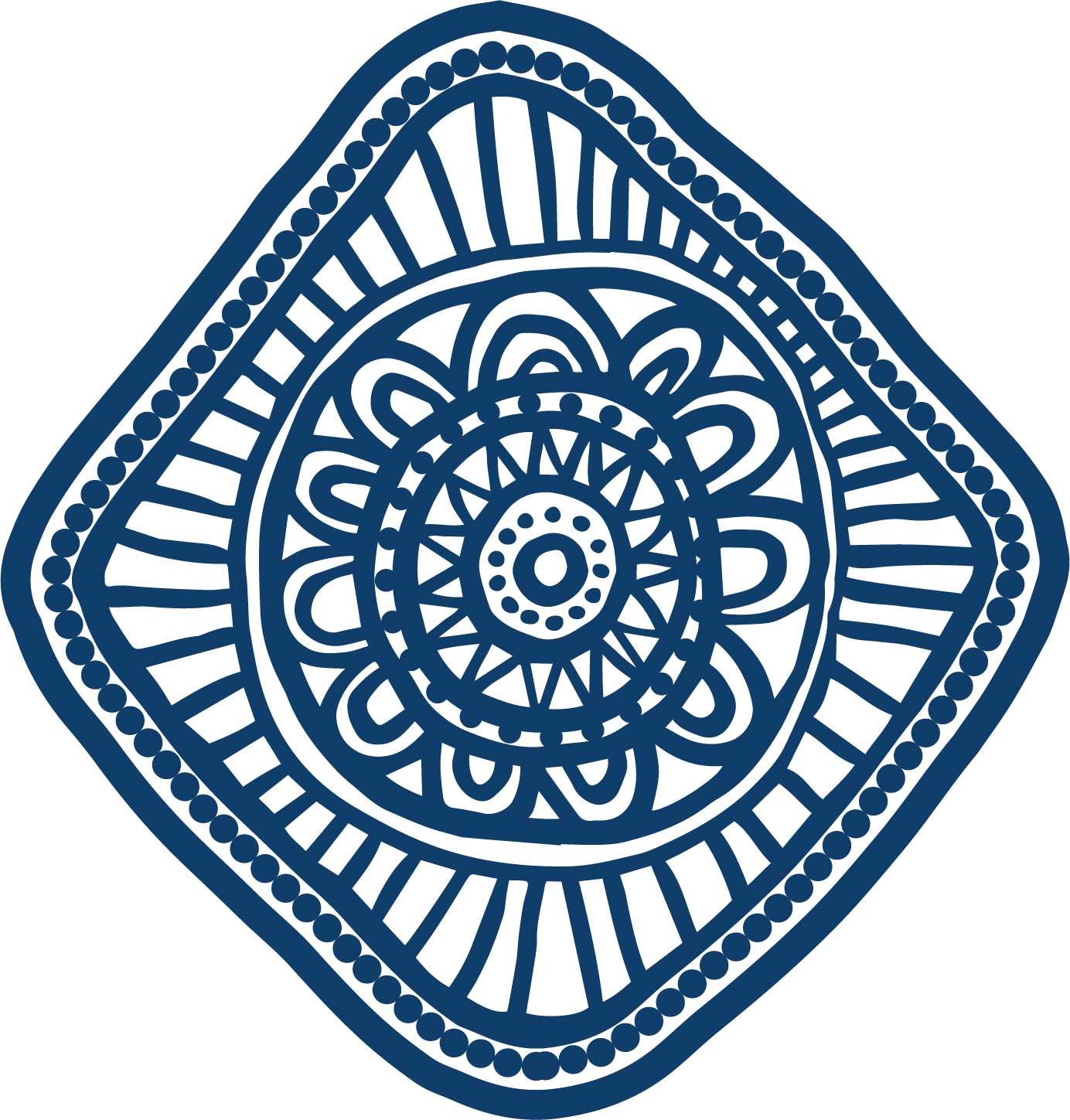
|  |
| --- |
| New Practitioner Induction Kit |
| 2024 |
|  |



