manage garbage and recycling collection. Separate bins are provided for general waste and recyclables such as bottles, cans, and cardboard.

To find your collection schedule or identify your local council, use the [Department of Local Government, Water and Volunteers Local government directory](#).

6.9 Opening a bank account in Queensland

Opening a bank account should be one of your first steps after arriving. For the first six weeks, you can open an account using just your passport; after that, additional ID such as a driver's licence or utility bill is required. Compare banks, credit unions, and building societies to find the best option. For guidance, visit [Moneysmart Banking](#).

6.10 Cost of living calculator

Living costs vary depending on location and lifestyle. Use the [Cost of Living Calculator](#) to estimate expenses for accommodation, transport, and groceries.

6.11 Translating and Interpreting Services

If you need language support, the Translating and Interpreting Service (TIS) is available 24/7 by calling 13 14 50. Permanent residents and eligible temporary visa holders may also access the Adult Migrant English Program (AMEP), which provides free English classes to help migrants settle in Australia. For details, visit the Department of Home Affairs websites for [Translating and Interpreting Service](#) or [Adult Migrant English Program](#).



Communication and cultural safety



7.1 Understanding Australian communication styles

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

7.1.1 Informality and directness

Australians often use informal language, even professionally. They usually say what they mean and get straight to the point. This can feel blunt to some cultures. Fairness and equality are important and reflected in communication.

7.1.2 Humour

Humour is common and helps build rapport. It often includes sarcasm, irony, and self-deprecation. If unsure whether something is a joke, observe or ask. Understanding humour can help you connect socially.

7.1.3 Non-verbal communication

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

Eye contact plays an important role in communication, direct eye contact is generally seen as a sign of sincerity and openness, but too much can make people feel uncomfortable, so it's best to break eye contact occasionally. For Aboriginal and Torres Strait Islander people, avoiding eye contact is a traditional sign of respect, many Aboriginal and Torres Strait Islander individuals may feel uncomfortable with direct eye contact, especially with unfamiliar people.

Australians value personal space – avoid standing too close. If unsure, watch the other person's non-verbal communication, like body language, and follow their lead.

7.1.4 Clinical communication

Good communication improves patient care; poor communication can cause errors and inappropriate treatment. Communicating with kindness and empathy improves interactions with patients, their families, and colleagues.

It is important to make sure patients, families, and carers can understand the information you give them. Some groups – such as people with disabilities, older adults, and those from different cultural or language backgrounds—may need extra support.

Queensland Health's *Working with Interpreter Guidelines* explain that a professional interpreter is needed if the patient wants one, if their English is limited, if the information is important for their health, or if they show an interpreter card issued by the Queensland Government.

For details visit [Queensland Health Requesting an interpreter for a planned session](#) (accessible on Queensland Health computers only) or for details about the national service, visit the [Department of Home Affairs Translating and Interpreting Service \(TIS\)](#).

7.2 Cultural capability

Australia is very diverse, with people from over 200 countries and about 30% born overseas. You'll encounter different traditions, foods, and festivals. It's important to respect this diversity in both colleagues and patients. This means:

- Understanding cultural differences
- Using professional interpreters when needed
- Treating everyone with respect
- Avoiding assumptions
- Focusing on patient-centred care.

Embracing diversity improves patient outcomes, communication, and problem-solving. Continuous learning and creating an inclusive environment are key. Basic principles for cross-cultural communication include:

- Expecting differences
- Checking your assumptions
- Describing rather than judge
- Delaying judgement until you understand the situation
- Showing empathy simply (e.g., "I can see you're worried about...")
- Treating your interpretation as temporary until you have enough information
- Being aware of your own cultural beliefs and biases.

Queensland Health has frameworks to help build cultural awareness in clinical and other workforces. This includes Aboriginal and Torres Strait Islander cultural training and resources to support culturally sensitive care in hospitals and community health services.

For more information on meeting the needs of Queensland's diverse communities, such as health topics in different languages, tools for culturally sensitive care, and tips for communicating with patients from different cultural backgrounds, visit [Queensland Health Multicultural resources for healthcare professionals](#).

