AMSANT's

ADMINISTRATION MANUAL

for

ABORIGINAL PRIMARY HEALTH CARE SERVICES

in the

Northern Territory

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ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY
AMSANT

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ACKNOWLEDGMENTS

This is first edition of a manual for Administrators of NT Aboriginal primary health care (PHC) services. The process of developing this manual involved discussions with Aboriginal health leaders and consultations with health service administrative staff.

The development of this Manual has been particularly made possible by the generosity of the health services listed below who provided us with their policies, procedures, job descriptions and other documents that they use internally in their health service. These were modified to form the bulk of the draft policies and procedure in this Manual. These services were:

- Danila Dilba, Darwin
- Miwatj Health, Nhulunbuy
- Anyinginyi Congress, Tennant Creek
- Central Australian Aboriginal Congress, Alice Springs
- Congress Alukura, Alice Springs
- Nganampa Health Council, Umuwa
- Pintupi Homelands Health Service, Kintore
- Mutitjulu Health Service, Mutitjulu
- Ampilatwatja Health Service, Ampilatwatja
- Territory Health Services – Operations North, Purchasing Advisory Unit, Communicable Diseases Unit, Alice Springs, Staff Development, Alice Springs and Sexual Health Unit, Darwin.

Workshops were held with health service Administrators and other staff in Alice Springs, Darwin and Nhulunbuy. These workshops provided valuable input into the development of the manual and we thank those who participated for giving of their time in the context of their heavy workloads and responsibilities. Participants represented the following services:

- Pintupi Homelands Health Service, Kintore
- Ltyentye-Apurte Health Service, Santa Teresa
- Ampilatwatja Health Service, Ampilatwatja
- Urapuntja Health Service, Utopia
- Central Australian Aboriginal Congress, Alice Springs
- Congress Alukura, Alice Springs
- Anyinginyi Congress, Tennant Creek
- Katherine West Health Board
- Miwatj Health, Nhulunbuy
- Wurli Wurlinjang, Katherine
- Mutitjulu Health Service, Mutitjulu
- Tiwi Health Board, Tiwi Islands
- Laynhapuy Homelands Health Service, Yirrkala
- Marngarr Health Service, Ski Beach

Health service staff from Peppimenarti, Nauiyu Nambiyu (Daly River), Maningrida, Jawoyn Association, and Galiwin'ku were keen to participate, but were unable to attend on the day.

We also wish to thank OATSIH and ATSIC for providing their funding guidelines. Deborah Durnan of CARHTU was most cooperative in sharing both her experience of issues in Aboriginal management, and providing information about CARHTU programs.

AMSANT provided invaluable support through the Secretariat (Jamie Gallacher, Helena Maher, and Claire Anderson), the Executive (Pat Anderson, Mickey Adams, John Liddle and Stephanie Bell) and providing access to their Alice Springs AGM and Gulkula 2000 Health Summit.

Whilst many individuals helped develop this manual, we are especially grateful for the thoughtful feedback provided to us by Kenny Kunoth, Administrator of the Urapuntja Health Service. We hope our efforts are worthy of his experience and wisdom.

Finally we are thankful to Joy Burch of the NTRHWA for her feedback on drafts and general support and advice throughout the project.

This manual was funded by the Northern Territory Remote Health Workforce Agency (NTRHWA) and was administered by the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT).

GLOSSARY

AHW	Aboriginal Health Worker
AIDS	Auto Immune Deficiency Syndrome
AMSANT	Aboriginal Medical Services Alliance – Northern Territory
ARDS	Aboriginal Resource Development Services
ATO	Australian Taxation Office
ATSIC	Aboriginal and Torres Strait Islander Commission
CARHTU	Central Australian Remote Health Training Unit
CARIHPC	Central Australian Regional Indigenous Health Planning Committee
CARPA	Central Australian Rural Practitioners Association
CCT	Coordinated Care Trial
CDEP	Community Development Employment Program
CHASP	Community Health Accreditation and Standards Program
CLC	Central Land Council
CME	Continuing Medical Education
Congress	Central Australian Aboriginal Congress
CRCATH	Cooperative Research Centre for Aboriginal and Tropical Health
Danila Dilba	Danila Dilba Biluru Butji Binnilutlum Medical Service
DHAC	Department of Health & Aged Care
DMO	District Medical Officer
FACS	Family & Children's Services
GPs	General Practitioners
HIC	Health Insurance Commission
IT	Information Technology
KWHB	Katherine West Health Board
MBS	Medical Benefits Scheme
NACCHO	National Aboriginal Community Controlled Health Organisation
NLC	Northern Land Council
NT	Northern Territory
NTAHF	NT Aboriginal Health Forum
NTRHWA	NT Remote Health Workforce Agency
OATSIH	Office of Aboriginal and Torres Strait Islander Health
PATS	Patient Assisted Travel Scheme
PAYG	Pay As You Go
PBS	Pharmaceutical Benefits Scheme
PFS	Periodic Financial Statement
PHC	Primary Health Care
PIP	Practice Incentive Payments
RHSET	Rural Health Support, Education and Training.
RN	Registered Nurse
SA	Service Agreement
STD	Sexually Transmitted Disease
TERIHPC	Top End Regional Indigenous Health Planning Committee
THS	Territory Health Services
WHO	World Health Organization

INTRODUCTION

This Manual is designed for use by all NT Aboriginal Primary Health Care Services regardless of their constitutional status.

Services vary in size, staffing, location and climate but all have a majority of Aboriginal clientele. The board of management structures also vary and these are referred through the manual by the generic term *health board.*

The manual provides guidelines for policy development with the intent that health services use and modify the information in the manual to suit local needs to ensure that they are both relevant and workable in the local context. However, many will need to comply with legislative requirements that are highlighted in the manual.

The manual includes:

- a checklist of policies that can be used by services to prioritise their policy and procedure development
- a suggested process for the continuing development & maintenance of policies and procedures
- draft policies & procedures for adaptation by health services
- an overview of legal issues and requirements
- links to relevant internet sites
- a list of useful resources and organisations

How to use this manual

The Manual can be used to develop policies and procedures for the consideration of community health boards.

There are frequent areas of overlap in the Manual. For instance, many issues such as Employment or Occupational Health and Safety involve aspects that are both a matter of local policy and legal requirements. The Manual uses a cross-referencing system that will enable the user to readily identify other sections of the manual that are relevant to the issue at hand.

This Manual should be kept by the Administrator as a tool for policy development. A separate manual specific to each health service should be developed to contain health service policies and procedures that have been approved by the health board. These should be readily accessible to health board members, community members and staff and incorporated into orientation programs.

The development of policies and procedures is a continuing process, and a system will be required to replace updated polices or add new ones.

Changes to this version of the manual

This is the first edition of this Manual. There will, no doubt, be extensions in some areas as well as amendments. Legislative requirements as well as PHC best practice inevitably change from time to time. It is intended that AMSANT will develop a system of updating from their internet site.

Development of Policy and Procedures

The Health Board has ultimate responsibility for the health service and specifically for determining policies. The Administrator has responsibility for implementing policies as well as the day to day administration of the service. It is, therefore, important that the health board is able to set appropriate policies, and that staff have input into policies that will impact on their work. The central themes in developing new or changing existing policies are that:

- they adhere to the health service's expressed philosophy and purpose
- they reflect the perceptions, needs and priorities of the community
- they are consistent with legislative requirements
- they assist management and staff to perform their duties and obligations
- they have maximum possible benefit to the health service's client group
- they may need to change as the community need and health service changes
- they are practical

Broad guidelines

1. All activities associated with policy development should be the responsibility of one staff member, usually the Administrator, whose role is to facilitate the development process including determining which policies have priority, and the dissemination of drafts to be presented to the health board for consideration. In larger services, a formal sub-committee may be formed to oversee the process.
2. The health board, community members and staff should have the opportunity for offering input into the policies being developed.
3. Legislative requirements must be incorporated into policies.
4. PHC best practice should be considered in developing policies.
5. Final drafts of policies must be approved by the health board before they officially apply. However, many procedures are a matter of administrative and PHC best practice and will not require formal health board consideration.
6. Health board approved policies are binding to all staff, including visiting staff and should be incorporated into the health services Policy and Procedures Manual.
7. The Administrator should keep a master copy to facilitate updating manuals.
8. A copy of the Policy and Procedures Manual should be a readily available to staff and community members in the clinic, staff room, and other appropriate areas.
9. Changes to policies need to follow the same process as the development of a new policies
10. Cost implications of policies should be considered early in the planning stage.

11. Policies and procedures should always be clearly marked with their version and date of application
12. Any staff or community member who believes a particular policy needs to be developed or changed should bring it to the attention of the Administrator and/ or other staff so that the suggestion can be included in the prioritising process.
13. New or revised policy or procedures must be included in all copies of the health service manual (including electronic and hard copies), and all old versions removed and archived.

Process

Step 1. Prioritising policies to be developed.

If a service has no or few policies in place, there will be a need to determine which policies are most urgently needed. The checklist in this Manual can be used in this process. Both the health board and staff should have early input in the development of the priority list. This can be achieved through health board and staff meetings and the circulation of a suggested list. The final priority list should be approved by the health board.

Step 2. Policy development

A draft from this Manual should be initially modified to suit the local service by the Administrator or other designated staff member. This should then be circulated for comments, and if appropriate, discussed at health board and staff meetings. A realistic date should be set for feedback, and a final version to be presented to the health board drafted.

Step 3. Health Board Endorsement

The final draft should be presented and explained to the health board and if necessary modified before final endorsement.

Step 4. Incorporation into health service manual, and inform staff and community

Once endorsed the Administrator should inform staff and community members.

POLICY & PROCEDURE CHECKLIST

Health Service Checklist for Developing Policies

The following is a checklist of policies and procedures that can be used by each service to prioritise policy and procedure development. Their development is a continuing process, and a system will be required to replace updated polices or add new ones.

Health Board Policies & Procedures

Item	Yes	No	Date Endorsed	Date for Review
Rights and Responsibilities & Code of Conduct of Board Members				
Health Service AGM				
Health Board Meeting Agenda				
Confidentiality				
Register of Health Board Members				

Financial Policies & Procedures

Item	Yes	No	Date Endorsed	Date for Review
Assets Register				
Payments Voucher				
Petty Cash Voucher				
Insurance Register				

Human Resources Policies & Procedures

Policy	Yes	No	Date Endorsed	Date for Review
Service Information Package				
Letter – Potential Applicants				
Letter – Application Receipt Acknowledgement				
Letter – Rejection of Application				
Selection Interview Questions				
Letter – Rejection of Applicants Interviewed				
Letter of Offer of Employment and Employment Contracts/ Agreements				
Employee Record Card				
Leave Application Form				
Job Descriptions				
Selection Criteria				

Human Resources Policies & Procedures (contd.)

Policy	Yes	No	Date Endorsed	Date for Review
Job Advertisements				
Performance Appraisal Sheet				
Exit Interview				
Employee Code of Conduct				
AHW Code of Ethics				
Nursing Code of Ethics				
Consultants Contract				

Occupational Health and Safety Policies & Procedures

Policy	Yes	No	Date Endorsed	Date for Review
Occupational Health and Safety Policy				
Staff Immunisations				
Needle Stick/ Biohazard Injury Protocol				
Information Sheet for Staff Member Exposed to Body Fluids				
Workplace Health & Safety Delegates Checklist				
Workplace Incident/ Accident Procedure				
Incident/ Accident Report Form				
Violent/ Intimidating Clients or Community Members and Staff Safety				

Health Service Policies and Procedures

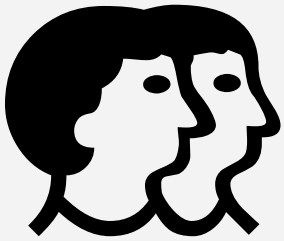
Item	Yes	No	Date Endorsed	Date for Review
Health Service Policy				
Housekeeping Policy				
Motor Vehicle & transport Policy				
Communications				
Substance Use				
Medical Equipment Maintenance & Care Policy				
Staff Meetings				
Staff Meeting Agenda				
AHW Policy				
Client Complaint				
Confidentiality				
New Staff & Health Board Member Confidentiality Statement				

Health Service Policies & Procedures (continued)

Item	Yes	No	Date Endorsed	Date for Review
Client Access to Personal Clinical File				
Research				
Intellectual Property				
Emergencies – Medical & Psychiatric				
Emergencies - Fire				
Emergencies – Snakes & Crocodiles				
Emergencies - Cyclone				
Emergencies - Evacuation				
Emergencies - Debriefing				
Harassment & Discrimination				
Children at Risk & Mandatory Reporting Policy				
Visitors				

SECTION 1 ... THE CONTEXT - ABORIGINAL HEALTH

- Culture and Self-determination
- Aboriginal Community Control
- Aboriginal Primary Health Care Services
- Core Functions of PHC
- Aboriginal Health Planning
  - The Framework Agreement
  - Regional Planning
  - Aboriginal Health Forum
  - Developments in PHC Service Provision



Culture and Self Determination

The term *Aboriginal* refers to a person who is of Aboriginal or Torres Strait Islander descent, who identifies as such, and who is accepted as such by the community in which s/he lives. Aboriginality is a social term and has *nothing* to do with genetic factors.

Self determination is a process as well as a collective right exercised by peoples rather than individuals.
The right to self determination is the right to make decisions. The practical exercise of self determination is central to Aboriginal health. It underpins cultural, community, family and individual well being. Aboriginal self determination and responsibility lie at the heart of Aboriginal community control in the provision of PHC services.

Contemporary Aboriginal culture is extremely diverse. It is important that Aboriginal people be given choices where possible rather than health service staff assuming that all Aboriginal people will share the same attitudes and opinions. Whilst an understanding of kinship systems, and language is important, not all Aboriginal people live within the confines of the kinship system, and some do not speak an Aboriginal language. *Ask* local people, especially Aboriginal staff, for advice when unsure about how to deal with issues.

Aboriginal Community Control

Over the years AMSANT has advanced a clear definition of community control and what constitutes a community controlled health service. Essentially, community control is the process through which the community determines the nature of the service, and are able to participate in the planning, implementation, and evaluation of those

services. This interpretation of 'community-control' is supported by the National Aboriginal Health Strategy's definition which states that[1]:

> *"Community control is the local community having control of issues that directly affect their community". Implicit in this definition is the clear statement that Aboriginal people must determine and control the pace, shape and manner of change and decision making at [all] levels.*

According to the AMSANT Constitution a community controlled organisation must:

- be incorporated as an independent legal entity
- have a constitution which guarantees control of the body by Aboriginal people and which guarantees that the body will function under the principle of self-determination
- have compulsory accountability processes including the holding of annual general meetings which are open to all members of the relevant Aborigina1 community, and the regular election of health boards.

Community control has been widely accepted as a key requirement in strategies to overcome Aboriginal health disadvantage. Implicit in this is the understanding that much of the morbidity and premature mortality experienced by Aboriginal people are not amenable to medical or other interventions imposed from outside the community.

Aboriginal Primary Health Care Services

Aboriginal community controlled health services (ACCHSs) in the NT were first established with the Central Australian Aboriginal Congress in 1973.

Concern about Aboriginal people's access to mainstream services, which were racist, discriminatory and expensive (where they existed at all) were the motivating factors behind this development[2]. ACCHSs initially began with little, if any, government funding.

The 1978 Alma Ata Declaration on PHC promoted comprehensive PHC as a means for achieving *Health for All by the Year 2000*[3]. Clearly this has not been achieved, largely because implementation has focused on selective PHC that is top down, and leaves power relationships (a major determinant of health) intact.

At a national level, by 1987 there were 54 Aboriginal community-controlled organisations providing health services. These organisations formed a peak body, the National Aboriginal and Islander Health Organisation (NAIHO) in the 1970s. NAIHO collapsed due to lack of funding in the late 1980s and eventually a new peak

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1 NAHS Working Party *National Aboriginal Health Strategy* AGPS, Canberra, 1989.

2 Foley, G *'Aboriginal community controlled health services: A short history.'* Aboriginal Health Information Bulletin, No 2, 1982, pp13-14.

3 *'Primary Health Care: Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September, 1978.'* World Health Organisation, Geneva, 1978.

body, the National Aboriginal Community Controlled Health Organisation (NACCHO) was formed in 1992.

In the NT there are thirteen Aboriginal community controlled health services that are full members of the Aboriginal Medical Services Alliance (AMSANT), their peak body. As well AMSANT has a number of associate members who are moving towards community control of their service.

In the NT there are four other ways health services are controlled:

1. THS are a major provider of PHC services to Aboriginal communities. In these services much of the administration (eg payroll) is managed centrally. However, there are also local administrative issues that are the responsibility of a senior staff member (usually a senior AHW or nurse). It is expected that this Manual will be useful at this level for the development of appropriate local policies and procedures.
2. THS and OATSIH have entered into service agreements with some non-health organisations (usually local community councils) that are responsible for the full administration of the health service. This Manual is aimed at providing these services with a useful guide to health service management issues and responsibilities.
3. In some communities there is a mixture of responsibilities with different agencies and/or private doctors involved in various aspects of PHC service delivery. Potentially this presents some confusion about roles and responsibilities of different players. Often the administration function in these situations is more complex. This Manual aims to provide a useful guide to Administrators to help clarify and simplify administrative functions.

In some of these types of services there are advisory health boards established in an effort to provide local direction to the health service. Information about the legislative and constitutional basis for health services may be useful in the further development of these bodies.

Core Functions of PHC

One of the main purposes of a core functions of PHC framework is to provide a template for funding bodies so that their funding lines are clear and have a reasonable chance of supporting the development of effective and comprehensive community PHC. It helps identify gaps that particular services have in achieving a comprehensive approach, and allow a measure of government performance. It is also a useful framework for local evaluation of services.

All of these aspects of comprehensive PHC detailed in Table 1 require resources, some directly to individual services and others through regional support structures.

Table 1: Core Functions of PHC

Core Function	Programs	How
Clinical Services	Sick care services Screening programs Public health programs (eg immunisations)	Delivered by resident health care services in the community, visiting services, provision of medicine kits to designated holders, organised access to health advice via phone/radio.
PHC Support	Management/ administration; Program development & evaluation; specialist/ allied health services; staff in-service training/ education; technical - maintenance of equipment, IT.	Delivered by local support; visiting specialist & allied health services; regional support.
Social Preventive Programs	Preventive programs requiring community 'agency'/action addressing issues such as substance abuse, youth suicide, domestic violence, store policy.	Address the underlying non-medical causes of poor health, and require commitment and action from local community people.
Advocacy	Development of policy, lobbying for system change (equity and access to PHC), negotiating with government.	Advocacy occurs from different levels – the community, through ACCHOs with policy capacity, peak bodies such as AMSANT. Forums include NT Aboriginal Health Forum and Central Australian and Top End Regional Indigenous Health Planning Committees established under the Framework Agreements.

Clinical Protocols

The development of PHC services in the NT has depended on multidisciplinary health care with AHWs, nurses and doctors working together. As part of this process it is imperative that there is a standardised approach to the management of common illnesses. The mobility of people, and there use of services in different communities, further underlines the importance of standard practices. To this end the Central Australian Rural Practitioners Association (CARPA) has developed the CARPA Standard Treatment Manual which specifies clinical management standards to be applied, including which drugs are to be used. This has also determined which drugs are stocked in clinics. It is important that this standardisation be maintained. If practitioners are concerned about the appropriateness of any section of the Manual, they should raise them with CARPA.

CARPA organises two conferences a year and produces a newsletter in association with the conference. All health service practitioners in central Australia are considered members.

The Divisions of PHC and General Practice are also resource organisations that can provide professional support.

Aboriginal Health Planning

The Framework Agreement and Collaborative Planning Structures

In 1989 The National Aboriginal Health Strategy (NAHS)[4] identified PHC as one of the key strategies for addressing Aboriginal health disadvantage. This included inter-sectoral collaboration as a means of achieving health outcomes dependent on the activities of the non-health sector (a key component of PHC in the Alma Ata Declaration of PHC[5]) and the need to develop more collaborative health service planning processes. Jurisdictional conflict and cost shifting have been identified as a significant barrier in achieving Aboriginal health outcomes[6]. AMSANT have been advocating for a formal agreement between the Commonwealth, States/Territories and the community sector as a means of overcoming these barriers that have plagued Aboriginal health. The Commonwealth Minister for Health, Dr Wooldridge, successfully negotiated with State and Territory Ministers and the community controlled health sector to formalise arrangements about how Aboriginal health issues would be addressed. These are known as the **Framework Agreements**.

The NT Minister for Health, the Chair of ATSIC, the Commonwealth Minister for Health and the Executive Secretary of AMSANT signed the NT Framework Agreement in October, 1998. The Northern Territory Aboriginal Health Forum (NTAHF) was established shortly after in line with that Agreement. Partners in the Forum are THS, OATSIH, AMSANT and ATSIC. The Central Australian Regional Indigenous Health Planning Committee (CARIHPC), and the Top End Regional Indigenous Health Planning Committee (TERIHPC), operate under the NTAHF. These forums are vehicles for the development of agreed roles and responsibilities between the parties, and to develop and implement agreed strategies.

Figure 1 illustrates these collaborative relationships.

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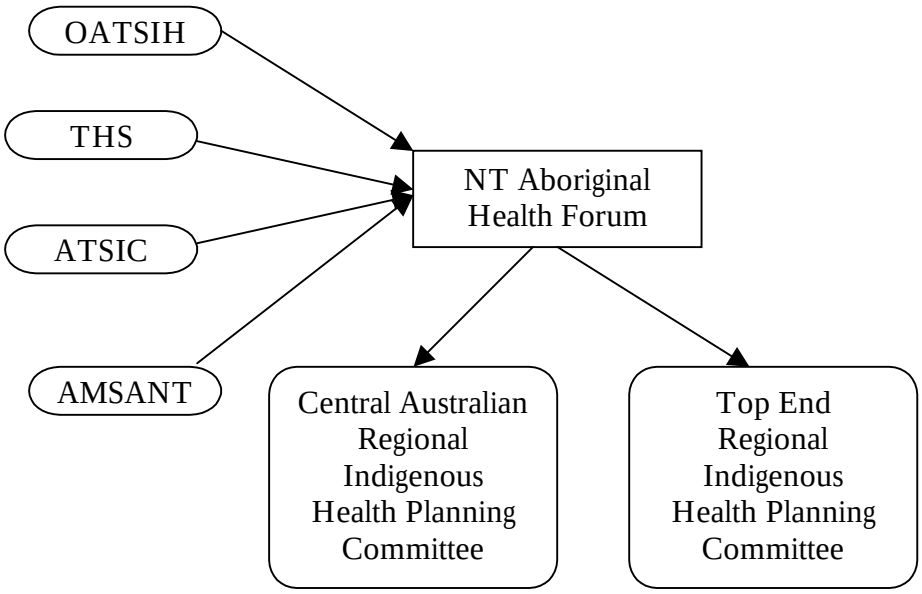
4 Working Group *National Aboriginal Health Strategy*, Canberra, 1989.

5 WHO *Alma Ata Declaration of PHC*, Alma Ata, USSR, 1978.

6 Bartlett, B & Legge, D *'Beyond the Maze: Proposals for a more straight forward approach to the administration of health services for Aboriginal people.'* Congress, Alice Springs/ NCEPH, Canberra, 1995.

A number of working groups have been established under the Forum and the Committees. These include Working Groups on Renal Disease, PHC Service Development, Women's Health, Eye Health, Communicable Disease and Sexual Health. Membership of these committees is not restricted to Forum partners, but is open to people who are working or have a particular interest in the area.

Figure 1 Collaborative Planning Structures under the Framework Agreement



Regional Planning

Regional planning studies (Central Australian Health Planning Study[7] and Top End Regional Aboriginal Health Planning Study[8]) have been conducted that inform the planning work of the regional committees and the NTAHF.

A major finding in both of these studies was the dispersion of small groups of people across vast areas of the Territory, and their high level of mobility. A challenging task of the Aboriginal PHC system is to address the health service needs of these people, along with the larger population groups. Being clinic based and bound does not provide the degree of flexibility demanded by such a dispersed and mobile population. Given the significance of out-station/homeland living to people's health status it is important that health services support out-stations/homelands wherever possible.

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[7] Bartlett B, Duncan P, Alexander D, Hardwick J *Central Australian Health Planning Study Final Report* PlanHealth Pty Ltd, Wollongong, 1997.

[8] Bartlett B, Duncan P *Top End Aboriginal Health Planning Study* PlanHealth Pty Ltd, Wollongong, 2000.

The studies further defined the development of an Aboriginal health system based on principles of comprehensive PHC that are described above as the Core Functions of PHC. The studies recommended the development of a number of Health Service Zones that would serve to better focus planning of health services.

Developments in PHC Service Provision

AMSANT has worked closely with THS and OATSIH to develop ways of accessing MBS (Medicare) funds for Aboriginal health. As a result the PHC Access Program has been developed that provides per-capita funding to populations of Health Service Zones at a rate of up to 4 times the national utilisation rates of MBS (2x for remoteness, and 2x for disease burden), to be pooled with current THS expenditure on PHC. These funds will then be utilised in accord with decisions of local health boards.

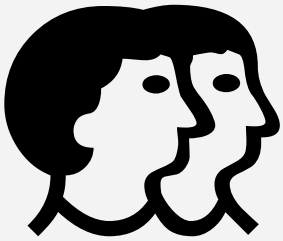
The work of the NT Remote Health Workforce Agency (NTRHWA) has worked to increase the number of doctors working in remote communities and have developed systems of support in an effort to retain doctors in that work. This includes Continuing Medical Education, mostly delivered through the Central Australian Division of PHC and the Top End Division of General Practice and the organisation of family support programs.

In Central Australia, the collaboratively managed Central Australian Remote Health Training Unit (CARHTU) has provided training support to PHC services, mainly focused on the training of AHWs. THS also provide training support to nurses and AHWs through their pathways program, and community controlled services also provide orientation and in-service training.

Congress, Danila Dilba, Anyinginyi Congress, and Miwatj Health provide accredited AHW education programs.

SECTION 2 ... HEALTH BOARDS

- The Health Board
- Role of Health Boards
- Members and Office Bearers
- Health Board and Staff Relationships
- Role of Health Service Staff
- Role of Administrator
- Administrator's Report
- Health Board Orientation/Training



Pro formas

- Rights and Responsibilities of Board Members
- Health Board Code of Conduct
- Confidentiality
- AGM Agenda
- Health Board Meeting Agenda
- Register of Health Board Members

The Health Board

The Health Board consists of a number of elected representatives from the particular community or geographic area according to what is specified in the health service constitution. The board is the employing body and makes high level policy decisions for the health service and ensures that it remains accountable to the community. In some communities health boards are less formal structures who do not have legal control of the service. For instance, in some communities serviced by THS efforts have been made to establish health boards, but these are only advisory bodies.

Role of Health Boards

The role of health boards as the *board of a legal entity* include:

- the oversight of health service activities to ensure that they operate within the aims and objectives of the organisation as defined in the constitution
- the responsibility for the legal, financial and industrial relations obligations of the organisation, including funding agreements, employment, defining appropriate delegation of authority (eg signing of cheques) and the oversight of reporting requirements.

☞ *Refer to Section 4 - Financial Management ... Page 71*

- ensure that the meetings of the board and the AGM are organised and conducted in a way consistent with the health service constitution and the Act of Parliament under which the service is incorporated.

☞ *Refer to Section 3 - Legal Requirements ... Page 35*

Consult the health service constitution and review the Act under which the health service is established to refine board legal responsibilities for the local service.

Health boards usually have other roles and responsibilities that are not defined by law. The board may take direct responsibility for these issues, and/or delegate responsibility to other staff or community members. These include:

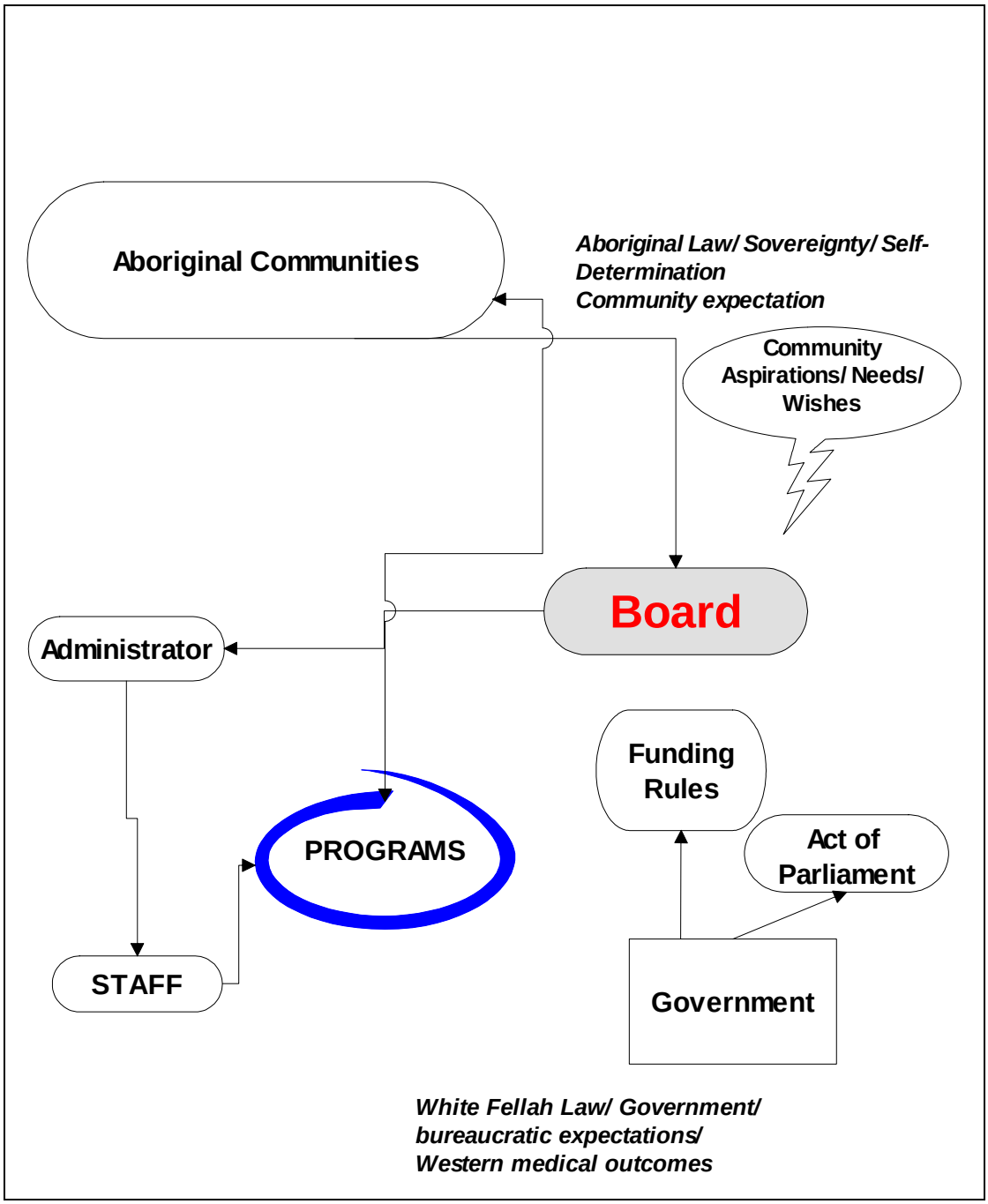
- ensuring that the health service operates appropriately and respectfully within the jurisdiction of Aboriginal Law and culture
- establishing policies of the health service
- representing the community on issues affecting the running of the service
- selecting new staff members and providing them with orientation and support
- determining the way in which the health service will operate (eg outstation/homeland visits)

Admin Tip ... *Abide by the Constitution*

Keep the constitution in a safe place, and make sure board members and staff understand what is in it.
Include a copy of the constitution in the health service manual.
Following the constitution will prevent unnecessary complications.

So Health Boards staddle both non-Aboriginal legal requirements and community and cultural values including Aboriginal Law. This often involves difficult contradictions (see Figure 2). This manual provides a guide to the legal requirements and does not attempt to suggest how Aboriginal culture and law should be addressed. This is the prerogative of Aboriginal leaders.

Figure 2 Health Board Responsibilities



Board Members and Office Bearers

At every Annual General Meeting (AGM), health board members and office bearers are elected by the community. The health service constitution will determine:

1. number of board members to be elected, and any restrictions (if any) on how many are to come from which areas
2. what executive office bearers are to be determined and how this should be done (eg by the AGM or the newly elected board). Common office bearers in health services are President, Vice-President, Secretary and Treasurer. In some services holders of these offices form an Executive which has certain defined powers between Board meetings.
3. how many signatories are required on financial documents and cheques, and who they will be
4. frequency of meetings

☞ *Refer to Section 3 - Legal Requirements ... Page 35*

Health Board and Staff Relationships

Health boards and employed staff should have mutual respect and cooperate to provide an effective health service.

To achieve this both health board members and staff must:

- accept that the role of health board members is to represent the community interests and provide leadership in health matters
- accept that the role of health service staff is to do their job as specified in duty statements
- not publicly criticise individuals in a way that casts doubt on their competence and integrity
- not to use the position to improperly influence an individual to gain an advantage to themselves, their family or others
- not communicate information of a confidential nature
- declare at any relevant meeting or interview, any interests, which may be in conflict with public and professional duties
- follow any grievance processes set down by the Health Service/awards/agreements
- use Health Service's property entrusted to them effectively and economically
- not use property for private purposes.

Role of Health Service Staff

Health service staff must act in compliance with the decisions of the health board, the Policies and Procedure Manual and their Job Description.

Aboriginal authority generates from complex sources, and decisions are often made through processes outside formal meetings that may lack transparency to observers

outside the process. Aboriginal decision making is often consensual in nature, and this demands often widespread discussions over time or discussions in larger community meetings. This process may appear to health service staff to be in breach of confidentiality rules. However, staff are advised to be flexible and respectful of these community dynamics and accept the decisions that result.

Role of Administrator

The Administrator usually attends health board meetings to provide advice and information to the board to assist it in deliberations and will provide a report on the operations of the service including outcomes achieved, future plans and any issues which need to be considered by the Board. There may be times that the Health Board wishes to meet without the Administrator and this should be complied with. Other staff members may also be required to provide reports and meet with the Board regularly or from time to time.

Administrator's Report

The Administrator should prepare a monthly report to the health board which includes the following information:

- finances/ funding
- staffing information
- current activities
- plans/major activities for the next month
- other issues for consideration by the health board

Health Board Orientation/Training

The Administrator should maintain an orientation/training package for new health board members that includes:

- the constitution
- health board roles and responsibilities
- organisation overview
- budget
- funding sources
- staff positions and descriptions
- health service policies and procedures and development process
- annual plan
- meeting timetable and arrangements

HEALTH BOARD
RIGHTS & RESPONSIBILITIES, CODE OF CONDUCT AND CONFIDENTIALITY

Health Board Rights and Responsibilities

Rights and Entitlements of Board Members

Board members have the right to:

- gain satisfaction from their involvement with the organisation
- insist that health services operate in a way that is appropriate and respectful of Aboriginal Law and culture
- be supported by fellow Board members
- be respected by staff, Board members and others involved in the organisation
- not feel exploited
- receive adequate information and a clear description of specific responsibilities
- receive initial induction and on-going training and skill development

Responsibilities of Health Board Members

Board member responsibilities are to:

- provide community leadership
- represent the community
- attend board meetings and to participate in discussion and decisions at these meetings
- form and participate in sub-committees and working groups as required
- represent the organisation and act as spokesperson from time-to-time as determined by the board
- work cooperatively with other board members and staff
- participate in orientation, training and other board endorsed activities.

Health Board Code of Conduct

Members of the board have a responsibility to:

- ***act honestly and in good faith***: - members must disclose any personal interest in matters under consideration by the board involving possible financial gain, and should withdraw from meetings where there is a potential conflict of interest (eg if there is talk about a member of their family; if there is discussion about an

appointment of that health board member to a paid position; or if a decision needs to be made about a contract that a family member has tendered for.)

- ***act with reasonable care and diligence*** – board members must take their responsibilities seriously, and pay attention to the matters before the board. Once the board has made a decision, members should properly represent that decision to staff and community members, and act in accordance with that decision.
- ***not make improper use of information gained*** – many matters of discussed by the board are sensitive matters involving staff, community members or the organisation. Board members must respect that information learned from meetings should not be used outside the meeting, unless the board as a group determine otherwise.
- ***not make improper use of the position*** – the power of board members is a product of their being a member of the group and they have no particular power as an individual. Thus members work together to advance the aims and objectives of the health service. Members should not fight for personal gains or private outcome and should they try to reach agreement on issues that are being discussed. Board members are not responsible for the day to day management of the service, and should not interfere with staff doing their job. Access to telephones, vehicles and other resources of the organisation should be the subject of a policy set by the board, and all members should stick to it.

Confidentiality

The health board will respect the confidentiality of information obtained in the course of any meetings and not share information about staff, community members or the health service with anybody.

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---------- Health service

Annual General Meeting Agenda

Date of Meeting ----------

Time of Meeting ----------

Place of Meeting ----------

AGM Agenda

1. Welcome
2. Chairperson's Report
3. Treasurer's Report and receipt of Audited financial statements for the previous financial year
4. Election of Office Bearers
5. Appointment of Auditor/Public Officer
6. General Business
7. Close

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---------- HEALTH SERVICE

Health Board Agenda

1. Open meeting and appoint a Chairperson
2. Apologies
3. Review of agenda
4. Minutes of previous meeting
5. Acceptance of minutes from previous meeting
6. Business arising from previous minutes
7. Correspondence
8. Business arising from correspondence
9. Reports - Administrator's, Financial, Other
10. General business
11. Next meeting
12. Close meeting

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---------- Health Service

Health Board Register

Year _ _ _ _ _ _ _ _ _ _

Name	Position	Address	How to contact	Start Date	Finish Date

SECTION 3 ... LEGAL REQUIREMENTS

✯ Incorporation
  ⍋ Commonwealth Aboriginal Council and Associations Act
  ⍋ NT Associations Incorporation Act
  ⍋ Constitutions
✯ Other Legislation
  ⍋ Commonwealth
  ⍋ Northern Territory
	

Key Requirements

1. Ensure all clinical staff have current registration with the relevant professional board. Review annually.
2. Ensure all staff who drive health service vehicles have a current drivers license. Review annually.
3. Ensure that the hiring and firing of staff is in accord with the Workplace Relations Act.
4. Ensure there is a satisfactory procedure for the storage, dispensing and checking of dangerous drugs.
5. Ensure there is a satisfactory procedure for dealing with deaths.
6. Ensure that there is a procedure in place for the notification of scheduled diseases.

Incorporation

In order for organizations to receive government funding they must be incorporated under either NT or Commonwealth legislation. Health services are generally incorporated under either:

- The Commonwealth Aboriginal Councils and Associations Act 1976 (Amended 1992) Commonwealth Aboriginal Councils & Associations Act or
- NT Associations and Council Act NT Associations & Council Act

Some health services operate under Community Councils that may be incorporated under the above Acts or the Northern Territory Local Government Act, 1993 NT Government.

Incorporation means that:

- members of the organisation are protected from liability or wrongdoing of the organisation (as long as they have not been personally negligent)
- the organisation can receive government funding
- the organisation is able to own property, enter into contracts and borrow money as a legal entity.

The requirements of the Commonwealth and NT Association Acts are summarised below. If more information is required about the Local Government Act, see the web site above.

Summaries should not be relied upon.
When accurate interpretations are required please refer to the Act itself, and if necessary get legal advice!!

Summary of Aboriginal Councils and Associations Act

This is an Act of the Commonwealth Parliament.

Part 1 – Membership

Membership restricted to Aboriginal people and their spouses.
This part also includes definitions relevant to the Act.

Part 2 - Registrar

Registrar of Aboriginal Corporations, and Deputy Registrars are appointed by the Minister, and are part of the Commonwealth Public Service. Functions of the Registrar are to maintain a Register of Aboriginal Councils and a Register of Incorporated Associations formed under the Act, and to advise people on the procedures for the constitution of Council areas, the establishment of Aboriginal Councils and the incorporation process.
The Registrar will also arbitrate on any disputes.

Part 3 - Aboriginal Council Areas and Aboriginal Councils.

This is not relevant to the health services.

Part 4- Incorporated Aboriginal Associations.

Defines the framework for the incorporated organisations Constitution or Rules which includes:

- Membership eligibility;
- What office bearers the organisation will have, and the procedure for filling them;
- Procedure for settling disputes between the Association and its' members;
- The constitution of the governing committees, and its' powers;
- Procedure for the conduct of meetings;
- Procedures for the calling and conduct of special meetings;
- How funds of the Association will be managed;
- Method of changing the constitution;
- Method of changing the objects of the Association;
- Methods of dealing with property and legal actions;
- Liability of members

It defines rules for organisations incorporated under this Act, including:

- Reasons for **disqualifying people from membership of the health board:**
  - Convicted of and sentenced for offences
    - specifically imprisoned for fraud for 3 months or more;
    - imprisoned for 12 months or more for any other offence.
    - If the offence took place more than 5 years ago, and the person is not currently serving a sentence, then they can stand. The Registrar can overrule disqualification in particular cases. If the Registrar refuses to overrule, the person concerned can appeal to the Minister.
  - Someone who is currently bankrupt.
- **Disclosure of pecuniary (financial) interests.** A Health Board member must declare any financial interest (direct or indirect) to the Health Board immediately on becoming aware of such interest. Such disclosure must be recorded in the minutes of the meeting, and the member must absent themselves for the meeting whilst the matter is being considered, and must not take part in the decision itself;
- The Association is able to **raise or borrow money** on terms as it sees fit, and can mortgage property as security for such loans;
- **Notification of changing the Objects of the Association:** The Public Officer must inform the Registrar of any such change within 6 weeks of such a change, and a fee of $50 must accompany the notification. The Registrar can approve or disapprove the alteration. If the Registrar disapproves the change, the health board can appeal to the Minister.
- **Changing the name of the Association:** The Health board must apply to the Registrar for approval of any name change. The Registrar will approve if the name includes the words 'Aboriginal Corporation' and is not an unauthorised name. Once approved by the Registrar, the Public Officer must serve a notice of the name to the Registrar in writing. A $50 fee applies. The Registrar then issues a Certificate of Incorporation of the new name. The new name does not apply until the Certificate is received.
- **Filing and Approval of Changes to the Rules of the Association:** When a rule change is made, the Public Officer must notify the Registrar in writing within 6 weeks of the change being made. A fee of $50 must accompany the notification. The Registrar will approve the changed Rules, provided they are not inconsistent with the Act. The Registrar will notify the Public Officer of his/ her decision in writing.
- Any **changes to the Objects, Name or Rules** do not alter legal liabilities and obligation which existed before such change.
- **Appointment of Public Officer:** The health board will appoint a Public Officer within 3 weeks of a vacancy occurring. The health board can appoint and dismiss a Public Officer at its' discretion. If the Public Officer resigns in writing, it does not take effect until accepted by the Chair of the health board. The health board shall terminate the appointment of the Public Officer if the Public Officer is bankrupt, applies to take the benefit of a law for the relief of bankrupt or insolvent debtors (get legal advice if the Public Officer is involved in any way with owing moneys). The Registrar can direct the health board to change the official address of the

Public Officer if the Registrar considers the current address to be inappropriate. The health board will abide by this direction and notify the Registrar of the new address.

- **Notice of appointment and change of Public Officers:** Within 3 weeks of the appointment of a Public Officer, or the change of address of the Public Officer, the health board must notify the Registrar in writing of the full name and address of the Public Officer, or the new address of the Public Officer.
- **Role of the Public Officer:** The Public Officer will keep at his/ her official address a Register of Members in a form satisfactory to the registrar. It will show the name and address of every member, the date each member joined the Association, and the date membership of the Association ceased if relevant. The Public Officer will take action to ensure that the Register is available at all reasonable times for inspection by the public. Failure to do so incurs a penalty of $200.
- A **list of all current members** of the Association will be provided to the Registrar by the health board as soon as practicable after the 30th of June each year, and no later than the 31st December. Such a list must be current at the time of presentation to the Registrar.
- The Registrar may at any time request an **updated membership list**, and the health board must comply within 14 days, or other period as specified by the Registrar. If the health board fails to comply without reasonable excuse health board members are liable to a penalty not exceeding a fine of $200 each. If a health board member can demonstrate no involvement in such offence (ie did not aid or abet), then they may be deemed not guilty of the offence.
- **Disputes between members** or between the Association and members may be resolved by arbitration by the Registrar on application. The arbitration may be conducted by the Registrar or a person nominated by the Registrar. The person conducting such arbitration is not subject to any action or claim or liability in regard to any aspect of the arbitration done in good faith. A dispute resolved by arbitration does not prevent parties in the dispute taking court action.
- **General & Special Meetings:**
    - The Health Board is to call and conduct the Annual General Meeting (AGM) and Special General Meetings as specified in the Rules of the Association.
    - An aggrieved member can request at any time the Health Board to call a Special General Meeting. The Health Board must do so unless the Registrar deems the request to be frivolous, unreasonable or contrary to the interests of the members of the Association.
    - The Registrar may call a Special General Meeting:
        - if the Health Board has advertised it for a particular day but the meeting has not been held within 14 days of that day;
        - at any time if he/she believes there is a need to do so;
        - if requested to do so in writing by 5 or more members of the Association, or not fewer than 10% of the total membership, whichever is the greater.

- The Rules of the Association must state the minimum intervals between meetings, quorums of meetings, procedures, and voting by proxy.

- **Accounts, Records, Financial Statements:**
  - Proper accounts and records of the transactions & affairs of the Association must be kept;
  - The health board must ensure that all payments are properly made and authorised, and that adequate control is maintained over the assets.
  - The health board must prepare a report as soon as practicable after the 30th June each year, consisting of:
    - A statement approved by the Registrar that the Association has complied with the provisions of the Act and the regulations and rules of the Association during the previous financial year;
    - A balance sheet setting out the assets and liabilities of the Association as of the 30th June;
    - An income and expenditure statement;
    - A copy of the latest membership list given to the Registrar.
  - As soon as practicable after the preparation of this report, a person authorised by the Registrar will conduct an Audit (to determine whether the Association has complied with provisions of the Act and whether the financial statements are in order). The consequent report must go to the health board, with any irregularities specified. The health board must then file the report with the Registrar no later than the 31st December. The report must be presented at the next AGM, and be available for the examination of members at any time.
  - Under special circumstances, the Registrar may exempt an Association from these provisions, and specify less onerous provisions in their place which must be complied with.
  - If the health board fails to comply with any of these provisions without reasonable excuse, each health board member is guilty of an offence punishable by a fine not exceeding $200.
- **Examination of Documents.** The Registrar can nominate a person to examine all of the Associations documents and report back to him/ her. This person must produce written authority from the Registrar, and have free access to all documents of the Association, can copy documents, interview people and require any person to produce relevant documents. The penalty of non-compliance is $200. The penalty for providing misleading or false information is up to $1,500.
- **Irregularities:** The Registrar may require the health board to take certain actions in order to comply with this Act if he/ she is aware of irregularities of the Association, An order for such action must be in writing and specify the date by which the action must be taken. The Registrar does not have to take this action before utilising other powers under the Act. Before Court action is taken, the Registrar should ask health board members why such action should not be taken.
- **Appointment of an Administrator:**
  - The Registrar may appoint an Administrator at his/her discretion. A written notice must be given to the Public Officer asking why an Administrator

should not be appointed. After consideration of representation made by the Association, the Registrar may appoint an Administrator based on any of the following grounds:

- That the Association has been operating at a loss for at least 6 months of the last 12 months;
- That the health board has failed to comply with the provisions of the Act, and has failed to provide a satisfactory explanation;
- That health board members have acted in the affairs of the Association in their own interest rather than in the interest of the members, or in a way which appears to be unfair or unjust to the members.
- That the appointment of an Administrator is required in the interest of the debtors and members of the Association.
- That the appointment of an Administrator is required in the public interest.
- And that the appointment has the approval of the Minister.

➢ As soon a practicable after the appointment of an Administrator the Registrar must publish notice of the appointment in the Government Gazette, and in a local newspaper.

➢ On appointment of an Administrator the office of Public Officer and all Officers and Members of the health board become vacant.

➢ The Administrator will receive remuneration of an amount determined by the Registrar. The Registrar will also determine and how and by whom this cost be borne. The Association can be charged with this cost.

➢ The Administrator

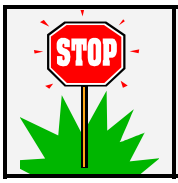
- has responsibility for the conduct of the affairs of the Association and plays the role of the Public Officer.
- may cancel or vary contracts of employment. Before doing so, he/she must give such persons as the Administrator deems appropriate the opportunity to make representations, either in writing or verbally, and to take into account these representations. A person may make an appeal to the Administrative Appeals Tribunal in regard to any decisions made by the Administrator. Changes to contracts of employment must be made in writing and include details of the right to appeal the decision. Otherwise the changes to the contract are not valid.
- is not subject to any claim, action or demand, or liable to any person for actions taken in good faith in connection with their function.
- must provide the Registrar with information as the Registrar requires from time to time.

➢ Before termination of the Administrator by the Registrar, the Registrar must conduct an election for a new Health Board, who in turn must appoint a Public Officer and elect Officers of the Association, according to the Rules.

- The Minister or Registrar can grant extensions of time to the Association for the fulfilment of certain requirements under the Act.

- A Notice, Demand, Summons, Writ or other document can be served on the Association by delivering personally to the Public Officer or by delivering to the official address.
- The Association can serve a Notice or Demand signed by the Public Officer.
- A document to be served on the Registrar can either be served in person or by post.

There are also formats of notices for such things as notification of winding up of the Association.



Summaries should not be relied upon.
When accurate interpretations are required please refer to the Act itself, and if necessary get legal advice!!

Summary of NT Associations Incorporation Act

As Applying From 1997

Note: this is an Act of the NT Parliament

The Act is very broad and leaves most issues up to the organisation to define in its rules.

Part 1 – Administration

The Minister appoints a Registrar and Deputy Registrar(s), who are subject to written directions from the Minister. The Registrar receives applications from organisations seeking Registration under the Act.

Part 2 – Incorporated Associations

- This section covers the application for incorporation under the Act, the Registrars responsibilities, and giving public notice of intent.
- The Act empowers the organisation to buy and sell property, raise or borrow money and specifies that the body can sue or be sued.
- The Common Seal is issued on incorporation.
- The Committee must appoint a Public Officer who is resident in the NT. If the position becomes vacant, it must be filled within 14 days (penalty $500). The position is deemed to be vacant if the person:
  - dies;
  - becomes bankrupt or applies to take the benefit of a law to relieve financial obligations;
  - becomes of unsound mind;
  - resigns in writing; or
  - ceases to be resident in the NT.
- The Public Officer must inform the Registrar of his/ her appointment within 14 days of appointment, and must also inform the Registrar of change of address within 14 days. (Penalty $500).
- The Public Officer must file with the Registrar the Rules of the Association within 3 months of incorporation. The Public Officer must file with the Registrar any changes to the Objects or Purposes of the Association, Rules of the ASSOCIATION, or Trusts relating to the Association within 1 month. (Penalty $1,000).
- The Public Officer must publish a notice in a newspaper circulating in the NT any changes to members liability to pay for debts or liabilities of the Association within 1 month of such change. (Penalty $500). Under the Act members are not liable except as provided in the Rules of the Association.

- The name of the Association must appear on all documents – notices, advertisements, bill of exchange, promissory note, endorsement, order, way-bill, invoice, receipt, etc.

- The finances must be audited annually and a balance sheet prepared. (Penalty $2,000 for each committee member). The Public Officer must file a certified copy of the balance sheet within 1 month of its preparation. (Penalty $2,000)
- Specifies the process for the winding up of an Association, transferring property, powers to sell trust property, dissolution of Associations by the Registrar, etc.

Part 3 – Incorporated Trading Associations.

This is not relevant to health services.

Part 3A Investigation & Judicial Management of Associations.

- The Minister or Registrar, if in possession of information considered to call for an investigation, may serve a notice on the Public Officer to show cause that an investigation should not, on specified grounds, be carried out. The Association must be given at least 6 weeks to respond. If the response is inadequate in the view of the Registrar or Minister, the Registrar can then investigate. People with information can be called before the Registrar and must answer questions, but the answers cannot be used as evidence against them in any other legal hearings. Failure to appear when called, or to answer questions elicits a penalty of $2,000. The Registrar may, on reasonable grounds, enter the premises examine & take possession of books relating to the affairs of the Association, and make copies or take extracts from these books. Obstruction incurs a penalty of $5,000.
- The Registrar can apply to the Court for the Association to be placed under judicial management if the results of the investigation warrant such action. The Association has a right to put its case to the hearing. The Act specifies how the judicial management will be enacted.

Part 3B - Incorporated Associations performing Local Government Functions.

This is not relevant to health services.

Part 4 - Miscellaneous

This covers a range of issues including:

- Evidence of Incorporation;
- Prescribed Property; and
- Regulations under the Act

Register Of Health Board Members

It is advisable that the Secretary of the Health Board or Administrator maintain a Register of Health Board members.

Health Service Constitution

Each incorporated organisation has a Constitution or Rules that is a legal document determining how the organisation will operate. The Act under which the organisation is incorporated determines what must be in the Constitution. However, other things may also be included provided it does not contradict what is in the Act.
The Constitution is a most important document for the Health Service. Funding bodies generally insist that funded organisation comply with their Constitution.

Each newly elected Health Board should be orientated to their role including the health service constitution to ensure people are aware of their legal obligations, and how the health board operates.

Copies of the Acts are available from the Territory Government Publishing Service or Commonwealth Government bookshops, depending on jurisdiction and from the internet addresses (see beginning of this Section).

Two examples of constitutions follow. One under the NT Act, and one under the Commonwealth Act. Please refer to the health service constitution for guidance, as the detail may vary greatly.

Sample constitutions should not be used to direct the practices of the health service or in dispute solving.
Each health service, if incorporated, will have its own, and this must be followed. Keep copies in a safe place, and use it in orientation of the health board and staff.

