

A Queensland Health orientation manual
for overseas-trained nurses and midwives

Living and working in Queensland



**Queensland
Government**
Queensland Health

Message from the Office of the Chief Nurse

On behalf of Queensland Health, allow me to warmly welcome you to our nursing staff and to our wonderful state.

Nurses and midwives who join us after training overseas play a vital role in the delivery of Queensland Health services throughout the state. At a time when the number of available skilled professionals is at an all time low, it is vital for an organisation such as ours to support overseas trained nurses and midwives as they adjust to the intricacies of working within the Queensland and Australian health systems.

As part of this commitment we have developed this booklet to introduce you to your new country and working environment.

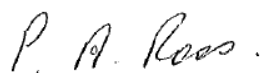
Living and working in Queensland – An Orientation Manual for Overseas-trained Nurses and Midwives aims to support your transition to working within Queensland's public hospitals with information about Queensland Health in particular and the health system in general. In addition it offers advice on matters such as migration, registration, health care services and English language resources.

This manual will also guide managers through the recruitment process of overseas trained nurses and midwives to ensure that our new or potential employees are given both comprehensive and consistent advice.

Queensland residents enjoy one of the best standards of living in the world. For the past eight years the Queensland Government has focused on developing Queensland into the Smart State – a vision where knowledge, creativity and innovation drive economic growth to improve the prosperity and quality of life for all Queenslanders. Our world-class education system offers a high level of education for your children from pre-school to secondary and on to university or vocational training.

I would like to thank all those who helped with the development of this manual and acknowledge those jurisdictions that have already made steps to implement a comparable manual. If you have any feedback about the manual or information that you feel should be included please inform the [Office of the Chief Nurse](#).

I hope you enjoy your “Queensland experience” and invite you to either extend your stay with us or consider becoming a permanent resident.



Pauline Ross
Chief Nursing Officer
Queensland Health



Acknowledgements

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It builds on the extensive work of the Victorian Department for Human Services, Postgraduate Medical Council of Victoria in their publication *Working in Victoria's Public Hospitals – An Orientation Manual for International Medical Graduates*; the Western Australia Department of Health publication *Living and Working Western Australia*; and the Queensland Health Recruitment Assessment Placement Training and Support (RAPTS) Unit publication *Transition to clinical practice in Queensland Health: Orientation program for international medical graduates*.

We gratefully thank these organisations for their work as well as the additional groups representing overseas-trained nurses/midwives, employers and professional bodies for their advice and feedback.

In particular, we wish to acknowledge the preliminary work produced within Cairns Health Service District that has contributed to the appendices contained within this manual.

Disclaimer

The material presented in this manual, as distributed by Queensland Health, is presented as an information source only. The information is provided solely on the basis that readers will be responsible for making their own assessment of matters presented. Readers are advised to verify all relevant representations, statements and information. Any quoted fees or figures are subject to change. Latest information should be obtained from the website or listed contacts.

This information does not constitute professional advice and should not be relied upon as such. Formal advice from appropriate advisers and representative bodies should be sought on particular matters.

Queensland Health does not accept liability to any person for the information or advice contained in this manual, or incorporated into it by reference, or for loss or damages incurred as a result of reliance upon the material contained in the manual. The manual covers a range of matters that are subject to regular change.

Note:- The information included in this manual is accurate at the time of publication and will require updating at a future time. If you have a hard copy of this manual it is important to regularly consult the electronic version on the Queensland Health website (address below) to access the most current information.
<http://www.health.qld.gov.au>

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Terminology

This manual uses the terminology “International Nursing Graduate” (ING) in referring to nurses and midwives whose undergraduate training was undertaken in a clinical school or setting in a country other than Australia. Some jurisdictions prefer the use of an alternative term “Overseas Trained Nurse and Midwife”

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Purpose

This orientation manual has been developed and written for International Nursing Graduates (INGs) who are new to Australia as a general overview of the Australian healthcare system. It also gives information on working and living in Queensland. Due to the volume of available material, the information on many subjects is not provided in detail. Instead, information is intended as a starting point for further research of subjects of particular interest. Also, due to the ever changing environment, we would urge readers to refer to websites and relevant bodies to ensure you have the latest information.

How to use the Manual

The manual is divided into the following:

SECTION 1: Overview of Australia's Health Care system.

SECTION 2: Introduction to Queensland Health's services and systems.

SECTION 3: Nursing in Queensland.

SECTION 4: Legislative framework which governs practice in Queensland.

SECTION 5: Communication and Cultural safety.

SECTION 6: Living in Queensland.

APPENDIX A: Queensland Health Application Process for Overseas Nurses.

APPENDIX B: Culture Shock.

APPENDIX C: Acronyms.

Additional resources (contact telephone numbers, website addresses) are also included for your information.

It would be valuable if any changes or errors could be referred to the editors via the contact details under *Enquiries* for incorporation into ongoing updates for the manual.

Key Topics

The key topics covered in the manual include how:

- ❖ To provide care to patients in the Australian Health Care System
- ❖ The Medicare system funds medical services, and
- ❖ The Queensland Health public system and health services meet the demands of the community.

Additional information on other relevant topics includes:

- ❖ Information on Australian society and its culture
- ❖ How to obtain Australian citizenship
- ❖ How to open a bank account
- ❖ Transferring an overseas driving licence, and
- ❖ Australian education services and facilities.

Information Regarding Visa's

Nurses and midwives wishing to work in Queensland require a visa that allows full working rights in Australia. There are a number of visa options available.

For advice and assistance on options available to you please visit the Department of Immigration and Citizenship (formerly known as the Department of Immigration, Multicultural and Indigenous Affairs) website at; <http://www.immi.gov.au>

Note:- Queensland Health can offer nurses and midwives sponsorship on a Temporary Business (Long Stay) Visa – subclass 457. For further information about this type of visa please download *Booklet 11* from the Department of Immigration and Citizenship website.

Overview of Australia's health care system

This section of the manual provides an outline of the Australian health system; and information on key organisations you should be familiar with such as:

- ❖ Medicare Australia
- ❖ The Pharmaceutical Benefits Scheme (PBS).

The Australian health system is a complex mixture of public and private services involving all three tiers of government. Most importantly:

- ❖ The Australian (Commonwealth/Federal) Government through the Medicare system funds:
 - community medical services using the Medical Benefits Scheme (MBS)
 - medications through the PBS
 - the majority of aged-care services
 - health services to members of the Australian Defence Force, Aboriginal and Torres Strait Islander communities
- ❖ The state and territory governments regulate and provide health services including public hospitals, mental health and dental health services, population health and community health centres, ambulance services and health promotion.

Medicare Australia

Medicare is a program offering all Australian citizens and legal temporary residents access to health care. Whether you have lived in Australia for most of your life or have only recently arrived, there may be details about Medicare and Australia's public

health care system that you may not understand.

The following information will assist you to understand Medicare.

- ❖ Medicare is Australia's universal health insurance scheme, introduced by the Federal Government in 1984 to ensure that all Australians have access to medical and hospital care when needed.

The objectives of Medicare are to;

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

Medicare is available to all people who reside in Australia and:

- ❖ hold Australian citizenship
- ❖ have been granted permanent resident status
- ❖ hold a New Zealand citizenship or
- ❖ have applied for a permanent resident visa (other requirements apply).

All Australian permanent residents and citizens are entitled to free treatment as a *public* (Medicare) patient in a public hospital. When admitted to a public hospital as a public patient, individuals are treated by doctors and specialists nominated and employed by the hospital. All care and treatment provided while the patient is in hospital is free. This includes physiotherapy, occupational therapy, speech therapy, podiatry, psychology, social work and emergency dental care.

Free or subsidised treatment through Medicare pays for all or part of the consultation (*scheduled*) fees for doctors who are general practitioners (community or family doctors

providing primary care services) and specialists (or consultant doctors specialising in a branch of medicine such as Psychiatry). It provides benefits to pay for all or part of the fees for tests and examinations, most surgical and other medical procedures and some limited dental procedures.

There are other services that Medicare does not cover. These include ambulance services, private hospital costs, home nursing, private or community physiotherapy, most dental services, private or community occupational therapy, private or community speech therapy, private or community podiatry, chiropractic services, acupuncture, cosmetic surgery, hearing aids, glasses, contact lenses and optical services, and prosthetics or cosmetic surgery. For a full list of included and non-included services refer to the Medicare website at <http://www.medicareaustralia.gov.au>

The Medicare Levy

To help fund the Medicare scheme, all people who are employed in Australia and pay income tax must pay a *Medicare levy*. An individual's levy is based on your taxable income and is in addition to any other income tax payable. Normally, your Medicare levy is calculated at 1.5 per cent of your taxable income but this rate may vary depending on your circumstances. If you are a *Temporary Resident* you are not entitled to all Medicare services, however you may apply to have your Medicare levy refunded through your tax return. Medicare levy payments are made through your tax returns.

The Medicare levy surcharge

Individuals and families on higher incomes who do not have private hospital insurance may have to pay a Medicare levy surcharge. Single people with a taxable income of more than \$50,000 per year and families/couples with a combined taxable income of more than \$100,000 per year will be charged an additional one per cent Medicare levy if they don't have private hospital insurance. This is in addition to the basic 1.5 per cent Medicare levy which every tax payer is required to pay.

Billing arrangements by Doctors

In Australia, doctors may opt to *direct bill* (also known as *bulk billing*) through the Medicare system rather than seek payment from patients. This allows a doctor to charge Medicare directly, accepting the Medicare benefit as full payment. (Please note that there are limitations to bulk-billing as set out in *clauses 45 to 48 of the Australian Health Care Agreement 2003 to 2008*. Patients will pay nothing when bulk billing occurs.)

In this case patients must sign a completed form (after the consultation with the doctor, not before), and be given a copy of the form.

Alternatively, some doctors may issue patients with an account, which the patient must pay. The patient in turn claims the benefit directly from Medicare. In this case, the money paid to the patient by Medicare may be less than the original account issued by the doctor.

If the patient does not pay the account, Medicare will send the patient a cheque payable to the doctor, which the patient then sends to the doctor. Any outstanding amount (ie if the cheque paid by Medicare does not cover the doctor's invoice in full) must be paid by the patient.

Contact Medicare directly on 132 011 for more detailed information about the options or refer to their website:- <http://www.medicareaustralia.gov.au/>

Issue of a Medicare card

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

A Medicare card is required: -

- ❖ when a person visits a doctor
- ❖ to make a claim at a Medicare office
- ❖ to make enquiries with Medicare
- ❖ to show at a hospital for treatment as a public patient
- ❖ to show a pharmacist to get a prescription filled.

Reciprocal Health Care Agreements

Overseas visitors holidaying in Australia are generally not entitled to access Medicare. However, there are exceptions in the case of visitors from Great Britain, Finland, Ireland, Italy, Malta, the Netherlands, New Zealand and Sweden, whose home countries have a Reciprocal Health Agreement with Australia. Under the agreements access is available to subsidised health

services for urgent treatment while visiting Australia. Medicare can offer assistance on eligibility and conditions through any Medicare Office or by phoning 132 011 (local call rates apply; mobile and pay phones cost more) or email on medicare.enq@hic.gov.au

Further information can be found on the Australian Government Department of Health and Ageing website:

http://www.medicareaustralia.gov.au/yourhealth/services_for_travellers/vtta.htm

Further health information in varying languages can be found on the Multicultural Communication website at <http://mhcs.health.nsw.gov.au>

Medicare Australia Welcome Kit

Medicare Australia has produced a 'Welcome Kit' containing information on Australia's main health programs, including Medicare. You can collect a copy from any Medicare Office by telephoning 132 011 for a copy, or downloading sections of the 'Welcome Kit' from the Medicare website http://www.medicareaustralia.gov.au/yourhealth/our_services/ahsfna.htm.