7.2.1 Understanding Aboriginal and Torres Strait Islander cultures

Aboriginal and Torres Strait Islander peoples are Australia's First Nations people. Aboriginal people are the original inhabitants of mainland Australia, while Torres Strait Islander people come from the islands between Queensland and Papua New Guinea. They have a rich history of over 65,000 years, with diverse languages, customs, and traditions. Their deep connection to land – called "Country" which is central to identity and spirituality.

Despite historical and ongoing challenges, First Nations peoples continue to maintain and revive their culture. Queensland Health provides Aboriginal and Torres Strait Islander Cultural Practice training as part of mandatory training, usually delivered locally.

For resources and guidelines, visit [First Nations Health Office Resources](#) (accessible on Queensland Health computers only).

Terminology

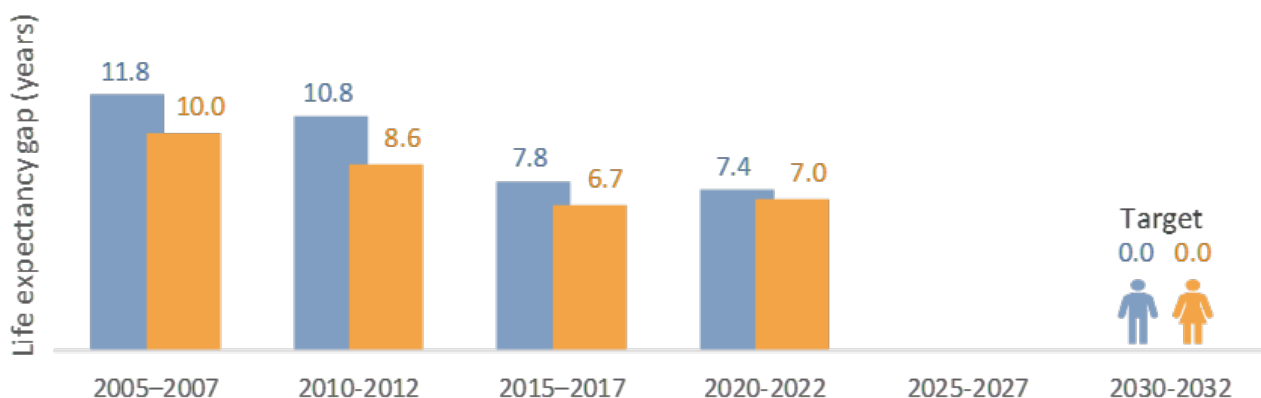
Use respectful and accurate terms: Aboriginal people, Torres Strait Islander people, or First Nations people. Avoid acronyms like “ATSI,” which are considered disrespectful. Always capitalise these terms.

7.2.2 Closing the gap in Queensland

Queensland Health acknowledges and respects Aboriginal and Torres Strait Islander peoples, Elders, consumers, and staff, past and present. The national agreement on Closing the Gap was signed in July 2020. It represented a new way forward, built in true partnership between Australian governments and a collective of First Nations groups. The goal is for governments and communities to work together, share responsibility, and be held accountable for improving life outcomes for Aboriginal and Torres Strait Islander peoples nationally.

Population and Health Outcomes

- Aboriginal and Torres Strait Islander peoples make up about 5.2% of Queensland’s population (around 273,000 people based on the 2021 Census).
- First Nations peoples experience poorer health outcomes than other Queenslanders.
- The life expectancy gap is about seven years for both men and women.
- A First Nations boy born in Queensland (2020–2022) is expected to live 72.9 years, and a girl 76.6 years.
- This gap is unlikely to close by 2031.



Difference between life expectancy at birth for other Queenslanders and First Nations peoples.

Please note: Life expectancy estimates for First Nations peoples and the gap are not directly comparable over time because of changes in identification and past incomplete counts.

Sources: 2005–2007 to 2015–2017: ABS Life tables for Aboriginal and Torres Strait Islander Australians 2015–2017

2020–2022: ABS Aboriginal and Torres Strait Islander Life Expectancy 2020–2022

Why this matters?

These differences account for more than 60% of the mortality gap between First Nations peoples and other Queenslanders. Closing this gap is a major health priority.

