



Officer Appointment Guidelines



July 2015

Version Control

Date	Changes
August 2010	Original Version.
June 2014	Updated Version. Addition of gazettal and Warrant information. Removal of Grand Prior Appointments. Removal of training information. Simplification of roles and language and general formatting.
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Please direct all correspondence in relation to this document to:

National Event Health Services Manager
St John Ambulance Australia
PO Box 292
DEAKIN WEST ACT 2600

Phone 02 6239 9205

Fax 02 6239 6321

Email ehs@stjohn.org.au

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Purpose

The purpose of these guidelines is to provide best practice information on the appointment of Event Health Services officers including:

- ✘ roles and responsibilities;
- ✘ skills; and
- ✘ the structure of Event Health Services.

The Role and Responsibilities of Officers

Role

Officers are specially trained adult members who play a vital role in the leadership and management of Event Health Services members, activities and resources.

Appointment as an officer is not a reward for long service or past achievements; it is a merit-based appointment that brings with it considerable responsibility.

Officers are either appointed to provide general management and leadership within Event Health Services and/or to provide clinical leadership. To be appointed to a clinical leadership position, the officer must be a St John Health Professional.

Responsibilities

Officers are required to:

- ✘ apply the principles of the St John Code of Conduct;
- ✘ have a sound knowledge of Event Health Services policies and procedures;
- ✘ ensure the welfare of members;
- ✘ manage resources efficiently and effectively; and
- ✘ act with fairness and integrity.

Officers cannot abrogate these responsibilities even if attending an event or emergency in a non-command role or in another jurisdiction.

Position Descriptions

Jurisdictions must develop and maintain position descriptions for all officer appointments at the divisional, regional and state/territory level. These must define the:

- ✘ role of the appointment;
- ✘ duties and responsibilities;
- ✘ essential criteria and qualifications required to hold the appointment including any specific technical expertise or clinical accreditation; and
- ✘ process for assessment of performance.

Grades

Officers are appointed at grade 0, I, II, III, IV, V or VI, reflecting the level of responsibility.

Typical Title		
Grade	Leadership Positions	Clinical Leadership Positions
0	Chief Commissioner Deputy Chief Commissioner Chief Superintendent Chief Cadet Officer Commissioner	Chief Professional Officer Chief Medical Officer Chief Nurse Chief Paramedic
I	Deputy/Assistant Commissioner State/Territory Superintendent State/Territory Cadet Officer National Staff Officer	State/Territory Professional Officer
II	State/Territory or National Staff Officer	State/Territory Medical Officer State/Territory Nurse State/Territory Paramedic
III	Regional Superintendent Regional, State/Territory or National Staff Officer	Regional Professional Officer
IV	Divisional Superintendent Regional, State/Territory or National Staff Officer	Regional Medical Officer Regional Nurse Regional Paramedic Divisional Professional Officer
V	Divisional, Regional, State/Territory or National Staff Officer	Divisional Medical Officer Divisional Nurse Divisional Paramedic
VI	Divisional, Regional, State/Territory or National Staff Officer	Divisional Medical Officer Divisional Nurse Divisional Paramedic

To be appointed to a Leadership position, officers must have appropriate leadership experience and/or leadership qualifications (refer to the *NCO and Officer Appointment Matrix* on page 3).

To be appointed to a Clinical Leadership position, officers must be a St John Health Professional as defined in the *Clinical Accreditation Guidelines*. For clinical appointments of Grade IV or above, officers should ideally have appropriate leadership experience and/or leadership qualifications.

Appointment Authority

The appointment of officers is determined at a jurisdictional level.

Determining the Suitability of Members as Officers

Each jurisdiction is to determine an appointment process to ensure the suitability of candidates for appointment as officers.

Members being considered for officer appointment must have the knowledge, skill, experience and attitude required to perform the proposed role.

Members must be able to provide evidence of completion of leadership experience and/or leadership qualifications.

The St John *National Child Protection Standards* require that all adults working in cadet divisions complete the relevant child protection training within twelve months of first working in the cadet division. This includes members who turn 18 years of age becoming Cadet Leaders or officers.

Tenure

All officer appointments will be made for a term of three years and subsequent terms of three years shall be based upon a performance review.

The Chief Commissioner may serve for up to three successive terms of three years (maximum of nine years).

Grade I and above appointments (other than the Chief Commissioner) may serve for up to two successive terms of three years (maximum of six years). Appointment for one three year term does not automatically entitle the person to an additional three year term. Subsequent appointments will be based upon performance.

NCO and Officer Appointment Matrix

The following matrix describes the training and other requirements needed in order to hold a NCO or officer appointment in St John.