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## New doctor details – Practice human resources record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| DOB |  | Country of Birth | |  | |
| Address |  | | | | |
| Suburb |  | | | Postcode |  |
| Phone (H) |  | Mobile |  | | |
| Email |  | | | | |
| Languages Spoken |  | | | | |
| Next of Kin |  | | | | |
| Next of Kin Phone |  | Relationship |  | | |
| Emergency Contact |  | | | | |
| Emergency Phone |  | Relationship |  | | |

Payroll and human resources details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bank Account Name |  | | | | |
| BSB |  | | Account Number |  | |
| Employment/ Service Agreement | Start Date: |  | End Date: |  | |
| Position Description | Date Provided: |  | File Location: |  | |
| Tax file number |  | | | | |
| Superannuation | Number: |  | Fund Name: |  | |
| Super Choice Form | Date Provided: |  | Fair Work Information Statement | Date Provided: |  |
| Business Name |  | | | | |
| Australian Business Number (ABN) |  | | | | |

Registration and compliance details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Details** | | **Copy Received** | **Date** |
| Provider Number (location specific) |  | |  |  |
| Prescriber Number |  | |  |  |
| Medical Board of Australia AHPRA [www.ahpra.gov.au](http://www.ahpra.gov.au) | Number: |  |  |  |
| Date of Renewal: |  |
| Obtain HPI-I Number from [AHPRA](https://www.ahpra.gov.au/) | Number : 8003 6\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | |  |  |
| **Item** | **Details** |  | **Copy Received** | **Date** |
| AMA Membership Number | Number: |  |  |  |
| Date of  Renewal: |  |
| RACGP/ ACCRM Number | Number: |  |  |  |
| RACGP / ACCRM Number  Medical Indemnity Cover | Date of  Renewal: |  |  |  |
| Number: |  |
| Medical Indemnity Cover  QI & CPD - A minimum of 130 points is required for the 2020- 2022 triennium | Date of  Renewal: |  |  |  |
| QI / CPD Number: |  |
| Category 1 Activity (A): |  | |  |  |
| Category 1 Activity (B): |  | |  |  |
| Quality Improvement Activity: |  | |  |  |
| CPR / Emergency Training: |  | |  |  |
| Other Activities: |  | |  |  |

|  |  |
| --- | --- |
| **Special Interests** |  |
| **Exclusions to Scope of Practice** |  |

Nominated working sessions:

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Morning Session** | **Lunch Break** | **Afternoon Session** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

Signage / business card / stamp details (may not be provided for short term contracts):

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred Display Name:** |  | | |
| **Qualifications** |  |  |  |

Any further comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Forms to be completed

