



Government of **Western Australia**
Department of **Health**

Living and Working in Western Australia:

An Orientation Manual for International Medical Graduates



Office of the Chief Medical Officer

Updated July 2022

health.wa.gov.au

Acknowledgements

Living and Working in Western Australia – an Orientation Manual for International Medical Graduates was developed by the Office of the Chief Medical Officer (OCMO), within the Western Australian Department of Health (the Department), with funding provided by Health Workforce Australia.

The OCMO acknowledges that some of the material used in this manual builds on *Working in Victoria's Public Hospitals – an orientation guide for International Medical Graduates (14th edition)* published by the Postgraduate Medical Council of Victoria. The OCMO would also like to reference *International Medical Graduate Orientation Handbook (2nd edition)* developed by the Central Coast Local Health Network and the Northern Sydney Local Health Network.

We gratefully acknowledge the work of these organisations and the additional advice and feedback received during consultation with several groups and individuals representing International Medical Graduates, employers, supervisors and professional bodies.

Disclaimer

This orientation manual is provided as an information source. Readers are encouraged to make their own assessment of the material provided and to seek the most current information directly from the relevant organisations.

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

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

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

Further information: [Department of Health website for International Medical Graduates](#)

Terminology

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

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

This project was possible due to funding made available by Health Workforce Australia



An Australian Government Initiative



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Helpful information

This orientation manual is maintained by the Office of the Chief Medical Officer within the Clinical Excellence Division of the department. Please send any requests for changes or additions to the OCMO at MedicalWorkforceRoyalStreet@health.wa.gov.au.

This orientation manual has been updated to ensure compliance with the Medical Board of Australia's (MBA) revised [IMG Supervision Guidelines](#) introduced on 04 January 2016. These guidelines apply to all IMGs granted limited or provisional registration.

Included with this revision is the requirement for an orientation report. The following table lists the requirements of the [MBA orientation report](#) and the corresponding section that addresses the requirements. Refer to section 5 for further information on the changes to the guidelines.

Orientation to the Australian healthcare system	
Structure and funding of the Australian healthcare system, interface between private and public health services	Sections 1.1 and 1.3
State Department of Health, Department of Veterans Affairs, Medicare Australia, WorkCover authority	Sections 2.1 , 1.4 , 1.1 and 6.11
Medical Board of Australia – registration, code of conduct, professional performance, conduct and health assessment and monitoring relevant under the Health Practitioner Regulation National Law as in force in each state and territory	Sections 5.1 and 3.7
Australian Medical Association (AMA), specialist colleges, postgraduate medical councils	Sections 5.7 and 6.2
Provider and Prescriber numbers	Section 1.2
Prescribing – Pharmaceutical Benefits Scheme, authority prescriptions, therapeutic guidelines	Sections 1.2 , 6.5 and 6.6
Doctor's bag – legal requirements relating to S8 prescribing, drugs of dependence	Section 6.6
Referral system – pathology, radiology, other specialists, allied health services, hospital emergency departments	Sections 6.1 , 6.4 and 2.9
Ambulance service, community services, sexual assault support services, local support groups. <i>NB: The employer should provide a list of service providers and their contact details</i>	Sections 2.4 , 2.5 , 2.6 , 2.7 , 2.9 , and 4.2 .
Other contact phone numbers – supervisors, interpreter service, drugs and poisons information	Sections 2.9 , 3.6 and 6.6

Orientation to the hospital/practice	
Policy and procedures manual — including infection control, patient confidentiality, clinical records, complaint processes	<i>To be addressed by hospital during orientation</i>
IT systems, for example prescribing, pathology and radiology ordering and reporting	<i>To be addressed by hospital during orientation</i>
Infection control	Section 6.10
Occupational safety and health	Section 6.3
Orientation to legislation and professional practice	
Legislative framework governing practice in state or territory, including the Coroner's Act	Sections 6.12 and 6.14
Mental health legislation	Section 2.7
Mandatory reporting – suspected child abuse	Section 3.7

Patient rights and responsibilities, patient complaints	Section 6.12
Patient consent and adolescent autonomy	Section 6.13
Access to health/medical records	Section 6.12
Litigation and indemnity	Sections 6.11 and 6.12
Organ transplantation	Section 6.14

Professional development	
Medical education and training	Section 5.7
Access to clinical publications	Section 5.7
Australian Medicines Handbook, therapeutic guidelines, relevant college guidelines, Cochrane library	Sections 5.7 and 6.5

Cultural diversity and social context of care	
Cultural awareness and respect	Sections 3 , 4 and 6
Australian society, including multiculturalism, the status of women, children and the elderly	Sections 3.1 , 4.2 , 4.3 , 7.1 , 7.11
Aboriginal and Torres Strait Islander culture	Sections 3.2 , 3.4 and 3.5
Domestic violence	Section 4.2
Drug seeking patient	Section 6.7
Doctor/patient relationship	Section 3.7

Other topics	
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Section 1 Australian healthcare system

- Australian government and funding
- [Medicare: funding, who can access, provider numbers, billing arrangements](#)
- [Pharmaceutical Benefits Scheme: patient charges, prescriber numbers, prescribing](#)
- [Private health care](#)
- [Department of Veterans' Affairs](#)

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

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

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

Funding for health goods and services may be provided by all levels of government. Other funding sources can come from private health insurance, accident compensation schemes and individual out-of-pocket contributions.

The Australian government mainly contributes through three national health subsidy schemes, the Medicare Benefits Scheme (known as Medicare), the Pharmaceutical Benefits Scheme (PBS) and the 30-percent Private Health Insurance (PHI) Rebate.

- Medicare subsidises payments for services provided by doctors, optometrists, and some allied health professionals.
- The PBS subsidises payments for a large proportion of prescription medicines purchased from community and hospital pharmacies.
- The 30-percent PHI Rebate supports people's choice to take-up and retain private health insurance.

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

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

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

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

[Australia's Health 2020](#) provides additional information on Australia's complex healthcare system.

1.1 Medicare – access to health care as a public patient

Medicare is Australia's universal health insurance scheme which was introduced by the Australian Government in 1984 to ensure all Australians (and visitors from countries with whom Australia has

signed a Reciprocal Health Care Agreement) have access to medical and hospital care when required.

Medicare provides access to treatment as a public patient in a public hospital and subsidised treatment by health professionals.

Medicare is available to people in Australia who:

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

When admitted to a public hospital, people eligible for Medicare can access free treatment as a public (Medicare) patient. The hospital will choose the treating doctors and the patient is not charged for treatment or after-care. Medicare does not pay towards ambulance costs, most dental services, physiotherapy, spectacles, podiatry, chiropractic services, or private hospital accommodation.

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

Further information: [Private health insurance](#)

Further information: [Range of services covered by Medicare](#)

The Medicare levy

Australian residents contribute to the funding of the Medicare scheme by paying a Medicare levy through the income tax system. The Medicare levy is 2% of the taxable income, in addition to the normal income tax. This rate may vary depending on individual circumstances such as reductions for low-income families or surcharges for people whose taxable income is above a threshold and don't have private health insurance.

Further information: [Medicare levy](#)

Accessing Medicare

Any person eligible for Medicare will be issued with a Medicare number printed onto their Medicare card. A Medicare number or card is required:

- when a person visits a doctor
- to make enquiries with Medicare
- to show at a public hospital when a person seeks treatment as a public patient
- to show at a pharmacy when buying PBS subsidised prescription medications.

Reciprocal Health Care Agreements

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

Students from Norway, Finland, Malta and the Republic of Ireland aren't covered by agreements with those countries. Holders of certain visa types are also not covered.

The length of cover and the type of cover varies between countries.

Further information: [Reciprocal Health care Agreements](#) and [Languages other than English](#)

Centrelink Health Care Card

Patients receiving Centrelink payments or earning a low income may be eligible for an Australian Government Health Care Card. The card entitles patients to a range of concessions, including the cost of medicines and health services: doctor, dentist and ambulance. They will still need to present their Medicare card with their Health Care Card for all basic hospital and medical treatment.

Further information: [Health Care Card](#)

Medicare provider number for medical practitioners

For a doctor to provide services under Medicare, they must apply for and be granted a Medicare provider and prescriber number. All doctors working in private and public hospitals require these numbers. Please ensure you apply for Medicare provider and prescriber numbers well before your commencement at your hospital.

A provider number enables Medicare to identify the health professional and the location at which the service was delivered. It is also used for referrals to the practitioner. Doctors working at several different locations need a provider number for each location.

A prescriber number is a legal requirement under the [Medicines and Poisons Regulation 2016](#) to prescribe medications. The prescriber must include this number when writing the prescriptions.

Further information: [How to apply for provider and prescriber numbers](#)

Billing arrangements by private doctors

There are two methods of billing used in private general practice and specialist consulting. The public health system does not use this system.

Direct billing (also known as bulk billing), is where a doctor chooses to charge Medicare directly rather than seeking payment from the patient. The doctor accepts the Medicare benefit as full payment for this service. There is no charge to the patient.

Alternatively, doctors may charge the patient at the time of consultation. The patient can then submit a claim for reimbursement with Medicare. This can either be done at the service, if electronic claiming is available, or the patient can submit a claim through [Medicare online](#) or the [Express Plus Medicare app](#). Note that some claims cannot be made online. If the doctor charges a higher fee than the Medicare scheduled fee, the patient must also pay the additional cost (known as the [“gap” or “out of pocket” fee](#)).

1.2 Pharmaceutical Benefits Scheme

The PBS is a system of subsidising the cost of selected prescription medicines. The Federal Department of Health manages the PBS. The aim of the PBS is to provide reliable access to a wide range of necessary prescription medicines at a reduced cost for patients. The PBS is available to all Australian residents with a Medicare card and people from countries with reciprocal Health Care Agreements with Australia.

Before a medicine can be subsidised under the PBS, the Pharmaceutical Benefits Advisory Committee (PBAC) must recommend it for listing on the PBS. When recommending a medicine to be

listed on the PBS, the PBAC considers the medical conditions for which the medicine has been approved for use in Australia, its clinical effectiveness, safety and cost-effectiveness (value for money) compared with other treatments.

Patient co-payment for medicines

Within the Scheme, the [Pharmaceutical Benefits Schedule](#) is a list of all medications available to be dispensed at a Government-subsidised price. The patient will only need to make a co-payment that is set each calendar year by the PBS. The difference between the patient co-payment and the full price of the medication is subsidised by the Federal Government under the Scheme. The level of co-payment depends on whether the patient is a general or concessional patient:

- **General patients** include anyone with a Medicare card.
- **Concessional patients** are those with Centrelink issued concession card including a Pensioner Concession Card, Commonwealth Seniors Health Card, Health Care Card, Department of Veteran's Affairs (DVA) Card (varying levels).

If there are two or more brands of the same medicine, that is assessed to be equivalent by the Therapeutic Goods Administration (TGA), the patient may have to pay a [price premium or brand premium](#) if they choose to buy the more expensive brand.

Further information: [About the PBS](#).

Safety net schemes

There are two Federally funded safety net schemes which reduce the cost of accessing services once the person or their family have reached a threshold with out of pocket costs within a calendar year.

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

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

Further information: PBS [explanatory notes](#)

Prescriber numbers for medical practitioners

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

Pharmaceutical Benefit Scheme prescribing

Some medicines on the Pharmaceutical Benefits Schedule contain criteria for PBS prescribing. For example, a medicine can only be prescribed for a certain condition or chronic disease for it to qualify as a PBS-subsidised medicine. If that medicine is prescribed for an off-label use, it will not meet the criteria and the patient may need to pay the full private cost.

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

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

Further information:

- [Health professional information and education on therapeutic goods administration](#)
- [eLearning on MBS, PBS and DVA](#)

1.3 Private health care

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

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

The [Australian Prudential Regulation Authority](#) oversees banks, credit unions, building societies, general insurance and reinsurance companies, life insurance, private health insurance, friendly societies and most members of the superannuation industry.

Private health insurance rebate

The [Australian Government rebate on private health insurance \(PHI\)](#) reduces costs for people eligible for Medicare, within income thresholds and with certain health funds. Families and individuals who pay PHI premiums may be eligible for Australian Government rebates on PHI.

1.4 Department of Veterans' Affairs

The [Department of Veterans' Affairs \(DVA\)](#) aims to support those who serve or have served in defence of Australia and commemorate their service and sacrifice. The DVA provides a broad range of health care and support services to eligible veterans and dependants.

Sources:

Australian Institute of Health and Welfare 2020. **Australia's health 2020**. Canberra: AIHW.

Postgraduate Medical Council of Victoria. **Working in Victoria's Public Hospitals – an orientation guide for International Medical Graduates (15th edition)**

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

Section 2 Western Australian healthcare system

- [Western Australia Government structure](#)
- [Overview of the WA health system](#)

2.1 WA public health service

In June 2021, the estimated population for Western Australia (WA) was 2.68 million (ABS). West Australians enjoy enviable health outcomes, with life expectancy among the best in the world and infant mortality rates among the lowest in Australia. WA hospitals perform well in the key areas of safety and quality and patients benefit from excellent care. The WA population is predominantly based in the metropolitan area of Perth.

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

The WA public health system is known as “WA Health” and consists of:

- The Department of Health
- Seven Health Service Providers (HSPs)

The Department of Health is led by the Director General (DG) and provides leadership and management of the whole health system.

The HSPs are governed by [Health Service Boards](#) with each HSP responsible for their local areas and communities.

The HSPs are:

- Child and Adolescent Health Service
- East Metropolitan Health Service
- Health Support Services
- North Metropolitan Health Service
- PathWest Laboratory Medicine WA (PathWest)
- South Metropolitan Health Service
- WA Country Health Service (WACHS)

2.2 Metropolitan health service providers

As part of the broader WA health system, the metropolitan HSPs deliver the majority of public health care services in WA through a range of primary, secondary and tertiary care services. They provide health care services to over 2 million people through the Child and Adolescent Health Service, North Metropolitan Health Service, South Metropolitan Health Service and East Metropolitan Health Service.

Child and Adolescent Health Service

[The Child and Adolescent Health Service \(CAHS\)](#) comprises Child and Adolescent Community Health (CACH), Child and Adolescent Mental Health Service (CAMHS) and the newly opened Perth Children’s Hospital (PCH).

[CACH](#) provides a comprehensive range of health promotion and early identification and intervention community-based services to children, adolescents and families. The focus is on growth and development in the early years and promoting wellbeing during childhood and adolescence.

[CAMHS](#) provides mental health programs to infants, children and young people up to the age of 17. This includes services in the community and in a hospital setting.

[Perth Children's Hospital](#) replaced Princess Margaret Hospital as WA's specialist paediatric hospital and trauma centre. PCH provides medical care to children and adolescents up to 16 years of age.

North Metropolitan Health Service

The [North Metropolitan Health Service \(NMHS\)](#) comprises NMHS Mental Health, NMHS Public Health and Ambulatory Care, Sir Charles Gairdner Osborne Park Health Care Group, and Women and Newborn Health Service. NMHS manages the Queen Elizabeth II Medical Centre, a delegated responsibility of the QEIIIMC Trust. The public hospitals include:

- Sir Charles Gairdner Hospital
- King Edward Memorial Hospital
- Graylands Hospital
- Joondalup Public Hospital (delivery of public health care under a Public Private Partnership)
- Osborne Park Hospital

The NMHS provides the following services:

- Emergency services
- Intensive and high dependency care
- Coronary care
- Medical services
- Maternity and newborn services
- Surgical services
- Cancer and Palliative care services
- Rehabilitation and aged care
- Mental health services
- Ambulatory care
- Primary health care
- Clinical support services

A range of state-wide, highly specialised multi-disciplinary services are also offered from several hospitals and clinic sites.

The [QEII Medical Centre](#) is the largest medical centre in the southern hemisphere and globally recognised in health care, research and education.

South Metropolitan Health Service

The [South Metropolitan Health Service \(SMHS\)](#) provides a range of services to people living in Perth's southern suburbs within a catchment area stretching 3,300 square kilometres. The SMHS hospital network consists of the following:

- Fiona Stanley Hospital
- Fremantle Hospital and Health Service
- Peel Health Campus
- Rockingham Peel Group

The SMHS provides the following clinical services:

- Medical
- Surgical
- Emergency
- Rehabilitation and aged care
- Coronary care
- Cancer and palliative care
- Intensive and high dependency care
- Mental health
- Paediatric
- Obstetric and neonatal

State-wide services include: adult burns, hyperbaric, rehabilitation and heart and lung transplantation.

SMHS is also responsible for delivering local health promotion and community-based services.

East Metropolitan Health Service

The [East Metropolitan Health Service \(EMHS\)](#) covers a catchment area with more than 725,500 people. Health care networks include:

- Armadale Health Service
- Bentley Health Service
- Kalamunda Hospital
- Royal Perth Hospital
- St John of God Midland Public Hospital

The EMHS provides the following services:

- Emergency services and critical care
- State trauma
- Elective and emergency surgery
- General medicine
- Mental health
- Inpatient and outpatient services
- Aged care and rehabilitation
- Women, children and neonatal

PathWest Laboratory Medicine WA

[PathWest Laboratory Medicine WA](#) is the largest pathology provider in WA. PathWest provides services to public hospital and health services as well as to private hospitals, general practitioners, WA Police, private companies and the general community.

Services provided include:

- Diagnostic pathology testing
- Medical science research
- Drug testing
- Forensic and coronial services
- Manufacturing of laboratory media and reagents
- Food and water testing
- Industrial health screening

2.3 WA Country Health Service

The [WACHS](#) operates in a Regional Network Model providing an integrated service delivery system. The model includes Regional Resource Centres, Integrated District Health Services, and flexible services with a primary health care focus for small towns and isolated communities.