Appointment	Requirements
Cadet Corporal	Cadet Leadership Course
Cadet Sergeant	Cadet Leadership Course and completion of the Cadet Sergeant Workbook
Cadet Leader or Grade VI Officer	Team Leadership Course (formerly OTC1, MDP1 or CMDP)
Adult Corporal or Sergeant	Team Leadership Course (formerly OTC1, MDP1 or CMDP)
Grade V Officer and above	Team Leadership Course and Officer Leadership Course (formerly OTC1, MDP1 or CMDP and OTC2 or MDP2)

NB: The St John leadership training programs provide one way to gain the necessary qualifications to meet these requirements. St John leadership training programs are not the only way that a member can be recognised for promotion to officer. They may possess equivalent qualifications or have the knowledge, skill and experience to hold an officer appointment. This recognition of qualifications or experience should be considered on a case by case basis in jurisdictions. A new officer who has not completed the St John leadership training programs should gain a sound working knowledge of St John policies, standards and guidelines.

Structure of Event Health Services

Divisions – the operational units

A division is the smallest operational unit in event and emergency first aid. Divisions are established to provide services in response to community need. They may be of a general nature, or may provide specialised services. Some are established for adults, some for juniors and cadets, and others are combined. Most divisions are established at a local level. Some that are more specialised (e.g. bike teams) may be formed at a regional or state/territory level.

The form, size, leadership structure and resourcing of the division is based upon the needs of the division and community.

[To learn more about the role of divisional staff see page 5](#)

Regional management and support structure

Jurisdictions may be sub-divided into regions, which have their own volunteer (and sometimes salaried) staff. Regional staff provide important liaison, leadership, coordination and support roles and work closely with divisions.

[To learn more about the role of regional staff see page 6](#)

State and Territory management and support structure

Each jurisdiction has a leadership and support structure in place to assist with service delivery and to support members. Volunteer officers and salaried members hold key positions at state/territory level. Their roles include:

- ✘ development of state/territory policies and procedures;
- ✘ management of state/territory resources;
- ✘ operational planning and coordination of major events and emergencies; and
- ✘ liaison with other state/territory based agencies and organisations.

[To learn more about the role of state/territory staff see pages 7 and 8](#)

National management and support structure

The National Office in Canberra has both volunteer and salaried staff that provides high level leadership, management, product development and liaison with national agencies and organisations.

[To learn more about the national staff see page 10](#)

Divisional Staff

The information below should form the basis of divisional officer position descriptions.

Divisional Superintendent

The Divisional Superintendent is in charge of the division and is responsible for its overall leadership and management including the wellbeing and development of its members.

There is only one Divisional Superintendent in a division.

Divisional Professional Officer

The Divisional Professional Officer advises the Divisional Superintendent on clinical matters in their Division. The Divisional Professional Officer can be an appointment held concurrently by the Divisional Medical Officer, Divisional Nurse or Divisional Paramedic; or a separate appointment may be made.

There is only one Divisional Professional Officer in a division.

Divisional Medical Officer

The Divisional Medical Officer is a registered medical practitioner who provides specialist medical advice to the division.

There is only one Divisional Medical Officer in a division.

Divisional Nurse

The Divisional Nurse is a registered nurse who provides specialist nursing advice to the division.

There is only one Divisional Nurse in a division.

Divisional Paramedic

The Divisional Paramedic is a paramedic who provides specialist paramedic advice to the division.

There is only one Divisional Paramedic in a division.

Divisional Officer

Divisional Officers assist their Divisional Superintendent in the administrative and clinical management of the division. Their grade will be based upon their level of responsibility.

The number of Divisional Officers will depend entirely upon the needs of the division.

Regional Staff

The information below should form the basis of regional officer position descriptions.

Regional Superintendent

The Regional Superintendent is in charge of the region and is responsible for its overall leadership and management including the wellbeing and development of its members.

There is only one Regional Superintendent in a region.

Regional Cadet Officer

The Regional Cadet Officer supports cadet divisions in their region and advises the State/Territory Cadet Officer and Regional Superintendent on matters affecting cadets.

Regional Professional Officer

The Regional Professional Officer advises the Regional Superintendent on clinical matters in their Region. The Regional Professional Officer can be an appointment held concurrently by the Regional Medical Officer, Regional Nurse or Regional Paramedic; or a separate appointment may be made.

There is only one Regional Professional Officer in a region.

Regional Medical Officer

The Regional Medical Officer is a registered medical practitioner who provides specialist medical advice to the region.

There is only one Regional Medical Officer in a region.

Regional Nurse

The Regional Nurse is a registered nurse who provides specialist nursing advice to the region.

There is only one Regional Nurse in a region.

Regional Paramedic

The Regional Paramedic is a paramedic who provides specialist paramedic advice to the region.

There is only one Regional Paramedic in a region.