(Alternatively, follow the links from <http://www.medicareaustralia.gov.au>)

This 'Welcome Kit' is available in many languages. The phone number for the Translating and Interpreting Service (TIS) is 131 450..

Pharmaceutical Benefits Scheme (PBS)

Since 1948 the Pharmaceutical Benefits Scheme (PBS) has reduced the costs to patients of most prescription medicines through subsidies from the Federal Government. The subsidies are now available to all Australian residents and foreign visitors whose countries have Reciprocal Health Care Agreements with Australia.

The *Schedule of Pharmaceutical Benefits* — referred to throughout as the ‘*Schedule*’ — lists all of the medicines available under the PBS and explains how to obtain a subsidy. The PBS website has a search facility to look for medications under their generic (eg. Paracetamol) or brand (eg. Panadol) names. Go to the following website:

<http://www.health.gov.au/pbschedule>

Private Health Insurance:

Private health insurance is “purchased” by patients from a range of companies offering coverage for services not covered by Medicare.

There are a number of reasons why private insurance may be an option to consider.

Private health insurance may provide you with coverage for some or all of the costs of being a private patient either in a public or private hospital (theatre fees or accommodation). It may also pay all or part of the costs towards the following common health services: dental treatment; emergency ambulance; chiropractic treatment; home nursing; podiatry; physiotherapy; occupational and speech therapy;

lasses and contact lenses; optical services; prostheses; and other ancillary services.

Please note that waiting periods may apply before a claim can be made against your private health insurance.

Visitors or temporary residents in Australia who are not eligible for Medicare should arrange for comprehensive private health insurance to cover unexpected health care costs during their visit. The regulated private insurance available to Australian residents is inappropriate for this purpose since it generally does not adequately cover doctors’ fees for primary/community or in-hospital health care services.

Further information about private health insurance and contact details of registered insurance companies can be obtained from the Private Health Insurance Administration Council website at: <http://www.phiac.gov.au>

Some private health insurance companies offer specific Temporary Resident Insurance packages. Examples of such packages can be viewed at; <http://www.medibank.com.au/join/overseas/visitor.asp?path=main> and http://mbf.com.au/main/products/overseas_visitors/?cmp=g_prd_ovr.

Introduction to Queensland Health services and systems

This section focuses on areas of the Queensland health care system you need to know when dealing with patients.

Queensland Health is a dynamic organisation committed to providing a range of services through a network of 20 Health Service Districts (including public hospitals) and the Mater Hospitals.

Our range of integrated services includes hospital inpatient, outpatient and emergency services, community and mental health services, aged care services and public health and health promotion programs.

There are a large number of public hospitals throughout Queensland. Links to individual health service facilities can be found on the Queensland Health website located at <http://www.health.qld.gov.au/healthservices/byFacility.asp>.

Governance

Queensland Health is managed by the Director-General (DG). The Director-General reports directly to the Minister for Health who in turn reports to the Premier of Queensland. The Premier is elected by the people of Queensland and is responsible for all state ministerial portfolios.

Health Service Districts have varying management structures, depending on the size of the district and the services it provides. However, as a nurse or midwife you will more than likely report to your Nurse Unit Manager,

and then to the Assistant Director of Nursing Services or the District/Director of Nursing Services.

Queensland Health's mission and strategic goals

Queensland Health's mission is:
Creating dependable health care and better health for all Queenslanders

The proposed Strategic Goals are:

- ❖ promoting a problem solving approach to the reform of Queensland Health
- ❖ building the next generation of health workers, ideas and health services
- ❖ working together
- ❖ responding justly and fairly to needs
- ❖ working with communities to improve health
- ❖ creating a patient focused health care system
- ❖ making Queensland Health a good place to work
- ❖ better managed performance of people, systems, assets and information

The current Queensland Health organisational structure may also be viewed at the Queensland Health intranet site located at <http://www.qheps.health.qld.gov.au>

State-wide Systems

Emergency procedures

It is important to know what to do in the event of an emergency. Hospitals will be covered within the orientation session for new staff. Attendance is compulsory.

During the hospital orientation session you will receive basic information on the type of emergencies likely to be encountered and the appropriate responses.

Fire Prevention

Every precaution has been taken to prevent fires in the workplace. To assist our fire prevention strategy you should observe the no smoking policy, avoid the build up of rubbish and other fuel, and ensure the exit doors and escape routes are not obstructed.

In your work area you need to know:

- ❖ the fire warden for the area
- ❖ the location of the fire extinguishers and any other fire fighting appliances.
- ❖ the location of the nearest telephone and Break Glass Alarm
- ❖ emergency evacuation routes

Occupational health and safety

Queensland Health's Corporate Workplace Health and Safety Reform Unit is responsible for occupational health and safety. In particular it oversees the development, implementation and evaluation of corporate policies and strategies directed towards improving the performance of Queensland Health in relation to workplace health and safety and the management of ill and injured staff.

Workplace or Occupational Health and Safety Officer positions have been established at a district level to assist staff. Should you sustain a work-related injury, an Incident Form should be completed and sent for processing to the designated Occupational Health and Safety Officer in your hospital.

Infection Control

The transmission of micro-organisms with the potential to cause infection requires the presence of three elements: a susceptible host, an agent, and an environment facilitating the interaction between host and agent.

The ultimate aim of the infection control program, both at corporate and local levels, should be to improve infection control outcomes for patients and staff. It is important to understand the strategic and the local infection control programs within Queensland Health. They are part of the same organisational framework setting and aim for a collaborative approach involving the following components.

Hand washing:

Handwashing is the single most important strategy to reduce the risk of infection. Handwashing comprises mechanical activity, use of soap and water, rinsing, and drying to reduce the number of micro-organisms on hands. Handwashing should occur:

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

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

For specific information regarding the hand washing procedure refer to:

http://www.health.qld.gov.au/infection_control/documents/pdf/Elements%20of%20IC.pdf

Standard Precautions

Standard precautions are:

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

Elements of standard precautions

Standard precautions comprise the following measures:

- ❖ handwashing
- ❖ use of appropriate personal protective equipment to eliminate contact with blood, body fluids, non-intact skin or mucous membranes
- ❖ immunisation of health care workers
- ❖ use of aseptic techniques to reduce patient/client exposure to micro-organisms
- ❖ safe management of sharps, blood spills, linen and waste
- ❖ routine environmental cleaning.

Personal Protective Equipment (PPE) for standard precautions comprises:

- ❖ use of gloves (appropriate to the task)
- ❖ facial protection protective eyewear and a fluid repellent surgical face mask, or face shield
- ❖ use of impermeable aprons or gowns.

Gloves protect skin from direct contamination with blood and body fluids. The following guidelines apply:

- ❖ gloves are not a substitute for handwashing
- ❖ hands should be washed following glove removal

- ❖ gloves are changed between patients, when punctured or torn, and between different procedures on the same patient
- ❖ gloves are not to be washed or disinfected between patients as the surfactants damage the integrity of the glove/s

Sexual harassment and unlawful discrimination

Sexual harassment in employment is unlawful. The law relating to discrimination and sexual harassment is set out in the *Equal Opportunity Act 1984* which states that it is unlawful to discriminate against a person on the grounds of:

- ❖ Sex
- ❖ Marital status
- ❖ Pregnancy
- ❖ Gender history
- ❖ Family responsibility
- ❖ Family status
- ❖ Sexual orientation
- ❖ Race
- ❖ Religious or political conviction
- ❖ Impairment and age

Queensland Health is committed to providing an organisation free from harassment and discrimination. All Queensland Health employees are expected to conduct themselves in a manner that is consistent with the *Queensland Health Code of Conduct – March 2006* available at: http://www.health.qld.gov.au/about_qhealth/cc2006web.pdf

For more information visit the Anti-discrimination Commission website at: http://www.adcq.qld.gov.au/main/about_tadcq.html

Support organisations and other services/information

The following section provides information and contact details on support organisations such as:

- ❖ health support services
- ❖ emergency services/patient transport/transfer services
- ❖ Government agencies

Aboriginal Medical Services (AMS)

The National Aboriginal Community – Controlled Health Organisation (NACCHO) is the national peak body representing Aboriginal health services throughout Australia.

Aboriginal Medical Services (AMS) function as primary health care teams, including Aboriginal health care workers, with an emphasis on preventative health care. Medical positions in AMS services are salaried. Aboriginal communities operate over 130 AMSs across Australia. While the services form a network, each is autonomous and independent of each other and the Government. The integrated primary health care model adopted by AMSs maintains the philosophy of Aboriginal community control and the holistic view of health that this entails.

It is not necessary to speak or understand an Aboriginal language to work in an AMS, and many non-Aboriginal-speaking health workers find working in a cross-cultural setting very satisfying.

Information about Queensland services can be found at: <http://www.naccho.org.au/members.html>

Alcohol, Tobacco and Other Drugs Service (ATODS)

Queensland Health's Alcohol, Tobacco and Other Drugs Service (ATODS), *Public Health Services*, is dedicated to the treatment and prevention of alcohol, tobacco and other drug addiction problems in the Queensland.

Alcohol and drug information services are available in all Australian states and territories. To seek help or advice, a person may access the service system through the 24-hour Helpline. In Queensland the number is: 1800 177 833

For references refer to: <http://www.health.qld.gov.au/atods/>

Aged Care Sector

Employment opportunities for nurses in aged care in Queensland are available through the not for profit/voluntary and the private health sectors.

For more information visit: <http://www.acqi.org.au/>

Child Safety

The Queensland Government Department of Child Safety was established to support the well being of Children and meet the needs of those at risk of child abuse and neglect.

The department administers the *Child Protection Act 1999*, the overarching legislation relating to the protection, welfare and best interests of children and young people.

For further information visit the Department of Child Safety website at:

<http://www.childsafety.qld.gov.au/>.

Department of Veterans' Affairs (DVA)

The DVA oversees income support, compensation, health, housing, care and commemoration programs for war veterans, their widows, widowers and dependants. The department appoints a Medical Officer in each area to administer medical reports and requirements for their clients.

For further information visit the DVA site at: <http://www.dva.org.au>

Disability Services Queensland

Disability Services Queensland (DSQ) was established in December 1999 to provide a strong focus on disability across Queensland Government services.. DSQ works closely with communities to enhance service delivery and allows people with a disability and their families more input into the policies that affect them.

For further information refer to: <http://www.disability.qld.gov.au/>

Home and Community Care (HACC)

The HACC program is a joint Commonwealth, State and territory initiative. It funds maintenance and support services to help frail older people and people with disabilities who live in the community. The program operates under the *Home and Community Care Act (1985)* and the *Home and Community Care Amending Agreement (1999)* which detail the contributions of financial assistance made by the Federal Government to

support the program in each state and territory.

The Queensland HACC Program is managed by Queensland Health and receives Federal Government (64.64%) and Queensland Government (35.36%) funding.

For further information including HACC services and eligibility to HACC services refer to: www.health.qld.gov.au/hacc

Meals on Wheels (MOW)

The Queensland Meals on Wheels Services Association Inc. is a community service that helps frail aged, younger disabled and their carers remain in their own homes by providing meals and other services .

For further information refer to: <http://www.qmow.org/index.html>

Mental Health Services in Queensland

Public Mental Health Services are provided by Queensland Health to help people recover from mental illness. The service offers a range of options for the assessment and treatment of mental illness, including in-patient units, community teams, rehabilitation programmes and long-term care facilities.

A directory of all Mental Health Services in Queensland Health can be located at:

http://www.health.qld.gov.au/mental_health/bali/CMHS_list.pdf

Mental Health Services in Queensland are governed by the *Mental Health Act 2000* (the Act). Queensland Parliament passed the *Mental Health Act 2000* on

30 May 2000 replacing the *Mental Health Act 1974*. The Act contains provisions for initiating involuntary assessment, authorising involuntary treatment, independent review of involuntary treatment and patient rights. It provides processes for the admission of mentally ill offenders from court or custody and decisions about criminal responsibility where the accused person has a mental illness or intellectual disability. It also introduces notification orders and non-contact provisions for family members and victims of crime, as well as other provisions addressing community safety. Under the Act, decision-making processes ensure transparency and accountability.