WACHS comprises:

- 6 larger regional health campuses located at country regional centres that provide more complex care and are the hubs for all region wide services.
- 15 district health campuses that are the hubs for sub-regional health district services.

These health campuses support networks of:

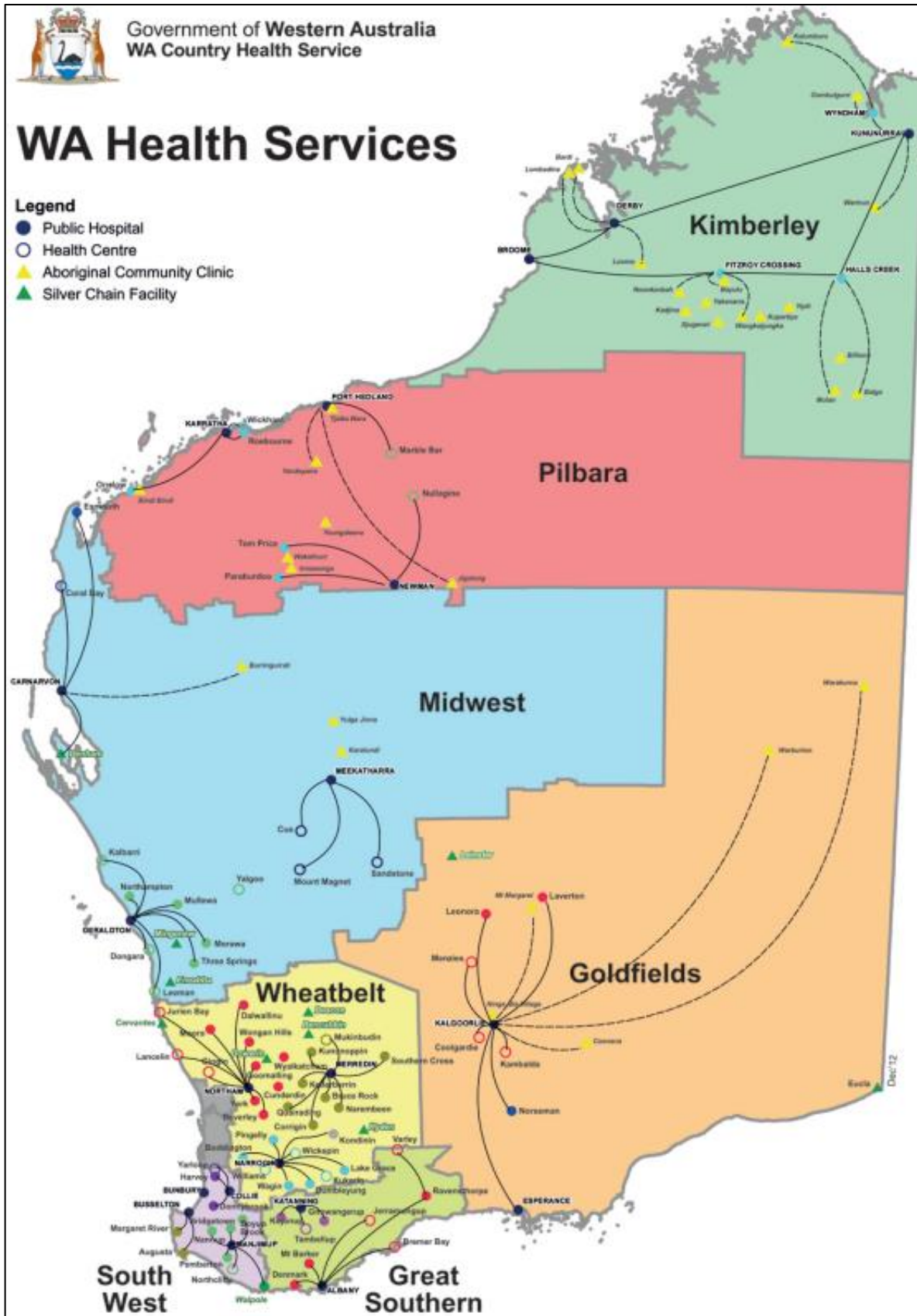
- 46 small hospitals
- 43 health centres and nursing posts
- 24 community-based mental health services
- 4 dedicated inpatient mental health services
- 178 facilities where population health teams are based
- 600+ residential aged care beds
- 1 nursing home

The WACHS offers a range of health services including:

- Emergency and hospital services
- Population, public and primary healthcare
- Drug and alcohol services
- Child, community and school healthcare

- Aboriginal health services
- Mental health services
- Emergency Telehealth Service
- Residential and community aged care services

The WACHS has seven health regions as per *Map 1* below.



Map 1: Map of WACHS regions

Kimberley health

The [Kimberley health region](#) is the most northern region bordered by the Pilbara region to the south and the Northern Territory to the east. The Kimberley encompasses an area of 424,517 square kilometres and is almost 3 times the size of the United Kingdom. The major population centres in the Kimberley are the towns of Broome, Derby (West Kimberley), Halls Creek and Wyndham (East Kimberley).

There are over 100 Aboriginal communities of various population sizes, scattered throughout the region and nearly 100 properties servicing the pastoral industry. Aboriginal people comprise nearly a third of the region's population.

Pilbara health

The [Pilbara health region](#) is the second northernmost region defined by the Indian Ocean to the west and the Northern Territory border to the east. The region covers a total area of 507,896 square kilometres (including offshore islands). Most of the population is located in the towns of Karratha, Port Hedland, Newman and Tom Price.

Midwest health

The [Midwest health region](#) is located in the northern middle section of WA and covers more than 470,000 square kilometres, equivalent to nearly one fifth of the State, with its population concentrated along the coast. The region incorporates four health districts - Gascoyne, Geraldton, Midwest and Murchison.

The City of Geraldton-Greenough contains a public hospital, Geraldton Health Campus, and a private hospital, St John of God Geraldton. Services offered by Geraldton Health Campus include a domiciliary care unit, emergency department, geriatric assessment unit, maintenance renal dialysis unit, obstetrics services, oncology unit, paediatric service and a rehabilitation unit.

Goldfields health

The [Goldfields health region](#) is located in the south eastern corner covering 770,488 square kilometres (including offshore islands). It is the largest region in WA.

Major population centres include Kalgoorlie, Leonora, Laverton, Norseman and Esperance.

Wheatbelt health

The [Wheatbelt health region](#) covers 155,256 square kilometres (including islands) of WA. It partially surrounds the northern and eastern parts of the Perth metropolitan area.

The Wheatbelt is made up of 43 Local Government Authorities and contains the majority of WA's grain growing areas. The major population centres are the towns of Northam, Narrogin, Merredin, Moora, Bindoon, Jurien Bay, York and Toodyay.

South West health

The [South West health region](#) encompasses an area of 23,998 square kilometres and is a popular tourist destination. The major population centres in the South West region are the Cities of Bunbury and Busselton and the towns of Collie, Manjimup and Margaret River with 12 local government areas.

Great Southern health

The [Great Southern health region](#) has a population of around 55,000 over approximately 39,000 square kilometres. A high proportion of older people live in the major centres.

2.4 Community health services

WA Health's community-based services ([at home health](#)) offer an extensive range of health services at the patient's home. The service includes:

At home hospital

- Home nursing and rehabilitation
- Digital health solutions
- Care coordination

At home care

- Daily support and community access
- Specialist nursing care
- Complex 24/7 care
- Respite care
- Transport

At home help

- Domestic support and transport
- Personal concierge
- Asset management
- Free wheelchair/ van hire

2.5 Dental health services

[Dental Health Services](#) is the largest public dental health services provider in WA and is funded by the state government. Services include the School Dental Service, General Dental Service (subsidised dental care for eligible Western Australians) and Special Dental Services (aged care, prisoners, Disability Service Commission clients, eligible patients at Royal Perth Hospital and Graylands Hospital).

Dental Subsidy Schemes include the Country Patients Dental Subsidy Scheme, the Metropolitan Patients Dental Subsidy Scheme and the Private Orthodontic Subsidy Scheme for eligible country patients.

Dental Health Services also support the training and education of oral health professionals and contributes to oral health research.

2.6 Public and Aboriginal Health

Public and Aboriginal Health's primary focus is prevention and early detection to manage the risks. The [Public and Aboriginal health division](#) includes the Office of the Chief Health Officer (CHO), Aboriginal Health, environmental health, infectious disease, epidemiology, population health genomics, chronic disease prevention and disaster management.

Public health complements and works with clinical services.

A range of evidence-based, targeted programs keep WA communities healthy including:

- immunisation
- safe food and water
- safer workplaces and communities
- seat belts and other road safety measures
- water fluoridation
- organised cancer screening
- sun safety campaigns
- control of tobacco.

The new [Public Health Act 2016](#) provides modern legislation to regulate public health in WA.

2.7 Mental health services

There has been significant reform of the mental health system including the appointment of the State's first Minister for Mental Health, the establishment of Australia's first Mental Health Commission and creation of the Department of Health's Office of Mental Health (Mental Health Unit).

The [Mental Health Unit](#) (MHU) was formed on 1 July 2016 under the new governance arrangements of the *Health Services Act 2016*. The MHU assists and supports WA's Mental Health Services in delivering an evidence-based, patient centred, caring, safe, respectful and supportive mental health system for all West Australians. The MHU is responsible for developing system-wide policies for mental health services and works closely with the Mental Health Commission, the Office of the Chief Psychiatrist and the HSPs.

The [Chief Psychiatrist](#) is an independent statutory officer holding powers and duties as prescribed by the *Mental Health Act 2014*. The Chief Psychiatrist reports to and provides advice to the Minister for Mental Health. The Chief Psychiatrist has governance over any Mental Health Service and other specified agencies that seek to influence the delivery of mental health treatment and care to the WA community.

The [Mental Health Commission](#) (MHC) was established on 8 March 2010 to lead mental health reform throughout the State, amalgamating with the Drug and Alcohol Office on 1 July 2015. The MHC is guided by the [Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025](#), and purchases services for the State. They are responsible for the network of drug and alcohol treatment services and programs formerly provided by the Drug and Alcohol Office.

The MHC provides the following services to the community:

- Next Step Alcohol and Drug Services
- Alcohol and Drug Support Lines
- Prevention campaigns and programs

2.8 Private health services in WA

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

Further information on health services within the WA health system can be found at [HealthyWA](#).

2.9 Other health service organisations

Community-based services

[Aged Care Assessment Team \(ACAT\)](#): are teams of health professionals who assess the physical, psychological, medical, restorative, cultural and social needs of frail older people and help them and their carers to access appropriate levels of support. The assessment team may recommend people for government funded services such as:

- home care packages to assist people to remain at home (both low and high levels of care)
- residential aged care services
- residential respite services (both low and high levels of care)
- transition care, which provides care for those older people transitioning from the hospital to their home, or to permanent residential care (Transition Care Program)

[The Department of Communities](#): The Department of Communities role is to bring together vital services and functions that support individual, family and community wellbeing. They work collaboratively with partners across government and the community services sector to deliver disability services, child protection and family support, housing, and community and regional initiatives.

[Commonwealth Home Support Programme \(CHSP\)](#): The CHSP provides entry-level support for older people who need some help to stay at home. Service providers work with them to maintain their

independence and keep them as well as possible. The most commonly used services under the CHSP are domestic assistance, allied health and therapy services, transport, home maintenance and nursing. The CHSP is for frail older Australians who are either:

- aged 65 years or over (50 or over for Aboriginal or Torres Strait Islander peoples) and have functional limitations and need assistance; Or
- prematurely aged (50 years or older; 45 years or older for Aboriginal and Torres Strait Islander peoples) **and** are on a low income, homeless, or at risk of being homeless as a result of housing stress or not having secure accommodation.

National Disability Insurance Scheme (NDIS): The NDIS aims to work with individuals to identify the supports they need to achieve goals in many aspects of their life. This may include independence, involvement in the community, education, employment and health and wellbeing.

The NDIS can provide people with disability with information and connections to services in their communities such as doctors, sporting clubs, support groups, libraries and schools. The NDIS also provides information on the support provided by each state and territory government.

Silver Chain: provides a range of clinical and home care services to assist people of all ages, including the elderly and people with disabilities, illness and injury, and their carers to maintain their health at home in metropolitan as well as country and remote WA. Services include:

- Nursing services
- Palliative care
- Home hospital
- Wound care
- Home care packages
- Dementia support
- Feeling lonely
- Getting back on your feet

Silver Chain Home Hospital: metropolitan-based service providing health care services at home. It includes four complementary services:

- Priority Response Assessment is a 24/7 nursing service supported by a network of GPs.
- Post-Acute Care nursing services provided immediately after hospital discharge.
- Hospital at the Home is a 24/7 hospital substitution program generally accessed following admission to a public hospital.
- Community Nursing provides an alternative to hospital for patients who need a nursing home and are not eligible for CHSP.

Emergency services

The following section provides information on some emergency services that you may use while working as a doctor in WA. An [extensive list of emergency and crisis services](#) is available at Healthy WA.

Child Protection Unit: specialised, hospital-based service providing medical, forensic, social work and therapeutic services for children and their families when there is a concern that a child has or may have suffered from child abuse. Based at Perth Children's Hospital.

Healthdirect: provides 24-hour health advice. **Contact: 1800 022 222**

Poisons Information Centre (WAPIC): provides expert advice on the management of poisoning or suspected poisoning, with advice also provided on poisoning prevention, drug information and the identification of toxic agents. **Contact: 13 11 26**

Mental Health Emergency Response Line (MHERL): 24/7 service provided by the East Metropolitan Health Service. Clinicians assess and provide specialist intervention and support for people experiencing a mental health emergency and if required, referral to a local mental health service. **Contact: 1300 555 788 (metropolitan), 1800 676 822 (Peel).**

Newborn Emergency Transport Service (NETS WA): coordinates emergency transfer of newly born babies from their hospital of birth to either Perth Children’s Hospital or King Edward Memorial Hospital for intensive care. **Contact: 1300 638 792**

Nqala: provides services for parents, carers, families, children, young people and professionals. **General enquiries: (08) 9368 9368** (Monday – Friday 08.30am – 5.00pm). **Parenting line: (08) 9368 9368** (7 days a week 8.00am – 8.00pm) or **1800 111 546 (country)** or [request a call online](#).

Royal Flying Doctor Service (RFDS): is a not-for-profit service providing aero medical retrievals and transfers, as well as 24-hour emergency services, telehealth, mental health and primary health care services. The RFDS provides emergency evacuations throughout rural and remote Australia for people who are seriously ill or injured and require urgent medical attention. **Contact: 1800 625 800**

Samaritans Crisis Line: 24/7 anonymous crisis support. Volunteers are trained to provide a safe and caring support environment and uncover the options for a pathway forward. **Contact: 13 52 47**

St John Ambulance Australia (SJAA): is the primary provider of pre-hospital care services in WA. While SJAA is a charitable non-profit, humanitarian organisation, patients are charged for services provided, for both emergency and non-urgent ambulance transfers and treatment. **Contact: 000 for emergency services**

Sexual Assault Resource Centre (SARC): provides a 24-hour emergency service including medical care, forensic examination and counselling support to people who have been sexually abused within the previous 14 days. SARC is a free confidential service. **Contact: 1800 199 888 or (08) 6458 1828**

SARC also provides counselling in centres across the Perth metropolitan area to people who have experienced sexual assault and sexual abuse in the past. The SARC team has female medical doctors and female and male psychologists, social workers and clinical psychologists.

In WA sexual assault and sexual abuse are ‘crimes against the state’.

Women and Newborn Drug and Alcohol Service (WANDAS): service is based at King Edward Memorial Hospital and cares for pregnant women experiencing drug and alcohol issues. **Contact: (08) 9340 1582 or 0414 892 753.**

Other organisations

Aboriginal Health Council of WA (AHCWA): the peak body for the Aboriginal Community Controlled Health Services (ACCHSs) in WA. AHCWA acts as a forum to lead the development of Aboriginal Health policy, to influence and monitor performance across the health sector, to advocate for and support community development and capacity building in Aboriginal Communities, and to advocate for the rights and entitlements of all Aboriginal people throughout WA, at a local, regional, State and National level. **Contact: (08) 9227 1631.**

The ACCHSs are individual Aboriginal Health Services that are run by local Aboriginal people and their communities to manage their own health and well-being in accordance with protocols and procedures determined by their community members.

Sexual Health Quarters (S+HQ): an independent, non-profit organisation and the leading provider of sexual and reproductive health services in WA. S+HQ offers a range of services including STI testing and treatment; contraception information and supply; unplanned pregnancy support; information and referral; pap smears; specialist counselling; a confidential sexual health helpline for members of the public and professionals; education and training for community workers and health professionals including accredited training for doctors and nurses. **Contact: (08) 9227 6177.**

Contact list

The below table is a summary list of contact numbers of the services.

If you feel someone is at risk of harm call 000.