First Nations Health Office (FNHO)

FNHO leads Queensland Health's work to improve health outcomes for Aboriginal and Torres Strait Islander peoples. They develop and deliver policies, programs, and services to make healthcare more accessible and culturally appropriate. Their work aims to reduce health inequalities and increase visibility of First Nations health across the system.

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

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

7.3 Language in Australia

Australians often use slang and idioms that may be unfamiliar. Words are commonly shortened, so do not hesitate to ask if you are unsure.

7.3.1 Standard Australian English

This is the formal version of English used for writing and speaking in Australia. It follows standard grammar and spelling, influenced by British English, and ensures clear communication in official settings. For details on grammar and conventions, see the [Australian Government Style Manual](#).

7.3.2 Slang and common phrases

Australian slang is informal and often shortens words, uses rhymes, and includes humour. It creates a relaxed, friendly tone – even at work. Learning some slang can help you connect with locals. For examples, visit [Victoria University Australian slang](#).

7.4 Navigating misunderstandings and conflict

7.4.1 Conflict

Conflict can happen in clinical settings between colleagues or with patients and clinicians. Common causes of conflict include poor communication, misunderstandings, time pressure, and lack of coordination. To manage conflict:

- Recognise triggers and respond calmly.
- Use respectful language and active listening.
- Express disagreement politely (e.g., "I see your point, but...").
- Be mindful of body language.

Queensland Health offers online wellbeing modules on conflict resolution (Modules 4 and 5) via [iLearn's Mind\(re\)set](#). If you are a Queensland Health employee, you can sign in using your Novell details or with your Queensland Health username and password.

7.4.2 Seeking help

If you need support with cultural misunderstandings or workplace conflict, access one of the following resources to support your communication:

- **Human Resources (HR) Department):** seek out the HR team within your HHS for guidance, mediation, and support for resolving workplace conflicts.
- **Employee Assistance Service:** Free counselling for personal or work issues are available face-to-face, on the phone, online through [Queensland Health Employee assistance service providers](#) (*accessible on Queensland Health computers only*)
- **Professional development:**
 - [iLearn](#) offers courses to help you improve communication with staff and patients and learn strategies for resolving conflict. Browse the catalogue to find programs that suit your goals.
 - The Centre for Leadership Excellence (CLE) [Learning Library](#) gives access to thousands of online courses, videos, and books on leadership, technology, compliance, and personal development. It is designed to support ongoing learning and career growth.

7.5 Building relationships

Joining community groups and cultural organisations can help you meet people and feel supported during your transition.

7.5.1 Support and resources

The Department of Families, Seniors, Disability Services and Child Safety has a [Multicultural Resource Directory](#) that lists over 1,500 organisations supporting multicultural communities in Queensland. You can search by language, culture, religion, or region. It also includes media outlets, government agencies, and migrant/refugee services.



Appendices

Appendix 1: Emergencies internal and external

Emergency response procedures

An emergency is any event that threatens life, property, or the environment and requires a coordinated response. Emergency plans outline procedures and staff roles to ensure an efficient response that protects as many people as possible.

Internal emergencies

These involve incidents that affect the hospital's structure or safety of staff, patients, and visitors, and may disrupt normal operations. Departments usually handle the initial response. All staff receive training for these situations.

External emergencies

Refer to your hospital's emergency manual under "CODE BROWN". Manuals are located near fixed phones and on your HHS intranet.

Responses to emergencies

Know what to do in an emergency. Orientation sessions for new staff are mandatory and cover common emergencies and responses.

Additional information is available from:

- Your personal emergency card (worn with your ID)
- Fire orders (displayed throughout the hospital)
- Emergency procedure booklets (near telephones)
- Site emergency procedures (held by zone wardens)

Contact your HHS security office for a copy of colour codes for your ID badge.

Fire prevention

To prevent fires:

- Identify your zone warden
- Locate fire extinguishers and learn how to use them
- Know where the nearest phone and break glass alarm are
- Familiarise yourself with evacuation routes
- Complete mandatory fire and evacuation training (Building and Fire Safety Regulation 1991).

Appendix 2: Statewide emergency services

Queensland Ambulance Service

Provides timely, high-quality ambulance services for the Queensland community.

Learn more: [Queensland Ambulance Service website](#).