EXAMPLE OF THE

Rules/ Constitution under the NT Associations Incorporation Act

1. **Name**
   _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Health Service.

Objects & Purposes (2-4)

2. **Relieve poverty, sickness, destitution, distress, suffering, misfortune or helplessness of Aboriginal people in _ _ _ _ _ _ _ _.**
3. **Advance the objects of the health service by the following means:**
   - assist members & their families to attain highest level of health;
   - encourage self reliance;
   - provide accessible, acceptable & appropriate Aboriginal controlled primary health care & welfare;
   - arrest social disintegration by ensuring all programs & actions are in accord with communities cultural values & practices;
   - advocate to government and specialised agencies the needs of the Aboriginal communities;
   - provide consultation and cooperation with government & specialised agencies in the provision of health & welfare services to Aboriginal people;
   - promote knowledge & understanding by the Australian community of the special difficulties of Aboriginal people as a minority within the community;
   - promote changes in non-Aboriginal controlled organisations that provide services to Aboriginal people so as to make them more appropriate, accessible and acceptable to Aboriginal people;
   - foster appropriate Aboriginal controlled research into the health & welfare of members in an attempt to overcome their health & welfare problems;
   - promote culturally appropriate methods of managing and preventing health problems & support traditional health practitioners & birth attendants in the provision of PHC;
   - promote & provide training opportunities for members & employees;
   - encourage employment opportunities for Aboriginal people;
   - develop relationships with other organisations with similar aims;
   - assist Aboriginal groups with similar aims & needs; and
   - provide health & welfare services to non-members as the health board may consider appropriate from time to time.

4. **The Health Service has the following powers to pursue its objectives:**
   - to acquire property deemed necessary for pursuing objectives;
   - to buy, sell, supply or deal in goods & services;
   - to construct, maintain & alter buildings as deemed necessary;
   - to accept gifts;
   - to raise funds as decided by members at general meetings, or by Health Board;
   - to print and publish materials as decided by members at general meetings, or by the Health Board;
   - to borrow & raise money as decided by members at general meetings, or by the Health Board, and to give mortgage, charges or securities of property in repaying such debts;
   - to make gifts, subscriptions or donations to organisations referred to in para (a) of subsection (1) of Section 78 of the Income Tax Assessment Act, 1936;
   - to establish, support or aid organisations that aim to benefit employees (incl. Past) of the Health Service & their families, and to pay insurances for these purposes;
   - to establish & support other associations with aims consistent with those of the Health Service;
   - to invest moneys as deemed appropriate by the Health Board; and
   - to do all other lawful things deemed useful in pursuing the objects of the Health Service.
5. **Interpretation**
   This section defines terms used in the Rules.
6. **Membership:**
   - Every Aboriginal adult (over 18 years of age) normally resident in the community and surrounding area is a member of the Health Service.
   - Any dispute as to membership will be resolved by the Health Board
   - Members are not liable to contribute to the liabilities (debts) of the Health Service.
7. **Health Board**
   The Health Service will:
   - manage the affairs of the Health Board;
   - subject to the Rules and decisions of a general meeting, the Health Board has all powers & functions as may be exercised by the Health Service, other than those required to be exercised by a general meeting;
   - subject to the Associations Incorporation Act, 1980 (NT) and the Rules perform such acts & things that appear desirable to the Health Board in the proper management of the business & affairs of the Health Service.
8. **Make Up of Health Board**
   - The Health Board consist of:
     - Executive Health Board Members
     - General Health Board Members.
   - Each Executive Health Board Member shall hold office until completion of the next Annual General Meeting (AGM) at which his/her successor is elected, or the Member re-elected.

- the Health Board will appoint a member to fill a casual vacancy of an Executive Health Board Member or a General Health Board Member and this person will hold office until the next AGM.
- The Secretary shall keep a Register of Health Board members

9. **Executive Health Board Members**
   - Executive Health Board Member are:
     - President;
     - Vice President;
     - Treasurer;
     - Secretary.
   - When a General Health Board member becomes a member of the Executive, they cease to be a General member.
   - Each Executive Member holds office till successors are elected at the next AGM, but are eligible for re-election.
10. **Vacation of Office**

    The office of an Executive Health Board Member or General Health Board Member becomes vacant when the holder:
   - dies;
   - becomes bankrupt or applies to take advantage of any law relating to bankrupt, insolvent debtors.
   - becomes of unsound mind;
   - resigns in writing;
   - ceases to be resident in the community or surrounding area;
   - fails, without leave granted by the Health Board, to attend three consecutive Health Board meetings; or
   - if at the time of his/her election is an employee of the Health Service and fails to resign within 7 days of election.
11. **Emergency Health Board Committee**

    In situations of extreme emergency, any three from amongst the Executive Health Board Members shall constitute an Emergency Health Board Committee which may issue instructions to the Public Officer and employees of the Health Service. The Committee can only be formed if a matter of extreme emergency connected with the Management of the Health Service arises that cannot be delayed until a Health Board meeting is called. The Emergency Health Board Committee shall report to the next Health Board meeting on the reason for their meeting, and on any instructions given to the Public Officer or employees of the Health Service.
12. **Sub-Committees**
   - The Health Board can appoint sub-committees as it sees fit, and prescribe the powers & functions of the sub-committee;
   - The Sub-Committee can coopt other members (whether members of the Health Service or not) but these members cannot vote;
   - The quorum of a subcommittee is three members, two of whom must be Health Board members. The Sub-Committee can determine that a larger quorum is required;
   - The sub-committee shall appoint a member to be responsible for calling meetings and will notify the Secretary of who this person is;

- Reasonable notice of each sub-committee meeting shall be given personally to each sub-committee member, or by delivering or posting it to last known address.

13. Meeting of the Health Board

- The Health Board will meet at least 8 times a year at a time and place determined by the last meeting;
- Special meeting may be convened by the Secretary or two Executive Health Board Members;
- 5 days written notice of each meeting shall be given personally to each sub-committee member, or by delivering or posting it to last known address;
- The written notice of each Health Board meeting will include the business to be transacted;
- Any 7 Executive Health Board Members or Health Board members constitute a quorum.
- At the start of each meeting the Executive Health Board Members & Health Board members present shall select one of them to preside over the meeting;
- On any question Health Board members and Executive Health Board Members shall have only one vote each.
- In the case of a tied vote, the chair shall have a second casting vote.

14. Annual General Meeting

- The Health Board shall hold an AGM each year, not more than twelve (12) months after the end of the financial year;
- The AGM shall be in addition to any general meeting held in the same year;
- The AGM shall be specified as such in the notices convening it;
- General business shall be:
  - Confirm Minutes of last AGM;
  - Receive from the Health Board income & expenditure statement for the financial year ending on the preceding June 30th, the balance sheet as at that 30th June, and the Auditor's Report;
  - Receive reports from the Health Board and Employees of the Health Service on the affairs of the Health Service since the last AGM;
  - Elect the following positions:
    - President;
    - Vice President;
    - Treasurer;
    - Secretary;
    - 9 General Health Board Members.

    Any candidate for the above elected positions must be present at the meeting.
  - Elect an Auditor;
  - Elect a Public Officer;
- Any other business.

EXAMPLE OF THE

Rules/ Constitution under the Commonwealth Aboriginal Councils and Associations Act

1. **Liability of Members:**
   Members of the Association are not liable to contribute to the payment of debts and liabilities of the Association.
2. **Objects of the Corporation:**
   - Provision of medical and dental services to Aboriginal people in the Community and surrounding area;
   - Provision of child care services, including programs relating to the general welfare and domestic needs of Aboriginal people in the Community and surrounding area;
   - Provision of preventative and rehabilitative programs in the area of Alcohol rehabilitation for Aboriginal people in the Community and surrounding area;
   - Development and provision of nutrition and general community health programs for Aboriginal people in the Community and surrounding area;
   - Acquire and hold land & property needed for the above;
   - Seek funds from community and government sources to assist and promote the aims of the organisation;
   - To sell whatever is beneficial to the organisation.
3. **Membership:**
   - Open to all adult Aboriginal people normally & permanently resident in the Community and surrounding area (or other such locations as determined by the Health Board) and who have paid $2 by July 1st each year.
   - Eligible people may apply for membership to the Health Board, and the Health Board may accept or reject the application.
   - A Register of members is kept by the Public Officer.
   - Members are entitled to attend, speak & vote at general meetings of the Association, and be eligible for appointment as Office Bearers or members of the Health Board.
   - A member ceases to be a member if that member:
     - Dies;
     - Resigns in writing;
     - Is expelled from the Corporation by a ¾ majority vote of a general meeting on the ground that a charge of conduct detrimental to the Association has been proved.
     - Written notice of the intent to expel a member must be forwarded to the member at least 21 days before the date of the general meeting at which the resolution is to be moved, and that member must be given the opportunity to put their case at the meeting.

4. The Governing Committee

- The Health Board must have at least have 5 members;
- The Health Board members must be members of the Corporation, and are elected at the AGM, and they will hold office until the first meeting after the AGM at which their successors are elected.
- A Health Board members ceases to be a member if:
  - S/he ceases to be a member of the organisation;
  - S/he resigns for the office;
  - S/he ceases to be an effective member of the Health Board by virtue of illness, absence, or any other reason considered to impair the effectiveness of the Health Board member.
- If the number of Health Board members falls below 5, the Health Board can appoint someone to fill the casual vacancy.
- Office Bearers are elected by the Health Board and include:
  - Chairman
  - Secretary
  - Treasurer
- Casual vacancies of these positions can be filled by the Health Board;
- Meetings must occur every 3 months, but should occur as often as is necessary to fulfil the Health Board's obligations;
- 3 members constitutes a quorum for the Health Board.
- Reasonable notice of meetings must be given to all Health Board members;
- The secretary or other person appointed by the Health Board shall keep minutes of the proceedings of the meetings.
- Any dispute between the Corporation and its members that cannot be resolved by the Health Board must be referred to a general meeting of the Corporation.

5. Public Officer

- The Health Board will appoint a person as Public Officer. This person does not have to be a member of the Association. Members, including Office Bearers may also hold this position.

6. General Meetings

- The Annual General Meeting (AGM) must be held within 3 months of the 30th June each year (ie before the end of September);
- Agenda of the AGM shall be:
  - Minutes of the last meeting; and of any special general meetings held since the last AGM;
  - Receipt from the Health Board of annual report, financial report (including income & expenditure statements, and balance sheet)
  - Election of office bearers
  - Appointment of auditors
  - Other business
- The Chairman, on the written request of at least 5 members, shall call a special general meeting as soon as practicable but not more than 1 month after receiving the request;

- The Health Board determines the place and time for the meeting and must give members 7 days notice by means the Health Board deems appropriate.
- A quorum of a general meeting is 5 members. If a quorum is not present no business can be transacted.
- Each member has one vote at meetings and a simple majority will determine decisions. In the case of a tied vote the Chairman will have a second casting vote.
- The Chairman will chair all meetings at which s/he is present unless s/he decides otherwise, when the meeting will determine who will chair the meeting.
- All voting at AGMs and special general meetings will be by secret ballot.

7. Common Seal.

The Secretary shall keep the Common Seal in a safe and secure place. The Seal will not be used or placed on any document unless authorised by the Health Board or a general meeting. Any document on which the Common Seal is placed must be signed by 3 members of the Health Board.

8. Banking

- Official receipts will be issued for all money received by the Corporation
- All funds will be deposited in a bank account of the Corporation no later than the first working day after receiving the funds, or as soon a practicable thereafter.
- All cheques and withdrawal forms shall be signed jointly by two members of the Health Board.

9. Application of Funds & Property

All property and funds, unless in a special trust, are available for the Corporation to use in pursuit of its' objectives. However, no portion shall be paid or applied directly or indirectly by way of dividend bonus or other means causing profit to members. However, members may be appropriately remunerated for services actually rendered.

10. Accounts

- Proper accounts and records shall be kept by the Treasurer or other person appointed by the Health Board. The Health Board should ensure that all payments are correctly made and properly authorised, and that adequate control is maintained over the assets, and over the incurring of liabilities of the Association;
- Accounts shall be passed for payment by the Health Board;
- The Health Board will organise for an income and expenditure statement to be prepared as near as practicable after the 30th June.

11. Audit

- The Health Board shall organise for the Auditors to examine the affairs of the Association as soon as practicable after the preparation of the income and expenditure statement. The Auditor should examine whether this statement is based on the proper accounts and records. The Auditor must provide the Health Board with a report drawing attention to any irregularity in the financial affairs of the Association.

- At every AGM ,the Health Board should present to the members:
  - Income and expenditure Statement;
  - Balance Sheet
  - Auditors Report

12. Alteration of Objects and Rules

Objects and Rules can be changed by a ¾ majority of a general meeting. The proposed changes must be specified in the notice of that general meeting.
After such an alteration has been made, the Public Officer must inform the Registrar within 6 weeks of the date of the change. The alteration can not take effect until approval has been given by the Registrar.

13. Winding Up

In the event of the Association being wound up, any moneys received from the Commonwealth, but not spent shall be repaid to the Commonwealth on request of the Minister responsible for Aboriginal Affairs.

Other Legislation

Health Services have a number of legal responsibilities determined by both Commonwealth and NT legislation. Most legislation covering the operations of health professionals and health services is under NT jurisdiction. Commonwealth jurisdiction covers more general issues such as anti-discrimination, taxation, superannuation and employment issues.

A. Commonwealth Legislation

1. Health Insurance Act 1973

This Act provides for the operations of the Medical Benefits Scheme and the Pharmaceutical Benefits Scheme under which Medicare operates. It includes the conditions under which the Health Insurance Commission (HIC) will pay for services rendered by doctors (either directly or on their behalf) to patients according to the Medicare Benefits Schedule. A guide to the rules governing access to MBS are detailed in the front sections of the Medicare Benefits Schedule which all health services should receive from the HIC.

For more information contact

- Health Insurance Commission
  Tel. 02 6124 6333
- Local Medicare Office
- Or see Funding Section for specific MBS and PBS inquiries

☞ *Refer to Section 5 – Funding ... Page 91*

2. *Human Rights and Equal Opportunity Commission Act 1987*

The Human Rights and Equal Opportunity Commission Act 1986 established the Commission. The Act provides for the Commission's administration and gives it responsibility for observing seven international instruments ratified by Australia. These instruments are

- International Covenant on Civil and Political Rights
- International Labour Organisation Discrimination (Employment and Occupation) Convention ILO 111
- Convention on the Rights of the Child
- Declaration of the Rights of the Child
- Declaration on the Rights of Disabled Persons
- Declaration on the Rights of Mentally Retarded Persons, and
- Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief.

The Act also empowers the Aboriginal and Torres Strait Islander Social Justice Commissioner to report on and promote the human rights of Indigenous Australians.

Exemptions under the Act can apply where the occupation for which people are employed is for the welfare of the same sex or race. An application for an exemption under Section 21(5) should be made to the Registrar of the Equal Opportunity Board.

For more information contact

- Human Rights and Equal Opportunity Commission
  Toll Free Tel. 1300 369 711

Human Rights And Equal Opportunity Commission Act 1986

3. *Racial Discrimination Act 1975*

The Act makes discrimination on the basis of race illegal and gives effect to Australia's obligations under the *International Convention on the Elimination of All Forms of Racial Discrimination.* The Acts objectives are to

- promote equality before the law for all persons, regardless of their race, colour or national or ethnic origin, and
- make discrimination against people on the basis of their race, colour, descent or national or ethnic origin unlawful.

For more information contact

- Human Rights and Equal Opportunity Commission
  Tel. 02 9284 9600

Racial Discrimination Act 1975

4. *Affirmative Action (Equal Opportunity for Women) Act 1986*

This legislation now affects any organisation with over 100 employees. Such organisations are bound to identify affirmative action programs in their organisations, and to report annually to the *Affirmative Action Agency*. Most incorporated health services employ fewer than 100 people and so this Act will not apply.

For more information contact

- Affirmative Action Agency
  Tel. 02 9334 9800

Affirmative Action (Equal Employment Opportunity For Women) Act 1986

5. *Disability Discrimination Act 1992*

The Act aims to:

- eliminate discrimination against people with disabilities
- promote community acceptance of the principle that people with disabilities have the same fundamental rights as all members of the community, and
- ensure as far as practicable that people with disabilities have the same rights to equality before the law as other people in the community.

For more information contact

- Human Rights and Equal Opportunity Commission
  Tel. 02 9284 9600

Disability Discrimination Act 1992

6. *Sex Discrimination Act 1984*

The Act gives effect to Australia's obligations under the *Convention on the Elimination of All Forms of Discrimination Against Women* and certain aspects of the *International Labour Organisation (ILO) Convention 156*. Its major objectives are to

- promote equality between men and women
- eliminate discrimination on the basis of sex, marital status or pregnancy and, with respect to dismissals, family responsibilities, and
- eliminate sexual harassment at work, in educational institutions, in the provision of goods and services, in the provision of accommodation and the delivery of Commonwealth programs.

For more information contact

- Human Rights and Equal Opportunity Commission
  Tel. 02 9284 9600

Sex Discrimination Act 1984

7. *Workplace Relations Act 1996*

This Act cover such issues as enforceable minimum award standards, workplace agreements, freedom of association, industrial action, and termination of employment (including unfair dismissal).

The following provides an overview of Awards and Employment Agreements.

Awards and Industrial Agreements

An Award can only be applied to an industry or workplace with the consent of all employees and employers that it would cover. It must have a specified term of no more than five years and can only be varied during its life to remove ambiguity or uncertainty. When an Award expires, its terms will continue to apply but in the form of individual employment agreement until such time as a new Award is made.
Awards must not contain provisions which limit ordinary working hours to specified days of the week or provide additional payments for ordinary hours worked on particular days of the week (ie must not specify that ordinary hours are Monday to Friday or that penalty rates apply to weekend work). There is no similar prohibition on such provision in employment agreements.
The conditions of an award or industrial agreement are mandatory if they apply to the type of work have people are employed to do (e.g. clerical) or the profession they are employed in (e.g. nursing).
An award or industrial agreement sets out minimum conditions only, so employers and employees may agree to conditions 'over the award'.

Under new Federal legislation, awards have been simplified in their scope and content and limited to 20 items which include superannuation, skill based career paths, pay and conditions for out-workers, and other core issues. Awards are to act as a safety net of fair, minimum wages and conditions. For a Federal award to apply, an employer must be named as a 'respondent' in the award.

An **Industrial Agreement** is an agreement made between a union and an individual employer or employer group which regulates wages and conditions. It is a sort of 'mini' award within the law if signed by the union and employer and registered with the Arbitration Commission. Whenever a new position in your workplace is established check for both State and Federal awards and agreements.

When employees are covered by an award, an Agreement or Contract of Employment is useful in setting out the terms and conditions so that both parties have a clear understanding of their rights and obligations. In this situation the agreement must comply with the terms and conditions of the award.

Also, if you want to hold employees to fixed terms of employment, use an agreement but make sure it complies fully with the award. The relevant union or an employer organisation needs to check the agreement.

Provision of Awards

An employer who employs a person to whom an award applies must keep a copy of the provisions of that award and must make the copy available for inspection that person on demand.

Employment Records

Employment records, containing information on the employees name, classification, award, pay received, all deductions, signed time sheets, leave taken, superannuation contributions, must be kept for seven years after the last entry in the record was made.

Pay Slips

At the time of giving an employee his or her pay, an employer must also give the employee written details of date of payment, the inclusion of period covered by payment, hours worked, all deductions, superannuation contributions, gross pay, amount actually paid and how the amount is made up.

Payment of Employees

An employer must pay an employee the amount the employee is entitled to at least once in every fortnight if the employee is covered by an award or employment agreement which does not state how often the employee is to be paid or once in every month if the employee is not covered by an award or employment agreement.

Mandatory Provisions

All awards and employment agreements must contain provisions which:

- set out provisions for the settlement of claims, disputes and grievances
- allow the employer to stand down, (with out pay), employees who cannot be usefully employed because of any strike, breakdown of machinery or any stoppage of work for any cause for which the employer cannot reasonably be held responsible

Minimum Terms and Conditions

There are no minimum requirements for Awards. Minimum conditions to be included in employment agreements are:

- paid annual leave for each year equivalent to the number of ordinary hours which constitute ordinary time in any four week period
- paid sick leave for each year worked equivalent to one week of ordinary hours
- long service leave
- a rate of pay per hour equal to the former base award wage rate for the relevant classification of employees

Allowances

Most awards contain provision for the payment of various allowances. The only way to be certain that you know what they are is to have a copy of the award.

For information on awards and industrial agreements contact the relevant Trade Union, the Industrial Relations Commission or the ACTU.

For more information contact

- Australian Industrial Relations Commission
  Tel. 08 8944 3131
- Australian Council of Trade Unions (ACTU)
  Tel. 03 9663 5266

Or contact the relevant Union.

Workplace Relations Act 1996
ACTU

8. Superannuation Act

A series of Acts provide for the rates of Superannuation payable by employers up to 9% of gross salary by 2002-03. It also specifies the rules under which Superannuation Funds operate, and how funds can be accessed and managed.

For more information contact

- Australian Taxation Office
  Toll Free Tel. 13 10 20

Superannuation Act 1990
Superannuation Benefits (Supervisory Mechanisms) Act 1990

☞ *Refer to Section 4 – Financial Management ... page 71*

9. *Taxation (Administration) Act*

This Act and associated Acts provide for the collection and payment of taxes. For practical details of the system, refer to the Financial Management section.

For more information contact

- Australian Taxation Office
  Toll Free Tel. 13 28 60

Taxation Administration Act 1953
Taxation Administration Amendment Act 2000 no. 47 of 2000

☞ *Refer to Section 4 – Financial Management ... Page 71*

10. *Privacy Act*

This Act gives effect to the Organisation for Economic Cooperation and Development Guidelines on the Protection of Privacy and Transborder Flows of Personal Data and the International Covenant on Civil and Political Rights (Article 17). The guidelines cover the collection of personal information, its use, access to and alteration of the information.
The Act has three spheres of operation in which the guidelines are given specific effect in the form of legally binding standards

- **Information Privacy Principles** - To protect personal information that is collected by federal government departments or agencies. There are strict privacy safeguards which agencies must observe in collecting, storing and using information.
- **Tax File Numbers Guidelines** - To ensure that tax file numbers are collected and used only for tax related or assistance agency purposes.
- **Consumer Credit Reporting** - Privacy protection for consumer credit information, including the type of information that may be collected and the use and disclosure of this information.

The Privacy Commissioner also has a function of encouraging businesses to conform voluntarily with the guidelines.

For more information contact

- Human Rights and Equal Opportunity Commission
  Tel. 02 9284 9600

Privacy Act 1988

B. NT Legislation

1. *Health Practitioners And Allied Professionals Registration Act*

The Act provides for the registration and licensing of AHWs, chiropractors, occupational therapists, osteopaths, physiotherapists and psychologists, and defines the functions of the respective Registration Boards. The AHW Registration Board is the one most relevant to Aboriginal health services.

For more information contact

- NT AHW Registration Board
  22 Mitchell St., Darwin.
  Tel.08 8946 9543

Health Practitioners And Allied Professionals Registration Act

2. *Medical Act*

The Act provides for the registration and licensing of medical practitioners, and defines the functions of the Medical Registration Board.

For more information contact

- NT Medical Registration Board
  22 Mitchell St., Darwin.
  Tel. 08 8946 9544

Medical Act

3. *Nursing Act*

The Act provides for the registration and enrolment of nurses, and defines the functions of the Nurses Registration Board. It includes a Nurses Code.

For more information contact

- NT Nurses Registration Board
  22 Mitchell St., Darwin.
  Tel. 08 8946 9544

Nursing Act

4. *Mental Health Act*

The Act provides for the care, treatment and protection of people with mental illness. It provides for a person with a real and immediate concern for the welfare of the client or the safety of others to request an assessment for treatment by a doctor, designated mental health practitioner or psychiatrist. A form must be completed to make the request and this may include the need for police escort. Contact THS Mental Health Services for forms and advice.

For more information contact

- THS Mental Health Services

Darwin:	Tel.	08 8922 8572
Alice:	Tel.	08 8951 7710
Katherine:	Tel.	08 8973 8722
Tennant Creek:	Tel.	08 8962 4300
Nhulunbuy:	Tel.	08 8987 0413

Mental Health And Related Services Act

5. *Notifiable Diseases Act*

This Act specifies which diseases must be notified to NT authorities. The Communicable Disease staff in THS can provide details of what is required.

For more information contact

- THS Disease Control

Darwin	Tel.	08 8922 8044
Alice Springs:	Tel.	08 8951 7550
Katherine:	Tel.	08 8973 9049
Tennant Creek:	Tel.	08 8962 4299
Nhulunbuy:	Tel.	08 8987 0359

Notifiable Diseases Act

6. *Poisons and Dangerous Drugs Act*

The Act regulates the sale, supply, storage, possession and use of poisons and dangerous drugs. For health services, Schedule 8 drugs must be securely stored in a locked room in a safe or locked cupboard. When carried they must be kept in a locked bag. Keys must remain in the possession of the person in control of the substance. Health services must keep a register of drugs, where records of use of substance, including patient and practitioner details are kept.

The Schedule of substance under the Act are:

Schedule 1	Substance of plant origin of sufficient danger to warrant them to be only available from doctors, pharmacist or veterinarians (eg Tansy oil)
Schedule 2	Substances available from pharmacies, or licensed persons (eg Aspirin)

Schedule 3	Therapeutic substance so dangerous or subject to abuse that warrant availability only through doctors, pharmacist, dentist or veterinarians (eg hydrocortisone)
Schedule 4	Substances that are restricted to prescription by doctors, dentist or veterinarians (eg antibiotics, vaccines)
Schedule 5	Substances of a hazardous nature requiring caution in handling, storage and use (eg ether, warfarin).
Schedule 6	Substance that must be available to the public but are more hazardous than those in Schedule 5 (eg creosote, eucalyptus oil >25%).
Schedule 7	Substances that require special precautions in handling, storage and use, and labelling requirements (eg allyl alcohol, arsenic)
Schedule 8	Substances that are drugs of dependence (eg pethidine, dexamphetamine). These must be stored in a locked room, safe or cupboard.

For more information contact

- THS Poison Control
  Tel. 08 8922 7341

Poisons And Dangerous Drugs Act
Poisons And Dangerous Drugs Regulations

7. Coroner's Act

The Act details when the Coroner must be informed of a death. The Act defines a reportable death as one:

- that appears to have been unexpected, unnatural or violent
- that appears to have resulted, directly or indirectly, from an accident or injury
- that occurred during an anaesthetic
- that occurred as a result of an anaesthetic and is not due to natural causes
- of a person who, immediately before death, was a person held in care (a child held under the Community Welfare Act or a person under the Mental Health Act)or custody (of the police, prison or detention system)
- that was caused or contributed to by injuries sustained while the person was held in custody
- of a person whose identity is unknown.

A medical practitioner who is present at or after the death of a person shall report the death as soon as possible to a coroner if

- the death is a reportable death;
- the medical practitioner does not view the body of the deceased person; or
- the medical practitioner is unable to determine the cause of death.

Once a death is reported to the Coroner, the body of the deceased person in under the control of the Coroner, and cannot be disposed of until the Coroner has issued a certificate permitting its disposal.
Under the Act senior next of kin have the following rights:

- to be notified of the death as soon as possible
- to request to view the scene of death and view the body
- to be notified of a decision to perform an autopsy
- to request the coroner that an autopsy either be performed or not performed
- to apply to inspect and copy the record and file of an investigation or inquest
- to be advised of the date of the inquest, if one is to be held
- to be informed in writing of the decision not to hold an inquest
- to apply to the Supreme Court for an order that an inquest be held
- to appear or be represented at an inquest, call and examine or cross-examine witnesses and make submissions
- to request the Coroner to order that inquest proceedings not be published and
- to apply to the Supreme Court to set aside inquest findings.

It is important that the senior next of kin are aware of their rights in these matters.

For more information contact

- Coroner's Office.
  Darwin: Tel. 08 8999 7597 (Coroner's Clerk)
  Tel. 08 8999 6883 or 08 8999 6675 (Coroner's Constables)
  Alice Springs: Tel. 08 8951 5796 (Coroner's Constables)

Coroners Act
Coroners Regulations

8. Births, Deaths and Marriages Registration Act

The Act provides for the registration of births, deaths and marriages.
The Registry of Births, Deaths and Marriages must be notified of a birth within 10 days after the birth.
In the case of a still birth, a *Medical Certificate Cause of Perinatal Death* stating the cause of foetal death must be provided to the Registry. This can be completed by the doctor attending the birth or by the doctor who examines the body of the still born child. A still birth is defined as a foetus more than 20 weeks old or more than 400gms weight.
The Registry must be informed of a death of a person within 48 hours of the death via a *Medical Certificate of Cause of Death.* This may be completed by a doctor

- who was responsible for a person's medical care immediately before death, or
- who examines the body of a deceased person after death.

The doctor need not give a notice under this section if another doctor has given the required notice or a coroner has been notified of the death under the Coroners Act.

Medical Certificate Cause of Perinatal Death and *Medical Certificate of Cause of Death* forms are available from the Registry of Births Deaths and Marriages.

For more information contact

Registry of Births, Deaths and Marriages
Darwin: Tel. 08 8999 6119
Alice Springs: Tel. 08 8951 5339

Births, Deaths And Marriages Registration Act
Births, Deaths And Marriages Registration Regulations

9. *Natural Death Act*

The Act provides for people over the age of 18 years to register their desire not to have their life prolonged by artificial means.

For more information contact

- Jeremy Kirby, Legislation Officer, THS Darwin
  Darwin: Tel. 08 8999 2961

Natural Death Act 1988
Natural Death Regulations 1989, no. 14

10. *Health and Community Services Complaints Act*

The Act outlines the powers of the Complaints Commissioner and the process to be followed when complaints relating to health or community services are made. A number of Aboriginal community controlled health services are listed in the schedule and these are Anyinginyi Congress Aboriginal Corporation, Central Australian Aboriginal Congress Incorporated, Danila Dilba Biluru Butji Binnilutlum Medical Service Aboriginal Corporation, Miwatj Health Aboriginal Corporation and Wurli Wurlinjang Aboriginal Health Service. Nursing homes and private general practitioners also are subject to this Act.

For more information contact

Health Complaints Commissioner, Ombudsman's Office
Darwin: Tel. 08 8999 1818
Alice Springs: Tel. 08 8951 5818

Health And Community Services Complaints Act 1998
Health And Community Services Complaints Regulations

☞ *Refer to Section 8 – Health Service Policies & Procedures ... Page 253*

11. Community Welfare Act

The Act provides for the protection and care of children and the promotion of family welfare. The Act defines a child is in need of care, where:

- the child has been abandoned by the parents, guardians or custodians, and cannot, after reasonable inquiry, be found
- the parents, guardians or custodian of the child are unwilling or unable to care for the child
- the child has suffered maltreatment
- the child is not subject to effective control and is engaging in conduct which constitutes a serious danger to his/her health or safety
- the child (being excused from criminal responsibility under section 38 of the Criminal Code) has persistently engaged in conduct which is so harmful or potentially harmful to the general welfare of the community measured by commonly accepted community standards as to warrant appropriate action under this Act for the maintenance of those standards.

A child has suffered maltreatment where:

- the child has suffered a physical injury causing temporary or permanent disfigurement or serious pain or has suffered impairment of a bodily function or the normal reserve or flexibility of a bodily function, inflicted or allowed to be inflicted by a parent, guardian or custodian or where there is substantial risk of his suffering such an injury or impairment
- the child has suffered serious emotional or intellectual impairment evidenced by severe psychological or social malfunctioning measured by commonly accepted standards of the child's community, because of his physical surroundings, nutritional or other deprivation, or the emotional or social environment in which he is living or where there is a substantial risk that such conditions will cause emotional or intellectual impairment;
- the child has suffered serious physical impairment evidenced by severe bodily malfunctioning, because of his physical surroundings, nutritional or other deprivation, or the emotional or social environment in which he is living or where there is substantial risk that such conditions will cause physical impairment;
- the child has been sexually abused or exploited, or where there is substantial risk of such abuse or exploitation occurring, and his parents, guardians or persons having the custody of him are unable or unwilling to protect him from such abuse or exploitation
- a female child has been subjected, or there is substantial risk that she will be subjected, to female genital mutilation, as defined in section 186A of the Criminal Code has been taken, or there is a substantial risk that she will be taken, from the NT with the intention of having female genital mutilation

Mandatory Reporting of Maltreatment of Children

A person, including health professionals are bound to report their belief that a child has been maltreated to Family and Children's Services or the police. Where this is done in good faith there is deemed to be no breach of confidentiality or professional conduct. The Act also covers the functioning and responsibilities of the Child Protection Teams, foster care, and wards of the state.

There is a specific section relating to Aboriginal child welfare. It includes the provision for support of Aboriginal families and children including the training and employment of Aboriginal welfare workers.

The Act specifies that when an Aboriginal child is in need of care, efforts must be made to provide that care within the child's extended family. If this fails, care must be arranged with other Aboriginal people with the correct relationship according to Aboriginal customary law with that child. If this too fails, other care may be arranged only after consultation with the child's parents, other persons with responsibilities for the child's welfare, and relevant Aboriginal welfare organisations. This covers appropriate Aboriginal carers, the geographic proximity to the child's family, and the facilitation of contact with the family.

A range of moral and cultural judgements are made by health service staff when confronted with maltreatment of children. Within the constraints of confidentiality it is advisable to consult with senior Aboriginal Health Workers and community leaders in determining how to make relevant interpretations about children at risk. Welfare workers within the Family and Children's Services may also provide advice.

For more information contact

Family and Children's Services, THS Darwin:
Darwin Urban: Tel. 08 8922 7268
Darwin Rural: Tel. 08 8922 8474
Alice Springs Urban: Tel. 08 8951 5170
Alice Springs Rural: Tel. 08 8951 7808
Katherine: Tel. 08 8973 8600
Tennant Creek: Tel. 08 8962 4338
Nhulunbuy: Tel. 08 8987 0400

Community Welfare Act
Community Welfare Regulations

☞ *Refer to Section 8 – Health Service Policies & Procedures... Page 253*

12. Adult Guardianship Act

The Act provides for guardianship for adults who have an intellectual disability, including dementia. Family and Children's Services within THS can provide further information.

For more information contact

- Adult Guardianship Executive Officer
  Tel. 08 8999 2896

Adult Guardianship Act

13. Domestic Violence Act

The Act provides for the making of restraining orders in relation to domestic violence and the registration and enforcement of such orders. An application for a restraining order may be made by

- a member of the Police Force; or
- a person in a domestic relationship with the defendant against whom, or against whose property the violence or behaviour is likely to be directed (or person acting on behalf of that person).

For more information contact

- Local Police Station

Domestic Violence Act
Domestic Violence Regulations

☞ *Refer to Section 7 – Occupational Health & Safety ... Page 230*

14. Anti-Discrimination Act

The Act promotes the principle of the right to equality of opportunity of persons regardless of an attribute and to eliminate discrimination against persons on the ground of race, sex, sexuality, age, marital status, pregnancy, parenthood, breastfeeding, impairment, trade union or employer association, religious belief or activity, political opinion, affiliation or activity, irrelevant medical record or irrelevant criminal record in the area of work, accommodation or education or in the

provision of goods, services and facilities, in the activities of clubs or in insurance and superannuation; and to eliminate sexual harassment.

For more information contact

- Anti-Discrimination Commission
  Tel. 1800 813 846

Anti-Discrimination Act
Anti-Discrimination Regulations

15. Disability Services Act

The Act sets out the rights of people with disabilities and the principles service providers and researchers should follow to meet the needs of people with disabilities.

For more information contact

- Disability Information Officers, THS Community Care Centres

Disability Services Act 1993

16. Public Health Act

The Act details the public health responsibilities of various government positions, and includes regulations on a range of areas impacting on public health including sanitations, medical and dental premises, hostels, eating houses, garbage disposal, and mosquito control.

For more information contact

- THS Tel. 08 8999 2400 and ask for the officer responsible for the particular issue you are concerned about.

Public Health Act
Public Health (Cervical Cytology) Regulations
Public Health (Medical And Dental Inspection) Regulations
Public Health (Night-Soil, Garbage, Cesspits, Wells And Water) Regulations

17. Medical Services Act

The Act relates to the functions of THS.

Medical Services Act

18. Public Sector Employment and Management Act

The Act provides for the regulation of the Public Service of the NT including human resource administration and management of other agencies established for government or public purposes. This is relevant for health services operating through NT Government agencies.

Public Sector Employment And Management Act

19. Superannuation Act and Superannuation Guarantee (Safety Net) Act

The Act provides for superannuation of office holders and employees in the public sector.

Superannuation Act
Superannuation Guarantee (Safety Net) Act
Superannuation Regulations

☞ *Refer to Section 4 – Financial Management ... Page 71*

20. Work Health Act

This Act promotes occupational health and safety in the NT to:

- prevent workplace injuries and diseases
- protect the health and safety of the public in relation to work activities
- promote the rehabilitation and maximum recovery from incapacity of injured workers
- provide financial compensation to workers incapacitated from workplace injuries or diseases and to the dependants of workers who die as the results of such injuries or diseases
- establish certain bodies and a fund for the proper administration of the Act, and for related purposes.

Regulations spell out the right to work in safe conditions. This is a detailed piece of legislation, and requires employers to provide a number of health and safety related measures.

The Act also provides that employers must take out workers compensation insurance covering their employees.

For more information contact

- Work Health Authority
  Darwin: Tel. 1800 019 115
  Katherine: Tel. 1800 189 611
  Alice Springs: Tel. 08 8951 8682

Work Health Act
Work Health Regulations
Work Health (Occupational Health And Safety) Regulations

☞ *Refer to Section 7 – Occupational Health & Safety... Page 230*

21. *Annual Leave Act*

The Act covers permanent employees who are not covered by an Award and allows for a minimum of 28 consecutive days annual leave after 12 months continuous service. Shift workers or people who work on Sundays or public holidays are entitled to a further 7 days a year. Annual leave pay includes a 17.5% loading.
Annual Leave Act

☞ *Refer to Section 6 – Human Resource Management ... Page 112*

22. *Long Service Leave Act*

The Act entitles employees continuously with same employer for 10 years to long service leave of 1.3 weeks per year of service. After each further 5 years of service, the employee is entitled to 1.3 weeks for that 5 year period.
Long Service Leave Act

☞ *Refer to Section 6 – Human Resource Management ... Page 112*

23. *Local Government Act*

The Act provides for the constitution of municipalities and community government areas and for the election of self-governing authorities to control municipalities and

community government areas. This is only relevant to those health services who operate under service agreements between Community Councils and funding bodies.

Local Government Act

24. Pay Roll Tax Act

Health services are unlikely to have to pay patrol tax either because of their public benevolent institution status or the size of their pay roll. However, it is recommended that an application for exemption be made.

Pay-Roll Tax Act
Pay-Roll Tax Regulations

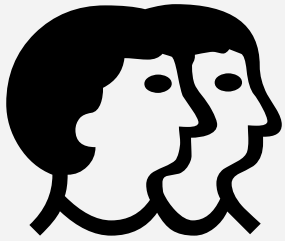
☞ *Refer to Section 4 – Financial Management ... Page 71*

Through these Acts health services are required to:

- comply with and meet the minimum employment requirements of federal and state/territory awards or employment agreement and provide a pay advice slip
- not discriminate against particular groups or individuals on the basis of race, gender, sexuality, marital status, pregnancy, disability, or age
- keep records of all employees
- fulfil tax obligations applicable to your organisation, e.g. income tax, fringe benefits tax and GST
- provide the minimum level of superannuation support to all employees
- provide a healthy and safe workplace
- register for Workers Compensation and follow the requirements for insurance, accidents and rehabilitation

SECTION 4 ... FINANCIAL MANAGEMENT

- Financial Reporting to Health Board
- Audit
- Assets
- Bank Accounts
- Bookkeeping
  - Budgets
  - Receipts
  - Purchases
  - Payments
  - Petty Cash
- Wages
- Superannuation
- Tax
  - Income Tax
  - Fringe Benefits Tax
  - GST
- Insurances



Pro formas

- Assets Register
- Payment Voucher
- Petty Cash Voucher
- Insurance Register

Systems of financial management are designed to ensure that:

- there are adequate funds for the organisation to operate
- the organisation operates within the financial limits of the organisation
- there is adequate information provided to the Health Board so that they can make appropriate decisions
- there are checks and balances that minimise the chance of improper use or misappropriation of funds
- records kept allow for proper auditing and tracking of funds.

Financial Reporting to the Health Board

Monthly and quarterly financial statements should be presented to the Health Board for their consideration and endorsement. Information presented should be appropriate

for the level of financial literacy of the Board members. It should include income and expenditure statements, and a balance sheet. An indication of whether the health service is over spent or under spent in terms of the total funds available for the year, and the allocation of amounts to particular budget lines should also be presented. The Administrator should highlight any issues requiring Health Board consideration and decision. The Health Board may require other information to be provided. The Board may also require that any expenditure over a certain amount have specific Board approval.

☞ *Refer to Section 2 – Health Boards ... Page 25*

Audit

An Audit of the organisations finances is done annually and is part of the requirements of incorporation. The Audit must certify whether the organisations income and expenditure statement and balance sheet are true representations of the organisations financial affairs. The Audit should also comment on whether the methods of record keeping and systems in place are adequate and comply with standard accounting practices. This audit is performed by the organisations Auditor appointed by the AGM.

Assets

Assets are any materials or equipment eg. computers, motor vehicles, medical equipment and furniture that are purchased wholly or in part with the organisations funds. It is common to define assets as anything that cost over, say, $300. This is then used as a figure for depreciation purposes. It is also usual to maintain an Assets Register that should record the item, brand name and model, any serial numbers, location, date of acquisition, value at time of acquisition, date of disposal and value at time of disposal.

See Pro forma

Once a year, all assets on the register should be checked. Note any assets that exist which are not on the register, and any assets which are in poor condition or in need of repair. Report the results of the asset check to the Health Board and have appropriate action authorised, such as organising repairs or scrapping assets.

Disposal of Assets

Assets can be disposed of in a way determined by the Health Board, provided it is in accord with:

- the constitution of the health service usually requiring that such actions are in the interests of the organisation, and
- contractual obligations with the funding body that provided the funds for the purchase of that asset.

It is usual to provide at least a local tender process that gives people an opportunity to acquire the asset.

Step 1. Check funding body requirements.
Step 2. Present proposal for disposal to Health Board, including justification for disposal.
Step 3. Organise tender/ bidding process according to requirements of Board and funding body that provided funds for the purchase of that asset.
Step 4. Inform insurance company of change, if necessary
Step 5. Record funds received from sale of asset as income
Step 6. Remove asset from Assets Register

Writing Off Damaged, Destroyed or Stolen Assets

Assets should be written off when the asset has been lost, stolen or damaged. Prior approval may be required from the funding body, depending on the value of the asset.
Step 1. Present the proposal for writing off assets (because they have been lost, stolen or damaged) to the Health Board.
Step 2. Where necessary, obtain approval from the relevant funding body.
Step 3. Organise for damaged asset to be disposed of, obtaining any possible scrap value and record the receipt of any moneys received.
Step 4. Remove the asset from the Assets Register.

Bank Accounts

The Health Service should operate a bank account with cheque book facilities. If the health service has the status of a Public Benevolent Institution (PBI), then it should be exempt from government financial institution taxes, and bank charges. Check with your bank about these details.

Cheques or electronic transfers should require two or three signatures. If two signatures are required, they should both be Health Board members. If three are required, two should be Health Board members, and one could be the Administrator. Five or six people should be authorised signatories to increase the chance that signatories are available when needed.

Blank cheques should **never** be signed.

Bookkeeping

Keeping the books requires three types of record:

1. Cash Receipt Book
2. Cash Payments Book
3. Wages Book

Many computer programs incorporate these into an easy to use software that can also generate income and expenditure statements and balance sheets. They also facilitate reconciliation with bank statements. Such programs include *Quicken, Mind Your Own Business* and Pangaea's *Money Story* that is useful for providing reports in graphic form. The Health Service accountant should be able to assist the service to develop a computerised system that facilitates the Administrator's work, reporting to the Board, reporting to the funding body, and the accountants responsibilities.

Budget

An annual budget should be developed by the accountant, treasurer and Administrator in consultation with staff for presentation to the Health Board in the first month of the financial year. Common funding body guidelines separate capital funding from wages and salaries and from other recurrent expenditure. This means that monies provided for one area cannot be used for other areas without funding body approval. However monies can be moved within these categories as is appropriate for the running of the health service.

☞ *Refer to Section 5 - Funding ... Page 91*

Receipts

Generally the following steps should be made on receiving monies.

Step 1. Write a receipt and give/send to whoever provided the money.
Step 2. Enter details into a *Cash Receipt Book*
Step 3. Deposit money into bank account.
Step 4. Reconcile the *Cash Receipt Book* with the monthly bank statement.

Some funding bodies suggest that their funds should be deposited in a separate bank account. However, if the health service has the capacity to separately account for all incoming and outgoing funds for that project, the funding body may allow the one account to be used for all grants.

Purchases

All purchases (other than small items through Petty Cash) must be organised through a purchase order book that is usually held by the Administrator. The purpose of the purchase order system is to ensure some control of purchasing that prevents duplication of purchases, and ensures that purchasing remains within the budget of the service. Thus the Administrator must finally approve any order that has been initiated by other staff. The original of the purchase order is provided to the supplier of the goods or services being purchased. A copy is kept by the health service as their record.

Purchase orders are numbered and this number is quoted on invoices for payment and other correspondence relating to that particular purchase.

Purchase orders should include the price of the goods or services to be supplied. For items over a certain amount, eg $500, two or three quotes should be obtained where

possible. Funding bodies usually have guidelines as to when particular procedures must apply.

The Administrator's role is to:
- coordinate purchases
- manage purchase documentation including Assets Register
- obtain quotes for capital items over a designated value (eg $500)
- manage Purchase Order system
- negotiate purchases with funding body when necessary

☞ *Refer to Section 5 - Funding ... Page 91*

Payments

All payments (except wages and petty cash) are:
1. made by cheque or electronic transfer.
2. made in accordance with the approved budget and funding agreements.
3. authorised in writing.
4. made on presentation of an invoice consistent with purchase order or other contractual arrangement.
5. made only after the goods or services have been satisfactorily delivered.

Steps to be taken are:

Step 1. Check received invoice with purchase order or contract
Step 2. Check that goods or services have been delivered and are satisfactory
Step 3. Complete a *payment voucher* – include the date, payee, purchase order number or contract reference, goods or services delivered, cheque details, and budget line to charge against.
Step 4. Fill out a cheque and attach with invoice and payment voucher ☞ **See Pro forma**.
Step 5. Present to cheque signatories for signing
Step 6. Send cheque with copy of invoice or payment advice to payee.
Step 7. Enter details of the payment in the *Cash Payments* Book

The *Cash Payments Book* is reconciled with the bank statements each month.

A financial statement needs to be put together using information from the Cash Receipt and Cash Payment Books and presented to the Health Board.

Petty Cash

Petty Cash systems are to allow for the purchase of small items such as tea, coffee, stamps, and small items of stationery. This can be achieved through either an *imprest*

system involving a petty cash float, or a *reimbursement* system where staff are reimbursed for moneys spent. It is advisable for health services to operate an imprest system as this provides more control over purchases, and less argument with staff about reimbursements.

An Imprest System can be set up with

- a small lockable petty cash tin
- Petty Cash Vouchers ☙ See pro forma
- Petty Cash Book.

It is advisable that one person only has access to the petty cash tin, and that a list of acceptable purchases from petty cash is kept and adhered to. Petty cash should not be used to lend money to staff, or assist people in need (eg for meals or clothes). If the health service is to provide such support to the needy, then a separate system should be established and maintained.

An amount of, say, $100 is advanced to Petty Cash and held by the Administrator. Access to Petty Cash is as follows:

Step 1. Request access through the Administrator, stating what the purchase is for.
Step 2. Complete a Petty Cash Voucher including date, amount and the category of item purchased (as per the cash payment book categories).
Step 3. Receive cash required and make purchase.
Step 4. After purchase, attach receipts to the voucher, and return any change to the petty cash float.

At all times the amount of cash plus the total amount on vouchers in the tin should equal the total amount of the float.

Purchase items from stores who include the GST on their receipts otherwise GST inputs cannot be claimed.

When the Petty Cash float is regenerated, all details on petty cash vouchers must be recorded in the Petty Cash book, and transferred to the Cash Payments Book.

Records

Financial records must be kept for seven years and include

- receipts for money received
- cheque butts and invoices for payments made
- receipts for petty cash items
- records of bank accounts
- bank statements and correspondence
- monthly financial reports
- annual financial statements and reports from auditors
- annual budgets
- taxation records
- Business Activity Statements
- personnel records

- funding submissions
- official correspondence
- insurance policies and claims

Wages

Employees usually record the time they have worked on time sheets, or through punch cards. Wages are generally calculated using this information, including rostered on-call, approved overtime and callouts.

No wage advances should be allowed. If some staff are unable to manage their money from one pay day to the next, the service may consider more frequent pay periods. However, amounts paid should be only those amounts earned.

Deductions from wages should only be made if properly authorised either from the employee or a court order (see below). The health service should not deduct amounts that are owed to the community store, motor vehicle payments or anything else, unless properly approved by the employee.

Common authorised deductions may include union fees, rent, motor vehicle repayments, electricity bills, etc. The health service should cooperate with community attempts to encourage better budgeting and financial responsibility amongst community members.

Wages are calculated and entered into the Wages Book either weekly or fortnightly depending on how often wages are paid. Income Tax is also calculated at this time and is usually paid to the tax office every three months through *Pay As You Go (PAYG).*

A payment voucher must be completed for the total net wages to be paid, and must include how much each staff member is being paid and any out of the ordinary payments such as annual leave loading. These details must also be entered into the Cash Payment Book.

The preferred method of paying wages is by electronic transfer. Every effort should be made to avoid cash payments.

Payroll Deductions

Payroll deductions must be authorised by the employee signing a *Payroll Deduction Authority* form for each separate item that specifies the amount to be paid and the frequency, or number of payments. Any variation requires a new authorisation. Copies should be held on the personnel record, and by the employee.

Attempts by debtors to garnish an employees wages must be either accompanied by a court order, or voluntarily authorised by the employee.

☞ *Refer to Section 3 - Legal Requirements ... Page 35*

Superannuation

Superannuation legislation requires that all employers must pay a superannuation contribution on behalf of their employees who are full time, part time and casual. 8% of employees gross salary must be paid into an approved superannuation fund monthly. This amount is on top of the gross salary, not deducted from it. Superannuation does not have to be paid on behalf of employees who are:

- under 18 years of age and working less than 30hrs a week
- paid wages from CDEP grants
- earning less than $450 a month

On the 1st July 2002, the amount to be paid increases from 8% to 9% of gross wages. Contributions are based on ordinary earnings of wages not including:

- annual leave loading
- overtime
- lump sum payments on termination for accrued leave
- payments in lieu of notice

Superannuation records must be kept by the employer for five years after cessation of employment.

The Superannuation Guarantee Act imposes a charge on an employer not making sufficient contributions for their employees.

For more information on Superannuation contact

- Superannuation Guarantee Help line ... 13 10 20

Superannuation Guarantee - Employer Obligations
Tax File Numbers And Super - An Employer's Obligations

Taxation

Health services may be entitled to various rebates or exemptions depending on their status. Currently this is a confused area, with the government revising definitions of charities. It is important, therefore, that each health service checks with the ATO, bank and accountant on what specifically applies to them.

Income Tax

Income tax is deducted from employees wages and paid to the ATO on their behalf. This is known as *PAYG Withholding* that has replaced the *Pay As You Earn* (PAYE) system. The ATO will provide tax tables which will show how much to withhold from people's wages.

Taxation Declaration forms are now know as a *Tax File Number (TFN) Declaration.* These must be completed by employees. Where the employee does not give a fully completed *Tax File Number Declaration* tax must be withheld at the highest marginal tax rate plus the Medicare levy (48.5%).

Group Certificates are now known as *Payment Summaries* and must be provided by the employer to the ATO and each employee at the end of the financial year.

The *PAYG Withholding* also binds the health service to withhold 48.5% of fees from organisations or individuals contracted to provide goods or services who do not quote an Australian Business Number (ABN). This also applies to hiring for short periods, for example, interpreters or community facilitators if they do not have an ABN.

Amounts withheld are paid to the ATO after adjustments are made for GST and Fringe Benefits liabilities/ refunds every three months when a Business Activity Statement (BAS) is submitted to the ATO. That is, the BAS incorporates PAYG Withholding, Fringe Benefits Tax and GST.

Zone Rebate

A zone rebate can be claimed by people residing in some remote or isolated areas. These remote areas are called Zone A and Zone B. There are also Special Areas within these zones. Contact the ATO to clarify what Zone or Special Area apply.

Fringe Benefits Tax (FBT)

Fringe benefits tax is a tax payable on any benefits an employer provides to an employee that is not subject to income tax. This may be part of a salary sacrifice or salary packaging exercise, or the provision of other benefits apart from the salary. The employer is responsible for paying this tax. All fringe benefits provided above $1,000 must be shown on the employee's *Payment Summary* (replacement for Group Certificates). The employee will not pay tax on the fringe benefits but they will be taken into account in working out entitlements to means tested benefits and liabilities for Medicare levy surcharges and superannuation. The amount to be shown on the payment summary is the grossed up taxable value of the fringe benefits.

Fringe benefits of up to $30,000 'grossed-up taxable value' per employee can be provided by employers who have Public Benevolent Institution (PBI) status tax free. Fringe Benefits Tax must be paid on benefits amounting to more than $30,000 'grossed-up taxable value'.

Not-for-profit incorporated organisations without PBI status must pay tax on the value of benefits but can claim a rebate. This is included on the fringe benefits tax return form which is submitted annually on 30th March. The FBT year runs from 1 April to 30 March.

FBT Exemptions

Tools of trade (including, for example, a mobile phone if used mainly for work) and housing provided by an employer in remote areas of Australia are exempt from fringe benefits tax.