MENTAL HEALTH	
Mental Health Emergency Response Line (MHERL)	1300 555 788 (Metro) 1800 676 822 (Peel)
Rurallink	1800 552 002
Lifeline	13 11 44
Beyondblue	1300 224 636
Suicide Call Back Service	1300 659 467
The Samaritan Crisis Line	(08) 9381 5555 1800 198 313 (Country toll free) (08) 9388 2500 (Youth line)
Men's Line Australia	1300 789 978
PANDA (Perinatal anxiety and depression)	1300 726 306
Butterfly Foundation (eating disorders)	1800 334 673
Wellways (mental health system navigation)	1300 022 222
KIDS AND YOUTH	
Child and Adolescent Health Service urgent mental health support line	1800 048 636
Child Protection and Family Support Crisis Care Helpline	(08) 9223 1111 1800 199 008 (Country toll free)
Headspace (12 – 25 year olds, family and friends)	1800 650 890
Kids Helpline*	1800 551 800 (5 to 25-year old) 1800 654 432 (Parents)
Ngala	(08) 9368 9368 (General enquiries) (08) 9368 9368 (Parenting line) 1800 111 546 (Country toll free)
Newborn Emergency Transport Service (NETS WA)	1300 638 792
Youth Beyond Blue	1300 224 636 (12 – 25-year old)
ALCOHOL AND OTHER DRUG SUPPORT	
Alcohol and Drug Support Line	(08) 9442 5000 1800 198 024 (Country toll free) Live chats and online forums
Parent and Family Drug Support Line	(08) 9442 5050 1800 653 203 (Country toll free)
Quitline	13 78 48
Women and Newborn Drug and Alcohol Services (WANDAS)	(08) 9340 1582 0414 892 753
OTHER	
Aboriginal Health Council of WA (AHCWA)	(08) 9227 1631
HealthDirect (general health information and advice)	1800 022 222
QLife (LGBTI, 3pm to 12am)	1800 184 527
Sexual Assault Resource Centre (SARC)	1800 199 888 (08) 6458 1828
Sexual Health Quarters (S+HQ)	(08) 9227 6177

Section 3 Communication and cultural awareness

- [Australian society: customs, behaviours](#)
- [Aboriginal people and culture: overview and specific to WA](#)
- [The Australian patient](#)
- [Cultural awareness](#)
- [Communication](#)
- [Cultural awareness training](#)
- [Professional conduct](#)

3.1 Australian society: Customs, behaviours

Australia is a democratic society with a government elected by the people. Cultural diversity is one of the defining features of Australian society today. Australians come from all over the world with around 30% of the population born overseas. (ABS – June 2020)

Another feature is the egalitarian nature of this society, meaning that with hard work and commitment all people have, potentially, equal opportunity to succeed.

Australia has a tradition of free speech. However, it is unlawful to insult, humiliate, offend or intimidate another person or group on the basis of their age, race, country of origin, gender, marital status, pregnancy, political or religious beliefs, disability or sexual preference.

Australia society believes that no-one should be disadvantaged based on their country of birth, cultural heritage, language, gender or religious belief. To maintain a stable, peaceful and prosperous community, Australians of all backgrounds are expected to uphold the shared principles and values of Australian society.

Our citizenship values provide the basis for Australia's free and democratic society. They include support for:

- Parliamentary democracy
- The rule of law
- Living peacefully
- Respect for all individuals regardless of background
- Compassion for those in need
- Freedom of speech and freedom of expression
- Freedom of association
- Freedom of religion and secular government
- Equality of the individual, regardless of characteristics such as disability and age
- Equality of men and women
- Equality of opportunity.

The responsibilities of Australian citizens include:

- Obeying the law
- Defending Australia should the need arise
- Voting in federal and state or territory elections, and in referenda
- Serving on a jury if called to do so.

Under Australian law, all people are free and equal and are expected to treat each other with dignity and respect. Australians reject the use of violence, intimidation or humiliation as ways of settling conflict in our society. No person or group is above the law. Men and women have equal rights and society is fair. Hard work and talent are valued.

There are customs, practices and colloquial language particular to Australia that may be different to other cultures. Please ask to get clarification to ensure that you understand what your colleagues and/or patients are talking about.

The Australian Government encourages new residents to [learn as much as they can about their new country, including Australia's heritage, language, customs, values and way of life](#). The following information may help new residents adapt to Australian society:

- [Life in Australia](#)
- [Beginning a Life in Australia](#)

3.2 Aboriginal Australians

Aboriginal people are the original (indigenous) inhabitants of Australia. Their culture is dynamic, adapting and changing over time, mainly due to their affinity with their surroundings. The Australian Government recognises that dispossession, interruption of culture and intergenerational trauma has significantly impacted on the health and wellbeing of Aboriginal people, and that they share a continuing legacy of resilience, strength and determination.

Aboriginal Australians emphasis imparting knowledge and culture through art, rituals and story-telling. The “Land” is at the core of belief and well-being and it remains of central importance to Aboriginal Australians today. Aboriginal people view health in a holistic context.

The estimated resident Aboriginal population of Australia as at 30 June 2016 was 798,400 people (ABS 2018). WA's count of Aboriginal people was the third highest in the nation at 100 509 or almost 13%. The Aboriginal population at 30 June 2016 had a younger age structure than the non-Aboriginal population, with both larger proportions of young people and smaller proportions of older people. The proportion of Aboriginal people under 15 years of age was 34%, compared with 18% of non-Aboriginal people in the same age group. Persons aged 65 years and over comprised 4% of the Aboriginal population compared with 16% of the non-Aboriginal population.

Aboriginal people, as a group, experience disproportionate levels of disadvantage and poorer health compared with other Australians. The Australian Institute of Health and Welfare's *Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Western Australia* identifies areas of improvement as well as areas of concern in the health of Aboriginal people living in WA. The Australian Bureau of Statistics *National Aboriginal and Torres Strait Islander Health Measures Survey 2012/13* indicates that the likelihood of chronic illness increases with remoteness.

The Australian Bureau of Statistics *Life tables for Aboriginal and Torres Strait Islander Australians 2010-12* estimates expectation of life, at birth, for Aboriginal people. Revised estimates show that Aboriginal males born in Australia in 2010-2012 could expect to live to 69.1 years, 10.6 years less than the 79.7 years expected for non-Aboriginal males. The expectation of life at birth of 73.7 years for Aboriginal females born in Australia in 2010-2012 was 9.5 years less than the expectation of 83.1 years for non-Aboriginal females.

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

The [Australian Government National Indigenous Australian Agency](#) supports the Minister for Indigenous Australians, The Hon Ken Wyatt AM, MP.

The Remote Area Health Corps is a Federally-funded not-for-profit programme providing [online training modules for health professionals interested in remote health services in Aboriginal communities](#).

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

- Literacy levels may vary between communities. For example, regional communities with a lack of access to education can lead to lower literacy levels and patients may require assistance with forms and questionnaires.
- It is also important to recognise that Aboriginal people have “men’s business” and “women’s business”, and it is inappropriate to have men and women sharing a room in the hospital.
- Where possible, it is preferable to have the doctor of the same gender as the patient.
- When a death occurs, there are specific beliefs about the deceased’s spirit and about allowing visitors with the deceased.

HealthInfoNet is a Level II Research Centre within Edith Cowan University. The Australian Indigenous HealthInfoNet website is a resource helping to close the gap by providing the evidence base to inform practice and policy. The website is designed to share knowledge and information among people working in health and related services and [key resources and workforce publications are provided](#).

[The Little Red Yellow Black website](#) provides an introduction to the history and culture of Indigenous Australia.

Western Australian Aboriginal population

In WA, 62 percent of the Aboriginal population live in rural or remote areas. Aboriginal people experience higher levels of psychological distress than non-Aboriginal people and have higher exposure to a range of risk factors that contributes to poor health outcomes.

[Aboriginal Health](#) is a state-wide office within WA Health responsible for facilitating a collaborative and coordinated approach within WA Health’s public health system to improve health outcomes for all Aboriginal people living in WA. Aboriginal Health provides high level strategic leadership including advice for matters which directly and indirectly impact health outcomes.

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

Aboriginal patients

Aboriginal people are diverse and there is no standard approach. That said, patients with a strong traditional culture may have very different non-verbal communication and eye contact than non-Aboriginal people. For example, direct eye contact may be interpreted as aggressive or rude. During conversation, long pauses and silences are common and should not be taken as a sign of rudeness.

Newly arrived medical practitioners are encouraged to develop links with a local community representative and an Aboriginal health worker to assist in their care of Aboriginal patients. The [National Aboriginal and Torres Strait Islander Health Worker Association](#) can be used as a resource.

Culture can influence Aboriginal people’s decisions about when and why they should seek health services, their acceptance of treatment, the likelihood of adherence to treatment and follow up, and the likely success of prevention and health promotion strategies. Ensuring that health services and providers are culturally competent will lead to more effective health service delivery and better health outcomes.

A comprehensive, technical resource on best-practice management of the major health problems facing Aboriginal people, written to assist doctors working in Aboriginal health is “[Aboriginal Primary Health Care](#)”, 3rd edition, written by Dr Sophia Couzos and Dr Richard Murray for the Kimberley Aboriginal Medical Service Council (Oxford University Press ISBN 0 19 5516192). Proceeds from book sales support the continued operations of Aboriginal Community Controlled Health Services.

The [Remote Primary Health Care Manuals](#) website provides online access to five manuals used in Aboriginal and remote primary health care in Australia, including:

- *CARPA Standard Treatment Manual, 7th edition;*
- *Minymaku Kutju Tjukurpa Women’s Business Manual, 6th edition;*
- *Clinical Procedures Manual for remote and rural practice, 4th edition;*
- *Medicines Book for Aboriginal Health Workers, 4th edition*
- *Reference Book for the Remote Primary Health Care Manuals.*

You will be required to register and login to access these manuals free of charge.

3.3 The Australian patient

Australia is a multi-cultural society and there is no “typical” definition of an Australian patient. Patients will vary depending on the area in which they live and work and their economic and educational backgrounds. In recent times Australian patients have become better informed and may choose to take an active part in the decision-making process.

Most Australians prefer to be treated as individuals and expect to be treated with respect as an equal. The extended family unit is not as dominant in Australia and many elderly patients may live alone. Australian patients expect to be kept informed about their health care. This includes possible treatment options, the benefits and risks, any tests required and the nature of their illness.

3.4 Cultural awareness

Australia is made up of people from a variety of cultures, many of whom hold different values and beliefs about health and medical treatment. These different beliefs and values will impact on your patients’ perceptions of appropriate treatment and behaviour. Determining what is appropriate may not be easy.

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

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

In areas in which you have strong personal beliefs, ensure you research alternative approaches and ask advice from others where necessary.

You will need to support the patient to find alternative help if required. Areas of health care that are potentially sensitive include:

- termination of a pregnancy
- sexual orientation
- the process of dying

- treatment of pain
- prescribing contraceptives
- AIDS related care
- cultural requirements (e.g. circumcision)
- organ donation
- substance abuse

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

Ensure that all the evidence for alternative treatments is equally weighted in your judgment. Take legal and reporting requirements into account. If you are aware of a bias in your judgment, you may need to refer the patient to a colleague.

3.5 Training in cultural awareness

Cultural awareness education helps to increase knowledge about Aboriginal history and culture, explore attitudes and values that can influence perceptions and behaviours, and improve understanding of the key issues facing Aboriginal people.

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

All WA Health employees are required to undertake the online cultural awareness training module within the first three months of their employment. Staff can also attend any locally provided [Cultural Awareness programs](#).

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

[Western Australian Centre for Rural Health \(WACRH\)](#): aims to improve rural, remote and Aboriginal health through research, education, student support and community service activities.

[Share Our Pride](#): website developed by [Reconciliation Australia](#) to provide an introduction to Aboriginal people and their culture and assist in building respectful relationships.

[Diverse WA](#): a Cultural Competency Program that aims to educate WA public sector staff on how to assist people from culturally and linguistically diverse backgrounds.

[Royal Australian College of General Practitioners \(RACGP\)](#): provides online and face-to-face learning programs which meet professional development requirements for general practice.

[The Australian College of Emergency Medicine](#): offers an Indigenous Health and Cultural Competency program designed for doctors and other healthcare workers to enhance culturally competent communication and overall care for Aboriginal and other culturally and linguistically diverse patients in the emergency department.

[Doctors Speak Up](#) is a multimedia resource developed to address the language and communication needs of international medical graduates (IMGs) working or seeking work in Australia.

3.6 Communication and using interpreters

Cultural differences can have a great significance in a health care environment. Proficiency in English may not always be enough to remove cultural barriers between doctor and patient. If in doubt, ask the patient to confirm each other's understanding.

If the patient is unable to participate or understand, due to difficulty understanding English, you should engage an appropriate interpreter. Care must be taken to avoid using family members for

formal interpreting due to privacy issues. [Interpreters](#) are professionally trained to provide appropriate and direct communication between the health care worker and the patient.

If you are concerned that the patient does not understand your recommendations or is refusing your treatment, which could lead to serious consequences for the patient, consider consulting your colleagues or supervisor for support and advice.

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

When consulting with the patient, it is best to introduce yourself, establish good eye contact and be polite, honest and direct about your diagnosis and their health care. Where possible, it is best not to rush the consultation. Gaining rapport will assist you to achieve an effective medical consultation. Good communication underpins every aspect of good medical practice.

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

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

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

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

3.7 Professional conduct of doctors

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

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

- Guidelines – Informing a National Board where you practise
- Good Medical Practice: a code of conduct for doctors in Australia
- Guidelines for mandatory notifications
- Guidelines for technology-based patient consultations
- Guidelines for advertising regulated health services
- Sexual boundaries in the doctor-patient relationship
- Social media: How to meet your obligations under the National Law.

The [AMA's Code of Ethics](#) (revised 2016) promotes ethical principles to guide doctors' conduct in their relationships with patients, colleagues and society. The doctor-patient relationship is based on mutual respect and collaboration. Both the doctor and the patient have rights and responsibilities. The following topics are covered:

- The Doctor and the Patient: patient care, protection of information, patients with challenges to decision-making capacity, family members/carers/significant others, clinical research, clinical teaching, fees.
- The Doctor and the Profession: professional conduct, working as part of a team, managing conflicts of interest, advertising, referral to colleagues.
- The Doctor and Society: responsibility to society, professional autonomy and clinical independence, health standards, stewardship, medico-legal responsibilities, health equity.

One of the greatest challenges in medical practice is having the insight to know when to seek assistance from your colleagues. Having access to a peer group, whether it is through one of the specialist colleges, a hospital or a practice makes it easier to seek such assistance. There are several resources and organisations available which can help you continue your professional development (see [section 5.6](#)).

Working with Children

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

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

- a public or private hospital ward where the patients may be children
- a community child health service
- a counselling or other support service
- any other work of a kind prescribed by regulations.

Mandatory reporting of child sexual abuse

As prescribed by the *Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008* provisions to the *Children and Community Services Act 2004* (the Act), it is a legal requirement in WA for doctors, midwives, nurses, teachers, police officers and boarding supervisors ("reporters") to report all reasonable beliefs of child sexual abuse to the [Department of Communities - Child Protection and Family Support](#) (CPFS). The CPFS administers the Act which places the responsibility for making a report on the reporter.

Reporters employed within WA Health should make an immediate written report to CPFS when a 'belief' is formed. There is a duty for all health professionals to report any child abuse or neglect. WA Health employees should follow the [Guidelines for Protecting Children 2015](#).

Child neglect

Suspected cases of child neglect can be referred to the [Child Protection Unit](#) (CPU), a specialised unit within Perth Children's Hospital. The CPU accepts cases not only where there are concerns of child abuse but also cases where long and short-term protection may be required.

Contact: (08) 9223 1111 or 1800 199 008 (country free call) or crisis care translating and interpreting service 13 14 50.

Cases that would be appropriate for referral include:

- children who have injuries or have had previous injuries that may be an inflicted injury e.g. fractures, bruises, lacerations, burns
- children with non-organic failure to thrive
- children where there is a concern of sexual abuse, neglect and induced/fabricated illness
- children where there has been a previous unexplained infant death in the family
- children who are believed to be at risk due to the mental or physical ill health of the parents
- children who are believed to be at risk due to domestic violence, alcohol abuse or drug use

The [National Association for Prevention of Child Abuse and Neglect](#) (NAPCAN) is a not-for-profit organisation whose mission is to prevent child abuse and neglect and to ensure the safety and wellbeing of every Australian child.

Sources:

Australian Health Ministers' Advisory Council, 2017, **Aboriginal and Torres Strait Islander Health Performance Framework**, 2017 Report, AHMAC, Canberra.

Australian Institute of Health and Welfare 2018. **Australia's health 2018**. Australia's health series no.16. AUS 122. Canberra: AIHW.

Section 4 Australian Law

- [Criminal offences](#)
- [Violence](#)
- [Female reproductive health and rights](#)
- [Drugs, smoking and drinking](#)
- [Legal Aid](#)

4.1 Criminal offences

Crime is defined as any behaviour that is against the law and may result in punishment. The law in Australia may be different to other parts of the world. For example, it is against the law to carry a weapon (such as a gun) without a licence or potential weapons (such as a knife) in public.

There are two types of law in Australia:

- Criminal law, which is designed to protect society as a whole from wrongful actions; and
- Civil law, which is designed to solve problems or disputes between individuals or groups.

4.2 Violence

Violence towards another person is not tolerated in Australia and is illegal. There are various services to support victims of crime or violence, including domestic violence.

Domestic or family violence

This can include experience or fear of physical, sexual or psychological abuse and damage, forced sexual relations, forced isolation or economic deprivation. This behaviour is against the law.

There are helplines to provide counselling and assistance, and services to support adults and children affected by domestic or family violence, as well as those who want to change their violent behaviour.

- | | |
|--------------------------------------------------------------|----------------------------------|
| • In an emergency - if someone is in immediate danger | Dial triple zeros (000) |
| • Women's Domestic Violence Help Line (24 hours) | (08) 9223 1188 |
| Calls from outside of Perth | 1800 007 339 |
| • Men's Domestic Violence Help Line (24 hours) | (08) 9223 1199 |
| Calls from outside of Perth | 1800 000 599 |
| • Police Operations (to report incident) | 13 14 44 |
| • Women's Information Service (0900 -1600 weekdays) | 1800 199 174 |

Further information and training: [King Edward Memorial Hospital toolbox](#)

Sexual assault and legal age of consent

The legal age of consent is the age the law recognises an individual as of age to agree to have sex with another person. In WA the *Criminal Code Act Compilation Act 1913 (section 321)* states the legal age of consent for sexual interactions is 16 years of age for males and females. In South Australia and Tasmania, the legal age of consent is 17 years of age.