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Actioned** | **Date** | **Details / Comments** |
| [Provider Number Application and / or Prescriber – (HW019)](http://www.humanservices.gov.au/health-professionals/forms/hw019) |  |  |  |
| [Additional Location Provider Number](https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/medicare-benefits-health-professionals/manage-your-provider-numbers-hpos/applying-subsequent-provider-number-location) |  |  |  |
| [Register for Online Claiming (for GPs who have not used online claiming before) – (HW027)](http://www.humanservices.gov.au/health-professionals/forms/hw027) |  |  |  |
| [Revoke and Renew Form (if lost or has an outdated PKI) – (HW003)](http://www.humanservices.gov.au/health-professionals/forms/hw003) |  |  |  |
| [Application for recognition as a specialist or consultant physician form (HW077)](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/hw077) |  |  |  |
| [PIP / PNIP / Individual GP / Nurse Practitioner Details Form - (IP003)](https://www.humanservices.gov.au/organisations/health-professionals/forms/ip003) |  |  |  |
| [PIP / SIP – Aged Care Access Incentive Banking Details Form – (IP011)](http://www.humanservices.gov.au/health-professionals/forms/ip011) |  |  |  |
| [PIP / PNIP - Change of Practice Details Form – (IP005)](http://www.humanservices.gov.au/health-professionals/forms/ip005) |  |  |  |
| [PIP – Procedural GP Payment Form – (IP004)](https://www.humanservices.gov.au/organisations/health-professionals/forms/ip004) |  |  |  |
| [PIP eHealth Incentive - Eligibility Requirements](https://www.digitalhealth.gov.au/healthcare-providers/practice-incentives-program-ehealth-incentive-epip/epip-incentive-eligibility-requirements) |  |  |  |
| [STS Update Form](https://www.health.qld.gov.au/__data/assets/pdf_file/0021/713541/sts-addressbook-individual.pdf) |  |  |  |
| [PRODA Registration](https://www.humanservices.gov.au/organisations/business/services/medicare/provider-digital-access-proda) |  |  |  |
| [NASH SHA-2 Certificates](https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/nash?_cldee=c3RlcGhhbmllLnRob21wc29uQGJyaXNiYW5lbm9ydGhwaG4ub3JnLmF1&recipientid=contact-f3aef5b53f26e71180f8c4346bc4bef0-08a94a7e0a7848ea81eff3231be6d7a2&esid=b7c1d832-311c-ec11-b6e7-002248104010) |  |  |  |
| [e-Health HPOS link this provider to your organisation on the Health Providers Directory (HPOS)](https://www.humanservices.gov.au/health-professionals/services/medicare/healthcare-identifiers-service-health-professionals)  (Must have PRODA or Individual PKI for HPOS and be on the register before you can add them to your organisation.) |  |  |  |
| [Australian Digital Health Agency](http://www.digitalhealth.gov.au/) |  |  |  |
| [My Health Record | Healthcare Providers](https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record) |  |  |  |
| [Prescription Shopping Information Service (PSIS)](https://www.servicesaustralia.gov.au/prescription-shopping-information-service-hpos?context=23026) |  |  |  |
| [National Bowel Cancer Screening Program - Managing bowel screening for participants](https://www.health.gov.au/initiatives-and-programs/national-bowel-cancer-screening-program/managing-bowel-screening-for-participants) |  |  |  |
| [DVA EFT Payments](https://www.dva.gov.au/about-dva/doing-business-dva/suppliers-and-vendors/payment-suppliers) |  |  |  |
| [National Prescribing Service (NPS) (register for online activities)](https://www.nps.org.au/cpd) |  |  |  |
| [Request for Pay Group Link Form (HW078)](https://www.humanservices.gov.au/organisations/health-professionals/forms/hw078) |  |  |  |
| [Translating and Interpreting Service Registration](https://tisonline.tisnational.gov.au/RegisterAgency) |  |  |  |
| [WorkCover - Register as a new Provider](https://ols.workcoverqld.com.au/ols/public/newprovider/index.wc) |  |  |  |
| [WorkCover – Provider Connect Online](https://www.worksafe.qld.gov.au/online-services/provider-connect) |  |  |  |
| [AIR Bank Account Details - (IM005)](http://www.humanservices.gov.au/health-professionals/forms/im005) |  |  |  |
| [Medical Board / AHPRA](https://www.ahpra.gov.au/) |  |  |  |
| [Tax File Number Declaration Form](https://www.ato.gov.au/Forms/TFN-declaration/) |  |  |  |
| [Superannuation Standard Choice Form](https://www.ato.gov.au/Forms/Superannuation-(super)-standard-choice-form/) |  |  |  |
| [Fair Work Information Statement](https://www.fairwork.gov.au/employee-entitlements/national-employment-standards/fair-work-information-statement) |  |  |  |
| [Notify SMD Provider of New User (Medical Objects)](http://www.medical-objects.com.au/forms/request/doc_add.pdf) |  |  |  |
| [Referral and Patient Management](https://practicesupport.org.au/toolbox/referral-pathways) |  |  |  |
| [Doctors Bag Call Phone: 132 290](http://www.pbs.gov.au/browse/doctorsbag) |  |  |  |
| [Ordering PBS Prescription Forms](https://www.humanservices.gov.au/health-professionals/services/medicare/ordering-pbs-and-rpbs-prescription-forms) |  |  |  |
| [QScript](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/real-time-reporting) |  |  |  |
| [Provider Connect](https://practicesupport.org.au/toolbox/digital-health/provider-connect) |  |  |  |
| Add your own links… |  |  |  |
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## Pre-Orientation checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Actioned** | **Date** | **Details** |
| **Administration** | | | |
| After hours – advise of arrangement for after-hours |  |  |  |
| Advise Medical Deputising Service and Brisbane North PHN of additional GP |  |  |  |
| Notify security company and supply access (keys and codes) |  |  |  |
| Phone numbers entered into speed dial on phone system |  |  |  |
| Update reception information sheets with new provider details (contact, provider, prescriber, allergies etc.) |  |  |  |
| Update Headers and / or footers on Practice stationery, door / signage |  |  |  |
| Business Cards |  |  |  |
| Door Signage |  |  |  |
| Doctor Stamp |  |  |  |
| Update website (bio, about us, services) |  |  |  |
| Advertising – Public notices |  |  |  |
| **Computers** | | | |
| User name, password and permissions for clinical software program |  |  |  |
| User name, password and permissions for management software program/s |  |  |  |
| Set up sessions and appointment times in appointment book |  |  |  |
| Notify software provider of new user |  |  |  |
| Install Secure Messaging ready to send electronic referrals to MNHHS |  |  |  |
| Set up preferred Dr Templates (e.g. Ref letter and Med cert) |  |  |  |
| Notify SMD provider (e.g. Medical Objects) of the additional provider/s |  |  |  |
| QScript |  |  |  |
| Ask Practice IT provider to set up remote login and email address and access to the practice’s computer network |  |  |  |
| **Pathology (notified)** | | | |
| QML |  |  |  |
| Sullivan & Nicolaides |  |  |  |
| Other |  |  |  |
| **Radiology (notified)** | | | |
| Insert preferred Radiology |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Orientation and training tasks to be completed