For more information on Fringe Benefits Tax contact

- Fringe Benefit Tax Enquiry Service ... 13 33 28

Fringe Benefits Tax - A Guide For Employers
Fringe Benefits Tax Reform - Remote Area Housing Exemption
Fringe Benefits Tax - Your Guide to Changes

Goods and Services Tax (GST)

The GST is a 10% tax on goods and services consumed in Australia.

10% GST must be charged on all goods and services sold. However, health services are GST free. That means that health services do not have to charge GST for the delivery of health care services or pay GST on items such as pharmaceuticals.

Organisations can claim credit for the GST on goods and services they use in their business or organisation if they are registered for the GST. This credit is called an input tax credit and effectively means that the GST is not paid on the goods and services purchased for operations.

Non-profit organisations may have to charge a GST on things they sell (other than health services), if the goods and services are sold at more than 50% of commercial rates. In addition, government grants attract GST because they are classified as the government purchasing services from an organisation.

Concepts and Terminology

In order to understand the GST, it helps to understand some of the new terms used:

GST registered organisations Non-profit organisation with income over $100,000 or profit making organisations with income over $50,000 must be registered for the GST. Only registered organisations can receive input tax credits, that is, receive a credit on the GST paid on goods and services (eg equipment, stationery, electricity) for use in

their operations. Effectively, this means that all health services should be GST registered.

Australian Business Number (ABN) The ABN is a new identifier used for dealing with the ATO, other government departments, and private businesses. An ABN is necessary whether or not the Health Service is registered for GST. If suppliers of goods and services do not provide an ABN on a tax invoice when seeking payment, 48.5% of their fees must be withheld and remitted to the ATO as part of the *PAYG Withholding* system.

Registration for an Australian Business Number and the GST can be done on the internet at:
Business Entry Point

Input tax credits GST registered organisations will receive a credit for any GST paid on purchases incurred in the pursuit of their business. This credit is called an *input tax credit* and is offset against any GST collected on sales (including some grants) or that withheld from suppliers. *Input tax credits* are not allowed for goods and services that are for personal rather than business use.

Taxable goods or services Taxable goods or services are those goods and services subject to GST. The seller will charge GST on sales, and will be entitled to claim *input tax credits* for any GST paid on business purchases. Most goods and services will be taxable.

Input taxed Input taxed means you do not have to charge GST on the things you sell but neither can you claim back the GST that you pay on goods and services related to your operations.

GST-free GST will not be charged on the sale of goods or services that are GST-free. In general, health, education and childcare are GST-free.

Pay-As-You-Go (PAYG) withholding This is the tax withheld from salary or wages paid to an employee, or from payments for supply of goods or services to another business or individual which does not quote an ABN.

Tax Period The tax period is determined by the amount of *PAYG withholding* withheld from the salary or wages of employees or from payments for the supply of goods and services when the service provider cannot provide an ABN. If more than $25,000 per annum is withheld it must be remitted to the ATO monthly. If $25,000 or less is withheld then quarterly remittances can be made.

Business Activity Statement (BAS) Most health services will be required to submit a BAS quarterly. This provides for the net amount owed to or by the ATO for ALL taxes – income tax (PAYG), Fringe Benefits Tax and GST. If the health service must pay the ATO, a cheque for the amount should accompany the BAS. If the ATO owes the

health service a refund, this amount is usually transferred to the health service account after the BAS has been processed by the ATO.

Instalment Activity Statement (IAS) Organisations not registered for GST use the *Instalment Activity Statement* to account for PAYG withholding at the end of each tax period.

Non-Commercial Activities

Non-commercial activities of charities (see Income Tax Exemption for Organisations below, for a definition of a 'charity') will be GST free. A *'non- commercial'* activity includes:

- the sale of donated second-hand goods
- the sale of goods or services for less than 50% of their market value (GST included) or the sale of goods or services for less than 75% of the GST excluded price paid for them
- goods that have been reprocessed lose their GST status. For example, clothing that has been cleaned and repaired before sale would be GST-free, while clothing that has been recycled into industrial rags would attract a GST (unless sold at a nominal rate).

Donations

Donations are not payments in return for goods and services and, therefore, GST is not payable.

Grants

When a grant is paid to the Health Service for a specific purpose or with any conditions, GST is payable on the grant if registered for GST. If there is no obligation tied to the grant and no other supply to be provided by the Health Service, GST will not be payable. In practice all grants to health service are likely to attract the GST. The health service should invoice the funding body for the amount of the grant plus 10%. The quarterly BAS should then include this 10% as GST owing to the ATO (that is 1/11th of the total grant received).

GST-Free Services

'Charitable activities' can be GST-free if they are:

1. non-commercial activities of a charity
2. specifically named in the legislation as GST free

Services funded under the Home and Community Care (HACC) Act, the Disability Services Act and the Aged Care Act are GST-free. Other services such as childcare, health care, education, medical and religious services are also GST-free.
GST-free means service providers do not have to charge GST to clients purchasing the service.

Keeping GST Records

In order to be able to keep track of the GST paid to suppliers, or collected from clients detailed records need to be kept. Most basic computerised accounting systems can achieve this, or it can be done manually. Work with the health service accountant to ensure a satisfactory method is established and maintained.

How to Work Out GST on Taxable Supplies

The GST is always included in the price of goods and services supplied or bought but may not be shown separately. To work out how much GST to include in the price of something you are selling (taxable supply), divide the value by 10. To work out how much GST is included in the price of something bought (an acquisition), divide the price by 11.

Income

Income should be separated into the following categories:

- income subject to GST
- grants
- income not subject to GST
- income from non-commercial activities
- income from GST-free services such as child-care, health, education
- donations
- input taxed income
- residential rents

Expenditure

Input tax credits cannot be claimed on expenses that relate to items that are input taxed such as residential rents. Therefore separate records do not need to be kept.
Input tax credits can be claimed for operational expenses such as office expenses, telephone, rent, power, equipment, and advertising.

Tax Invoices

Tax invoices must be issued for all goods and services with a GST exclusive value of more than $50. A tax invoice must be obtained in order to claim an input tax credit. A tax invoice must be provided to the purchaser of goods and services attracting GST.
The following information must be shown on tax invoices:

- the words *'Tax Invoice'*
- the ABN of the supplier
- the GST inclusive price of the goods or service
- the date of issue
- the name of the supplier
- a brief description of the goods or services
- the GST amount or a statement that the total price includes GST.

lf the goods or services are for over $1,000, the tax invoice must also include:

- the name of the recipient
- the address or ABN of the recipient
- the quantity or extent of services supplied.

Tax invoices must be supplied to funding bodies for them to be able to claim an input tax credit on their grants. In most cases the funding body will prepare the tax invoice.

GST Returns

GST Registered organisations claim GST credits and remit GST collected to the ATO on a monthly or quarterly basis (the ATO will advise). To do this a Business Activity Statement (BAS) is completed and submitted within 21 days of the end of each period. The BAS also includes PAYG Withholding and FBT.

For more information on GST contact

- Australian Taxation Office ... 13 24 78
- ATO web site Australian Taxation Office Homepage
- Tax Reform Information ... Top Ten

Payroll Tax

Payroll tax is a NT tax assessed of 6.7% on the wages paid by an employer. Payroll tax is not payable if:

- total payroll of employer is less than $600,000pa.
- the employer is an organisation with PBI status, a religious organisation, a public or non-profit private hospitals, or a local government body.

Types of wages excluded from payroll tax are CDEP wages, probationers and trainees, and graduates employed under trainee arrangements.

Most health services are, therefore, not subject to payroll tax. Applications for exemption should be made to the NT Commissioner of Taxes and should be accompanied by a copy of the organisations' constitution.

For more information on payroll tax contact

- NT Commissioner of Taxes ... 08 8999 7949
- Web site ... Overview NT Tax

Insurances

Public Liability Insurance

Public liability covers the organisation for liability resulting from an incident (accident or injury) related to the activities of the organisation, or associated with property or premises under the ownership or control of the organisation.
Whilst Public Liability insurance is relatively expensive, the damages which may be awarded can run into many hundreds of thousands of dollars.

Most funding bodies require funded organisations to hold a public liability insurance policy.

Workers Compensation

All employers are legally required to purchase Workers Compensation insurance under the Work Health Act.

☞ *Refer to Section 3 – Legal Requirements ... Page 35*

Professional Indemnity Insurance

Professional indemnity insurance covers the organisation for liability arising out of a 'breach of professional duty', or negligence on the part of professional staff employed by the organisation. Professional indemnity relates to the responsibility of the organisation to ensure that professional staff provide appropriate services including diagnoses, medical treatment and advice. Specifically this covers the activities of Aboriginal Health Workers, nurses and doctors. However, doctors will also need to have their own Professional Indemnity Insurance. The level of cover that doctors require depends on the specific details of the policies held by the health service. Often this does not cover the doctors individually, and they may be sued separately from the health service for negligence.

OATSIH require funded services to have adequate professional indemnity insurance covering all professional staff.

☞ *Refer to Section 5 – Funding ... Page 91*

Admin Tip *... Doctor's Employment Contract*

Include in the contract or conditions of employment a clause that the doctor shall maintain adequate professional indemnity insurance, and provide documentary evidence on each renewal.

Other insurance

Other insurances that are normally required are:

- property insurance (Fire, theft and burglary for building and contents such as office and medical equipment). The level of cover and precisely what eventualities are covered should be carefully considered. Many companies do not, for instance, provide cover automatically against flood, but with an increase in premium this can be covered if required.
- comprehensive motor vehicle insurance
- income protection insurance for employees. This is included in many health service awards or employee agreements.

Insurances that deserve consideration include

- Directors' and Officers' Insurance provides cover to Health Board members for detrimental consequences of their decisions for which they may be sued.
- Fidelity Guarantee Insurance provides cover against fraud, embezzlement or misappropriation of cash or cheques by workers both paid and unpaid.

Admin Tip ... ***Insurance Broker***

The use of an Insurance Broker for a fee can provide professional advice and assist the service to buy insurance coverage at competitive prices, especially for unusual insurance such as professional indemnity insurance.

Insurance Register

It is worth establishing and maintaining an insurance register as a convenient reference when claims need to be made, and to ensure timely renewal of policies. **See Pro forma**

Draft ...Pro forma ... Draft

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Health Service

Assets Register

Date Acquired	Item (include Brand Name and Model)	Serial No	Location (where kept)	Cost ($)	Date of Disposal	Depreciated Value at Disposal Date ($)

Payment Voucher

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Health Service
Payment Voucher

Cheque No _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Payee _
Date _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Amount: $_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Details of Payment

1. Amount $_ _
   Purchase Order No. or Contract ref. _ _ _ _ _ _ _ _ _
   Cash Book Category _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

2. Amount $_ _
   Purchase Order No. or Contract ref. _ _ _ _ _ _ _ _ _
   Cash Book Category _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. Amount $_ _
   Purchase Order No. or Contract ref. _ _ _ _ _ _ _ _ _
   Cash Book Category _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Payment authorised by _
Signed _
Cheque mailed on _
Entered in Cash Book (date) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Attach invoices, cheque and other relevant documents.

Petty Cash Voucher

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Health Service

Petty Cash Voucher

Date _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ No. _ _ _ _ _ _ _ _ _ _ _

Details _
_ _
_ _
_ _
_ _

Amount: $_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Signed _

Approved by _

Attach receipts.

Draft ...Pro forma ... Draft

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Health Service

Insurance Policy Register

Policy No	Company	Type of Policy	Premium	Date paid	Expiry Date

Section 5 ... FUNDING

✯ General Funding Processes ✯ Health Insurance Commission ✯ OATSIH ✯ THS ✯ ATSIC ✯ Other funding sources	

General Funding Processes

Contact with the funding body is officially through the President of the Health Service. However, the Administrator usually is involved with the funding bodies in regard to funding needs, negotiations and accountability requirements and will often be the first point of contact with government officers.

All applications for funding must be approved by the Health Board and signed by the President before submission.

If the application for funding is successful, a Letter of Offer from the funding body will be sent to the service. This will include details of the grant, including its purpose and conditions. These must be agreed to by the Health Board and an acceptance signed by the President.

Most NT Aboriginal health services receive funds from one or more of the following:

1. Health Insurance Commission (Medicare and Pharmaceuticals)
2. Office of Aboriginal & Torres Strait Islander Health of the Commonwealth Department of Health and Aged Care
3. Territory Health Services (through Service Agreements)
4. Aboriginal and Torres Strait Islander Commission (ATSIC)
5. Other sources
   - NT Remote Health Workforce Agency (NTRHWA)
   - Aged Care
   - Rural Health Support, Education & Training (RHSET)
   - National Health & Medical Research Council (NHMRC)

The following accountability requirements are commonly specified:

1. quarterly financial statements
2. performance indicators or service activity reports
3. annual Audited Statement.

Submission Package

To facilitate applying or tendering for the provision of services it is useful to maintain a basic Submission Package consisting of:

- Certificate of Incorporation
- Constitution
- Latest Annual Report
- Latest Audited Financial Statement
- Summary of current projects and funding
- Brief description of the demographics of the community

This package should be kept up to date by the Administrator.

1. Health Insurance Commission

a. Medicare

Medicare benefits are payable to a health service in respect of professional services rendered to an enrolled client by, or on behalf of, a registered medical practitioner employed the service who has been issued a Provider Number by the Health Insurance Commission (HIC) under the provisions of the Health Insurance Act (1973).

Benefits are paid according to the type of service provided and listed in the Schedule as Items each having an allocated number known as an Item Number and a fee.

Application for Aboriginal health services to access Medicare

Aboriginal health services are permitted to access Medicare for services provided by, or under the supervision of, their salaried registered medical practitioners who have a Provider Number. This involves services being exempted from general provisions that disallow doctors working in services that receive government funds for doctors salaries from accessing Medicare. The delegation to provide this exemption rests with the First Assistant Secretary of OATSIH. The steps involved in a service being deemed exempt are:

- the service writes to the state/territory OATSIH Program Director requesting the exemption;
- the OATSIH state/territory office prepares a recommendation to Central Office, Canberra
- once the determination has been made, the state/territory office advises the service of the approval of their application and provides information to assist the service in making the necessary arrangements
- the Central Office coordinate a periodic revision of the determination and previous determinations can be changed
- Central Office provides copies of the determination to Program Directors, Health Benefits Division and the Health Insurance Commission.

Generally doctors employed by Aboriginal health services are salaried and Medicare payments are made to the health service rather than the doctor, unless the terms and conditions of employment of the doctor details a different arrangement. Thus each Service must enter into an agreement with their salaried medical officers to assign direct-billing Medicare claims to the service. This should be included in the contract of employment of the doctor. An authorisation to this effect must be provided to the HIC so that payments can be made directly to the health service rather than the doctor.

Provider Numbers

When a doctor wishes (and their employment contract allows) to continue to claim for Medicare Benefits for private practice work outside the health service employment, work performed for another employer, or for services provided out-of-hours, separate provider numbers can be issued by the Health Insurance Commission. A different Provider Number is required for each location of practice. That is, Provider Numbers are both doctor and practice location specific.

Not all registered doctors are automatically entitled to a Provider Number, or are only entitled to a number at specific locations. The HIC can advise on eligibility matters.

Admin Tip ... *Doctor's Status*

1. Check with NT Medical Registration Board that the doctor is registered to practice and if any conditions apply.
2. Check with the HIC about the eligibility of the doctor to have a Provider Number and access Medicare.
3. Check with the HIC whether the doctor is Vocationally Registered

Payment Arrangements

Contact should be made with the nearest HIC processing centre to establish billing arrangements. A Pay Group Link allows a doctor to direct their Medicare payments to their employer. To establish a Pay Group Link the HIC requires:

- written authority from the doctor
- written endorsement of the arrangement from the Service
- the doctor's provider number
- details of the service's bank account to allow for electronic lodgement into the service's bank account.

The HIC provides information to services and their salaried doctors concerning eligibility, enrolment procedures and billing, and will also provide any necessary stationery.

Information to OATSIH

Each Service that is primarily funded by OATSIH is required to provide Provider Numbers of their doctors and Pay Group details to OATSIH so that aggregate

payment and usage data can be obtained from the HIC. Aggregate expenditure data is used by OATSIH to analyse Aboriginal and Torres Strait Islander health within the broader health sector, and to monitor resource allocations for policy development. OATSIH must keep this information in strictest confidence in accordance with the Privacy Act. Failure to provide this information to OATSIH on request may affect the continuation of a service's right to access Medicare.
State/territory government agencies are normally ineligible to access Medicare benefits. The States/territories receive funding for the provision of health services through the Medicare Agreements (known as Health Care Agreements) and untied grants from the Commonwealth. In June 1996, the Commonwealth Minister of Health agreed to provide conditional access to the NT to enable them to increase the provision of medical services to Indigenous communities.
Exemption under the provisions of Sub-Section 19(2) of the Act are made on the following conditions:

- the NT agreeing to work with the Commonwealth to identify and fund medical services in agreed communities
- the reallocation of recurrent savings under the arrangement to agreed communities for primary health services in partnership with the Commonwealth
- agreement to involve Aboriginal and Torres Strait Islander communities in the planning and organisation of services, with progressive transfer of responsibility for additional services to the community controlled sector

Funds raised by state/territory governments under these direct billing arrangements must be used to provide additional medical services to Aboriginal and Torres Strait Islander communities, but not necessarily in the same community in which the funds were generated.

Bulk billing

- Bulk billing can only be used when an enrolled client consults a doctor (except the services listed below)
- the level of fees are determined by the time the doctor spends with the client or the complexity of the consultation if the doctor is vocationally registered or by a specific procedure performed eg suturing
- Medicare will pay 85% of the schedule fee provided that the client is adequately identified. Thus the client must be registered with Medicare, and must have either a valid Medicare number, or name, date of birth and address to enable a match with the Medicare data base. If neither of these are provided to Medicare's satisfaction, no payment will be made.
- The local Medicare office will provide Medicare numbers to doctors, if they can find the client on their data base from the identification data provided by the doctor. If only 2 or 3 numbers are required, they will do this over the phone. If more are required, a list can be left with them.
- if new born babies or others who are not enrolled with Medicare are seen, an enrolment form can be filled in, signed by the client (or carer) and sent to Medicare with the claim form

- when there are 50 or so Medicare vouchers accumulated, a claim form must be filled in and signed by the doctor, and then sent to Medicare who then provides payment to the service. Medicare provides a subsidy of $500 to services for establishing an electronic billing and payment system. An electronic system means that claims and payments are made more rapidly.

Services Provided by AHWs and Nurses

Medical services provided by AHWs and nurses under the direct supervision of a medical practitioner are able to be claimed. However, medical services that are provided by
AHWs and nurses working independently are not eligible for direct billing purposes.

The health service can bulk bill for the work of AHWs when they perform the following *'on behalf of a medical practitioner'*:

1. Spirometry. (Item 11506)
2. Screening Audiometry. (Item 11306)
3. 12 lead ECG (Item 11700)
4. Pelvic/ Abdominal Ultrasound assoc with pregnancy (Item 55041).

Consultations which involve only AHWs are not covered by Medicare. However, when a doctor is involved with an AHW in the consultation with a patient, it is deemed to be under the direct supervision of the doctor and the consultation time can include both the doctors and AHWs time. However, waiting time should never be included.

Enhanced Primary Care item numbers include:

- Annual comprehensive physical, social, and mental assessments of Aboriginal clients over the age of 55yrs or non-Aboriginal clients over 75 yrs in the health service, at client's home or in a care facility (Items 704, 706)
- multidisciplinary care plans, including discharge plans, involving a doctor and two other non-medical professionals (including AHWs) (Items 720, 722, 724, 726 and 728)
- case conferencing involving a doctor and at least two other health professionals (eg a specialist, nurse, AHW, chiropractor) (Items 740, 742, 744, 746, 749, 757, 759, 762, 765, 769, 771,773)

Whist the doctor must be involved with these processes, and oversee them, the actual assessments, organisation of case conferences and preparation of care plans can involve AHWs and/ or nurses.

Medicare Claims

Medicare staff offer training to clinic staff in how the system works. It is useful to clerical worker who can make sure it works well and be the expert. The HIC encourages services to participate in MedClaims, an electronic system for claims and payments. However, specifically approved software is required for this system and services should check carefully the conditions of MedClaims prior to agreeing to this claims system.

Manual Procedure

1. When a client presents staff will need to:
   - fill out a Medicare form with all details except the service rendered, item number and fee
   - provide this form to the doctor or AHW seeing the client
2. When the doctor sees the client s/he will need to:
   - time the consultation and then fill in the voucher with service(s) rendered with item number, fee, and name of doctor performing the service
   - get the client to sign the voucher
3. Once a number of vouchers have accumulated (eg 50), the following needs to happen:
   - check all forms are filled in correctly
   - calculate the total amount to be claimed
   - fill in the Medicare Claim voucher
   - witness the doctors signature
   - post to Medicare claims.

Staff also need to keep Medicare numbers up to date. This requires:

- liaison with Medicare when numbers are in doubt
- filling in a Medicare enrolment forms for new born babies, or where Medicare cannot provide a number.

Medicare Benefits Schedule

All services should ensure that they are on the HIC mailing list to receive new editions of the *Medicare Benefits Schedule* book. This book includes definitions and updates of fees for Item Numbers, any new Item Numbers, and the rules that apply.

For more information contact

- General Inquiries
  Toll Free Tel. 13 21 50
- Medicare Stationery
  Toll Free Tel. 13 21 50
- Medicare Claims
  GPO Box 9822, Adelaide, 5063
- Provider Numbers (Must be in writing and signed by the doctor)
  Provider Liaison Section
  Tel. 13 21 50 FAX 02 728 1767

Medicare
Health Insurance Commission

b. Pharmaceutical Benefits Scheme

The HIC is also responsible for the administration of the Pharmaceutical Benefits Scheme.

Prescriber Numbers

All doctors are issued with a Prescriber Number which is specific to each doctor regardless of their location of practice. Application is not necessary as the number is automatically generated from the initial application for a Provider Number.

Prescription Pads

The HIC will provide doctors with Prescription Pads and Authority Prescription Pads with their name, qualifications, address and Provider Number printed on them. Computer prescription forms are available. Orders should be made on the specific Order Form and posted to:

Prescription Pad Order Clerk
Pharmaceutical Branch
Health Insurance Commission
GPO Box 9826 Sydney NSW 2001
Tel. 02 9895 3295

The HIC provides a *Schedule of Pharmaceutical Benefits* book to all doctors that lists all items on the PBS, and the conditions to be met for Authority Prescription approval.

Authority Prescription Applications

Certain pharmaceuticals require HIC approval that can be made by telephone (1800 888 333) or mail application to:

Reply Paid No. 9857
PBS Authority Section
Health Insurance Commission
GPO Box 9857 Adelaide

They will require the following information:

Patient: Medicare Number
Surname
First Name
Full residential address, including post code.
PBS Authority Prescription Number
Doctors Prescriber Number
Drug Information PBS Item
Quantity required and number of repeats
Daily dose
Disease or purpose information

Regulation 24

This regulation permits the dispenser to supply the patient with original and repeat supplies on the same day. The doctor must mark the prescription with the words *Regulation 24* if satisfied that:

1. the maximum quantity is insufficient for the patients treatment **AND**
2. the patient has a chronic illness or lives in a remote community where access to PBS supplies is limited **AND**
3. the patient would suffer great hardship trying to get the pharmaceutical benefit on separate occasions.

Section 100 Arrangements

Aboriginal health services, both community and THS controlled are entitled to access pharmaceuticals listed under the PBS free through arrangements with community pharmacists under Section 100 of the Act. Special application must be made to the HIC which needs to specify which pharmacist will supply the health services. A unique number is allocated to the service which is used on designated stationery to order pharmaceuticals in bulk from the nominated community pharmacist. This arrangement requires the health service to abide by certain condition in the handling and dispensing of drugs.

Emergency Doctors Bag Supply

A small range of emergency drugs can be supplied to doctors free of charge. Each doctor can be issued with an *Emergency Drug (Doctor's Bag) Order Form Book* which has one form for each month of the year in triplicate. Only one order can be made each month and is given in duplicate to a community pharmacist who will supply the doctor with the ordered drugs. The doctor must sign the form on receipt of the ordered drugs.

An *Emergency Drug (Doctor's Bag) Order Form Book* can be obtained through submitting a special order from to the HIC (See below).

Schedule of Pharmaceutical Benefits

All services should ensure that they are on the HIC mailing list to receive regularly new editions of the *Schedule* of *Pharmaceutical Benefits* book. This book includes all drugs listed under the Pharmaceutical Benefits Scheme, any restrictions and the rules that apply.

For more information contact

- General Inquiries, Stationery order forms
  Toll Free Tel. 13 22 90
- Applications for Authority Prescriptions
  Toll Free Tel. 1800 888 333
- Section 100 Applications and Inquiries
  Tel. 02 6289 8023 (David Pearson - HIC)

PBS
Health Insurance Commission

c. Other HIC Funding Programs

i. Practice Incentives Program

The Practice Incentives Program provides payments from the HIC to eligible health services through a complicated formula involving loadings for various aspects of practice (eg arrangements for after hours care) and the Medicare billing patterns of that doctor or health service.

The health service must apply to the HIC to participate in the program. Once included the health service must keep the HIC informed about changes in medical personnel.
Information kits are available from:
Practice Incentives Program
GPO Box 2572
ADELAIDE SA 5001
fax (08) 8274 9352

- Practice Incentives Program, HIC
  Toll Free Tel. 1800 222 032

PIP
Health Insurance Commission

ii. Immunisation Incentives Program

The Immunisation Incentives Program provides incentive payments to doctors and health services for immunisation of children. Again this is a complicated formula that involves payments for the act of immunisation, as well as for achieving full immunisation for the service's child clients (even if the immunisations are done elsewhere) and for achieving high rates of immunisations amongst the child population of that service.
Participation requires immunisations to be entered into a national data base (Australian Childhood Immunisation Register) through which the immunisation status of children is determined.

The CA Division of Primary Health Care and the Top End Division of General Practice have been involved in refining this program in the NT and can provide advice and assistance, if necessary.

- Immunisation Incentives Program, HIC
  Toll Free Tel. 1800 888 333 or 1800 246 101
- CA Division of PHC, Alice Springs
  Tel. 08 8952 3486
- Top End Division of General Practice, Darwin
  Tel. 08 8982 1000

Australian Childhood Immunisation Register

2. The Office of Aboriginal and Torres Strait Islander Health (OATSIH)

OATSIH operates within the Commonwealth Department of Health and Aged Care (DHAC) and is responsible for the Commonwealth Government's Aboriginal and Torres Strait Islander Health Program. Aboriginal community controlled PHC service providers are the major recipients of OATSIH funds. OATSIH generally does not operate on a submission driven process. Rather it attempts to identify needs and fund PHC services accordingly. However, if the health service has a particular need that is not met, developing a written proposal and budget can be submitted to OATSIH at any time.

The Funding Agreement

Note that the process described here is broadly similar to other Commonwealth and NT funding arrangements.

The Funding Agreement or Funding Package includes the following documents:

1. **Letter of Offer** - The Letter of Offer is the formal offer of funds from the funding body to an organisation. It describes the amount and purpose of the funds, the name of the program under which the funds are made available, the duration and conditions of the funding agreement, and the documentation and information which must be sent to OATSIH before the funds can be released.
2. **Terms and Conditions of Agreement** is the formal contract between OATSIH and the health service and covers matters such as use of funds, budgeting and reporting, purchasing, insurance, disputes and compliance with law .
3. **Schedules** relate to the specifics of the funded program and cover organisational details, financial reporting requirements (Schedule A) and Service Activity Reporting requirements (Schedule B)
4. **Acceptance of Funding Form** is the means by which the health service formally agrees to the terms and conditions of the Letter of Offer and includes the purpose of the funding, the funding amount, the funding period, the name of the organisation and the funding identification. This must be signed by an elected office

bearer of the health service under the organisation's Common Seal. This must be done before funds can be released.

Financial Requirements

Budget: The health service must submit a budget to OATSIH each financial year for ongoing funding. A proposed budget including any expected increases in expenditure or planned program expansion (forward estimates) should be provided to OATSIH for consideration mid-financial year. These items, of course, might not be approved. The budgets are assessed by OATSIH Project Officers. The Project Officer should negotiate with each organisation to assist in their assessment. A final agreed budget is included in the Acceptance of Offer.

The budget should include the following information:

- Recurrent Salaries and wages costs - this includes salaries and wages and other related costs such as leave loading, superannuation, and maternity leave.
- Recurrent Operational and Administrative costs.
- Capital costs - this relates to the purchase of capital equipment such as computers and motor vehicles, and also of real property such as land and buildings.
- Revenue receipts - these might include bank interest from funds and fees for services provided under the project.

Several sources of information are used in assessing budgets:

- Schedule A - this is part of the Letter of Offer. It splits the budget into three sub-categories, or blocks; namely, capital, salaries and recurrent. These three block totals are adhered to as closely as possible because they represent a formal commitment to these areas of expenditure under the terms and conditions of the funding agreement
- the periodic financial statement (PFS) and the audit report
- the most recent Field reports and organisational profiles.

Schedule A

1.Salaries - As a minimum, all staff should be paid in accordance with the Award or other workplace agreement and covered for superannuation and workers compensation. Allowances that may apply are district allowance, leave loading and the bilingual allowance. These may include personal travel expenses, personal use of vehicle and provision of accommodation, all of which needs to be detailed in salary and wages paid to staff.

2.Recurrent - This block covers all ongoing non-salary costs related to the running of the service

3. Capital – Capital is not automatically included as part of recurrent budgets. The process involved in approving and allocating money for capital items begins with a written request from the organisation. This is assessed and a decision is made by the relevant State/Territory office and Central Office (Canberra) prior to a Letter of Offer being generated. Requests for approval for capital purchases should reflect realistic costing. For example, if the request is for the purchase of

a replacement vehicle, the costing should be developed from an actual quote and include the costs of insurance, freight and on-road costs for the first financial year, less the trade-in value for the replacement vehicle. Capital items may also have an implication for recurrent budgets (eg fuel). Generally OATSIH requires three quotes for the supply of capital items, although this may be varied where there are a limited number of possible suppliers in a remote area.

Use of end of year budget surplus is determined by the size of the surplus. Health services can allocate a surplus of less than 5% to capital and other acquisitions without OATSIH approval.
However amounts totalling more than 5% of the budget requires a letter of request of variance to the state/territory Director. Purchase of capital items must follow the rules applying to capital acquisitions greater than $5,000 (see table).

Table 2 OATSIH Processes for Asset Acquisition

Funding Level	Approval for New Funds	Approval for Release (or use) of Funds	Conditions for Release of Funds	Other Requirements
< $5,000	State/territory Manager	State/territory Director	Immediate release of funds - no documentation required	Purchase documents to be kept and sound purchasing practices followed
>$5,000	As above	As above	3 quotes submitted and Certificate for Purchase of Assets and Services issued by OATSIH	State/territory Directors can waive purchasing rules (e.g. accepting cheapest quote) if reasonable justification provided

State/territory Directors can approve use of income derived from sale (or proceeds from insurance when an asset is lost or damaged) of assets originally purchased with OATSIH funds, and can approve an increase in funding related to the cost of replacing an existing funded motor vehicle.
State/territory Directors can approve variations to or substitutions of budget items for existing approved projects without varying total grant amount.

Financial Reporting Requirements

The health service is required to provide to OATSIH the following financial reports:

- a Periodic Financial Statement (PFS) quarterly
- an Annual Return and Auditor's Report if the funds total more than $30,000 within three months of the end of the financial year
- an Annual Return if the funds total less is less than $30,000
- any other financial reports which OATSIH considers necessary. However, this should be included specifically in the funding agreement, or be part of a formal Review process.

All services are expected to provide the same level of information and detail in their financial reporting regardless of their size or range of services provided. However, organisations may apply to OATSIH to vary their financial reporting requirements. Via a Risk Assessment process, organisations which are meeting the reporting and financial requirements, in conjunction with adequate service delivery can be identified so that more flexibility can be built into their funding agreements. In this manner, organisations which are meeting reporting and financial requirements can concentrate on health outcomes rather than monitoring requirements.

Table 3 Financial Requirements and Funding Release Timetable (quarterly payments)

Month	Action by services	Action by OATSIH
July		10th July: 1st quarter release
August	15th Aug - 4th quarter PFS (Apr/May/June)	
September	30th Sept - Project performance report - Annual report & acquittal documentation	15th Sept: PFS analysis by OATSIH
October		10th Oct: 2nd quarter release 30th Oct: Annual acquittal of funds
November	15th Nov - 1st quarter PFS (Jul/Aug/Sep)	
December		15th Dec: PFS analysis by OATSIH
January		10th Jan: 3rd quarter release
February	15th Feb - 2nd quarter PFS (Oct/Nov/Dec)	
March		15th Mar: PFS analysis by OATSIH
April		10th April: 4th quarter release
May	15th May - 3rd quarter PFS (Jan/Feb/Mar)	mid-May: Letters of Offer
June		15th June: PFS analysis by OATSIH

Note that if PFSs are not returned by the due date release of funds may be delayed.

Variation To Projects

Variations can be made to either the purpose or terms and conditions of the funding or to the budget. Request for approval of variations must be submitted to OATSIH in writing and should include any supporting evidence.

Specific Funding Items

OATSIH has guidelines and application processes for the following:

1. Vehicle Replacements, Long Service Leave and Management Support
2. State/territory Directors have the authorisation to approve funding for:
3. the replacement of health service motor vehicles
4. relief staff to replace permanent staff members of a Service who go on Long Service Leave, or to pay out the Long Service Leave entitlement of a retiring staff member
5. Management Support for services that are experiencing difficulties with financial or staff management.

Each state/territory receives an annual allocation to cover these purposes

Other Funding Items

1. Staff Training and Conference Funding
   Funding for staff training is included in the budget as a loading to each Service's base funding for salaries. OATSIH funding should not be used for the purpose of overseas travel without approval from the Assistant Secretary.
2. Construction
   Funding approval that includes an amount for purchase or construction of buildings requires different administrative procedures to other types of funding. Funding is available through the Capital Works Program to enable the purchase, construction and maintenance of health services. The Capital Works Program incorporates a range of activities, including purchase, construction, renovation, fit-out and emergency repair of clinics and health centres as well as doctors' housing.

Service Activity Reporting

Schedule B – Service Activity Questionnaire

The organisation is required to submit a Service Activity Report annually that details the services provided and client utilisation.

Insurances

OATSIH require the following insurances to be held by the health service:

1. Workers Compensation covering all staff
2. Public Liability Insurance for $5 million
3. Professional Indemnity Insurance
4. Property insurance covering assets purchased with OATSIH funds with value greater than $1,000.

☞ *Refer to Section 4 – Financial Management ... Page 71*

Monitoring

OATSIH project officers are responsible for the administration and monitoring of funding to health services. Monitoring consists of a series of tasks, commencing with the Letter of Offer and continuing for the life of the project or until the funds are finally acquitted.

There are three sources of information used to assess projects:

- Financial reports provide information on how funds are being spent and whether they are being used in accordance with the agreed project purposes
- Services Activity Reports provide information about the services provided and client utilisation
- Field visits by OATSIH project officers that assess the services, identify issues and problems, and assist with the development of strategies to address them.

Reviews

Under the terms of the Funding Agreement, OATSIH is able to review a service under certain circumstances. The health service should be informed of the intent to review and be given reasonable notice. However, the health service must make available to the review all documents and information relating to the finances, management and programs that are funded by OATSIH.

For more information contact

- NT Toll Free: 1800 019 122
- Darwin
  Tel. 08 8946 3444
- Alice Springs
  Tel. 08 8950 1618

Office for Aboriginal and Torres Strait Islander Health

3. Territory Health Services (THS)

THS delivers services directly and health staff employed directly by THS are bound to follow THS policies and procedures.

THS also fund a number of Aboriginal health services through service agreements with community councils. Strictly, it is the Councils responsibility to develop appropriate polices, although they often lack the experience or resources to do this. Where these services employ an Administrator, the development and implementation of appropriate polices will be their responsibility.

Policy and Corporate Strategy

NT Government policy is that, wherever possible, the provision of services should be through the funder/ purchase/ provider model. THS Strategy 21 reflects this policy. Thus the Government is the *funder*, with THS being the *purchaser* of specific services from *providers* who are operate separately from the purchaser and may be may be private companies, or not-for-profit community organisations including health services. The intention is to clearly define roles and responsibilities and to clarify lines of accountability.

It is intended that arrangements are collaborative and cooperative through a process of consultation and negotiation although the following primary responsibilities apply:
Funders are responsible for setting policy direction, defining program objectives, resource allocation, standards setting and program evaluation achievement.
Purchasers are responsible for developing program guidelines, determining the best mix of services, output and outcome objectives, selecting service providers, specifying the outputs and outcomes to be delivered and monitoring performance.
Providers are responsible for meeting performance specifications and customer service requirements.
The stated principles that drive these relationships are:

- clear articulation of roles, responsibilities and accountabilities for achieving objectives
- clear articulation of consultative and collaborative processes
- focus on health gain and improved outcomes
- collaborative planning processes based on community need
- evidence based decision making
- prioritisation of competing needs across the care continuum
- longer term planning and contracting perspective (3 to 5 years)
- contracts negotiated co-operatively and collaboratively
- promotion of integrated services where appropriate
- reporting based on agreed program/service objectives

In practice health services (the provider) will need to tender for programs they are interested in delivering to the community and, if successful, enter into a ***Service Agreement*** with THS (the purchaser).

Service Agreement

The Service Agreement is the legal contract between THS and the service provider and specifies the terms and conditions of the grant, and the services to be provided. The conditions in Service Agreements vary, but there are some standard clauses which are likely to apply.

The agreement will specify the amount of funding, financial reporting requirements and their frequency, outputs[9] and outcomes[10] expected, and performance indicators[11] required.

The process of funding described under OATSIH above broadly applies to THS funding arrangements as well. (see above).

Workers Compensation, Public Liability and Professional Indemnity insurances are likely to be compulsory.

For more information contact

- Darwin Rural
  Tel. 08 8922 8930
- Darwin Urban
  Tel. 08 8922 7242
- East Arnhem
  Tel. 08 8987 0211
- Katherine
  Tel. 08 8973 8478
- Alice Remote
  Tel. 08 8951 7809
- Alice Urban
  Tel. 08 8951 5327
- Tennant Creek
  Tel. 08 8962 4399

THS

4. Aboriginal and Torres Strait Islander Commission (ATSIC)

The responsibility for funding of health services and substance misuse programs was transferred from the ATSIC to OATSIH on 1 July 1995. However, ATSIC continues to have a brief to monitor government health programs at a regional and national level and funds a wide range of environmental and other programs that impact on health. ATSIC is a signatory of the NT Framework Agreement.

ATSIC funded programs include:

1. Housing and Environment
   - Community Housing and Infrastructure program (CHIP),

[9] a group of activities which are produced and delivered by the provider in order to achieve the client outcomes

[10] the desired impacts or effects on client and the community which result from producing outputs

[11] a statistic or other unit of information which reflects, directly or indirectly, the performance of a health or welfare intervention, facility, service or system in achieving the program/ service stated objective

- National Aboriginal Health Strategy (NAHS)
- Dog Health Programs
- Home loans
- Environmental Health Workers
- Municipal Services Program

2. Business and Employment Programs
   - Community Development Employment Program (CDEP)
   - Home Living Skills Assistance
   - Industry Strategies, Business Development
3. Legal and Policing Programs
   - Community Night Patrols
   - Legal Services and crime prevention
4. Land and Culture
   - Land Rights and Native Title
   - Land Management
   - Art and Culture
   - Language Maintenance
   - Heritage Protection
5. Social and Community
   - Broadcasting
   - Sport and Recreation
   - Link Up
6. International Indigenous Forums

As can be seen all of these programs impact in some way on individual, family and community health. However, generally health services are not funded by ATSIC. If any of the above areas are activities that the health service is involved in, contact an ATSIC field officer in your region.

For more information contact

- Darwin
  Tel. 08 8944 5566
- Nhulunbuy
  Tel. 08 8987 1866
- Katherine
  Tel. 08 8972 1433
- Alice Springs
  Tel. 08 8959 4211
- Tennant Creek
  Tel. 08 8962 1999

ATSIC

5. Other Funding Sources

a. The NT Remote Health Workforce Agency (NTRHWA)

The NTRHWA is responsible for the assessment and allocation of Relocation, Orientation, Training Grants and Training Scholarships and Remote Area Grant to support the recruitment and retention of doctors to the rural and remote areas of the Northern Territory.

NTRHWA Programs

Relocation grants.

Relocation grants may be available to eligible GPs to assist them to relocate to an identified under serviced rural or remote area.

GP Orientation grants

Orientation grants are available to GPs relocating to a new position in the NT, and will cover costs associated with cross cultural training, orientation to the NT/regional/and local Health systems, 4WD courses and other relevant orientation.

GP Training grants

Training grants are available to enable those GPs relocating to or working in rural/remote practice to undertake additional training required to improve skills necessary for their practice in that location.

GP Training Scholarships

Training Scholarships are available to GPs currently practicing in the NT to support postgraduate and other professional development training.

GP Salary Remote Area Grants

Remote Area Grants are available to supplement GP salaries working in identified communities. These grants are attached to the specific community, although the funds must go to improve the doctors salary.

GP Practice Management Grants

GP Practice Management Grants are available to general practices or community controlled health services to improve systems and practices which aim to increase sustainability and financial viability of the GP service.

Rural/Remote Medical Undergraduate Support Grants

Rural/Remote Undergraduate Support Grants are available to universities and coordinating agencies to encourage medical students to consider rural remote practice. For example, grants allow students to undertake placements in country bush practices. This support is in the form of travel and accommodation assistance.

GP Locum subsidy

A locum subsidy is available to GP practices and community controlled health services to allow the incumbent doctor to take leave entitlements.

Continuing Medical Education (CME)

The NTRHWA has provided funds to the Divisions of General Practice to ensure access to Continuing Medical Education CME) activities. All doctors can access these CME programs.

GP Recruitment

The agency can assist health service to recruit doctors, and to assist in their assessment. This may include support for interested doctors to visit the community in which they are considering an appointment.

GP Retention Payments

The HIC provides retention payments to doctors who continue to work in rural/remote communities for a year or more. The agency administers this program.

Other support

- **Family support** weekends to enable doctors and their families to form networks and share common interests.
- **Administrator Support Workshops**
- The **Employee Assistance Service** (EAS) is contracted to provide a counselling service to GPs and their family if required.

Application forms for all grants are available from the agency. If successful, formal agreements are signed before the release of funds.

For more information contact

- Darwin
  Tel. 08 8941 2850
- Alice Springs
  Tel. 08 8952 3881

b. Aged Care Programs (Department of Health and Aged Care)

Aged care packages for communities are funded from the Department of Health and Aged Care. This funding usually is to Community Councils, or other community organisations. However, in some situations it may be appropriate for the health service to administer these programs. Generally, the programs focus on general home care, meals on wheels, and assistance with domestic tasks.

For more information contact

- Darwin
  Tel. 08 8946 3429
- Alice Springs
  Tel. 08 8950 1618

DHAC

c. *Rural Health Support, Education and Training Program (RHSET)*

RHSET operates within the Department of Health and Aged Care and is focused on improving health systems in rural Australia for both Indigenous and non-Indigenous populations. It provides short term (generally 1-3 years) project funding only, and will generally not fund health service delivery as such. However it will consider funding innovative pilot programs, and developmental programs that have the potential to enhance delivery.
Applications must be made of RHSET application forms.

For more information contact

- RHSET, Canberra
  Tel. 02 6289 8791

Rural Health (DHAC)

d. *National Health & Medical Research Council (NHMRC)*

NHMRC funds are provided for research projects, and emphasise rigorous research conducted by properly trained researchers. Generally funds are available for up to 3 years. Usually a researcher with appropriate academic qualifications are required as the principal researcher. However, special funds are available for Aboriginal health service who wish to undertake a research project to answer a particular question, and the NHMRC will assist in finding appropriate researchers to assist.

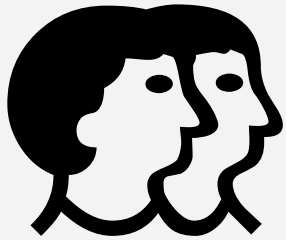
For more information contact

- NHMRC, Canberra
  Tel. 02 6289 9184

NHMRC

SECTION 6 ... HUMAN RESOURCE MANAGEMENT

- Employer Responsibilities
- Recruitment
- Probationary Period
- Employment Contracts/ Agreements
- Relocation
- Procedure for New Employees
- Orientation
- CDEP Employment
- Conditions of Employment
- Staff Appraisals
- Grievance
- Termination of Employment
- Dress
- Personnel Records
- Staff Whereabouts
- Travel Allowance
- Accommodation
- Locum/ Relief Staff
- Consultants
- Staff Development & Training



Pro forma

- Service Information Package
- Letter to Potential Applicants for Vacant Positions
- Application Receipt Acknowledgement Letter
- Rejection Letter (Applicants not for Interview)
- Selection Interview Questions
- Rejection Letter (Applicants interviewed)
- Offer of Employment Letter and Employment Contract
- Employee Record Card
- Leave Application Form
- Job Descriptions, Selection Criteria, Job Advertisements
- Performance Appraisal Sheet
- Exit Interview
- Employees Code of Conduct
- AHW Code of Ethics
- Nursing Code of Ethics
- Consultant Contract

Employer Responsibilities

Employing people involves the employer accepting certain responsibilities in regard to the employee. Many of these are defined in law, or in Awards which have a legal basis. These include ensuring a fair process in the selection, remuneration and deployment of staff.

Employer responsibilities include:

- Meeting minimum employment standards as detailed in the *Workplace Relations Act,* Awards and *enterprise Bargaining Agreements*
- *Ensuring* equitable processes that do not discriminate against groups or individuals on the basis of race, gender, age, sexuality, marital status, pregnancy, physical, intellectual or psychological impairment (including HIV/AIDS) and religious or political beliefs, activities or practices
- *Keeping* records of all employees
- Provision of a healthy and safe work environment as *specified* in the *NT Work Health Act.*

☞ *Refer to Section 3 – Legal Requirements ... Page 35*

Recruitment

Step 1. Before setting in place a recruitment process for a vacant position the Administrator should ensure that:

1. funds are available to pay wages and on-costs
2. recurrent funds are available if the position is to be ongoing, rather than for a defined period of time
3. funds are available to cover expenses of the employee necessary to perform the tasks required of the job (eg computer equipment, motor vehicle, travel expenses)
4. accommodation is available if the employee is to be resident in a remote community

Step 2. Seek Health Board approval for recruitment to the position

Step 3. Develop or review the job description

Step 4. Advertise position

1. Clarify whether there is appropriate support available from external agencies (eg AMSANT, NTRHWA)
2. Draft and advertisement, using precious version when available or pro forma

See Pro forma

3. Inform staff of the recruitment to the position and place advertisement in local, and (if appropriate) national newspapers, journals, etc. It may be useful to circulate other health services, agencies and THS, and to access relevant Web sites.
4. The advertisement should clearly specify the job, location, qualification,
   - the position and job
   - brief details of the health service
   - qualifications, essential and desirable
   - experience, essential and desirable
   - particular conditions offered (eg accommodation)
   - a closing date for applications
   - a name (usually Administrator) and phone number for further information, selection criteria and job description
   - Address for Applications: President of health service, postal address
   - Statement encouraging Aboriginal people to apply, and asserting the service as an equal opportunity employer. If the position is specifically for an Aboriginal person, or for a person of a particular gender, the advertisement should state this clearly.

   Some advertisements include salary levels, whilst *others do not. A low salary can discourage applicants, whilst a high* salary *can encourage inappropriate applicants. Thought should be given to the tactics of this matter. For many positions there is flexibility in what salary and other conditions can be offered, whilst in others an Award determines fairly rigidly the salary and conditions of employment. In the latter case the Award and level might be included in the advertisement.*

Step 5. Prepare information package to send to potential applicants with a covering letter. This should include an overview of the health service and community, selection criteria, and job description. **See Pro forma**

Step 6. Negotiate with the Health Board who should be on the Selection Panel. It is probably ideal to limit the size from 3-5 people. It is wise to include a Health Board member, and a staff member who will have to work with the person appointed. It is also usual for the Administrator to participate, especially to contribute information about employment conditions.

Step 7. Develop selection criteria with selection panel and define for each criteria whether essential or desirable. **See Pro forma**

Step 8. Inform applicants that their application has been received. **See Pro forma**

Step 9. Short Listing Applicants. This is the task of the selection panel. Strictly any applicant who does not fulfil an essential selection criteria (including essential qualifications, registrations and experience) can be discarded. This is the first step. Then desirable criteria should be considered. If there are only a few applicants left, the panel may decide to interview them all. However, if there are still many applicants it is wise to shorten the list further by considering applicants who fulfil

desirable criteria. If possible it is desirable to limit the number of people to be interviewed to no more than four. The Administrator should keep records of the reasons for the panels decision in case that allegations of unfairness or discrimination are made.

Step 10. Check short listed applicants referees and relevant registration board. Police checks are also important if the position involves management of finances. Immigration status may be relevant for some applicants. Other eligibility criteria may be determined by the constitution of the health service or funding body conditions. For instance, OATSIH stipulate that staff employed with their funds cannot be undischarged bankrupts. These checks can be done as part of the short listing process, or after the selection process before the successful applicant is offered the job.

Admin Tip ... *Aboriginal Applicants & Affirmative Action*

In line with the affirmative action policy, Aboriginal applicants who have most of the essential skills and experience may be short listed if the selection panel consider that the other skills/experiences can be developed through training and on-the-job support.

Step 11. Inform all applicants of the whether they have been selected for interview or not. Write to unsuccessful applicants. **See Pro forma** Contact successful applicants be phone to arrange an interview time. Interviews may be conducted by phone (if a speaker phone is available) or in person. Assistance in travel costs for face to face interviews may be available from the NTRHWA or CentreLink.

Step 12. Interviews are conducted by the Selection Panel. It is important to try and ensure that the same panel members are involved in all interviews so that they can make valid (if subjective) comparisons. The Administrator should prepare draft questions for the applicant that the Selection Panel can modify, and then allocate amongst them before the interview process begins. **See Pro forma**
It is preferable to use the same process and questions for each applicant. After all questions have been completed, the Administrator should explain the basic conditions of the job, and ask when the applicant can commence work. At the end of the interview the applicant should be given the opportunity to ask any questions. Issues such as salary, relocation arrangements, accommodation should be worked out before the interviews rather than specific answers being given without adequate consideration. If any issue is raised that has not been adequately determined previously, then this should be left to a negotiation process with the successful applicant.

Step 13. Decision for appointment. After all interviews, the panel must then consider which applicant is best suited to perform the job. The Administrator should keep

some record of positive and negative aspects of each applicant during the interviews, and present these to the panel in summary for their consideration. Gut feelings about applicants are legitimate components of the judgments people make, and should not be ignored. However, it should be possible to justify the final decision adequately. The Administrator should keep records of this decision and reasons for it.

Step 14. The Administrator should write a recommendation to the Health Board in line with the Selection Panel's decision.

Step 15. Once the Health Board has approved the appointment, the Administrator should contact the successful applicant to negotiate commencement date and other practical issues. Follow this with a formal letter of offer detailing conditions of appointment and include an acceptance at the bottom which the applicant can sign and return. This letter should include:

- The position
- Commencement date
- Period of appointment
- Salary, leave entitlements, superannuation
- Relocation arrangements
- Probationary period (see below)
- Any accommodation arrangements
- Any fringe benefits offered
- Any other conditions
- Date that response should be made by.

Step 16. Once the successful applicant has accepted the position, unsuccessful applicants should be informed in writing. **See Pro forma**

Probationary Period

It is usual to appoint people subject to a satisfactory appraisal after a three month probationary period. The purpose of this probationary period is to allow the employer and the employee to assess the suitability of the arrangement. If the employee is unsuitable for the position, their employment may be terminated either during or at the end of the probation period by giving to the employee (two weeks) written notice of termination. Permanent appointment to the position is not made until after this process is complete.

Employment Contracts and Agreements

Most staff are employed under specific Awards and conditions detailed in Enterprise Bargaining Agreements. Individual contracts with staff may also operate. This is particularly the case for some professional staff, and may include agreements to pay out on

call and overtime rates in exchange for a flat percentage increase in salary, and/or increased annual leave entitlements. For doctors contracts should include the handling of Medicare payments, and issues of private practice rights, if any. Contracts should also specify any salary packaging arrangements, and other fringe benefit entitlements. Contracts should be for a specified period, usually 1-2 years. They can be:

- through Awards and Industrial Agreements - applies to any worker in the industry they cover
- negotiate an agreement of employment (Contract)
- enter into a Workplace or Enterprise Agreements under State/Territory legislation (Enterprise Bargaining Agreements)
- enter into a Workplace Agreement under Federal legislation

Contracts or Agreements

A job contract is an agreement reached between the employer and worker regarding terms and conditions of employment. They are not compulsory but are useful in describing the mutual expectations and obligations required of each party, particularly if:

- there is no clear award that has coverage
- above award conditions are being offered

Agreements of employment do not have to be registered, but must comply with any Award that applies, any Commonwealth and NT legislation, including minimum conditions of employment. If they are determined to be unfair the Industrial Commission can vary them.

Contracts should include:

- term of appointment
- duties
- rates of pay
- annual increments
- hours of work
- overtime/time-in-lieu
- performance review
- Leave entitlements
- termination
- overtime
- workers' compensation
- superannuation
- a 'subject to funding' clause
- redundancy
- travel allowance
- training
- resignation
- code of conduct
- grievance procedure
- time in lieu
- any special conditions
- Health Board powers
- Job description

The job contract does not need to reiterate entitlements already contained in the award or acts, it can just refer to them and give details of those things that are above award conditions.
There is no time limit on individual contracts.

Workplace or Enterprise Agreements

This is a voluntary agreement between an employer and more than one of its employees or between two or more employers and a number of their employees and specifies the terms and conditions of employment. The intention of workplace agreements is to provide more flexible options which are relevant to the needs of particular workers, workplaces or businesses. They provide an opportunity to tailor the terms and conditions of employment to the needs of consumers and to the constraints of funding. The agreement may take the place of an award or it may sit alongside an award. It can standardise some conditions in the workplace, that otherwise vary in Awards.