In WA the following limitations apply:

- If you're under 16 years, it's not OK to have sex. The law says you're too young to consent to sex.
- If you're 16 to 17 years old it's not OK to have sex if the older person is in a position of care or authority over you (such as a sports coach, teacher or foster carer).
- If you're 18 years old or older, you can consent (agree) to have sex with anyone else over 18.

Sexual assault or violence is illegal and carries serious penalties. It is any behaviour of a sexual nature that is unwanted or happens without agreement or consent. This includes behaviour in a marriage or recognised relationship.

Sexual assault includes harassment, assault, childhood abuse and rape. Sexual violence is an abuse of power that may involve force, threat or coercion.

Sexual assault and the legal age of consent may have implications if/when a patient consults with the doctor for emergency contraception.

Further information:

- | | |
|------------------------------------------------------------------------------|-----------------------------|
| • In an emergency - if someone is in immediate danger | Dial 3 zeros (000) |
| • Domestic Violence 24 Hour Hotline (1800 RESPECT) | 1800 737 732 |
| • Blue Knot Foundation (9am – 5pm 7 days a week) | 1300 657 380 |
| • Bravehearts (child sexual assault) | 1800 272 831 |
| • WA Sexual Assault 24 Hour Help Line (SARC) (over 13) | (08) 6458 1828 |
| • Legal Aid Western Australia Infoline | 1300 650 579 |
| • Australian Institute of Family Studies age of consent laws | |

Rights of children

The human rights of children in Australia are protected by law, including from physical, sexual and emotional abuse, neglect and violence, both at home and at school. Children must be reasonably supervised and cared for, and physical discipline such as hitting is discouraged. If a child suffers significant harm this is illegal. Physical discipline is not allowed in schools.

See [section 3.7](#) professional conduct for further information.

Child protection

Child protection services may become involved to ensure the safety and wellbeing of a child or young person where it is suspected or known that protection is needed from violence or abuse.

See [section 3.7](#) professional conduct for further information.

4.3 Female reproductive health and rights

In Australia it is illegal to practice female genital mutilation (cutting), or any other act that alters female genitals unless it is done for health reasons.

It is illegal to organise female genital mutilation by sending or taking a child to another country for this purpose.

Women and children arriving in Australia with related health problems have access to services that can provide help.

The [Women's Information Service](#) offers free, confidential information for women throughout WA. The free telephone service operates from 9.00am to 4.00pm on weekdays. It provides information and referrals about issues such as health, finances, legal matters, counselling and domestic violence.

The [family and domestic violence toolbox](#) provided by King Edward Memorial Hospital includes guidelines, referral pathways, resources and support services for Female Genital Mutilation/Cutting.

Further information:

- Women's Information Service (WIS) 1800 199 174
- Email wis@dlgc.wa.gov.au

4.4 Drugs, smoking and drinking

There are many laws relating to possessing, using, supplying and manufacturing illicit drugs. There are severe penalties for breaking such laws.

Illicit drugs

In WA, it is illegal to possess, use, manufacture, cultivate or supply an illicit drug. Any person convicted of a drug offence will receive a criminal record and this can lead to difficulties in getting a job, credit or visas for overseas travel. Penalties can include up to 25 years in prison.

The Alcohol and Drug Foundation provides a [drug information directory](#) resource.

Tobacco

There are many public places where smoking tobacco is prohibited, including government offices, health clinics, workplaces, restaurants and shopping centres. If you are not sure, look for a 'no smoking' sign like these images below:



It is illegal to buy or be supplied tobacco or cigarettes unless you are over 18 years of age. If you are under 18 years of age you are considered a minor in the eyes of the law.

Alcohol

Drinking alcohol is legal in Australia in certain places at certain times. It may be prohibited in some public areas such as sporting ovals. It is against the law to sell or buy alcohol if you are a minor (under 18 years of age). A minor is also not allowed to drink alcohol except on private property such as a private home.

On 1 July 2015, the Mental Health Commission and the Drug and Alcohol Office amalgamated, establishing an integrated approach to mental health and alcohol and other drugs service delivery for WA. The merger recognises that commonly, drug and alcohol and mental health problems co-exist. Approximately 60% of people with mental health disorder are also experiencing alcohol or other drug problems. (Jaffe et al 2012 – J substance abuse treatment)

[Sobering up centres](#) provide a safe non-judgemental environment with access to bathroom facilities, a shower, bed, clean clothes, and a simple nutritious meal with referral to other agencies and services if required.

[Withdrawal services](#) provide a safe and supportive environment to help withdrawal from alcohol and drug dependence.

Further information:

- Alcohol and Drug Support Line (24/7) (08) 9442 5000 or 1800 198 024
- Alcoholics Anonymous Australia 1300 222 222
- Narcotics Anonymous Australia 1300 652 820
- Perth Sobering Up and Bridge House (08) 9227 8086

Further information on addiction: [Reach Out](#)

4.5 Legal Aid

In WA, the organisation that informs people of their legal rights and obligations and helps with access the justice system is Legal Aid. Legal Aid can provide advice and help to eligible people on criminal matters, family breakdown, family violence, migration, mental health, social security, debt and traffic offences.

Legal Aid WA Infoline (9am – 4pm Monday – Friday) 1300 650 579

Legal Aid WA has created a set of online, interactive community legal education resources:

- Blurred Borders
- R U Legal? And Leavers – R U Legal?
- What's the Law?
- Self-help kits and guides
- Information sheets and pamphlets
- Family Law and Children's Court
- Legal Stories

Further information: [Legal Aid WA](#)

Section 5 Registration of doctors in Australia

- [Medical Board of Australia](#)
- [Australian Medical Council](#)
- Medical registration pathways: [Competent Authority](#), [Standard](#), [Specialist](#)
- [Professional development, education and colleges](#)

The [Australian Health Practitioner Regulation Agency](#) (Ahpra) is the organisation responsible for the registration and accreditation of 15 health professions across Australia. Each health profession that is part of the National Registration and Accreditation Scheme is represented by a National Board (the Boards). The primary role of the Boards is to protect the public by setting standards and policies that all registered health practitioners must meet. The MBA is one of the Boards supported by AHPRA.

AHPRA's operations are governed by the [Health Practitioner Regulation National Law Act 2009](#). Under the National Law there are a [number of MBA registration categories](#) under which a doctor can practise medicine in Australia. Different categories apply to different types of registration: general, specialist, provisional, limited and non-practising. Student registration can also be granted to medical students undertaking an approved program of study.

5.1 Medical Board of Australia (MBA)

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

Registration with the Medical Board of Australia

All doctors who wish to apply for initial registration must meet the following mandatory registration standards:

- Continuing Professional Development Registration Standard
- Criminal History Registration Standard
- English Language Skills Registration Standard
- Professional Indemnity Insurance Registration Standard
- Recency of Practice Registration Standard

IMGs whose medical qualifications are from a medical school outside of Australia or New Zealand and who are seeking registration to practise medicine in Australia must provide evidence of eligibility to undertake one of the following assessment pathways:

- Competent Authority pathway
- Standard pathway, or
- Specialist pathway
- Short term training in a medical specialty pathway

The assessment process assesses the knowledge and clinical skills of IMGs seeking to qualify for medical registration in Australia. See [sections 5.3 – 5.5](#)

Further information: [Assessment pathways to registration for IMGs](#)

Health assessments and monitoring

Under the National Law, a registered health practitioner or student may be required to undergo a [health assessment](#) if the National Board reasonably believes that an impairment has or may

adversely affect the capacity to practice. The National Law defines impairment as a ‘physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect their capacity to practise or undertake clinical training.

Restrictions can be imposed on the registration of a practitioner or student to limit practice (conditions) or require certain undertakings. These restrictions can be imposed by a National Board, panel or tribunal to keep the public safe while the practitioner continues to practice. When restrictions are in place on registration, AHPRA monitors compliance with the restrictions. This process is referred to as ‘[monitoring and compliance](#)’.

Revised Guidelines

On 4 January 2016 the MBA introduced [revised guidelines for the supervision of IMGs](#). All IMGs who are granted limited registration or provisional registration must be supervised. Supervision remains a requirement of registration for the duration of the IMG’s limited or provisional registration.

The key changes to supervision arrangements for IMGs are:

- changes to the requirements for supervisors, including a new online education and assessment module for supervisors
- changes to the number of IMGs permitted per supervisor
- clearer descriptions of the four levels of supervision
- revised supervision arrangements for IMGs working after-hours, on-call or providing home visits and locum services
- a new process for appointing temporary supervisors
- a new audit provision - IMGs and their supervisors may be audited to check compliance with the Board’s supervision requirements

Templates included with this revision:

- supervised practice plan and principal supervisor’s agreement
- orientation report
- work performance report

Revised registration standards

Registration standards set out the requirements that applicants, registrants or students need to meet to be registered. Registration standards are revised at regular intervals and may be updated, with a new version released.

Further information: [Mandatory registration standards](#)

5.2 Australian Medical Council

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

The AMC conducts the assessment process for IMGs in the Standard Pathway only, to ensure they meet the same standard of medical knowledge, clinical skills and attitudes expected of new graduates from Australian medical schools. The examinations are comprised of several parts designed to test medical knowledge, clinical competencies and professional attitudes for the safe and effective clinical practice of medicine in Australia.

IMGs whose primary medical qualifications are not from accredited Competent Authorities can gain eligibility for general registration through the Standard Pathway AMC examinations or Standard

Pathway workplace-based assessment and completion of a period of supervised clinical practice approved by the MBA.

Primary source verification

As of 1 October 2015, the AMC requires IMGs to [apply online](#) for primary source verification of their medical qualifications. IMGs seeking registration in any category in Australia must apply for primary source verification using the Education Commission for Foreign Medical Graduates' (ECFMG) Electronic Portfolio of International Credentials (EPIC) system.

Examinations

The AMC examination consists of two sections.

- The first section, the [AMC Computer Adaptive Test Multiple Choice Questionnaire \(CAT MCQ\) Examination](#), is a computer-administered fully integrated multi-choice question examination of 150 A-type MCQs delivered in one 3.5 hour session in examination centres worldwide. The exam tests the principles and practice of medicine in the fields of adult medicine, adult surgery, women's health, child health, mental health and population health.
- The second section, the [AMC Clinical Examination](#), is an integrated multidisciplinary structured clinical assessment consisting of a 16-component multi-station assessment undertaken in a single morning or afternoon session. Clinical assessment of clinical skills will cover medicine and surgery, obstetrics and gynaecology, paediatrics and psychiatry. It also assesses ability to communicate with patients, their families and other health workers.

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

Workplace based assessment (WBA), an alternative to the AMC Clinical Examination, is being implemented by the AMC in conjunction with some Australian states and territories. See [section 5.5](#) for information.

5.3 Competent Authority Pathway

The [Competent Authority Pathway](#) is intended for overseas-trained non-specialists, but is also available to specialists, including general practitioners (GPs).

IMGs who have completed the requirements of the MBA-designated competent authority can now apply directly to the MBA for provisional registration.

The MBA-designated competent authorities are:

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

5.4 Standard Pathway

The [Standard Pathway](#) is for IMGs who are not eligible for the Competent Authority pathway or the Specialist pathway. Under this pathway, the AMC conducts two alternative processes leading to the AMC Certificate:

- **Standard Pathway (AMC examinations):** Assessment is by examination only – the AMC CAT MCQ Examination and the AMC Clinical Examination. Most non-specialist applicants will be assessed through this method.
- **Standard Pathway (workplace-based assessment):** Assessment is by examination and workplace-based assessment – the AMC CAT MCQ Examination and workplace-based assessment of clinical skills and knowledge by an AMC-accredited authority. The AMC has accredited a small number of workplace-based assessment programs and as a result, relatively few applicants are assessed through this pathway.

Workplace-based assessment in WA

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

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

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

WA has three AMC-accredited WBA sites through the WA Country Health Service (WACHS) – Bunbury Hospital, Geraldton Hospital and Kalgoorlie Hospital. Candidates must apply for positions through standard recruitment processes to secure employment before being eligible to join the WBA program. Employment cannot be arranged on your behalf by either the AMC or WA Health.

Further information: [Workplace-based assessment in WA](#)

5.5 Specialist Pathway

The [Specialist Pathway](#) is open to:

- overseas trained specialists whose qualifications have been partially recognised by an Australian/Australasian specialist college
- overseas trained specialists seeking work as an Area of Need specialist

All applicants must have a primary qualification in medicine and surgery awarded by a training institution recognised by both the [Australian Medical Council](#) and the [World Directory of Medical Schools \(WDOMS\)](#) and who have satisfied all the training and examination requirements to practise in their field of specialty in their country of training, can apply for assessment under this pathway (specialist recognition or area of need).

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

IMGs applying for registration through the specialist pathway can apply directly to the relevant specialist medical college. The outcome of a specialist medical college's assessment of the IMG's

application for the Specialist Pathway will determine the type of registration an IMG may apply for with the Board. The Board makes the final decision on whether to grant registration.

5.6 Short term training in a medical specialty pathway

The [short term training in a medical specialty pathway](#) is for IMGs who are overseas-trained specialists or specialists-in-training wishing to undertake a short period (usually up to 24 months) of specialist or advanced training in Australia.

This pathway does not lead to registration as a specialist in Australia. IMGs seeking to qualify for specialist registration apply for registration via the [specialist pathway - specialist recognition](#).

5.7 Professional development and education

Australia is a diverse country and individual doctors are not expected to be experts in every situation. Some situations encountered by doctors will be uniquely Australian. For example, spider bites or the impact of Aboriginal traditional beliefs on acceptance of medical treatment. Additionally, new information and regulations are frequently being published from research and ethical analysis conducted in both Australia and overseas.

Under the National Law, all registered health practitioners must undertake Continuing Professional Development (CPD). Practitioners registered with each Board must achieve a certain number of hours/points/credits each year on CPD activities. The MBA has developed a [CPD registration standard](#) that outlines these requirements.

Information on training workshops and education sessions may be posted on bulletin boards, on the respective intranets, or delivered through the Director of Clinical Training and/or the Medical Education Office of your employer. Most sites also have a medical library or access to online library resources where you can access clinical publications.

A list of libraries is available on the [WA Health Library Network](#).

Specialist colleges, chapters and faculties accredited by the AMC

Australian and New Zealand College of Anaesthetists - [ANZCA](#)

Australasian Chapter of Addiction Medicine - [AChAM](#)

Australasian Chapter of Palliative Medicine - [AChPM](#)

Australasian Chapter of Sexual Health Medicine - [AChSHM](#)

Australasian College of Dermatologists - [ACD](#)

Australasian College for Emergency Medicine - [ACEM](#)

Australasian College of Sports and Exercise Physicians - [ACSEP](#)

Australian College of Rural and Remote Medicine - [ACRRM](#)

Australasian Faculty of Occupational and Environmental Medicine - [AFOEM](#)

Australasian Faculty of Public Health Medicine - [AFPHM](#)

Australasian Faculty of Rehabilitation Medicine - [AFRM](#)

College of Intensive Care Medicine of Australia and New Zealand - [CICM](#)

Faculty of Pain Medicine - [FPM](#)

Royal Australian College of General Practitioners - [RACGP](#)

Royal Australian and New Zealand College of Obstetricians and Gynaecologists - [RANZCOG](#)

Royal Australian and New Zealand College of Ophthalmologists - [RANZCO](#)

Royal Australian and New Zealand College of Psychiatrists - [RANZCP](#)

Royal Australian and New Zealand College of Radiologists - [RANZCR](#)

Royal Australasian College of Dental Surgeons - [RACDS](#)

Royal Australasian College of Medical Administrators - [RACMA](#)

Royal Australasian College of Physicians - [RACP](#)

Royal Australasian College of Surgeons - [RACS](#)

Royal College of Pathologists of Australasia - [RCPA](#)

Further information: [Australian Medical Council](#)

Section 6 Working in Western Australia

- [Working in hospitals: structure, roles, orientation, support, communication, discharge planning, hospital emergency departments, rosters, pay rates](#)
- [Occupational safety and health](#)
- [Imaging and pathology](#)
- [Prescribing](#)
- [Schedule 8 medications and drugs of dependence](#)
- [Medical credentialing and scope of practice](#)
- [Infection control: hand-washing, immunisation, infectious diseases](#)
- [Taxation and insurance: superannuation, salary packaging, professional indemnity, WorkCover](#)
- [Medico-Legal: medical records, patient confidentiality, patient consent including children and minors, notifiable conditions, FOI, sexual harassment, violence and aggression](#)
- [Deaths in hospital: reportable deaths, certification of death, organ transplantation](#)
- [Working in general practice: 19 AB restrictions and area of need, visiting medical practitioners, support, telehealth](#)

Like other Australian states and territories, WA has a mix of public and private health service providers that comprise the state's health system. When first arriving in WA, IMGs are likely to work in a hospital setting. Restricted access to a Medicare provider number under the *Health Insurance Act 1973*, means IMGs wishing to work in general practice must seek employment in an Area of Need, generally located either in rural or outer metropolitan areas. Refer to [section 6.13](#).

6.1 Working in hospitals

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

Hospital structure

Hospitals have varied structures. When you commence employment, your orientation process should include receiving a copy of the hospital's governance and organisational structure. Your main contacts will be the doctors in your clinical unit such as the Unit Head and nominated Supervisor, as well as other consultants, registrars, RMOs, interns, and relevant ward staff.