St John Ambulance (Queensland)

A charitable organisation offering first aid training for businesses, families, and individuals. Supported by volunteers.

Learn more: [St John Ambulance Queensland website](#).

Queensland Police Service

Delivers responsive and innovative policing services. Medical practitioners may work with QPS on cases such as traffic accidents, domestic violence, and sexual assault.

Learn more: [Queensland Police website](#).

Queensland Fire and Emergency Services

Primary provider of fire and emergency services in Queensland.

Learn more: [Queensland Fire and Emergency Services website](#).

Retrieval Services Queensland

Coordinates aero-medical retrievals across Queensland and northern NSW, ensuring access to specialist care. Provides clinical governance, training, and disaster response coordination.

Learn more: [Royal Flying Doctors Service website](#) and [LifeFlight website](#).

State Emergency Service

Volunteer organisation assisting communities during emergencies and disasters.

Learn more: [SES website](#).

Poisons Information Centre

Offers expert advice for managing poisonings, bites, stings, and toxic exposures. Staffed by trained clinical pharmacists and supported by specialist medical officers.

Learn more: [Queensland Health Queensland Poisons Information Centre webpage](#).

Appendix 3: Statewide systems

Capacity alert (ambulance diversion)

Hospitals activate a capacity alert when emergency departments or wards reach critical limits. This triggers internal processes and notifies hospital executives to prevent unsafe conditions. Alerts require executive consultation.

Check your HHS for local procedures.

DonateLife Queensland

Statewide organ donation service operating 24/7 across public and private hospitals. Specialist staff in 11 HHSs support organ and tissue donation.

Learn more: [Organ and Tissue Authority DonateLife website](#) or [Queensland Health DonateLife Queensland](#) (accessible on Queensland Health computers only).

Elective surgery

Access depends on theatre and ward capacity, as well as emergency and outpatient activity. Waitlists are monitored to improve services and guide planning.

Medication Services Queensland

Provides advice on pharmaceuticals, PBS issues, medication safety, and manages the state-wide List of Approved Medicines (LAM).

Learn more: [Queensland Health List of Approved Medicines \(LAM\)](#) (accessible only on Queensland Health computers).

Pathology

Main provider of public pathology services, offering diagnostics, autopsies, research, and support for remote areas.

Learn more: [Queensland Health Pathology Queensland](#) (accessible only on Queensland Health computers).

Statewide interpreter services

Professional interpreters available in 130+ languages, 24/7, free of charge. Services include on-site, video, and phone. *Please note:* It is Queensland Government policy to use professional interpreters when possible.

Learn more: [Department of Home Affairs Translating and Interpreting Service \(TIS\)](#) or [Queensland Health Requesting an interpreter for a planned session](#) (accessible on Queensland Health computers only).

Telehealth

Delivers specialist care closer to home via video technology, reducing travel for regional patients. Queensland operates Australia's largest telehealth network.

Learn more: [Queensland Health Telehealth website](#).

National Prescribing Service (NPS MedicineWise)

Independent organisation promoting safe, effective medicine use through evidence-based resources.

Learn more: [NPS MedicineWise website](#).

Appendix 4: Government and non-government referral agencies

13 HEALTH (13 43 25 84)

24/7 phone service providing health advice, symptom assessment, referrals, and crisis support for the cost of a local call.

Learn more: [Queensland Government 13HEALTH](#).

13 QGOV (13 74 68)

General enquiries number connecting callers to government services and locations.

Learn more: [Queensland Government 13 QGOV](#).

Allied health services

Public hospitals and community health centres offer allied health services (usually by referral) at no cost. Services vary by location.

Other options:

- Non-government agencies (home-care/domiciliary)
- Private providers (may be subsidised by insurance, WorkCover, or DVA).

Cancer Council Queensland

Provides cancer research, prevention programs, patient support, and education.

Support & Counselling: Cancer Helpline 13 11 20

Learn more: [Cancer Council Queensland Health professionals](#).

Centrelink

Centrelink is the Australian Government's central administrative agency, which delivers payments and social support services.

Learn more: [Services Australia Centrelink](#).

Commonwealth Home Support Programme (CHSP)

Entry-level home help for older people who need some assistance but not full care. Assessment required to access.