Agreements may be negotiated with the employees themselves or with any representative or committee authorised by the employee to represent them. It must specify an end date that cannot be more than five years from when it was established. The agreement must be lodged with the Industrial Relations Commission but is not a public document. The information is only available to the parties concerned. New employees will only be covered by a collective agreement that is already in place if both they and the employer agree.

In summary, the key points of the agreements are:

- they are voluntary
- they are for a fixed period of time
- they should comply with any minimum conditions of employment that may apply
- they should provide wages and conditions that do not disadvantage workers (in relation to the relevant award)
- they must be registered and the registering body must be satisfied that the agreement complies with the legislation before it is registered
- they should make provision for Notice of Termination and include grievance/dispute procedures
- they must comply with existing State and Federal legislation such as anti-discrimination legislation and EEO legislation

The first step in developing a workplace/enterprise agreement, is to talk to the relevant State or Federal Industrial Relations Department and the Unions representing the service employees.

Differences between a Workplace /Enterprise Agreement and an Agreement of Employment

A workplace/enterprise agreement is different to an agreement or contract of employment principally because it must comply with workplace/enterprise agreement legislation and must be registered for it to take effect. Similar to agreements of employment, workplace agreements must comply with minimum specified conditions of employment and other relevant legislation.

☞ *Refer to Section 3 – Legal Requirements ... Page 35*

Relevant Awards and Enterprise Bargaining Agreements should be kept by the Administrator, and made a available to staff on request.

Relevant unions and the NTRHWA may assist in the details of Contracts and Agreements.

Admin Tip ... *Employment Agreements*

Before an agreement of employment or contract is signed by an employee, the Administrator should check it against the relevant award and seek advice from relevant Union or other agency to ensure that it complies with that award or other relevant legislation.

The following should be included in any Employment Contract or Agreement, and in Staff Information packages:

- Position
- Who the position is responsible to.
- Award and Classification level
- Salary
- Superannuation arrangements
- Union membership information
- Job description
- Period of employment
- Hours of work
- Leave entitlements
- Probation and employment appraisal process
- Dispute resolution and grievance procedure
- Termination provisions, including length of notice required
- Confidentiality policy

Relocation Expenses

It is usual for employees recruited from outside the community locality to receive assistance travel costs of the employee and their family (up to cost of standard economy airfares). Where new employees choose to drive to the community, reasonable mea1 and accommodation expenses are reimbursed (upon submission of receipts) and vehicle fuel expenses based receipts provided. However, the total reimbursement should not exceed the value of an economy air fare.

For the transport of personal belongings, the new employee needs to have actual costs approved by the health service (after presenting three quotes for the work) before relocation. Usually the health service provides a purchase order number for the relocation and pays the supplier directly.
If the employee is receiving a relocation subsidy from another source, such as their previous employer or the NTRHWA, they are not eligible to claim from the health service.
Any entitlement to relocation back to the employees place of recruitment is not payable where the employee is terminated due to behaviour warranting summary dismissal, or the employee doesn't complete their contract with the service.
Some health services also offer annual economy return airfares to the nearest capital city for the employee as part of the employment agreement.

Check the details of what is required under the relevant Award and or Enterprise Bargaining Agreement and the particular agreement between the employee and the health service.

Procedure for New Employees

1. Create an employee personnel file , including an employee record card ⁂ See Pro forma
2. Ensure the employee has a job description ⁂ See Pro forma
3. Give the new employee an ATO Zone A and B - Payroll Employment Declaration to complete, and on return mail original to ATO, and file copy in personnel file
4. Offer a Payroll Deduction Authority form for any deductions required (eg Union fees, social club), and on return file copy in personnel file. ⁂ **See Pro forma**
5. Enter all the details (Income tax PAYG liability, District Allowance level, and regular payroll deductions) from the returned documents into the Payroll System
6. Receive from new employee copies of:
   - Current drivers license
   - Current practicing certificate
   - Current professional indemnity insurance receipt
   - Current address, telephone number
   - Address for next of kin, or emergency contact person
7. Sign the health service Confidentiality Agreement.
8. Finalise Employment Contract or Agreement if relevant. Provide new employee with a copy and file copy in personnel file.

Orientation

New staff, whether Aboriginal or non-Aboriginal require orientation to their new work. Both Aboriginal and non-Aboriginal orientation will need to be focused on how the health care system works, what their expected role in it is, what community services are available for people in need, demographics of the region, cultural issues, and the nature of Aboriginal organisations and communities.

The orientation program has three aspects:

a) cross-cultural, including the history and politics of the local community and health service organised by appropriate Aboriginal people selected by the Health Board
b) general and administrative (including work health issues) organised by the Administrator
c) local health care systems and other matters relevant to their job to be organised by senior AHW, nurse or doctor.

It is useful to have a staff orientation kit maintained by the Administrator and senior clinical staff that can be given to all new staff members on recruitment. The orientation kit might include :

- health service name, address, phone numbers and fax numbers
- health service philosophy and objectives
- Health Board composition and role
- organisational chart
- history of the region, community and health service
- overview of local area and community demographics, including location of outstations.
- cultural information and etiquette
- other local community organisations and activities
- referral services within the region
- clinical procedures for organisation of referrals, investigations, pathology specimens, evacuations
- Tips for camping, 4 WD use, bush travel, radios, protective clothing, etc.

New staff should also be introduced to the following documents:

- Health service policy and procedures manual
- CARPA Standard Treatment Manual, Alukura/Nganampa Minymaku Kutju Tjukurpa Women's Business Manual and other clinical protocols to be followed.

Admin Tip ... *Introductions*

Don't forget to introduce all new staff to the Health Board members, especially the President, and other staff.

CDEP Employment

Aboriginal health services that employ staff under the Community Development Employment Program (CDEP) must make sure they follow the laws which apply to employers.

However, superannuation payments do not have to be paid on wages paid from CDEP grants.

Conditions of Employment

Pay

Employees are entitled to information about how pays are calculated including the length of the pay period. Payment of salaries should be in accord with the Award and classification under which the employee is employed, or the employee's contract of employment. Payments should be electronically transferred to the employees bank account, and a pay slip detailing gross salary, all deductions and amount transferred provided to the employee.

Allowances

In rural/remote community health services a **District Allowance** is payable to all staff. Specific allowances may also be payable as follows:

1. **Bilingual Allowance** is payable to an employee who is fluent in a relevant language. An employee may be required to have their proficiency tested by an agency or individual agreed to be the employer and employee (or their union)
2. **On Call and Overtime Allowances** are paid to clinical staff responsible for the provision of an after hours service. In many cases these allowances have been incorporated into a percentage of salary payment that is not directly linked to the actual on-call work. Check the Award, Enterprise Bargaining Agreement and employee contract as to actual entitlements.
3. **Vehicle Allowance** Where the employee uses their own vehicle in performing work duties because no health service vehicle is available, a set vehicle allowance can be paid or an actual amount per kilometre paid on actual kilometres travelled (See table below). Prior arrangements must be formally agreed to by the health service and employee.

Table 4 Reimbursement Rate for Private Vehicle Use for 2000-2001

Vehicle Engine Capacity	Rate per Km ($)
<0.6 litre	0.459
1.6-2.6 litre	0.549
>2.6 litre	0.558

Check with ATO about current rates in subsequent years.

Allowances (but not amounts paid per km for vehicle use) must be shown on the employee's ATO Payment Summary.

Hours of Work

Regular working hours are determine by the health service, but in total should not exceed 37.5 hours a week without appropriate remuneration. Usually staff are entitled to 1 hour lunch break, and two 15 minute breaks for morning tea and afternoon tea. On Call responsibilities are usually shared between staff. *Check how these matters are organised in the particular health service.*

Timesheets

In order for accurate pays to be calculated staff must complete either time sheets approved by the delegated senior staff member or clock on and off when starting and finishing work, if such a device is used. Pays are calculated for actual hours worked.

Time in lieu

Some services may allow time in lieu arrangements. Usually there are limits to how much time in lieu can be accumulated (eg. up to 10 hours) without prior approval of the health service. The taking of time in lieu must not disrupt the essential service provided by the service, and be negotiated with other clinic staff and approved by the Administrator. Note that time in lieu arrangements are not a general entitlement and does not operate in many health services.

Absence Of Employees Without Authorized Leave

When a staff member is away from work without approval the Administrator should ascertain the reasons for the absence. If appropriate counselling of the staff member should be undertaken, and no pay made for that period of absence. A record of counselling and warnings should be kept on the employee's personnel file.

Leaving the Workplace for Personal Reasons

Staff who leave the workplace for personal reasons without approval, may be have their pay reduced by an amount proportional to the period of absence.

Advances

Due to difficulty involved with recording and recoverability, advances of wages are not paid under any circumstances. If particular staff have difficulty managing their finances from one pay day top the next, more frequent payment of wages can be organised, but only for wages actually earned.

Deductions

Deductions, apart from deductions made on behalf of the ATO, can only be made from someone's pay if properly authorised though a Payroll Deduction Authority. Any change in payroll deductions will need to be done by the employee filling out a new form. A copy should go to the employee as well as filed in the personnel record.

Superannuation

The health service pays 8% of gross salary into an approved Superannuation fund on behalf of the employee. Contributions are based on ordinary earnings of wages and exclude:

- annual leave loading
- overtime
- lump sum payments on termination for accrued leave
- payments in lieu of notice

An employer can pay a superannuation contribution greater than that required under the Act. This means an employee can enter into a salary sacrifice arrangement whereby they agree to accept a lower salary in lieu of an increased super contribution. In this

case the employee pays tax only on the salary they are receiving. FBT does not apply to superannuation payments.

Upon termination, the accumulated funds can either be rolled over into another company or individual scheme which is negotiated between the individual and the Fund.

Leave Entitlements

When staff are on leave there needs to be a handover of specific tasks to other staff members or relief staff in order to maintain services. This should be through a planning process involving all relevant staff.

Annual leave

Annual leave entitlements vary from service to service. *Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.*

- All staff other than casual staff are entitled to the specified number of working days annual leave after the equivalent of 12 months worked.
- Whilst annual leave is an entitlement it can only be taken after approval of the health service at a time that is suitable to the employer. Application forms for annual leave are to be completed no later than two weeks prior to the leave date , but it is preferable to give longer notice, particularly if relief staff must be organised.
- Annual leave cannot be taken during the three month probation period
- Leave applications should be negotiated with the Administrator
- Annual leave entitlements must be actually taken as payment in lieu of leave is not permitted
- A loading of 17.5% of normal gross salary shall be paid on annual leave pay before going on leave. This loading is not paid on any public holidays falling in the leave period.
- The employee is entitled to all untaken leave at time employment ceases
- leave taken but not accrued at the time employment ceases will be repaid to the service
- annual leave shall not be accrued from one year to the next and shall be taken at a time agreed to by the employee and the employer

Admin Tip ... *Leave Applications*

Applications for any type of leave (except Sick Leave) must always be made in writing and copies must be filed in the employee's personnel file. The application must be approved before leave is taken. **See Pro forma**

Bereavement Leave

Employees are entitled to a specified number of days leave in respect of the death of an immediate family member. It is usually 3 – 4 days, but longer is usually specified for

deaths occurring overseas. If additional leave is requested it should be negotiated with the Health Board. *Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.*

Ceremonial Leave

Aboriginal employees who are expected to participate in ceremonies are entitled to a specified number of days Ceremonial Leave annually. This leave is non-cumulative, and does not apply to all staff. It is advisable for the Administrator to involve the President of the Health Board in determining the appropriateness of applications for Ceremonial Leave. *Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.*

Jury Service

Employees who are required to attend for jury service during working hours will be paid the difference between their normal wages and the amount paid for jury service. Proof of being called to jury service, attendance and details of the amount received by the court will need to be provided to the Administrator.

Leave Without Pay

- Leave Without Pay (LWOP) applications must be submitted and approved prior to the leave being taken
- Staff may obtain LWOP at the discretion of the Health Board. Health services may have varying policies on how often LWOP can be taken and for what periods. Generally approval will only be given for a period of up to 12 months provided it will not unreasonably affect the operation of the service
- As a prerequisite to applying for LWOP for a period of more than 6 months, an employee must have served a minimum of 18 months full time continuous service
- Where stress or personal problems are cited as the reason for a staff member requiring LWOP the staff member should be referred to a relevant counselling service.

Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.

Long Service Leave

The employee is entitled to 13 weeks leave with pay after 10 years of employment. If the employee leaves after 7 years, payment is pro-rata. An application for leave must be made in writing. LWOP in excess of 1 week will not be included as part of the employees period of service. Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.

Maternity Leave

Employees with twelve months continuous service prior to the birth of their child are entitled to 12 weeks paid leave and up to 52 weeks unpaid leave. Paid leave can be taken up to 6 weeks before the birth if weekly medical certificates are provided. *Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.*

Paternity Leave

Fathers can apply for up to 3 months unpaid paternity leave. This is non-cumulative. The total maternity plus paternity leave cannot exceed 52 weeks. *Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.*

Sick Leave

All staff are entitled to 0.83 days per month after two months service or a total of 10 days per annum for the first year of employment. In subsequent years staff are entitled to 15 days sick leave for each 12 months completed. Sick leave entitlements are accumulative. When absent due to sickness, staff must contact their supervisor or the Administrator before 10 am the same day and each day thereafter if not at work. A medical certificate is required for sick leave of more than 3 consecutive days. *Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.*

Special/Compassionate Leave

Employees may apply for special paid leave for up to 3 days, and unpaid leave for up to 5 days in any twelve month period. Special leave applies for compulsory community service, traditional commitments/obligations (eg land-claims) or travelling to a funeral. *Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.*

Study Leave

A maximum of 10 working days per annum paid study leave will be granted provided that the study undertaken is relevant to the organisation and courses of study meet Health Board approval. The timing of study leave must be negotiated with the health team. Travel, accommodation and study fees may be met, subject to Board approval. Study leave is non-cumulative, and no additional costs will be borne by the Board. A minimum of 14 days notice in writing of intent to attend a training activity is required. Evidence of the study along with receipts for approved expenses for reimbursement must be provided by the employee. *Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.*

Public Holidays

The following public holidays are observed in the Northern Territory

New Year's Day	1st January	Show Day	Varies according to town
Australia Day	26th January	May Day	1st Monday in May
Good Friday	March-April	Queen's Birthday	Monday, mid-June
Easter Saturday	March-April	Picnic Day	1st Monday August
Easter Monday	March-April	Christmas Day	25th December
Anzac Day	25th April	Boxing Day	26th December

Actual dates are gazetted by the NT Government each year.

Staff are not normally required to work on the public holidays except for emergency services and on call arrangements where remuneration arrangements are defined in either the Award or the Employment contract.

Job Descriptions

All staff (paid and unpaid) should have a job description which specifies their roles and responsibilities.
Job descriptions should be reviewed and updated when a staff member leaves and/or every two years to ensure that they are appropriate. Updated copies of job descriptions should be maintained.
Each staff person should be given a copy of their job description prior to their commencing employment and whenever their job description is changed. **See Pro forma**

Staff Appraisals

Staff are expected to perform their duties to the best of their ability and to show a high level of personal commitment to providing a quality, professional service at all times. Performance appraisals linked with any salary increments will be organised annually by the Administrator for all paid staff. The appraisal will be conducted by the Administrator and a senior staff member working with the person being appraised. The Administrator's appraisal will be carried out by a designated senior staff member, with assistance from a nominated member of the Health Board. Performance appraisals are based on job descriptions and agreed work plans. The aims are:

- to allow free and confidential discussions about work between employee and supervisor
- to discuss the employee's job performance, in comparison with set standards
- to discuss any work problems and search for a solution
- to discuss means of improving work performance including identification of training and development needs.
- to review attendance, and any other performance issues.

Procedure

The person conducting the performance appraisal should:

- review the employee's history and the job requirements
- review the goals and objectives or job expectations previously agreed to with the employee
- give the employee a copy of the appraisal form to complete before the session and arrange a time **See Pro forma**
- using the appraisal form, the employee's job performance is assessed against the expectations of the position using all sources of information available; rate each area or duty

- note performance issues which need to be discussed - include strengths, weaknesses and opportunities for development; provide specific examples, especially where performance is well or poorly rated
- meet with the employee and be open and honest
- write up the performance appraisal including all issues covered, actions to be taken, time lines, employee comments and recommendations.

Grievances

Personal Problems and Conflicts Between Staff Members

Personal conflict amongst staff in small health services are not uncommon and can have a devastating impact on staff relationships generally, and impact negatively on the quality of the service provided. It is also possible for divisions in the community to develop if the conflict is not managed adequately.

The earlier steps are taken to manage such conflicts the more likely they are to have their impact contained. The idea that people will sort it out themselves leads to inaction and often a worsening of the situation. However, tactful management is essential. There are always two sides to a story, and rarely is all the blame on one side.

The Administrator should oversee the management of the problem, unless s/he is involved in the conflict, or feels compromised in other ways. In that case another senior staff member should take responsibility. It is important that this person reflects on their own insecurities about the situation, and approaches the problem in a low key way so as not to inflame the situation. The staff involved in the conflict also have a responsibility to back off and try and find a way through the conflict. An employee has the right for a grievance to be heard, and can request that the grievance procedure be invoked. However, the following steps are recommended early in the process before formal grievance procedures are commenced.

Step 1. The staff involved in the conflict should be encouraged to determine a time and place where they can discuss their differences and attempt an agreement.

Step 2. If this fails, the Administrator, or senior staff member should counsel each party with the objective of understanding the parameters of the problem, and encouraging a mediated discussion between the staff involved. Where the dispute involves an issue that is already the subject of a health service policy, that policy should be provided to both staff members as a way of their reviewing their position. It should be kept in mind that many conflicts are also about insecurities related to remote area work, and not always primarily about the stated parameters of the dispute.

Step 3. If this fails, a grievance procedure should commence.

Grievance Procedure

If the co-operative working relationship between one staff member and another has broken down then a grievance exists. Staff cannot harass fellow employees and will be the subject of a grievance process if they behave in this way. An employee has the right

for a grievance to be heard. It is the objective of this procedure to ensure that grievances are resolved by negotiation and discussion between the parties.
Grievance procedures can only take place after written notification to the staff member concerned. A fair and confidential process is followed.

Step 1. Write to the staff member(s) involved notifying them of the grievance procedure, explaining specifically what the problem is, and what is expected from the employee.

Step 2. If the problems remain unresolved, the Administrator should organise a mediated meeting between the staff concerned and attempt to reach an agreement on how the dispute can be managed.

Step 3. if the employee still feels aggrieved, then the matter shall be referred to the Health Board

The employee may have a Union representative, or another advocate of their choice present during these processes. The Administrator should document the process and file copies in the relevant staff personnel files.

External mediation and counselling, if appropriate, can be organised through:

- Employee Assistance Service
- Congress, Wurli Wurlinjang and Danila Dilba Social and Emotional Wellbeing Programs
- CRANA – Bush Crisis Line

Staff cannot be forced to attend external counselling. However, they have an obligation to participate in internal personnel counselling and in other internal attempts to reach resolution.

Disciplinary Procedures

Performance Dispute Procedure

It is in everybody's interest that when a grievance exists that a fair and confidential process including negotiation and discussion between the parties is followed. Also it is a right of both employee and employer to have a grievance heard. Disciplinary procedures include a staged process of counselling, warnings and termination.
In the case of a complaint or performance grievance against an employee involving a specific incident that does not warrant immediate dismissal, the employer must implement the proceedings within 7 days of the incident. Throughout the process the worker is entitled to have a representative of the Union or other person of their choice attend the discussion. It is important to remember that if an employee is paid under an Award, the Grievance and Disciplinary Procedures outlined in the award override this procedure.

Step 1. First (Verbal) Warning

1. an employee is told as soon as possible of any complaint concerning the performance of their work
2. complaints must be specific and should relate to the job being done as outlined in the job description not just "s/he can't get along with us"
3. the complaint should be discussed by the Administrator and employee and the Administrator should outline how the worker must improve their performance; the employee will be provided with an opportunity to discuss the complaint
4. any assistance needed by the employee to improve their performance will be identified and provided where possible
5. the employee is entitled to have a representative of the Union or any other advocate attend this discussion
6. a review plan of the employee's performance can be set if required.
7. The Administrator should keep a record of these proceedings in the employee's personnel file

If this resolves the dispute there is no need to proceed further.

Step 2. First Written Warning

1. if up to the time of the review set in Step 1, the problem continues or occurs again there will be further discussion with the employee; this will include the employee, a representative of their choice (eg Union), the President or other member of the Health Board
2. the complaint against the employee and plans for improvement will be put in writing and a copy given to the employee clearly stating that a lack of improvement by a given date will result in a final written warning. A copy is filed in the employee's personnel file.
3. the matter should be discussed at a properly constituted meeting of the Health Board; the employee should attend; s/he has the right of reply and should be able to discuss the complaints made against them; the employee is entitled to be represented by their Union or other representative of their choice at this meeting
4. the aim of the meeting is to resolve the dispute but if this is not possible the two parties should negotiate how the situation may be improved; for example, both the employee and the Board, might undertake to do certain things or change certain things within a trial period; a date for a review can be set to take place after this trial period

After this, the dispute may be resolved and there may be no need to proceed further.

Step 3: Final Written Warning

1. if at the review date set in Step 2, the problem still persists the employee's performance has not improved, there will be further discussion with the employee; it should be discussed at the next Health Board meeting and the employee should be given notice to attend; again they have the right of reply and can discuss the situation; the employee is entitled to have representatives of the Union or other representative of their choice attend the meeting
2. the complaint against the employee should be discussed and plans for improvement will be recorded in "final written warning"; the two parties need to negotiate what this action might be and the worker is given a copy clearly stating that a lack of

improvement by a given date will result in termination of employment. A copy is filed in the employee's personnel file.

3. a date for a review can be set to take place after this trial period

If this resolves the dispute there is no need for further action.

Step 4: Termination of Employment

If the problem still persists after the date set in the final written warning, the employer may terminate the employment of the employee. The Health Board should discuss the situation and make a decision made as to the employment of the worker. The dismissal must be by a majority vote of the Health Board. (see below)

☞ *Refer to Section 3 – Legal Requirements ... Page 35*

Termination of Employment

Resignation

Termination of employment may occur as a result of the employee resigning from the position. Resignation should be in writing, and filed in the personnel file. Normally 2 weeks notice should be given, except for professional staff where up 1- 3 months notice should be given to enable replacement. *Check the Award and Enterprise Bargaining Agreement as to actual requirements in particular services.*

Commonly where the employee has been employed:

- less than 1 year full time continuous service, 1 weeks notice must be given
- 1 to 3 years, 2 weeks notice must be given
- 3 –5 years, 3 weeks notice must be given
- 5 years or more, 4 weeks notice must be given.

Abandonment of Employment

If the employee abandons their employment without notice, pay representative of the above notice periods can be deducted from termination pay entitlements.

Redundancy

Redundancy may occur if the position ceases because of funding cuts or organisational restructuring. It is usual for a redundancy payment of a size determined by the length of employment of the employee, to be paid. *Check the Award and Enterprise Bargaining Agreement as to actual entitlements in particular services.*

Summary or Instant Dismissal

Termination of employment through dismissal should only occur after a Performance Dispute Procedure has been followed with unsatisfactory result (see above).
Reasons for dismissal can include:

- recurring neglect of duty or negligence
- malingering - pretending to be sick in order to work in another job
- gross misbehaviour likely to endanger other employees or consumers, destroy property of the service, sabotage or interfere with the fulfilment of the organisations objectives (excluding legal industrial action or union activity)
- dishonesty - theft of service's property or money
- falsification of organisation records for personal gain or on behalf of any other employee
- persistent disobedience – failure to follow fair and reasonable instructions of employer
- intoxication through alcohol or other substances during working hours or whilst in charge of a health service vehicle
- fighting, insubordination or abuse in extreme situations
- recurrent/ habitual absenteeism or lateness for work
- committing a criminal offence outside the workplace (proven or charged) which the employer reasonably believes could also occur in the workplace.
- blatant breach of confidentiality agreement

If instant dismissal is warranted, but the incident is under investigation, it may be necessary to suspend the employee whilst the investigation continues. Normal salary must be paid until this is resolved.

Instant dismissal should be used with great caution. It should only be used for extreme situations and in many cases in the list above, it may be more judicious to follow the Performance Dispute Procedure. In all cases a discussion with the employee about the incident should be conducted before action is taken. Get advice from other agencies, and the relevant Union before taking extreme action. Failure to follow appropriate procedures, or to use extreme remedies inappropriately has cost some health services a great deal in terms of time and funds when court challenges have occurred and the health service has lost. Check relevant Award and Enterprise Bargaining Agreement about specific conditions or procedures that may apply to the health service.

Always keep accurate notes about incidents, consequent discussion with employees, any directives give and action taken on the employee's personnel file.

If an employee is instantly dismissed, the employer may or may not have to pay the employee their salary for designated notice of termination periods depending on the details of the Award and Enterprise Bargaining Agreement.

Admin Tip ... *Dismissal of Employees*

Always check Awards and Enterprise Bargaining Agreements, and legal requirements. Respect the rights of the employee. If instant dismissal is considered, get advice from the relevant union, and encourage employee to do the same. Get legal advice in unsure. Proper process can save the service many thousands of dollars, not to mention unnecessary stress and diversion from health service provision.

Other Dismissals

Other dismissal should only follow the Performance Dispute Procedure described above. Termination of employment is only enacted after a series of counselling sessions an formal warnings.

Employee Appeals

An appeal against dismissal can be made to the Health Board. If the next meeting of the Health Board is not due to be held within 10 working days, a special meeting should be requested. An appeal against dismissal of the employee can be upheld by a majority vote of Health Board members. If the dismissal of the employee is overturned, full pay for the period of dismissal and all entitlements shall be restored.
If the employee is aggrieved by the decision, they may take the case to hearing in the Industrial Court where damages can be awarded against the employer if it is judged that the dismissal was unfair. Following proper procedure can prevent such an adverse outcome.

☞ *Refer to Section 3 – Legal Requirements ... Page 35*

Termination Procedure

Check the Award and Enterprise Bargaining Agreement as to actual requirements in particular services
Many services provided relocation support to employees after 12 months equivalent full time service. This may include transport of personal belongings and one way economy airfares back to the nearest capital city of place of recruitment.

Termination pay includes all pay for work performed, any annual leave and leave loading accrued, and long service leave accrued if their continuous equivalent full time work exceeds 7 years.

Exit Procedure

When an employee leaves the health service the following procedure should be followed:

- arrange an exit or termination interview (see below)
- prepare the employee's termination payment:
    - calculate ordinary wages due or wages in lieu of notice
    - calculate annual leave due to the date of termination - this is paid at the employee's current rate of pay
    - calculate leave loading (17½%) in accordance with the employment contract
    - check if the employee is entitled to long service leave payments
    - check if any allowances are owing (e.g. travel, meals)
    - deduct and monies owing to the health service
    - prepare a written statement showing the detailed calculation of all monies to be paid to the employee
- make sure there is a letter of resignation from the employee if they resigned, or a letter of termination from the Health Board if they were dismissed. Copies of these letters should be kept on the employee's Personnel file.
- if requested, prepare a written statement of employment detailing the period of employment and type of work performed
- if requested, prepare a reference
- if appropriate, complete a Department of Social Security Employment Separation Certificate and give it to the employee
- ensure that any property belonging to health service is returned, including keys, files and equipment.

Exit Interview

ACCHOs are concerned with empowering Aboriginal people in the workplaces and as clients of services. To help make improvements in the management and delivery of PHC it is useful for the health service to be able to constantly consider ways of providing the best possible environment for people who access the services, and for those who work and manage the organisation. It also provides useful feedback about the health service for use in planning and evaluation. The interview is offered to every employee before they leave the organisation, and, if necessary, is to be filled in with the help of a person with whom the employee feels at ease. Confidentiality applies. **See Pro forma**

For more information contact

- ACTU
  ACTU
- Office of Workplace Services Wageline
  Toll free tel. 1300 363 264
  Wagenet

Dress

Most health services expect employees to wear clean and neat clothes and suitable footwear both in the workplace as well as in the public arena. Very short skirts or bike/stretch shorts, sports shorts, revealing tops and singlets are not appropriate. Footwear involves an occupational health and safety issue and closed foot wear (ie no thongs or sandals) are generally required as part of foot protection.
How you dress may be seen in the eyes of some members of the local community as a reflection of your respect for them.

Personnel Records

Employees are entitled to see their file at any suitable time to be arranged with the Administrator.
The following records should be kept:

- a signed contract or agreement of employment
- job application
- record of job interviews
- any correspondence
- job description
- details of next of kin and person to contact in emergency
- a completed employee record card
- a copy of a current Practicing Certificate
- a copy of a current driver's licence
- tax records
- superannuation records
- records of leave
- records on performance appraisals
- records of performance dispute procedures and grievances
- any other relevant information

Practicing Certificates

AHWs, nurses and doctors must have registration with the relevant registration boards in the NT. The individual is responsible for renewing this certificate and providing a copy to the service that is filed in the employees personnel file. Expiry dates are as follows:

- Nursing Practising Certificate fees – 1st July
- AHW Practising Certificates – 31st December
- Medical Practising Certificates – 30th September

In cross boarder areas it may be necessary for health professionals to also hold registration in SA, WA and/or Queensland.

The Administrator should maintain a system of checking that professional staff have renewed their registration each year.

Staff Whereabouts

Staff should always inform others where they are going and when they will be back. This is especially important in when staff are travelling out bush for whatever reason.

Travel Allowances (TA)

1. Staff and Health Board members who travel for official health service business are generally entitled to travel allowance (TA) that covers meals, accommodation and incidental expenses.
2. A schedule of TA is usually followed based on either NT or Commonwealth public service rates. Check which schedule the health service follow. The schedule covers:
   - Day trips – meal allowance only.
   - Bush Overnight trips – camping allowance – meal allowance at a level depending whether or not a cook is provided. The employer is expected to provide adequate camping equipment.
   - Town/ City Overnight - meal allowance, accommodation, and incidental expenses.
3. the Administrator will be responsible for calculation and payment of all TA.

Transport Costs

Usually the health service will organise and pay for any public transport travel required including air travel, bus or train. For road travel the service may provide a health service vehicle, organise a hire vehicle or approve the staff member to use their own vehicle. If health service does not organise a motor vehicle and approves the staff member to use their own, a per kilometre amount is paid depending on the engine capacity of the vehicle. A clear record of the kilometres travelled should be kept and presented to the Administrator at the conclusion of the trip. Check with the ATO or your accountant for current rates.

Accommodation

Staff

Accommodation is provided to staff recruited from outside the rural/remote community in which they must be resident to do their work. This, generally does not apply to larger towns. The provision of accommodation in these communities is usually rent free, and is exempt from Fringe Benefits Tax.

Arrangements regarding the costs of electricity, gas, water and telephone should be made clear at the commencement of employment and included in contractual arrangements. The health service is responsible for maintenance of the building and appliances, but the occupants are responsible for cleaning and bringing any repairs to the notice of the Administrator. Houses usually are furnished with basic furniture, fridge, stove, washing machine, air conditioner and basic kitchenware. Pets are usually

allowed. However, staff should be sensitive to the appropriateness of some pets (eg cats) and the damage they may cause to native fauna in a bush environment.

Upon commencement a joint inspection of the premises should be carried out where any damage is documented, and the contents listed for both parties to sign. Before departure of that staff member, a final inspection is again done jointly where any new damage or loss of contents can be determined. The value of this will be deducted from the employees final payout. Reasonable wear and tear is not the responsibility of the staff member.

It is usually expected that when a staff member is on leave, their accommodation will be made available to the locum or relief staff replacing them. This should be made clear in the contractual arrangements at the commencement of employment.

In some health services, it is expected that, because of lack of accommodation options in the community, health service visitors will be accommodated with existing health service staff. Arrangements about this should be made clear at the beginning of the employment period, and negotiated with health service staff at each occasion this need arises. Visitors may include AHWs attending training sessions, special health teams (eg Alukura), allied health professionals, medical specialists, students, researchers, and consultants.

Visitors that are the personal friends or family of health service staff are the responsibility of that staff member who must provide for accommodation needs.

Visitor Accommodation

Some health services have specific accommodation available for official health service visitors. This accommodation is usually the responsibility of the clinic.. It should be made clear when visits are being arranged what daily charge (if any) is made for use of this accommodation. It is expected that those using the accommodation will keep it clean and tidy.

Locum/Relief Staff

Locums and relief staff should be employed when permanent staff are on leave for more than five days so that health services are maintained, provided that funds are available for this purpose. Locum accommodation and travel expenses must be provided.

Locum staff have an employment contract based on the length of the work period. If the locum is employed as a casual employee they receive 20-25% loading on salary in lieu of paid leave (including sick leave), entitlements and district allowance. *Check the Award and Enterprise Bargaining Agreement as to actual requirements in particular services*

Recruitment of locums can be difficult. Professional recruitment agencies may be able to help, but are quite expensive. AMSANT may be able to assist. For medical locums, the NTRHWA can assist – contact them first and early.

Procedure

1. Leave application forms need to be submitted as soon as possible to allow time for locum recruitment - four weeks notice is required however employing locums can take longer and 3 months is recommended.
2. Employment of locums is coordinated by the Administrator.
3. There must be discussion and negotiation with all staff before and after a locum is employed, to ensure accommodation arrangements, travel arrangements and work delegation have been organised.
4. Locum staff with some expertise in Aboriginal health and accident and emergency are preferable. If a midwife is taking leave, a female locum nurses should ideally have midwifery qualifications - if this is not possible, the clinic needs to review potential births and make alternate plans.
5. Check qualifications and registration with relevant registration board.
6. Locum staff should receive appropriate orientation, which involves:
   - talking to the locum over the phone to give an idea of requirements and
   - sending the locum the Orientation Information Package prior to the period of work.
7. It is preferable that locum staff arrive prior to the staff member taking leave, to enable a handover.
8. The Administrator should seek feedback from clinic staff about the locum's suitability for re-employment.

On arrival the locum should be assisted to find their way around the community, shown the clinic and their accommodation and be introduced to all staff and members of the Health Board.

Locums must:

- adhere to the employee code of conduct See Pro forma
- follow all policies and procedures of the health service
- follow the CARPA Standard Treatment, Alukura/Nganampa Minymaku Kutju Tjukurpa Women's Business Manuals and other protocols used by the service
- carry out all delegated duties
- not change current systems eg pharmacy and imprest systems, outstation/homeland visit routine, immunisation lists without discussion with and agreement of permanent staff
- pay for all personal expenses such as personal travel, food and telephone.

Check list for handovers

- introduction to Health Board members and staff
- delegation of duties
- hours of work and after hours arrangements
- outstation/homeland visits

- instruction on how to use computerised medical records
- telecommunication system
- any special advice regarding particular clients and their treatment
- client referral and evacuation arrangements

Consultants

Consultants can be used to help review the health service programs or activity, provide particular services such as health board training, or be engaged to develop a particular resource, such as a policy and procedure manual.

For consultancies worth less than $5,000, OATSIH does not require a tendering process. For consultancies worth more than $5,000 a tendering process should be followed and at least three quotes obtained.

Before beginning the process, the Administrator should identify where the funds are coming from, and, if necessary, gain approval from the supplier of the funds to use them for the consultancy if that is not already allowed for in the funding agreement.

Consultants should be contracted for the provision of specific services and products for a set payment. It is usual to specify a date(s) for the delivery of the product, and a timetable of payments linked to satisfactory progress of the work. It is common for a schedule of payments to include a payment up front (say, 20%), with another payment half way through the project (say 30%), a payment on delivery of the product (say 30%) and the final payment on the Health Board being satisfied with the product (say 20%). The actual details of this need to be negotiated with the Consultant, but payments should not be made without evidence that stated progress has been achieved.

It is usual for the service to have ownership of the product, not the Consultant. This should be included in the contract with the consultant, and it may be necessary to also include specific details about ownership of community and cultural information, and limiting the consultants right to use information collected in the course of the project in any other way (including publications) without the specific consent of the Health Board.

Consultants are not in an employer /employee relationship. All expectations of the consultants must be included in their contract, as they are only required to fulfil those requirements. **See Pro forma**

Consultants normally provide their own workplace and equipment. However, it is common for rural and remote services to provided some office space, computer access and other support whilst actually present in the community. What is offered in this regard should be clearly stated in the contract. Otherwise, consultants are responsible for the provision of

- tools and equipment
- their own insurance, workers compensation and superannuation

Consultants have a responsibility to

- repair any defects in their own work including editing written work to satisfy the standard specified in the contract.
- Manage their own risks, e.g. accident, damage, legal liabilities, illness

Consultants work differently to employees in that they:

- work to their own program
- may work for numerous people or organisations at any one time
- are not paid annual leave, sick leave, or long service leave
- can be dismissed for failure to carry out their contractual obligations
- may employ other people to carry out tasks but need to include this in their tender

Consultants are required to provide the health service with an Australian Business Number (ABN) in order to receive their full fees without tax being deducted. If an ABN is not provided the service must withhold 48.5% of the fees and forward to the ATO. This is done in conjunction with the BAS which has a section for documenting funds withheld in this way.

☞ *Refer to Section 4 – Financial Management ... Page 71*

Staff Development, Education and Training

Staff education and training support is a fundamental aspect of support to comprehensive PHC . Health services have an obligation to support and provide opportunities for staff development and further training which are relevant, appropriate beneficial to the work of the organisation. Continuing education of staff is critical to the maintenance of high standards of health service delivery. Staff development, education and training is part of the performance appraisal process.

Small rural/remote health services are not able to fulfil all staff development and training requirements on their own. Thus they depend on agencies at a regional level and above to deliver appropriate training to their staff. Such agencies specifically focused on non-accredited training needs in the primary health care sector include THS (nurses and AHWs), Central Australian Remote Health Training Unit (mainly nurses and AHWs), Divisions of General Practice (doctors) and CARPA through its newsletter and conferences. The health services must allow staff to access these programs in a way that does not disrupt service delivery in the community. It is usual for clinical staff to work this out amongst themselves.

☞ *Refer to PHC Service Resources ... Page 300*

Training Requirements

The training needs of staff should be discussed with the Administrator on recruitment, at the annual staff performance appraisal and at staff meetings. These needs may be through:

- the provision of a staff orientation kit
- use of this Policy and Procedures manual
- referral to an external training course
- the provision of 'in-house' training sessions or on the job training
- workshops
- informative meetings
- conferences.

Training for staff will ensure that all staff receive:

- induction training through an orientation session; this will cover the staff orientation kit and the content and use of this Policy and Procedures Manual
- training related to the clinical needs of the client group
- training in first aid
- training on occupational health and safety issues and in the use of equipment
- training regarding the legal responsibilities associated with their work

The Administrator should keep a record of all training activities that a staff member has participated in and keep that record in the staff members personnel file.

The development of a library resource in the health service (books, journals, videos, audio-tapes) is useful to facilitate access to up to date information on the job. Internet access can also be useful.

When staff attend training activities outside the community, they should provide a report on their return about that activity including any implications to clinical practice.

Conferences

Staff wishing to attend conferences should:

- Submit a proposal which should include details of the conference, cost to be borne by the health service, and the relevance of that conference to the health service.
- If a paper is to be submitted about any aspect of the health service or the local community, the content must be first approved by the Health Board
- Negotiate with health service staff the continuity of work responsibilities during the absence
- On return, the staff member should present a report on the conference to the health service.

Health service staff are entitled to two weeks study leave, and this leave may be utilised for staff to attend conference on full pay. Where other agencies provide financial

support to staff for training, this should be utilised first. For example the NTRHWA provides specific financial support to enable doctors to access ongoing medical education.

Internal Training Opportunities

Health services should encourage staff to organise and participate in weekly clinical training sessions. This may involve discussion of particular cases, a staff member presenting an overview of the diagnosis and management of a particular medical condition, presenting details of a public health program being developed in the health service, etc.

It may be useful for a particular staff member to track external training activities and identify those most relevant to the staff.

First Aid Training

All staff should maintain their skills in First Aid. They should have a First Aid Certificate. AHWs must complete this within the first six months of employment. Refresher courses should be attended every 2 years.

Health Service Information for Applicants

_ Health Service

General Information

1. Name of the health service, how it is governed, and a brief description of services provided, including any after hours service.
2. Location of community, population, outstations/ homelands, distance from regional centre, and means of getting there.
3. Climate description.
4. Languages spoken in the communities serviced.
5. Facilities available in the community - store, schools, resource organisations, transport (airstrip with scheduled/non-scheduled flights, barge, etc.)

The Work of the Service

1. Describe in more detail the services provided including acute clinic care, after hours, immunisation programs, family support, STD control, chronic disease management, out-station/homeland visits, evacuations, etc.
2. Record keeping system, whether computerised.
3. The health service team. Role of Aboriginal Health Workers.
4. Staff development opportunities.

Vacancies and Selections

Vacancies are open to any person. The service is an equal opportunity employer, and encourages indigenous people to apply for positions. However selection is based on merit and applicants should meet all essential selection criteria, including required qualifications and professional board registration. All applicants will undergo a police check. For permanent positions applicants must be an Australian citizen or have permanent resident status. Doctors, nurses and AHWs must have registration to practice in the Northern Territory. Employees are employed under relevant Awards Enterprise Bargaining Agreement, and/or contract.

Applications

Applications for vacant positions should be made in writing with a covering letter stating the position applied for and a brief statement about your interest in the position. The selection criteria for the position should be addressed, and a curriculum vitae provided. Evidence of qualifications, registrations, drivers license should be included. The names and contact details of three referees should be provided.

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Letter to Potential Applicants for Vacant Positions

_ Health Service

Date

Dear (potential applicant)

Re _ _ _ _ _ _ _ _ _ _ _ _ (position)

Please find enclosed copies of the following documents:

- Health service information
- copy of advertisement
- the job description and duty statement including specifications and selection criteria

Please read this material before you apply. You are advised to address all selection criteria fully in your application.

If you have any questions about this position please contact _ _ _ _ _ _ _ _ _ _ _ _ Tel. _ _ _ _ _ _ _ _ _

Please include all contact details in your application. You must provide the names and contact numbers of three referees.

Thank you for your interest in applying for this position.

Yours sincerely

Administrator

Draft ...Pro forma ... Draft

Letter Acknowledging Receipt of Application

_ Health Service

Date

Dear

We acknowledge receipt of your application for _ _ _ _ _ _ _ _ _ (position) advertised on _ _ _ _ (date).

We will inform you of the decision of the Health Board in due course.

Yours sincerely

Administrator

Draft ...Pro forma ... Draft

Rejection Letter for Applicants not short listed

_ Health Service

Date

Dear

re Application for _ _ _ _ _ _ _ _ _ _ _ _ (position)

Thank you for your application for the above position which unfortunately was unsuccessful.

We hope you will not be deterred from applying for future vacancies with the health service as a result of being unsuccessful on this occasion.

If you require further information, please contact me.

Yours faithfully

Administrator

Draft ...Pro forma ... Draft

_ Health Service

Job Interview Questions

Questions

1. What skills an experience do you have that qualifies you for this position?
2. What do you think are the essential principles and activities of a primary health care service?
3. What do you think are the important aspects of a community controlled Aboriginal organisation?
4. What do you think are the major health problems for Aboriginal people?
5. What do you think are the main reasons Aboriginal people have poor health?
6. How would you manage _ (describe a common and significant clinical/ or other relevant scenario)
7. How would you manage _ (describe another common and significant clinical/ or other relevant scenario)
8. Are you familiar with the CARPA Standard Treatment Manual, the Alukura/ Nganampa Minymaku Kutju Tjukurpa Women's business manual, or other PHC clinical protocols?
9. Have you had experience working in multi-disciplinary health teams?
10. Have you had experience working with Aboriginal Health Workers? What do you understand to be their role?
11. Why do you want this particular position?
12. Do you have a NT driver's licence?
13. If you were successful in applying for this position, when would you be able to start?
14. Do you have any questions?

Note: Questions should be allocated to particular members of the Selection Panel. The Administrator should take notes, and organise responses against selection criteria.

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_ Health Service

Rejection Letter for Applicants not successful following Interview

Date

Dear

re Application for _ _ _ _ _ _ _ _ _ _ _ _ (position)

Thank you for your application and participation in the interview for the above position which unfortunately was unsuccessful.

We hope you will not be deterred from applying for future vacancies with the health service as a result of being unsuccessful on this occasion.

If you require further information, please contact me.

Yours faithfully

Administrator

Draft ...Pro forma ... Draft

_ Health Service

Job Offer, Including Employment Contract/ Agreement

Date

PRIVATE AND CONFIDENTIAL

Dear

Re - Offer of Employment

We are pleased to inform that you application for the position of _ _ _ _ _ _ _ _ _ _ _ _ _ _ has been successful.

Attached are the terms and conditions of the offer. We advise that you should read these carefully, and if you agree, sign the acceptance form at the bottom of this letter and return to us by _ _ _ _ _ (date)

Once signed by you, this letter will form the basis of the Employment Agreement between you and the _ _ _ _ _ _ _ Health Service.

Please contact me if you have any questions or concerns.

The offer is as follows:

Position

Your position with the _ _ _ _ _ _ _ Health Service will be as _ _ _ _ _ _ _ A current job description is attached. This may be amended by the _ _ _ _ _ _ _ Health Board, after negotiations with you, as a consequence of operational requirements of the service and any altered job description will apply to the position.

1. Term of the Agreement

The term of your contract of employment shall be _ _ _ years. The contract will apply from your commencement date at the beginning of business hours on _ _ _ _ _ _ _ (date) and will cease at the close of business on the _ _ _ _ _ _ _ (date).

2. Availability of Funding

All terms except for those dealing with salary level, annual, sick and long service leave and workers compensation are subject to the availability of funding for the position.

3. Contract of Employment

Your contract of employment with the _ _ _ _ _ _ _ Health Service consists of the terms and conditions within this offer and any _ _ _ _ _ _ _ Health Service policies that may exist from time to time. This contract is separate from and excludes any and all awards & enactments, or provisions of them, unless they are expressly contained in this contract. This contract replaces any previous written or verbal offers, understandings or contracts.

4. Salary

Your ordinary salary on commencement shall be $ _ _ _ _ _ _ per annum. Your salary will be paid two weeks in arrears, by direct deposit into an account nominated by you. Other allowances include District Allowance and Language Allowance (if language is relevant to this health service). Salary increments will be granted, subject to funding availability, to employees whose work performance has been satisfactory and who have completed twelve months of employment.

5. Salary Sacrifice

The _ _ _ _ _ _ _ Health Service has access to salary sacrifice, which is available to employees at the _ _ _ _ _ _ _ Health Service discretion. The _ _ _ _ _ _ _ Health Service holds the right to withdraw salary sacrifice benefits if any laws change that impact on this arrangement. The _ _ _ _ _ _ _ Health Service will allow _ _ _ _ _ _ _ (employee) to salary sacrifice a maximum amount of $30,000 grossed up value for approved purposes.

6. Superannuation

The _ _ _ _ _ _ _ Health Service shall contribute on your behalf an amount equal to 8% of your ordinary salary into the _ _ _ _ _ _ _ Superannuation Fund. The conditions applying to superannuation will be determined by _ _ _ _ _ _ _ Health Service policy, the Superannuation Guarantee Act and the rules of the fund.

7. Hours of Work

Ordinary hours of work shall be a minimum of 75 hours per fortnight worked flexible to the needs of the community. A timesheet must be completed by the employee. The normal hours of the clinic are weekdays _ _ am to _ _ pm and _ _ _ _ am to _ _ pm.

8. On Call

Overtime hours including weekends will be shared by the qualified Medical and Nursing staff. The assistance of all staff may be required for emergency situations, which will be performed without remuneration. A _ _ % loading of normal salary will be paid to cover on call work and call outs.

9. Other Duties

You may be required by the _ _ _ _ _ _ _ Health Service to perform duties in addition to or in place of those stated in the job description at and for any time.

10. Probationary Period

A probationary period of three (3) months from the starting date will apply. At the expiration of the probation period a performance appraisal will be carried out, and the employer and the employee shall resolve to confirm the employee's appointment, terminate the agreement or grant an extension of the probation for a period for a further period of three (3) months. After one (1) year or more of service no probation period will be required.

11. Performance Appraisal

A Performance Appraisal will be conducted annually.

12. Termination

Your contract of employment may be terminated before its expiry date as follows:

a. Termination by Notice following repeated unsatisfactory Performance Appraisals
   The _ _ _ _ _ _ _ Health Board may terminate your employment by giving _ _ _ weeks notice of the termination. The _ _ _ _ _ _ _ Health Board may choose to pay out this notice period rather than have you work out the notice. The period of notice required in this paragraph does not apply in the circumstances described in paragraph "f" of this clause.

b. Termination by Notice from Employee.

You may terminate your employment by giving _ _ _ _ _ _ _ weeks notice of the termination. Normally you would be required to work during this notice period but the _ _ _ _ _ _ _ Health Board may agree to an earlier release from your duties. The period of notice required in this paragraph does not apply in the circumstances described in paragraph 'f' of this clause.

c. Summary Dismissal.
   The _ _ _ _ _ _ _ Health Board may terminate your employment without notice, or payment in lieu of notice, because of any: malingering, negligence, misconduct, or breach of _ _ _ _ _ _ _ Health Service policy or breach of Clause 22, Code of Conduct, in this contract, on your part.

d. Unsatisfactory Performance & Behaviour.

The _ _ _ _ _ _ _ Health Board may terminate your contract without notice because of unsatisfactory work performance or behaviour, or behaviour that is inappropriate in the community, as determined by the _ _ _ _ _ _ _ Health Board, & actions that bring the _ _ _ _ _ _ Health Service into disrepute, on your part.

e. Operational Requirements & Economic Considerations.

The _ _ _ _ _ _ _ Health Board may terminate your employment because of reasons associated with operational requirements, economic consideration, or financial circumstances, (for example, reduced funding received from the various funding entities which may or may not be related to your employment).

f. End of Contract
No notice is required and no compensation will be payable if your contract runs the full term as specified in Clause 2.

13. Nominated Place of Recruitment
Your nominated place of recruitment is _ _ _ _ _ _ _

14. Travel - Relocation & Repatriation
a. Relocation
The _ _ _ _ _ _ _ Health Service will provide or pay for airfares for yourself and your immediate family, as agreed, from your nearest capital city to _ _ _ _ _ _ _ and transport to _ _ _ _ _ _ _ to allow you to start your employment with the _ _ _ _ _ _ _ Health Board. If employed from inside the _ _ _ _ _ _ _ Land Trust/ Community there is no entitlement to airfares.

b. Repatriation
The Health Board will provide or pay for repatriation for the employee and immediate family, as agreed, from _ _ _ _ _ _ _ to your nearest capital city on your employment being terminated. If employed from inside the _ _ _ _ _ _ _ Land Trust/ Community there is no entitlement to airfares.

c. Qualifications on Entitlement
If you are terminated by the _ _ _ _ _ _ _ Health Board without notice for misconduct or for reasons that summary dismissal would apply after you have twelve (12) months continuous service with the _ _ _ _ _ _ _ Health Board then the Health Board will pay or provide repatriation transport for yourself and immediate family to your nominated place of recruitment. If the employee decides to terminate their contract within twelve (12) months of their starting date there is no entitlement to repatriation.

d. No Double Counting of Entitlements.
The entitlement to relocation and repatriation travel will only be available to the extent that you or members of your immediate family do not have relocation or repatriation entitlement from any other contract with the Health Board or any other source.

e. Alternative Methods of Travel.
You may use alternative methods of transport, such as your own vehicle, for relocating to and repatriating from the community. If you use your own vehicle you may claim the following allowances instead of airfares.
Reimbursement is based on:

- Vehicle use: $_ _ _ per kilometre inclusive of fuel, oil, vehicle maintenance, insurance & all costs associated with the running of the vehicle. Rate depends on vehicle engine capacity (see Table 4)
- Accommodation $_ _ _ _ per night on presentation of receipts

If you use your own vehicle, these allowances (vehicle and accommodation) will be paid to a maximum that is the equivalent to the cost of the economy airfares that would have been provided otherwise.

If you use another form of transport, such as a coach, then you may claim the cost of the ticket and the accommodation to a maximum that is equivalent to the costs of the economy airfares that would have been provided otherwise.
In addition, if using alternative methods to relocate or repatriate you must travel by the most practical direct route from your nearest capital city to the community.
In claiming for the costs arising from alternative methods of transport you must provide the _ _ _ _ _ _ Health Service with satisfactory evidence of costs claimed.

15. Personal Effects Transport - Relocation And Repatriation

a. Relocation

The Health Board will provide or pay for reasonable expenses, to a maximum of $_ _ _ incurred in the transport of your personal effects from your nominated place of recruitment to allow you to start your employment with the Health Board. If employed from inside the _ _ _ _ _ _ _ Land Trust/ Community there is no entitlement to relocation cost. Three quotes will be required to be presented to the health service, and approval provided through the issuing of a purchase order enabling the health service to pay the supplier directly on presentation of their invoice.

b. Repatriation

The Health Board will provide or pay for reasonable expenses, to a maximum of $_ _ _ incurred in the transport of your personal effects from the community to your place of recruitment. The same conditions as outlined in 16b will apply.

c. Qualifications of Entitlement for Personal Effects Transportation

If you are terminated by the Health Board without notice for misconduct or for reasons that summary dismissal would apply after you have twelve (12) months continuous service with the Health Board then the Health Board will pay or provide for repatriation transport for your personal effects to a maximum of $_ _ _ . The same conditions as outlined in 16b will apply.
If the employee decides to terminate their contract within twelve (12) months of their starting date there would be no entitlement to repatriation expenses.

d. No Double Counting of Entitlements

The entitlement to relocation and repatriation of personal effects will only be available to the extent that you or members of your immediate family do not have relocation or repatriation entitlement from any other contract with the Health Board or any other source.

e. Definition of Personal Effects

In this clause "personal effects" means your household goods, personal possessions, one car. Additional vehicles, boats, trailers and caravans etc. are not included.

f. Insurance

You shall be responsible for insurance and the cost of insuring the transport of your personal effects on relocation or repatriation.