Regional Officer

Regional Officers will be allocated duties by and be responsible to their Regional Superintendents. Their grade will be based upon their level of responsibility.

The number of Regional Officers will depend entirely upon the needs of the region.

State and Territory Staff

The information below should form the basis of State/Territory Officer position descriptions.

Commissioner

Commissioners are responsible for Event Health Services activities within their State/Territory. They achieve this through the strategic development and implementation of policy and standards in event and emergency first aid and youth development (including cadet) activities.

There is only one Commissioner in a state/territory.

Deputy and/or Assistant Commissioner

The Deputy and/or Assistant Commissioner supports their Commissioner and will act on their behalf as directed.

State/Territory Superintendent

The State/Territory Superintendent provides day to day management of Event Health Services members and resources in their state/territory.

There is only one State/Territory Superintendent in a state/territory.

Deputy State/Territory Superintendent

The Deputy State/Territory Superintendent supports their State/Territory Superintendent and will act on their behalf as directed.

State/Territory Cadet Officer

The State/Territory Cadet Officer supports cadet divisions in their state/territory and advises the Commissioner on matters affecting cadets.

State/Territory Professional Officer

The State/Territory Professional Officer advises the Commissioner on clinical matters in their state/territory. The State/Territory Professional Officer can be an appointment held concurrently by the State/Territory Medical Officer, State/Territory Nurse or State/Territory Paramedic; or a separate appointment may be made.

There is only one State/Territory Professional Officer in a state/territory.

State/Territory Medical Officer

The State/Territory Medical Officer is a registered medical practitioner who provides specialist medical advice to the state/territory.

There is only one State/Territory Medical Officer in a state/territory.

State/Territory Nurse

The State/Territory Nurse is a registered nurse who provides specialist nursing advice to the state/territory.

There is only one State/Territory Nurse in a state/territory.

State/Territory Paramedic

The State/Territory Paramedic is a paramedic who provides specialist paramedic advice to the state/territory.

There is only one State/Territory Paramedic in a state/territory.

State/Territory Officer

State/Territory Officers are responsible to their State/Territory Superintendents and are allocated duties by the Commissioner and the State/Territory Superintendent.

The number of State/Territory Officers will depend entirely upon the needs of the state/territory.

Chaplains and Presidents

Chaplains

Chaplains may be appointed to a division, region or state/territory. Chaplains provide spiritual ministry, pastoral care and peer support to St John members and their families. In addition, they provide this support to members of the public affected by events or emergencies at which St John is providing service. Irrespective of the denomination or faith of a Chaplain, they are expected to provide this support to any member, irrespective of their religion or culture, who requests such support. Chaplains need not be ordained Christian ministers; they may represent Christian or non-Christian faiths in ordained or lay capacities. Chaplains are required to be at least St John First Aiders if they wish to wear the Event Health Services uniform.

Deputy Chaplains may be appointed.

Presidents

Presidents may be appointed to a division, region or state/territory. The appointment of a prominent person as a President or Vice-President can be of enormous benefit in the public acceptance of and assistance to the role of St John in the community often in the areas of public relations, publicity or fundraising. Presidents wear corporate attire, except where they are otherwise eligible to wear the Event Health Services uniform.

Vice-Presidents may be appointed.

National Staff

The information below forms the basis of National Staff position descriptions.

Chief Commissioner

The Chief Commissioner is a member of the National Board.

Deputy Chief Commissioner

The Deputy Chief Commissioner supports the Chief Commissioner and will act on their behalf as directed.

Chief Superintendent

The Chief Superintendent advises the National Office on matters affecting Event Health Services.

Chief Cadet Officer

The Chief Cadet Officer advises the National Office on matters affecting juniors and cadets.

Chief Professional Officer

The Chief Professional Officer advises the National Office on clinical matters in consultation with other professional officers on the National Staff. The Chief Professional Officer can be an appointment held concurrently by the Chief Medical Officer, Chief Nurse or Chief Paramedic; or a separate appointment may be made.

Chief Medical Officer

The Chief Medical Officer is a registered medical practitioner who advises the Chief Professional Officer on medical matters and, in consultation with the Chief Nurse and Chief Paramedic, on other clinical matters.

Chief Nurse

The Chief Nurse is a registered nurse who advises the Chief Professional Officer on nursing matters and, in consultation with the Chief Medical Officer and Chief Paramedic, on other clinical matters.

Chief Paramedic

The Chief Paramedic is a paramedic who advises the Chief Professional Officer on paramedic matters and, in consultation with the Chief Medical Officer and Chief Nurse, on other clinical matters.

National Staff Officers

National Staff Officers may be appointed by the National Office. They will carry out such duties as are allocated to them and will hold such grade as is considered suitable to the appointment.