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Actioned** | **Date** | **Details** |
| **Practice** | | | |
| Introduce to other GP’s and staff |  |  |  |
| Tour of practice and medical equipment |  |  |  |
| Rosters |  |  |  |
| Induction Training Checklist |  |  |  |
| Dr preferences form to be completed |  |  |  |
| MBS online & billing procedures |  |  |  |
| List of common item numbers |  |  |  |
| Policy & Procedure manual |  |  |  |
| **Clinical** | | | |
| Training in clinical and management software programs |  |  |  |
| Clinical guidelines (recalls and Reminder and eHealth practice policy) |  |  |  |
| HealthPathways – Brisbane North |  |  |  |
| RACGP standards |  |  |  |
| Pathology and x-ray facilities and procedures |  |  |  |
| Local hospitals |  |  |  |
| My Health Record training including uploads & access |  |  |  |
| Train how to use Secure Messaging and send electronic referrals to relevant Hospital & Health Service |  |  |  |
| Referrals |  |  |  |
| How to use the internal messaging |  |  |  |
| Doctors preferences (see under practice) |  |  |  |
| ECG |  |  |  |
| Spirometry |  |  |  |
| Doctors bag orders/prescription paper and pads |  |  |  |
| Safe, key and protocols for S8 drugs |  |  |  |

Any further comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *Our Primary Care Liaison Officers are available to provide direct support to general practices and allied health practices across the region, please call Brisbane North PHN on 3630 7300 or 3490 3490 for your local liaison officer.*

## New doctor/contractor welcome letter

Dear Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Welcome to our practice. Please complete the details below and return to one of the administration staff as soon as possible.