For further information refer to: www.health.qld.gov.au/mha2000/

Oral Health Services

Oral Health Services are provided by each district to care for children from age four to and including year 10 school students (totalling 566,000 students in 2001). A program for adults eligible for a health care card issued by Centrelink and certain schemes for veterans administered by the Department of Veterans' Affairs is also available. In certain cases, dependants can also access these services.

Services are provided in 180 mobile dental clinics, 121 fixed school clinics, nine self-drive mobile clinics and 140 community dental clinics - a total of 800 dental chairs. They are staffed by more than 1500 full-time equivalent staff.

For further information refer to health service districts, particularly Directors

of Oral Health and District Oral Health Services or access:

http://www.health.qld.gov.au/phs/ohu/Palliative_Care

Queensland Health's commitment to the palliative care is regarded as an integral part of the broader health care system. The majority of palliative care clients have cancer, however, palliative care services are available to all patients who require these services regardless of their underlying condition.

A palliative approach respects the dignity of the person with a life-ending illness and seeks to improve their quality of life and that of their family and/or carers. The palliative approach provides active relief of pain and other symptoms and integrates the physical, psychological, social, emotional and spiritual aspects of care.

This guide supports population-based planning to meet the needs of people who are dying. Wherever feasible, palliative care is provided within a client's home or geographically close to their home.

For further information refer to:

http://qheps.health.qld.gov.au/cancercontrol/docs/qcc_strat05-10.pdf

A care services directory is available online from the Palliative Care Australia website. To find the closest palliative care service to you visit the website:

<http://www.pallcare.org.au/portals/9/docs/890%20Care%20Directory.pdf890%20Pall%20Care%20Directory.pdf>

Private Hospitals

The private sector provides a significant proportion of the

Queensland healthcare system including a wide range of hospitals and community based services. Services include aged care, obstetrics, general medical and surgical, mental health and critical care.

The Private Hospitals' Association of Queensland (PHAQ) is the peak body representing private hospital interests throughout Queensland. They provide assistance when considering a career as a nurse/midwife within the private sector.

For more information visit the PHAQ website at <http://www.phaq.org/home.asp>

Queensland Ambulance Service (QAS)

The Queensland Ambulance Service operates from more than 260 ambulance response locations across the State; organised into seven regions and supported by a Central Office at the Kedron Park Emergency Services Facility in Brisbane. Together with the Queensland Fire and Rescue Service and Counter Disaster and Rescue Services, the Queensland Ambulance Service is a part of the Department of Emergency Services.

Community Ambulance Cover (CAC) replaced the Queensland Ambulance Subscription Scheme and ambulance transport charges on 1 July 2003. CAC means all Queensland *residents* are automatically covered for the cost of ambulance transportation anywhere, anytime, across Australia. The CAC is funded via a charge of about 24 cents a day, or \$88 a year, applied to residential electricity accounts, unless an exemption has been granted.

In an emergency, phone calls to an ambulance should be made to 000. This will be answered by a telephone operator who will ask the caller what

service they require (police, ambulance or fire service) and in what location or town. The telephone operator will then connect them to the ambulance operations centre that controls the ambulances in that town.

For further information refer to: <http://www.ambulance.qld.gov.au/>

Royal Flying Doctors Service (RFDS)

The Royal Flying Doctor Service of Australia (RDFS) is a non-profit charitable service providing aero-medical evacuation, emergency and primary health care services. The RFDS Queensland section is the State's major fixed-wing aero-medical service and a significant provider of primary health care services in rural and remote areas.

The Royal Flying Doctor Service has eight in Queensland, including Brisbane; Bundaberg; Cairns; Charleville; Longreach; Mt Isa; Rockhampton and Townsville. The bases form a strategic network that facilitates effective and efficient health care throughout Queensland.

RFDS provides the following three types of services: -

- ❖ Remote telehealth consultations and medical checks
- ❖ Aero-medical retrievals and inter-facility transports
- ❖ Primary health care services which includes:
 - General practice
 - Child and school health
 - Mental health
 - Indigenous health
 - Women's health
 - Health promotion.

The RFDS also offers ancillary services such as the collaborative

practice initiatives; the Primary Clinical Care Manual and the Rural and Isolated Practice Nurse endorsement for registered nurses. The RFDS also offers education and training opportunities.

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

Women's health centres

There are eight women's health centres in Queensland. These form just one part of the department's response to improving the health and well-being of Queensland women. The women's health centres provide;

- ❖ libraries and information on a range of issues including healthy ageing, violence against women, sexuality and reproductive health, emotional and mental health, and occupational health and safety
- ❖ referrals to other health and general services
- ❖ group workshops on topics including healthy ageing, stress management, child birth, loss and grief, and puberty
- ❖ support groups on topics such as eating disorders, post-natal depression, and pelvic wellness
- ❖ short-term and medium-term counselling.

For further information refer to: <http://www.health.qld.gov.au/brochure/women.asp>

The Mobile Women's Health Service is a network of 13 specially-trained women's health nurses who provide a free and confidential service to Queensland women. The service aims to improve the health and well-being of women in rural and remote areas of Queensland.

For further information refer to: <http://www.health.qld.gov.au/phs/Documents/wcss/21846.pdf>

Workplace Health and Safety (WH&S)

Every Queensland employer must have workers' compensation insurance. Most employers insure with *WorkCover* Queensland, while a small number of large organisations have their own insurance. This insurance coverage ensures that employees injured at work receive financial support.

For further information on Workplace Health and Safety refer to <http://www.dir.qld.gov.au/workplace/rights/yourobligation/info/index.htm>

Alternately a Workplace Health and Safety representative will be available to discuss either staff or patient safety issues with you at your local Area Health Service/District Health Service level.

For further information on Workcover refer to: <http://www.workcoverqld.com.au/>

Youth suicide/suicide

The rates of suicide and attempted suicide in Australia are of great concern to authorities. Most worrying is the fact that Queensland rates are significantly higher than national averages.

The highest suicide rates are evident in young people (particularly young men); Indigenous populations; older people (particularly older males and older people from culturally and linguistically diverse populations); people with a mental illness; people in custody, including those in the youth

justice system; and same-sex attracted people.

In addition, it is recognised that those who experience difficulties accessing services will have altered outcomes. The priority populations identified above form the focus of the strategy, which is discussed below.

It should also be acknowledged that behaviours are influenced by the broader determinants of health that influence social and emotional well-being.

Population-based interventions using universal prevention strategies have also been identified, acknowledging their longer-term impact.

Reducing Suicide: The Queensland Government Suicide Prevention Strategy 2003–2008 is a whole-of-population collaborative effort by key Government Departments to promote suicide as an issue that is the responsibility of the whole community.

For further information refer to: http://www.health.qld.gov.au/mental_health/publications/20769.pdf

Your role and responsibilities

You will play a central role in the day-to-day management of your patients. In your role as a nurse/midwife you should expect to perform clinical duties while ensuring high professional standards are maintained. You should practise professionally and ethically, in accordance with the expectations of the community, the nursing and midwifery profession and the Queensland Nurses Council (QNC), liaise with medical, nursing, midwifery, allied health and other relevant staff regarding patient

management and ensure appropriate communication is maintained with external agencies. Be punctual and courteous, and be responsible for your personal health and safety.

Communication/handover

Communication is an essential component of working as a nurse/midwife in multidisciplinary teams. Whether you are informing medical, nursing or allied health staff of your wishes or are providing information to other staff, ensure they are aware of any issues which must be monitored. Effective communication is of the highest importance

Interactions with nursing staff

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

Discharge planning and communication

Discharge Planning should begin as soon as possible after admission as early referrals ensure timely discharges. Planning must take into account:

- ❖ the patient's medical, functional and psychological status, social circumstances and home environment

- ❖ the availability of any necessary rehabilitation, social and long-term care needs
- ❖ patient and family involvement wherever possible.

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

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

Discharge summary

When a patient is discharged it is of the greatest importance that communication, preferably written, be made with the doctor (GP or local medical officer) who is to provide the follow-up treatment. This ensures the exchange of information to assist in the management of the patient.

However, it is important to get permission from the patient before this contact can occur.

Immunisation and health screening

Immunisation protects health care workers and those in their care from preventable diseases. Queensland Health is in the process of developing a policy on the vaccination of health care workers in relation to:

- ❖ measles, mumps, rubella

- ❖ hepatitis B (mandatory for Queensland Health care workers)
- ❖ hepatitis A
- ❖ tuberculosis
- ❖ varicella zoster virus (chickenpox)
- ❖ influenza
- ❖ polio
- ❖ tetanus.

All nurses and midwives should know their HIV, HBV and HCV antibody status.

Nurses/midwives are regularly at risk from contracting infections from their patients. They should therefore protect themselves and their patients by:

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

For further specific information on infected health care workers refer to:

http://www.health.qld.gov.au/infection_control/documents/pdf/APPENDIX%20P4.pdf

Additional information can be obtained from the Australian Government Department of Health and Ageing Infection Control Guidelines by visiting the Website at:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/icg-guidelines-index.htm>

Human Resource Overview

Employment Information

An overview of employment conditions can be found in this section, with links to sites for further information. The hospital will also provide you with an Orientation Package that will provide additional information on these matters.

Conditions of Employment

The conditions of employment for nursing officers in Queensland hospitals are subject to the terms and conditions of the *Nurses (Queensland Health) Certified Agreement (EB6)2006*. A copy of the award may be obtained from your Human Resources Department and the Queensland Health website: <http://qheps.health.qld.gov.au/eb6/ibb/Nursing/Home.htm>

Performance Management

All hospital staff are normally required to participate in the Performance Appraisal and Development (PA&D or PAD) process. This process allows staff to:

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

The PA&D process allows supervisors to formally evaluate and plan performance and give regular feedback to staff. Where areas for improvement

are identified, the staff member and supervisor should develop a plan to achieve further experience and competence. A formal PA&D evaluation should occur annually. Further information on the PA&D process is available at: http://qheps.health.qld.gov.au/LSU/HTMLS/Perf_App_Devel.htm

Salary packaging

Staff can maximise their income (salary) through Salary Packaging (or Salary Sacrificing) arrangements that have been established by Queensland Health. Salary Sacrificing allows for a specific amount to be deducted from your gross wage prior to tax being calculated. Your tax is then calculated on the reduced amount and the specific amount deducted is managed by *Remuneration Services* to pay the option items you have indicated. before implementing these arrangements you are required to seek independent financial advice (see web link below).

A large range of expenses may be paid through Salary Packaging and includes options such as:

- ❖ superannuation
- ❖ home mortgage repayments or rent
- ❖ motor vehicle leases and expenses
- ❖ private health insurance.

Further information may be obtained by selecting the *Salary Sacrifice* tab at: <http://qheps.health.qld.gov.au/chrirpsc/sacrifice/sal-sac.htm>

Superannuation

Under Australian law, all employers must pay *Superannuation* to employees who work more than a

minimum number of hours per fortnight. Money paid to superannuation is paid into an investment account under the employee's name and may only be accessed once the employee permanently retires after their preservation age or cannot work due to permanent disability.

Employees have the option to contribute to their superannuation and their employer will usually make co-payments in this instance. Queensland Health employees may contribute between 2-5 per cent of their fortnightly salary and Queensland Health will contribute up to a maximum of 12.75 per cent of your salary.