The education pathway in metropolitan teaching hospitals and the standard position titles associated with these training positions are described in Figure 1. Several other titles are used for medical practitioners, particularly by WACHS, to indicate the level of training and responsibility of doctors working in these hospitals. Common position titles and the associated clinical occupation are set out in Figure 2.

Outside your colleagues, there are several people you will interact with including:

- patients and their relatives/friends
- other health professionals including nursing and allied health
- GPs and health professionals involved in community services
- medical administration and medical education staff.

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

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

Note: You can also be a Resident Medical Officer and enrolled in vocational training (i.e. Basic Physician, Basic Paediatrics or General Practice training).

Occupational Category	Position Title
Senior non-specialist doctors	<ul style="list-style-type: none"> • District Medical Officer (procedural and non-procedural) • Health Service Medical Practitioner • Senior Medical Officer • Senior Medical Practitioner • Visiting Medical Practitioner
Medical administration	<ul style="list-style-type: none"> • Area Director of Clinical Services (Clinical Leads) • Director Clinical Services • Director Medical Services • Medical Director
Medical education	<ul style="list-style-type: none"> • Director Clinical Training • Director Postgraduate Medical Education

Figure 2: Common medical position titles in Western Australia.

Role of hospital doctors

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

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

Orientation to the hospital

The hospital will provide an orientation program for all new employees so that they can familiarise themselves with the workings of the hospital, the medical unit to which they have been assigned, and the overall operation of WA Health. Different areas of the orientation may be provided by different staff. For example, general administration may be covered by medical administration staff whilst clinical information may be provided by your supervisor or another senior doctor in your unit.

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

Performance reviews

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

The [Australian Curriculum Framework for Junior Doctors](#) (ACFJD) is an excellent reference to guide you to set learning goals and understand the level of clinical competence expected of junior doctors in Australia. Developed to support junior doctors in their prevocational training years, the ACF outlines the learning outcomes JMOs should achieve through their clinical rotations, education programs and individual learning.

Communication and handover

Communication with members of a multidisciplinary team is an essential part of fulfilling your role as a doctor. Whether you are informing nursing or allied health staff or ensuring that other doctors know about your patients, effective communication is of the highest importance.



Incomplete transfer of clinical information between medical personnel, particularly during patient handover, has been identified as one of the most important contributing factors in serious adverse events.

WA Health strives to avoid this through the use of the [ISOBAR system](#) (see below, the word that forms the mnemonic in each description is underlined).

- I** - identify self (name, role, contact number) and the patient (name, date of birth, gender)
- S** - explain situation: presentation, diagnosis, principal problems, reason for seeking transfer/advice
- O** - most recent primary survey including observations, drips and drains
- B** - background to the patient: medications, allergies, test results, social information
- A** - agree a plan: determine urgency and treatment priorities, who does what, when
- R** - readback the situation: clarify for shared understanding, clear on treatment, doses, numbers, roles and tasks.

Further information: [Australian Commission on Safety and Quality in Health Care](#)

Interactions with nursing staff

As a hospital doctor you are encouraged to liaise with all nurses on the unit. The unit Nurse Managers and Clinical Nurse Specialists (CNS) can provide invaluable assistance about ward practices and hospital procedures. They are senior members of the hospital staff whose primary role is to ensure that patients receive optimal care.

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

Discharge planning and communication with General Practitioners

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

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

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

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

Communication with GPs

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

Internal services

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

Home services

- home help
- day hospital
- CHSP assessment
- NDIS services

Allied Health services

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

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

Hospital emergency departments (ED)

EDs in public hospitals provide free 24-hour 7-day emergency care to anyone who needs immediate treatment for a serious injury or illness.

Triage categories are allocated to each patient based on an assessment of their presenting conditions, generally by the triage nurse, with triage 1 being the most urgent and triage 5 being the least urgent. **Patients are always seen in order of clinical urgency.**

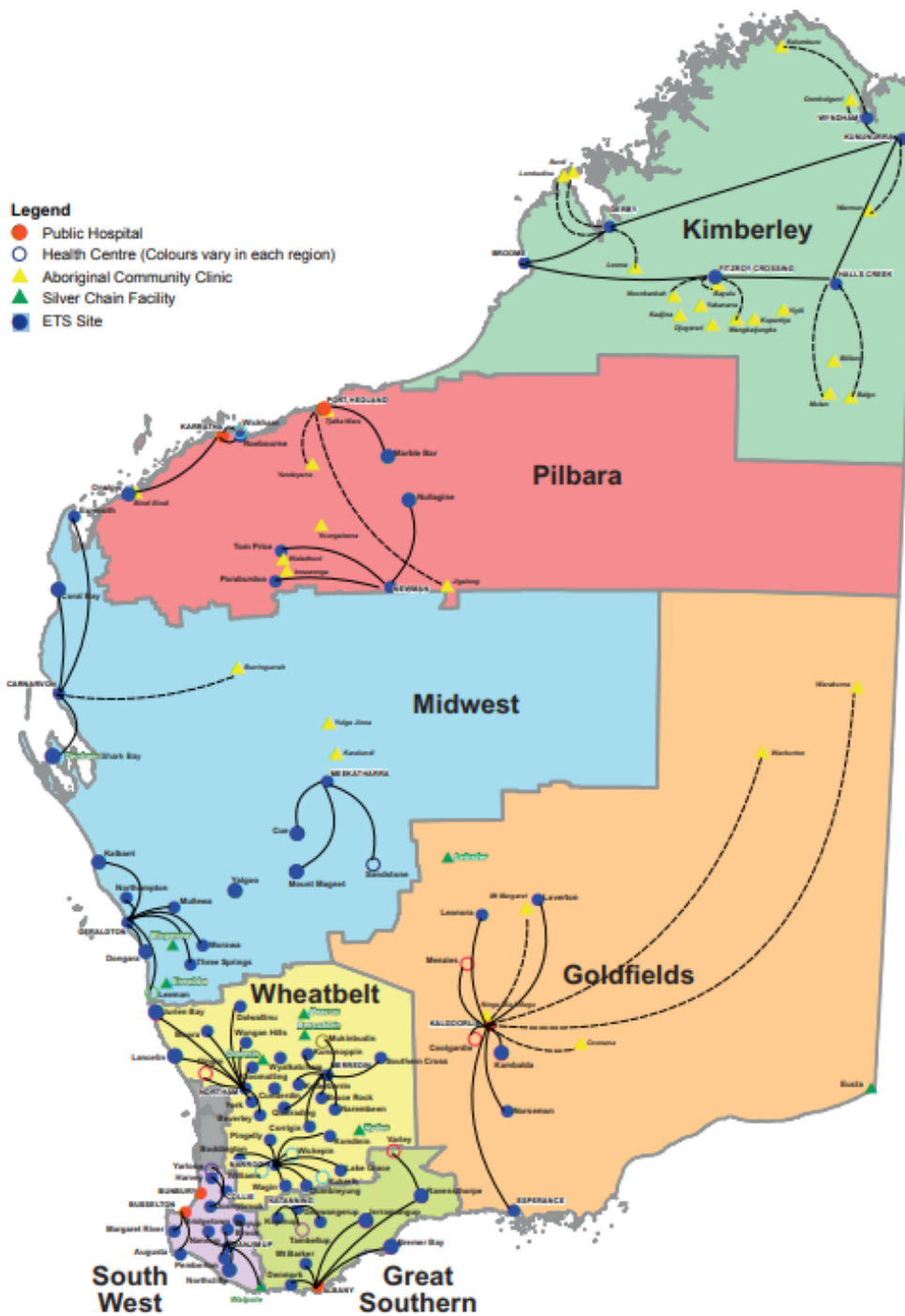
The Australasian Triage Scale (ATS) is a clinical tool used to establish the maximum waiting time for medical assessment and treatment of a patient. Tools are available from the [Australasian College of Emergency Medicine](#).

EDs are located at the following metropolitan hospitals in WA:

- Armadale/Kelmscott District Memorial Hospital
- Fiona Stanley Hospital
- Joondalup Health Campus (formerly Wanneroo Hospital)
- King Edward Memorial Hospital for Women
- Peel Health Campus
- Perth Children's Hospital
- Rockingham General Hospital
- Royal Perth Hospital
- Sir Charles Gairdner Hospital
- St John of God Midland Public Hospital (replaced Swan District Hospital)
- St John of God Hospital Murdoch (private hospital – fees payable)

In the WACHS, there are over 70 regional and remote hospital emergency departments and emergency care facilities. The [Emergency Telehealth Service](#) uses telehealth technology to provide specialist emergency medicine support to clinical staff treating acute patients in country hospital emergency departments, and outpatient consultations between metropolitan-based specialists and regionally-based public patients via videoconference.

Emergency Telehealth Service Sites



78 ETS Sites as at December 2017

Map 2: WACHS Emergency Telehealth Service Sites

Rosters

RMOs at Royal Perth, Sir Charles Gairdner and Fiona Stanley Hospitals rotate through five terms of approximately 10 weeks each. Some of the rotations may be in one of the satellite hospitals associated with the tertiary hospital. There are also opportunities to work at rural hospitals run by WACHS for some rotations. The number of terms may differ between hospitals. Please refer to individual hospitals for details. As an RMO you will be expected to work a mix of day, weekend and night rosters.

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

Further information: [RMO Recruitment Application Guide](#)

Pay rates

The conditions of employment for junior doctors working in WA public hospitals are subject to the terms and conditions of the doctor's awards and agreements. Interns shall be appointed on a 3-year contract. Progression from intern to RMO will occur upon successful completion of the internship and achieving general registration with AHPRA.

The current award and agreement is the [WA Health System – Medical Practitioners – AMA Industrial Agreement 2016](#).

6.2 Support, assistance and wellbeing

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

- Director of Medical Services
- Medical administration
- Medical Officer representatives
- Clinical supervisors
- Directors of Clinical Training/Medical Education Officers
- Junior/Resident Medical Officer societies

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

Professional Organisations

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

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

[AMA WA](#) is the WA branch for local medical professionals.

[Australian Society for Medical Research \(ASMR\)](#): is the peak professional society representing Australian health and medical research.

Australasian College of Legal Medicine (ACLM): is established at the end of 1995 providing a network for doctors and dentists who have completed dual qualifications in law, and medicine or dentistry, or whose areas of practice are impacted on by the law and who have consequently elected to undertake internal College or external training to gain at least a basic understanding of the law as it applies to their practices for the benefit of their patients.

Australasian Doctors' Health Network (ADHN): provides information on common problems, health, specific groups and resources for doctors and medical students in Australia and New Zealand. Contacts for WA organisations are also provided.

Australasian Medical Writers Association (AMWA): is the peak body for promoting excellence in health and medical communications in Australia and New Zealand through conferences, continuing education, networking and mentoring.

Doctors Reform Society of Australia (DRS): is an organisation of doctors and medical students promoting measures to improve health for all, in a socially just and equitable way.

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

Support Organisations and Services

BeyondBlue: provides information and support to help everyone in Australia achieve their best possible mental health, regardless of their age and location. Telephone: 1300 224 636

Bush Support Line: is a 24-hour telephone counselling service for ALL remote health workers/service providers and their families. 1800 805 391

Doctors' Health Advisory Service: is a confidential 24-hour service that offers professional peer support for medical students and doctors by an independent panel of experienced male and female GPs, in times of personal crisis. Contact can be made by the person themselves or a concerned family member, colleague or friend. All contact remains confidential. Telephone (08) 9321 3098, available 24 hours a day, 7 days a week.

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

Employee Assistance Program (for State Government employees): provides Professional confidential counselling service, available 24 hours a day, 7 days a week.

If you are an employee of the Child and Adolescent Health Service, Department of Health Divisions, East Metropolitan Health Service, Health Support Services, North Metropolitan Health Service or the South Metropolitan Health Service, you may access counselling support from either of the two designated contractors below:

Converge International
Tel: 1300 687 327 or 1300 687 633
Website: www.convergeinternational.com.au

Optum
Tel: 1300 361 008
Website: www.optum-au.com

If you are an employee of WACHS, contact details for your EAP providers are available on the **WACHS Intranet Page**.

Junior Medical Officer Health: is a website to promote the health and wellbeing of junior doctors that includes self-assessment tools and resources.

Junior Medical Officer Societies: are societies that are established by junior medical officers to represent the concerns and support the welfare of junior medical staff.

- The Sir Charles Gardiner Hospital RMO Society – SCGH/NMHS network
- The [Stanley Medical Officer's Society](#) – FSH/SMHS network
- Royal Perth RMO Society – RPH/EMHS network
- Midland JMO Society – St John of God Midland Public and Private Hospitals
- JHC RMO Society – Joondalup Public and Private Hospitals
- PCH RMO Society – Perth Children's Hospital
- KEMH RMO Society – King Edward Memorial Hospital

Postgraduate Medical Council of WA (PMCWA): provides leadership for early postgraduate medical education and training, including supporting clinicians and other professionals involved in the education and training of pre-vocational and other non-vocational doctors. PMCWA also identify and advise on matters that impact the health and welfare of pre-vocational and other non-vocational doctors. PMCWA provides support for junior medical officers through the WA Junior Medical Officer (JMO) Forum and is supported by the JMO Forum to produce the [JMO Survival Guide and JMO Professional Development Guide](#).

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

Rural Family Medical Network: assists the spouses and families of doctors and medical students when moving to rural locations in New South Wales, Queensland, Victoria and WA. In WA, this program is conducted through Rural Health West's Family and Social Support Program.

6.3 Occupational safety and health

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

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

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

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

[WorkSafe](#) is the WA Government agency responsible for the administration of the OSH Act. It is a division of the Department of Mines, Industry Regulation and Safety (DMIRS). The main objective of the OSH laws is to promote and secure the safety and health of people at the workplace. The scope of the OSH Act does not include every workplace.

The [Office of Patient Safety and Clinical Quality](#) provides strategic directions to, and the oversight of the safety and quality of the WA public HSPs including resources and information on clinical incident management, improving clinical quality, managing clinical risk and medication safety.

6.4 Imaging and pathology: ordering and reporting

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

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

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

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

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

6.5 Prescribing medications

The [Poisons Act 2014](#) and the [Poisons Regulation 2016](#) set out the requirements for the use of medicines and poisons in WA.

In both hospitals and general practice, the active drug (otherwise known as the generic) name is preferred over brand names. This is to avoid confusion as there may be multiple brand names for the same medication. The brand names are also different between different countries. Moreover, through the National Medicines Policy, the Australian Government encourages the use of generic drugs to reduce any financial pressure on the PBS.

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

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

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

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

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

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

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

The [WA Medication Safety Group](#) provides consultative advice on safe use and practices related to medication management for the patient's hospital admission and transition between primary and secondary care providers.

6.6 Schedule 8 medicines

The [Medicines and Poisons Regulation Branch](#) (MPRB) of the Health Department provides advice, develops policies and administers regulatory controls for medicines including Schedule 8 (S8) medicines ([drugs of dependence](#)), therapeutic goods and poisons in WA. This includes licencing and permits.

Medicines and poisons are classified into schedules based on their level of toxicity and their use. S8 or Controlled Drug prescription medicines require restrictions on manufacturing, supply, distribution, possession and use to reduce potential harms to the patient and the community.

The MPRB has produced the [Schedule 8 Medicines Prescribing Code](#) to guide doctors on prescribing of S8 medicines. In WA, S8 medicines include opioids and opioid pharmacotherapy, stimulants (methylphenidate and dexamphetamine), cannabis-based medicines and benzodiazepines (flunitrazepam and alprazolam).

Further information:

- Medicines and Poisons Regulation Branch (08) 9222 6883 or MPRB@health.wa.gov.au

6.7 Reporting drug dependence

It is a requirement under the *Medicines and Poisons Act 2014* that doctors must make a report to the Department of Health, within 48 hours, if the doctor believes that a person is a drug dependent person. Reports of drug dependence must be made on the [Reporting a Drug Dependent Person](#) form.

If a person in WA is considered as a Drug Dependent Person by the Department of Health, prior written authorisation from the Chief Executive Officer is required before prescribing S8 medicines for that person.

6.8 WA High Risk Medication Policy

The [WA High Risk Medication Policy](#) has been introduced to improve patient safety. It applies to all clinical staff that prescribe, dispense or administer high-risk medications. The aim is to establish strategies to reduce the risk of errors during the use of high-risk medicines.

Hospitals and health services must determine which medications are deemed high risk within their patient population and clinical settings in accordance with the National Safety and Quality Health Service Standard 4.11.

At a minimum the following medications, recommended by the Australian Commission on Safety and Quality in Health Care, should be considered for inclusion in the high-risk medication register.

- A Antimicrobials
- P Potassium and other electrolytes, Psychotropic medications

- I Insulin
- N Narcotics / Opioids
- C Chemotherapeutic agents
- H Heparin and other anticoagulants
- S Systems (e.g. safe administration of liquid medications)

6.9 Medical credentialing and defining scope of practice

The [Credentialing and Defining Scope of Clinical Practice Policy](#) requires doctors, midwives, nurses and other allied health professionals employed at a hospital credentialing to become credentialed for their qualifications, skills and to define their scope of practice. The process ensures that health professionals have the capability to perform the tasks they are employed to do.

The credentialing process for doctors includes:

- Verifying a medical practitioner’s credentials: qualifications, skills, experience and competencies.
- Defining the scope of clinical practice: determining the scope of clinical practice for a medical practitioner within a specific health care facility.

Credentialing is aligned with a medical practitioner’s employment/engagement and shall not exceed five years without re-credentialing. Re-credentialing may be planned or unplanned.

6.10 Infection control

Hand washing

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

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

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

You will be required to undertake mandatory [training in hand hygiene](#).