We have a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pay cycle that will be paid by direct deposit into your bank account. The next pay cycle is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A vaccination checklist has been printed out and Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will go through this with you in your orientation.

Your engagement with us in on a contract / permanent basis. Please see attached contract for more information.

You will need to complete the attached New Doctor Details – Practice Human Resources Record and return it to the Practice Manager one week prior to your start date.   
  
Also attached is your position description (if applicable).

|  |  |  |  |
| --- | --- | --- | --- |
| **Practice Manager** |  | **Practice Principal** |  |
| **Mobile** |  | **Mobile** |  |
| **Email** |  | **Email** |  |

**Superannuation (Not applicable for Contractors):**

If you have a superannuation fund that you would like contributions made to, please fill out the **Standard Choice Form** nominating your chosen superannuation fund and your account details. If you do not have a superannuation fund of choice, we will contribute to the fund we use which is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please sign below to acknowledge that you have been given a **Standard Choice Form**.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fair Work Australia (Not applicable for Contractors):**

You have been provided with a [**Fair Work Information Statement**.](https://www.fairwork.gov.au/employee-entitlements/national-employment-standards/fair-work-information-statement) Please sign below to acknowledge that you have been given this document.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continuing Professional Development (CPD) 2023 – 2025 Triennium:**

* Meet the requirements of a CPD program of an accredited CPD home
* Develop a written annual professional development plan
* Complete a minimum of 50 hours per year of CPD activities that are relevant to your scope of practice and individual professional development needs

Each calendar year you will need to record 50 hours of CPD across different activity types, which must include:

* 12.5 hours of Educational Activities (EA)
* 25 hours of Reviewing Performance (RP) and/or Measuring Outcomes (MO) – with a minimum of 5 hours in each category
* 12.5 hours of any activity type (EA, RP& MO)
* 1 x Cardiopulmonary Resuscitation (CPR) course (every 3 years)

Please sign below to acknowledge that you have read this document.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We trust you will enjoy your time with us. If you have any further questions or concerns please contact me any time.

Kind Regards,

Name: Title:

## Policy review - induction checklist

|  |  |  |  |
| --- | --- | --- | --- |
| About our practice | ✓ | Initials | Date |
| * the background of our practice – history |  |  |  |
| * the practice profile – number of GPs, special interests, patient demographic |  |  |  |
| * services provided by our practice |  |  |  |
| * operating hours of our practice |  |  |  |
| Practice administration |  |  |  |
| * an introduction to the front desk |  |  |  |
| * how we handle incoming and outgoing correspondence |  |  |  |
| * details about the practice consultation fees |  |  |  |
| * how we communicate requests and actions |  |  |  |
| * information about billing arrangements |  |  |  |
| * the arrangements for home and other visits |  |  |  |
| * the arrangements for care outside of normal opening hours |  |  |  |
| * instructions on the use of business equipment |  |  |  |
| * instructions on the use of medical equipment |  |  |  |
| Telephone procedures |  |  |  |
| * how to place callers on hold |  |  |  |
| * when to transfer telephone calls |  |  |  |
| * how we receive, return and document patient phone calls |  |  |  |
| * a definition of an ‘urgent situation’ |  |  |  |
| * how to document messages and actions taken |  |  |  |
| Appointment management |  |  |  |
| * information about the appointment system |  |  |  |
| * how we determine the urgency of patient health care needs |  |  |  |
| * how we accommodate patients with urgent, non-urgent, complex, planned chronic care and preventive health care needs |  |  |  |
| * how we determine the most appropriate length and time of consultation at the point of booking |  |  |  |
| * the types of appointments available at our practice |  |  |  |
| * the process for handling new patients of our practice |  |  |  |
| * how we offer patients the opportunity to request their preferred GP and other clinical staff |  |  |  |
| * how we book appointments |  |  |  |
| * how we handle patients who attend for their scheduled appointment |  |  |  |
| * the process for handling did-not-attend and cancelled appointments |  |  |  |
| * how we identify and care for patients in distress |  |  |  |
| Triage and medical emergencies | ✓ | Initials | Date |
| * how we determine the level of urgency of patient health care needs |  |  |  |
| * how we handle a medical emergency – on the phone or in person and with or without a GP in attendance |  |  |  |
| Patient management |  |  |  |
| * the importance of respecting patient rights |  |  |  |
| * the importance of treating patients with courtesy and respect |  |  |  |
| * how we handle patient requests for repeat prescriptions and referrals |  |  |  |
| * how we handle incoming and outgoing pathology |  |  |  |
| * how we handle difficult or angry patients |  |  |  |
| * how we handle ethical dilemmas and open disclosure |  |  |  |
| * how to access services to help communicate with patients who speak a language other than that of the GPs and/or those with a disability |  |  |  |
| * information about local health, disability and community services |  |  |  |
| * how we provide important information to patients and the email policy |  |  |  |
| Patient health records and confidentiality |  |  |  |
| * the importance of privacy, confidentiality and security of patient health information – including verbal, written and electronic information |  |  |  |
| * the process for handling results, reports and clinical correspondence |  |  |  |
| * information about the practice recall and reminder system |  |  |  |
| * the practice policy on retention of records and archiving |  |  |  |
| * the process for transferring patient health records |  |  |  |
| * the practice security policy for prescription pads and computer generated prescription paper, letterhead, medical certificates, medications, patient health records and related patient health information including accounts |  |  |  |
| Computer administration |  |  |  |
| * information about privacy, confidentiality and security issues |  |  |  |
| * allocating the appropriate passwords and permissions |  |  |  |
| * how to lock the computer and activate screensavers |  |  |  |
| * our email policy |  |  |  |
| * our website policy |  |  |  |
| * computer security procedures – firewall, disaster recovery procedures |  |  |  |
| * how we scan documents and digital images (if applicable) |  |  |  |
| * procedures for anti-virus management |  |  |  |
| * procedures for backing-up electronic information |  |  |  |
| * procedures for transferring patient health information over a public network – encryption |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Human resource management | ✓ | Initials | Date |
| * staff code of conduct |  |  |  |
| * staff requirements for continuing professional development |  |  |  |
| * our practice policy on equal opportunity and sexual harassment |  |  |  |
| * the frequency and procedure for doctors meetings |  |  |  |
| * what to do in the event of an incident or injury |  |  |  |
| * our practice policy on lifting heavy objects |  |  |  |
| * our practice policy on smoking, drugs and alcohol in our practice |  |  |  |
| * how to handle violent situations in the workplace |  |  |  |
| * ways to maintain staff health and wellbeing |  |  |  |
| * how to handle non-medical emergencies – e.g. fire, bomb threats |  |  |  |
| Infection control |  |  |  |
| * information about the principles of infection control |  |  |  |
| * the management of sharps injury |  |  |  |
| * the management of blood and body fluid spills |  |  |  |
| * information about hand washing and hand hygiene |  |  |  |
| * information about the practice cleaning schedule |  |  |  |
| * how to ensure instruments are sterile at point of use |  |  |  |
| * our procedure for cleaning and sterilising instruments |  |  |  |
| * our procedure for safe storage and disposal of clinical waste |  |  |  |
| * our procedure for handling, sorting, laundering and storing linen |  |  |  |
| * information about implementing standard and additional precautions |  |  |  |
| * information about how to prevent disease in the workplace by serology and immunisation |  |  |  |
| * requesting current immunisation status of all staff and immunisation appropriate to their duties arranged if consented |  |  |  |
| * our procedure on handling and using chemicals |  |  |  |
| * our procedure for safe handling of pathology specimens |  |  |  |
| Treatment room |  |  |  |
| * the process for using and maintaining practice equipment |  |  |  |
| * the process for storing, ordering, documenting and disposing of controlled and restricted drugs - nurse |  |  |  |
| * the process for storing, ordering, documenting and disposing of schedule 4 drugs and pharmaceutical samples |  |  |  |
| * the process for checking, rotating and resupplying perishable medical supplies |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cold-chain management | ✓ | Initials | Date |
| * the process for receiving and transporting vaccines |  |  |  |
| * information about the importance of managing the cold-chain |  |  |  |
| * how to manage the cold-chain in relation to own role |  |  |  |
| * the name of the staff member responsible for managing the cold-chain |  |  |  |
| * the actions to take in the event of a cold-chain breach in relation to own role |  |  |  |
| Continuous quality improvement |  |  |  |
| * information about practice accreditation and what that means |  |  |  |
| * the name of the staff member responsible for patient feedback |  |  |  |
| * the name of the staff member responsible for investigation and resolution of complaints |  |  |  |
| * the name of the staff member responsible for leading clinical improvements |  |  |  |