All Queensland Government employees have superannuation automatically paid into *Q Super*. Contact your Human Resource department for details on specific arrangements if you are employed on a casual or contract basis. *Q Super* offers permanent disability and death insurance to certain clients. The *Q Super* website provides a more comprehensive description of superannuation options at: http://www.qsuper.qld.gov.au/public/members/your_qsuper_options/making_contributions/standard.asp

Taxation

All employees, both residents and non-residents of Australia, must pay tax on every dollar earned. A tax declaration form is required to be completed on commencement of employment and provided to the human resource department. Income is taxed progressively which means that as you earn more income your average tax rate raises. This is achieved by taxing a

range of income brackets (called tax brackets) as a set percentage or cents in the dollar. A tax-free amount (called tax-free threshold) applies to the first tax bracket, from \$0 to \$6,000. Information on individual tax brackets is available at: <http://www.ato.gov.au/individuals/content.asp?doc=/content/12333.htm>

All employees must apply for and be issued with a Tax File Number (TFN) when authorised to work by the Department for Immigration and Citizenship. As with Australian citizens, if they choose not to quote a TFN they must have tax deducted at the maximum rate per pay cycle (fortnightly).

You can register for a Tax File Number 24 hours a day, seven days a week on the Australian Tax Office (ATO) website. Application forms are also available from *Centrelink*. For the current rates of tax, or to request a Tax File application form, contact the Australian Taxation Office on 13 28 61 within Australia or (+61 2) 6216 1111 internationally from overseas or visit their website at: <http://www.ato.gov.au>

Nursing in Queensland

Queensland Health's Recruitment Assessment Placement Training Support (RAPTS) Unit processes enquiries and online expressions of interest received from the *Work For Us* website. This website allows you to:

- ❖ view available positions
- ❖ nominate an Expression of Interest (EOI)
- ❖ review nursing salary and remuneration packages.

This site can be accessed at <http://www.health.qld.gov.au/workforus/>.

To apply for a position you will be required to:

- ❖ provide two referee contacts – including email addresses
- ❖ provide a certified copy of your IELTS results.

Following the review of your application, you may be contacted by a hospital regarding the potential appointment to a position. It would be advisable at this point to discuss options for reimbursement of air travel/accommodation.

You should also consider accommodation options before your arrival. For accommodation websites see *Section 6: Living In Queensland*.

Criminal Record Checks

It is a legal requirement for all Queensland Health employees to be reviewed for recent criminal records.

For the criminal record checking process refer to the Department of Immigration site at: <http://www.immi.gov.au/allforms/pdf/47p.pdf>

Orientation Program

The hospital in which you will be working will provide you with an orientation program to help you become familiar with the working environment and processes. You should receive written information that might include the following:

- ❖ district and hospital organisational structure (including the names of the District Manager and Director of Nursing)
- ❖ job description of duties, responsibilities and lines of responsibility

- ❖ access to hospital policies and procedures including emergency procedures, clinical and procedural protocols
- ❖ procedures for ordering supplies and tests
- ❖ learning plans including education and training goals
- ❖ assessment and feedback processes.

It is also important to speak with other nurses and midwives to help you develop a clear understanding of how the hospital and your unit work. This should include procedures and processes, as well as the handover of patients.

As a nurse or midwife, the range of people you will interact with regularly will include:

- ❖ patients
- ❖ relatives and/or friends of patients
- ❖ nursing and midwifery staff
- ❖ medical practitioners of different specialties
- ❖ allied health and diagnostic professionals
- ❖ your director of nursing/midwifery
- ❖ staff development educators
- ❖ general practitioners and other people involved in community services and
- ❖ nursing administration.

Assessment of Qualifications: permanent residency

Should you intend entering Queensland under *General Skilled Migration* (permanent residency), the Department of Immigration requires you to have your nursing and/or midwifery qualifications assessed. This will be undertaken by a designated assessing authority before lodging your visa application. The

Australian Nursing and Midwifery Council (ANMC) is the nominated authority for assessing the occupation of nursing/midwifery.

The ANMC is an independent national standards body for nursing and midwifery education and training. Its mission statement is: “to safeguard the interests of the community by promoting high standards of nursing and midwifery practice”.

The international section of the ANMC is an assessing authority for the Department of Immigration and Citizenship. The ANMC assesses INGs who are migrating to Australia under the *General Skilled Migration* category. Through this process the ANMC determines whether nurses/midwives professional standards are suitable for migration or whether they may need to undertake further education in order to be eligible for migration. For more information in the ANMC view <http://www.anmc.org.au>

The ANMC also has English language requirements, outlined in their English language proficiency for overseas educated nurse’s policy. This policy can be viewed at: <http://www.anmc.org.au>

Only nurses/midwives migrating to Australia under the *General Skilled Migration* category need to have their qualifications assessed by the ANMC. For further information and to lodge a skills assessment application please visit: <http://www.anmc.org.au>

Each state and territory has its own nursing and midwifery regulatory authority (NMRA) with responsibility for deciding the eligibility of individuals for registration or enrolment in that state or territory. If

you have provided the ANMC with documents to have your qualification assessed, you may request for these documents to be sent to the Queensland Nursing Council for assessment of eligibility to practise in Queensland.

Licence to practise in Queensland

Before practicing as a nurse or midwife in Queensland, you must apply for and obtain an annual licence certificate from the Queensland Nursing Council (QNC).

Applying for and obtaining a license to practice in Queensland, as well as finding employment is the responsibility of each individual nurse/midwife.

QNC was established under the provisions of the *Nursing Act 1992*. The *Nursing Act 1992* (Qld) is the primary piece of legislation relating to nurses and midwives in Queensland.

The Queensland Nursing Council (QNC) is an independent statutory body that regulates nursing and midwifery in Queensland. The council’s responsibility is to ensure, as far as practicable, the people of Queensland receive safe and competent nursing and midwifery care. This is achieved through setting the standards for [nursing and midwifery education](#), [practice](#), [licensing](#) and [conduct](#) in Queensland.

The *Nursing Act 1992* identifies the criteria necessary to satisfy Queensland Nursing Council that an applicant is qualified to be a registered nurse or enrolled nurse or midwife. The qualifications for the issuing of a licence relate to:

- ❖ **Education** - successful completion of an appropriate course accredited by QNC or course outside Queensland that is in the QNC's opinion comparable to the courses conducted in Queensland
- ❖ **Competence**
 - Demonstrated education requirements, or
 - Practiced in a relevant area of nursing/midwifery in the past five years, or
 - Has had a period of employment which maintained nursing/midwifery skill within the past five years, and
 - Held a current licence to practice as a nurse/midwife during the period in which educational period took place.
- ❖ **Fitness to practise**
 - Adherence to standards of professional practice and behaviour
 - Physically capable of carrying out nursing/midwifery duties
 - Good standing
 - English language competence.

The Queensland Nursing Council (QNC) has a number of functions. These are detailed in section 7 of the [Nursing Act 1992](#) and direct the services that the council provides and activities undertaken. These services include:

- ❖ registration and enrolment (licensing)
- ❖ nurse and midwifery education (accreditation)
- ❖ professional practice (standards)
- ❖ professional standards (conduct)
- ❖ funding research grants, scholarships and book bursaries
- ❖ advisory service on nursing and midwifery practice, education, professional conduct and licensing.

The QNC has a range of policies, position statements and guidelines that

you should be aware of and can be viewed at the QNC website at: <http://www.qnc.qld.gov.au>

A current licence to practice as a registered nurse, enrolled nurse or midwife in one Australian state or territory does not automatically allow a nurse/midwife to practice in another state or territory.

If you hold a current licence from another Australian state/territory or New Zealand you can apply for a licence to practise in Queensland under mutual recognition or Trans Tasman legislation (*Mutual Recognition Act 2001* (Qld) and *Trans Tasman Mutual Recognition Act 2003* (Qld)).

The annual licence period for nurses and midwives in Queensland is in line with the financial calendar. Annual renewal of your licence to practise is due for all nurses and midwives by 30 June each year.

It is a Queensland Health Policy requirement that nurses and midwives produce their licence to practise certificates to their employer each year.

For further information on applying for a licence to practise in Queensland, you can contact QNC via email on registrations@qnc.qld.gov.au

The QNC telephone contact details are (+61 7).3223 5111 or 1300 139 993.

English language competence

INGs applying for a licence to practise must complete an English language competence assessment (unless an exemption is granted) with an approved assessor. The following English language tests and results are accepted by QNC. However, it is suggested that you do not undertake an

English language test until your application has been assessed by the council and you have been advised of the requirements for eligibility. You will receive more detailed information at that time.

- Occupational English Test (OET) - minimum requirement is a B level pass in all components.

This test can be completed at any international test location where OET is offered.

For further information about the examination process, fees and test dates email oet@cae.edu.au or telephone 03 9657 8111.

- International English Language Testing System (IELTS) - minimum of 6.5 in each band and an overall band score of 7.

For further information about the examination process, fees and test dates see <http://www.ielts.org>.

- International Second Language Proficiency Ratings (ISLPR) (Griffith University Qld only) - minimum score of 3+ in all components.

This examination can be conducted only at Griffith University, Queensland, Australia. For further information please contact:

Centre for Applied Linguistics and Languages
Griffith University
Nathan Queensland 4111
Telephone: 07 3875 7089
Facsimile: 07 3875 7090

Professional behaviour of nurses / midwives

The professions expect that nurses and midwives will conduct themselves personally and professionally in a way that will maintain public trust and confidence in the profession. Nurses and midwives have a responsibility to the individual, society and the profession to provide safe and competent nursing and midwifery care which is responsive to individual, group and community needs, and the professions.

Scope of practice

The scope of nursing practice is defined as that which nurses are educated, authorised and competent to perform. The actual scope of practice of individual practitioners is influenced by the settings in which they practice, the health needs of people, the level of competence of the nurse and the policy requirements of the service provider.

The Council has developed the *Scope of Practice Framework for Nurses and Midwives* (the *Framework*), to provide guidance for individual nurses and midwives, the nursing and midwifery professions, other health care personnels, service providers and consumers, in decision making about issues of nursing and midwifery practice. The Framework provides for:

- ❖ nursing and midwifery practice within diverse contexts
- ❖ expanding practice for RNs and midwives
- ❖ delegation among nurses and midwives
- ❖ delegation to unregulated care providers; and

❖ role relationships.

You can download a copy of the *Framework* from the QNC publication website via www.qnc.qld.gov.au

Nursing career structure in Queensland

Assistant in Nursing:

You can work as an Assistant in Nursing (AIN) without formal qualifications. However certificate courses are available through Technical and Further Education (TAFE) Queensland.

The AIN works under the direct supervision of a Registered Nurse and provides assistance and support. Duties range from bed cleaning and stock control, to assisting with patient care such as mobility assistance and hygiene.

Enrolled Nurses:

Enrolled Nurses (ENs), under the direct and indirect supervision of a Registered Nurse, assist in the delivery of preventative, curative and rehabilitative nursing care in hospitals, aged-care facilities, the community and other health care settings.

EN's provide nursing care according to their level of training and the registering authority's licence to practise. In Queensland, to be an EN an 18-month pre-enrolment course at TAFE needs to be completed. EN's are licensed with the QNC.

Enrolled Nurse (Advanced Practice) positions are also available in Queensland Health facilities. Skills and criteria required for Advanced Practice

include leadership qualities, clinical competencies related to the clinical speciality of the unit, and an ability to practise more autonomously - with supervision by the Registered Nurse being more often indirect rather than direct.

EN's can be endorsed to administer medications. For more information on enrolled nurses to administer medications in Queensland go to the QNC website and download the following documents:

- ❖ Policy on medication administration by enrolled nurses 2005
- ❖ [Enrolled nurse medication policy amendment.](#)

Registered Nurse:

Registered Nurses (RN) are registered with the QNC; which set the standards for nursing and midwifery education, practice, licensing and conduct in Queensland. The RN is responsible to directly and indirectly supervise AIN's and EN's.

The RN duties are clinically based and centre on patient care. The RN generally cares for adults and children, and includes the speciality of Mental Health.