16. Accommodation, Utilities And Services

a. Entitlement

The Health Board shall provide you with suitable accommodation according to its accommodation policy, availability and the terms of its tenancy agreement with you.

b. Charges for Accommodation.

The charges for your accommodation shall be:

Rent $ _ _ per fortnight

c. Other utilities and services: in the event any other charges are levied in the community for utilities or other services (such as electricity, gas, and telephone) you shall be responsible for the payment of those charges.

17. Annual Leave

a. Entitlement

Your entitlement to annual leave is _ _ _ _ _ working days after 12 months full time equivalent completed service. Payment for your period of leave is at your ordinary rate plus a loading of 17.5%. You will be paid for your annual leave and leave loading before you go on annual leave.

b. Time of taking Annual Leave

You must request annual leave six weeks prior to the date and have your request approved by the Health Board before you go on leave. Where possible the Health Board will try to grant annual leave for the time requested. However all annual leave will be granted by the Health Board at its discretion and according to its operational requirements.

Annual leave must be taken within 12 months of it falling due. If the Health Board requires you to take leave at any time it will give you 6 weeks notice of that requirement. At least 4 weeks of your annual entitlement must be spent outside the community.

c. Public Holidays

As observed in the NT. Annual leave is exclusive of public holidays.

d. Rest and Recreation

Every three months there is one week's rest and recreation provided. This is paid as standard weekly pay with no on call or overtime loading. This week must be taken away from the community. If employment ceases within the first three (3) months tenure there will be no entitlement to payment for this week.

e. Payment on Termination

On the termination of your employment your accrued and pro rata holiday leave, plus leave loading will be paid out. This is provided you have at least one month's service and terminate in accordance with this contract or have been terminated by the Health Board.

18. Annual Leave Airfares

a. The Health Board will pay for one economy class airfare to the nearest capital city for yourself after 12 months continuous service for the purpose of taking annual leave. If you wish to go to a different destination the Health Board will contribute the value of an economy class airfare to the nearest capital city to the cost of your

travel. This can be taken as an airfare or paid out as the equivalent. This airfare must be taken in conjunction with annual leave.

b. No Double Counting

This entitlement to annual leave airfare will only be available to the extent that you and members of your immediate family do not have any annual leave travel assistance entitlement from any other contract with the Health Board or any other source.

c. Payment on Termination

If your contract is terminated at a time when you have an accrued but untaken annual leave entitlement then an airfare entitlement proportional to the percentage of annual leave accrued will be paid out. You shall not be entitled to any annual leave airfare at the termination of this contract if you are entitled to repatriation travel.

19. Sick Leave

a. Entitlement

You have an entitlement up to 10 paid days sick leave per year. However up to 5 days of this entitlement may be taken by you to enable you to be responsible for the care and support of a member of your family. Sick leave entitlements shall not be paid out if not taken. The Health Board may agree at its absolute discretion, to extend either paid or unpaid leave for any incapacity to attend for work due to illness that exceeds your sick leave entitlement.

b. Notification of Absence.

You are required to advise the Health Board as soon as possible if you are not able to attend work for reason of which you are claiming sick leave.

c. Proof of Reasons for Absence.

You may be required at any time to produce a medical certificate, or other proof, detailing the nature of your illness and inability to attend work because of that illness or to enable you to be responsible for the care and support of a member of your family who is genuinely ill.

20. Bereavement Leave

You have an entitlement to _ _ days paid leave to attend the funeral of your spouse, parents, grand parents, siblings and children. This includes persons with whom you have an in-law, de-facto or step relationship. Additional leave may be granted, at the Health Board's absolute discretion, on a paid or unpaid basis by agreement with the Health Board.

21. Jury Leave

If you are required to attend for jury service the Health Board will grant you leave to perform that service. The Health Board will pay you the difference between any monies you receive for jury service and your ordinary salary. You are required to provide proof of your jury service and any payments made to you for that service.

22. Parental Leave

a. Types of Parental Leave

There are three types of parental leave to which you may be entitled. All of these types of leave are currently provided for in the Industrial Relations Act 1988

(Commonwealth) or a relevant award. Entitlements to parental leave under the Act are reduced by any entitlement granted by an award so there is no double counting of entitlements.

The three types of leave are:

1. Maternity Leave - a female employee who becomes pregnant is entitled to a maximum of 52 weeks leave to allow her to give birth and care for the child.
2. Paternity Leave - a male employee who has a spouse who gives birth to a live child is entitled to :
    a) Short Paternity Leave: One week of leave beginning on the date the child is born.
    b) Long Paternity Leave: A maximum of an additional 51 weeks leave to be the primary care giver to the child.

    No Overlap

    The intent in providing paternity and maternity leave is that apart from one week of short paternity leave the periods of maternity and paternity leave are not to be taken by you and your spouse at the same time. In addition the total entitlement for you and your spouse cannot exceed 52 weeks of parental leave. Parental leave can be taken in conjunction with annual leave or long service leave. However this normally reduces the amount of parental leave by the same amount of other leave. Again the intent being that the total time absent from work by you and your spouse is no more than 52 weeks.
3. Adoption Leave - you may be entitled to a period of unpaid leave if you adopt a child under the age of five. The entitlement is:-
    a) Short Adoption Leave:- up to three weeks leave to allow you or your spouse to care for the child.
    b) Long adoption Leave:- A maximum of 52 weeks leave to be the primary carer for the child.

    No Overlap of Adoption Leave

    This period of leave is reduced by any period of adoption leave taken by your spouse. The intent being that the total amount of adoption leave taken by you or your spouse is no more than 52 weeks. Annual and long service leave may be taken in place of or in conjunction with adoption leave but the period of adoption leave available is reduced by the amount of other leave taken. Apart from the period of short adoption leave, adoption leave is not taken by you and your spouse at the same time.

b. Qualifying Period

In all types of parental leave you must have at least 12 months continuous service with the Health Board, to the date of birth or adoption, before you can claim parental leave.

c. Proof of Claim

The Health Board may require you to supply proof relating to the existence of a pregnancy, the birth of a live child, adoption of a child, the amount of any parental leave to be or actually taken by your spouse, the time and amount of any other leave to be taken by you and your spouse during the 52 weeks following the birth or adoption of your child.

d. Payment for Parental Leave: all parental leave is unpaid.

e. Other Conditions of Parental Leave

The conditions for parental leave are determined by the relevant sections of the Industrial Relations Act 1988 (Commonwealth) or by the relevant provisions of any applicable award.

23. Other Leave

You may request leave for purposes other than those that have been detailed elsewhere in this contract. Requests of this type will be considered by the Health Board on their merits. Absolute discretion rests with the Health Board to grant or not to grant other leave and, if granted, to allow paid or unpaid leave.

24. Public Holidays

a. Public Holidays are generally not worked

You will normally not be required to work on the public holidays generally observed in the NT.

b. Additional public holidays will be observed if they are gazetted by the NT Govt. and apply to _ _ _ _ _ _ _ community. Also, any of the holidays observed in the NT may be observed on a different day than which they fall if it is declared in the NT Govt. Gazette, or it is agreed between the Health Board and a majority of its employees.

25. Code Of Conduct

Staff are expected to conform to the staff code of conduct. Failure to do so may result in dismissal.

26. Occupational Health & Safety

Both employee and the Health Board have legal obligations about health and safety in the workplace. The Health Board will act to observe its obligations while you are expected to do the same. Specifically this means, taking due care of your and other Health Service employees health and safety at work, working according to any and all Health Service health and safety practices & procedures, using any and all protective equipment that is required or supplied for the purpose it is intended or directed, report any maintenance requirements, hazards, accidents, injuries or incidents to the Health Service and take whatever corrective action is needed by way of maintenance and eliminating hazards. Listing these obligations here is not meant to limit or exclude any other health and safety obligations that exist.

27. Training

You are required to attend or undertake any training that the Health Board directs. You are also required to perform any training activity for other employees that you are competent to perform that the Health Board may direct.

28. Confidentiality

You are not to give information or documents relating to your employment and to the business of the Health Service to anyone unless authorised to do so by the Health Service. This applies to clinical information, and any information about individuals,

families, staff or the community that you know due to your position as an employee in the health service.

29. Permits to enter and remain on Aboriginal Land

a. You must personally make the necessary arrangements to obtain and retain, for the duration of your employment with the Health Board, a valid permit from the relevant Aboriginal Land Council or other authority to reside in the Community. This requirement also applies to members of your immediate family who reside with you in the Community.
b. In the event that your permit to enter and remain upon Aboriginal land forming part of _ _ _ _ _ _ _ community is not granted or upon being granted during the currency of your employment is revoked, both you and the Health Service are excused absolutely from the due performance of this contract and no entitlements will arise under clauses 10,11,12,14,15 or any other clause.
c. Any visitors you have in the community must obtain and retain a valid permit for the duration of their stay. You are responsible for ensuring that your visitors observe the requirements of the Health Board and the Community in respect of the conduct that is required of them.

30. Possession or consumption of Alcohol and Illegal Non Prescription Drugs.

You are not to possess or consume alcohol and /or illegal non prescription drugs in the community/ health service or whilst on duty. The possession or consumption of any alcoholic beverages and/or illegal non prescription drugs is prohibited in the community/ health service or in any health service vehicle or whilst on duty.
Any breach of the clause by you or any member of your family or a visitor of yours shall be regarded as gross and wilful misconduct and may result in your summary dismissal.

31. Health Service Property

All property, including documents, of the Health Board shall remain the property of the Health Service, even though they may be retained in your possession during your employment as a consequence of your employment duties. You must not borrow, lend or possess any Health Service property unless authorised by the Health Service to do so. On the termination of your employment any and all Health Service property in your possession is to be returned immediately to the Health Service. Houses supplied are fully furnished. Upon commencement both parties will be involved in inspection of premises where a contract will be drawn up concerning house items and their condition. Both parties will sign this. Upon final inspection at the time of your repatriation to _ _ _ _ _ _ _, the cost of any damage above reasonable wear and tear will be deducted from your final pay out.

32. Reporting

The Health Board may require you to make any written or verbal report regarding the performance of your duties, health service activities or any such matters as it requires. The Health Board may request that you make these reports as described in your job description, on a periodic or ad hoc basis, or as it sees fit. You shall comply with all

requests from the Health Board for the making of a report and make such reports within the time frames that are set by Health Board. All reports submitted by you shall contain only truthful and accurate information that is sufficient for the purpose for which the reports are requested.

33. Non Health Service Work
You shall not accept or engage in any work for any business, company or organisation other than the Health Board unless you have the written consent of the Health Board.

34. Monies owed to the Health Service
On the termination of this contract you shall repay to the Health Board any monies that you owe. Any debt that you have that remains outstanding at the time of the termination of this contract may be offset by the Health Board from any monies that it owes you, or otherwise recovered by the Health Board.

35. Employee Grievance Procedure
Employees should follow the Health Service's grievance procedures.

36. Professional Indemnity
The practitioner shall be responsible for arranging his own Professional Indemnity Insurance, and shall produce documentary evidence of such insurance to the satisfaction of the Health Board.

37. Special Conditions
_ _
We hope that this offer is acceptable and look forward to receiving your reply.

Yours sincerely

____________________ ____________________ ____________________
PRESIDENT VICE-PRESIDENT COUNCILLOR

Common Seal Of The _ _ _ _ _ _ _ Health Service

The common seal of the _ _ _ _ _ _ _ Health Board affixed hereto this_____ day of

____________ 2000_____ in our presence pursuant to a resolution of the _ _ _ _ _ _

Health Service passed on the ______ day of _________ 2000____.

Declaration of Agreement and Acceptance

I, _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ have read and understand, agree with the terms and conditions accept this contract of employment with the Health Service. I wish to accept this employment and agree I will retain as confidential any information kept by the service or information otherwise obtained while carrying out normal duties with the Service. I agree to promote concepts of community based primary health care and to be guided by the Health Board. I will endeavour to perform my duties in a professional, ethical and co-operative manner, and will support my fellow staff members. I am aware that I cannot take any alcohol or illicit drugs into the communities and that if I do, my employment will be terminated.

_____	_____
Employee Signature	Date
_____	_____
Witness Signature	Date

Name Of Witness_____

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_ Health Service

Employee Record Card

Name: _
Position_ _
Address _
_ _
Tel. _ _ _ _ _ _ _ _ FAX _ _ _ _ _ _ _ _ _ _ _ _ Email _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Usual Contact in Regional Centre Tel. _ _ _ _ _ _ _ _ _ _ _

Bank & account no: _
Tax File Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _
Superannuation Fund: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Driver's Licence no: _ _ _ _ _ _ _ _ _ _ _ Expiry date _ _ _ _ _ _ _ _ _ _ _
Registration: Board _ _ _ _ _ _ _ _ _ _ _ Renewal date _ _ _ _ _ _ _ _ _ _ _
Recruited From: _

Contact in Case of Emergency:
Name _
Address _
Tel. _ _ _ _ _ _ _ _ FAX _ _ _ _ _ _ _ _ _ _ _ _ Email _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Next of Kin:
Name _ **Relationship** _ _ _ _ _ _
Address _
Tel. _ _ _ _ _ _ _ _ FAX _ _ _ _ _ _ _ _ _ _ _ _ Email _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Position Details
Position: _
Qualifications: _
Date commenced: _ _ _ _ _ _ _ _ _ Termination Date: _ _ _ _ _ _ _ _ _ _ _ _ _
Award: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Classification _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date _ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date _ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date _ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date _ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date _ _ _ _ _ _ _ _ _

Salary

Rate: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date _ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date _ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date _ _ _ _ _ _ _ _ _

Fringe Benefits _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Allowances _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

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_ **Health Service**

Leave Application Form

Employee Name _
Position _

Type of Leave

Annual Leave ☐	Bereavement Leave ☐	Ceremonial Leave ☐
Compassionate Leave ☐	Study Leave ☐	Long Service Leave ☐
Leave Without Pay ☐	Other Leave ☐	

Reason For Leave _
_ _
_ _

Total Working Days Requested _
Travel Days _ (if applicable)
Date and Time Leaving Work _ _ _am/pm Date _ _ _ _ _ _ _ _ _ _
Date and Time Recommencing Work _ _ _am/pm Date _ _ _ _ _ _ _ _ _ _

Employee Signature _ Date _ _ _ _ _ _ _ _ _

Administrator to complete

No days leave requested: _ _ _ _ _ _ _ _ _ _ _ _ _ _
Total number of days eligible _ _ _ _ _ _ _ _ _ _ _ _ _ _
Paid leave recommended _ _ _ _ _ _ _ _ _ _ _ _ _ _
Leave record updated _ _ _ _ _ _ _ _ _ _ _ _ _ _

Reason NOT recommended _
Signature _Date _ _ _ _ _ _ _ _ _ _ _ _ _ _

Health Board approval

Paid leave not approved / approved:
Reason NOT approved _
Signature _Date _ _ _ _ _ _ _ _ _ _ _ _ _ _

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_ Health Service

Job Description - Aboriginal Health Worker

Job Title Aboriginal Health Worker (AHW).

AHW Class: Class 1/ A1 to 3/ B4.

Reports To:

Medical Matters: Senior AHW, Doctor or Senior Nurse (decide which)
Administrative Matters Health Board through the Administrator.
General Matters Administrator.

Purpose:

Provide primary health care services to clients in the clinic and in the community as required.

Persons/ Positions to Supervise

- The AHW will assist and advise non-Aboriginal clinical staff on community, cultural and language matters that impact on the care of clients.
- The AHW will provide assistance and advice on clinical care of clients within their competency to less experienced clinical staff.

The Person:

- The position is most likely held by a responsible person with appropriate community and cultural knowledge and status.
- They should have an interest in Aboriginal health issues and be keen to provide assistance and care to others in their community.
- The person will possess an Aboriginal Health Worker certificate or enrolled in a course (or under taking training) to achieve such registration.

Responsibilities:

The AHW is required to:

- perform clinical duties in all areas of the health service; this includes the general clinic, child health programs and particular community based programs

- work in a way that is appropriate to gender sensitivities operating in the Aboriginal community
- be respectful to clients and treat all information about the client with strict confidentiality
- attend work from 8.30am till 12,30pm, and from 1.30pm to 5pm Monday to Friday unless otherwise directed by _ _ _ _ _ _ _ or otherwise rostered
- be expected to participate in the after hours roster with other health staff
- follow the procedures documented in a formal policy and procedures manual for the health service and to follow clinical protocols detailed in the CARPA Standard Treatment Manual, the Alukura/ Nganampa Women's Manual, other protocols used by the service or directions given by senior clinical staff
- work with and under the supervision of other more experienced qualified staff in clinical aspects of the work; it will be the AHWs responsibility to seek assistance in all situations where they have some concerns about their capabilities
- assist other health staff requiring community, cultural and/ or linguistic assistance with clients, except where culturally inappropriate
- participate in the development, presentation and monitoring of health programs as appropriate
- participate in on-going training provided by the health service and other agencies as required
- work under the supervision of other more experienced qualified staff in clinical aspects of the work
- competently use the computerised clinic data base and to enter relevant data into that system consistently and accurately

Specific Jobs:

The AHW is required to:

- perform consultations with clinic clients including listening to their story, providing a basic physical examination and consulting with more experienced clinical staff as necessary, and to advise on the treatment and management of client's health problems
- assist in client follow up, and will check immunisation status, and when other activities are scheduled (eg PAP smears, chronic disease checks, STD checks); s/he will provide clients with advice on healthy living matters and information about other agencies where they may receive assistance as appropriate
- prescribe and dispense pharmaceutical drugs as appropriate to clients, and will ensure that such medications are fully and properly labelled according to health service standards, the nature of the medication and any side effects is explained to the client and the dosage, frequency and length of the course is fully explained to the client; s/he will assist in maintaining the pharmacy in a safe and orderly state; if s/he has any doubts about the medication being prescribed or dispensed, they will seek advice from a medical officer
- record in the clinic notes details of the consultation including history, examination and management offered and any follow up organised; s/he will

assist the client in organising referrals (including appointments and transport) to other agencies as necessary
- maintain a clean and hygienic work environment in the clinic and participate with systems of maintaining clinic supplies and equipment
- work in a way that is consistent with health and safety practices, especially in regard to the handling and disposal of sharps and body fluids
- collect specified data on all client contacts they have in the clinic or community in accordance with health service requirements
- work with other community based health programs outside the clinic as directed from time to time

Liaison:

External

- Personnel employed by other organisations (specify)
- Community based aged care programs, Community Council programs.
- THS DMOs, representatives of RFDS/Air Med, and Hospital staff in relation to patient care and management
- Health service staff in other communities.

Internal

Other AHWs, nurses, community doctor and Administrator in matters relating to the operation of the health service and patient management

Training

All positions at the health service involve the training and continuing professional development of other staff. The occupant of this and any position is expected to use their skills and experience to support and train other staff members as the need arises.

Confidentiality

Employees must not give information or documents relating to their employment and to the business of Health to anyone unless authorised to do so by the health service. This includes medical records, information about health service business activities or the _ _ _ _ _ _ Community.

Duty Statement – Aboriginal Health Worker

Clinical Care

- provide general health care – assessment and management of a broad range of clinical problems in consultation with the community doctor, DMO, nurses, other AHWs or written protocols and the provision of preventive health checks and promotion of health awareness
- provide appropriate general First Aid techniques
- provide accident and emergency care including emergency first aid, stabilisation and evacuation of patients
- facilitate and participate in the opportunistic and community screening activities
- be familiar with and competent in the use of standard basic medical equipment
- dispense pharmaceutical therapies, including the administration of vaccines
- participate in a duty roster including on-call equally with other medical staff

Specific Care

- respond to medical emergencies
- deliver health care to children, women or men, youth, aged, and people with disabilities including ensuring prompt follow up and recall of patients in liaison with other AHWs, doctor and nurses, and facilitate tracing and treatment of patients moving between communities and out-stations
- deliver substance abuse care, nutritional care and mental health care
- deliver other specialist health care including the arrangement of outpatient appointments and transport for patients

Community Care

- participate in dealing with issues affecting the social and emotional well being of the community
- deliver counselling and support to individuals and families on health related issues
- respond to community emergencies
- deliver environmental health care
- deliver health education and health promotion
- provide interpreting services

Management and Teams

- advocate for rights and needs of individuals, families and community on health related issues.
- demonstrate safe working practices
- work with others to deliver effective health outcomes
- provide informal training, specifically support and education for nurses, doctors and other allied health staff
- participate in the implementation of disaster plans

Administration

- use and maintain .....Health Service clinical records
- use office equipment and technology, such as telephones and fax machines
- assist in the ordering and accounting for pharmaceutical and other supplies

Research

- collect data on community's health
- facilitate the maintenance of accurate and up to date data for the population register (community profile)
- contribute to clinical reports and research activities

Training

All positions at the health service involve the training and continuing professional development of other staff. The occupant of this and any position is expected to use their skills and experience to support and train other staff members as the need arises.

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_ Health Service

Selection Criteria - Aboriginal Health Worker

Essential

- Current registration with the NT AHW Registration Board.
- Has community support to undertake this role
- Preparedness to continue training towards increasing competencies
- Knowledge of community and local Aboriginal cultural issues

Desirable

- Current NT driver's licence
- Ability to participate in the development and implementation of community-based primary health care programs
- An interest in Aboriginal health issues
- Ability to effectively communicate with the community and Anmatjere Health Service Board of Management about community health priorities.
- Current St John's First Aid certificate

_ Health Service

Job Advertisement - Aboriginal Health Worker

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Health Service

Aboriginal Health Worker

The _ _ _ _ _ _ _ Health Service is currently seeking applications for the position of Aboriginal Health Worker (AHW).
The Health service is an established Aboriginal community controlled health service serving the people living in and around _ _ _ _ Community _ _km from _ _ _ _ _ _ _ _, including outstations/homelands in a radius of _ _Kms of the community. The majority of people in this area are _ _ _ _ _ _ _ _ people. The AHW will work as a member of a multi disciplinary health team, in conjunction with the community, Health Board, other AHWs, nurses, AHW educator and doctor to provide and promote a comprehensive Primary Health Care service.
Selection Criteria:
Essential: Support from the local community. Knowledge of local community; Aboriginal community and cultural matters. Registrable with the NT AHW Registration Board.
Desirable: Current NT Drivers Licence.
The salary range is in accordance with _ _ _ _ _ _ Award.
Contact the Administrator, Tel. _ _ _ _ _ for more information and a copy of the detailed job description and selection criteria.
All applications should be addressed in writing to:
President, _ _ _ _ _ Health Board
_ *(Address)*
Include names of 3 referees. Assistance with writing an application is available on request.
Applications will close at 5pm on Friday _ _ _ _ _ _
Aboriginal & Torres Strait Islander people are strongly urged to apply for this position.

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_ Health Service

Job Description – Senior Aboriginal Health Worker

Job Title: Senior Aboriginal Health Worker (AHW).

AHW Class: Class 3/ B4

Reports To:

Medical Matters	Doctor or Senior Nurse
Administrative Matters	Health Board through the Administrator.
General Matters	Administrator.

Purpose:

Provide primary health care, including clinical care, to clients in the clinic, and provide leadership to other clinic staff, especially other AHWs.

Persons/ Positions to Supervise:

The Senior AHW will:

- assist and advise non-Aboriginal clinical staff on community, cultural and language matters that impact on the care of clients.
- provide day to day supervision and assistance to other clinic AHWs especially in regard to their clinical duties, maintenance of clean and hygienic environment and other matters involved in ensuring the smooth running of the clinic.
- work closely with other staff in dealing with crises that may emerge from time to time.

The Person:

- The position will be held by a mature and responsible person with appropriate community and cultural knowledge and status.
- S/he will have a demonstrated interest and expertise in clinical medicine and the provision of clinical primary health care services.
- S/he will possess an Aboriginal Health Worker certificate in the Northern Territory, be registered with the NT AHW Registration Board and be competent in clinical and other skills at a high level equivalent to a competency Level B.

Responsibilities:

The Senior AHW is required to:

- perform clinical duties in all areas of the health service, to provide day to day clinical supervision of clinic AHWs, and to assist in ensuring the smooth running of the clinic
- assist in the organisation of the clinic to ensure that gender sensitivities operating in the Aboriginal community are accommodated
- be respectful to clients and treat all information about the client with strict confidentiality, and assist the clinic AHWs in understanding the importance of these matters
- attend work from 8.30am till 12,30pm, and from 1.30pm to 5pm Monday to Friday unless otherwise directed by the medical officer or otherwise rostered
- follow the procedures documented in PHHS formal policy and procedures manual for the health service and to follow clinical protocols detailed in the CARPA Manual and/ or the Women's Manual, or directions given by the doctor
- work with other AHWs and to seek advice and assistance from a doctor as necessary
- assist other health staff requiring community, cultural and/ or linguistic assistance with clients, except where culturally inappropriate
- participate with other health staff in the development, presentation and monitoring of health programs and encourage the participation of the clinic AHWs as appropriate
- participate in on-going training provided by the Health service and other institutions
- provide informal on the job training for less experienced AHWs
- have equal participation in an after hours roster with others AHWs, nurses and doctor as required
- competently use the computerised clinic data base and to enter relevant data into that system consistently and accurately.

Specific Jobs:

The Senior AHW is required to:

- perform consultations with clinic clients including listening to their story, providing a basic physical examination and consulting with more experienced clinical staff as necessary, and to advise on the treatment and management of client's health problems
- assist in client follow up, and will check immunisation status, and when other activities are scheduled (eg PAP smears, chronic disease checks, STD checks). The Senior AHW will provide clients with advice on healthy living matters and information about other agencies where they may receive assistance as appropriate.

- prescribe and dispense pharmaceutical drugs as appropriate to clients, and will ensure that such medications are fully and properly labelled according to standards the nature of the medication and any side effects is explained to the client and the dosage, frequency and length of the course is fully explained to the client; s/he will assist in maintaining the pharmacy in a safe and orderly state; if s/he has any doubts about the medication being prescribed or dispensed, they will seek advice from a doctor
- record in the clinic notes details of the consultation including history, examination and management offered and any follow up organised; s/he will assist the client in organising referrals (including appointments and transport) to other agencies as necessary
- maintain a clean and hygienic work environment in the clinic and participate with systems of maintaining clinic supplies and equipment
- work in a way that is consistent with health and safety practices, especially in regard to the handling and disposal of sharps and body fluids
- collect specified data on all client contacts they have in the clinic or community in accordance with health service requirements.

Liaison:

External

The Senior AHW will liaise with other organisations in regard to health matters including:

- Personnel employed by other organisations (specify), and the local Community Council.
- THS DMOs, RFDS, and Hospital in relation to patient care and management.
- Health service staff in other communities.

Internal

The Senior AHW will liaise with Health Board, other AHWs, nurses, doctor and Administrator in matters relating to the operation of the health service and patient management.

Training

All positions at the health service involve the training and continuing professional development of other staff. The occupant of this and any position is expected to use their skills and experience to support and train other staff members as the need arises.

Confidentiality

Employees must not give information or documents relating to their employment and to the business of Health to anyone unless authorised to do so by the health service. This includes medical records, information about health service business activities or the _ _ _ _ _ _ Community.

Duty Statement – Senior Aboriginal Health Worker

Clinical Care

- provide general health care – assessment and management of a broad range of clinical problems in consultation with the community doctor, DMO, nurses, other AHWs or written protocols and the provision of preventive health checks and promotion of health awareness. The level of care provided will be at a high level of competency
- provide appropriate general First Aid techniques
- provide accident and emergency care including emergency first aid, stabilisation and evacuation of patients
- facilitate and participate in the opportunistic and community screening activities
- be familiar with and competent in the use of standard basic medical equipment
- dispense pharmaceutical therapies, including the administration of vaccines, and prescribe pharmaceuticals for common conditions
- participate in a duty roster including on-call equally with other medical staff
- assist in the implementation of quality assurance and other evaluation programs to ensure a high quality of clinical care

Specific Care

- respond to medical emergencies
- deliver and provide health care to children, women, men, youth, aged, and/ or people with disabilities including ensuring prompt follow up and recall of patients in liaison with other AHWs, doctor and nurses, and facilitate tracing and treatment of patients moving between communities and out-stations
- deliver and provide substance abuse care, nutritional care and/ or mental health care
- provide other specialist health care including the arrangement of outpatient appointments and transport for patients

Community Care

- participate in dealing with issues affecting the social and emotional well being of the community
- deliver and provide counselling and support to individuals and families on health related issues
- respond to community emergencies
- deliver and provide environmental health care
- deliver health education and health promotion
- provide interpreting services

Management and Teams

- Advocate for rights and needs of individuals, families and community on health related issues

- demonstrate safe working practices
- work with others to deliver effective health outcomes
- provide informal training, specifically support and education for nurses, doctors and other allied health staff
- participate in the implementation of disaster plans

Administration

- use and maintain health service clinical records
- use office equipment and technology, such as telephones and fax machines
- assist in the ordering and accounting for pharmaceutical and other supplies

Research

- collect data on community's health
- facilitate the maintenance of accurate and up to date data for the population register (community profile)
- contribute to clinical reports and research activities.

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_ Health Service

Selection Criteria - Senior Aboriginal Health Worker

Essential

- Current registration with the NT AHW Registration Board.
- Community support to undertake this role.
- Knowledge of local community and Aboriginal cultural issues.
- Work experience as a clinical AHW with A level competencies
- Interest in developing health service management skills

Desirable

- Current NT driver's licence
- Ability to participate in the development and implementation of community-based primary health care programs.
- An interest in Aboriginal health issues.
- Ability to effectively communicate with the community and Anmatjere Health Service Board of Management about community health priorities.
- St John's certificate

_ Health Service

Job Advertisement – Senior Aboriginal Health Worker

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Health Service

Senior Aboriginal Health Worker

The _ _ _ _ _ _ _ Health Service is currently seeking applications for the position of Senior Aboriginal Health Worker (AHW).
The Health service is an established Aboriginal community controlled health service serving the people living in and around _ _ _ _ Community _ _km from _ _ _ _ _ _ _ _, including outstations/homelands in a radius of _ _Kms of the community. The majority of people in this area are _ _ _ _ _ _ _ _ people. The Senior AHW will work as a member of a multi disciplinary health team, in conjunction with the community, Health Board, other AHWs, nurses, AHW educator and doctor to provide and promote a comprehensive Primary Health Care service. The person will also provide leadership to clinic staff specially other AHWs.
Selection Criteria: Essential: Support from the local community. Knowledge of local community; Aboriginal community and cultural matters. Registrable with the NT AHW Registration Board. Competencies at a B3 level.
Desirable: Current NT Drivers Licence.
The salary range is in accordance with _ _ _ _ _ Award.
Contact the Administrator, Tel. _ _ _ _ _ for more information and a copy of the detailed job description and selection criteria.
All applications should be addressed in writing to:
President, _ _ _ _ _ Health Board
_ *(Address)*
Include names of 3 referees. Assistance with writing an application is available on request.
Applications will close at 5pm on Friday _ _ _ _ _ _

Aboriginal & Torres Strait Islander people are strongly urged to apply for this position.

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_ Health Service

Job Description –Aboriginal Health Worker Educator

Job Title Aboriginal Health Worker Educator

Location of Position: _ _ _ _ _ _ _ _ _ but will provide support to wherever AHWs are employed.
Position: Classification _ _ _ _, Award _ _ _ _, Permanent
Hours of work: Full Time – 37.5 hours/ week.
Accountability: Reports to the Health Board via the Administrator. Accountable also to the primary health care team through the Senior AHW.
Special requirements: Drivers Licence.

Job Description

- Education and training
- provide health education and training programs to AHWs, with an emphasis on relevant clinical skill development in the context of community based PHC
- participate in the development of and teach curriculum relevant to the delivery of PHC in an Aboriginal cultural context
- coordinate activities of out-station/homeland based AHWs
- provide documentation and evaluation of training activities
- facilitate the education of AHWs through provision of hands-on clinical experience in consultation with clinic based staff
- actively pursue an input into the planning, implementation and co-ordination of trainee AHWs.

Liaison with the Health Service staff and Health Board

- liaison with the health service team
- assist in the recruitment of AHWs from communities who are under-resourced in regard to local and resident AHWs
- work co-operatively with the Health Board and other health and community organisations
- assist in the organisation of orientation programs for new staff, and on-going in-service education programs
- liaise with other educational institutions (eg CARHTU, THS), and other PHC organisations in regard to educational opportunities for AHWs and other staff.

Training

All positions at the health service involve the training and continuing professional development of other staff. The occupant of this and any position is expected to use their skills and experience to support and train other staff members as the need arises.

Confidentiality

Employees must not give information or documents relating to their employment and to the business of Health to anyone unless authorised to do so by the health service. This includes medical records, information about health service business activities or the _ _ _ _ _ _ Community.

Duty Statement

AHW Education

- develop and deliver educational activities relevant to AHWs in the health service
- assess and document the competencies of AHWs and use this to design specific educative strategies to meet individual AHW needs
- ensure that clinical information taught is consistent with the CARPA Standard Treatment Manual and Alukura/Nganampa Women's Manual protocols.
- Provide educational activities to all AHWs including those based in outstations/ homelands.
- Ensure that AHWs maintain their First Aid certificates and their registration with the NT AHW Registration Board.

Routine Administrative Duties

- write requests and submissions for funding as needed in consultation with the Administrator and other health service staff
- maintain relevant records and statistics in regard to educational activities
- ensure equipment is maintained
- ensure vehicle is appropriately equipped and maintained, including mechanical maintenance.

Community Development

- actively promote effective community control and involvement in the delivery of PHC services and the key role played by AHWs in these services.
- develop and maintain networks with other relevant community controlled organisations.

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_ Health Service

Selection Criteria –Aboriginal Health Worker Educator

Essential

- Registrable with the NT Nurses Registration Board
- current NT Drivers licence
- ability to identify learning needs, develop curricula, facilitate and evaluate education programs relevant to AHWs
- sound knowledge and skills in clinical practice
- proven ability to work in a self directed, independent manner
- experience and commitment to the principles of comprehensive, community based PHC.

Desirable

- Qualification or experience in Aboriginal adult education
- previous education and training experience in a remote community based environment
- experience working in a community controlled environment .
- knowledge of Aboriginal health issues
- knowledge of Aboriginal health and history in the NT
- familiarity with the CARPA Standard Treatment Manual
- Aboriginality.

_ Health Service

Job Advertisement –Aboriginal Health Worker Educator

_ _ _ _ _ _ _ _ _ _ _ _ _ Health Service

Aboriginal Health Worker Educator

The health service is currently seeking applications from suitably qualified and experienced people for the position of Aboriginal Health Worker Educator.

The Health service is an established Aboriginal community controlled health service serving the people living in and around _ _ _ _ _ _ _ _ _ Community _ _km from _ _ _ _ _ _ _ _, including outstations/homelands in a radius of _ _Kms of the community. The majority of people in this area are _ _ _ _ _ _ _ _ people. The AHW educator will work as a member of a multi disciplinary health team, in conjunction with the community, AHWs, nurses, and doctor to provide and promote a comprehensive primary health care service. The main role of the AHW educator is to identify the training and organisational development needs for AHWs within the health service region. The position involves substantial travel and requires adaptive and innovative work practices.

Selection Criteria: Essential: Current NT Drivers Licence. Registrable with the NT Nurses Registration Board. Ability to identify learning needs, develop curricula, facilitate and evaluate training programs. Sound understanding of the principles of primary health care.

Desirable: Knowledge of health related issues in Central Australia/Top End. Appropriate tertiary qualification, eg Adult Education, Primary Health Care or Public Health. Previous education and training experience in a remote community based environment. Experience with Aboriginal people.

The salary range is in accordance with _ _ _ _ _
Award

Contact the Administrator tel. _ _ _ _ _ for more information and a copy of the information package.

Apply in writing to the President, _ _ _ Health Board. Include the names of 3 referees. Applications close at 5pm on Friday _ _ _ _

Aboriginal & Torres Strait Islander people are strongly urged to apply for this position.

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_ Health Service

Job Description – Health Service Administrator

Job Title Health Service Administrator

Classification

This position is based on Level _ _ of the _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _Award

Reports To

_ _ _ _ _ _ _ _ _ _ President, Health Board

Primary Objective

Resource, assist and support the Health Board to ensure that it is provided with the necessary information, reports and advice to fulfil its roles and responsibilities. Within the aims and objectives of health service ensure that efficient and effective administration of services including budgetary and financial systems, administration systems, information technology and human resource processes are managed, implemented and maintained.

Persons/ Positions to Supervise

The Administrator will provide assistance and training on administrative matters to other staff employed by the Health Service. The Administrator is expected to confine their activities to administrative matters, and not interfere with clinical decision or professional matters of program delivery.

The Person

The position is most likely held by a responsible person who has an interest in Aboriginal health issues and be keen to provide assistance to people in the community. S/he will possess Tertiary qualifications and/or experience in Business Administration/ Human Resource Management or other areas of health management or community development.

Liaison

Internal

- _ _ _ _ _ _ _ _ Health Board
- Other staff in matters relating to the operation of the health service.

External

- Personnel employed by other Aboriginal organisations
- Accountant, Funding Bodies, Unions, NTRHWA
- Health service staff in other communities
- AMSANT.

Training

All positions at the health service involve the training and continuing professional development of other staff. The occupant of this and any position is expected to use their skills and experience to support and train other staff members as the need arises.

Confidentiality

Employees must not give information or documents relating to their employment and to the business of Health to anyone unless authorised to do so by the health service. This includes medical records, information about health service business activities or the _ _ _ _ _ _ Community.

Duty Statement

Community Development

- Resource, assist and support the Health Board to ensure that it is provided with the necessary information, reports and advice to fulfil its roles and responsibilities
- bring to the attention of the Health Board any matters that significantly affect the ability of the organisation to function and its ability to fulfil its contractual and legal obligations
- prepare monthly reports to the Health Board on the progress of the service and identify needed changes
- establish an effective means of communication and be clear about the roles of elected members and staff and how they work together for the benefit of the community
- in line with the aims and objectives and policy guidelines of ..... Health Service be responsible for the further development of the organisation. In particular develop policy options for consideration by the Health Board in primary health care trends and identified gaps in service delivery
- act as an advisor to the Health Board and staff on matters pertaining to management and organisational theory, public administration and accountability
- responsible for the organisation and schedule of Health Board Meetings and Annual General Meetings
- responsible for the development of meeting agendas and related paperwork and minutes for Health Board meetings
- responsible for providing secretarial support at Health Board and Annual General Meetings
- develop and maintain appropriate net works with other relevant community-based organisations
- promote the services and programs of .....Health Service ensuring that clients and the general public are aware of the work of the organisation

Administration

- carry out the directions of the Health Board and report regularly on progress
- responsible for maintaining accurate corporate records
- understand all office systems and ensure they are followed, e.g. mailing processes, petty cash receipts
- maintain statistical records and update filing system
- maintain an insurance schedule for the Health Service assets and responsibilities
- development and maintenance of an asset register and asset management system
- ensure that health service assets including buildings, plant and equipment are adequately maintained

- ensure that the registration of all health service vehicles are current and that all drivers hold current driving licences
- responsible for the operation, maintenance and effectiveness of the health service's management information systems and health database systems
- responsible for the maintenance or upgrading of all computer equipment and systems
- in consultation with the Health Board and other staff manage the development of policies and procedures related to the general operation of the health service
- manage stationery requests in accordance with the organisation's procedures
- develop and maintain priority setting planning, monitoring and evaluation systems
- manage the coordination and production of the Annual Report in conjunction with the Health Board
- distribute information/material to groups as requested

Financial

- exercise financia1 delegations as determined by the Health Board and in accordance with the Rules of the Association and the Act under which the health service is incorporated
- identify, negotiate and recommend on funding contracts and other financial arrangements
- prepare and maintain annual budget
- monitor financial expenditure of the service, prepare quarterly project budgets
- maintain/ oversee financial records
- ensure that financial responsibilities of the organisation are carried out, e.g. taxation, superannuation and other payroll liabilities
- prepare submissions for funding of the service and negotiate with funding authorities over these
- management of grants including monitoring expenditure and the production of acquittals as required
- prepare financial information for the annual audit
- preparation of the fortnightly payroll, including collation of timesheets, preparation of deductions, PAYG and Superannuation payments
- maintenance of the Health computerised accounting system to prepare accounts and reports
- maintenance of Purchase Order records
- maintain accurate Debtors and Creditors Ledgers
- preparation of cheque requisitions and attendant cheques for payment to suppliers with supporting documentation
- ensuring that bank accounts are properly managed, do not incur excessive fees and that maximum interest is earned where possible
- provide reports that compare actual income and expenditure against budget figures for specific projects.

Human Resources

- manage all human resource planning and recruitment
- recruit staff in accordance with employment policies
- provide support and resources to staff
- ensure staff reviews and staff development occur as required
- responsible for the development of work programs for trainees taken on by health service
- manage leave for all staff
- approve staff timesheets in accordance with the organisation's payroll procedures
- perform annual performance appraisals in conjunction with each team member
- responsible for the management of Occupational Health and Safety procedures
- establish and maintain regular team meetings
- maintain secure and confidential personnel files that contain accurate information about recruitment, reviews, entitlements, leave and disciplinary proceedings
- maintain full and accurate details of contractual negotiations and final contracts and agreements entered into by health service
- alert Health Board to upcoming reviews of salary and employment, as well as maintaining records of salary and employment reviews in personnel files
- obtain and file copies of current industrial awards used by health service.

Service Delivery

- establish procedures to ensure that community and consumer needs are identified and met through suitable program provision
- liaise with other staff providing relevant services in the organisation.

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_ Health Service

Selection Criteria – Health Service Administrator

Essential

- Knowledge and understanding of issues affecting the health and well being of Aboriginal and Torres Strait Islander people in contemporary Australian society
- an understanding of the principles of primary health care
- demonstrated skills and ability to communicate effectively and sensitivity with Aboriginal and Torres Strait Islander people
- demonstrated ability to provide leadership and to manage the human, financial and physical resources of a dedicated team
- awareness of the statutory obligations of officers and employees of incorporation
- willingness to live in a remote area
- eligibility for an NT Manual Driver's licence

Desirable

- Tertiary qualification in Public Health, Community development or health related field
- previous experience working with remote Aboriginal communities and Aboriginal organisations and groups
- computer literacy
- previous experience in a culturally diverse environment responsible for the delivery of human services
- experience in middle management with sound human resource management skills including financial and asset management skills for budget preparation and monitoring

_ Health Service

Job Advertisement – Health Service Administrator

_ _ _ _ _ _ _ _ _ _ Health Service

Health Service Administrator

The _ _ _ _ _ _ _ Health Board is currently seeking applications from suitably qualified and experienced people for the position of Health Service Administrator .

The Health service is an established Aboriginal community controlled health service serving the people living in and around _ _ _ _ _ _ _ _ _ Community _ _km from _ _ _ _ _ _ _ _, including outstations/homelands in a radius of _ _Kms of the community. The majority of people in this area are _ _ _ _ _ _ _ people. Primarily the role will be responsible for the financial, administrative and operational functions of the service. A major component of the work will be attracting funds & assisting and supporting the Health Board in it fulfilling it's responsibilities.

Selection Criteria: Essential: Ability to communicate appropriately with people from a range of different social and cultural backgrounds Experience working in non-Government, non-profit organisations.

Desirable: Tertiary qualifications and experience relevant to the management of primary health care services. Knowledge of health related issues in Central Australia/Top End. Experience working in community development.

The salary range is negotiable depending on experience and qualifications.

Contact the Administrator tel. _ _ _ _ _ for more information and a copy of the information package.

Apply in writing to the President, _ _ _ Health Board. Include the names of 3 referees. Applications close at 5pm on Friday _ _ _ _

Aboriginal & Torres Strait Islander people are strongly urged to apply for this position.

Draft ...Pro forma ... Draft

_ Health Service

Job Description – Remote Area Nurse

Job Title Remote Area Nurse

Classification RN LEVEL _ _ _ _ _ _ _ AWARD _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Reports To

Medical Matters Senior AHW, doctor or senior nurse.
Administrative Matters Health Board of _ _ _ _ _ _ _ _ Health Service through the Administrator
General Matters Administrator.

Purpose

To provide clinical primary health care services to health service clients in the clinic and in the community as required.

Persons/ Positions to Supervise

The nurse will provide day to day supervision and assistance to clinic AHWs especially in regard to their clinical duties, maintenance of clean and hygienic environment and other matters involved in ensuring the smooth running of the clinic.
S/he will work closely with other staff in dealing with crises that may emerge from time to time.

The Person

The position is most likely held by a person who has an interest in Aboriginal health issues and is keen to provide assistance to people in the community.

Responsibilities

The nurse is required to:

- to perform clinical duties in all areas of the health service within own competency level and agreed protocols (eg. CARPA Standard Treatment

Manual & Alukura/Nganampa Women's Manual), in order to meet expected health outcomes; this includes the general clinic, outstations as required, child health programs and particular community based programs
- work in a way that is appropriate to gender sensitivities operating in the Aboriginal community
- be respectful to clients and treat all information about the client with strict confidentiality
- attend work from 8.30am till 12,30pm, and from 1.30pm to 5pm Monday to Friday unless otherwise directed by the _ _ _ _ _ _ _ _ _ or otherwise rostered
- participate in the after hours roster with other health staff
- follow the procedures documented in a formal policy and procedures manual for the health service and to follow clinical protocols detailed in the CARPA Manual and/ or the Alukura/ Nganampa Women's Manual, or directions given by the doctor
- promote and support Aboriginal Health Workers (AHW's) as the primary health care givers in the community to facilitate the delivery of culturally appropriate health care
- act as a clinical resource to support, mentor and develop AHW's, students and other members of the health team
- participate in the development, presentation and monitoring of health programs as appropriate
- participate in on-going training provided by the .....Health Service and other institutions
- participate in the orientation of new staff to the organisation's philosophy, policy, procedures and health centre functions to promote effective teamwork
- competently use the computerised clinic data base and to enter relevant data into that system consistently and accurately.

Specific Jobs

The nurse will:

- perform consultations with clinic clients including listening to their story, providing a basic physical examination and consulting with other clinical staff as necessary, and to advise on the treatment and management of client's health problems
- assist in client follow up, and will check immunisation status, and when other activities are scheduled (eg PAP smears, chronic disease checks, STD checks); he/she will provide clients with advice on healthy living matters and information about other agencies where they may receive assistance as appropriate
- prescribe and dispense pharmaceutical drugs as appropriate to clients, and will ensure that such medications are fully and properly labelled according to health service standards the nature of the medication and any side effects is explained to the client and the dosage, frequency and length of the course is fully explained to the client; he/she will assist in maintaining the pharmacy in a safe and orderly state; if he/she has any doubts about the medication being prescribed or dispensed, they will seek advice from a doctor

- record in the clinic notes details of the consultation including history, examination and management offered and any follow up organised; he/she will assist the client in organising referrals (including appointments and transport) to other agencies as necessary
- maintain a clean and hygienic work environment in the clinic and participate with systems of maintaining clinic supplies and equipment
- work in a way that is consistent with health and safety practices, especially in regard to the handling and disposal of sharps and body fluids
- collect specified data on all client contacts they have in the clinic or community in accordance with health service requirements
- work with other community based health programs outside the clinic as directed from time to time.

Liaison:

External

- Personnel employed by other organisations (specify)
- DMOs, RFDS/Air Med, and Hospital in relation to patient care and management.
- Health service staff in other communities.

Internal

AHWs, other nurses, doctor and Administrator in matters relating to the operation of the health service and patient management.

Training

All positions at the health service involve the training and continuing professional development of other staff. The occupant of this and any position is expected to use their skills and experience to support and train other staff members as the need arises.

Confidentiality

Employees must not give information or documents relating to their employment and to the business of Health to anyone unless authorised to do so by the health service. This includes medical records, information about health service business activities or the _ _ _ _ _ _ Community.

Duty Statement – Nurse

Clinical Care

- provide general health care – assessment and management of a broad range of clinical problems in consultation with AHWs, community doctor, DMO, other nurses, or written protocols and the provision of preventive health checks and promotion of health awareness
- provide appropriate general First Aid techniques
- provide accident and emergency care including emergency first aid, stabilisation and evacuation of patients.
- facilitate and participate in the opportunistic and community screening activities
- be familiar with and competent in the use of standard basic medical equipment
- dispense pharmaceutical therapies, including the administration of vaccines and prescribe pharmaceuticals for common conditions
- participate in a duty roster including on-call equally with other medical staff
- assist in the implementation of quality assurance and other evaluation programs to ensure a high quality of clinical care

Specific Care

- respond to medical emergencies
- deliver health care to children, women or men, youth, aged, and people with disabilities including ensuring prompt follow up and recall of patients in liaison with AHWs, doctor and other nurses, and facilitate tracing and treatment of patients moving between communities, homelands and out-stations
- deliver substance abuse care, nutritional care and mental health care
- provide other specialist health care including the arrangement of outpatient appointments and transport for patients

Community Care

- participate in dealing with issues affecting the social and emotional well being of the community
- deliver counselling and support to individuals and families on health related issues
- respond to community emergencies
- deliver environmental health care
- deliver health education and health promotion.

Management and Teams

- advocate for rights and needs of individuals, families and community on health related issues.
- demonstrate safe working practices.
- work with others to deliver effective health outcomes.
- provide informal training, specifically support and education for nurses, doctors and other allied health staff.

- participate in the implementation of disaster plans.
- supervise the work of AHWs.
- manage projects from time to time.

Administration

- use and maintain .....Health Service clinical records.
- use office equipment and technology, such as telephones and fax machines.
- assist in the ordering and accounting for pharmaceutical and other supplies.
- produce written reports.

Research

- collect data on community's health
- facilitate the maintenance of accurate and up to date data for the population register (community profile)
- contribute to clinical reports and research activities.

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_ Health Service

Selection Criteria – Remote Area Nurse

Essential

- Eligible for registration with Nurses Board of NT as a general registered nurse and possess a current practicing certificate
- Possess a current drivers licence
- Interest in issues affecting the health and well being of Aboriginal and Torres Strait Islander people in contemporary Australian society
- An understanding of the principles of primary health care
- Possess broad nursing experience and clinical skills with confidence and ability to work independently
- sensitivity to cross cultural issues
- commitment to own professional development and sharing knowledge and skills with work colleagues
- willingness to live in a remote area.

Desirable

- Appropriate tertiary and/or post basic qualifications such as Midwifery , Child Health, Psychiatry , Public Health, Primary Health Care and/or experience in Remote Area Nursing.
- Knowledge and understanding of issues affecting the health and well being of Aboriginal and Torres Strait Islander people in contemporary Australian society
- Knowledge of or willingness to learn Aboriginal culture and health issues
- demonstrated skills and ability to communicate effectively and sensitivity with Aboriginal and Torres Strait Islander people
- Previous experience working with remote Aboriginal communities and Aboriginal organisations and groups
- Basic computer skills.

_ Health Service

Job Advertisement – Remote Area Nurse

_ _ _ _ _ _ _ _ Health Service

Registered Nurse

The _ _ _ _ _ _ _ Health Board is currently seeking applications from suitably qualified and experienced people for the position of Registered Nurse.

The Health service is an established Aboriginal community controlled health service serving the people living in and around _ _ _ _ _ _ _ _ _ Community _ _km from _ _ _ _ _ _ _ _, including outstations/homelands in a radius of _ _Kms of the community. The majority of people in this area are _ _ _ _ _ _ people. The registered nurse will work as a member of a multi disciplinary health team, in conjunction with the community, Aboriginal Health Workers (AHWs), other nurses, educator and medical officer to provide and promote a comprehensive primary health care service. The multi-disciplinary team will be involved in the planning, implementation and evaluation of health and community services programs by focusing on and adhering. to the aims and objectives of the health service. The position involves substantial travel and after hours work and as such requires adaptive and innovative work practices.

Selection Criteria: Essential: Registrable with the NT Nurses Registration Board. Current NT Drivers Licence. Experience in primary health care.

Desirable**:** Knowledge of health related issues in Central Australia/Top End. Ability to work as an independent practitioner. Appropriate tertiary qualification, eg Primary Health Care or Public Health. Previous experience in Aboriginal health and/ or remote area nursing.

The salary range is in accordance with _ _ _ _ _ Award

Contact the Administrator tel. _ _ _ _ _ for more information and a copy of the information package.

Apply in writing to the President, _ _ _ Health Board. Include the names of 3 referees. Applications close at 5pm on Friday _ _ _ _

Aboriginal & Torres Strait Islander people are strongly urged to apply for this position.

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_ Health Service

Job Description – Medical Officer

Job Title Medical Officer

Classification Level _ _ _ _ Award _ _ _ _ _ _ _ _ _

Reports To:

Medical Matters Health Board.
Administrative Matters Health Board through the Administrator.

Purpose

To provide clinical primary health care services to health service clients in the clinic and in the community as required, and to advise on any relevant public health issues as may be required.

Persons/ Positions to Supervise

Provide clinical supervision and training to AHWs and nursing staff.

The Person

The position is most likely held by a responsible person with experience and interest in general practice medicine. They will be medically qualified and registrable with the NT Medical Registration Board. They are likely to be Vocationally Registered. They should have an interest in Aboriginal health issues and be keen to provide assistance and care to people in the community.

Responsibilities

The doctor is required to:

- perform clinical duties in all areas of the health service using agreed protocols (eg. CARPA Standard Treatment Manual and the Alukura/ Nganampa Women's Manual), in order to meet expected health outcomes; this includes the general clinic, outstations as required, child health programs, chronic disease programs and particular community based programs

- work in a way that is appropriate to gender sensitivities operating in the Aboriginal community
- be respectful to clients and treat all information about the client with strict confidentiality
- attend work from 8.30am till 12,30pm, and from 1.30pm to 5pm Monday to Friday unless otherwise directed by the Health Board or otherwise rostered
- participate in the after hours roster with other health staff
- follow the procedures documented in a formal policy and procedures manual for the health service and to follow clinical protocols detailed in the CARPA Manual and/ or the Women's Business Manual
- promote and support Aboriginal Health Workers (AHW's) as the primary health care givers in the community to facilitate the delivery of culturally appropriate health care.
- act as a clinical resource to support, mentor and develop AHW's, students and other members of the health team
- participate in the development, presentation and monitoring of health programs as appropriate
- participate in on-going training provided by the health service and other institutions
- participate in the orientation of new staff to the organisation's philosophy, policy, procedures and health centre functions to promote effective teamwork
- competently use the computerised clinic data base and to enter relevant data into that system consistently and accurately
- function as a team member with nursing staff, Aboriginal Health Workers and other Health Service staff.