Learn more: [My Aged Care Commonwealth Home Support Programme](#).

Diabetes Australia in Queensland

Offers diabetes management advice and administers the National Diabetes Services Scheme in Queensland.

Learn more: [Diabetes Australia Queensland](#).

Child and family safety and protection, domestic and family violence, community, and social services

Government departments provide support for child protection, domestic violence, aged care, and disability services.

Learn more: [Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism website](#) or [Department of Families, Seniors, Disability Services and Child Safety website](#).

Domestic and family violence

Workplace support includes:

- 10 days paid leave
- Flexible work arrangements
- Counselling via EAP.

Learn more: [Department of Justice Violence prevention](#) or [Queensland Health Employee assistance service providers](#) (accessible on Queensland Health computers only).

Department of Veterans' Affairs (DVA)

Provides income support, health services, housing, and care for veterans and dependents.

Veteran Healthcare Cards: Gold, White, Orange cards for access to services.

Learn more: [DVA website](#).

Home care services in Queensland

Various organisations help people remain in their homes.

Learn more: [Aged Care Guide Home Care](#).

Meals on Wheels

Provides meals to frail, aged, people with disabilities, those recovering from illness, and their carers to help them remain at home.

Learn more: [Meals on Wheels Queensland website](#).

Medical Aids Subsidy Scheme

Offers subsidy funding for medical aids and equipment to eligible Queenslanders with permanent or stable conditions.

Learn more: [Queensland Health Medical Aids Subsidy Scheme](#).

Men's health

Australian men face higher risks of serious illness and death, often due to delayed treatment and low health awareness.

Learn more: [Queensland Government Men's health](#).

Mental health services

Mental health care in Queensland is delivered by a range of providers operating within and across different sectors. Clinical assessment and treatment services providing crisis response, acute, non-acute and continuing treatment services in inpatient and community settings are provided by public and private sector mental health services and health practitioners, along with non-government organisations.

Learn more:

- [Queensland Health Mental Health, Alcohol and Other Drugs Branch](#) (accessible only on Queensland Health computers).
- [Queensland Mental Health Commission](#)
- [Queensland Alliance for Mental Health](#)
- [National Drug Strategy](#)
- Helplines via [Queensland Government How to get help](#).

National Disability Insurance Scheme (NDIS)

Promotes heart health through research, education, advocacy, and support for people with heart conditions.

Learn more: [National Disability insurance Agency website](#).

National Heart Foundation

Promotes heart health through research, education, advocacy, and support for people with heart conditions.

Learn more: [Heart Foundation website](#).

Oral health services

Free dental care for children (from age four, up to and including Year 10 school students) and eligible adults through HHS programs.

Learn more: [Queensland Health Oral health](#).

Palliative care

Provides care for patients with life-limiting conditions, focusing on comfort and quality of life.

Learn more:

- [CareSearch website](#)
- [Palliative Care Australia website](#).

Salvation Army

Offers support for addiction recovery, housing, disaster relief, and locating missing persons.

Learn more: [Salvation Army website](#).

True Relationships and Reproductive Health

Provides sexual and reproductive health services, education, and training.

Learn more: [True website](#).

Sexual health

Resources on STIs, blood-borne viruses, and safe sex practices.

Learn more: [Queensland Health Sexual health](#).

Statewide sexual assault helpline

24/7 support for victims of sexual assault.

Phone: 1800 010 120 (free call).

Learn more: [Queensland Health Sexual Assault](#).

St Vincent de Paul

Provides emergency relief, housing support, and advocacy for vulnerable communities through 300+ parish conferences and 45,000 volunteers.

Learn more: [St Vincent de Paul website](#).

Suicide in Queensland

Suicide is a major public health issue. Many people who die by suicide have recent contact with health services, making early identification and intervention critical.

Queensland Health's *Suicide Prevention Practice Guideline* supports best practice in assessing and managing individuals at risk.

Learn more: [Queensland Health Suicide Prevention Practice Guideline](#) or [Queensland Government How to get help](#).

Women's health centres

Offer free, confidential health services for women, including the Mobile Women's Health Service for rural and remote areas.