Midwifery:

The RN can gain certification for midwifery practice post general RN education (Registered nurse, endorsed midwife). Alternatively a qualification can be obtained via an undergraduate midwifery degree courses (midwife only).

Titles of the registered nurse will change according to positions associated with career progression and include:

Clinical Nurse (CN): duties remain clinically based and include shift co-ordination, staff allocation, bedside education of junior staff and ward portfolio management.

Nurse Unit Manager (NUM)/ Clinical Nurse Consultant (CNC)/ Nurse Manager (NM): duties include budget responsibilities, rostering, reporting etc.

Nurse Practitioner (NP): educated to a higher level to function autonomously and collaboratively in an advanced and expanded clinical nursing role.

Assistant Director of Nursing ADON/ Nursing Director (ND): duties include planning, coordination, formulation and policy for clinical care and human and material resources for a clinical division.

Director of Nursing (DON): duties include the responsibility for activities of the nursing service in a facility and contribute to the development of facility policy and health strategies.

Executive Director of Nursing/ District Director of Nursing: duties include strategic health service planning for a health service district including workforce and service development to optimise patient and staff outcomes.

Professional development and ongoing education

All nurses are encouraged to participate in nursing education opportunities. This will ensure familiarity with any policy/ practice updates or changes.

A wide range of nursing and staff development education programs can be accessed through each Health

Service District intranet site, local staff development units and also by utilising the nurse educators within a health service district.

Professional organisations

Royal College of Nursing Australia (RCNA)

The Royal College of Nursing, Australia is the nation's leading professional organisation representing nurses from all areas of practice.

The RCNA's core business reflects the mission statement - "*promotion and recognition of professional excellence in nursing*". RCNA's aim is to provide the means for all nurses to bring a level of excellence to their nursing practice, whether that be through the provision of education, professional development, providing information and networking opportunities, or through high level input to health policy.

For more information, and for links to specialist groups visit <http://www.rcna.org.au/>

Australian Nursing Federation (ANF)

The ANF was established in 1924. The ANF is the national union for nurses and the largest professional nursing organisation in Australia. The ANF's core business is the industrial and professional representation of nurses and nursing through the activities of a national office and branches in every state and territory.

The ANF participates in the development of policy in nursing, nursing regulation, health, community

services, veterans' affairs, education, training, occupational health and safety, industrial matters, immigration and law reform.

For more information, and for links to specialist groups visit <http://www.anf.org.au/>.

The Queensland branch of the ANF is the Queensland Nurses Union. More information can be found at <http://www.qnu.org.au/>

Personal support for nurses and midwives

Personal support, health and welfare

There is evidence that the stresses of health care practice can produce psychological strain on nurses and midwives.

Therefore, it is important to take responsibility for your personal health, both mental and physical, as it affects your professional conduct and patient care. At times you will be subjected to high levels of stress and will need to find appropriate ways to release and deal with it.

At the family level, stress can occur because of:

- ❖ a different social and cultural environment compared to what was expected or previously experienced
- ❖ isolation from your own extended family
- ❖ the cultural adjustment required by children and spouse
- ❖ inability to access suitable schooling for children
- ❖ spouse's work and social needs not catered for and
- ❖ a lot of travel and time away from home by you, leaving your family alone.

If your family is unhappy, this will affect you and the quality of your work.

An employee assistance scheme is available to all Queensland Health employees. It provides free confidential, short-term counselling to staff to assist them to resolve personal and work related problems. For more information refer to the Queensland Health intranet: http://qheps.health.qld.gov.au/hrbc/docs/EAS_Staff.pdf

The workplace

to the workplace is where you can consciously build a comfortable, supportive and nurturing environment. When you start in a position, it is important to clarify your employer's expectations of you as well as your expectations of them. Topics to discuss might include: salary, expenses, rosters, work hours, availability of support services and patient handover. You will need to be familiar with the facility's procedures and policies which directly and indirectly relate to your work. Getting these important issues understood and agreed upon early will ensure a good start to your working relationships.

Your own doctor

You should have your own medical practitioner for care and medical treatment, including medication prescriptions and referrals.

Your direct supervisor/Head of Department or Director of Nursing Services are available to provide counselling in the first instance and if they are unable to provide you with the support you need they are in a position

to refer you to the relevant person/organisation to assist.

Legislative framework which governs practice in Queensland

All legislation associated with the public provision of health services in Queensland is located at the department website: <http://www.health.qld.gov.au/legislation/default.asp>.

Legislation that particularly relates to nurses and midwives in Queensland includes:

- ❖ *Nursing Act 1992*
- ❖ *Nursing Regulation 1995*
- ❖ *Health (Drugs and Poisons) Regulation 1996*
- ❖ *Health Act 1937 and Regulation 1996*
- ❖ *Freedom of Information Act 1992*

Professional Practice and Queensland Health Code of Conduct

Professional practice for the registered nurse and midwife in Queensland is governed by professional standards as set out by the Australian Nursing and Midwifery Council (ANMC). Topics covered in documentation include:

- ❖ Code of ethics for nurses in Australia
- ❖ Code of professional conduct for nurses in Australia
- ❖ Code of Practice for Midwives incorporating Guidelines for Midwifery Practice
- ❖ Scope of practice framework for nurses and midwives 2005.

You are encouraged to be familiar with the content of these professional standards along with other related publications of the ANMC relating to working as a nurse or midwife in Australia.

The Queensland Health Code of Conduct is located at the following website:

http://www.health.qld.gov.au/about_qhealth/cc.asp

The Code of Conduct provides standards for how to behave ethically at work and build a positive workplace culture. The code outlines expected workplace behaviours and how you can expect to be treated.

The Code of Conduct comprises five principles:

- Principle 1 Respect for people
- Principle 2 Integrity
- Principle 3 Respect for the law and system of government
- Principle 4 Diligence
- Principle 5 Economy and efficiency

It is an expectation of your employment with Queensland Health that you have a working knowledge of the Code of Conduct and that your conduct is in accordance with this code at all times

Patient Rights and Responsibility

Queensland Health has a *Public Patient's Charter* located at <http://www.health.qld.gov.au/qhppc/default.asp> outlining patients' rights and responsibilities. The information is provided in the form of pamphlets, a booklet and multilingual resources. In accordance with this charter, patients have the right to:

- ❖ free hospital services as a public patient, if they have a current Medicare card (most community health services are free while some require co-payment and/or have eligibility criteria)
- ❖ be treated with respect, dignity and consideration regardless of age, gender, sexual preference, religion and culture
- ❖ a free interpreter
- ❖ information so they can choose to be a public or private patient
- ❖ treatment based on an assessment of how sick they are
- ❖ take part in decisions about their health care
- ❖ information that is easy to understand about their treatment, including risks and other choices so that they can give permission before being treated if they are able
- ❖ a second opinion
- ❖ give an appropriate compliment or make a complaint
- ❖ have their personal information kept private and confidential
- ❖ ask to see their medical record/s
- ❖ decide if they want to take part in research and clinical training.

Patients also have responsibilities under the charter to:

- ❖ give staff as much information as possible about their health and any beliefs that may affect their treatment
- ❖ tell staff if they are taking any medicine, recreational drugs or natural remedies
- ❖ tell staff if someone else is treating them for the same condition
- ❖ ask questions and talk to their family if they want to, before making any decision about their health care
- ❖ follow staff instructions for their treatment and care
- ❖ tell staff about any problems they are having because of their

treatment or the medicines they are taking

- ❖ be prepared to go to another hospital if their health service can not give the treatment needed
- ❖ be on time for appointments and let the health service know if they want to cancel, or change their contact details
- ❖ talk to their local doctor if their condition changes while they are on a waiting list for treatment
- ❖ treat all people they meet in the health service (staff, volunteers, patients/clients, their families and aged care resident) with the care, dignity and consideration everyone deserves
- ❖ respect the confidentiality and privacy of others.

Consumer complaints

Information is publicly available to all consumers of Queensland Health services regarding complaint procedures. For this information and the Queensland Health complaints management policy refer to the website:

<http://www.health.qld.gov.au/complaints/complaint.asp>

A complaint is defined as '*any expression of dissatisfaction or concern, by or on behalf of a consumer or group of consumers regarding the provision of a health service*'. A complaint can be made verbally or in writing. It can be made by a consumer, their advocate, carer or family member; groups of consumers or consumer organisation; or members of the community.

The implementation of the complaints management process strives for consumer satisfaction in the way their

complaint is handled and provides reliable and accurate information which is used to improve quality and safety in health care. You will note that every health service district has a *complaints coordinator*. The complaint handling process implemented throughout Queensland has three tiers:

- ❖ Tier 1 is frontline complaint handling
- ❖ Tier 2 is an internal review
- ❖ Tier 3 is an external review.

The primary external agency dealing with complaints about health care in Queensland is the Health Quality and Complaints Commission (HQCC). Information about the HQCC is located at <http://www.hqcc.qld.gov.au/>

The mission of the HQCC is to provide an independent, impartial and collaborative health complaints system designed to improve health care services and promote health rights and responsibilities in Queensland.

Complaints are often distressing, not only to the person making the complaint but to the person being complained about. You can expect to be provided with assistance from your senior colleagues; the complaints coordinator and nursing and midwifery administration if you find yourself having to respond to a complaint. You should view complaints as an opportunity to learn. Complaints are encouraged as a way for the whole of the health care system to learn how to improve the way in which we provide services and the quality of those services.

Complaints that identify possible unprofessional or unsafe behaviour by a nurse or midwife will be referred to the QNC for assessment.

Complaints about your practice (professional standards)

Part of the QNC's role is to assess and investigate concerns about the ability, health, behaviour or conduct of nurses and midwives in Queensland.

If the QNC receive a report that the behaviour of a nurse or midwife might be unprofessional or unsafe, the matter may be investigated. Nurses or midwives with health problems may be asked to undergo a health assessment and those whose ability to provide safe care is in doubt may be referred for assessment of their practice skills.

As a result of these assessments, nurses and midwives may have their licence suspended so that they cannot practice, or have conditions or limitations placed on their license. These conditions usually mean that the nurse or midwife is not able to practice without supervision or that they may be restricted from practicing in a certain area.

For further information on the QNC professional standards policy go to www.qnc.qld.gov.au.

Consent

The responsibility for ensuring a patient has the necessary information and advice lies with the health care practitioner who performs a procedure, operation or treatment.

The Queensland Health policy on informed consent is located at: <http://www.health.qld.gov.au/informed-consent/ConsentForms/14025.pdf>

Substituted Health Care Decisions

This section relates to the legislation and processes for obtaining consent for health care when the person lacks capacity. The relevant Legislation is:

- ❖ The *Guardianship and Administration Act 2000*
- ❖ *Powers of Attorney Act 1998*.

A person has capacity if they understand the nature and effect of a decision; they make that decision freely and voluntarily and they have some way of communicating their understanding and their decision. An example of somebody who lacks capacity is an unconscious patient.

The *Guardianship and Administration Act 2000* outlines the order of priority for substitute decision making for adults lacking capacity to give consent.

1 Follow an *Advance Health Directive* (AHD)

2 If there is no AHD, follow the direction of a *guardian appointed by the Guardianship and Administration Tribunal* or any order of the tribunal

3 If the tribunal has not made a ruling, obtain consent from an attorney appointed under an *Enduring Power of Attorney*

4 If there is not appointed attorney, obtain consent from the *Statutory Health Attorney*

5 Finally, if there is no readily available, culturally appropriate Statutory Health Attorney contacts the *Adult Guardian* who may consent as the decision-maker of last resort.

Advance Health Directive

An Advance Health Directive (AHD) is a statutory form that is completed by the patient, usually in consultation with their general practitioner. There is no public register of AHDs and is usually

located with the patient, their GP or family.