Wearing gloves

Gloves should be worn when:

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

Handling sharp instruments

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



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

Exposure to blood or body fluids in the workplace

If potentially infectious bodily fluids enter a break in the surface of the skin, flush with lots of running water and then wash with soap and warm water. If eyes are contaminated, rinse eyes with lots of tap water or saline. If blood gets into the mouth, spit and then repeatedly rinse with water.

After taking the appropriate first aid steps outlined above, the incident should be reported to the nominated person in your hospital/unit. The incident must also be recorded.

Immunisations

The following immunisations are recommended for healthcare workers (HCWs):

- Pertussis
- Hepatitis B vaccination (HBV)
- Influenza vaccine (given annually)
- Measles, mumps, rubella (MMR)
- Varicella (chickenpox) – for non-immune staff only.
- Hepatitis A – for HCWs working in remote aboriginal communities in WA

In WA, it is a [mandatory requirement for healthcare and health support workers to be fully vaccinated against COVID-19 to enter healthcare facilities as an employee](#).

Further information: [Health Care Worker Immunisation Policy](#)

Infectious diseases

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

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

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

Registered health practitioners, employers of practitioners and education providers are required to make mandatory notifications under the National Law to prevent the public being placed at risk of harm. Joint guidelines have been developed by the National Boards, including the Medical Board of Australia, to provide direction to registered health practitioners, employers of practitioners and education providers about the requirements for mandatory notifications under the National Law.

Further information: [Guidelines for mandatory notifications](#)

Responsibilities of treating medical practitioners

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

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

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

6.11 Taxation and insurance

Taxation

In general, anyone earning an income in Australia is subject to taxation. A tax file number (TFN) is issued to individuals and organisations by the [Australian Taxation Office](#) (ATO) to assist with the administration of tax. A TFN is issued only once during your lifetime, regardless of any changes in name, residency or any other circumstances. Every Australian has a right not to obtain a TFN or not to provide it to their employer. However, if the employer does not have the TFN, they may withhold more tax for the ATO.

Salary packaging

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

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

Superannuation

Superannuation is money set aside over your working lifetime to provide for your retirement. For most people, superannuation (super) begins to accumulate when you start work and your employer starts paying contributions for you. These payments are known as superannuation guarantee contributions or concessional contributions. Some employers will allow you to choose your superannuation fund.

Superannuation funds invest your money in areas such as shares, property and managed funds. Complying superannuation funds receive more favourable tax treatment than individuals and companies. The minimum employer contribution is 10% of your "ordinary time earnings" which is generally what you earn for ordinary hours of work including: over-award payments; commissions; allowances, and paid leave.

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

Further information:

- [Australian Taxation Office](#)
- [Government Employee's Superannuation Board \(GESB\)](#)
- [Superannuation and retirement | ASIC's MoneySmart](#)

General insurance and income protection

Temporary visa holders are encouraged to take out Overseas Visitors Health Cover, as generally they will not be covered under Australia's public Medicare system for medical or hospital expenses. A specific level of health insurance may be necessary to meet your visa requirements.

Further information: [Overseas Visitors Health Cover](#)

Visitors from countries with Reciprocal Health Care Agreements may apply for Medicare benefits for immediate necessary medical treatment in the public health system.

Further information: [Overseas Visitors and overseas students](#)

Professional indemnity insurance

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

- Avant – Medical Indemnity
- Berkshire Hathaway Specialty Insurance Company (distributed by Tego Insurance)
- Guild Insurance Limited
- MDA National
- Medical Indemnity Protection Society Limited (MIPS)
- Medical Insurance Group (MIGA)

The [Australian Government Department of Health](#) provides links to general insurers.

The [Medical Indemnity Industry Association of Australia](#) (MIIAA) is the representative voice of the medical indemnity industry.

Medical officers employed by WA Health are eligible to apply for medical indemnity cover through the [Western Australian Department of Health's contractual indemnity scheme](#). Under the scheme, each salaried medical officer is provided with individual indemnity covering medical treatment liability claims that might arise from their employment. In return, the indemnified practitioner must provide full and open support for quality improvement practices such as medical audit and the reporting and investigation of adverse events.

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

WorkCover Western Australia Authority

The WorkCover Western Australia Authority is responsible for governance of [WorkCover WA](#); the provision of independent advice to the Minister and State Government; and the approval of certain service providers.

WorkCover is the workers' compensation and injury management scheme, reliant on health providers, employers and insurers working together to achieve the best outcome for the injured worker. WorkCover WA is the government agency responsible for overseeing and regulating the workers' compensation and injury management scheme in WA.

The Clinical Framework for the Delivery of Health Services (Clinical Framework) is an evidence-based guide to support healthcare practitioners deliver services to people with compensable injuries. It reflects contemporary research and has been widely endorsed by Australian workers' compensation jurisdictions, as well as peak health associations. WorkCover WA endorses the use of the Clinical Framework by medical and allied health practitioners, and peak health associates, delivering services to injured workers in WA.

WorkCover WA produces several resources to assist all scheme participants to better understand their rights and obligations within the WA workers' compensation and injury management scheme.

More information: [Frequently Asked Questions](#)

Insurance Commission of Western Australia

The [Insurance Commission of WA](#) is a statutory corporation and Government Trading Enterprise owned by the WA Government. It provides injury insurance to motorists and self-insurance to Government.

6.12 Medico-Legal

The Department's [Legal Policy Framework](#) specifies the requirements that all HSPs must comply with in order to ensure an effective and consistent legal approach across the WA health system.

The purpose of this policy framework is to ensure:

- a systemwide approach to the provision of legal advice for WA health system
- provision of high-quality and consistent legal advice across the WA health system
- awareness of the availability of legal advice and how to obtain it
- effective and timely access to legal advice and support for HSP and staff
- minimisation of HSPs exposure to legal risk
- compliance with the WA Government's legislative and policy requirements.

The Health Services Act 2016 refers to policy frameworks in ss. 26-27, 34(2)(c), 32, 34, 41(7), 41(8), 237 and s. 238. Any mandatory requirement document that references the Hospitals and Health Act 1927 must be interpreted as a requirement under the Health Services Act 2016. The following legislation may also apply:

- *Coroner's Act 1996*
- *Competition and Consumer Act 2010 (CCA)*
- *Human Reproductive Technology Act 1991 (WA)*

Medical records

The patient's medical record documents their assessment and treatment during each medical encounter. It provides an account which can be reviewed to assess and evaluate the care given to the patient. The medical record also serves as a means of communicating with other staff involved in the care of that patient and protects the legal interests of both the patient and staff.

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

A medical record must include:

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

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

Your employing health service will have policies regarding access and management of medical records.

The Australian Government Australian Digital Health Agency provides access to [My Health Record](#), a secure online summary of a person's health information. Patients will need to have a [MyGov account](#) to enable access.

More information: [Registering for access as a healthcare provider](#)

Medico-legal reports

"Medico-legal" describes a report of the examination and opinion of a non-treating doctor obtained for legal proceedings. You should not give opinions or information in such cases but should forward all requests directly to the Medico-Legal Officer in the Patient Information Service for processing, and your supervising doctor or the senior clinician in your area.

Medical litigation

If for any reason, you perceive that a patient or third party is contemplating legal action, please advise the Manager, Medico-Legal Services as soon as possible.

Patient confidentiality

Health professionals have a duty to maintain the confidentiality of all information that comes to them during their relationship with patients. The duty protects information created, disclosed or acquired directly or indirectly in the context of the patient and the health service provider relationship. The duty continues beyond the cessation of the professional relationship, and beyond the death of the patient.

The [Information Management Policy](#) provides a broad overview to WA Health employees about:

- The Common law duty of confidentiality that is owed to WA Health patients
- The exceptions to that common law duty of confidentiality
- The statutory duty of confidentiality and permissible disclosures introduced by the Health Services Act 2016.

The policy is binding and applies to health professionals and any other clinical and non-clinical workers who have access to a patient's health information in the course of providing health (and support) services to the patient. This includes persons working in a permanent, temporary, casual, contracted, termed appointment or honorary capacity.

Notifiable conditions

There is a mandatory legal requirement that health professionals report certain medical events, conditions and diseases to the WA Department of Health.

The medical practitioner or nurse practitioner who attends the patient is responsible for notification. In situations where two or more practitioners may be involved in a patient's management and it is not clear if the case has already been notified, the case should be reported. Pathologists responsible for pathology laboratories where cases of notifiable infectious diseases are diagnosed are also responsible for notification.

Notification from several sources can provide additional evidence of the case. Duplicate checking procedures by the WA Department of Health will detect any multiple notifications.

This information is vital in assisting the WA Department of Health to monitor and develop appropriate health responses and policies. Notification of infectious diseases is a statutory requirement under the [Public Health Act 2016](#) and the [Public Health Regulations 2017](#).

All cases of notifiable infectious diseases and conditions residing in the Perth Metropolitan area must be reported to the:

Communicable Disease Control Directorate

Phone: (08) 9388 4852

After-hours emergency phone: (08) 9328 0553

Fax: (08) 9388 4848

Postal address: PO Box 8172, Perth Business Centre WA 6849

Email cdc@health.wa.gov.au

Cases residing in regional areas should be notified to the appropriate regional [Public Health Unit \(Healthy WA\)](#).

Cases of acute rheumatic fever and rheumatic heart disease should be reported to the:

Kimberley Public Health Unit

Phone: (08) 9194 1630

Fax: (08) 9194 1631

Postal address: PO Box 525, Broome WA 6725

Further information: [list of notifiable infectious diseases and related conditions](#), including those that require urgent telephone notifications, special arrangements and notification forms.

Patient rights

Patients in Australian public hospitals are entitled to expect and receive high-quality services. These rights form the second edition of the [Australian Charter of Healthcare Rights](#) reflecting an increased focus on person-centred care and empowering consumers to take an active role in their healthcare.

Patient experience

The Department recognises that the active participation of consumers, carers and communities in the health care system is vital to delivering person centred health care.

A great patient experience is an important priority for WA with the following principles identified as being essential for good customer service in healthcare.

- Effective communication
- Shared decision-making
- Respect
- Confidentiality
- Compassion

Patient complaints

Patients who are dissatisfied with any aspect of their treatment are entitled to make a formal complaint. It is important not to take complaints personally and to maintain objectivity as you deal with the patient.

Complaints are best handled in the workplace and you should not hesitate to refer the patient to senior staff if required. Most hospitals and health services have dedicated complaints officers who should be the first point of contact. In hospitals where there is no complaints officer you should refer the complaint to the chief executive or general manager of the hospital/health service.

As part of their safety and quality obligation, the Department of Health and the HSPs are required to:

- Manage complaints in a timely and appropriate manner
- Review their complaint data
- Identify systemic and recurring problems
- Develop strategies to improve clinical practice and the delivery of health care services across the organisation.

The *OD 0589/15 WA Health Complaint Management Policy* outlines the process for engaging with health consumers and carers and is fundamental to the delivery of quality health care.

Further information: [complaints management](#)

Many issues can be resolved at an early stage through good communication and good record keeping. Early resolution can assist in minimising the risk of patient complaints.

- Good Communication means freely providing information that is asked for, encouraging questions and active participation in the decision-making process. This can include offering emotional as well as medical support.
- Good record keeping is essential, both for patient care (especially if patients do not see the same doctor on each visit) and from a legal perspective.

The [You Matter Guideline](#) was developed to support WA HSPs in their engagement with consumers, carers, communities and clinicians to improve health services. The following principles will support and guide the HSPs to effectively engage with stakeholders:

- Purposeful - we know what we want to achieve
- Collaboration and partnership - we are doing this together
- Clear communication - we commit to overcoming barriers to open and timely communications between stakeholders
- Inclusiveness - all interested stakeholders are engaged
- Transparency - we are open and honest and set clear expectations
- Respect - we acknowledge others' expertise, perspective and needs
- Commitment - organisational commitment and high-level champions

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights**.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

- Access**
 - Healthcare services and treatment that meets my needs
- Safety**
 - Receive safe and high quality health care that meets national standards
 - Be cared for in an environment that is safe and makes me feel safe
- Respect**
 - Be treated as an individual, and with dignity and respect
 - Have my culture, identity, beliefs and choices recognised and respected
- Partnership**
 - Ask questions and be involved in open and honest communication
 - Make decisions with my healthcare provider, to the extent that I choose and am able to
 - Include the people that I want in planning and decision-making
- Information**
 - Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
 - Receive information about services, waiting times and costs
 - Be given assistance, when I need it, to help me to understand and use health information
 - Access my health information
 - Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe
- Privacy**
 - Have my personal privacy respected
 - Have information about me and my health kept secure and confidential
- Give feedback**
 - Provide feedback or make a complaint without it affecting the way that I am treated
 - Have my concerns addressed in a transparent and timely way
 - Share my experience and participate to improve the quality of care and health services

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

For more information ask a member of staff or visit safetyandquality.gov.au/your-rights

The *Health and Disability Services (Complaints) Act 1995* established a dispute resolution process to provide a formal channel through which consumers of health services can make their grievances known and for clinicians and administrators to respond. [The Health and Disability Services Complaints Office](#) is an independent statutory authority established under Section 6 of the Act and provides an impartial resolution service for complaints relating to health, disability and mental health services provided in WA and the Indian Ocean Territories.

Freedom of information

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

Patients who wish to [gain access to their health information](#) (including X-rays) should write a request to the WA Health FOI contacts. Doctors are not involved in this process.

Sexual harassment and unlawful discrimination

The *Equal Opportunity Act 1984* sets out the grounds or types of discrimination which are unlawful and the places where they apply.

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

- Age
- Breastfeeding
- Family responsibility
- Family status
- Fines enforcement registrar's website
- Gender history
- impairment
- Marital status
- Political conviction
- Pregnancy
- Race
- Racial harassment
- Religious conviction
- Sex
- Sexual harassment
- Sexual orientation
- Spent convictions
- Victimisation

The *Equal Opportunity Act 1984* applies in the following areas:

- Employment
- Accommodation
- Education
- Provision of goods, services and facilities
- Access to places and vehicles
- Disposal of land
- Clubs
- Application forms
- Advertisers
- Superannuation and insurance
- Sport

The [WA Health Equal Opportunity, Discrimination and Harassment Policy MP0118/19](#) sets out the requirements and responsibilities for Health Service Providers to ensure staff are treated with respect, dignity, fairness and the workplace is free from all forms of discrimination, harassment or sexual harassment.

WA Health will not tolerate discrimination and harassment.

Further information: [Equal Opportunity Commission](#)

Violence, aggression and bullying in the workplace

Workplace bullying will not be tolerated and will be treated seriously and managed accordingly. The [Prevention of Workplace Bullying Policy MP 0117/19](#) is mandatory under the *Employment Policy Framework* pursuant to section 26(2)(f) of the *Health Services Act 2016*.

WA Health abide by the WA OSH Commission [Code of practice – violence, aggression and bullying at work](#). The Code identifies CORE values of Collaboration, Openness, Respect and Empowerment which are fundamental in the workplace, and defines standards of ethical and professional conduct.

The Code states that:

- there is zero tolerance for bullying
- Staff Members must not bully or harass, or induce colleagues to bully or harass each other, patients, clients or members of the public.

6.13 Patient consent to treatment

It is mandatory to gain a patient's consent (agreement) prior to undertaking any treatment or procedures.

If you work within the WA Department of Health, it is a requirement to comply with the [WA Health Consent to Treatment Policy](#). The informed consent process involves several steps including:

Step 1. Determine which health professional is responsible for seeking consent.

Where a team of health professionals is involved in the process, the most senior health professional responsible for providing the treatment must be satisfied that valid consent has been obtained prior to conducting the treatment. While this health professional has overall responsibility for the consent process, he/she may request assistance by another clinical member of the treating team who has enough clinical knowledge of the proposed treatment and understands and can communicate the risks and benefits involved.

For treatments performed by medical practitioners (and that require explicit consent), the task of informing a patient about the material risks of treatment and of seeking consent cannot be delegated to administrative or nursing/midwifery staff, other than nurse practitioners or eligible midwives, as appropriate.

Step 2. Assess the patient's capacity.

A mentally competent patient (i.e. who has capacity) can either consent or refuse treatment. If the patient has been provided with the information relevant to the treatment and understands its consequences, including the consequences of not having the treatment, then the patient's decision to proceed or not must be respected regardless of whether their decision appears illogical or irrational to others. Competent adults can make decisions which appear unreasonable to others.

A patient has capacity to give consent if they can understand the nature, consequences and risks of the proposed treatment.

Principles that should be applied when assessing a patient's capacity include:

- Adults are presumed to have capacity until there are reasonable grounds to conclude otherwise.
- Capacity can be regained, for example, if a patient regains consciousness or if they are no longer affected by medication or other substances.
- Capacity is decision-specific and relevant to the treatment. A person may be able to make decisions about simple treatments but may not have the capacity to make decisions about more complex treatments and the longer-term health ramifications.

Step 3. Provide enough information so the patient can make an informed decision.

Health professionals must assess how to effectively communicate information to the patient and provide the patient with opportunities to ask questions. The patient must be provided with and be able to understand the information so that they can reach an informed decision to consent or not.

The two legal principles relevant to informed consent are:

- Consent must be obtained to avoid a legal claim for trespass to the person (in assault, battery or false imprisonment). This requires the health professional to explain in broad terms the proposed treatment or procedure to the patient.
- Health professionals must warn patients of the material risks of the proposed treatment/s so they can decide if they wish to proceed. Providing enough information will negate a claim in negligence for failure to warn.