Specific Jobs

The doctor will:

- perform consultations with clinic clients including listening to their story, providing a basic physical examination and consulting with other clinical staff as necessary, and to advise on the treatment and management of client's health problems
- assist in client follow up, and will check immunisation status, and when other activities are scheduled (eg PAP smears, chronic disease checks, STD checks). He/she will provide clients with advice on healthy living matters and information about other agencies where they may receive assistance as appropriate
- prescribe and dispense pharmaceutical drugs as appropriate to clients, and will ensure that such medications are fully and properly labelled according to health service standards; the nature of the medication and any side effects is explained to the client; and the dosage, frequency and length of the course is fully explained to the client; he/she will assist in maintaining the pharmacy in a safe and orderly state
- record in the clinic notes details of the consultation including history, examination and management offered and any follow up organised; he/she will

assist the client in organising referrals (including appointments and transport) to other agencies as necessary
- maintain a clean and hygienic work environment in the clinic and participate with systems of maintaining clinic supplies and equipment
- work in a way that is consistent with health and safety practices, especially in regard to the handling and disposal of sharps and body fluids
- collect specified data on all client contacts they have in the clinic or community in accordance with health service requirements
- work with other community based health programs outside the clinic as required from time to time
- take responsibility for personal professional development and maintain professional standards via CME activities
- oversee/implement the collection of Medicare as applicable to ensure the community is appropriately recompensed for the GP salary.

Liaison

External

- Personnel employed by other organisations (Specify)
- DMOs, RFDS/Air Med, and the Hospital in relation to patient care and management.
- Health service staff in other communities.

Internal

- Health Board, AHWs, other doctors, and Administrator in matters relating to the operation of the health service and patient management.

Training

All positions at the health service involve the training and continuing professional development of other staff. The occupant of this and any position is expected to use their skills and experience to support and train other staff members as the need arises.

Confidentiality

Employees must not give information or documents relating to their employment and to the business of Health to anyone unless authorised to do so by the health service. This includes medical records, information about health service business activities or the _ _ _ _ _ _ Community.

Duty Statement

Clinical Care

- Provide general health care – assessment and management of a broad range of clinical problems in consultation with AHWs, DMO, nurses, and written protocols and the provision of preventive health checks and promotion of health awareness.
- Provide appropriate general First Aid.
- Provide accident and emergency care including emergency first aid, stabilisation and evacuation of patients.
- Provide clinical advice to AHWs and nurses;
- Facilitate and participate in the opportunistic and community screening activities.
- Dispense pharmaceutical therapies, including the administration of vaccines and prescribe pharmaceuticals for common conditions.
- Participate in a duty roster including on-call equally with other clinical staff.
- Keep abreast of developments and trends in medical practice;
- Assist in the implementation of quality assurance and other evaluation programs to ensure a high quality of clinical care.

Specific Care

- Respond to medical emergencies.
- Deliver health care to children, women or men, youth, aged, and people with disabilities including ensuring prompt follow up and recall of patients in liaison with AHWs and nurses, and facilitate tracing and treatment of patients moving between communities, homelands and out-stations.
- Deliver substance abuse care, nutritional care and mental health care.
- Provide other specialist health care including the arrangement of outpatient appointments and transport for patients;
- Oversee discharge summaries and allocate patients to the appropriate level of care.

Community Care

- Participate in dealing with issues affecting the social and emotional well being of the community.
- Deliver counselling and support to individuals and families on health related issues.
- Respond to community emergencies.
- Deliver environmental health care.
- Deliver health education and health promotion.
- Contribute to the development of health programs and identify areas of deficiencies.

Management and Teams

- Advocate for rights and needs of individuals, families and community on health related issues.

- Demonstrate safe working practices.
- Work with others to deliver effective health outcomes.
- Provide informal training, specifically support and education for nurses, doctors and other allied health staff.
- Attend staff meetings;
- Participate in the implementation of disaster plans.
- Supervise the work of AHWs and nurses.
- Manage projects from time to time.

Administration

- Use and maintain health service clinical records.
- Use office equipment and technology, such as telephones and fax machines.
- Assist in the ordering and accounting for pharmaceutical and other supplies.
- Attend to medical correspondence.
- Produce written reports.
- Keep informed of Aboriginal health issues and Government policies on health.

Research

- Collect data on community's health.
- Facilitate the maintenance of accurate and up to date data for the population register (community profile).
- Contribute to clinical reports and research activities.

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_ Health Service

Selection Criteria – Medical Officer

Essential

- Medical degree from a recognized School of Medicine
- Eligible for registration with NT Medical Board
- Knowledge and understanding of issues affecting the health and well being of Aboriginal and Torres Strait Islander people in contemporary Australian society
- An understanding of the principles of primary health care
- Interest in and understanding of public health;
- Ability to work as part of a team
- Have a current drivers licence
- Commitment to own professional development and sharing knowledge and skills with work colleagues
- Willingness to incorporate Aboriginal values into clinical practice
- Willingness to live in a remote area.

Desirable

- Eligible for vocationally registration
- Fellow of the RACGP
- Experience in primary health care
- General practice experience
- Appropriate tertiary and/or post basic qualifications such as Obstetrics & Gynaecology, Anaesthetics, Child Health, Psychiatry , Public Health, Accident and Emergency, Primary Health Care and/or experience in Remote Area health
- Demonstrated skills and ability to communicate effectively and sensitivity with Aboriginal and Torres Strait Islander people
- Knowledge of or willingness to learn about Aboriginal culture and health issues
- Knowledge of the history and role of Aboriginal community controlled health services
- Previous experience working with remote Aboriginal communities and Aboriginal organisations and groups
- Organisational and research skills
- Basic computer skills.

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_ Health Service

Job Advertisement – Medical Officer

_ _ _ _ _ _ _ _Health Service

Medical Officer

The _ _ _ _ _ _ _ Health Board is currently seeking applications from suitably qualified and experienced people for the position of Medical Officer.

The Health service is an established Aboriginal community controlled health service serving the people living in and around _ _ _ _ _ _ _ _ _ Community _ _km from _ _ _ _ _ _ _ _, including outstations/homelands in a radius of _ _Kms of the community. The majority of people in this area are _ _ _ _ _ _ people. The medical officer will work as a member of a multi disciplinary health team, and with the Health Board to provide and promote a comprehensive Primary Health Care service. The multi-disciplinary team will be involved in the planning, implementation and evaluation of community health programs by implementing the aims and objectives of the Health service. The position involves substantial travel and requires adaptive and innovative work practices.

Selection Criteria: *Essential* - Registration with the NT Medical Registration Board. Current NT Drivers licence. Sound understanding of and commitment to the principles general practice, community based Primary Health Care, and to the principles of public health practice. *Desirable* – Vocational registration. Knowledge of health related issues in Central Australia/Top End. Post graduate qualification in a relevant area. Previous experience in Aboriginal health, community health and/or rural/remote areas.

An attractive package will be negotiated.

Contact the Administrator tel. _ _ _ _ _ for more information and a copy of the information package.

Apply in writing to the President, _ _ _ Health Board. Include the names of 3 referees. Applications close at 5pm on Friday _ _ _ _

Aboriginal & Torres Strait Islander people are strongly urged to apply for this position.

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_ Health Service

Job Description – Driver

Job Title Driver

Classification Level _ _ _ _ Award _ _ _ _ _ _ _ _ _

Position: Permanent/ Casual
Hours of work: Part Time/ Full Time – 37.5 hours/ week (*or specify)*

Reports To

Health Board via the Administrator.

Location of Position: _ _ _ _ _ _ _ Community

Special requirements: Current Drivers Licence.

Purpose

To provide transport to clients of the health service from outstations/ homelands to the clinic, and to transport clients to the airstrip and/or hospital and other transport duties as may be required from time to time.

Training

All positions at the health service involve the training and continuing professional development of other staff. The occupant of this and any position is expected to use their skills and experience to support and train other staff members as the need arises.

Confidentiality

Employees must not give information or documents relating to their employment and to the business of Health to anyone unless authorised to do so by the health service. This includes medical records, information about health service business activities or the _ _ _ _ _ _ Community.

Duty Statement

Main Aims of Job:

- to provide transport to people requiring health care from out-stations and communities in the vicinity to the clinic
- to provide transport to people requiring health care from out-stations and communities in the vicinity to and from the regional centre for specialist appointments, admission and discharge
- to ensure the appropriate maintenance of vehicles in co-operation with the Administrator and other staff
- to assist with the maintenance of clinic buildings and grounds.

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_ Health Service

Selection Criteria - Driver

Essential

- Knowledge of and empathy with Aboriginal people and their culture
- Knowledge of local communities and the region
- Ability to communicate sensitively and effectively with people from a range of different social and cultural backgrounds
- Experience in driving 4WD vehicles on poor roads in remote areas
- General knowledge and experience working with vehicles
- Current NT driver's licence.

Desirable

- Preference will be given to local Aboriginal people.

_ Health Service

Job Advertisement – Driver

_ _ _ _ _ _ _ _Health Service

Driver

The _ _ _ _ _ _ _ Health Board is currently seeking applications from suitably qualified and experienced people for the position of Driver.

The Health service is an established Aboriginal community controlled health service serving the people living in and around _ _ _ _ _ _ _ _ _ Community _ _km from _ _ _ _ _ _ _ _, including outstations/homelands in a radius of _ _Kms of the community. The majority of people in this area are _ _ _ _ _ _ people. Primarily the role will be to transport people requiring medical attention to the ..... clinic from their out-station/ community within the vicinity of .....for specialist appointments.

Selection Criteria: *Essential* - Experience of driving 4WD vehicles on remote roads in Central Australia/Top End. Drivers licence. *Desirable* - Preference will be given to local Aboriginal people.

The salary range is negotiable depending on experience and qualifications.

Contact the Administrator tel. _ _ _ _ _ for more information and a copy of the information package.

Apply in writing to the President, _ _ _ Health Board. Include the names of 3 referees.

Applications close at 5pm on Friday _ _ _ _

Aboriginal & Torres Strait Islander people are strongly urged to apply for this position.

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_ Health Service

Job Description – Handyman

Job Title Handyman.

Classification Level _ _ _ _ Award _ _ _ _ _ _ _ _ _

Position: Permanent/ Casual
Hours of work: Part Time/ Full Time – 37.5 hours/ week (*or specify)*

Purpose

To perform basic maintenance of buildings, grounds, equipment and other small jobs at the health service that may be required from time to time

Reports To

Health Board via the Administrator.

Location of Position _ _ _ _ _ _ _ Community

Training

All positions at the health service involve the training and continuing professional development of other staff. The occupant of this and any position is expected to use their skills and experience to support and train other staff members as the need arises.

Confidentiality

Employees must not give information or documents relating to their employment and to the business of Health to anyone unless authorised to do so by the health service. This includes medical records, information about health service business activities or the _ _ _ _ _ _ Community.

Duty Statement

- maintain the clinic and its environs in a safe, clean and secure condition
- liaise regularly with the Administrator and perform daily and weekly checks as prescribed by the Health Board and service the generating engines to set standards, and assist in receiving the delivery of fuel
- report any leakage of the water mains and where possible undertake repairs
- attend to breakdowns in the power generators and take corrective action
- maintain outstation/homeland clinics
- schedule complete regular maintenance, servicing and repair of plant and equipment in connection with these duties
- maintain and repair all air-conditioners
- repair and maintain all plumbing in Health Board buildings and houses; this includes septics unless work specified requires a licensed plumber
- maintain all health service staff residences
- order equipment and parts through the Administrator using purchase orders for goods and services necessary for the continued operations as approved by the Board. Invoices are required to permit completion of financial reports
- work with the Administrator to ensure spending is within budget.
- report to Health Board as required.
- to work in conjunction with health service staff
- to provide training and employment for local people.

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_ Health Service

Selection Criteria – Handyman

Essential

- Knowledge of and empathy with Aboriginal people and their culture
- Knowledge of local communities
- Ability to communicate sensitively and effectively with people from a range of different social and cultural backgrounds
- Experience in maintenance work such as carpentry, electrical, and plumbing.
- General knowledge and experience working with machines
- Current NT driver's licence.

Desirable

- Preference will be given to local Aboriginal people.
- Trade qualifications
- Experience in training programs.

_ Health Service

Job Advertisement – Handyman

_ _ _ _ _ _ _ _ Health Service

Handyman

The _ _ _ _ _ _ _ Health Board is currently seeking applications from suitably qualified and experienced people for the position of a Handyman.

The Health service is an established Aboriginal community controlled health service serving the people living in and around _ _ _ _ _ _ _ _ _ Community _ _km from _ _ _ _ _ _ _ _, including outstations/homelands in a radius of _ _Kms of the community. The majority of people in this area are _ _ _ _ _ _ people. Primarily the role will be to maintain buildings, infrastructure and equipment controlled by the health service.

Selection Criteria: *Essential* – Experience of maintenance work in rural/remote communities. Drivers licence. *Desirable* - Preference will be given to local Aboriginal people., Trade qualifications.

The salary range is negotiable depending on experience and qualifications.

Contact the Administrator tel. _ _ _ _ _ for more information and a copy of the information package.

Apply in writing to the President, _ _ _ Health Board. Include the names of 3 referees.

Applications close at 5pm on Friday _ _ _ _

Aboriginal & Torres Strait Islander people are strongly urged to apply for this position.

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_ Health Service

Job Description – Aged Care Coordinator

Job Title Aged Care Coordinator

Classification Level _ _ _ _ Award _ _ _ _ _ _ _ _ _

Position Permanent/ Casual
Hours of work: Part Time/ Full Time – 37.5 hours/ week (*or specify)*

Purpose

To coordinate aged care programs in the _ _ _ _ _ _ _ _ Community and associated outstations/ homelands. The coordinator will work with the Health Board to assist in the development of the delivery of culturally appropriate services to maintain Aboriginal aged and disabled residents in their own communities when this is their desire. This will enable those communities to provide a range of services which are able to respond to the individual needs of the aged and disabled in the communities and to assist and support family and other community members to care for them. These services will be controlled by the community and managed under their direction through the Health Board.

Reports To

Health Board via the Administrator.

Location of Position _ _ _ _ _ _ _ Community

Training

All positions at the health service involve the training and continuing professional development of other staff. The occupant of this and any position is expected to use their skills and experience to support and train other staff members as the need arises.

Confidentiality

Employees must not give information or documents relating to their employment and to the business of Health to anyone unless authorised to do so by the health service. This includes medical records, information about health service business activities or the _ _ _ _ _ _ Community.

Duty Statement

- assist in the development of flexible and appropriate outreach aged care services that meet the needs of Aboriginal residents in communities associated with the Health Board
- develop an operational plan which clearly defines the proposed activities and identifies training activities for the service. The plan needs to address the needs of aged & disabled Aboriginal residents including meals, warmth (blankets, firewood), shelter, activities, provision of water and hygiene (regular washing and cleaning)
- assist the community to develop it's philosophy and operating principles into a policy manual for the service. (Existing policies of other services should be used as a starting point)
- develop and coordinate a range of services which support the desire of the aged to grow old and die in their own country
- ensure that opinions and advice are sought from the aged and their carers in the development and provision of services
- support maximum involvement by family & community members in the care and support of the aged
- provide information to the communities about service options
- support the operation of residential care facilities within the communities
- seek funding from funding agencies (such as HACC or CDEP), recruit local staff, and investigate training options & other support for workers
- support and facilitate the opportunity for clients to participate in traditional activities such as bush tucker trips & family visits
- advocate for the aged & disabled to ensure their needs are being met
- maintain financial records as required and liaise with funding bodies in conjunction with community administration
- provide reports to the Health Board and it's funding bodies and seek recurrent and capital funding sources for the range of services identified by the communities
- review, monitor and evaluate all aspects of the implementation of services
- maintain vehicles and equipment
- maintain close liaison with clinic staff concerning the medical care of clients
- develop links with other community based support services and organisations

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_ Health Service

Selection Criteria – Aged Care Coordinator

Essential

- knowledge of and empathy with Aboriginal cultures
- ability to communicate sensitively and effectively with people from a range of different social and cultural backgrounds
- knowledge and experience in working with not for profit, community controlled organisations
- demonstrated ability to work in an empowering way with a community development approach
- current driver's licence
- a good working knowledge of issues in aged care
- a strong commitment to working with the aged and their families

Desirable

- knowledge of Aboriginal health and aged care issues in Central Australia/Top End
- experience in cross cultural settings
- Aboriginality
- previous management experience
- demonstrated skills and/ or experience in completing the tasks outlined in duty statements
- familiarity with the requirements of government funding bodies

_ Health Service

Job Advertisement – Aged Care Coordinator

_ _ _ _ _ _ _ _ Health Service

Aged Care Coordinator

The _ _ _ _ _ _ _ Health Board is currently seeking applications from suitably qualified and experienced people for the position of an Aged Care Coordinator.

The Health service is an established Aboriginal community controlled health service serving the people living in and around _ _ _ _ _ _ _ _ _ Community _ _km from _ _ _ _ _ _ _ _, including outstations/homelands in a radius of _ _Kms of the community. The majority of people in this area are _ _ _ _ _ _ people.

The successful applicant will be responsible for the development of flexible and appropriate outreach aged care services that meet the needs of individual communities associated with the Health Board.

Enabling those communities to provide a range of services which are able to respond to the individual needs of the aged & disabled in the community and to assist family members to care for them. Facilitating community involvement in the care of the aged through effective management . Seeking recurrent and capital funding for the range of services identified by the communities. Developing links with other community based support services.

Selection Criteria: *Essential:* Knowledge of and empathy with Aboriginal cultures, experience working with aged care programs. *Desirable:* Experience working with Aboriginal communities, relevant tertiary qualifications.

The salary range is in accordance with _ _ _ _ _ Award.

Contact the Administrator tel. _ _ _ _ _ for more information and a copy of the information package.

Apply in writing to the President, _ _ _ Health Board. Include the names of 3 referees. Applications close at 5pm on Friday _ _ _ _

Aboriginal & Torres Strait Islander people are strongly urged to apply for this position.

Draft ...Pro forma ... Draft

_ Health Service

Performance Appraisal Form

This form can be modified for individual employees, or professional groups.

Name of Staff Member: _

Position: _ _ _ _ _ _ _ _ _ _ _ Date appointed: _ _ _ _ _ _ _ _ _ _ _

Name of Assessor 1 _ _ _ _ _ _ _ _ _ _ _ Name of Assessor 2 _ _ _ _ _ _ _ _ _

Date of Appraisal: _ _ _ _ _ _ _ _

Rating Key:
1. Exceeds Job Requirements
2. Meets Job Requirements
3. Needs Some Improvements
4. Does Not Meet Job Requirements

Effectiveness of Personal Working Methods/ Organisational Skills

- Time Management _ _ _ _ _
- Reliability _ _ _ _ _
- Meets deadlines _ _ _ _ _
- Ability to prioritise _ _ _ _ _

Commitment to Organisation Policies/ Administrative Procedures

- Health Board priorities _ _ _ _ _
- Procedures/rules _ _ _ _ _
- Administrative systems _ _ _ _ _

Technical Ability/Professional Judgement (This section should be varied to fit organisation's activities)

- Ability to analyse policy implications/develop alternative policies _ _ _ _ _
- Recognises limitation of abilities and knowledge _ _ _ _ _
- Produces acceptable quality written work to timeline set _ _ _ _ _
- Prepared to extend knowledge to new areas _ _ _ _ _
- Obtains relevant facts through consultation, literature etc. _ _ _ _ _

- Demonstrates ability to identify and communicate areas of further needed policy/systems development _ _ _ _ _
- Exercises sound political/organisational judgement in written public material (statements/submissions/letters etc) _ _ _ _ _

Maintenance of Efficient Files/Minutes, Briefing Notes/Reports

- Establishes and maintains effective personal resource system _ _ _ _ _
- Provides clear concise information in required format for internal/external reporting systems _ _ _ _ _
- Develops plans for action for current and future Health board decisions. _ _ _ _ _

Relationship to Team Members/ Other Staff

- Delegation _ _ _ _ _
- Accessibility _ _ _ _ _
- Communication _ _ _ _ _
- Shares information _ _ _ _ _
- Involved in training sessions _ _ _ _ _
- Flexibility _ _ _ _ _

Relationship with Public/Members Bureaucrats/Consumers

- Helpful, courteous attitude to information etc requests _ _ _ _ _
- Establishes professional relationship with ongoing contacts _ _ _ _ _

Relationship to Chairperson/Immediate Supervisor

- Ability to keep supervisor informed of job progress _ _ _ _ _
- Ability to signal workflow problems in advance _ _ _ _ _
- Acceptance of duties as per job description _ _ _ _ _
- Ability to accept a change in job direction _ _ _ _ _
- Willingness to learn/change _ _ _ _ _

Initiative/Discretion

- Shows respect of other people's rights in all situations _ _ _ _ _
- Tact/diplomacy _ _ _ _ _
- Ability to identify issues and look at solutions _ _ _ _ _
- Innovative in approach to work _ _ _ _ _

Conscientiousness

- Punctuality _ _ _ _ _
- Attendance _ _ _ _ _
- Availability for relief and tasks _ _ _ _ _
- Attends staff meetings _ _ _ _ _

Administration

- Initiates and monitors organisational systems and procedures _ _ _ _ _
- Identifies and negotiates re sources of funding _ _ _ _ _
- Ensures that organisation meets its funding accountability requirements _ _ _ _ _

- Develops budgets and monitors budget outcomes and financial resources _ _ _ _ _
- Ensures achievement of agreed budget & program targets by agreed deadlines _ _ _ _ _
- Maximises organisation's productivity through appropriate allocation of staff resources _ _ _ _ _
- Ensures timely and prompt completion of personnel transactions _ _ _ _ _
- Effectively motivates, supervises and monitors development of staff members _ _ _ _ _
- Carries out ongoing evaluation of all aspects of program delivery and management _ _ _ _ _

Overall Rating _ _ _ _ _

Employee satisfaction with the service, supervision, the job _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
_ _
_ _
_ _
_ _
_ _
_ _

Signed by Assessor 1 _ _ _ _ _ _ _ _ _ _ _ _Signed by Assessor 2 _ _ _ _ _ _ _ _ _ _ _ _

Signed by Employee _ _ _ _ _ _ _ _ _ _ _ _

Date _ _ _ _ _ _ _ _ _

Draft ...Pro forma ... Draft

_ Health Service

Exit Interview Guide

Opening of Interview

- explanation of the purpose
- discuss the various 'housekeeping' tasks associated with leaving the organisation e.g. when and to whom to return keys, how they will receive their final eligible termination payment

Questions

1. what is the main reason for leaving?
2. do you think your work was appreciated by other staff and the health board?
3. did you feel a sense of belonging to a team?
4. did you receive adequate support, including training, in your position?
5. can you tell us about your best and worst experience which happened to you while you worked here?
6. are there any changes you believe should be made to the position?
7. did the position meet your expectations?
8. in the future would you consider applying for a job with us again?
9. what could this organisation have done to make your work here more satisfying?
10. what changes to health service delivery could be made to improve the service?
11. any other comments?

Notes should be kept of responses and filed in the staff members personnel file, and these responses should be discussed at a staff meeting.

_ Health Service

Employee Code of Conduct

The _ _ _ _ _ _ Health Service expects all employees to conduct themselves in certain ways, both at work and as part of the community. It is also the employee's responsibility to make sure members of his/her family and any personal visitors understand and conduct themselves according to any special requirements as part of their life in the community.

Specifically this means:

1. always respecting the customs and beliefs of community members
2. always behaving in a manner that does not prove of detriment or cause offence to, or bring disrepute upon, the Health Board or the community and the individuals that make up the Health Board and community from time to time; offensive conduct includes, but is not limited to, the use of abusive language towards members of the Health Board and community
3. employees will encourage informed participation by members of the community in addressing relevant social/personal issues; the employee role is to empower and work with members of the community not to counsel, or decide what is best for clients
4. employees will recognise the stated aims of the organisation, contribute to these and work towards the best possible standards of service to the community; personal values contrary to those stated in the Health Service aims and relevant acts must not be practised/exercised during the program service delivery
5. employees will act to ensure that all persons have access to the resources, services and opportunities which contribute to their well being
6. employees must work co-operatively with other staff and follow the policies and procedures as set out in this manual
7. always be honest in your employment and dealings with the Health Board
8. do not discuss confidential issues of Health service with people outside the organisation during and post employment
9. always taking due care with Health Board property
10. employees must obtain permission from Health Board before travelling to or through areas outside of the immediate _ _ _ _ _ _ community, apart from main access roads, and any other areas that may be specified from time to time by the Health Board; employees are also required to observe any and all restrictions that may be placed on access to areas in and around the _ _ _ _ _ _ Community that may be in force from time to time as determined by the Health Board and / or the community

11. employees must refrain from influencing or participating in the political or other affairs of the ..... Community, except where such activity is essential for the performance of the job; the Health Board shall have absolute discretion in determining whether any activity is essential for the purposes of this sub-clause
12. where policies or procedures of the Health Service go against appropriate acts, for example, Equal Opportunity, Discrimination, etc, the employee will endeavour to effect change through appropriate channels
13. employees will provide users of the service with accurate information regarding the extent and nature of the services available to them and will not knowingly withhold such information
14. employees will let service users know of their rights and the implications of services available to them
15. employees will act to prevent practices that are inhumane or discriminatory against any person or groups of persons.

_ Health Service

Code of Ethics for Aboriginal Health Workers[12]

1. The AHW is a healer
2. The AHW has a special place in the community because of this - like a traditional healer
3. The AHW has a duty to care for all who are sick, no what their race or family group, or language group, or skin group
4. The AHW can use this special status to care for people even in an avoidance relationship if needed, if nobody in a right relationship to the patient is present
5. The AHW must always keep secret anything they learn about a patient while they are caring for him or her
6. The AHW must not use his or her special status for personal gain or to disadvantage anyone
7. The AHW must never be intoxicated when caring for patients
8. The AHW is a promoter of health as well as a curer of sickness; this means they - should set an example in their life
9. The AHW will never knowingly harm any person, matter born or unborn
10. The AHW will refer any patient whose condition he or she has not been trained to recognise and treat, or who is not responding to standard treatment
11. The AHW will always regard persons who have taught them their craft with respect, like their parents.

[12] Reproduced from the *Danila Dilba Biluru Butji Binnilutlum Medical Service Aboriginal Corporation Student Information Handbook*

_ Health Service

Code of Ethics for Nurses[13]

1. Nurses respect persons' individual need, values and culture in the provision of nursing care
2. nurses respect the rights of persons to make informed choices in relation to their care
3. nurses promote and uphold the provision of quality nursing care for all people
4. nurses hold in confidence any information gained in a professional capacity, and use professional judgement in sharing such information
5. nurses respect the accountability and responsibility inherent in their role
6. nurses value the promotion of an ecological, social and economic environment which supports and sustains health and well being.

[13] Australian Nursing Council July 1993

Draft ...Pro forma ... Draft

_ **Health Service**

Consultants Contract

Name and Address of Consultant _
_ _

Attention: *Name of principle consultant*

Dear _ _ _ _ _ _ _ _ _ _ _ ,

The _ _ _ _ _ _ _ _ _ _ is prepared to accept your proposal to provide consultancy services in relation to the _ _ _ _ _ _ _ _ _ (*Name of project*) on the terms and conditions set out below and attached to this letter.

Services

That the following Consultancy be undertaken: *Name of project.*

The Consultancy Services to be provided are described in the documents annexed to this agreement and initialled by the parties for the purpose of identification.

Time Frame

The Consultancy Services to be provided are to be completed within _ _ _ _ weeks and in accordance with the time frame in Schedule 1.

Specified Personnel

The Consultant should ensure that the following work, namely the consultancy is undertaken by those persons specified in the submitted proposal.

Fees

The total fee payable by Health Board for the Consultancy Services is $_ _ _ _ _ + GST (10%).

Fees will be paid according to Schedule 1, provided there is evidence of satisfactory progress.

Invoice Procedure

Invoices forwarded by the Consultant must be correctly addressed and shall include the following information:

a. Title of Consultancy Service
b. Number and amount of payment due
c. The Consultants ABN
d. The Consultants banking details.

The _ _ _ _ _ _ _ _ _ Health Board

The Health Board shall provide the following facilities free of charge to the Consultant for the performance of the Consultancy Service Contract: *Describe facilities and any conditions.*

Liaison Officer

The Administrator *(or delegate alternative*) shall be the liaison officer with responsibility for supervision of the Contract on behalf of the Health Board and has authority to issue and receive any written notification on the Contract.

Terms and Conditions of Consultancy

1. The attached terms and conditions marked "Attachment A" and entitled "General Conditions for Consultancy Services" "Attachment B" and entitled "Project Description" and Schedule 1 shall form the contract"
2. The Consultant shall provide a written monthly progress report to Health Board.

Acceptance

A duplicate of the letter is enclosed with an endorsement that provides for notification of acceptance. If you agree to provide the Consultancy Services as set out in and attached to this letter your acceptance must be notified by signing, dating and returning the enclosed duplicate letter to the Health Board by _ _ _ _ _ _ _ (date). Receipt by the Health Board of acceptance in writing of these terms and conditions will constitute the entire agreement for the provision of the Consultancy Services.

Yours sincerely,

President
_ _ _ _ _ _ _ _ Health Board

_ _ _ _ _ _ _ _HEALTH BOARD CONSULTANCY SERVICES CONTRACT

_ _ _ _ _ _ _ _ (the Consultant) agrees to provide the Consultancy Services described in the above letter in accordance with the terms and conditions set out in and attached to the letter .

For and on behalf of _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ (Consultant)

Witness

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Position _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Name (print) _ _ _ _ _ _ _ _ _ _ _ _ _ _

Dated this day _ _ _ _ _ _ _ of _ _ _ _ _ _ _ _ 200_

ATTACHMENT A

General Conditions For Consultancy Services Interpretation

1. In these Conditions:
    a. " Health Board" means _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ (name of incorporated organisation)
    b. "the Contract" means the Contract under which the Consultancy Services are to be provided to the Health Board including these general conditions
    c. "the Consultancy Services" means the services to be performed under the Contract
    d. "the Consultant" means the party who by the Contract undertakes to provide the Consultancy Services

Words importing a gender include any other gender. Words in the singular number include the plural and words in the plural number include the singular.

Variation of Agreement

2. No agreement or understanding that varies or extends the Contract (including in particular the scope of the Consultancy Services) and would result in an increase in the monies payable by, or other liability of the Health Board shall be legally binding upon either party unless in writing and signed by both parties.

Contract Material

3.1 The title to and ownership of intellectual property (including copyright) in all contract material shall vest upon its creation in the Health Board .

3.2 On the expiration or earlier termination of the contract, the Consultant shall deliver to the Health Board all contract material.

3.3 The Consultant shall ensure that the contract material is used, copied, supplied or reproduced only for the purposes of the contract.

In this Condition, "contract material" means all material brought or required to be brought into existence as part of, or for the purpose of performing the Consultancy Services including, but not limited to, documents, equipment, information and data stored by any means.

Disclosure of Information

4. The Consultant, its employees or agents shall not disclose or make public any information or material acquired or produced in connection with or by the performance of the Consultancy Services without prior approval in writing of the Health Board.

Conflict Of Interest

5. The Consultant warrants that, at the date of entering into the contract, no conflict of interest exists or is likely to arise in the performance of its obligations under the contract. If, during the term of the Contract, a conflict or risk of conflict of interest arises, the Consultant undertakes to notify the Health Board immediately in writing of that conflict or risk.

Security

6. The Consultant shall, when using Health Board premises or facilities, comply with all security and office regulations (including Health Board's smoke-free workplace policy) in effect at those premises or in regard to those facilities, as notified by Health Board.

Negation of employment. Partnership and Agency

7.1 The Consultant shall not represent itself, and shall ensure that its employees do not represent themselves, as being employees, partners or agents of the Health Board.

7.2 The Consultant shall not by virtue of this contract be or for any purpose be deemed to be an employee, partner or agent of the Health Board.

Termination Of Contract

8.1 The Health Board may, by written notice, terminate or constrict the contract or any part of the contract and upon such notice being given the Consultant shall cease or reduce work according to the tenor of the notice and shall forthwith immediately do everything possible to mitigate consequential losses.

8.2 In that event the Consultant may submit a claim for compensation and the Health Board shall pay to the Consultant such sums as are fair and reasonable in respect of any loss sustained by the Consultant in unavoidable consequence provided that:

a. the Consultant shall not be entitled to compensation for loss of prospective profits and
b. the Health Board shall not be liable to pay any sum which, in addition to any amounts paid or due or becoming due to the Consultant under the contract, would together exceed the full price of the Consultancy Services ordinarily payable under the contract.

Default

9. If the Consultant fails within 14 days after receipt of written notice, to remedy any default in performance of the following obligations, namely:
   a. to commence or to proceed at the rate of progress strictly in accordance with the contract or
   b. to perform or observe the terms and conditions of the contract, The Health Board may, by written notice, terminate the contract and recover from the Consultant any loss or damage suffered by the Health Board.

Applicable Law

10.1 The contract shall be governed by and construed in accordance with the law for the time being in force in Northern Territory .

10.2. The Consultant shall ensure that the work done under the contract complies with the laws from time to time in force in the State or Territory in which the Consultancy Services, or any part thereof, are to be carried out.

ATTACHMENT B

Name of Project _
Project Description_ _
Background Information _
Description _
Outputs required_ _
Project management _
Evaluation _
Time Line _

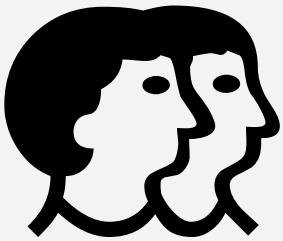
Schedule1 – Schedule of Payments

Payments are made in instalments which can be:

1. a sum paid up front (say, 20%)
2. on receipt of a report and/or some defined output being received – paid at a defined time in the project, say, 30%
3. on presentation of a draft report or other defined output/ product at a specified time, say, 30%.
4. on presentation of the final product to satisfaction of the Health Board say, 20%.

All fees attract 10% GST.

SECTION 7 ... OCCUPATIONAL HEALTH AND SAFETY

✯ A Safe and Healthy Workplace	

Pro forma

- Occupational Health and Safety Policy
- Staff Immunisations
- Needle Stick/ Biohazard Injury Protocol
- Information Sheet for Staff Member Exposed to Body Fluids
- Workplace Health & Safety Delegate's Check List
- Workplace Incident/ Accident Procedure
- Incident/Accident Report Form
- Violent/ Intimidating Clients or Community Members and Staff Safety

A Safe and Healthy Workplace

The NT Work Health Act provides the legal framework under which employers and employees must operate to achieve a safe and healthy workplace.

Each workplace should have an Occupational Health and Safety Policy that states clearly the obligations of the employer and employees in achieving a safe and healthy work environment. The policy should also address particular health and safety issues relevant to the enterprise.

☞ *Refer to Section 3 – Legal Requirements ... Page 35*

The draft policies that follow provide a guide for health services from which to develop their own policies.

Draft ...Pro forma ... Draft

_ _ _ _ _ _ _ _ _ _ _ Health Service

Occupational Health and Safety Policy

The _ _ _ _ _ _ _ _ Health Service endeavours to reduce the risk of injury, disease or other harm to all its workers and supports a return to work program following any workers compensation claim.

The _ _ _ _ _ _ _ _ Health Service recognises that work-related injury and illness can to a large extent be prevented. This policy is aimed at developing procedures to assess hazards in the workplace and to determine where problems are, to set up monitoring processes to minimise the risk of injury or illness.

The _ _ _ _ _ _ _ _ Health Board will act to observe its obligations while employees are expected to do the same.

Specifically this means:

- the Health Board has a responsibility to provide and maintain a safe and healthy workplace; to allow the health and safety delegate(see below) the time to perform their duties and to provide to the delegate, through the Administrator, accurate information on all injuries, illnesses, and workers compensation claims
- each area within the workplace (eg clinic, transport) is to nominate a health and safety delegate who has the responsibility to survey the workplace at least monthly, and to present results and recommendations to staff and management; urgent hazards must be raised with the Administrator without delay (In larger health services it may be appropriate to have the delegates and management meet regularly as a health and safety committee)
- the Administrator has the responsibility for organising a process to select a health and safety delegate involving all staff in designated workplace areas.
- the health and safety delegate(s) has the responsibility of meeting with all staff to report on health and safety issues and to report to the Health Board at least every three months
- all staff have a responsibility to work in a manner safe to themselves, fellow workers and clients
- orientation, information, instruction, training and supervision relevant to the health and safety of employees in the workplace will be provided
- appropriate protective equipment is provided and is to be used for the purpose intended
- staff must take whatever corrective action is needed by way of maintenance and eliminating hazards

Listing these obligations here is not meant to limit or exclude any other health and safety obligations that exist.

First Aid Certificates

All staff should have First Aid Certificates and undergo regular refresher courses.

Furniture and Equipment

- staff will be provided with relevant training prior to the use of any equipment
- furniture and equipment purchased will minimise the risk of injury or strain - particularly for staff working on keyboards. staff are responsibility to ensure appropriate use of equipment and follow the procedures recommended to protect users from muscle fatigue and repetitive strain injury
- photocopiers will be placed in a separate room where possible and/or in a position with good ventilation. Staff should ensure that they protect their eyes from the light emitted by the photocopier, and should take care, including the wearing of gloves when filling the machine with toner

Hazards

Staff will be trained to identify health or safety hazards in the clinic, and should report, in writing, any hazards to the Administrator as soon as possible. Please report any 'near-miss' accidents as they may identify potential hazards.

Health and Hygiene Procedures

The following basic principles should be adhered to:

- maintain good personal health and hygiene eg washing hands, daily shower and wearing clean clothes
- protective clothing: wear gloves over clean hands when handling soiled clothes or linen, cleaning bathroom or toilet areas and to cover broken skin on hands
- use a barrier cream to protect hands and cover cuts or abrasions with waterproof dressings
- always wear gloves when handling body fluids including cleaning and dressing wounds, giving injections, suturing, and taking blood specimens.
- follow procedures to prevent needle stick injury and especially NEVER re-sheath needles.

Smoking

The Health Service recognises the dangers of passive smoking and the clinic is a smoke free environment.

Stress

Health Service recognises that stress is an occupational hazard and aims to minimise stress for staff by:

- making good staff working conditions a priority
- clearly defining job responsibilities and accountability structures
- establishing support systems for all staff
- ensuring work plans and timelines are realistic

Staff Immunisations

A designated senior clinical staff member should be responsible for managing staff health procedures. This involves:

- Maintaining a staff health record book that identifies results of any tests, dates of immunisations and when next immunisations are due.
- Ensuring that staff have the recommended tests and immunisations when due.

The following procedures should be followed for all staff:

- **Tuberculosis**. Mantoux Test. This should be performed and the result recorded so that a base line is known in case of future exposure to TB. A chest Xray is only required if there is some concern about recent exposures to TB, presence of symptoms/signs (eg weight loss, cough, night sweats), or a suspected unusual result. An unexplained positive result of >10mm should be discussed with the TB clinic.
- **Hepatitis B**. Serum should be taken for Hepatitis B serology. If results show no or low immunity a course of Hepatitis B vaccination should be commenced –
  - if HBsAb >= 10 IU/ml, no further action is needed (no need to test or give booster again at any time)
  - if HBsAg and HBcAb are negative and HBsAb >= 10 IU/ml - no further action
  - if HBsAb < 10 IU/ml, give primary course (3 doses should be given at an interval of 1 and 6 months) or if already had primary course, give booster with two doses of vaccine, a single dose in each arm
  - Post-vaccination testing for Hepatitis B surface antibody (HbsAb) should be done 3 months after the third dose or double booster to confirm immunity.
  - if no response - offer a 4th dose of vaccine, and retest; if adequate anti-HBs levels not reached following the 4th dose, no assurance of immunity can be given.
  - if HBsAg and HBcAb are negative and HBsAb is less than 10 IU/ml – do not booster again as individual is a non-responder. Non-responders should carry information with recommendation to receive HBIG if a percutaneous or permucosal exposure to blood or blood products occur. Persistent non-responders should be informed about the need for Hepatitis B immunoglobulin within 48 hours of parental exposure to HBV.
    HBIG schedule for non-responders is:
    First dose - within 72 hours of exposure; and
    Second dose - thirty days after the first dose
  - if HBsAg and HBcAb are positive - refer to a medical practitioner for clinical assessment; the possibility of HBsAg carriage should be investigated
  - if HBsAg negative, HBcAb positive and HBsAb negative, this most often represents remote resolved infection with selective loss of HBsAb. May also represent the

'window' period of acute infection, chronic infection with HBsAg below the limits of detection, or a false positive result. Refer to an infectious diseases physician or liver clinician

if HBsAg negative, HBcAb positive and HBsAb positive. Person is immune, record in notes, no further follow-up.

A single booster dose should be considered after 5 years for individuals at high risk. Refusal to be vaccinated should be documented.

- **Hepatitis A**. All clinical staff should be vaccinated against Hepatitis A unless they have had the natural infection. A single dose of the vaccine gives protection within 2 weeks of administration and lasts for up to one year. A booster dose at 6 to 12 months is expected to extend protection to at least 10 years. Following natural infection of Hepatitis A immunity will be lifelong.
- **Poliomyelitis**. If there is no previous history of polio vaccination, a primary course of 3 doses (2 drops per dose) of OPV at intervals of 1-2 months. If previously vaccinated, a booster dose in not required.
- **Diphtheria/ Tetanus**. If not previously immunised a primary course of 3 doses of ADT should be commenced. Two booster doses should be given at 10 year intervals.
- **Measles**. No immunisation necessary for those who have had the natural disease. Those born in or after 1960 should receive two doses of measles vaccine 1 month apart, unless they have had two previous doses of measles vaccine.
- **Rubella** vaccine should be considered for women of child bearing age who do not have immunity either through natural infection or previous vaccination.
- **Influenza** vaccine annually is recommended for all clinical staff.
- **Pneumococcal**. Aboriginal staff should be offered Pneumovax23 every 5 years.

The above recommendations are based on the occupational health and safety considerations in the context of health services in Aboriginal communities.

Other vaccinations that individuals may wish to have should be carried out through their normal health care arrangements and may include:

- Varicella (Chicken Pox)
- Mumps
- Pneumococcal Vaccine

Information

For information about vaccines and immunisation generally, the NHMRC Immunisation Handbook is the best place. This should be available in every Clinic room.

For more information contact

THS Help line
Alice Springs 8951 6908
Darwin 8922 8382

_ _ _ _ _ _ _ _ _ _ _ Health Service

Needle Stick/ Biohazard Injury Protocol

- All sharps & body fluids are considered hazardous waste. All staff have a responsibility to follow the following protocol for the handling of sharps that may be contaminated with body fluids:
- All clinical areas should be provided with approved sharps disposal containers that should be regularly returned to THS for disposal.
- All sharps (needles, scalpels, cannulas) should be disposed of in the specified sharps disposal containers. Sharps should NEVER be disposed of in normal waste bins.
- Staff should NEVER re-sheath needles.
- Gloves should be worn whenever there is a risk of being exposed to body fluids including when taking blood specimens, giving injections, suturing, cleaning and dressing wounds, and examining mucosal surfaces)

Monitoring Handling of Sharps

A senior AHW, nurse or doctor should be given the responsibility to regularly monitor the handling of sharps. This should included regular inspections of sharps containers, ensuring that they are not over full, and whether there is evidence of re-sheathing needles. Regular sessions should be conducted with all clinical staff and cleaners about the handling of sharps.

Procedure in Event of Needle Stick Injury

It is imperative that this be reported immediately and that relevant prophylaxis commence within 2 hours of exposure. Infections that may result from such an injury include:

- Hepatitis B
- Hepatitis C
- HIV

It is the responsibility of the injured person to report the injury and ensure that appropriate actions are commenced. It is the responsibility of the health service to act promptly in initiating appropriate action promptly.

The following procedure should be followed:
Carry out immediate first aid to exposed site.

Eye - rinse open eye gently with large amounts of tap water or normal saline for 20 minutes

Mouth - spit out body substance and rinse well with large amounts of water and spit out again

Intact skin - wash skin area with soap and water and carefully examine for cuts or breaks

Wound - encourage bleeding from the skin wound and wash the injured area with copious soapy water, disinfectant, scrub solution or water, do not crush or incise the injured site.

Report incident to senior clinical staff and Administrator

Contact a doctor and provide the following details:

- name
- the injury
- how the injury happened
- the time/date of the injury
- Hep B status
- Details of the clinical status of the person who is the source of the body fluids including Hepatitis B, C and HIV status, and known STDs.

A consultation with the injured person requires:

- risk factors to be evaluated
- counselling
- initial treatment prescribed (see below)
- consent for blood samples (see below) taken for baseline testing

A consultation with the source requires:

- informing him/her of the accident
- counselling
- information about immunisations
- consent for blood samples for baseline testing

Blood samples from both injured and source person (test mother rather than baby for biohazard injuries involving neonates) include:

- Hep B
- Hep C
- Syphilis
- HIV

Initial Treatment of exposed person

- Tetanus Give Tetanus Toxoid booster if indicated.
- Hepatitis B Give Immunoglobulin and HepB vaccine if not immune. (Refer to Staff Immunisation Section)
- Syphilis If source person has syphilis, give IM Benzathine Penicillin 2.4 mega units - single dose
- HIV – the chart below can be used to assess whether Post Exposure Prophylaxis should be offered.

Table 5 Biohazard Injury Management Chart

Standard of care is to have a HIV test result within 2 hours on all high risk exposures and /or high risk source patient. *Use chart to determine need for post-exposure prophylaxis (PEP) for HIV.*

Degree of Exposure & Risk Assessment		
Risk Category➔ Source fluid **⬇** **Source patient**	**Low risk exposure ⬇** ie: Any body fluid (including blood) to **intact skin**, or any type of exposure to **non-blood stained body fluids.** **⬇**	**High risk exposure ⬇** ie: Penetrating injury resulting in bleeding from an item contaminated with **blood**; or splash to eye, mouth fresh wound from **blood, blood stained fluid / amniotic fluid.**
Low risk source patient. ie: No risk factors identified ➔ *<u>Remember:</u> A high % of people do not divulge high risk contact.*	Do not give PEP. Conduct blood tests during normal business hours. If HIV positive seek medical advice. (PEP not usually indicated)	As test results cannot be obtained within 2 hours in most remote community locations consideration must be given to immediately offering PEP. If source test results available within 2 hours, do not give PEP. Test immediately "on call". If source HIV positive immediately seek medical advice for decision on need to treat with PEP .
High risk source patient. **ie: HIV/HBV/HCV +ve pt.** ➔ <u>Also Consider</u>:- IV drug use (self/partner). Homo/bisexual contact. Haemophiliac or sexual contact. Prostitutes or sexual contact <u>Remember:</u> A high % of people do not divulge high risk contact.	As test results cannot be obtained within 2 hours in most remote community locations consideration must be given to immediately offering PEP. **If source test results available within 2 hours, do not give PEP.** Test immediately on call. If source HIV positive seek medical advice for decision on therapy. (PEP not usually indicated)	<u>Offer PEP immediately</u>. Test immediately on call. Contact doctor for advice on therapy. If HIV positive continue PEP. If HIV -ve consider ? window period before ceasing PEP.

PEP Treatment[14]: The suggested drug regimen is a four week course of:

Zidovudine (AZT) 250 mg orally bd, plus
3TC (lamivudine) 150 mg orally bd, plus
Indinavir 800 mg orally tds.

Access to these PEP drugs is important as they need to be given within 1-2 hours following exposure.

Review of all test results should be done 3-5 days after incident where final treatment plans are determined. HIV serology should be repeated after 6 weeks, 3 months, 6 months and 12 months. If on PEP, the following monitoring should be performed:

Baseline Tests: HIV Ab, HBsAg, cAb, if vaccinated Hep BsAb, Hep C Ab, syphilis serology, FBC, U&E, LFT, glucose

Then at:

2 weeks	FBC, UEC, LFT, glucose
4 weeks	FBC, UEC, LFT, glucose, HIV 1/2 Ab, EIA and western blot (if anti-HIV EIA positive), HIV viral load (if source is HIV positive or unknown)
6 weeks	HBsAg (if baseline Ab screen negative), HIV 1/2 Ab, EIA and western blot (if anti-HIV EIA positive), Hep C Ab, Syphilis serology, *FBC ,*UEC, *LFT, *glucose (*these only if they had been abnormal on PEP Rx)
12 weeks	HBsAg (if baseline Ab screen negative), Hep C Ab, syphilis serology, HIV 1/2 Ab and western blot if EIA positive, HIV viral load (if source is HIV positive or unknown)*
6 months	HBsAg (if baseline Ab-ve), Hep C Ab, syphilis serology, HIV 1/2 Ab, and western blot if EIA Ab positive, HIV viral load (if source is HIV positive or unknown)*.
1 year	HB sAb (post immunisation check), HIV 1/2 Ab, and western blot if Ab positive, Hep C Ab

Counselling should focus on the concerns of the injured staff members, the risks they face, and also cover potential risks to sexual partner(s). Consent for any treatment must be obtained.

For more information contact

THS Disease/Infection Control
Darwin Tel. 8922 8045 or 8922 8428
Alice Springs Tel. 8951 7549

[14] The current recommendation of the Alfred Hospital in Victoria (formerly the Fairfield Hospital HIV clinical unit) is for combination anti-retroviral therapy to be offered for all significant biohazard injuries.

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Information Sheet for Staff Member Exposed to Body Fluids

Exposure to blood and possibly other body fluids from a patient with HIV infection can result in transmission of HIV infection. However, studies of health care workers exposed to infected blood have demonstrated that transmission is uncommon, occurring at a rate of about 1:250 definite exposures and only after there has been a deep penetrating injury with injection of infected blood, or contamination of damaged skin or direct contact with mucous membranes by a large volume of blood.

You will be given information and assistance in making a decision about whether to have PEP therapy or not. The final decision will be yours.

Points to consider:
In coming to a decision the most important facts you should consider are:

- the incidence of occupationally acquired HIV infection is approx. 1:250 / definite exposures
- the occurrence of HIV infection is dependent on the nature and extent of exposure
- it has been demonstrated that PEP, when commenced immediately after exposure, may prevent seroconversion
- side effects of PEP therapy are not common in healthy individuals but nausea and/or headaches might occur
- there is no evidence of long term- toxicity in humans but this can not be discounted

Should you decide to take PEP you must inform the doctor of any drugs you are taking. Female workers must inform the doctor if they are/or think they might be pregnant as the effects of PEP on the foetus are unknown. Counselling services are available for you. Subsequent follow-up is essential for those who take PEP. On reading this information, please discuss all aspects of the therapy with the attending doctor. The PEP consent form should be completed whether you take the drugs or decline treatment.

Recipients of PEP are encouraged to report at times other than their regular reviews if they have any concerns.

_ _ _ _ _ _ _ _ _ _ _ Health Service

Workplace Health & Safety Delegate's Check List

FLOORS:

Are floor coverings (carpets, etc.) fixed to floor firmly?	YES	☐
	NO	☐
Do people walk on wet or slippery floors?	YES	☐
	NO	☐

HOUSE KEEPING:

Are telephone/electrical cables, cords, etc. loose in walkways?	YES	☐
	NO	☐
Are electrical cables, cords, etc. in good condition?	YES	☐
	NO	☐
Are boxes, or other items stored in walkways or around desks?	YES	☐
	NO	☐
Is there adequate storage space (filing cabinets, shelves)?	YES	☐
	NO	☐
Are all filing cabinets built up at front to prevent tipping?	YES	☐
	NO	☐

Are steps/ stairs and exits kept clear? YES ☐ NO ☐

Are there complaints about temperature being too hot or cold? YES ☐ NO ☐

CHEMICALS/ FIRE:

Are there any chemicals handled in your section? YES ☐ NO ☐

If so, do workers know what they are? YES ☐ NO ☐

What preventive measures are taken? _____

_____

_____

NOTE: ***Chemicals will need to be listed and precautions specified for each type.***

Are flammable materials stored in appropriate containers away from stored oxygen cylinders? YES ☐ NO ☐

Are fire hoses and fire extinguishers in good working order? YES ☐ NO ☐

Have fire extinguishers been serviced according to their due date? YES ☐ NO ☐

Are fire exits unobstructed? YES ☐ NO ☐

Do staff know what to do if there is a fire? YES ☐ NO ☐

DESKS:

Are desks in good order?	YES	☐
	NO	☐
Are adjustable chairs provided?	YES	☐
	NO	☐
Do staff know how to adjust them?	YES	☐
	NO	☐
Do staff take regular breaks from repetitive tasks?	YES	☐
	NO	☐

COMPUTERS:

Are computers set up properly?	YES	☐
	NO	☐
Can the keyboard be adjusted in height?	YES	☐
	NO	☐
Can the screen be adjusted easily?	YES	☐
	NO	☐
Can the user easily look into the distance by glancing up from the screen?	YES	☐
	NO	☐
Is the height of the chair easily adjustable?	YES	☐
	NO	☐
Is the height of the back of the chair adjustable?	YES	☐
	NO	☐

Is the back of the chair adjustable horizontally? YES ☐ NO ☐

Do staff know how to adjust the chair in all ways? YES ☐ NO ☐

Do staff take regular rest breaks from keyboard work? YES ☐ NO ☐

Is there reflective glare in the screen? YES ☐ NO ☐

Is an appropriate document holder provided? YES ☐ NO ☐

LIGHTING:

Do staff have complaints about inadequate lighting? YES ☐ NO ☐

Are paths and entrances to the clinic adequately lit? YES ☐ NO ☐

NOISE:

Is noisy equipment used (eg. printers)? YES ☐ NO ☐

Are acoustic hoods provided? YES ☐ NO ☐

Are they always used? YES ☐ NO ☐

Are ear protectors provided?	YES	☐
	NO	☐
Are they always used?	YES	☐
	NO	☐

CLINIC:

Are needle disposal systems in place?	YES	☐
	NO	☐
Are they used all the time?	YES	☐
	NO	☐
Is there any evidence of needles being re-sheathed?	YES	☐
	NO	☐
Are containers regularly disposed of?	YES	☐
	NO	☐
Are items contaminated with body fluids (blood especially) adequately disposed of?	YES	☐
	NO	☐
Are drugs stored appropriately restricting public access?	YES	☐
	NO	☐

VEHICLES:

Are vehicles (including brakes, steering, radiator, radios, tyres and spare parts) checked regularly and maintained.	YES	☐
	NO	☐
Are essential tools carried in the vehicle?	YES	☐
	NO	☐

Is adequate fresh, potable water carried? YES ☐ NO ☐

Is there a basic first aid kit? YES ☐ NO ☐

Hazards Identified _

_ _

_ _

_ _

Comments _

_ _

_ _

_ _

Recommended Action _

_ _

_ _

_ _

_ _

_ _

_ _

_ _

_ _

Health & Safety Delegate (signed) Date

_ _ _ _ _ _ _ _ _ _ _ Health Service

Work Incident/ Accident Procedure

An *Accident Report Form* should be completed by any staff involved in an accident (however minor) at work and given to the Administrator as soon as possible. If time off work is required due to an injury or illness following a work related accident a worker's compensation sickness certificate should also be provided to the Administrator as soon as possible.