Learn more: [Queensland Government Mobile Women's Health Service.](#)

Workplace Injuries

Employers must have workers' compensation insurance. Doctors play a key role in treatment and rehabilitation. Workers need a medical certificate to claim.

Learn more: [Queensland Government WorkSafe.](#)



Appendix 5: Common medical abbreviations

#	Fracture
A/O	Alert and orientated
ABG	Arterial blood gases
ACLS	Advanced Cardiac Life Support
AED	Automatic External Defibrillator
AFA	Advanced First Aid
AICD	Automatic Implantable Cardioverter/Defibrillator
Ambo	Ambulance Officer
AMI	Acute Myocardial Infarction
APLS	Advanced Paediatric Life Support
ATSP	Asked to see patient
BLS	Basic Life Support
BP	Blood Pressure
C/o	Complains of
Ca	Cancer
CAD	Coronary Artery Disease
CCU	Cardiac/Coronary Care Unit
CO ₂	Carbon Dioxide
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous Positive Airway Pressure
CPR	Cardio-Pulmonary Resuscitation
CSF	Cerebral Spinal Fluid
CT	Computerised Tomography
CVA	Cerebrovascular accident
D/C	Discharge
DNR	Do Not Resuscitate
DOA	Dead on Arrival
DOB	Date of Birth
DUI	Driving under the influence
Dx	Diagnosis
ECG	Electrocardiogram
ED or ER	Emergency Department/Room
EEG	Electroencephalogram
EENT	Ears, Eyes, Nose and Throat
ENT	Ears, Nose and Throat
ET or ETT	Endotracheal (tube)
ETA	Estimated Time of Arrival
ETOH	Ethanol (Ethyl Alcohol)
FB	Foreign Body
HBCIS	Hospital Base Central Information System
Hx	History
ICU	Intensive Care Unit
ID	Identity/Identification
LOC	Loss of Consciousness

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

Appendix 6: Common medication terminology abbreviations

mane	morning
midi	midday
nocte	night
b.d.	twice a day
t.d.s.	three times a day
q.i.d.	four times a day
4 hourly	every 4 hours
6 hourly	every 6 hours
8 hourly	every 8 hours
p.r.n.	when required
Stat	immediately
a.c.	before food
p.c.	after food

Appendix 7: Route of medication administration abbreviations

MA	metered Aerosol (puffer)
T/H	turbuhaler
IM	intramuscular
IT	intrathecal
IV	intravenous
NG	nasogastric
PO	oral
PV	per vagina
PR	per rectum
TOP	topical
Subcut	subcutaneous
NEB.	nebulised

