

Medical staff in public hospitals

Junior doctors spend their time on day-to-day patient care, while senior doctors spend more of their time on complex medical issues. Raise your concerns with the junior doctor initially. Ask to speak to a senior doctor if you require further information.

Residents or hospital medical officers

Residents are junior medical staff. They review patients daily with the registrar. The resident is usually the main doctor on duty for each ward therefore they tend to have the most contact with patients, carers and families. Despite the name residents do not reside on site.

Contact the resident in the following ways.

- ▣ Ask for them when you are visiting. Bear in mind that you may have a lengthy wait.
- ▣ Phone them. Contact the hospital and ask for the resident on your family member's ward to be paged.
- ▣ Be present when the resident does their daily rounds. The nurse in-charge can tell you the approximate time.

*"The first time, I waited to see the resident.
The second time, I took a short cut and phoned her.
My time's precious too!"*

Registrars

Registrars have considerable experience therefore are senior doctors. The area in which they are practicing is their chosen field of expertise. On most wards registrars attend daily rounds. They will also meet with carers and families as required.

Specialists

Specialists are senior doctors - specialists in their field. They can be contacted by the registrar or resident for their expert opinion at any time. Consultants have overall responsibility for the medical care of patients admitted.

General practitioners (GPs)

As a public patient in a public hospital, your family member's GP is not usually part of their treating team. However with your family member's permission their GP and the medical staff can contact one another at anytime to discuss the care.

For some eligible patients their GP may be involved (either in person or via conference phone) in family conferences or in planning for discharge. They will be remunerated through Medicare.

As a private patient in a public hospital, your family member may elect to have their GP involved in their care. In this situation, the GP may visit your family member and will consult with the hospital medical staff. For eligible patients the GP could be asked to prepare a care plan and be remunerated through Medicare. Talk to the GP for more information on this.



Medical staff in private hospitals

Admitting doctors and general practitioners (GPs)

As a private patient in a private hospital, the admitting doctor takes overall responsibility for your family member's medical care. Sometimes this is the GP, on other occasions it may be a specialist physician or surgeon. Their name will be written on the patient's bed card, which is usually on the wall above the patient's bed. Contact this person directly to provide and receive information on your family member's condition.

If the admitting doctor is not your family member's GP, it is important to let the GP know about the hospitalisation as soon as possible. They can then speak with the appropriate doctors and have input into the medical care provided.

Further information:

- ▣ [Allied health staff in hospitals](#) - information sheet.
- ▣ [Nursing and other staff in hospitals](#) - information sheet.
- ▣ [The hospital ward - how it works day-to-day](#) - information sheet.
- ▣ [Your rights in the hospital setting](#) - information sheet.
- ▣ [Information for veterans on the private patient scheme](#).

Contact the [Commonwealth Carer Resource Centre](#) on 1800 242 636* if you would like the above information sheets to be sent to you - or to find out about other information sheets in this series.

*Free call except from mobile phones. Mobile calls at mobile rates.

We do our best to keep these links up to date, but the internet changes all the time. If you can no longer access any of the above resources, please go to our [Internet Troubleshooting Guide](#), or email us at website@carersvic.org.au