The Administrator should maintain an Accident Register that should include:

- a description of what happened
- the name of staff member(s) involved, and what they were doing at the time
- when and where the incident occurred
- details of witnesses

Motor Vehicle Accident Procedures

Staff who have a motor vehicle accident while driving a Health Service vehicle should:

- stop at once ensuring that the vehicle is not posing a further traffic hazard
- offer assistance to anyone who might be injured
- get the names and addresses of all witnesses to the accident
- report the accident to the Administrator
- report the accident to the police

If another vehicle is involved make sure you obtain and keep a record of the following information:

- the owner's name, address and telephone number
- the driver's name, address and driving licence number or other identification
- the name of the owner's insurance company
- the make, type and registration number of the vehicle
- identify yourself to the other driver, together with your name, address and registration number

If the police attend, make sure you:

- provide the police with all relevant information about yourself and the other driver

- obtain and keep a record of the attending police officer's name, rank, number and station

As much as possible try to recall and document the details of the accident while they are still fresh in your mind.

If personal injury or serious property damage is involved phone the Administrator and the insurance company at once.
Complete an Accident Report Form and give it to the Administrator as soon as possible after the accident.

Worker's Compensation Claims

The injured worker may see the doctor of their choice to manage their condition. However, the insurance company may require the injured worker to attend a doctor nominated by the insurance company for opinion. This doctor is not entitled to impose treatment on the injured worker unless the worker agrees.

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Incident/Accident Report Form

Name _

Position _

Date of Incident _ _ _ _ _ _ _ _ _ _ _ _ Time of Incident _ _ _ _ AM/ PM

Place of Incident _

Description of Incident (What happened) _

_ _

_ _

What injury, if any, was caused? _

_ _

What property damage, if any, was caused? _

_ _

Names of others involved _

_ _

Names and address of witnesses _

_ _

Do you have any injury _ _ _ _ _ _ _ _ _ _ _ _ _ _

Did you require medical attention? _

Date reported: _ _ _ _ _ _ _ _ _ _ _ _ Time: _ _ _ _ _ AM/ PM

_____ _____

(Signature of Employee) (Date)

Administrator to complete

Comments on the cause and nature of the accident: _

_ _

Action taken to prevent a recurrence_ _

_ _

Report to Health Board

_____

(Signature of Administrator) (Date)

File: copy to personnel file.

Completion of this form does not constitute a claim for Workers' Compensation. Compensation forms are available from the Administrator and are required where medical treatment has been received and/or time is lost from work.

_ _ _ _ _ _ _ _ _ _ _ Health Service

Violent/ Abusive/ Intimidating Clients or Community Members and Staff Safety

All _ _ _ _ _ _ _ _ _ _ _ Health Service users and workers have the right to feel safe and to participate in programs and access services in a non-threatening environment. The Health Board is responsible for ensuring that a non-threatening environment is maintained. Service clients and workers should not have to suffer abuse and/or threats from clients or other members of the public while at work or at home. If a staff member is being abused or threatened, they should, if possible, ask another staff member for advice and assistance. A personal approach to safety is required at all times.

The first step in preventing incidents is to get to know the community, responsible community members, and accepted community standards of behaviour that staff should adhere to. All staff should:

- find out where responsible members of the community who may assist in a crisis live
- be familiar with agreed management plans for clients who have known unpredictable or aggressive behaviour
- never leave the clinic if a co-worker is treating a client with a known unpredictable or aggressive behaviour
- where possible have the assistance of an AHW of the same gender when treating a client with known unpredictable or aggressive behaviour
- resist making their personal accommodation a 'safe house' for community members seeking refuge from domestic or other violence unless specific arrangements for this are made with other staff and the Health Board
- not interfere with the discipline of children. Any concerns about the appropriateness of the disciplining or treatment of children should be raised with senior Aboriginal staff and/or community leaders and the child's carer.
- not interfere or become involved with family or community fighting unless consulted in the course of the health service's work.
- be accompanied by an AHW or senior community member when required to visit a client's home where there is reason to believe that occupants are under the influence of alcohol, petrol or other substance.
- avoid treating clients or conducting health advancement activities (eg distribution of condoms) from their home.
- observe appropriate dress standards
- not go for long walks alone

- keep your home doors locked when alone or there are concerns about security *(This needs to be modified to reflect the realities of the particular community within which the staff reside)*

Procedure to Follow Incidents of Intimidation/ Violence towards Staff or Inappropriate Use of Services.

Staff are not expected to tolerate abusive or violent behaviour from clients or community members. If confronted with an armed or persistently abusive person, ***call the police***.

Incidents that this procedure should apply to are:

- verbal or physical abuse of staff
- inappropriate use of services, especially after hours service or continual inappropriate use by certain families or groups

Where staff feel unsafe due to aggression, violence or other community disturbance, they should follow some or all of these steps:

- always adopt a non confrontational approach - if possible attempt to talk to the offender and calm them down. Attempt to find out what there needs are and why they are upset. This may help modify their behaviour. Clearly explain to the person that their abusive behaviour is unacceptable, and that it must cease
- if they continue to be abusive or threatening ask them to leave
- if the behaviour continues, or if they are armed with a weapon, call the police.
- remove themselves from the threat (without hesitation) if they feel this is appropriate - this may mean leaving the clinic and/or the community/out-station/homeland
- avoid treating intoxicated clients on their own - request assistance from another person eg: health worker, the police aide, a community member
- if staff feel threatened or in danger when asked to hand over Schedule 8 drugs (Narcotics) they should do so and report to senior clinical staff and the police as soon as they are able
- if staff removal is necessary, this should be negotiated with the Administrator or President of the Health Board, and application be made for reimbursement of reasonable expenses
- other staff and the Health Board should be informed of all threats to staff safety as soon as possible
- an Incident Report must be completed and given to the Administrator as soon as possible.
- a report should be made to the police where appropriate

When a particular client is **repeatedly aggressive**, the issue should be discussed at a staff meeting, and if still unable to resolve the problem, taken to the Health Board.

- The staff member subjected to the incident will report this incident to the Administrator within 24 hours of the incident occurring.
- The incident to be recorded in an Incident Report
- The Administrator will report the incident to the Health Board who may meet with the offender(s) and explain the appropriate use of the health service and, in the case

of offensive/ threatening/ violent behaviour, the unacceptable nature of that behaviour. They should be informed that if such behaviour or inappropriate use of services persists, the services offered to them will be modified - be specific eg no home visits will be made.

- Staff exposed to violent, abusive or threatening people, should be offered an opportunity to debrief, and may need supportive counselling afterwards.

Domestic/ Family Violence

Domestic disputes are often at the heart of violent incidents in health services, and domestic or family violence is a common reality in many families.
Family violence may present in may ways including:

- Presentation of women or children with injuries to the clinic
- Violent/ abusive and intimidating behaviour in the clinic
- Threatened women seeking refuge in the clinic or health service staff homes.
- Children failing to thrive or with behaviour problems presenting to the clinic

Presentation to the clinic should be dealt with as outlined in the *Congress Alukura/ Nganampa Minymaku Kutju Tjukurpa Women's Business Manual* (pages 241-245).

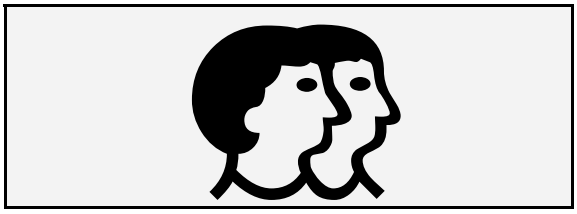
Remember that there are legal rights that abused people have and they should be informed of these.

When women seek refuge at health service staff homes, the staff should resist providing this refuge and call the police or other community authority. For a staff member to be seen be directly involved may put their own safety at risk.

For more information contact

Police
Domestic Violence Services
Darwin: Ruby-Gaea Tel. 08 8945 0155
Darwin Domestic Violence Service Tel: 08 8945 6200
Katherine Women's Crisis Centre: Tel. 08 8972 1332
Katherine Women's Information & Legal Service:
Tel. 08 8972 1712
Ngaanyatjarra, Pitjantjatjara Yankunytjatjara(NPY) Women's Council Domestic Violence Service
Alice Springs Tel. 08 8950 5420
Alice Springs Domestic Violence Service:
Tel. 08 8951 1391
Alice Springs Women's Shelter: Tel. 08 8952 6075
Tennant Creek Women's Refuge Tel. 8962 1940
Tennant Creek Domestic Violence Counselling
Tel: 08 8962 3101
Nhulunbuy Domestic Violence Counselling Service:
Tel. 08 8987 0428
Nhulunbuy Crisis Accommodation Tel: 08 8987 1166
A/Hrs: 0418 891 267

SECTION 8 ... HEALTH SERVICE POLICIES AND PROCEDURES



Draft Pro forma

- Health Service Policy
- Housekeeping
  - Cleaning
  - Security
  - Keys
  - Repairs & Maintenance
  - Stationery Supplies
  - Pest Control
- Motor Vehicle & Transport Policy
- Communications
  - Telephones
  - Radios
  - Letters
  - Mail
  - Faxes
  - Use of Media
- Substance Use
- Medical Equipment Maintenance and Care Policy
- Staff Meetings
- Staff Meeting Agenda
- AHW Policy
- Client Complaints Policy
- Confidentiality Policy
- New Staff & Health Board Member Confidentiality Statement
- Client Access to Personal Clinical Files Policy
- Research Policy
- Intellectual Property
- Emergencies
- Information Technology
- Harassment and Discrimination Policy
- Children At Risk & Mandatory Reporting Policy
- Visitors to the Health Service

This section consists of pro forma policies designed to be modified by health services to suit their particular local needs.

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_ _ _ _ _ _ _ _ _ _ _ Health Service

Health Service Policy

Health Service Principles and Philosophy

In recognition that Aboriginal people make up the majority of the population being serviced, and the special challenges involved in addressing Aboriginal health, all programs conducted by the _ _ _ _ _ _ _ _ _ _ _ Health Service will promote Aboriginal culture and self-determination. However, a policy of respect and coexistence of all people using the service will be promoted regardless of race, sex (gender), sexuality, religion or any other factor.

The _ _ _ _ _ _ _ _ _ _ _ Health Service recognises the importance of people's participation in health care. The service promotes the involvement of all members of the community in its activities, especially those with special needs. The Health Service aims to provide services in a context that respects the experience and differences of participants, in a non-discriminatory way and which involves participants in planning and direction-setting.

It is recognised that the health status of Aboriginal people is worse than for other population groups, and the Health Service will particularly concentrate on addressing these needs and ensure that they have ready access to services when needed, and that they benefit from preventive clinical programs available to the Australian population at large.

The Health Service provides a range of PHC programs based in and on community needs as directed by the Health Board. These services will be available to all people in the area serviced, including people living in communities out-stations and homelands, residents of towns, pastoral leases and farms, and will include an appropriate service to tourists and itinerant workers. The Service will schedule health service activities on the basis of consultation with participants, demographic information, standard PHC practice (eg as per the CARPA Standard Treatment Manual) and the needs of the community as determined through local and regional planning processes.

Access and Equity

The health service is open to all people regardless of gender, race, ethnicity, age, disability, religion, or sexuality.

The Health Board expects members and staff to respect the right of all groups in the community to have full access to services, and that this access will be supported through the following:

- signs relating to services will be publicised taking into account barriers such as poor literacy or English as a second or third language
- doorways and ramps will not, at any time be blocked from wheelchair access
- information supplied at Health Board meetings will be clearly explained both in written form (including pictorially where appropriate) and orally before decisions are made
- relevant decisions of the Health Board will be communicated promptly to staff, and where appropriate to community members. Health Board decisions to be communicated to staff are at the discretion of the Health Board.

The Health Service ensures that its services are accessible through the following procedures:

- the employment and training of Aboriginal staff
- regular planning and evaluation days that assist the determination of specific needs of population groups in the area
- staff review of services through examination and analysis of service utilisation and population health data
- staff and health board members participate in local community networks to assess changes in local population needs
- workers encourage new clients to return to the service.

Client Rights

- Every client is entitled to receive appropriate health services and community services of a high standard as quickly as circumstances reasonably permit
- Every client is entitled to be informed and educated about health matters that may be relevant to him or her and about available health services
- Every client who is capable of doing so is entitled to participate effectively in the making of a decision dealing with his or her health, including those about participation in research
- Every client who is capable of doing so is entitled to participate actively in his or her health care
- Every client is entitled to be provided with health services in a considerate way that take into account his or her cultural and ethnic background, needs and wishes
- Every client is entitled to privacy and confidentiality
- Every client is entitled to see any information about his or her health
- Every client is entitled to complain about a service without fear of losing the service or suffering recrimination

- Every client is entitled to have their complaints dealt with fairly and quickly
- Every provider or person who provides care for a user is to be considered and recognised for his or her contribution to health care
- Every client who is capable of doing so is entitled to make his or her own responsible contribution to the therapeutic partnership between himself or herself and a provider.

Client Responsibilities

- Every client should act in a way that respects the rights of other clients and Health Service staff
- Every client needs to take responsibility for any decisions they make regarding their health care
- Every client needs to cooperate with the organisation in the provision of quality health services to the community.

Client Services

The _ _ _ _ _ _ _ _ _ _ _ Health Service expects that staff will treat clients with respect and courtesy at all times and in a culturally appropriate manner.

At the same time, the Health Service recognises that some clients are under stress and are difficult to deal with. When a staff member feels unable to deal with a situation, they should seek support from other staff members, and/or senior community members/ leaders.

Programs are run from the health clinic and at _ _ _ _ _ _ _ _ _ _ _ (specify location) between_ _ _ _ _ _ _ _ _ _ _ (specify hours) from Monday to Friday. Clinics will also be conducted at outstations/homelands as follows:

Out-station/ Homeland	Day	Time

Rostered staff will be available for advice in emergencies outside these times by ringing _ _ _ _ _ _ _ _ _ _ _ (*Insert after hours telephone contact number).* All services are provided free of charge unless otherwise determined by the Health Board.
All programs are delivered by suitably qualified staff. Trainees assist in program delivery under the supervision of qualified staff.

The clinic will open after hours on a needs-basis in emergencies only. Programs may be suspended at other times by the Health Board and/ or Administrator in the case of staff illness or similar circumstances. The Administrator will endeavour to ensure that relief staff are employed to cover any such periods.

Home Visit Policy

All radio/phone calls requesting a home visit from anyone should be taken by the most senior clinical worker available. The relevant patient file should always be referred to.

The condition of the client will be assessed and one of the following options pursued:

- Send a vehicle to pick up the patient to bring to the clinic
- A home visit if the patients condition is one of the following, and the patient is resident within 60 Kms of the clinic:
    - severe migraine
    - biliary/ renal colic
    - an acute mental illness
    - infectious disease such as measles
    - a person with a potentially life threatening illness
    - impending birth, or obstetric emergency
    - other potentially sever or life threatening condition
- Other arrangements may need to be made depending on degree of emergency, degree of suffering and logistic difficulties, such as distance from the clinic, and transport availability.
- On returning to the clinic details of the consultation should be recorded in the patient's file and the clinic computer system.

Evaluation and Planning

Quality Assurance

The Health Service is committed to providing a quality service that reflects the needs of the client communities. Standards will be used as a framework to do this.
A quality assurance process will be established with the intention of implementing standards and educating staff and board about gaps in provision of quality. CARPA (Central Australian Rural Practitioners Association) and Congress/Danila Dilba may be utilised to assist the implementation of a quality assurance program.
Gaining accreditation through the CHASP (see PHC Resources page 300) review process will also be the responsibility of a quality assurance committee, as well as implementing and informing staff and committee about the outcomes of the review.

Annual Planning

Senior clinical staff and the Administrator will organise an planning day annually (including employee job description reviews), to precede the AGM. All staff and Health Board members will participate, and invitations extended to community

members. Invitations to any external participants will be considered in the organisation process.
The planning committee will bring all information together, develop a list of objectives consistent with the aims of the organisation for the day. The planning day will develop a health service plan for the next 12 months, and this, in final form, will be presented to the staff and Health Board as soon as practicable after the planning day. This will provide a framework for the health services activities and work priorities.

Planning Guidelines

- What has happened during the last 12 months?
- Why? The group lists its activities for the year, whether these activities have been a success or not, and why.
- As a result of this evaluation what do we need to continue or further look at for the next 12 months? List these suggestions. These will be the objectives for the next planning period.
- Do these objectives fit in with the organisation's overall aims?
- How are we going to achieve the objectives? The group lists possible actions which will become the group's strategies.
- What additional resources do we need?
- Is this realistic?
- Who is going to do this?
- What new areas have been identified that we need to work on?
- How are we going to address this new need?
- What do we need to do?
- Who is going to do it?
- How long is it going to take?
- How are we going to know that it is working?
- How will we evaluate?

Annual Report

A report on the health services work will be produced annually. It will include:

- a description of the demographics of the area and communities and outstations/homelands serviced
- history and growth of the service
- membership of the Health Board
- employees of the service
- description of health programs delivered
- profile of clients using the service
- clinical service data

It should also include future plans to meet identified unmet needs, and information about the health issues that the communities serviced are concerned about.

_ _ _ _ _ _ _ _ _ _ _ Health Service

Housekeeping Policy

Cleaning

All staff are responsible for:

- keeping clinic desks tidy
- keeping their work areas tidy
- cleaning, checking and re-stocking trolleys
- keeping examination beds clear, and ensuring sheets are changed as necessary
- cleaning up spills of body fluids such as vomit, blood, urine or faeces
- washing up any cups and plates they or their visitors use

The Administrator should arrange for the regular general cleaning of the health service premises either through the employment of a cleaner or a cleaning contract. The job description or contract should specify the regular cleaning jobs and the standards expected. A monitoring process should be in place to ensure that standards are maintained.

Security

Maintaining the security of the Health centre is everyone's business. The clinic and near by areas contain valuable equipment including computers and drugs, as well as staff possessions, all of which make maintaining security a very important issue. The following are some guidelines about how security can be maintained.

- all staff should keep personal items such as wallets, keys etc on their person or in a secure place, eg a locker or locked drawer
- doctors are responsible for making sure that prescription pads are kept in a secure place; if it is suspected that a prescription pad has been stolen, the police, local pharmacies, and the Administrator should all be notified, and the clinic area should be checked to make sure other prescription pads are securely stored
- if a person does not have a legitimate reason for being in the building, they should be asked to leave
- access to the pharmacy area is restricted to AHWs, nurses and doctors; any other staff or people who are found in the pharmacy area should be asked to leave; there should be a staff member in the pharmacy area at all times to monitor who goes in there; if there is no staff member in the pharmacy, the area should be locked

- on normal working weekdays at 5.30pm it is the responsibility of the _ _ _ _ _ _ _ _ _ _ _ _ _ (Specify who) to check windows are locked, clinic exit doors are locked and the alarm turned on; staff opening any doors or windows after this time are responsible for closing and locking them before leaving
- at times staff need to access the clinic building after hours to obtain medications or patient information; if a clinic staff member opens the building and turns off the alarm, they are responsible for locking up the building and turning the alarm back on after they have finished.

Keys

Health Service Premises

- Keys are held by the Administrator, medical officer, and senior nurse, senior AHW or staff on call. Keys are not to be lent to any other person.
- Staff may not leave the building unattended if it is unlocked.
- A designated key holder must ensure that they lock up after all staff and clients have left the premises.

Staff Housing

- Keys of staff housing are the responsibility of the staff member living in that house.

Health Service Visitor Accommodation

- Keys are to be held by the Administrator and provided to visitors as required.

Motor Vehicles

- Keys of motor vehicles will be the responsibility of the person who has been given control of the vehicle for a specified period.
- At other times all keys will be held by the Administrator.
- Keys must never be left in a vehicle unattended.
- Keys should not be given to any unauthorised person or person not employed by the health service, unless otherwise directed by the Health Board.

☞ Refer to Motor Vehicle & Transport Policy ... Page 262

Repairs and Maintenance

Staff should inform the Administrator promptly of any repairs and maintenance which are required for building and fittings, furniture, medical and office equipment.

The Administrator is responsible for organising the required repairs and maintenance.

Stationery Supplies

The Administrator is responsible for maintaining stationery supplies but needs to be informed about requirements.

The Administrator should maintain an imprest system to facilitate stock taking and ordering. The clinic should maintain a clinic stationery imprest system to facilitate the ordering process.

Pest Control

Pest control programs are conducted in clinics, offices and staff houses annually. The Administrator is responsible for organising these programs.

_ _ _ _ _ _ _ _ _ _ _ Health Service

Motor Vehicle and Transport Policy

In order to achieve its aims and objectives the _ _ _ _ _ _ _ _ _ _ _ Health Service maintains a fleet of vehicles. The policy for their use is as follows:

- Health service vehicles are only available for health service work use
- Vehicles are not to be used for personal reasons
- Health service employees with an appropriate, current drivers licence shall drive health service vehicles; the licence is to be photocopied and the copy given to the Administrator who will keep it on the employee's personnel file; licence validity is to be checked annually
- Vehicles are to be driven with due care and in accordance with the road rules
- No alcohol, smoking or illegal drugs are to be consumed in, or carried in health service vehicles
- Fuel is to be added and oil and water levels checked at the appropriate times or when gauges register low levels; the driver of the vehicle will be responsible for these routine checks
- Staff using vehicles will pay for all traffic fines, including parking and speeding fines
- All drivers are responsible for maintaining the cleanliness of the vehicle after use
- Refuelling of vehicles can be arranged at the _ _ _ _ _ _ _ _ _ Store or in _ _ _ _ _ _ _ _ _ _ _ (Regional Centre) at _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Service Station on _ _ _ _ _ _ _ _ _ _ _ _ _ _ (Insert Address); staff need to let the fuel attendant know that it is a _ _ _ _ _ _ _ _ _ _ Health Service vehicle and will need to sign for the fuel. The service stations and store will have the registration numbers of the health service vehicles and should check these before booking expenses to the health service.
- If health service vehicles are damaged or have mechanical problems at any time, staff must notify the Administrator as soon as possible
- If a staff member is proven to be criminally negligent when a vehicle is damaged whilst in their care, then they shall be responsible for all costs.
- The Health Board may decide from time to time that particular community and cultural issues require the use of vehicles. Such situations should generally be confined to funerals, health service meetings, and other major community events. In these circumstances, the health service staff will be informed and assured of access to vehicles to maintain emergency capacity.

Transport

- The _ _ _ _ _ _ _ _ _ _ _ Health Service employs drivers to transport patients to the clinic or to town for health matters and to take staff to and from work.
- Health Service vehicles can be used to transport people who are:
- attending any health service meeting or program
- attending _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Hospital for admission or for an outpatient appointment
- attending other health services or clinics for appointments
- accompanying a child or another patient to a health appointment as above. The number of accompanying people able to be transported may be limited if there is insufficient room in the vehicle.

Health service vehicles are **not** to be used

- for shopping or to give people a lift into town
- for people who are noisy or abusive
- for carrying alcohol

_ _ _ _ _ _ _ _ _ _ _ Health Service

Communications

Telephones

The health service has a _ _ _ _ _ _ _ (*Specify type)* telephone system.
All new staff will shown how to use the phones soon after arriving as part of their orientation.
Telephones are only to be used for health service business and by health service staff.
Private calls are to be paid for by staff who made them.

Radios

Radios may be used by staff to communicate with other workers or health providers. Conversations over the radio are in the public arena therefore it is not prudent to talk about client information over the radio.

☞ *Refer* to *Confidentiality Policy ... Page 274*

Letters to Outside Organisations

The _ _ _ _ _ _ _ _ _ _ _ _ _ Health Service letterhead is not to be used except for correspondence on behalf of the _ _ _ _ _ _ _ _ _ _ _ _ Health Service. Clinical staff may use the letterhead to refer clients to other providers and organisations. However, no staff are to use the letterhead for any other purpose without explicit permission from the Health Board directly or via the Administrator, or submitting a copy of the correspondence to the Health Board for approval.

Mail

- Any client information should be sent in a clearly addressed envelope and marked “Confidential” to maintain confidentiality.
- Outgoing mail for delivery to the local Hospital should be placed in _ _ _ _ _ _ _ _ _ _ _ _ (Specify location).

- Outgoing mail requiring a postage stamp, should be placed in _ _ _ _ _ _ _ _ _ _ (Specify location). Details should be recorded in the "Mail Out" book.
- the _ _ _ _ _ _ _ _ _ _ (Specify who) is responsible for dropping off and picking up mail from _ _ _ _ _ _ _ _ _ _ (Specify who – eg pathologist, hospital, PO box).
- the mail plane/ barge comes on _ _ _ _ _ _ _ _ _ _ (Specify day, time)).

Faxes

- All faxes about work business sent by staff should have a cover sheet completed.
- All staff sending faxes about client information should make sure that the information is being sent to a secure and confidential fax machine, or that the person receiving the fax knows that it is coming so that they can pick it up straight away. Staff should try to make sure that sending any fax is not going to result in a breach of a client's confidentiality.

Use of the Media

- No _ _ _ _ _ _ _ _ _ _ _ Health Service employee is to give information to the media (radio, newspaper, television or other) on any issue relating to the health service except with the explicit permission and direction of the Health Board. Requests from the media should be directed to the Administrator who will refer it to the Health Board.
- The production of any film, video, audio, print or other media material relating to the _ _ _ _ _ _ _ _ _ _ _ Health Service or its activities must have the written approval of the Health Board.

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_ _ _ _ _ _ _ _ _ _ _ Health Service

Substance Use

Alcohol

- Alcohol, petrol or illegal drugs are not to be consumed in or brought into health service premises
- Alcohol, petrol and illegal drugs are not to be consumed in or carried in health service vehicles
- Staff are not to be under the influence of alcohol, petrol or illegal drugs whilst at work or on call
- In the _ _ _ _ _ _ _ _ _ _ _ _ Community possession of alcohol is not permitted under any circumstances, and no staff is allowed to possess alcohol anywhere in the community, including their home.
- Breaches of any of these points will lead to disciplinary procedures that may include instant dismissal.

Smoking

- Smoking is not permitted inside any health service buildings or motor vehicles.

_ _ _ _ _ _ _ _ _ _ _ Health Service

Medical Equipment Maintenance and Care Policy

- Clinic staff are responsible for making sure that they have equipment they require to perform their duties (eg BP machines and cuffs, auriscopes, ophthalmoscopes) and that they are in good working order.
- Batteries, globes and other parts should be replaced promptly by the staff member who first discovers the need. These are kept in _ _ _ _ _ _ _ _ (Specify location)
- Any equipment needing repair should be given promptly to the Administrator.
- Routine testing, calibrating and servicing of all medical equipment needs to occur as specified by manufacturers. An Equipment Servicing Register should be kept by the Administrator specifying dates of servicing, next due date, and the agency who can perform the service. Hospital technicians may be able to provide advice on particular matters.

_ _ _ _ _ _ _ _ _ _ _ Health Service

Staff Meetings

The _ _ _ _ _ _ _ _ Health Service depends on cooperative team work to fulfil it's service obligations to the communities it serves. Staff should meet regularly to discuss service delivery issues, complex client issues, and provide support to each other in their work. Through this process training and education needs will be identified and can be organised internally or through appropriate external bodies so that propositions can be put to the Health Board for their consideration.

Staff meetings are held weekly on _ _ _ _ _ _ *(Specify day)* at _ _ _ _ _ _ *(Specify time).*

Attendance by all staff is compulsory.

Staff are encouraged to raise issues (including housekeeping matters, clinical cases, and public health issues) for discussion at staff meetings.

Standard Meeting Procedure

- a chairperson/facilitator is appointed at the beginning of each meeting
- the agenda and minutes of the previous meeting should be displayed or distributed before the meeting so that items can be added. The chair/ facilitator of the last meeting is responsible for this.
- a minute taker is appointed for each meeting to record the points of discussion, decisions and actions (including who is responsible) of the meeting.

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_ _ _ _ _ _ _ _ _ _ _ Health Service

Staff Meeting Agenda

Date:

Place:

Time:

- Present:
- Apologies:
- Appointment of chair/ facilitator
- Previous Minutes
- Business arising from the minutes
- Correspondence
- Regular agenda items
    - Administrative matters
    - Clinical matters
    - Staff Development/ Training
    - Occupational Health and Safety
- General Business (agenda items)
- Next Meeting

_ _ _ _ _ _ _ _ _ _ _ Health Service

Aboriginal Health Worker Policy

Aboriginal Health Worker Initial Client Assessment Policy

The Health Service has a policy of promoting an initial AHW assessment of all people presenting to the clinic. It is the responsibility of AHWs to assess the patient and decide whether or not the person needs to see a nurse/doctor. It is the responsibility of nurses/doctors to respond promptly to an AHW's request for advice, or to assess any patient if requested by an AHW to do so. If it is busy in the clinic, or there is a shortage of AHWs seeing patients in the clinic, nurses/doctors may see patients without an assessment by an AHW.

All clients have a right to see a doctor after initial assessment regardless of the opinion of AHWs or nurses.

When a nurse/doctor has been consulted by an AHW about a particular patient, in most situations the AHW will remain in the consulting room, and should be actively involved in decisions about the management of the patient. AHWs can often help nurses/doctors negotiate a management plan with an individual patient.

Two - way Learning

The Health Service encourages AHWs and nurses/doctors to engage in "two way learning" processes. AHWs will generally have a better understanding than non-Aboriginal staff about the complexities of patients' home and family situations, and about community and cultural issues, including Aboriginal understandings of illness. Nurses/doctors have had more training in medical and clinical matters then AHWs. Many patient consultations will provide opportunities for practitioners to share their respective expertise and experience. It is in the interests of all practitioners, and their patients, that these opportunities be used as much as possible. It is particularly helpful if nurses/doctors can explain to AHWs the reasons for variations from Standard Treatment Protocols when these occur.

Cultural Roles

Non-Aboriginal staff working in the clinic can ask AHWs to act as cultural brokers or interpreters if they require assistance. In some cases it may be inappropriate for AHWs to see particular clients because of socio-cultural factors (eg avoidance relationships), or to discuss particular issues (eg sexual health issues with someone of the opposite gender) because of cultural factors.

Occasionally non-Aboriginal staff are faced with difficult clinical situations which are made more complex by cultural factors. If staff are faced with situations where they are unsure of what to do because of cultural issues, they should always discuss the situation with a senior Aboriginal staff/Health Board member or other community leaders. Other staff, particularly those who have been long experience working in Aboriginal health, may have had similar experiences and can often provide helpful advice in these situations. Ethical and management dilemmas can frequently be resolved by working through the issues with the patient, appropriate members of their family, and appropriate Aboriginal staff. In any discussions, clinical details about identified patients should only ever be discussed with other people with the patient's knowledge and consent.

Aboriginal Health Worker Training

Aboriginal Health Workers are recognised health professionals in the NT and registered with the NT Aboriginal Health Worker Registration Board.

A career path has been accepted by all health service employers of AHWs. This career structure is based on defined competencies that are linked to pay levels.

The Health Service supports health workers to advance through this structure, and expects all staff to support AHWs in maintaining existing competencies and gaining new ones. Thus clinical staff should always include AHWs in discussions about patients, and offer to show AHWs particular clinical cases that present to the clinic. In other words, the clinic should be used as a class room for AHWs whenever possible. Further the competencies also included administrative, cultural, community leadership, management, and educational strands and opportunities for AHWs to advance in these areas should be remembered.

Further the Health Service has a responsibility to support AHWs to attend regular external training sessions by releasing them from work as reasonably required.

New AHWs

New AHWs should work with a senior AHW /nurse/doctor for the first few weeks as part of their orientation and to allow educative and supportive relationships to develop from the start.

_ _ _ _ _ _ _ _ _ _ _ Health Service

Client Complaints Policy

Legal Obligations

The *NT Health & Community Services Complaints Act 1998* established a formal complaints mechanism for the NT. This includes an obligation on the part of health care providers to inform complainants about their right to complain directly to the Health Complaints Commissioner. The _ _ _ _ _ _ _ _ _ Health Service Client Complaints Policy is consistent with this legislation.

☞ *Refer to Section 3 – Legal Requirements ... Page 35*

Complaints Procedure

Staff Members' Responsibilities:

Step 1. Any Staff member who receives a complaint must:

- explain the complaints procedure
- assist the person making the complaint to put the complaint in writing or refer the person making the complaint to a senior staff member, who will assist the person making the complaint to put their complaint in writing.
- The written compliant will be given to the Administrator

All complaints must be in writing before they can be fairly addressed.

Step 2. The Administrator will record the complaint in the Complaints Register.

Step 3. After the details of the complaint are made clear, the delegated senior staff member will discuss the complaint with the person making the complaint to ensure:

- that the nature of the complaint is understood
- what expectations the person making the complaint has in regard to outcome

Step 4. The delegated senior staff member handling the complaint must explain to the person making the complaint of the internal complaints procedure and that if they are still unsatisfied that they are entitled to make a formal complaint with the NT Health Complaints Commission.

Step 5. The delegated senior staff member will examine all records (including clinical records) which relate to the incident. Advice will be sought from senior clinical staff as to the appropriateness of clinical management, when such questions are relevant to the complaint.

Step 6. The staff member who is the subject of the complaint will be asked for their response.

Step 7. The person making the complaint will again be counselled and the issues around the complaint explained. This should include an open recognition of any problems in the way the health service dealt with the matter that was the subject of the complaint. An effort should be made to explain the clinical details of the situation when relevant. This should be done by senior clinical staff who are not the subject of the complaint. If appropriate outside advice or support should be requested.

Step 8. At this session in point 7, an offer should be made to the person making the complaint to meet with the staff member who is the subject of the complaint. Both parties should be able to choose someone to accompany them if they so wish. The focus of such a session is to reconcile differences, make appropriate apologies and identify how things could have been done differently.

Step 9. Senior staff will identify policy and procedure issues that come out of the process and ensure that changes are made accordingly.

Step 10. The delegated senior staff member mediating the process will make a brief report to the Health Board regarding the outcome of the complaint highlighting issues that arise from the incident, and the outcome of the process.

- The following action should be taken when appropriate

1. notify a member of the Police Force if a person may have committed an offence
2. commence appropriate disciplinary proceedings against the person if they may have committed a breach of discipline
3. notify the relevant Board if a registered provider may be guilty of unprofessional conduct

Step 11. Details of these outcomes will be recorded in the Register of Complaints.

Step 12. At the conclusion of the complaint process, copies of all written materials relevant to a complaint are to be handed to the Administrator for filing.

For more information contact

Health Complaints Commissioner, Ombudsman's Office
Toll Free: 1800 806 380
Darwin: Tel. 08 8999 1818
Alice Springs: Tel. 08 8951 5818

Health And Community Services Complaints Act 1998
Health And Community Services Complaints Regulations

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_ _ _ _ _ _ _ _ _ _ _ Health Service

Confidentiality Policy

Staff

Staff will maintain confidentiality of all information regarding individual people (staff or clients), families, groups or communities at all times. It is particularly important to stress that this policy includes information about particular communities as well as individuals. It is a breach of this policy to discuss privileged community issues with people in social situations even in other places. Confidentiality applies to:

1. cultural information that staff may become aware of in the course of their work; such information may be highly sensitive
2. verbal information (including telephone conversations or other conversations between staff or between staff and clients, discussions with community members)
3. written information of any kind (case notes, pathology results, administration files, internal memos, etc.)
4. information stored on computers.

Staff should inform users/ clients fully about confidentiality in any given situation, the purposes for which information is obtained and how it may be used, and get consent from clients for the use of any information outside the primary health care function of the service. If a staff member is under pressure to reveal confidential matters because of family ties or other reasons, then the problem should be discussed with a colleague or senior worker.

Confidentiality procedures need to be under constant review by staff with investigation and action on all complaints

Breaches of confidentiality constitute a serious breach of professional obligations, and can result in instant dismissal. All staff are fully informed about this requirement in the recruitment/ employment process, and is included in their contract or Employment Agreement.

Health Board

The Health Board will respect the confidentiality of information obtained in the course of any meetings and not share information about staff members or Health Board members to anybody outside those meetings

Procedures to facilitate confidentiality

1. all interviews take place in a private space
2. staff need to inform clients fully about the limits of confidentiality in any given situation, the purposes for which information is obtained and how it may be used
3. all personal information about clients be stored in a locked filing cabinet, with access supervised by the Senior AHW, nurse or doctor who will ensure that note taking practices do not breach confidentiality; workers are responsible for ensuring that their own diary notes do not breach confidentiality
4. clinical notes should only be accessed by staff with a legitimate professional interest in the contents.
5. client consent should be obtained before discussing the person's clinical details with another staff member. If the person refuses, and the health practitioner feels they have a professional obligation to discuss with another health professional, they should do so without revealing the identity of the patient.
6. staff are entitled to share information with an external supervisor where necessary for the purposes of supervision and debriefing, but these situations do not require the patient's identity to be revealed. Any information disclosed will be treated confidentially by the supervisor
7. conversations over the radio are in the public arena therefore it is not prudent to talk about client information in a way that identifies the client
8. information about clients should only be given to other health care providers with the client's consent
9. AHWs, nurses and doctors should be the only staff who give out health or medical information including about immunisations over the phone; receptionists can give Medicare numbers, health care card numbers and dates of birth over the phone
10. generally results of tests should be given to the client in person in the clinic. They should only be given over the phone if staff taking the call can be absolutely sure the person calling is the patient. This is particularly important for sensitive results such as STD test results. Results should not be given to friends or relatives unless the patient has given prior written consent for this to happen - this should be recorded in the patient's file
11. in general, requests for information from other service providers should only occur with the knowledge and consent of the client
12. people visiting from elsewhere who have tests should routinely be asked if they consent to having copies of test results forwarded to their local community health service or centre
13. people's views about where information can and can not be sent should be documented in their notes each time this is discussed
14. in some cases when a client does not attend for follow up or cannot be contacted and has a significant health problem, it may be necessary to contact other health service providers to help with follow up, even if the client has not consented to this happening; in this case, providing any clinical details about the client's health problems should be avoided unless the matters are necessary to ensure adequate duty of care.

Exceptions

Information that should be revealed includes:

- serious illegal actions on the part of service users and providers
- any issue which could endanger the safety of other service users or staff
- any issue which could endanger the service user and/or dependent children
- where the staff member is obliged to make a notification to the Department of Family and Children's Services

If staff are unclear about how to manage any confidentiality or information sharing situation, they should discuss the issue with a senior clinic staff member.

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_ _ _ _ _ _ _ _ _ _ _ _ Health Service

New Staff and Health Board Member Confidentiality Statement

I, _ _ _ _ _ _ _ _ _ _ _ _ have read and understand, the policy and procedures relating to confidentiality of clients, health service, cultural and community information. I will retain as confidential any information kept by the service or information otherwise obtained while carrying out normal duties with the service.

I agree to promote concepts of community based primary health care and to be guided by the Health Board. I will endeavour to perform my duties in a professional, ethical and co-operative manner, and will support my fellow staff members. I am aware that I cannot take any alcohol or illicit drugs into the communities and that if I do, my employment will be terminated.

_ _
Signature (Health board member/Employee) Date

_ _
Signature (Witness)

_ _
Print Name (Witness)

Health Service Client Access to Personal Clinical Files.

Clients of the service have a right to access their own personal files. This may be done by the staff member working with the client allowing them to see their personal clinical file.

Other scenarios where clients may wish to have a copy of their file should also be accommodated. For example, clients may be moving or another community/ health service provider and wish their new health service to access their clinical data. Legally the clinical file is the property of the health service, and the health service must retain possession. However a photocopy of the file can be given to the client or sent to the new health service, depending on the wishes of the client. It is often useful to send a clinical summary to the new health service provider.

If there has been an incident of medico-legal significance, the health service should contact the insurance company through which the service has professional indemnity coverage to inform them of the incident and to get advice regarding providing the client with access to their personal clinical file. If the advice is not to provide access, the client should be informed of this, and encouraged to seek their own legal advice. Access can then usually be obtained through the legal system.

_ _ _ _ _ _ _ _ _ _ _ Health Service

Research

The _ _ _ _ _ _ _ _ Health Service recognises the role research can play in improving Aboriginal health and health service delivery. However, research should be conducted substantially for and by Aboriginal people and not on Aboriginal people and must reflect the interest and needs of the community rather than those of the researcher. It is preferable that research develops from Aboriginal people's perceived needs. Research should be non-invasive and thereby conducted within culturally intelligible and acceptable frames of reference. It must not disrupt or upset the community and must be conducted only after approval by the local formal Ethics Committee and the Health Board.

Researchers should respect the parameters pertaining to Aboriginal knowledge and not publish material which violates Aboriginal Law , namely that which is regarded as sacred or exclusively women's or men's business. Issues of body parts and tissue are of particular sensitive nature to many Aboriginal people.

Research conducted should properly cost & pay for community resources used during the research.

Institutional Ethics Committees

There are two formal Institutional Ethics Committees in the Northern Territory. One is administered through the Menzies School of Health Research in Darwin which covers all research projects intending to be conducted in the Top End, and the other is administered through the THS and covers all research planned to be conducted in Central Australia. Both have Aboriginal sub-committees that advise the main committee on all research proposals involving Aboriginal people or communities. Standard application forms are available to researchers to facilitate the application process. It is advisable for researchers to apply through this process early as this can help identify ethical and cultural issues that may impact on appropriate research design. Usually the Ethics Committees will require written evidence that all relevant communities, Aboriginal organisations and community controlled health services have approved the project before the project commences, and frequently give approval on condition that these requirements are met.

Health Board Approval

The Health Board makes the final decision about requests from individuals or institutions for permission to do health research. The Health Board will require

evidence from the Institutional Ethics Committee that the proposal is acceptable to them, before considering whether they will allow the research to proceed. Where appropriate the Health Board will seek advice from staff and outside experts as necessary.

Applications

Applications for health-related research projects involving local residents, should be submitted to the Health Board and will be assessed by relevant staff **prior** to research commencing.
The proposal should contain:

- an outline of the proposed project
- methods expected to be used in the research
- benefits the researcher believes the community/Health Service will gain from the research
- length of time the research will take
- what the community will be asked to contribute eg vehicle, accommodation, office space and how this will be paid for
- how the results of the research will be fed back to the Health Board and the community
- source of funding of the research
- response of the Institutional Ethics Committee and the Aboriginal sub-committee of that Ethics Committee.

Ethical Considerations

1. Will the results of the research secure immediate short term and/ or long term benefits for Aboriginal people and the PHC service?
2. Will local people be employed or receive training during the research eg interpreters?
3. Does it involve the use of blood and tissue samples?
4. How does it address issues of both community and individual consent?
5. What is the time frame of the research proposal?
6. Does it fit in with other projects happening within the service?
7. Will the health service be reimbursed for any expenses?
8. Will community members participating in the research, or acting as facilitators/ informants/ interpreters be reimbursed for their skills, time and expenses?
9. Will the research disrupt the workings of the health service?

If research is approved, a contract should be drawn up between the _ _ _ _ _ _ _ _ Health Service and the researcher(s) stating the obligations that the Health Board/community and the researcher have before the project commences. The contract will include principles of data ownership, intellectual property, art copyright, conference presentations, management and publication and will take into account the views of the Ethics Committee. The Health Board retains the right to request

modifications to the proposal, request more detail, refuse the right of publication and/or request regular reports on work in progress.

In general, any conference papers and material for publication should be reviewed and approved by the Health Board or person nominated by them before presentation, publication or submitting a thesis. Papers, reports, theses, etc. must appropriately acknowledge the health service in a manner acceptable to the Health Board.

Intellectual Property

Any intellectual property created by the Health Service shall remain the property of the Health Service.

Copyright of Artwork

Copyright of Aboriginal artwork is a sensitive area. Whenever the _ _ _ _ _ _ _ _ _ _ _ Health Service employees produce artwork for the use of the organisation, a negotiated written agreement needs to be completed between the worker and the Health Service. While each case may need different rules, such an agreement could specify that:

- if the _ _ _ _ _ _ _ _ _ _ _ Health Service pays for the materials, and the artwork is produced by the worker as part of their job in work time, the Health Service owns the original artwork and its copyright
- if the _ _ _ _ _ _ _ _ _ _ _ Health Service pays for the materials, but the artist produces the work outside paid hours, then they should own the original artwork and its copyright.
- all use of artwork by the Health Service (eg in posters or reports) must include an acknowledgment of the artist
- any use of art work outside the purpose for which it was originally created should be re-negotiated between the _ _ _ _ _ _ _ _ _ _ _ Health Service and the artist.

_ _ _ _ _ _ _ _ _ _ _ Health Service

Emergencies

All staff should be familiar with the procedures to follow in case of emergency. Generally all staff should hold first aid certificates

IN A LIFE THREATENING EMERGENCY ...

DIAL 000

For Fire, Police and Ambulance . . . Any Time, Day or Night - 24-Hours

People with hearing difficulties can obtain 24-hour access by TTY (Teletypewriter) or computer modem to emergency services by dialling the **National Relay Service** on Tel. 1800 555 677 and asking for a call to emergency 000.

It's a free call. Tell the operator what you need - fire, police or ambulance. Then wait to be connected. When reporting an emergency by calling 000, have the telephone number and address you are calling from ready to give to the emergency service so they can respond quickly. All calls to 000 are voice recorded - the voice recordings may be disclosed to emergency service organisations and as otherwise authorized by law.

Other Emergency Numbers

Maritime Free Call 1800 641 792
Aviation Free Call 1800 815 257
CASY House Darwin (Crisis **Youth Shelter**) 8948 2044
Child Abuse Prevention Services Free Call 1800 688 009
Crisis Line Free Call 1800 019 116*
Interpreting Services 13 14 50
Kids Help line Free Call 1800 551 800
Lifeline Free Call 13 11 14
NT Gas Pty Ltd Free Call TM 1800 019 112
Poisons Information Centre Free Call 131126
Pollution Response Line (For urgent Pollution incidents) Free Call 1800 064 567
Power, Water, Sewerage – Darwin, Katherine, Tennant Creek, Alice Springs Free Call 1800 245 090
Top End **Mental Health** Services (Emergency Assessment Service) 89 99 4988

Medical & Psychiatric

In general:

1. all staff should know where the oxygen and other equipment is kept, and how to use them
2. staff should have regular practice runs of how to manage medical emergencies
3. emergency equipment needs to be checked regularly once a week; a checklist must be kept with the emergency equipment
4. if a clinic staff member feels that there is an emergency situation, they should inform another staff member as soon as possible
5. anyone using the emergency equipment should make sure that any medications or equipment used is replaced after the emergency is over.

Fire

The _ _ _ _ _ _ _ Health Service has a specific fire plan and all staff should be familiar with their responsibilities under this plan. This is displayed in _ _ _ _ _ _ _ (*Specify locations).*

All staff should be aware of the location of fire extinguishers and other with devices and how to use them. A fire equipment site map is displayed in _ _ _ _ _ _ _ (*Specify locations).*

The Administrator should maintain a fire equipment maintenance schedule that records details of maintenance requirements, dates performed, and due dates.

Exits must NEVER be blocked.

The workers health and safety delegate should check equipment, exits, and identify any fire hazards in their regular health and safety inspection.

☞ *Refer to Section 7 – Occupational Health & Safety ... Page 230*

Bushfires

Bushfires can threaten communities and health services. The Administrator should ensure that up to date information about bushfires is obtained, so that timely evacuation, if necessary can be facilitated.

For more information contact

Bushfires Councils

Darwin: Tel. 08 8984 4000
A/hrs 08 8988 6040
Batchelor: Tel. 08 8976 0098
A/hrs Arafura 08 8976 0925
A/hrs Vernon 08 8976 0431

Katherine: Tel. 08 8972 1629
A/hrs VRD 08 8972 1416
A/hrs Katherine/ Gulf 08 8971 2135
Tennant Creek: Tel 08 8962 4577
A/hrs Barkly 08 8962 2816
Alice Springs: Tel. 08 8953 3066
A/hrs Alice Springs 08 8953 0343
A/hrs East 08 8953 2295
A/hrs West 08 8952 2120

Snakes and Crocodiles

Snakes are common throughout the NT. Many are highly venomous and should be treated with a great deal of respect. Generally they are as scared of you as you ought to be of them. If a snake is discovered in the building or around the clinic the following should be applied:

- Staff should not attempt to remove snakes themselves.
- Keep all clients and especially children safely away for the area of the snake.
- Do not poke at the snake – leave it alone, and keep away.
- Contact the NT Conservation Commission for advice on how the snake can be removed.

Crocodiles are common in the Top End of the NT, and can at times present a hazard. Care should always be taken when crossing creeks and rivers, particularly after the wet when crocodiles may appear in areas not usually inhabited by them.

For more information contact

Parks and Wildlife Commission of the NT

Snakes Darwin: Tel. 015 610 039
Alice Springs: Tel. 08 8951 8211
Katherine: Tel. 0419 828 487
Tennant Creek: Tel 08 8962 4599

Crocodiles Darwin: Tel. 08 8999 4691 or 0419 822 859

Health Service Cyclone Plan

Cyclones and storms are common in the Top End of the NT. The cyclone season is from 1st November to 30th April each year. The Administrator should facilitate a session with all health service staff, and appropriate community leaders and Health Board members prior to November each year where cyclone procedures are reviewed and contact details of emergency services and other relevant agencies updated.

All staff should know who to ring during *Stage 2 cyclone warnings* and after the *All Clear* is given.

Staff taking leave during the cyclone season should ensure that they leave their desk tops, shelves, etc cleared of all books, files and other papers.

Internal Cyclone Plan

_ _ _ _ _ _ _ _ _ (*Specify who)* will co-ordinate clinic activities throughout the Cyclone.
The Administrator will liaise regularly with the Bureau of Meteorology, and monitor radio broadcasts to keep updated on the progress of the cyclone.
The Administrator will keep staff informed of the cyclones progress.

Stage 1 Warning

A Cyclone Watch is declared when a tropical low or tropical cyclone exists but it is unlikely to affect the region within 24 - 48 hours.
The clinic should maintain normal activities and staff should report for duty as normal.
The Administrator will:

- notify staff of Stage 1 and inform them of the imminent threat and their role in the cyclone plan
- check staff availability and telephone contact numbers
- ensure that all papers, files, equipment, etc in buildings are stowed and secured
- ensure that grounds and yard are clear of all moveable objects
- allow staff time to secure property in their homes
- ensure all vehicles are fully fuelled
- prepare contingency rosters for the clinic operations after the " All Clear"
- advise when Stage 1 preparations are complete

Stage 2 Warning

A Stage 2 Cyclone Warning is declared when a tropical cyclone is expected to cause gale force winds in the region within the next 24 hours. Clinic operations will continue as normal during this stage.
Staff should:

- report for duty as usual;
- outside working hours staff return home and remain in close call until next stage is declared
- meet to discuss cyclone procedures and prepare for Stage 2
- notify clients of situation and advise them to secure their homes and families

- post notices notifying clients of cyclone warnings and location of cyclone shelters
- secure all records in locked cabinets, secure and store equipment away from windows and tape windows
- remove benches, furniture and other items from the yards and store in a secure place
- turn off computer equipment, facsimiles, copiers, TV s, videos, printers, medical equipment, etc and move them away from windows to a more protected area and covered where possible
- move equipment, papers, etc off the floor to high shelving where possible
- collect their children from school but should not to be brought to the clinic
- consult with other staff prior to picking up/servicing clients in camps or areas with unsealed road
- fuel all vehicles and organise appropriate (protected) garaging

During Stage 2 (prior to the declaration of Stage 3) a government declaration will be made regarding the closure of schools and government offices. The health service will follow this advice.
The decision regarding what time the closure will commence will depend on the severity of the situation and advice from the Territory Controller and the NT Emergency Services on behalf of the Counter Disaster Council. The Administrator is responsible for maintaining communication with these relevant bodies.

Stage 3 Warning

This warning is given when destructive winds are likely to affect the region within the next 6-12 hours.
The clinic is closed to clients.
Staff should:

- report for duty to clinic
- secure and stow remaining equipment, files, etc.
- staff with children should be released to care for them.
- Close the clinic and return home to prepare for the cyclone.

Stage 4 Warning

This warning is given when destructive winds are likely to affect the region within the next 1-2 hours. An official announcement is made to the public advising all persons in the Counter Disaster Region to take shelter.
The clinic should be closed and all staff should have retuned to their homes, or a designated cyclone shelter.
Staff should be familiar with their role in the action plan and should refer to procedures publicised by the NT Emergency Services.

Stage 5 Warning

This warning is given when destructive winds have reached the boundary of the region.
Clinic remains closed.
All staff to remain in secure areas.

Stage 6 Warning

This warning is given when destructive winds no longer pose a threat to the region.
Clinic remains closed.
All staff to remain in secure areas until the all clear has been announced.