In an AHD, a competent adult can give directions about their future health care, including identifying religious beliefs affecting treatment (eg. Jehovah's Witnesses may choose to decline blood transfusions). In the absence of a known, valid, specific AHD, guardians and attorneys can still refuse life-sustaining transfusion if this is consistent with the known wishes of the adult. However, without a known AHD, doctors may give a transfusion to adults with impaired capacity in emergencies, to reduce imminent risk to life or health.

Directions to refuse life sustaining treatment such as artificial ventilation or artificial nutrition only apply if the adult:

- ❖ is not expected to regain capacity
- ❖ is expected to die within 12 months
- ❖ be permanently unconscious
- ❖ be permanently dependent on artificial life sustaining treatment.

An Enduring Power of Attorney

In an Enduring Power of Attorney, an adult may appoint someone to make health care decisions on their behalf.

An attorney must exercise this power honestly, with care and in the best interests of the adult. Decisions made by an attorney have the same legal weight as those made by the adult.

Statutory Health Attorney

Where an adult has not appointed an attorney or made an AHD the Powers of Attorney Act authorises statutory health attorneys to make decisions.

The statutory health attorney is the first culturally appropriate and readily available person who is:

- ❖ a spouse, if the relationship is close and continuing
- ❖ an un-paid carer
- ❖ a close relation or friend.

Adult Guardian

Where there is no appointed attorney and no available statutory health attorney, the Adult Guardian can act as the decision-maker of last resort and consent to health care.

The Adult Guardian can also:

- ❖ mediate disputes between attorneys and others
- ❖ provide telephone advice to attorneys, health providers and service providers
- ❖ advocate for people with impaired capacity
- ❖ investigate complaints about the actions of attorneys
- ❖ investigate physical and financial abuse and neglect.

To contact the Adult Guardian phone: 07 3234 0870 or 1300 653 187

The *Guardianship and Administration Act 2000* establishes the *Guardianship and Administration Tribunal* to provide a simplified mechanism for making certain significant decisions and protecting the rights of adults with impaired capacity.

The tribunal's functions include:

- ❖ determining capacity
- ❖ appointing guardians and administrators
- ❖ giving directions and advice to guardians and administrators
- ❖ making, monitoring, reviewing and amending orders
- ❖ ratifying and approving decisions by informal decisions-makers

- ❖ providing consent for special health care.

Special health care includes:

- ❖ donation of tissue for transplantation
- ❖ medical and nursing/midwifery research or experimental health care not previously approved by the tribunal
- ❖ sterilisation
- ❖ termination of pregnancy
- ❖ withholding or withdrawing special life-sustaining measures such as artificial ventilation.

In the absence of an AHD, the above procedures require the consent of the Tribunal. Electroconvulsive Therapy (ECT) and psychosurgery require authority under the *Mental Health Act 2000*.

Health care workers need to obtain consent before giving any health care. Likewise, if an adult behaves in a way that tells you they do not want the health care then you must obtain consent.

The *Guardianship and Administration Act 2000* also authorises health providers to deliver *urgent health care* to adults with impaired capacity without consent if it is impractical to obtain that consent from a substitute decision-maker. Urgent means 'meeting imminent risk to life or health' or 'preventing significant pain or distress'.

Importantly, the Acts protect health providers if they:

- ❖ do not follow an AHD because they did not know it existed
- ❖ follow an invalid AHD, not knowing it was invalid
- ❖ reasonably consider that a direction within an AHD is uncertain, contrary to good health care

practice or unsound because of advances in health care technology and decline to follow it

- ❖ follow the direction of a person who claims to have authority but in reality does not.

Adolescent Autonomy

In Queensland, there is no specific legislation regarding consent to treatment of a child or minor. Pursuant to s. 17 of the *Law Reform Act 1995* the age of 18 years is taken to be the age of majority or the age at which a minor becomes an adult.

If a staff member is of the view that a minor has the capacity to consent then the following procedure should be adopted:

- ❖ document the decision process in the patient's records
- ❖ include any details of conversations with the minor and any testing of maturity
- ❖ seek the advice of your senior colleagues or nursing/midwifery administration in these circumstances
- ❖ document the decision process in a memorandum to the line manager.

Child Protection

Queensland Health is committed to the protection of children and young people who have been harmed or who are at risk of harm. In response to this commitment, Queensland Health has developed a series of documents, policies and procedures to ensure appropriate responses by health professionals to child abuse and neglect.

What is child abuse and neglect?

Child abuse includes physical abuse, emotional abuse, neglect, sexual abuse and exploitation. These types of abuse often occur together and can have a significant detrimental effect on a child's physical or emotional health, development and wellbeing. The younger a child is, the more vulnerable they are and the more serious the consequences are likely to be.

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

- (a) that is of a significant nature and
- (b) that has been caused by
 - (i) physical, psychological or emotional abuse or neglect or
 - (ii) sexual abuse or exploitation

How to protect children.

It is mandatory for doctors and registered nurses in Queensland to report directly to the Department of Child Safety any reasonable suspicion of child abuse and neglect. There is a standardised reporting form for use by all Queensland Health staff to report reasonable suspicions of child abuse and neglect. The reporting form ensures that the information provided to the Department of Child Safety can be actioned appropriately by their departmental staff. Information regarding your obligations as a mandatory reporter including the Queensland Health form that **must** be used to make a report of a reasonable suspicion of child abuse and neglect can be located on the Queensland Health intranet site at <http://qheps.health.qld.gov.au/csu>

Communication and cultural safety

You may hear the terms ‘cultural awareness’, ‘cultural safety’, ‘cultural respect’ and ‘cultural competence’ used in Australia, especially in the health care system. The following definitions will help you to understand what they mean as practical knowledge of these issues will mean safe, effective and appropriate clinical communication at all times:

- ❖ Cultural awareness is sensitivity to the similarities and differences that exist between two different cultures and the use of this sensitivity in effective communication with members of another cultural group.
- ❖ Cultural safety involves actions that recognise, respect and nurture the unique cultural identity of a person and safely meets their needs, expectations and rights. It means working from the cultural perspective of the other person not from your own perspective.
- ❖ Cultural respect can be defined as the ‘recognition, protection and continued advancement of the inherent rights, cultures and traditions of a particular culture.’
- ❖ Cultural competence means becoming aware of the cultural differences that exist, appreciating and having an understanding of those differences and accepting them and being prepared to guard against accepting your own behaviours, beliefs and actions as the norm.
- ❖ Personal cultural competence is the actions we personally take to expand our knowledge of other cultures and how we use that to shape service to those people. This is especially important in effective doctor-patient relationships

Australian Society

Nursing or midwifery in Australia can be very challenging, especially for those who come from countries where there is one culture, one religion and one language.

Australian society is multicultural, made up of people of diverse backgrounds. In all societies there are sub-cultures, and important differences between rural (country/bush) and urban (city) groups, among different classes and genders. Even within these groupings, individuals vary in the extent to which they fit a particular image. For example, with Indigenous people of the same tribe or family, those people living in the city are likely to be different in their beliefs and behaviours than those living in rural areas, while older people may differ from younger ones.

Individuals vary in many ways. Historically Australians have expected people to assimilate into the dominant Anglo-Australian culture. We now celebrate cultural difference and are becoming more attuned to the needs of individuals from different cultural backgrounds. Some cultures find it easier than others to incorporate parts of Australian culture. Not all people identify with their ethnic cultural background.

At the same time, there are many things that are common across cultures. When working with clients, understand that respect for the integrity of their cultural and religious beliefs may affect their acceptance of treatments. Be alert to *polite non-compliance*; that is, someone who is too polite to say they will not be following your advice.

At the same time, even people who do not share your explanations of the causes of their ill health may accept conventional treatments — you don't have to “convert” them to your way of thinking to get a good result.

You do not have to agree with every aspect of another's culture just as the other person does not have to accept everything about yours for effective and culturally sensitive health care to occur. We are all capable of identifying with our own culture and forming prejudiced views about other cultures and other belief systems. As a clinician, the skill is in being aware of this possibility and recognising when it is occurring.

While patients from some cultures respond positively to your questions, *it does not mean that they agree with or understand what you have said.* Furthermore, although culture may be important, other factors may affect a person's health care and health seeking behaviour. These may include gender (of patient and/or service provider), class (social-economic) position, education, knowledge of medicine, private health insurance arrangements, and access to money and transport.

While it is the aim of the Australian health care system to provide equal access to health care to all members of the community, this is not always easy to achieve. Many people from non-English speaking background and Australian Aboriginal and Torres Strait Islander people may be seriously disadvantaged by their inability to communicate effectively within a system that may seem daunting and unfamiliar. Medical emergencies can be traumatic for anyone. So imagine how much more traumatic this can be for those who cannot understand the health care system.

Queensland Health has developed a number of guides and policies to support the provision of culturally sensitive health care in hospitals and community health services. Refer to <http://www.health.qld.gov.au/multicultural/default.asp>

Additional information can be found at the following websites:
<http://www.immi.gov.au/settle/states/customs>

Aboriginal and Torres Strait Islander culture

Aboriginal and Torres Strait Islander definition of health.

“Health does not mean just the physical well-being of the individual but refers to the social, emotional, spiritual and cultural well-being of the whole community. This is the whole of life view and includes the cyclic concept of life-death-life. Health services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well being of their communities” (*Aboriginal and Torres Strait Islander Health Policy, 1994*)

‘Health to Aboriginal people is a matter of determining all aspects of their life, including control over their physical environments, of dignity, of community self-esteem and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity’ (*National Aboriginal Health Strategy, 1989*)

The importance of family and community wellbeing is based on the strengths of:

- ❖ traditional healing, socialisation and cultural practices
- ❖ self-determination in finding local solutions to local problems
- ❖ a level of control over those factors to ensure the welfare of families and children

Reference: *Queensland Health (2006) Background Paper: Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005-2010*

Demographic and health status of Indigenous persons in Queensland:

There are two distinct Indigenous cultural groups in Queensland: Aboriginal and Torres Strait Islander.

Demographics:

In 2001 a total of 112,772 persons identified as being of Aboriginal and Torres Strait Islander origin in Queensland. This represents 3.5% of the state's overall population and 27.5% of the total Indigenous population in Australia. Of these, 77.4% identify as Aboriginal and 14.6% as Torres Strait Islander, with 8% as both Aboriginal and Torres Strait Islander.

Approximately half the Indigenous population live in the northern area of Queensland, with about one quarter of each Indigenous group living in both the Central and Southern Zones. While Indigenous populations are less urbanised than non-Indigenous populations, there are more than 50,000 Indigenous Queenslanders (45%) living in urban areas. A further 38% live in rural areas. Roughly 13% (15,000) of the Indigenous population in Queensland live in *Deed of Grant in Trust* (DOGIT) Communities which are predominately located in remote

areas. Indigenous people generally live in areas of greater social disadvantage.

Health status:

Compared with non-Indigenous populations, Aboriginal and Torres Strait Islander populations:

- ❖ are younger and have a larger proportion of children — the median age is 19 years compared to 36 years for non-Indigenous populations
- ❖ have a higher birth rate and have children at a younger age, and a higher infant mortality rate
- ❖ continue to have a life expectancy approximately 20 years less than the wider Australian population — median age for death is 53.2 years
- ❖ experience illness, injury, hospitalisation and death at several times the rate of other Australians — circulatory, respiratory, endocrine, and injury are the major causes of death and hospitalisations. Children are also prone to ear infections and resultant hearing loss (Public Health News Dec 2001, Vol 7 Issue 4)
- ❖ continue to have poorer health compared with other Indigenous populations in New Zealand and Canada.

Working with Indigenous patients in rural and remote Queensland:

Specific issues in communicating or providing treatment to Indigenous patients may relate to:

- ❖ being direct — i.e. you should communicate in an open manner using plain language, be direct and explicit so that there is no room for misinterpretation. Use verbal over written communication.