Appendix 8: Government abbreviations

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

SHECC	State Health Emergency Coordination Centre
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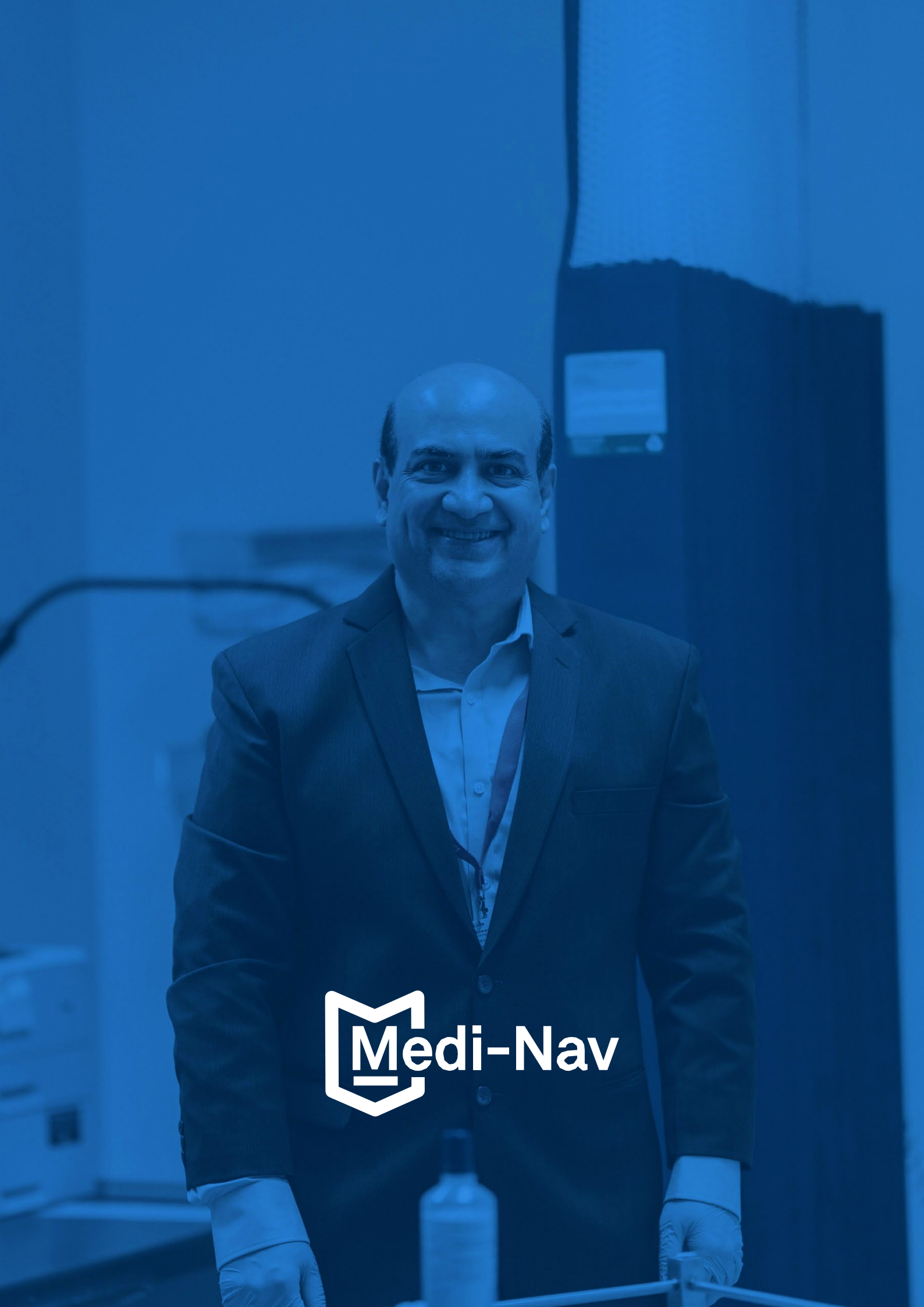
Appendix 9: Common health industry abbreviations

A&E	Accident and Emergency
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACHSM	Australasian College of Health Service Management
ACOSS	Australian Council of Social Services
ACRRM	Australian College of Rural and Remote Medicine
ACSQHC	Australian Commission on Safety and Quality in Healthcare
ADA	Australian Dental Association
Ahpra	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
AIN	Assistant in Nursing
ALS	Advanced Life Support
AMA	Australian Medical Association
AMC	Australian Medical Council
AMS	Aboriginal Medical Services
AMSA	Australian Medical Students Association
AR-DRGs	Australian Refined Diagnosis Related Groups
ANZCA	Australian and New Zealand College of Anaesthetists
AO	Administration Officer
AON	Area of Need
APA	Australian Physiotherapy Association
APAC	Australian Pharmaceutical Advisory Council
APHA	Australian Private Hospitals Association
APMA	Australian Pharmaceutical Manufacturers Association
ATO	Australian Taxation Office
ATODS	Alcohol, Tobacco and other Drugs Service
ATSI	Aboriginal and Torres Strait Islanders
BOD	Burden of Disease
CAHS	Child and Adolescent Health Service
CALD	Culturally and Linguistically Diverse
CACPs	Community Aged Care Packages
CHC	Community Health Centre
CHO	Chief Health Officer
CICM	College of Intensive Care Medicine of Australia and New Zealand
CKN	Clinicians Knowledge Network
CMO	Chief Medical Officer
CN	Clinical Nurse
CNC	Clinical Nurse Consultant
CNS	Clinical Nurse Specialists
CPD	Continuing Professional Development