NOTE: It should be remembered that if the "All Clear" has not been announced Stage 5 may be re-declared if necessary . The "All Clear" will be declared when it is considered safe for the public to leave their shelter.

After the All Clear

After the all clear has been declared, the clinic should return to normal operations as soon as possible so that it can deal promptly with any injuries that may have occurred.

Staff should:

- report for duty immediately. If unable to do so they should contact the Administrator to inform them.
- meet and check that everyone is ok.
- review the condition of the clinic, suitability for operation and alternative venue to use if necessary
- allocate clean up tasks and document any damage to building, fitting and equipment.

Debriefing

A staff debriefing should occur to discuss the event from which the Administrator should produce a report for the Health Board addressing:

- any organisational problems encountered during the cyclone
- suggested changes to the Cyclone Plan
- emergency leave taken by staff
- overtime worked by staff.

For more information contact

Bureau of Meteorology
Darwin: Tel. 08 8920 3800
Forecasts and Warnings
Darwin: Tel. 08 8920 3826
Alice Springs: Tel. 08 8952 1943
Tennant Creek: Tel. 08 8962 2392
Nhulunbuy: Tel. 08 8987 2477
Tropical Cyclone information
Toll Free Tel. 1300 659 211

Debriefing

After any emergency, it is important that staff have an opportunity to debrief. This should allow staff involved and clinic management to discuss what happened, how things were handled, whether any things should have been done differently, and whether there are any implications for staff training or clinic policy.

For more information contact

Aboriginal Social & Emotional Well Being Programs

Darwin: Danila Dilba - Tel. 08 8936 1745
Katherine: Wurli Wurlinjang – Tel. 08 8971 0044
Alice Springs: Congress – Tel. 08 8951 4400

Employee Assistance Service

Toll Free Tel. 1800 193 123
Darwin: Tel. 08 8941 1752
Alice Springs: Tel. 08 8953 4225
Katherine: Tel. 08 8971 2764

_ _ _ _ _ _ _ _ _ _ _ Health Service

Emergency Health Service Evacuation Procedure

The Health Service may be subject to a range of events requiring evacuation. These include:

- Flood
- Fire
- Threats of siege/ hostage/ bomb

The responsibility for evacuation is under the control of the Administrator (*or other designated person)*
The person discovering the threat will need to report it immediately to the designated person.

Decisions/Actions
The designated person will make the decision to:

- deal with the minor situation on site
- call the appropriate authority OR
- evacuate the entire area.

The appropriate authorities (police, fire, service or ambulance), have the prime responsibility for combating the threat and rescuing trapped and /or injured persons.

The designated person will, after consultation with staff arrange for the evacuation of clients and staff.

Following any evacuation exercise, the designated person will conduct a debrief within 24 hours, including a review of the evacuation procedure.

Procedures in the Event of Flooding

- the Bureau of Meteorology issues reports on flood threats when flooding is likely to threaten an area within 24-48 hours. The designated person should monitor these reports.
- clean up and secure property and equipment
- allow staff to return home
- follow security procedures and lock all buildings

Procedures in the Event of Fire

- all staff should be familiar with emergency procedures for fire, and the locations of fire control devices such as fire extinguishers in any area in which they work
- notices summarising emergency procedures for fire be displayed in a prominent place
- exits must not be blocked
- fire protection equipment including alarms, extinguishers, hoses, blankets must be checked every 3 months in accordance with Australian standards and serviced twice a year
- all staff must evacuate clients and themselves promptly when alarms sound, or other warnings given. Do not delay.

Procedures in the event of a Bomb Threat

- call police
- evacuate building
- await instructions from police

_ _ _ _ _ _ _ _ _ _ _ Health Service

Information Technology

The clinic computer system used is _ _ _ _ _ _ _ _ (*Specify system used).*

Word processing, spreadsheet and database programs are available on _ _ _ _ _ _ _ _ _ _ _ _ _ (*Specify location of computers).*

Internet and email access available through _ _ _ _ _ _ _ _ _ _ _ _ _ (*Specify location of computers).*

Training

As part of the orientation of new staff they will be shown how to:

- turn computers on and off safely
- log on
- use basic functions
- use software relevant to their work

User Manuals

User manuals are kept for all software packages that are used. All staff who use the software packages should be aware that these manuals exist and where they are kept.

Security of Computer and Information

Only clinic staff or other people specifically authorised by the Health Board should have access to the computerised clinic system.

Computers should be kept in secure locations. Original software packages are held in a secure place by the Administrator.

Passwords should be used to provide security to data. However, staff should not put passwords on machines without levels of access being defined, and all passwords being provided to the Administrator for secure storage in case key staff are unavailable.

Regular backups should be made of clinic data and kept in a secure place that will protect them from accidental damage or fire. Backups are to be performed daily and weekly by _ _ _ _ _ _ _ _ _ _ _ _ (*Specify staff member responsible).*

The Administrator is responsible to ensure that all administrative data including financial data, correspondence, submissions and other communications are backed up and kept secure.

Because of the risk of viruses, only use disks that have been purchased by the health service. If another disk is to be used, it must be scanned for viruses before being used. The Administrator is responsible for this.

Computer Support and Maintenance

The health service have contracted _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ (*Specify who provides support and maintenance for which software packages, and the contact person).*
Support for the computer hardware used in the services is provided by _ (*Specify who provides support and maintenance for which hardware).*

Only senior staff and/or the Administrator should contact them for support so as to ensure that all local knowledge has been accessed before costly actions are initiated.

Hardware and Software Upgrades

The Administrator is responsible for maintaining appropriate upgrades for the computer hardware and software. Changes to the clinic system should only occur after consultation with the clinic staff and the supplier.

No staff are to install unauthorised software on health service computers.

_ _ _ _ _ _ _ _ _ _ _ Health Service

Harassment and Discrimination Procedure

Harassment is any form of verbal or physical behaviour which is uninvited, unreciprocated, unwelcome and personally offensive to the recipient and creates an intimidating, hostile or offensive work, recreational and/or learning environment. Harassment or discrimination may be:

- sexual
- racist
- favouritism
- victimisation
- coercion
- jokes or innuendo directed at an individual
- torment, intimidation, abuse or assault.

The _ _ _ _ _ _ _ _ _ _ _ Health Service is responsible for providing and maintaining a working environment free from harassment of any form, and treating complaints of harassment seriously and promptly.

All staff have a responsibility to communicate clearly and respectfully to the person responsible when they feel harassed. The person whose behaviour is any question has a responsibility to accept this communication and change their behaviour accordingly. All staff have a responsibility to refrain from making allegations of harassment frivolously. Staff should avoid making allegations about another staff member behind their back as this can cause serious difficulties and undermine staff morale in a small remote service.

If straight forward and early communication does not resolve the problem, a complaint of harassment should be made. This may be resolved internally through either an informal or formal process. While it is preferable for any complaints to be resolved immediately, in as informal a manner as practicable, there may be times when it is necessary to use the more formal aspects of the internal grievance processes. In some situations where harassment allegations include more serious criminal matters, eg rape, the police should be informed.

Internal Conciliation:

Any employees who consider themselves to be the victims of harassment or discrimination should take the following steps to resolve the matter:

1. Raise the matter with the Administrator or other senior staff member.
2. The Administrator or senior staff member should document the complaint and suggest that the person making the complaint discuses their situation and gets advice from an external *Contact Officer.* The Contact Officer's role is to provide support and advise to the complainant so as not to compromise internal health service relationships and functions.
3. The complainant should discuss the matter confidentially with the contact officer. The contact officer will be able to offer support, information and advice. This discussion should take place as soon as practicable after the alleged offence occurs. A quiet, private place should be provided for this purpose.

The complainant should decide what informal processes will be attempted before embarking on a more formal conciliation process. It is the responsibility of the Administrator or senior staff member to facilitate this informal process.

If no resolution is reached the matter may need to involve external advisors. The Health Service Grievance Procedure should be followed.

☞ *Refer to Section 6 – Human Resource Management ... page 112*

External organisations that may be able to advise and assist are the relevant union, Human Rights Commission, AMSANT, and other employer or professional bodies (See Resources Appendix). The Health Board must approve the involvement of external organisations or individuals and be kept informed on progress.

For more information contact

Human Rights & Equal Opportunities Commission
Tel. 02 9284 9600
NT Anti-Discrimination Commission
Tel. 1800 813 846

_ _ _ _ _ _ _ _ _ _ _ Health Service

Children at Risk and Mandatory Reporting Policy

The _ _ _ _ _ _ _ _ _ _ _ Health Service adheres to mandatory reporting requirements under NT legislation relating to child abuse. Health service staff are bound to report a situation where they believe child has been maltreated. This is under the NT as outlined in the Community Welfare Act 1998.
NT Community Welfare Act

☞ *Refer to Section 3 – Legal Requirements ... Page 35*

Protection and safety of children is paramount at all times. Child abuse can be physical, emotional, or sexual. Reports are made to the Intake Worker at Family and Children's Services (FACS) within THS or to the police preferably through the most senior staff.

Staff are to be familiar with the grounds of notification of abuse and know their legal and professional responsibilities. Suspecting that a child has been abused is not always easy or correct and especially inexperienced non-Aboriginal staff should raise issues they are concerned about with senior staff and particularly Aboriginal staff who can advise on how to proceed, and provide more information about the child's situation. If after these consultations, the staff member *believes* that the child has been abused and is at risk, then they must notify FACS.

Notifying FACS or the police under these circumstances does not breach professional ethics or confidentiality requirements.

Procedure

Upon observing a physical injury or possible sign of abuse senior Aboriginal and other staff should be consulted with the aim of clarifying the circumstances and understanding the living situation of the child and its carers.
If the staff member believes that abuse has occurred, or that the child is at serious risk, they should report the incident to FACS or the police immediately.

Staff are encouraged to report observations of possible abuse or neglect to the most senior staff member, and involving senior Aboriginal staff.
In many situations children will be adversely affected by the economic and social circumstances of their family. In some communities there are programs operating which are aimed at providing support to such families, and health service staff should work with and refer these families to such programs. Staff working in these programs may be able to provide advice about difficult situations, and assist in the training of health service staff.

In all cases health service staff should follow up children suffering the adverse affects of poverty and poor living conditions, and assist in the prevention and resolution of crises in these families.

For more information contact

Mandatory Reporting – Family and Children's Services

Darwin Urban: Tel. 08 8922 7258
Darwin Rural: Tel. 08 8922 8474
Katherine: Tel. 08 8973 8600
Tennant Creek: Tel. 08 8962 4338
Alice Springs Urban: Tel. 08 8951 5170
Alice Springs Rural: Tel 08 8951 7808
Nhulunbuy: Tel. 08 8987 0400

Children's Services Resource and Advisory Program

General Advice & Support (Central Australia) - Tel. 08 89 534059
Community Counsellor Tel. 08 8953 0785

Child Abuse Prevention Service

Free call Tel. 1800 688 009

Aboriginal Social & Emotional Well Being Programs

Darwin: Danila Dilba - Tel. 08 8936 1745
Katherine: Wurli Wurlinjang – Tel. 08 8971 0044
Alice Springs: Congress – Tel. 08 8951 4400

_ _ _ _ _ _ _ _ _ _ _ Health Service

Visitors to the Health Service

Many outside groups and individuals may ask to visit the health service. These visits take up the time and energy of health service staff, and may disrupt services to clients. On the other hand, they may contribute to the development of services and assist other Indigenous people in their own struggle for better health.

Requests by outside people for visits should be made in writing at least one month in advance to the Administrator who will assess the impact and make a recommendation to the Health Board.

Before an approved visit planning should include:

- Schedule for the visit
- Person to escort visitor
- Accommodation
- Any transport needs

The escort must accompany the visitor at all times and ensure their needs are met and their behaviour is appropriate. Visitors should be informed that photographs can only be taken following individual approval.

Student Placement

Student placement requests must be made in writing, and at least one month in advance. This will be forwarded to the Health Board for approval or rejection. The applicant will be informed of the decision in writing.

Placement times will be will be negotiated between the parties.

Unless the student has previous experience in Aboriginal PHC services in Central Australia or the Top End, the _ _ _ _ _ _ _ _ _ _ _ Health Service will request that the larger regional Aboriginal community controlled health services orient the student for 1 week prior to commencement in the _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Community.

The health service will charge $_ _ _ _ per week per student for the placement costs, including transport and accommodation costs. Students are responsible for the provision of their own food, and must pay the cost of any personal telephone calls.

External supervisors must gain written approval to visit their students in the workplace as well as a Permit to enter Aboriginal land.
Students and their supervisors must abide by the rules and policies of the health service and must sign a confidentiality statement. They must also have their own professional indemnity insurance and workers compensation insurance cover.

All students must have a program/training plan to follow to meet the objectives of their placements and will only be placed on this basis. A copy of this should be forwarded with the placement request.

Student fees must be paid before the commencement of the placement. Any additional expenses incurred will be invoiced to the relevant organisation on completion of placement.

The health service reserves the right terminate the placement at any time.

General principles for students

Students must be aware of and follow all health service policies and procedures, including in particular confidentiality, occupational health and safety, and emergency procedures.
If students are experiencing difficulties with their practice, or are unable to fulfil any of their program/training plan they should talk to a senior staff member as soon as possible.
Students should refer to and follow the Congress Alukura/ Nganampa Minymaku Kutju Tjukurpa Women's Business Manual and CARPA Standard Manual for all clinical practice. Following these manuals helps all practitioners to provide good quality care.

Permits

There is a legal requirement that all visitors obtain a permit before travelling on Aboriginal land. The visitor should organise this before the visit.

☞ *Refer to PHC Service Resources ... Page 300*

PHC SERVICE RESOURCES

  

Primary Health Care Providers/ Services

Aboriginal Medical Service Alliance NT (AMSANT)

AMSANT is the peak body of Aboriginal community controlled health services in the NT. AMSANT provides a range of advice to its members from staffing issues, administrative matters and assistance with negotiations with funding bodies. AMSANT represents the interests of its membership in a wide range of forums, and lobbies governments for more appropriate policies and funding arrangements for addressing Aboriginal health disadvantage. It has two types of membership – *full membership* for Aboriginal community controlled health services and *associate membership* is for any group of Aboriginal people or Aboriginal organisation in the NT who either deliver health services to Aboriginal people or wish to establish an Aboriginal health service.

Darwin
PO Box 653, Parap, NT 0804
Tel. 08 8936 1800
Fax 08 8981 4825
amsant@daniladilba.org.au

Alice Springs
PO Box 1604 Alice Springs NT 0870
Tel. 08 89 51 4 489
Fax 08 8953 0350
helena.maher@caac.mtx.net.au

AMSANT Membership

Full Members

Ampilatwatja Community Clinic
PMB 202, Via Alice Springs, 0872
Tel. 08 8956 9942
FAX 8956 9935

Central Australian Aboriginal Congress
PO Box 1604, Alice Springs 0870
Tel. 08 8951 4400
FAX 08 8953 0350
Congress

Congress Alukura
PO Box 1604, Alice Springs 0870
Tel. 08 8953 2727
FAX 08 8953 4435

Imanpa Health Service
PMB Imanpa, via Alice Springs 0872
Tel. 08 8956 7484
FAX 08 8956 7454

Anyinginyi Congress
PO Box 403, Tennant Creek 0861
Tel. 08 8936 1800
FAX 08 8981 4825
Congress Clinic
Tel. 08 8951 4444
FAX 08 8952-3397
Amoonguna Clinic
Tel. 08 8952 3402
FAX 08 8952 3397

Danila Dilba
GPO Box 2125, Darwin, 0801
Tel. 08 8936 1745
FAX 08 8981 3688
Danila Dilba

Katherine West Health Board
PO Box 147, Katherine 0851
Tel. 08 8972 1211
FAX 08 8972 1233

Miwatj Health Aboriginal Corporation
PO Box 519, Nhulunbuy, 0881
Tel. 08 8987 1102
FAX 08 8987 1670

Nganampa Health Council
PO Box 2232, Alice Springs 0871
Tel. 08 950 5435
FAX 08 8952 2299

Urapuntja Health Service
PMB 31, Via Alice Springs 0872
Tel. 08 8956 9994
FAX 08 8956 9863

Mutitjulu Health Service
C/- Ininti Store, Via Alice Springs 0872
Tel. 08 8956 2054
FAX 08 8956 2031

Pintubi Homelands Health Service
PMB 145 Kintore, Via Alice Springs 0872
Tel. 08 8956 8577
FAX 08 8956 8582

Wurli Wurlinjang
PO Box 896, Katherine, 0851
Tel. 08 8971 0044
FAX 08 8972 2376

Associate Members

Apatula (Finke)*
Tel. 08 8956 0961
FAX 08 8956 0788

Jawoyn Association (Nyirranggulung Health Authority)*
PO Box 371, Katherine, 0851
Tel. 08 8971-1100
FAX 08 8971-0894

Utju (Areyonga)
Tel. 08 8956 0961
FAX 08 8956 0788

Ltyentye Apurte
CMB Santa Teresa, Via Alice Springs 0872
Tel. 08 8956 0911
FAX 8956 0910

* These services have applied for membership at time of writing, and acceptance is imminent.

Coordinated Care Trials

Katherine West Health Board

PO Box 147, Katherine 0851
Tel. 08 8972 1211
FAX 08 8972 1233

Clinics

Bulla
Tel. 08 9168 7303
FAX 08 9168 7303

Kalkarindji (Wave Hill)
Tel. 08 8975 0785
FAX 08 8975 0792

Pigeon Hole
Tel. 08 8975 0910
FAX 08 8975 0910

Yarralin
Tel. 08 8975 0893
FAX 08 8975 0798

Dagaragu (Wattie Creek)
Tel. 08 8975 0891
FAX 08 8975 0891

Mialuni (Amanbidji)
Tel. 08 9167 8842
FAX 08 9167 8842

Timber Creek
Tel. 08 8975 0727
FAX 08 8975 0748

Tiwi Health Board

GPO Box 4347, Darwin 0801
Tel. 08 8941 5338
FAX 08 8941 5331

Clinics

Nguiu
Tel. 08 8978 3950
FAX 08 8978 3906

Milikapiti
Tel. 08 8978 3710
FAX 08 8978 3902

Pirlangimpi
Tel. 08 8978 3953
FAX 08 8978 3932

Mixed and Service Agreement Health Services

These clinics operate with basic funding from OATSIH or THS through a Service Agreement with the Community Council or Resource Centres. Funding is usually limited to direct service costs, and generally does not include resources for the mechanisms of community control or administration.

Aputula (Finke)
Tel. 08 8956 0961
FAX 08 8956 0788

Belyuen
Tel. 08 8978 5023
FAX 08 8978 5009

Engawala (Alcoota)
Tel. 08 8956 9944
FAX.

Jabiru (Djabulukgu Association)
Tel. 08 8979 2018
FAX 08 8979 2041

Ltyentye Apurte Health Centre, Santa Teresa
Tel. 08 8956 0911
FAX 08 8956 0910

Minjilang
Tel. 08 8979 0229
FAX 08 8979 0207

Peppimenarti
Tel. 08 8978 2369
FAX 08 8978 2369

Wurruwi
Tel. 08 8979 0230
FAX 08 8979 0500

Bagot, Darwin
Tel. 08 8948 3166
FAX 08 8949 3044

Binjari
Tel. 08 8971 0823
FAX 08 8971 0186

Galiwin'ku
Tel. 08 8987 9031
FAX 08 8987 9061

Laynhapuy Homelands Health Service
Tel. 08 8987 1242
FAX 08 8987 1109

Marngarr
Tel. 08 8987 3800
FAX 08 8987 3271

Nauiyu Nambiyu (Daly River)
Tel. 08 897 82435
FAX 08 8978 2416

Utju (Areyonga)
Tel. 08 8956 7308
FAX 08 8956 7308

Territory Health Services (THS)

THS is the Northern Territory government health service. They have a range of services, located throughout the Northern Territory. Services include hospitals, aerial medical services (for evacuations in the Top End), aged & disability services, alcohol & other drugs, dental, environmental health, men's health, health promotion, allied health services, patient travel, palliative care, poison information centre, renal service, sexual assault referral centres, speech pathology, and staff development, women's health, child and family protective services, mental health services, communicable disease centres, child health, and community based clinic services (usually staffed by nurses and AHWs, and with a visiting doctor (DMO) through the Rural Health section).

The Rural Health section has a staff development program that is offered to THS staff, but that can be accessed by all PHC staff.

Regional Management Contacts

Central Australia

Remote	Tel. 08 8951 7809	FAX 08 8951 7811
Urban	Tel. 8951 5327	FAX 08 8951 6727
Patient Travel	Tel. 08 89 51 7846	

Tennant Creek

General Manager	Tel. 08 8962 4266	FAX 08 8962 4311
Remote Services	Tel. 08 8962 4303	FAX 08 8962 4311
Patient Travel	Tel. 08 89 62 4262	

Darwin

Rural	Tel. 08 89 22 8930	FAX 08 89 22 8940
Urban	Tel. 08 89 22 7242	FAX 08 89 22 7165
Patient Travel	Tel. 08 89 22 8211	

East Arnhem

District Manager	Tel. 08 89 87 0211	FAX 08 8987 0333
Patient Travel	Tel. 08 8987 0222	

Katherine

Remote Services	Tel. 08 89 73 8478	FAX 08 8973 8620
Patient Travel	Tel. 08 8973 9206	

THS Clinics

Adelaide River
Tel. 08 89 76 7027
FAX 08 89 76 7093

Alekarenge
Tel. 08 8964 1954
FAX 08 8964 1971

Alpurrurulam (Lake Nash)
Tel. 07 4748 3111
FAX 07

Alyangula
Tel. 08 89 87 6255
FAX 08 8987 6116

Angurugu
Tel. 08 8987 6311
FAX 08 8987 6632

Atitjere (Harts Range)
Tel. 0856 9778
FAX 08 8956 9447

Baikal (Bonya)

Bamyili (Barunga)*

Tel. 08 8956 6300
FAX 08

Batchelor
Tel. 08 8976 0011
FAX 08 8976 0105

Bulman (Gullin Gullin) - Weemoll*
Tel. 08 8975 4712
FAX 08 8975 4829

Elliott
Tel. 08 8969 2060
FAX 08 8969 2070

Ikuntji (Haasts Bluff)
Tel. 08 8956 8547
FAX 08 8956 8547

Kaltukatjara (Docker River)
Tel. 08 8956 7342
FAX 08 8956 7741

Maningrida
Tel. 08 8979 5930
FAX 08 8979 5933

Mataranka*
Tel. 08 8975 4547
FAX 08 8975 4621

Milyakburra (Bickerton Island)
Tel. 08 8987 6512
FAX 08 8987 6521

Mt Liebig
Tel. 08 8956 8595
FAX 08 89

Ntaria (Hermannsburg)
Tel. 08 8956 7433
FAX 08 8956 7473

Nyirripi
Tel. 08 8956 8835
FAX 08 8956 8840

Palumpa (Nganmarriyanga)
Tel. 08 8978 2359
FAX 08 8978 2538

Pine Creek
Tel. 08 8976 1268
FAX 08 8976 1325

Robinson River
Tel. 08 8975 9985
FAX 08 8975 9857

Tel. 08 8975 4501
FAX 08 8975 4602

Borroloola
Tel. 08 8975 8757
FAX 08 8975 8718

Canteen Creek
Tel. 08 8964 1510
FAX 08 8964

Gapuwiyak
Tel. 08 8987 9150
FAX 08 8987 9121

Jilkminggan (Duck Creek)*
Tel. 08 8975 4741
FAX 08 8975 4621

Laramba (Napperby)
Tel. 08 8956 8792
FAX 08

Manyallaluk (Eva Valley)*
Tel. 08 8975 4864

FAX 08 89

Milingimbi
Tel. 08 8987 9903
FAX 08 8987 9940

Miniyeri (Hodgson Downs)
Tel. 08 8975 9959
FAX 08 8975 9809

Ngukurr
Tel. 08 8975 4688
FAX 08 8975 4689

Numbulwar
Tel. 08 8975 4670
FAX 08 8975 4671

Oenpelli (Kunbarllanjnja)
Tel. 08 8979 0178
FAX 08 8979 0159

Papunya
Tel. 08 8956 8505
FAX 08 8956 8512

Ramingining
Tel. 08 8979 7923
FAX 08 8979 7930

Tara (Neutral Junction)
Tel. 08 8956 9789
FAX 08 8956 9789

Titjikala (Maryvale)
Tel. 08 8956 0906
FAX 08 8956 0742

Ti Tree
Tel. 08 8956 9736
FAX 08 9856 9829

Umbakumba
Tel. 08 8987 6772
FAX 08 8987 6799

Wadeye (Port Keats)
Tel. 08 8978 2360
FAX 08 8978 2555

Wallace Rockhole
Tel. 08 8956 7763
FAX 08 8956 7763

Watarrka (Kings Canyon)
Tel. 08 8956 7807
FAX

Willowra (Wirliyajarrayi)
Tel. 08 8956 8788
FAX 08 8956

Woodycupaldiya
Tel. 08 8978 2661
FAX 08 8978 2661

Wugularr (Beswick)*
Tel. 08 8975 4527
FAX 08 8975 4820

Wutmagurra (Epenarra)
Tel. 08 8964 1159
FAX 08

Yirrkala
Tel. 08 8987 0367
FAX 08 8987 0366

Yuelamu (Mt Allen)
Tel. 08 8956 8747
FAX 08 8956 8847

Yuendumu
Tel. 08 8956 4030
FAX 08 8956 4051

* These communities are part of Jawoyn Associations application for the Nyirranggulung Health Authority Coordinated Care Trial which will be decided in Feb-March 2001.

Note: Some of these clinics are un-staffed, except when run by visiting staff.

Aboriginal Cultural Resources and Interpreter Services

Institute for Aboriginal Development (IAD)

3 South Terrace, Alice Springs, NT 0870
Tel. 08 8951 1311
Fax 08 8953 1884

IAD is an Aboriginal community controlled vocational education and training organisation that provides a number of services for central Australian individuals and organisations. In particular, language training for beginners at basic level and advanced courses are available through the IAD Language Centre, and a variety of useful publications can be purchased through IAD Press. They also provide interpreters for central Australian Aboriginal languages.

Aboriginal Resource & Development Services Inc (ARDS)

Darwin
GPO Box 717, Darwin, NT 0801
Tel. 08 891 8444
Fax 08 8981 3285

Nhulunbuy
Tel. 08 8987 3910
FAX 08 8987 3912

ARDS is a community development/community education organisation run by the Uniting Aboriginal and Islander Christian Congress. It runs language courses for beginners at basic level and advanced courses, cultural awareness programs in East Arnhem and has published several information papers on various issues that effect Aboriginal people living in Arnhem Land. They may be able to assist with interpreter needs in East Arnhem.

Katherine Regional Aboriginal Language Centre – Diwurruwu-Jaru

PO Box 89. 6 Pearse St, Katherine, 0851
Tel. 08 8971 1233
FAX 08 8971 0561

The language Centre may be able to assist with interpreter needs in the Katherine region.

Barkly Region Language Centre

17 Windley St, Tennant Creek, 0861
Tel. 08 8962 3171

The language Centre may be able to assist with interpreter needs in the Barkly region.

Department of Employment Workplace Relations and Small Business

The *Department of Employment Workplace Relations and Small Business* (DEWRSB) Indigenous Employment Branch provides assistance in cultural awareness training for employers and indigenous employees.

Darwin
Tel. 08 8936 5000
Fax 08 8936 5040

Katherine
Tel. 08 8973 0060
Fax.: 08 8973 0020

Nhulunbuy
Tel. 08 8987 2584
Fax 08 8987 2864

Tennant Creek
Tel. 08 8953 2969
Fax 08 8962 1894

Alice Springs
Tel. 08 8953 2969
Fax 08 8953 0917

Professional Registration Boards

AHWs, nurses and doctors, as well as psychologists and a range of allied health professionals must be registered by the relevant Registration Board in order to practice their profession. This registration must be renewed annually.

AHW Registration Board
Tel 08 8946 9543

Medical Board of the NT
Tel. 08 8946 9544

Nursing Board of the NT
Tel. 08 8946 9545

Dental Board of the NT
Tel. 08 8946 9545

Physiotherapists Registration Board
Tel. 08 8946 9546

Occupational Therapists Registration Board
Tel. 08 8946 9546

Psychologists Registration Board
Tel. 08 8946 9546

Pharmacy Board
Tel. 08 8946 9546

Optometrists Board
Tel. 088946 9546

Chiropractors and Osteopaths Registration Board
Tel. 08 8946 9543

Staff Development/ In-Service Training

Central Australian Remote Health Training Unit (CARHTU)

Established in 1997, CARHTU aims to provide and facilitate vocational education and training to heath professionals in the remote communities of Central Australia and the Barkly. There is a particular focus on on-site training, post- graduate education and training for Aboriginal Health Workers. CARHTU has offices in both Alice Springs and Tennant Creek.

Alice Springs
Tel 08 89 53 5500
Fax 08 89 53 2046

Tennant Creek
Tel 08 8962 4539
Fax 08 8962 1842

Central Australian Rural Practitioners Association (CARPA)

CARPA is a multi disciplinary organisation of primary health care professionals working in Central Australia. It was formed in 1984 and provides an education and support network for health professionals. CARPA organises twice yearly weekend conferences in Alice Springs and publishes a newsletter associated with the conference.

PO Box 8143, Alice Springs, NT 0971
e-mail: carpastm@taunet.net.au

THS Staff Development Services

This services organises in-service/ staff development programs for staff, mainly through the AHWs and Nurses Pathways to Practice program. Whilst primarily organised for

THS staff, staff of non-government are able to access this program if released from their health service.

Darwin
Tel. 08 8922 8715

Alice Springs
Tel. 08 8951 7724

East Arnhem
Tel. 08 8987 0317

Katherine
Tel. 08 8973 0982

Tennant Creek
Tel. 08 8962 4274

Divisions of General Practice/ Primary Health Care

The Divisions provide support for Continuing Medical Education (CME) for doctors. The Divisions receive funding support to carry out this function from the NTRHWA.

Top End Division of General Practice
5 Shepherd St Darwin NT 0801
Tel.08 8982 1000
Fax 08 8981 5899

Central Australian Division of PHC
PO Box 1195 Alice Springs NT 0871
Tel. 08 8952 3486
Fax 08 8952 3536

Other PHC services

Most community controlled PHC services (especially the larger ones) operate their own staff development units.

Health Board Training

Health Board training, whilst widely recognised as important, is not well resourced.

The larger Aboriginal community controlled health services have had functional boards for many years and may be able to assist smaller and developing services in providing training to local health boards. (see under AMSANT membership).

AMSANT
Tel. 08 8936 1800 (Darwin), 08 8951 4489 (Alice Springs)

The Health Services Program of the Cooperative Research Centre in Aboriginal and Tropical Health is conducting a project aimed at addressing Health Board training issues.

CRCATH
Dr Jeannie Devitt, Senior Research Fellow
Danila Dilba & Central Australian Aboriginal Congress
Tel. 08 8936 1757 or 08 8951 4400
FAX 08 8981 3688

The financial responsibilities of Health Boards are particularly important and *Pangea* have developed the *Money Story* which is a computerised system that provides user friendly information on the financial state of an organisation, and backs this up with training for the board. and training on financial management.

Pangea's Money Story
PO Box 3696, Alice Springs NT 0871
Tel. 08 8952 8802
FAX 08 8953 0555

OATSIH has allocated some funds for health board training under it's *Management Support Training Program.*

Professional Organisations

Central Australian Rural Practitioners Association (CARPA)

CARPA is a multi disciplinary organisation of primary health care professionals working in Aboriginal health in central Australia. It was formed in 1984 and provides an education and support network for health professionals. All practitioners are automatically considered members when they commence work in PHC service in central Australia. CARPA also produces the CARPA Standard Treatment Manual which is used as a clinical guide for all services in the NT.

PO Box 8143, Alice Springs, NT 0971
e-mail: carpastm@taunet.net.au

Council of Remote Area Nurses of Australia (CRANA)

CRANA is a professional body formed in 1983 to represent the interests of and support remote area nurses in Australia. The organisation holds an annual conference in different locations around Australia. CRANA has an office in Alice Springs. Membership is open to remote area nurses and interested others.

CRANA Central Australian Office
PO Box 203 Alice Springs 0801
Tel 08 8953 5244
Fax 08 8953 5245

Central Australian and Barkly AHW Association (CABAHWA)

The CABAHWA evolved from the Central Australian Primary Health Care Network that was funded from the Commonwealth's Divisions of General Practice program in 1994. The Association represents the interests of AHWs in central Australia and the Barkly.

CABAHWA
PO Box 9264 Alice Springs 0801
Tel. 08 8955 5828

Central Australian Division of Primary Health Care and Top End Division of General Practice

The Divisions are funded from the Commonwealth and are primarily organisation for general practitioners. However, in central Australia the Division has expanded its Board membership to include CABAHWA, CRANA and a consumer representative. However, doctors remain the main membership base of the organisation. Their activities include support for public health programs in general practice (such as immunisations), Continuing Medical Education, accreditation of general practice, and providing support for programs such as the Enhanced PHC Medicare items for the elderly and people with chronic disease.

Alice Springs
PO Box 1195 Alice Springs 0871
Tel. 08 8952 3486
Fax 08 8952 3536

Darwin
5 Shepherd St Darwin 0801
Tel. 08 8982 1000
Fax 08 8981 5899

Public Health Association (PHA)

The PHA is the national peak body for public health in Australia and has a quite large and active NT Branch. Many NT members work in Aboriginal health. The PHA runs an annual conference that has developed a significant focus on Aboriginal health, and publishes a prestigious public health journal.

PHA, National Office
PO Box 319 Curtin, ACT 2605
Tel. 02 6285 2373
FAX 02 6282 5438
Email membership@phaa.net.au

Australian Medical Association (AMA)

The AMA represents the interests of doctors in Australia.

NT Branch AMA
9 Symes St, Nakara, 0810
Tel. 08 8927 7004

Educational Institutions

AHW Courses

Anyinginyi Congress
Anyinginyi is a registered provider of vocational education and training. Their Education and Training Unit delivers a Certificate (level 2 and 3) in Aboriginal Primary Health Care. This qualification allows AHWs to be registered.
PO Box 403 Tennant Creek NT 0861
Tel 08 89 361 800

Batchelor Institute of Indigenous Tertiary Education

Batchelor provides residential training and tertiary education for Aboriginal and Torres Strait Islander people It is based in Batchelor and has a campus in Alice Springs with annexes in Nhulunbuy, Tennant Creek, Darwin and Katherine. Batchelor delivers a Certificate (level 3) in Health Sciences, a qualification that allows AHWs to be registered.

Batchelor
Tel 08 8939 7111
Fax 08 8939 7100

Nhulunbuy
Tel 08 8987 0482
Fax 08 8987 0496

Katherine
Tel 08 8973 8488
Fax 08 8973 8499

Darwin
Tel 08 8936 1000
Fax 08 8936 1020

Tennant Creek
Tel 08 8962 4407
Fax 08 8962 4408

Alice Springs
Tel 08 8951 8300
Fax 08 8951 8311

Central Australian Aboriginal Congress

Congress is a registered provider of vocational education and training. The Congress Education and Training Branch delivers a Certificate (level 3) in Aboriginal Health Work (Clinical). This qualification allows AHWs to be registered.

Tel 08 8951 4400
Fax 08 8953 0350

Danila Dilba

Danila Dilba is a registered provider of vocational education and training. Their Education and Training Centre delivers a Certificate (level 3) in Health Science (Aboriginal Community Health). This qualification allows AHWs to be registered.

Tel 08 8936 1745
Fax 08 8981 3688

Miwatj Health

Miwatj is a registered provider of vocational education and training. Their Training Unit delivers a Certificate (level 3) in Aboriginal Primary Health Care. This qualification allows AHWs to be registered.

Tel 08 8987 1102
Fax 08 8987 1670

Nganampa Health Council

Nganampa is a registered provider of vocational education and training. Their Training Centre delivers a Certificate (level 2 and 3) in Aboriginal Primary Health Care for AHWs.

Tel 08 8950 1580
Fax 08 8956 7850

Research and Postgraduate PHC and Public Health Courses

Cooperative Research Centre for Aboriginal and Tropical Health(CRCATH)
The CRCATH was established in 1987 to bring about improvements into Aboriginal and Tropical health through research. It is also a joint venture with Central Australian Aboriginal Congress, Danila Dilba, Flinders University of SA, Menzies School of Health Research, NT University and THS. It seeks to support research that fit into their strategic approach.

PO Box 41096, Casuarina NT 0811
Tel 08 8922 7861
Fax 08 8927 5187
crc-admin@ath.crc.org.au CRCATH

Menzies School of Health Research (MSHR)
The MSHR carries out biomedical, clinical, population and health services research in the NT. It also provides postgraduate education in public health.

PO Box 41096, Casuarina, 0811
Tel 08 8922 8196
Fax 08 8927 5187

Centre for Remote Health
The Centre provides post-graduate education to health professional with a focus on the needs of practitioners in rural and remote areas, and in Aboriginal health. They also have a research program.

Tel 08 8951 6928
Fax 08 8951 6952

Family Planning Association (FPA)
The FPA runs accredited courses in sexual health for nurses and doctors.

Alice Springs *Darwin*
Tel 08 8953 0288 Tel 08 8948 0144

Health Service Evaluation

Quality Management Services
CHASP[15] now known as Quality Management Services (QMS) provides a framework for considering policy issues in terms of the objectives of the service. They have also produced a manual[16] for small rural and remote PHC services and, with Nganampa Health Council and

[15] CHASP (Community Health Accreditation & Standards Program) *'Manual of Standards for Community and Other Primary Health Care Services.'* Australian Community Health Association, Sydney, 1993.

[16] CHASP *Manual of Standards for Remote/ Rural Community and Other Primary Health Care Services.'* Australian Community Health Association, Sydney, 1994.

Menzies School of Health Research developed a manual[17] modified for use in Aboriginal health services.

Suite 303A, 3 Smail St, Ultimo, NSW 2007
Tel: 02 9212 1433
Fax 02 9212 1477
email chasp@chasp.org.au

Research institutions may assist health services in developing evaluations of their services (see above)

Crisis Counselling

Aboriginal Social and Emotional Wellbeing Programs

These services offer professional counselling services, and can offer advice on the management of difficult situations. They may also be able to offer counselling services in specific situations.

Darwin: Danila Dilba
GPO Box 2125 Darwin, 0801
Tel. 08 89 361 745
Fax 08 89 813 688

Katherine: Wurli Wurlinjang
PO Box 896, Katherine, 0851
Tel. 08 8971 0044
FAX 08 8972 2376

Alice Springs: Central Australian Aboriginal Congress
PO Box 1604, Alice Springs, 0871
Tel. 08 8951 4400
FAX 08 8953 0350

Bush Crisis Line.

Freecall Tel. 1800 805 391

CRANA has established a 24hr counselling and debriefing service which aims to help people with cumulative stress and /or critical incident stress.

Employee Assistant Service (EAS).

Freecall Tel. 1800 193 123
Alice Tel. 08 8953 4225
Darwin Tel. 08 8941 1752
Katherine Tel. 08 8971 2764

EAS is a Territory wide confidential professional counselling service. The service assists in the resolution of work related and personal problems and is available during and after work. A remote service is available on request. Service can provide an annual

[17] CHASP, Nganampa, Menzies *'Manual of Standards for Rural and Remote Aboriginal Health Services.'* 1993.

fee to EAS that will enable all health service employees to access counselling services free of charge.

Employment

Department of Employment Workplace Relations and Small Business (DEWRSB)

DEWRSB can provide support for recruitment, including pre employment assistance, cross cultural training and mentoring and negotiation on employment issues. The *Northern Territory Area Consultative Committee (NTACC*) is funded by DEWSB and has facilitated a recruitment guide for NT employers designed to steer employers around staff recruitment and retention.

Darwin
80 Mitchell St, Darwin 0800
GPO Box 385 Darwin 0801
Tel. 08 8936 5000
Fax 08 8936 5040

Katherine
Randazzo Building, 18 Katherine Tce,
Katherine 0850
PO Box 2350, Katherine 0851
Tel. 08 8973 0060
Fax 08 8973 0020

Tennant Creek
9 Paterson St, Tennant Creek 0860
Tel. 08 8953 2969
Fax 08 8962 1894

Alice Springs
Jock Nelson Centre, Alice Springs 1870
PO Box 252, Alice Springs 0871
Tel. 08 8953 2969
Fax 08 8953 0917

Nhulunbuy
Franklyn St, Nhulunbuy 0881
PO Box 1033, Nhulunbuy 0881
Tel. 08 8987 2584
Fax 08 8987 2864

Employment Advocate
Toll Free Call Tell. 1300 366 632
Darwin Tel. 08 8936 5072

Employer Hotline Tel. 13 17 15

Employers/employees Wageline Tel. 1300 363 264

Employee entitlements Tel. 1300 135 040

Web Sites:

Indigenous Employment
Wage Net
DEWRSB Aboriginal Consultative Committee
Employment Advocate

Office of the Commissioner for Public Employment

This office administers employment in the public sector and is mainly relevant to employee of THS.

Darwin
GPO Box 4371 Darwin 0801
Tel. 08 8999 5511
Fax 08 8941 1895

Alice Springs
Belvedere House
Parsons St, Alice Springs 0870
Tel: 08 8951 5183
Fax 08 8951 5788

Commissioner for Public Employmnet

NT Chamber of Commerce and Industry

This is an organisation of private businesses, and can provide a range of business advice to its members.

Darwin
Tel. 08 8981 5755
Katherine
Tel. 08 8972 3830
Alice Springs
Tel. 08 8952 4377
Nhulunbuy
Tel. 08 8987 1985
Tennant Creek
Tel. 08 8962 2362

Recruitment

A number of agencies can assist with recruitment of staff.

AMSANT

AMSANT is a Vacancy Manager associated with "Allegiance" which covers medical practitioners for permanent and locum vacancies throughout Australia.

Darwin
Tel. 08 8936 1800
Fax 08 8981 4825

Alice Springs
Tel. 08 8951 4489
Fax 08 8953 0350

Northern Territory Remote Health Workforce Agency (NTRHWA)

The NTRHWA recruits and provides support to doctors working in the NT outside of Darwin. The Agency has offices in Alice Springs and Darwin and can provide relocation, training and some retention assistance through its grants program, as well as delivering a range of personal support to doctors and their families. It manages the Commonwealth's Health Insurance Commission remote doctor retention payments.

Darwin
GPO Box 757, Darwin 0801
Tel. 08 89412 850
Fax 08 8941 5579

Alice Springs
PO Box 1195, Alice Springs 0871
Tel. 08 89523 881
Fax 08 8952 3536

Trade Unions

Most workers in health services have their industrial relations issues, Awards and employment issues dealt with by one of the Unions below.

Australian Liquor Hospitality and Miscellaneous Workers Union (ALH&MWU)

The ALH&MWU cover most staff in PHC services except nurses and some doctors.

Darwin

38 Woods St, Darwin, 0800
Tel. 08 8981 5611
Fax 08 8981 1060

Alice Springs

Industrial Officer, 1st Floor Yeperenye Shopping Centre, Alice Springs
PO Box 954, Alice Springs 0871
Tel. 08 8953 5035
Fax 08 8952 3582

Australian Nurse's Federation

The ANF covers nurses in both PHC services and hospitals.

Jape Plaza, 20 Cavenagh St, Darwin
PO Box 3429, Darwin 0801
Tel. 08 8981 2711
Fax 08 8981 8676
E-mail: ntanf@octa4.net.au

Occupational Health & Safety Issues

Work Health Authority

For general enquiries on licensing and to obtain Work Health publications, information materials and licence applications, contact the Work Health Authority. Work Health staff are available to provide advice and assistance on various issues.

Darwin

Minerals House
66 The Esplanade
GPO Box 4160, Darwin 0801
Tel: 08 8999 5010
Fax 08 8999 6260

Alice Springs

Peter Sitzler Building
67 North Stuart Highway
PO Box 8193, Alice Springs 0871
Tel: 08 8951 8682
Fax: 08 8951 8681

Katherine

Randazzo Building
18 Katherine Tce,
PO Box 867, Katherine 0851
Tel: 08 8973 8170
Fax: 08 8973 8188

Tennant Creek

Barkly House, Cnr Paterson & Davidson Streets,
PO Box 1221, Tennant Creek 0861
Tel: 08 8962 4439
Fax: 08 8962 4413

Worksafe Australia (National Occupational Health & Safety Commission)

Worksafe is a Commonwealth government agency that produces many technical guides, and best practice documents relating to workplace health and safety. They have no legislative power.

Worksafe Australia
Toll Free Tel. 008 252 266 Tel. 02 9565 9555

Permits

Visitors wanting to visit or reside on Aboriginal land must obtain a permit. The following lists where permits can be obtained for particular areas.

Top End
Permits Officer
Northern Land Council
9 Rowlings Street (PO Box 42921) Casuarina Darwin NT 0811
Tel: 08 8920 5178
Fax: 08 8945 2633
email: ellen-rae.miller@nlc.org.au

Gurig National Park, Tiwi Islands, Groote Eylandt and Elcho Island
Gurig National Park: Tel. 08 8979 0244 Fax 08 8979 0246
Tiwi Land Council: Tel. 08 8981 4898 Fax 08 8981 4282
Anindilyakwa Land Council (Groote Eylandt) Tel. 08 8987 6638 Fax 08 8987 6292
Galiwin'ku (Elcho Island) Tel. 08 8987 9033 Fax 08 8987 9042

Central Australia
All areas Tennant Creek and south, contact Permits Officer
Central Land Council
PO Box 3321, (33 Stuart Hwy) Alice Springs, NT 0871
Tel . 08 8951 6320 Fax 08 8953 4343

Western Australia

Ngaanyatjarra Council

58 Head St Alice Springs NT 0870
Tel: 08 8950 1711 Fax 08 8953 1892

Aboriginal Affairs Department
1st Floor Capita Centre 197 St Georges Terrace
PO Box 7770 Cloisters Square, Perth WA 6850
Tel: 08 9235 8000 Fax 08 9235 8088

South Australia

Anangu Pitjantjatjaraku Yankunytjatjara Land Council
PMB Umuwa via Alice Springs NT 0872
Tel: 08 8950 1511 Fax 08 8950 1510

Permit application forms are available from:
the net at Northern Land Council or Central Land Council
NT Department of Lands, Planning and Environment,
38 Cavenagh St, Darwin NT
Tel. 08 8999 6027

Client Complaints

NT Health Complaints Commission

Freecall 1800 806 380
Alice Springs Tel. 08 8951 5818
Fax 08 8951 5828
Darwin Tel. 08 8999 1969
Fax 08 89 99 1828

Patient Travel

Patient Assistance Travel Scheme (PATS)

PATS is available for patients who live more than 200kms from the nearest specialist or are referred to a specialist interstate when there is not the service in the NT. The scheme provides assistance with accommodation and travel but does not cover all costs. It is not available for patients to get to a community clinic from an outstation/homeland to see a specialist. Escorts may be approved under this scheme. A patient 15 years of age or under is automatically entitled to an escort. Escorts for patients aged 16 years and over are assessed on a case by case basis by the delegated medical practitioner. To obtain approval for an escort it must be demonstrated that the escort will significantly and directly participate in the patient's medical wellbeing. For more information phone the travel clerks in your district.

Travel clerks:

1. arrange bookings, accommodation and ground transport (PATS does not cover taxi fares) as necessary in relation to both rural and town travel
2. liaise with medical/nursing staff and ward clerks in hospital & communities in relation to the repatriation of patients
3. liaise with specialist clinics to coordinate visits and transport
4. liaise with community health centre staff to ensure the patient's travel arrangements have been organised.

If a number of people (3-4) need transport it may be cheaper for the PATS to charter a plane.

Darwin
Travel into Darwin and outpatient appointment travel is organised by the PATS travel clerks based within the NTAMS offices. All repatriation to communities and interstate travel is attended to by hospital-based travel clerks.
Tel. 08 8922 8211

Katherine
All patient travel is organised by travel clerks based in the NTAMS office in the hospital.
Tel. 08 8973 9206

Alice Springs
All patient travel is organised by travel clerks
Tel. 08 8951 7846 or 8951 7979

East Arnhem District: Travel form communities to town, interstate travel and hospital transfers are attended by district office travel clerks. All hospital discharges (ie repatriations) are attended by the ward clerk at Gove District Hospital.
Tel. 08 8987 0222

Tennant Creek
All patient travel is organised by travel clerks
Tel. 08 8962 4262

Library Facilities, References and Further Reading

There are a number of sources of information about clinical issues and Aboriginal health and issues available to staff. The four regional hospitals have medical libraries open 8.30am to 5pm, Monday to Friday. Health service staff may borrow books from the library as long as they have registered as borrowers. To do this, it is necessary to have some documentation of working for the Health Service. As well, other organisations maintain libraries including some of the regional community controlled health services, IAD, ARDS, and Menzies School of Health Research.

Clinical and related

1. CARPA Standard Treatment Manual includes guidelines about how to manage common conditions encountered in Central and the Top End of Australia. A copy of the CARPA manual should be provided to each health service clinical staff.
2. Congress Alukura, Nganampa Health Council 'Minymaku Kutju Tjukurpa: Women's Business Manual.' Alukura/ Nganampa, Alice Springs, 1994.
3. Schedule of Pharmaceutical Benefits
4. MIMS
5. NHMRC Immunisation Handbook
6. Medicare Benefits Schedule Book

As well clinics should keep a range of clinical texts including:

- medical texts
- communicable disease guidelines
- pathology and imaging guidelines
- procedure guides

References

As well as the publications listed below, this Manual was developed using policies, procedures, job descriptions and other internal documents from the following organisations:

- Danila Dilba, Darwin
- Miwatj Health, Nhulunbuy
- Anyinginyi Congress, Tennant Creek
- Central Australian Aboriginal Congress, Alice Springs
- Congress Alukura, Alice Springs
- Ampilatwatja Health Service, Ampilatwatja
- Pintupi Homelands Health Service, Kintore
- Mutitjulu Health Service, Mutitjulu
- Nganampa Health Council, Umuwa
- AMSANT, Darwin
- NT Remote Health Workforce Agency, Alice Springs
- Territory Health Services, Darwin
- Send a vehicle to pick up the patient to bring to the clinic

The following publications have been used as information sources in the development of this Manual.

AMSANT *Information Package for Members* AMSANT, Alice Springs, 1999.
AMSANT *Making a Difference* AMSANT, Darwin, 1999.
Bartlett, B & Duncan, P *Board of Directors Training Course – Tharawal* PlanHealth, Wollongong, 1998.
Bridging the Cultural Gap, Bureau for Overseas Medical Service (undated).

Central Australian Aboriginal Congress *Policy & Procedure Manual,* Congress, Alice Springs, 1999.
CHASP & Nganampa Health Council *Manual of Standards for Rural and Remote Aboriginal Health Services.* Nganampa Health Council, 1993.
CHASP (Community Health Accreditation & Standards Program) '*Manual of Standards for Community and Other Primary Health Care Services*.' Australian Community Health Association, Sydney, 1993.
CHASP *Cases for Change – CHASP in Practice*, CHASP, Sydney, 1991.
CHASP *Manual of Standards for Remote/ Rural Community and Other Primary Health Care Services*.' Australian Community Health Association, Sydney, 1994.
Congress Alukura *Policy & Procedure Manual* Congress, Alice Springs, 1998.
Congress Social & Emotional Health *Policy & Procedure Manual* Congress, Alice Springs, 2000
Crawford, F *Jalinardi Ways – WhiteFellas Working In Aboriginal Communities*, Curtin University of Technology, Perth, 1989.
Danila Dilba *Human Resources & Occupational Health & Safety Policies Manual* Danila Dilba, Darwin, 2000.
Devitt, J *Apmer Anwekantherrenh – Our Country – An Introduction to the Anmatyerr and Alyawarr People of the Sandover River Region, Central Australia* Urapuntja Health Service Council, IAD, Alice Springs, 1994.
From Strategic Planning to Strategic Thinking Southern Community Health Research Unit, Adelaide, 1993.
Gervers, L *Keeping Books for a Small Community Organisation*, Community Management Services, Perth, 2000.
Gervers, L *Managing a Community Organisation in Australia*, Community Management Services, Perth, 1999.
Gervers, L *Policy and Procedures*, Community Management Services, Perth, 1997.
Josif, P *Straight Talking – a guide to negotiating & consulting with remote area local government councils* Local Government Association, Darwin, 1994.
Just Change: The Cost Conscious Manager's Toolkit South Australian Health Commission, Adelaide, 1993.
Kelly, K *Surviving Traumatic Stress*, CRANA, 1999.
KWHB *Annual Report* Katherine West Health Board, Katherine, 1999.
Locum Program NTRHWA, Alice Springs, 1998.
MawarnKarra *Staff Policies & Procedure Manual – Draft* MawarnKarra Aboriginal Health Service, Roebourne, WA, 1995.
MawarnKarra *Transport Policy* MawarnKarra Aboriginal Health Service, Roebourne, WA, 1995.
Medical Practice Regulation NSW Medical Board, Sydney, 1998.
Nganampa Health Council *Orientation Manual* (2nd Edition), Nganampa Health Council, October 1998.
Nhulunbuy Neighbourhood Centre *Living in East Arnhem Land*, Nhulunbuy, 1998.
Planning Healthy Communities – A Guide to doing Community Needs Assessment Southern Community Health Research Unit, Adelaide, 1990.
The Workers Book Waltja Tjutangku Palyapayi, Alice Springs.

THS *Operating Framework for Providers - Collaborative Purchasing Planning Framework*, Darwin, 2000.
VCOSS *Community Employing Handbook* VCOSS, Melbourne, 1996.
VCOSS *Policy & Procedure Manual* VCOSS, Melbourne, 1997.
We want a GP in the Community – questions the community, council & health team need to think about – Draft NTRHWA, 2000.
Weeramanthri, T *Practice Guidelines for Health Professionals: Dealing with a Death of an Aboriginal Person* Menzies School of Health Research Occasional Papers, Darwin, 1996.
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Further Reading

Below are papers and texts covering a range of issues impacting on Aboriginal health. Each health service is likely to have a small library including information about the local area and its people, the history of the health service, and local cultural matters.

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