The following information must be provided to patients:

- an explanation of the patient's condition and diagnosis (including any uncertainty in the diagnosis and prognosis)
- the nature of the proposed treatment, including the time required for the treatment, the likely recovery period and the likely time that the patient will be unable to continue their usual activities
- the likely outcomes of the proposed treatment
- outcomes which are inevitable if the proposed treatment is performed
- the likely consequences of delaying or not choosing to have the proposed treatment
- alternative options for investigation, diagnosis and treatment and why these other treatments are not recommended (as known to the health professional)
- any follow-up treatment or care which may be required
- the patient's right to refuse or withdraw their consent at any time prior to the treatment
- risks and benefits of delaying or not receiving the proposed treatment
- any short- or long-term side effects of the proposed treatment (including emotional, physical, psychological, social and sexual effects)
- the risk that no benefit will be achieved or that the condition will deteriorate after the treatment
- material risks not otherwise covered above. A risk is material if "in the circumstances of the particular case, a reasonable person in the patient's position, if warned of the risk, would be likely to attach significance to it or if the medical practitioner is or should reasonably be aware that the particular patient, if warned of the risk, would be likely to attach significance to it".

Written communication should be given to patients about their treatment, where available and appropriate. [Generic consent forms](#) have been developed for the most commonly occurring situations to support the documentation of consent. [Procedure Specific Information Sheets](#) are available for public sector staff only. If an information sheet is provided to a patient, this should be documented in the medical record.

Step 4. Verify that the patient understands the information given and all their queries have been addressed.

Health Professionals can do this by verifying that the patient:

- Understands the effect of the treatment decision
- Understands that a choice can be made
- Has had enough time to consider and clarify the information presented
- Can communicate their decision back
- Had all their questions answered

If the patient is not fluent in English or does not understand the medical terminology, you should use the service of a professional interpreter to gain the patient's consent. The interpreter's declaration within the consent form must be completed or be documented elsewhere within the medical record.

For all patients, any methods used to facilitate communication must also be documented in the medical record.

Further information: [WA Health System Language Services Policy 2017](#)

Step 5. Seek a decision from the patient about the proposed treatment.

If a patient with capacity to make a voluntary and informed decision declines a treatment, their decision must be respected, and the health professional must not proceed. The decline to treatment must be documented in the patient's medical record. The patient can be encouraged to seek a second opinion if they wish to do so.

Step 6. Document consent.

In general, consent must meet the following criteria to be legally valid:

- Voluntary – the decision to either consent or not consent to the proposed treatment must be made by the patient themselves, and must not be unduly influenced by health professionals, friends or family.
- Informed – the patient must receive enough information about the proposed treatment to enable them to make an informed decision.
- Given by a patient who has capacity to understand the information presented to them and to decide. Capacity may be diminished by illness, age, medication, drugs and/or alcohol.
- Current – consent must be reviewed if, after consent was obtained, the patient's circumstances (including treatment options and risks) have changed.
- Covers the treatment to be performed - treatment provided must fall within the scope of consent that has been given by the patient.

As a minimum the following must be documented:

- the patient's name
- the proposed treatment (including whether anaesthesia is required)
- review of the patient's condition and confirmation of consent prior to treatment (if applicable)
- details about the information provided to the patient including who has provided that information and all key points of the discussion, including questions and responses from the patient
- material risks discussed with the patient, if not otherwise recorded
- whether or not an interpreter is required
- signature of the patient
- name and signature of the person who has determined that the consent process has occurred
- date of consent.

Hospitals/health services must ensure all consent forms contain the minimum documentation requirements and follow the principles outlined in the *WA Health Consent to Treatment Policy 2016*.

The discussion between the doctor and the patient around risks and benefits should be detailed in the patient's medical record by the doctor. Whether or not medical treatment is to take place is a decision for the patient, requiring patient consent. Failure to obtain consent may render the practitioner liable for an action in battery or even in extreme cases, to criminal sanctions.

Exceptions to the consent arrangements

In an emergency, treatment may be necessary to save a person's life or avert serious injury to a person's health. If a person is incapable of giving consent, treatment may be provided without consent in an emergency if treatment is;

- reasonably required to meet the emergency
- in the patient's best interests
- the least restrictive of the patient's future choices.

In this situation completion of a consent form is not required but the circumstances that constitute the medical emergency and the patient's inability to consent must be clearly documented in the patient's medical record.

If emergency surgery is required, prior to surgery an *Authority to Proceed with Surgery on a Patient without Valid Consent Form* should be completed.

Emergency treatment does not include emergency psychiatric treatment.

Variations to the usual consent process

The process of obtaining consent may vary in certain circumstances including where adult patients lack capacity (e.g. mental health issues, other lack of capacity), or the patient is a child.

Patients who lack capacity

Where an adult patient does not have capacity to make their own treatment decisions and consent to treatment, health professionals must determine if the patient has made a:

- formal Advance Health Directive (AHD); or
- common law directive.

In the absence of either of the above, the health professional should determine a substitute decision maker.

Advance Care Planning

[Advance care planning](#) involves a patient thinking about, discussing with their family and close friends, and possibly documenting the types of health care they may or may not wish to receive - if they become seriously ill and/or unable to speak for themselves. This means specific treatment wishes as well as goals, values and beliefs are known and can be respected by health providers and those who are closest to the patient.

In WA the components of advance care planning are:

- Advance Health Directive: to legally record their wishes regarding future medical treatments
- Enduring Power of Guardianship: to appoint a substitute decision maker
- Advance Care Plan: A plan created by the substitute decision maker on behalf of a person with diminished or no capacity to make decisions.

Advance Health Directive (AHD)

An Advance Health Directive (AHD) is a legal document for people over the age of 18 to advise their decisions in writing about their future healthcare treatment.

In 2008 the *WA Acts Amendment (Consent to Medical Treatment) Act* was passed. The *Guardianship and Administration Act 1990* was amended to include an Advance Health Directive to refuse treatment for a current condition or terminal illness as well as the provision to appoint an Enduring Power of Guardianship as a substitute decision maker.

The amendments to the *Criminal Code* provide exemption from criminal responsibility for the administration in good faith of reasonable medical treatment (including palliative care) even when death ensues. Legislative protection from criminal responsibility will also be extended to the withdrawal and withholding of medical treatment where the non-provision or cessation of that treatment is done in good faith and is reasonable in all the circumstances, in the event where death ensues. The patient's relatives cannot over-rule a valid AHD. If in doubt you should seek advice from Medical Administration or senior staff.

Enduring Power of Guardianship

An [Enduring Power of Guardianship](#) is a legal document that authorises a person to make important personal, lifestyle and treatment decisions on your patient's behalf should the patient become incapable of making such decisions. This person is known as an enduring guardian.

Advance Care Plan

An [Advance Care Plan](#) (ACP) is a non-statutory document which could be considered legal under common law, as a common law directive. The ACP informs health professionals of the treatment wishes of the patient and the law requires health professionals to follow the Advance Health Directive.

An ACP may also include personal wishes that are not necessarily health related. For example, on how the patient would like to be treated and may include special requests or messages.

Guardianship

The [Guardianship and Administration Act 1990](#) (the GA Act) contains provisions to ensure that adults with decision-making disabilities are not deprived of necessary medical treatment because they are unable to consent to treatment. These disabilities may include intellectual disability, mental illness, acquired brain injury or dementia.

Under the GA Act, the State Administrative Tribunal has the legal power to appoint a [guardian](#) for an adult with decision-making disabilities, as well as giving adults with full legal capacity the power to appoint enduring guardians (see advance care planning). It is good practice to ask to see the appointing document and to take a copy of this document for the patient records. There are some decisions a guardian cannot make.

The GA Act sets out a list of the persons who may provide consent to such treatment in order of priority. Where treatment is required urgently, the practitioner may provide treatment without consent if, in the opinion of the practitioner, it is not possible to obtain consent from persons on the list within the time available.

Further information: [Guardianship frequently asked questions](#)

Children and young people

Parents may authorise treatment on behalf of their children if it is in the child's best interests. If a health professional believes that the treatment decision is not in the child's best interest, they should refer to legal assistance.

The *Family Law Act 1975* identifies the parent as responsible for any child less than 18 years of age unless varied by a court order.

Parents of children in the care of the Department of Child Protection and Family Services may not have responsibility for treatment decisions.

Once the child is old enough with enough emotional and intellectual maturity and competence to understand the treatment, risks, benefits and alternatives, they can consent or decline treatment on their own.

An assessment of a child as a 'mature minor' must be made in the context of the treatment in question. Maturity in relation to one treatment decision does not necessarily equate to maturity for all treatment decisions. There is no specific age at which a child becomes a 'mature minor'.

A minor who fully understands the nature and consequences of the proposed treatment is capable of effective consent or withholding consent.

Treatment of patients with mental illness

The treatment of patients with mental illness is governed by the *Mental Health Act 2014 (MHA 2014)*. The MHA 2014 defines which patients have the capacity to provide consent and to which parts of treatment, remembering that capacity is decision-specific and a patient may have capacity to decide on treatment for a non-mental illness (e.g. consent to Panadol or dental extraction) but not for their mental health condition.

Consent to treatment for mental illness falls into the categories of voluntary patients, involuntary and mentally impaired patients and emergency patients.

Voluntary mental health patients

Voluntary mental health patients must be supported to make their own treatment decisions. This may include delaying treatment, where possible, until the patient's mental health improves to make a competent informed decision. The patient should be advised that the Mental Health Advisory Service can provide advocacy assistance if required. Informed consent must be recorded.

Involuntary mental health patients and mentally impaired accused

Where the patient is detained in an authorised hospital, treatment can be provided without informed consent, except for cases where different provisions apply under the *MHA 2014*. The medical practitioner must have regard for the patient's wishes and should seek consent if practicable. The patient should be advised that the Mental Health Advisory Service can provide advocacy assistance if required.

All treatment and the patient's wishes, to the extent it is practicable to ascertain them, should be recorded in the patient's medical record. Where a health professional's decision is inconsistent with an AHD or enduring power of guardianship, the health professional must file a record of the decision and the justification. The justification should be clearly explained to the patient and support persons and their support obtained, if practicable.

The patient's psychiatrist must ensure that the decision justification is provided to the patient, at least one of the patient's support persons (unless refused by the patient), the Chief Psychiatrist, and the Chief Mental Health Advocate.

Emergency psychiatric treatment

Sections 202-204 of the *MHA 2014* allow for emergency psychiatric treatment without informed consent to save the persons' life or to prevent serious physical injury to themselves or another person. There are treatment exceptions outlined in the *MHA 2014*.

The medical practitioner must record the treatment in the form approved by the Office of the Chief Psychiatrist (Form 9A), and provide a copy to the person, the Chief Psychiatrist, and if the person is a mentally impaired accused, to the Mentally Impaired Accused Review Board.

Further information: [Office of the Chief Psychiatrist](#)

6.14 Deaths in hospital

Each Health Service Provider (HSP) has administrative policies/procedures for certifying the death of a patient.

The [Review of Death Policy MP0098/18](#) ensures that HSPs implement consistent policies, processes and systems for the recording and review of patient deaths.

Deaths reportable to the coroner

The [Coronial Liaison Unit](#) aims to improve communication between the Department and the coronial system.

The [Coronial Process in Western Australia: A Handbook for Medical Practitioner and Medical Students](#) has been produced by Dr Robert Turnbull, Medical Advisor to the State Coroner. This handbook highlights the importance for all practitioners to have a clear understanding of what constitutes a "reportable death" and the responsibilities that are incumbent upon the practitioner to fulfil the requirements of the *Coroners Act 1996*.

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

The [Coroners Act 1996 Information Circular IC 0008/07](#) provides information regarding coronial processes and operation of the *Coroners Act 1996*, including reportable deaths.

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

The *Coroners Act 1996* imposes a legal obligation on the following persons to report deaths that are or may be 'reportable deaths' under the *Coroners Act 1996*.

- Any person who has knowledge of an actual or possible 'reportable death' must, immediately when he or she becomes aware of it, report the death to a Coroner or a member of the WA Police Service unless there are reasonable grounds to believe the death has already been reported.
- Any medical practitioner present at or soon after an actual or possible 'reportable death' must report the death immediately to a Coroner if:
 - the medical practitioner is unable to determine cause of death; or
 - in the opinion of the medical practitioner, the death has occurred under a suspicious circumstance.If more than one medical practitioner is present at or soon after the death and one makes a report to a Coroner, the others need not do so but must give to the Coroner investigating the death any information that may help the investigation.
- Where immediately before death the deceased was a person held in care, the person under whose care the deceased was held must immediately report the death to a Coroner.

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

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

Organ transplantation

Organ and tissue donation is removing organs and tissues from a donor (a deceased person) and transplanting them into a recipient. In some cases, tissue and organs can save lives. More often, it greatly improves the recipient's life. In Australia, State and Territory health services provide solid organ transplant services for heart, lung, kidney, liver and pancreas transplantation.

Australia has an “opting in” system of organ and tissue donation. Individuals are asked to indicate whilst alive, their consent to donation by written means (either through the Australian Organ Donor Register or other state registers). Donor Coordinators undertake and complete the consent process for organ and tissue donation. These procedures will be completed before a Donor Coordinator approaches a Designated or Delegated Officer to seek authority for donation of organs and/or tissues.

The On Call Donor Coordinators can be contacted via the Sir Charles Gairdner Hospital (SCGH) switch board 24 hours a day on (08) 6457 3333 to discuss cases and medical suitability.

The Australian Organ and Tissue Donation and Transplantation Authority (known as OTA) is an independent statutory authority that aims to implement the twin objectives of the national reform program.

In WA, the legislation dealing with the donation of organs and tissue after death is defined in the [Human Tissue and Transplant Act 1982](#) (Amended 1997) (The Act). The Act deals with:

- Donation of tissue by a living person
- Blood transfusions
- Donation of tissue after death
- Post-mortem examinations (unrelated to organ and tissue donation)
- Prohibition of trading in tissue and the use of embryonic stem cell lines.

The Act requires that, before tissues or organs are removed from the body of a deceased person for transplantation, a Designated or Delegated Officer for the hospital where the person has died (or the dead body has been brought) must have authorised the removal of organs or tissue. A Designated Officer is a medical administrator of a hospital or medical practitioner nominated by the medical administrator and approved by the Chief Health Officer. This Designated Officer may ‘delegate’ his or her duties under the Act. Most hospitals have a list of current authorised Designated and Delegated Officers available from medical administration.

DonateLife Western Australia coordinates all organ and tissue donor activities across WA. [Resources for health professionals](#) are available from their website.

The Organ Donation and Transplant Foundation of WA is a DonateLife partner and provides education, promotion, support and advocacy on all aspects of organ and tissue donation.

6.15 Working in general practice

In Australia, general practice is a medical speciality. The two specialty colleges for general practitioners (GPs) in WA are the Royal Australasian College of GPs and/or the Australian College of Rural and Remote Medicine. GPs play a central role in the delivery of healthcare to the Australian community.

International medical graduates GPs, and returning Australian-trained doctors, may need to work in a Distribution Priority Area (DPA) to access Medicare under section 19AB of *Australia's Health Insurance Act 1973* (the Act). DPAs are generally areas which require more GP services.

Further information: [Health Workforce Distribution Priority Areas](#)

Restrictions to medical practice – the 10-year moratorium

In private practice, GPs and other specialists must have a Medicare provider number before providing services to patients. Under section 19AB of the Act, international medical graduates must work in a priority area for a minimum of 10 years from medical registration to access Medicare

benefits. The 10-year period can be reduced through moratorium scaling if you work in eligible locations.

Further information: [Medicare billing restrictions](#)

Working in rural general practice

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

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

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

In addition to the work performed in their private practice, some GPs may also treat patients in the local hospital. While hospital Emergency Departments in larger towns may be staffed by salaried doctors employed by the hospital, these doctors may be supported by local GPs. The local GP is employed or contracted by the Health Service Provider under a Medical Services Agreement.

Contracted Medical Practitioners

Medical contractors are key providers of medical services in the WACHS. WACHS currently engages more than 800 medical practitioners through the Medical Services Agreement ([MSA](#)) arrangements.

The MSA arrangements cover local GPs, resident and visiting specialists and temporary replacement medical practitioners (locums), collectively referred to as Contracting Medical Practitioners (CMPs).

Medical contractors are not employees and the MSA is individually negotiated between the medical practitioner and the WACHS region.

All Medical Practitioners who are contracted under an MSA are required to be credentialed with a defined scope of practice before commencing work. The WACHS has a formal process of credentialing and defining the scope of clinical practice prior to appointment. Details of requirements, processes and procedures can be obtained from your local Regional Medical Director's Office.

Support for country doctors

GPs and hospital salaried doctors in country hospitals are well supported by doctors working in tertiary hospitals in metropolitan Perth.

Many WACHS hospitals have special relationships with Perth Metro hospitals through regular rotations of senior doctors in training and visiting specialists' programs. There are programs and informal channels to support country doctors with complex cases. It is important that country doctors are familiar with the referral and consultation process and to establish relationships with metropolitan health services.

The WACHS has a [guide to assist health professionals](#) to live and work in country WA.

Rural Health West provides recruitment services and [orientation programs](#) for general practitioners commencing work in rural WA. A [self-check](#) can be completed online to assess eligibility prior to submitting an application for employment.

Rural Health West provides comprehensive [employment and career development support](#), as well as [family and social support](#).

Telehealth

Telehealth utilises technology to enable health services to deliver health appointments via video conferencing. For many health conditions, patients no longer need to drive long distances for face-to-face consultations. The WACHS manages this state-wide service.

Further information: [Working With Telehealth](#)

General practice organisations

[Royal Australian College of General Practitioners \(RACGP\)](#): aims to maintain high standards of general practice through education, training and research by offering vocational training, continuing education and research.

