ROLE OF THE SENIOR MEDICAL OFFICER

This position has evolved since I was first asked by the then Principal, Mr John Lewis to advise him on matters relating to the provision of health care at GGS. At that time there were questions about the appropriateness of the position of a full time resident medical officer providing primary care, and the need for closer links with community based and specialist medical services. There were also questions about the lack of health education at the school at that time.

What started as a "trouble shooting" consultative role expanded to a more proactive one and has recently involved responsibility for the overall provision of health at each of the campuses, particularly the boarding campuses. What was for some years an honorary consultative role at the school became recently formalised as a remunerated member of staff as Senior Medical Officer. Although the position is part time, the SMO is on call at other times during school term and school holidays, and much of his work for the school is done at rooms or home, especially with reports and phone calls.

The SMO attends the Corio campus each week for half a day, alternating Monday and Tuesday afternoons, and on additional days as required. He attends Timbertop for a day each term and other times as needed. He attends Glamorgan as requested. He is available on phone at all times and sees students and their parents at his rooms in Melbourne when it is more convenient.

Over the years the SMO has provided the Principal or Deputy Principal with numerous reports on matters related to health and in particular has acted as a mediator between parents with a grievance or complaint against the school.

The duties of the SMO, either continuing from established duties or as arranged for 2001 are as follows.

Review of policies and practice in provision of health at the school.

The SMO is occasionally asked to review aspects of health policy and provision of medical care at the school. This has been a major role at Timbertop campus where there have been special circumstances and problems, but also on an ongoing basis to ensure optimal care is provided.

In order to gain more insight into their problems and perceptions, the SMO has conducted several surveys of student opinion in recent years.

Kennedy Medical Centre. Although the day to day management of the Kennedy Centre is in the hands of the nurses and administer, the SMO has responsibility for overall management of the Centre through chairing the
Committee of Management. The responsibility of this committee is contained in a document developed in 2000, but is still evolving.

Consultation on referral. The SMO is available for referral of students who pose a problem related to health including behaviour and emotional disturbance. Referral is usually through the school counsellors, but in the past Heads of Houses have requested SMO intervention independently, particularly if parents have requested this or there has not been resolution through usual means. It is proposed that unless it is an emergency or there are special circumstances, matters of physical health are referred through doctors from the Corio Village practice who attend the school regularly, and matters of emotional health through the school counsellors.

Advice on Health education. This has so far been a minor role, but started some years ago when a survey conducted by the SMO indicated areas of concern for students in health education.

It was recently proposed that the SMO should meet regularly with senior students concerning their role in leadership and as role models. Earlier trials of peer led groups (year 11 leading discussions with groups of year 8, and year 12 students with year 10) had been successful, but questions arose re overlapping the role of Heads of Houses. It was proposed to reconsider this in 2001.

The SMO met with staff responsible for health education and personal development in 2000, and it was proposed that this should continue on a formal basis, both as a resource for health information and for general discussion. It was also proposed that the SMO might assist in direct contact with students. In 2000 the SMO met with year 12 students on two occasions to discuss the question of drug use and abuse at the request of senior prefects.

Resolution of complaints. The SMO has assisted the Principal in resolving complaints from parents who consider that their child has suffered from actions that may relate to health. These have included bullying, injuries, failure to respond to problems of emotional or educational need, expulsion or exclusion from school on behaviour, social or health reasons. In most cases this has involved an extensive review of records and correspondence, interviews with parents and staff, and has led to a report to the Principal. It has sometimes involved mediation.

Responsibility for the school “Second chance drug programme”. This programme was developed by the SMO in response to the problems of appropriate school response to students involved in using an illicit drug (usually cannabis). The previous policy of automatic and immediate expulsion has been replaced by a programme of rehabilitation and abstinence. The student is referred to the SMO who assesses the need for counselling or other assistance and places the student (if he/she and parents agree) on a random urine screen.
programme to ensure that there is no further use of drugs. This urine drug screening is an integral part of the school's responsibility to provide an opportunity for rehabilitation and a clear message about school drug policy to parents and students.

Advice and recommendation of health matters. The SMO is available at all times for advice on matters related to health of students. This has included such concerns as nutrition, sleep, bullying and other harassment and has also involved advice to the Principal on concerns about the health of an individual member of staff.

Presentations to parents. The SMO has spoken to parent groups on a number of occasions about such matters as drugs and parenting.

John M Court
28/1/01