- ❖ indirect or non-verbal communication e.g. very little eye contact
- ❖ gender issues — women's health is only 'women's business' and men's health is only 'men's business'
- ❖ taboo relationships — father-in-law, sister-in-law
- ❖ information gathering — exchanging information, open ended questions, tone of voice, silence, levels of literacy or understanding of medical jargon can cause confusion. Therefore you must speak very clearly at all times.
- ❖ speaking of dead — to some communities, it is distressing and offensive to depict or name persons who have died
- ❖ concept of time
- ❖ sense of humour
- ❖ fear of being alone
- ❖ personal space

Cultural awareness training is available for all Queensland Health staff — please refer to the following website for further information:
http://hi.bns.health.qld.gov.au/rbh/Community_Health/cap/default.htm

Further information can be found at: Aboriginal and Torres Strait Islander Hospital Liaison Services at the Royal Brisbane and Women's and Children's Hospitals
http://hi.bns.health.qld.gov.au/rbh/Community_Health/default.htm) and the Princess Alexandra Hospital
<http://paweb.sth.health.qld.gov.au/css/atsi/default.asp>)

Commonly asked questions and answers relating to Aboriginal and Torres Strait Islander issues can be found at
http://www.humanrights.gov.au/racial_discrimination/face_facts/atsi.html#q1

The Australian patient

It is difficult to explain all of the complexities of Australian culture and the expectations of the 'average' Australian patient. There are however some recognised characteristics that may help you understand why your patients behaves in the way that they do and what they may expect of you.

Individuality

Most Australians prefer to be treated as individuals rather than being generalised into any particular class, group or position. They also dislike being too dependent on others. The extended family therefore is not as dominant as in many other countries and cultures. This impacts particularly on our ageing population and families with young children and helps to explain why many elderly patients live alone for example.

Equality

Most Australians are very tolerant people and believe that people have dignity and are to be valued and respected. Australians grow up believing that people, including women and children, should have equal social, legal and political rights and the Australian Constitution protects these rights. Anti-discrimination laws prevent discrimination on the grounds of race, gender and marital status, sexual orientation, and physical and intellectual disability. Australian women are treated equally to men. The majority of your patients would think of themselves as your equal, regardless of their socioeconomic status or position. They will most likely call you by your first name and expect you to

do the same - however ask if this is OK to do first! Many Australians are very well-informed and like to be partners in the management of their health. If you appear authoritarian and insensitive, they may challenge this either directly or indirectly (eg. in writing).

Directness

It is considered quite normal in Australia to discuss issues, events and ideas openly with other people. In a consultation, your patients might bring up issues and events which you might normally consider sensitive, embarrassing or rude. Be aware of your own reactions with your body language and with what you say so that the consultation can continue without embarrassment and remain objective. You may not pick up all of the subtle and sometimes vital clues in a consultation if you don't.

Take the lead and be direct and welcoming in your introductions to your patient. The use of names throughout a consultation enables you to connect with your patient in order to establish and maintain rapport. If your patient is unsure of how to address you, it will generally be difficult to form an effective partnership. Sometimes your names are as unfamiliar to Australians as theirs may be to you. Inform your patients how you would like to be called and also ensure that you ask them how they would like to be called. Australian patients will probably call you by your first name. If you are unsure how to pronounce a name, ask the patient.

Maintain eye contact with your patients as this shows you are interested, honest and sincere. Australian Aborigines and Torres

Strait Islander patients may not like direct eye contact so you will need to adapt your communication style to respect cultural requirements of these patients in order to facilitate the best possible outcome.

Patients will always expect you to be upfront, direct and honest with them. Moreover, if you are uncertain or do not know something, it is essential that you either seek clarification or explain that you do not know and will try to find out.

Sense of humour

Australians love to joke and to tell a joke. "Did you hear the one about.....?" is a very familiar opening to any joke. Colleagues and patients alike will love to tease or "pull your leg" and if they do this to you, it is a form of acceptance and is not meant to be an insult or a form of discrimination. Smile and join in as laughter keeps work interesting and it is good for health. If at any time, you are offended by this, let people know that you are and why you feel that way. Being open, upfront or honest means you will have better relationships with your patients and your colleagues.

Patients may joke about conditions or illnesses that can be serious. You will need to be aware of this and use your clinical assessment skills to review each situation as it arises. Always seek assistance from the senior nursing staff on your unit if you are unsure.

Healthy scepticism

Australians are quite sceptical about governments, institutions, politicians and often their doctors. Australian patients have access to a wealth of information from the internet, popular

magazines and television programs about healthcare. Some of this material is highly credible, while others may be dubious in quality and/or reliability. You will sometimes need to work hard to negotiate with your patients, so asking what they know about their illness upfront can often shortcut a consultation for you. You can correct any misinformation and misperceptions or build on existing knowledge to maximise the best use of your time.

Underpinning this background of culture and general characteristics is the language needed for your interactions with your patients. If you are from a non-English speaking background you will need to work hard on your English and constantly improve it, (IELTS of 7 is the minimum requirement for you to commence practising in this country).

Cross cultural communication

In a health care environment cultural differences take on a greater significance. Proficiency in English may not be enough to remove cultural barriers. Australia is multicultural, with many cultural beliefs and values being held by individuals.

These diverse beliefs and values may impact on your patients' perceptions of what is appropriate care and behaviour. Your own background and training may lead you to have different expectations to those of your patients.

It is important to communicate with your patient and ask the patient if they understand and are happy with the proposed plan of care. Seek advice and support from senior nurses in your unit if you are unsure.

Be aware of your own "hot buttons".

Consider your reactions when:

- ❖ you try to help people and they take no notice, do not take their medicine, and continue to do things that make their physical condition worse
- ❖ they are disrespectful to you and your staff
- ❖ they come to your surgery drunk or drugged
- ❖ they try to get prescriptions from you under false pretences
- ❖ they are physically violent to their family
- ❖ they believe spirits and curses are the cause of their illness

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

There are a number of basic principles that may help when communicating with a person from a different culture. These include:

- ❖ assume differences until similarity is proven
- ❖ confirm your assumptions in a culturally sensitive way
- ❖ emphasize description rather than interpretation or evaluation
- ❖ delay judgment until you have had sufficient time to observe and interpret the situation

- ❖ practise empathy — try and see the situation from the other person’s perspective
- ❖ treat your interpretation as a working hypothesis until you have sufficient data to support it
- ❖ be aware of your own cultural beliefs and prejudices; for example
 - do you believe women are of equal value, intelligence, and maturity to men?
 - what is your attitude to physical violence, uncommon sexual habits, or poor personal hygiene?
 - how do you react when a family does not feed their children properly but they seem to have enough money for other things

Whatever approach you take, the most important thing is keeping the patients’ needs uppermost in your mind.

Nurses accept the rights of individuals to make informed choices in relation to their care. (Code of ethics for nurses in Australia, ANMC)

Midwives encourage and support women in their right to participate actively in decisions about their care. Midwives empower women to speak for themselves on issues affecting the health and welfare of women and their families in their culture/society. (Code of ethics for midwives, ACMI).

Should issues arise and alternative medical help is needed, the patient should continue to be supported by you until this is arranged.

In areas in which you have strong personal beliefs, conduct your research about alternative approaches more

rigorously than usual and seek advice from colleagues or other health professionals.

The following are common areas where your personal views and your role as a clinician may conflict strongly. Be aware of these areas of conflict to ensure your judgment is not clouded with emotion:

- ❖ termination of a pregnancy
- ❖ IVF treatment for single women
- ❖ the process of dying
- ❖ treatment of pain
- ❖ prescription of contraceptives
- ❖ AIDS related care
- ❖ sexual orientation
- ❖ circumcision
- ❖ organ donation
- ❖ substance abuse
- ❖ euthanasia

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

Useful communication strategies

The importance of being polite.

In Australia, maintaining communication with others in your healthcare team is vital. Team members will be your greatest teachers. ‘Please’ and ‘thank you’ are important words in our culture and will help you maintain effective relationships with all of your team.

If you do not use appropriate language, your simple questions and requests may appear arrogant, demanding and/or very rude. This may have a

negative effect on the person you are speaking to. It is important to use “polite” language such as:

Would you mind if....(*“...I participate on ward rounds tomorrow?”*)

Would it be possible... (*“...for you to escort this patient down to X-Ray as soon as you can manage it?”*)

May I... (*“...take your blood pressure?”*)

Do you mind... (*“...explaining the procedure for?”*)

Could you please... (*“...button up your shirt for me?”*)

The importance of admitting you don't know and asking for clarification.

In Australia it is acceptable or OK to tell a patient or a colleague that you do not know or understand something. Australian nurses and midwives are not expected to know everything and you will not be regarded negatively if you don't know the answer to a query.

You don't need to “save face” in the Australian culture and pretend that you do know. Patients and colleagues alike value honesty, so if you don't know, say *“I am sorry but I don't know that but I will find out and get back to you.”* Similarly, it is alright to admit to senior nurses/midwives that you haven't done a task if you have been too busy rather than saying that you have. Importantly, it also means that you are less likely to make mistakes and cause less harm to your patients.

Ask for clarification if you do not understand something. For example, if your patient says ‘Nurse, I am feeling a bit wobbly on my pins today’, you will

need to clarify what they mean. Rephrasing or clarifying parts of the consultation will help your communication.

If you make a mistake, admit your error and apologise (*“I am sorry”*) but also find out where you went wrong and learn from your errors. You will have then the opportunity to learn something new and move on. This will enable you to make the most of all your learning opportunities and ensure a safe and effective health care environment for everyone

Being observant.

Be aware of potential misunderstandings when you are speaking by watching the responses of your patients, their families and your colleagues. People often show that they do not understand by frowning, for example. You will learn a lot from how people respond to you, about how to say something or if you have said something that is inappropriate or incorrect.

Slowing down your rate of speaking.

If you normally speak fast and have an accent most people will not understand you, especially on the phone or in a noisy ward. Listen to the rate of how Australians speak and try to slow down.

Living in Australia and Queensland

Information about Australia, its way of life, attractions and key sporting and cultural events are plentiful. Information on various activities can be found on the following internet website: <http://www.australia.com>

There is also a wide variety of travel books and publications readily available in most bookshops. Local tourist information centres provide information on climate, attractions, local events, accommodation and restaurants.

Life in Australia:

Information booklets on beginning a life in Australia and life in regional Australia can be downloaded from the Department of Immigration and Citizenship website. It also provides a range of information and further links on working and living in Australia. Refer to: <http://www.immi.gov.au/settle/index.htm>

Additional information can be found from the Australian Cultural Orientation (AUSCO) information kit available at: [http://www.immi.gov.au/settle/publications/AUSCO kit version 11.pdf](http://www.immi.gov.au/settle/publications/AUSCO%20kit%20version%2011.pdf)

Queensland:

Queensland welcomes people with ideas, skills and initiative from interstate and overseas to share a quality of life that ranks with the best in the world. Information about Queensland and its local communities can be obtained from the Queensland government at the following websites:

<http://www.qld.gov.au/>; and <http://www.queenslandholidays.com.au/>

An interactive online atlas is available to help you to learn more about the regions of Queensland, look at satellite pictures of regions and suburbs to gain a general overview or to locate local facilities. It is available at <http://gis.qld.gov.au/iqed/map/>

Life in Queensland:

Smoking:

The Queensland Government has introduced tough anti-smoking legislation that bans smoking in enclosed public facilities and a range of outdoor places. For details, inquire phone the **Tobacco Hotline 1800 005 998** or refer to: <http://www.health.qld.gov.au/atods/tobaccolaws/index.asp>

Eastern Standard Time (EST):

Queensland operates on Eastern Standard Time (EST). Daylight saving is not observed in Queensland but is observed between the end of October and the end of March in most other states in Australia. It is important that you are aware of these potential time differences, particularly when planning activities such interstate transfers and/or discharges. Similarly, time differences occur across Australia when daylight saving is not in operation in the other states.

Water Restrictions:

Many Queensland communities are experiencing different levels of water restrictions. Water restrictions are enforceable by law with fines applicable to those who do not

conform. Please check with your local council regarding water restrictions.