## Brisbane North PHN – Services and Support

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| **Education and professional development** |
| [PHN Education and Training (Brisbane North PHN)](https://brisbanenorthphn.org.au/events)  [PHN Education and Training (Practice Support)](https://practicesupport.org.au/toolbox/training-and-education) |
| **Practice support** |
| [Primary Care Team](https://practicesupport.org.au/about-us) |
| **Practice support programs / Health provider resources and referrals** |
| [Aboriginal and Torres Strait Islander Health and Wellbeing](https://brisbanenorthphn.org.au/our-programs/aboriginal-and-torres-strait-islander-health-and-wellbeing) |
| [Team Care Coordination](https://brisbanenorthphn.org.au/our-programs/team-care-coordination-program) |
| [Mental Health, Alcohol and Other Drug and Suicide Prevention Services](https://brisbanenorthphn.org.au/our-programs/mental-health-services) |
| [Quality Improvement / Health Data / PIP QI](https://practicesupport.org.au/toolbox/continuous-quality-improvement) |
| [Digital Health](https://practicesupport.org.au/toolbox/digital-health) |
| [Digital Health - Australian Digital Health Agency](http://www.digitalhealth.gov.au/) |
| [Immunisation](https://practicesupport.org.au/toolbox/immunisation) |
| [Aged and Community Care](https://brisbanenorthphn.org.au/our-programs/aged-and-community-care) |
| [Referral and Patient Management](https://practicesupport.org.au/toolbox/referral-pathways) |
| [MBS online](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home) |
| [Desktop Guide to Frequently Used MBS Item Numbers for General Practice](https://brisbanenorthphn.org.au/practice-support) |
| [Provider Resources PHN](https://practicesupport.org.au/toolbox) |
| [Metro North Hospital and Health Service - GP Referrals (referral guidelines)](https://www.health.qld.gov.au/metronorth/refer) |
| [Hospital and eReferral Templates](https://practicesupport.org.au/toolbox/referral-pathways/referral-templates) |
| [MNHHS Persistent Pain Management](https://www.health.qld.gov.au/clinical-practice/referrals/statewide-specialist-services/persistent-pain) |
| [Health Pathways Program](https://brisbanenorthphn.org.au/practice-support/the-healthpathways-program) |
| [RACGP](https://www.racgp.org.au) |
| [National Health Services Directory](http://www.nhsd.com.au/) |
| [My Community Directory](http://www.mycommunitydirectory.com.au/) |
| [Care Navigator - Healthy Ageing Service Navigation](https://brisbanenorthphn.org.au/our-programs/aged-and-community-care/your-care-navigator-healthy-ageing-service-navigation) |
| [QScript](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/real-time-reporting) |
| [Provider Connect](https://practicesupport.org.au/toolbox/digital-health/provider-connect) |
| [Other Directories](https://practicesupport.org.au/toolbox) |
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