[Australian College of Rural and Remote Medicine \(ACRRM\)](#): is the peak professional association for rural medical education and training in Australia. It is responsible for setting standards for rural medicine as a separate and distinct discipline. ACRRM's core function is to determine and uphold the standards that define and govern competent unsupervised rural and remote medical practice. It is committed to providing sound training and continuing medical education.

CPD is available to rural doctors through the [ACRRM Online Learning](#).

[WA General Practice Education and Training \(WAGPET\)](#): is the sole provider of the Australian General Practice Training Program for GP Registrars in WA and one of 9 regional training organisations across 11 training regions in Australia. IMGs with general registration can apply to WAGPET to access a fully supported training program.

The United General Practice Australia (**UGPA**): an organisation comprising the following seven entities:

- The Australian College of Rural and Remote Medicine (ACRRM)
- The Rural Doctors Association of Australia (RDAA)
- The Australian Medical Association (AMA)
- The Australian General Practice Network (AGPN)
- General Practice Supervisors Australia (GPSA)
- General Practice Registrars Australia (GPRA)
- Royal Australian College of General Practitioners (RACGP)

Section 7 Living in Western Australia

- [About Western Australia: local councils](#)
- [What to do soon after arrival: tax file number, Medicare, bank account, English classes, school enrolment, driver's licence](#)
- [Housing and utilities](#)
- [Personal health insurance](#)
- [Non-government and higher education](#)
- [Employment for partners](#)
- [Childcare](#)
- [Emergency services](#)
- [Transportation](#)
- [Information for seniors](#)

7.1 About Western Australia

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

Perth has more hours of sunshine than any other capital city in Australia. The Mediterranean climate means people in Perth enjoy mild winters, warm to hot summers and blue skies most of the year. The city is situated on the Swan River and the metropolitan area stretches along the Indian Ocean coastline. The Perth life-style generally revolve around outdoor activities.

Further information: [Living in Western Australia](#) and [Tourism WA](#)

Local councils

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

7.2 Visa requirements

Once you have secured employment in Australia you will need to apply for an appropriate visa for yourself and family members who will be accompanying you to Australia. Your employer, or the recruitment agency, should provide assistance in the visa application.

The [Australian Government Department of Home Affairs](#) is responsible for the processing of visa applications and ensuring compliance with Australia's immigration laws. Visit the website for further information on the types of visa available, the application process and access to forms.

7.3 What to do soon after arrival

The following information is important and should be followed as soon as possible after arriving, if you are new to Australia.

- Apply for a tax file number (TFN) – refer to [section 6.9](#) taxation and insurance
- Register with Medicare
- Open a bank account

Register with Medicare

You can enrol with Medicare if you meet certain criteria, including if you have a valid temporary visa covered by a [Ministerial order](#).

You will need to complete a [Medicare enrolment form](#) and submit this with your documents at a [service centre](#).

For initial enrolments, all persons 15 years of age and over on the application must go to a Medicare Service Centre. If you live in an area remote from a Medicare Service Centre, or there is a reason for not being able to attend, you can send your application together with certified copies of documents to the address listed on the application form.

Opening a bank account

In Australia, most income are paid directly into a bank account. To open a bank account, you will need to provide simple details like your name and birthday and produce identification documents. Some examples of identification documents include your driver's licence, birth certificate, passport or Medicare card.

Further information: [Banking](#)

Register with Centrelink

Social security payments and services are provided through the government agency called [Centrelink](#). Depending on the visa class, most [newly arrived residents](#) are subject to a waiting period before being eligible to receive payments.

The Centrelink multilingual phone service can be contacted on 13 12 02.

Contact the Health Undertaking Service

These are services to ensure that visa holders with significant health conditions receive the care needed. Anyone signing a [Health Undertaking](#) (Form 815) at the request of the Department of Home Affairs, must contact the Health Undertaking Service between 9 am and 5 pm AEST Monday to Friday within 28 days of your arrival in Australia.

- Health Undertaking Service 1300 794 919

Register for English classes

There are many organisations that offer [English language training](#).

Eligible migrants may qualify for the [Adult Migrant English Program](#) and receive free English lessons. The program teaches basic English to help migrants settle in Australia, find sustainable employment and become an independent member of society.

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

For immediate assistance with translation, consider contacting the national [Translating and Interpreting Service \(TIS\)](#).

Enrol your children in a school

The Australian education system is broadly structured as follows:

- primary school: starting at kindergarten through to Year 6
- secondary or high school: Years 7 to 10
- Senior secondary school: Years 11 and 12
- tertiary or higher education: university or TAFE.

Government schools are owned, funded and operated by State and Territory governments. In Australia, education is compulsory for children from pre-primary through to when they are 16 years

old. In WA, children begin their compulsory schooling (pre-primary) in the year that they will be 5 years old by the 30th June.

For children who cannot practically attend a school campus, the [Schools of Isolated and Distance Education](#) can provide online education from kindergarten to year 12 with specialist teachers based in Leederville, Perth.

Further information: [enrol your child in school](#) and [section 7.6 non-government and higher education](#)

Apply for a driver's licence

In Australia you must have a driver's licence to drive and the vehicle must be registered with the State government. It is illegal to drive without a driver's licence and to drive an unregistered vehicle. Drivers are allocated a number of merit points which validate their license. The WA Police will issue demerit points to drivers for driving offences.

If you are an [overseas visitor](#) to WA, you may drive only those vehicles that you are authorised to drive on your overseas licence, if it is still valid. You can undertake an [online driver's licence check](#) to see if your licence has been issued by a recognised country. If your overseas licence is not valid, you must apply for a WA licence if you wish to continue driving. If your overseas licence is not in English, you must carry an international driving permit or an approved English translation of your licence.

If you hold a permanent resident visa granted under the Migration Act 1958, you can drive in WA for three months since the granting of the visa, provided you hold a valid overseas licence. Find out about [transferring your overseas licence](#).

Gaining a driver's licence involves a [theory](#) and [practical](#) testing.

7.4 Housing and essential services

The [WA Department of Mines, Industry Regulation and Safety](#) provides information on housing and accommodation including renting a home, and buying and selling a home.

Once you have found a house, you will need to connect to essential household utilities. There are several providers for utilities.

- [Electricity](#)
- [Gas](#)
- [Water](#)
- Telephone and internet – there are many telecommunications suppliers in Australia. Consider searching for the plan and supplier that is suitable for you.
- Collection of garbage and recyclable materials is managed by local government. There are different bins for general waste, recycling and sometimes green waste. Refer to your local council website for further information.

7.5 Private health insurance

Several organisations offer private health insurance and people should search for the right insurance cover for their situation. Patients with private health insurance can still choose to be treated as a public patient in a public hospital through Medicare.

Private health insurance provides additional cover for services not covered by Medicare, such as:

- hospital expenses (theatre fees or accommodation) in either a public or private hospital
- dental treatment
- ambulance
- chiropractic treatment

- home nursing
- podiatry
- physiotherapy, occupational, speech and eye therapy
- glasses and contact lenses
- prostheses
- other ancillary services.

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

A [register of private health insurers](#) is available from the Australian Prudential Regulation Authority.

7.6 Non-government and higher education

Private/independent schools

Non-government schools are funded through student fees and Government subsidies.

Further information: [Private Schools Directory](#)

Tertiary education

There are five universities in WA offering undergraduate to post-graduate education.

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

- [Curtin University](#)
- [Edith Cowan University](#)
- [Murdoch University](#)
- [Notre Dame University](#)
- [The University of Western Australia](#)

Vocational education

The WA Department of Training and Workforce Development is the government agency responsible for managing [vocational education and training](#) (VET) in WA. The VET sector is important to WA's economy for the development of the State's workforce. It enables students to gain qualifications for all types of employment, and specific skills to help them in the workplace.

7.7 Employment for partners

To determine if your partner or other members of the family will be eligible to work in Australia, you need to check with the [Australian Government Department of Home Affairs](#) and the applicable entry visa. Some visa may have restrictions.

There are several ways to look for a job.

- Online job websites.
- Jobs within the WA public sector, including health, can be viewed on the [Jobs WA website](#).
- Register with the Australian Government [Job Search](#).
- Speak to a Centrelink Career Information Centre employment counsellor.
- Visit the Department of Training and Workforce Development's [Career Centre](#).
- Register with a [Jobactive provider](#) to help connect with employers.

7.8 Childcare

The Australian Government Department of Education and Training's [Child Care Finder](#) provides information on different types of child care and how to get assistance with child care costs.

[Playgroup WA](#) has information on playgroups where children and their parents can get together to play, make friends and share information.

The hospitals that provide child care facilities on-site include:

- Sir Charles Gairdner Hospital
- Fiona Stanley Hospital
- Royal Perth Hospital
- Perth Children's Hospital
- King Edward Memorial Hospital
- Joondalup Health Campus – vacation care

7.9 Emergency services

In an emergency you can contact emergency assistance by telephoning 000 (triple zero) to contact:

- Ambulance
- Fire service
- Police

Be prepared to request the type of service you require. You will be asked to give your name, location (nearest cross street), telephone number and details of the emergency.

Ambulance service

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

Fire service

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

Police service

To contact your local police service for a non-emergency situation, call 13 14 44.

State Emergency Service

The [State Emergency Service](#) (SES) is a volunteer organisation which provides services to help members of the community cope with the impact of a disaster. Assistance can include emergency repairs on buildings, restoration of essential services and transporting people and cargo through flood waters. For SES assistance in these circumstances call 13 25 00.

7.10 Transport

Public transport

The [Perth metropolitan public transport system](#) combines the use of trains, buses and ferries and includes a free Central Area Transit (CAT) bus system that services the Perth and Fremantle central business districts.

[Transwa](#) operates passenger services to over 240 destinations in regional WA. For information and bookings contact 1300 662 205.

Taxi and Uber services

In WA all taxis are meter operated by time and distance, and in Perth taxis operate 24 hours a day. Taxis can be pre-booked by phone or on the internet.

Taxis can also be hailed on the street or found at taxi ranks throughout the city.

- Black & White Cabs 13 32 22
- Perth Maxi Cabs 0470 020 676
- Swan Taxis 13 13 30
- Swan Taxis Easy Access Service (wheelchair hoist equipped taxis) (08) 9422 2240
- WA Cabs (08) 9475 0521

Further information: [Uber Perth](#)

7.11 Information for seniors

There are many community organisations that provide services for people over 50 years of age. The Australian Government's website [My Aged Care](#) provides information for seniors, including types of services available.

Information on [benefits available to seniors](#) is available from the WA Government Department of Communities WA Seniors Card Centre.

Appendix 1 Health industry acronyms

A/	Acting or Assistant
AAD	Australian Antarctic Division
AAU	Acute Assessment Unit
ABF/M	Activity Based Funding/Management
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Teams
ACCC	Australian Competition and Consumer Commission
ACD	Australian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACLM	Australasian College of Legal Medicine
ACLS	Advanced Cardiac Life Support
ACOSS	Australian Council of Social Service
ACRRM	Australian College of Rural and Remote Medicine
ACSEP	Australasian College of Sport and Exercise Physicians
ACSQHC	Australian Commission on Safety and Quality in Health Care
ADEC	Australian Drug Evaluation Committee
AGPT	Australian General Practice Training
AHMAC	Australian Health Ministers' Advisory Council
AHPRA	Australian Health Practitioner Regulation Agency
AHRC	Australian Human Rights Commission
AIHW	Australian Institute of Health and Welfare
AJDCF	Australian Junior Doctor Curriculum Framework
ALS	Advanced Life Support
AMA	Australian Medical Association
AMC	Australian Medical Council
AMSA	Australian Medical Students' Association
AR-DRG	Australian Refined Diagnosis Related Groups
ANF	Australian Nursing Federation
ANZCA	Australian and New Zealand College of Anaesthetists
APA	Australian Physiotherapy Association
APHA	Australian Private Hospitals Association
APMA	Australian Pharmaceutical Manufacturers Association
ARC	Australian Resuscitation Council
ASMOF	Australian Salaried Medical Officers Federation
ASWPE	Adjusted Standardised Whole Patient Equivalents
ATO	Australian Taxation Office

ATSI	Aboriginal and Torres Strait Islanders
BLS	Basic Life Support
BMA	British Medical Association
BMJ	British Medical Journal
BPT	Basic Physician Training
CAHS	Child and Adolescent Health Service
CAL	Computer Assisted Learning
CALD	Culturally and Linguistically Diverse
CBT	Competency Based Training
CCCA	Centre for Cultural Competence Australia
CHC	Community Health Centre
CICM	College of Intensive Care Medicine
CME	Continuing Medical Education
CMP	Contracted Medical Practitioner
CNC	Clinical Nurse Consultant
CNM	Clinical Nurse Manager
CNS	Clinical Nurse Specialist
COAG	Council of Australian Governments
CPD	Continuing Professional Development
CPE	Continuing Professional Education
CPMC	Council of Presidents of Medical Colleges
CPMEC	Confederation of Postgraduate Medical Education Councils
CQI	Continuing Quality Improvement
CRC	Collaborative Research Centre
CRP	Community Residency Program
CVD	Cardiovascular Disease
DCT	Director of Clinical Training
DET	Department of Education and Training (National)
DFAT	Department of Foreign Affairs and Trade (National)
DIT	Doctor in Training
DMO	District Medical Officer
DMS	Director of Medical Services
DNR	Do Not Resuscitate order
DON	Director of Nursing

PM&C	Department of the Prime Minister and Cabinet
DPGME	Director of Postgraduate Medical Education
DSC	Disability Services Commission
DSS	Department of Social Services (National)
ECFMG	Education Commission for Foreign Medical Graduates
ED	Emergency Department
EDMS	Executive Director of Medical Services
ELS	Emergency Life Support
EMHS	East Metropolitan Health Service
EMST	Emergency Management of Severe Trauma
EN	Enrolled Nurse
EPIC	Electronic Portfolio of International Credentials
EQUIP	Evaluation and Quality Improvement Program
FACRRM	Fellow of the Australian College of Rural and Remote Medicine
FARGP	Fellowship in Advanced Rural General Practice
FOI	Freedom of Information
FM CER	Family Medical Care, Education and Research grants (GPs)
FRACGP	Fellow of the Royal Australian College of General Practitioners
FTE	Full Time Equivalent
FSE	Full time Service Equivalent
GP	General Practitioner
GPET	General Practice Education and Training Ltd
HACC	Home and Community Care
HDU	High Dependency Unit
HIC	Health Insurance Commission
HITH	Hospital in the Home
HIV	Human Immunodeficiency Virus
HSDP	Highly Specialised Drugs (HSP) Program
HSMP	Health Services Medical Practitioner
HSPs	Health Service Providers
HSS	Health Support Services
ICU	Intensive Care Unit

IHF	International Hospital Federation
IHPA	Independent Hospital Pricing Authority
IMG	International Medical Graduate (see OTD)
ISO	International Organisation for Standardization
IT	Information Technology
JMO	Junior Medical Officer
Junior doctor	Usually includes interns, resident medical officers, registrars
LGA	Local Government Area
MBA	Medical Board of Australia
MBS	Medicare Benefits Schedule
MCQ	Multiple-Choice Questionnaire
Medical Deans	Medical Deans Australia and New Zealand Inc
MEO	Medical Education Officer
MET	Medical Emergency Team
MET	Medical Education and Training data collection (previously MTRP)
MEU	Medical Education Unit
MJA	Medical Journal of Australia
MMM	Modified Monash Model (replaces ASGC-RA)
MWRAC	Medical Workforce Reform Advisory Committee (previously NMTAN)
My Health Record	Online summary of your key health information
NACCHO	National Aboriginal Community Controlled Health Organisation
NASOG	National Association of Specialist Obstetricians and Gynaecologists
NCEPH	National Centre for Epidemiology and Population Health
NDIS	National Disability Insurance Scheme
NEP	National Efficient Price
NESB	Non-English-Speaking Background (see CALD)
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NMHS	North Metropolitan Health Service
NP	Nurse Practitioner
NPS	National Prescribing Service
NRHA	National Rural Health Alliance

OAIC	Office of the Australian Information Commissioner
Outreach	Outreach Health Services (Rural Health West)
OT	Occupational Therapist
OTA	Occupational Therapist Assistant
OTD	Overseas Trained Doctor (see IMG)
OTS	Overseas Trained Specialist
PALS	Paediatric Advanced Life Support
PCA	Personal Care Assistant
PCA	Patient Controlled Analgesia
PBS	Pharmaceutical Benefits Scheme
PMCWA	Postgraduate Medical Council of Western Australia
PSA	Pharmaceutical Society of Australia
QA	Quality Assurance
RACDS	Royal Australasian College of Dental Surgeons
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCGP	Royal College of General Practitioners (United Kingdom)
RCNA	Royal College of Nursing, Australia
RCPA	Royal College of Pathologists of Australasia
RCS	Rural Clinical School
RDAA	Rural Doctors Association of Australia
RDAAWA	Rural Doctors Association of Western Australia
RFDS	Royal Flying Doctor Service
RHW	Rural Health West
RITH	Rehabilitation in the Home
RMO	Resident Medical Officer
RM	Registered Midwife
RN	Registered Nurse

SDE	Staff Development Educator
SDN	Staff Development Nurse
SJAA	St John Ambulance Australia
SMHS	South Metropolitan Health Service
SRN	Senior Registered Nurse
STP	Specialist Training Program
SW	Social Worker
TGA	Therapeutic Goods Administration
TIS	Translating and Interpreting Service
WA	Western Australia
WACHS	WA Country Health Service
WAGPET	Western Australian General Practice Education and Training Ltd
WAPHA	WA Primary Health Alliance
WBA	Workplace-Based Assessment
WHO	World Health Organization

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

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