Cost of living in Queensland:

A relaxed lifestyle, affordable homes and easy commuting make Queensland one of Australia's most attractive places to live and work. In general, Queensland has a low cost of living compared to the other eastern Australian states as well as in comparison with other countries. However, living expenses in many remote locations may be higher than metropolitan Brisbane or larger urban areas.

The cost of housing/accommodation varies from region to region across Queensland and between suburbs within a region. House prices may range between \$AUD300,000 and \$AUD700,000 for an average home. Average rent for units or houses range from \$AUD250 to \$AUD400 per week. Price ranges generally increase for both property purchase and/or rentals as you get closer to the Central Business Districts (CBDs).

Average energy costs in the home may range from \$90 to \$300 per quarter, depending on the size of your family and energy use and the use of other services such as a pool, air-conditioning or heating. Details on average costs are available in the Environmental Protection Agency, Department of Energy document *How to be Energy Wise at home and save on energy bills*. You can find this document at:

http://www.epa.qld.gov.au/publications/p01672aa.pdf/How_to_be_EnergyWise_at_home_and_save_on_energy_bills.pdf

Petrol prices can be viewed at http://motormouth.com.au/default_fl.aspx

Finding a home:

Housing prices in Queensland (both rental and sale) are substantially lower than those in the other eastern states including Victoria and New South Wales, despite the booming Queensland economy.

When you first arrive in Queensland you may wish to either stay in a hotel/motel, or rent a house, unit, villa or apartment. You may also wish to consider purchasing a house, unit, villa or apartment, or even to purchase land on which to build a home.

Useful information to consider with all of these options is available at: http://www.qld.gov.au/services_for_queenslanders/health_and_communities/housing_and_property.html

Additional information and links to other property listings are also available from the Real Estate Institute of Queensland (REIQ) website at: <http://www.reiq.com.au/>

Additional internet sites to view accommodation types can be seen at: <http://www.realestate.com.au/> and <http://www.domain.com.au/>.

Adult Migrant English Program (AMEP)

Your family may be eligible to learn English through the AMEP where up to 510 hours of free tuition is provided to eligible clients. Free childcare can also be provided. You must register within three months of arriving in Australia. The AMEP offers a range of learning opportunities with full-time

or part-time classes available at various venues.

Your family can also study from home or with or without the assistance of a tutor. As well as teaching English, AMEP tutors will help students to understand the Australian way of life and everyday activities. Information about English classes is available in a range of languages and can be viewed at: <http://www.immi.gov.au/amep>, or contact TAFE Queensland English Language and Literacy Services to determine eligibility for the Adult Migrant English Program (AMEP), on phone (+64 3) 244 5488 email: TELLS@det.qld.gov.au

Emergency Services

Emergency services such as police, ambulance, fire and rescue are provided by the Queensland Government.

In an **emergency situation dial 000** (triple zero) for:

- Police, or reporting a crime in progress
- Ambulance
- Fire and Rescue.

When the emergency service's operator answers your call, you should be prepared to give your name, address, telephone number and the type of service that you require.

Other emergency contact numbers.

Poisons Information Centre; 13 11 26 (national number)

<http://www.health.qld.gov.au/PoisonsInformationCentre/>

Child Abuse and Neglect;
Child Abuse Prevention Services 1800 688 009

Department of Child Safety
(Queensland) Crisis Care (07) 3235 9999; or Freecall 1800 177 135

Types of Visas

For information about visas you should contact the Department of Immigration and Citizenship.

Permanent residence and Australian citizenship.

The Department of Immigration and Citizenship is the Federal Government department which has responsibility for immigration arrangements of non-citizens, migration, citizenship and ethnic and multicultural affairs. Further information can be obtained from the Department of Immigration and Citizenship website at: <http://www.immi.gov.au/>

Temporary Visa Applications:

The preferred visa for nurse and midwives working in Queensland Health is the Temporary Business Long Stay Visa (Sub-class 457). The benefits of the Temporary Business Long Stay Visa include:

- they are valid for four (4) years,
- they allow the applicant's spouse or partner to work unlimited hours,
- they may be lodged electronically (decreases processing time)
- streamlined character processing from Department of Immigration and Citizenship.

Further information about applying for this type of visa may be found at <http://www.immi.gov.au/skilled/skilled-workers/sbs/index.htm>

Australian citizenship:

You can apply for Australian citizenship if you have lived in Australia as a permanent resident for a total of at least two out of the last five years. This must include spending a total of at least 12 months in the past two years in Australia. For more information on criteria and exceptions to the residence requirements, visit <http://www.citizenship.gov.au/faq.htm>

The 1973 Trans-Tasman Travel Arrangement allows New Zealand citizens (with a valid New Zealand passport) to enter Australia to visit, live and work. A Special Category visa (SCV) is automatically available to New Zealand citizens, subject to health or character assessment.

Driving a car in Queensland

Obtaining a licence to drive:

New overseas residents who hold a permanent visa may drive on an overseas licence/permit for a period of three months after which time a Queensland licence must be obtained if the holder wishes to continue to drive. This three month period commences from the date of arrival in Australia where a permanent visa is issued on or before entry to Australia, or from the date a permanent visa is issued where the person has been a long term resident of Australia on a student/temporary/bridging etc visa. To get a Queensland driver's licence you need to pass a knowledge test, a practical test and an eyesight test.

For further information visit: <http://www.transport.qld.gov.au>

Demerit points system:

Demerit points are one type of penalty that may be imposed when you commit

a traffic offence. Demerit points range in severity from one to ten points per offence. Driver's start with zero demerit points recorded against their licence and points accumulate when offences are committed. A fine may also be imposed together with demerit points.

If you hold a 'learner's permit' or a 'probationary licence' and get five or more demerit points in a twelve-month period you may lose your licence or permit. If you hold a 'full' or 'open' licence you may lose your licence if you get twelve or more demerit points over a three-year period.

Information on selected demerit points offences and set fines and demerit points are available at: http://www.transport.qld.gov.au/qt/LTASinfo.nsf/index/licensing_demeritpoints

Obtaining a road map:

A roadmap or a road atlas that provides a guide to Queensland's roads and towns should be kept in your vehicle as it will be essential for finding your way around. The Royal Automobile Club of Queensland (RACQ) produces a range of maps and directories which are available free (if you become a member) or can be purchased (if you are not a member).

For further information, go to the RACQ website: <http://www.racq.com.au>

Educational services and facilities

In Australia there are four levels of education:

- ❖ Kindergarten and preschool/preparatory
- ❖ Primary education
- ❖ Secondary education
- ❖ Tertiary or higher education — University or Technical and Further Education (TAFE)

Within Queensland a voluntary preparatory (prep) year has replaced preschool beginning 2007. For more information see the Education Queensland website at:

<http://www.education.qld.gov.au/etrf/aboutprep.html>

Information on educational services across the four education levels (preschool through to higher education) as well as early child care services and adult community education programs can be obtained at: http://www.qld.gov.au/services_for_queenslanders/education_and_learning/index.html

Preschool, preparatory, primary and secondary schools:

In Queensland there are almost 1300 government state schools and over 450 non-state (independent and Catholic) schools. Schools that cater for geographically isolated students and for those with disabilities are also available. You can find your designated school region and a suitable government or non-state school by visiting the Queensland Government's Department of Education and the Arts website and searching under school directory at: <http://education.qld.gov.au/parents/choosing.html>

The school year usually runs from late January to mid December. It is divided into terms with holiday breaks for Easter, winter, spring and summer.

Further information on private/non-government and independent schools can be obtained from websites of the Queensland Catholic Education Commission:

<http://www.qcec.qld.catholic.edu.au/asp/index.asp> and The Association of Independent Schools of Queensland: <http://www.aisq.qld.edu.au/>

Tertiary and vocational education:

Information on tertiary and vocational education in Queensland is available at:

http://www.qld.gov.au/services_for_queenslanders/education_and_learning/higher_education.html

You will need to apply through Queensland Tertiary Admissions Centre (QTAC) for admission to undergraduate university and TAFE courses. For information on qualifying criteria, application processes and information for overseas students refer to: <http://www.qtac.edu.au/>

Employment for partners

Job vacancies are:

- advertised in the Positions Vacant part of the classified section of major newspapers (especially on Saturday and Wednesday).
- available through private employment agencies - listed in the Yellow Pages telephone directory. See <http://www.yellowpages.com.au>
- posted on the internet. This includes:

- -the Australian Government:
<http://www.jobsearch.gov.au>
- the Queensland Government:
<http://www.jobs.govnet.qld.gov.au/>
- a range of private agencies that can be found through a internet search engine or Telstra's Yellow Pages
<http://www.yellowpages.com.au>

Australian residents can register (at no cost) with a Job Network member organisation to help find employment, or with Centrelink (see above) who will refer you to a Job Network member. Offices are located in many city suburbs and major country areas:
<http://www.workplace.gov.au/workplace/jobnetwork>

Your nearest Migrant Resource Centre (MRC) or Migrant Service Agency (MSA) can provide advice on finding work and they may also have specialist placement officers to help you find work.
http://www.immi.gov.au/grants/mrc_msa_b.htm

A number of occupations are currently in demand across Australia. The Department of Immigration and Citizenship provides a list of Occupations in Demand that can be viewed at:
<http://www.immi.gov.au/work/index.htm>

For more information on jobs and working in Queensland see:
http://www.qld.gov.au/services_for_queenslanders/jobs_and_work/index.html

Health Insurance

Australia's health care system offers a range of publicly and privately funded health services.

Medicare Australia:

For information see Section 1.

Private Health Insurance:

For information see Section 1

Essential household services:

Whether you are renting or buying a house in Queensland, you will require a number of household to be connected.

Electricity and Gas:

A number of suppliers are available and supply electricity and/or gas to parts or all of Queensland. Major suppliers are:

- Energex / Allgas 13 12 53
- Ergon Energy 13 10 46
- Origin / Boral 13 24 62

Water:

Water connection is provided by local councils and shires. For contact details refer to local white pages telephone directory at:
<http://www.whitepages.com.au>

Telephone:

There are various telecommunication companies – refer to Telstra telephone yellow pages directory at:
<http://www.yellowpages.com.au>

Note that these services may require a connection fee.

Media:

The main daily newspapers are The Australian and Australian Financial

Review, nationally, and The Courier Mail within Queensland. Local newspapers are also available for major cities and towns. Most news agencies in major shopping centres have a variety of newspapers in a variety of languages. If the newspaper you require is not in stock you can ask the newsagent to order it for you.

There are both English speaking and ethnic radio stations. A list of ethnic radio stations can be found at the National Ethnic and Multicultural Broadcaster's Council (NEMBC) website: <http://www.nembc.org.au>

Opening a bank account:

After arriving in Australia, one of the first things you should do is open a bank account. The majority of employers in Australia prefer to pay salaries directly into the employees' nominated bank accounts.

In the first six weeks, you can open a bank account with only your passport as identification. After the first six weeks, you will need extra forms of identification. This could be your passport, your birth certificate, and other documents which show your name and address such as your driver's licence, your rental lease or bills from gas or electricity companies. Staff at the bank will explain what other documents may be suitable and/or required.

What you can bring into Queensland:

Household goods and personal effects can be moved over to Queensland as unaccompanied sea or airfreight. Queensland's unique environment and important agricultural industries are

free from many pests and diseases found in other parts of the world. In order to protect the environment, you must advise the Australian Quarantine and Inspection Service (AQIS) of any items that may contain pests or diseases when you enter Australia. For more information on things you can bring into the country, including your pets refer to: <http://www.aqis.gov.au/icon32>

Except for pets coming from New Zealand, all other animals will need to be quarantined. From the UK, the quarantine period is usually 30 days. For more information on quarantine services visit AQIS at the following website:

<http://www.affa.gov.au>