CQI	Continuing Quality Improvement
CSCF	Clinical Services Capability Framework
CYCHS	Child and Youth Community Health Service
CYMHS	Child and Youth Mental Health Service
DAQ	Diabetes Australia – Queensland
DCT	Director of Clinical Training
DG	Director-General
DMS	Director of Medical Services
DoH	Department of Health
DON	Director of Nursing
DPA	Distribution Priority Area
DRG	Diagnostic Related Group
DSQ	Disability Support Queensland
DVA	Department of Veterans' Affairs
DWS	District of Workforce Shortage
EBMR	Evidence Based Medicine Review
EBP	Evidence Based Practice
EDMS	Executive Director of Medical Services
EDON	Executive Director of Nursing
EDS	Enterprise Discharge Summary
EEO	Equal Employment Opportunity
EN	Enrolled Nurse
EquIP	Evaluation and Quality Improvement Plan
FBT	Fringe Benefits Tax
FOI	Freedom of Information
FTE	Full Time Equivalent
GP	General Practitioner/Practice
GPT/Q	General Practice Training/Queensland
HMM	Health Ministers' Meeting
HACC	Home and Community Care
HDU	High Dependency Unit
HEAPS	Human Error and Patient Safety
HHB	Hospital and Health Board
HHS	Hospital and Health Service
HIV	Human Immunodeficiency Virus
HP	Health Practitioner
HCEF	Health Chief Executive
HSCE	Health Service Chief Executive
HSD	Health Service Directive
HWQ	Health Workforce Queensland
ieMR	integrated electronic Medical Record
IMG	International Medical Graduate
IT	Information Technology
JHO	Junior House Officer
LAM	List of Approved Medicines
LGA	Local Government Area

MASS	Medical Aids Subsidy Scheme
MBA	Medical Board of Australia
MBS	Medical Benefits Schedule
MEO	Medical Education Officer
MET	Medical Emergency Team
MEU	Medical Education Unit
MOPP	Medical Officer with Private Practice
MOW	Meals on Wheels
MPHS	Multi-Purpose Health Service
MSQ	Medication Services Queensland
MSPP	Medical Superintendent with Private Practice
NHA	National Healthcare Agreement
NESB	Non-English Speaking Background
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NHTP	Nursing Home Type Patient
NP	Nurse Practitioner
NPS	National Prescribing Service
NRAS	National Registration and Accreditation Scheme
NRHA	National Rural Health Alliance
NUM	Nurse Unit Manager
OHO	Office of the Health Ombudsman
OH&S	Occupational Health and Safety
OTS	Overseas Trained Specialist
PA	Physician Assistant
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
PGY1	Postgraduate Year 1 is the first year of practice after graduation, where new doctors work in a supervised internship.
PHC	Primary Healthcare
PHO	Principal Health Officer
PHR	Patient Health Record
PHS	Public Health or Population Health Services
PREMs/PROMs	Patient Reported Experience Measures/Patient Reported Outcome Measures
PSA	Pharmaceutical Society of Australia
PT	Physiotherapist
PTSS	Patient Travel Subsidy Scheme
QA	Quality Assurance
QAS	Queensland Ambulance Service
QATSIHP	Queensland Aboriginal and Torres Strait Islander Health Partnership
QCS	Queensland Clinical Senate
QH	Queensland Health
QHEPS	Queensland Health Electronic Publishing Service
QIMR	Queensland Institute for Medical Research
QPS	Queensland Police Service

RACF	Residential Aged Care Facility
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists Australasia
RDAA	Rural Doctor Association of Australia
RDAQ	Rural Doctor Association of Queensland
RFDS	Royal Flying Doctor Service
RMO	Resident Medical Officer
RN	Registered Nurse
RRCSU	Rural and Remote Clinical Support Unit
RSQ	Retrieval Services Queensland
RTI	Right to Information
SES	State Emergency Service
SHO	Senior House Officer
SiM	Student in Medicine
SMO	Senior Medical Officer
SOP	Standard Operating Procedure
SoCP	Scope of Clinical Practice
SW	Social Worker
TFN	Tax File Number
TGA	Therapeutic Goods Administration
TIS	Translating and Interpreting Service
TO	Technical Officer
VAD	Voluntary Assisted Dying
VLAD	Variable Life Adjustment Display
VMO	Visiting Medical Officer
WEHO	Workplace Equity and Harassment Officer
WHO	World Health Organisation



 **Medi-Nav**