

POSITION DESCRIPTION – Alfred Junior Medical Staff

DATE REVISED:	April 2016
POSITION:	Fellow – Breast & Endocrine Surgery (BES)
AWARD/AGREEMENT:	Victorian Public Health Sector (AMA Victoria) – Doctors in Training – (Single Interest Employers) Enterprise Agreement 2013
CLINICAL PROGRAM:	Surgical
DEPARTMENT/UNIT:	BES and General Surgery Unit
DIVISION:	Operations/ Medical Services
ACCOUNTABLE TO:	Director of General Surgery & Head, BES and General Surgery Unit
TIME ALLOCATION (HRS/WK):	Full time with rostered overtime as per duty roster

ALFRED HEALTH

Alfred Health is the main provider of health services to people living in the inner southeast suburbs of Melbourne and is also a major provider of specialist services to people across Victoria. The health service operates three outstanding facilities, The Alfred, Caulfield, and Sandringham.

Further information about Alfred Health is available at www.alfredhealth.org.au

OUR BELIEFS

Our staff are expected to demonstrate and uphold Alfred Health beliefs, which are:

- Patients are the reason we are here – they are the focus of what we do.
- How we do things is as important as what we do. Respect, support and compassion go hand in hand with knowledge, skills and wisdom. Safety and care of patients and staff are fundamental.
- Excellence is the measure we work to everyday. Through research and education we set new standards for tomorrow.
- We work together. We all play vital roles in a team that achieves extraordinary results.
- We share ideas and demonstrate behaviours that inspire others to follow.

DEPARTMENT

Details of each Clinical Department are as outlined in the relevant HMO handbook.

SUPERVISION

Alfred Health Approach

All junior medical staff at Alfred Health work under supervision. Supervision can be either direct or indirect and MUST be provided by a more senior doctor e.g. consultant, fellow, registrar and in some circumstances, a more senior HMO. The nature of the supervision provided will depend on the complexity of the care being delivered and the experience of the junior doctor.

Direct supervision is defined as supervision where the designated supervisor is either present where the care is delivered or is on-campus and available within a few minutes.

Indirect supervision occurs where the designated supervisor is not present but available by telephone for advice and to attend in accordance with Unit and Alfred Health requirements.

The Alfred Health approach should not be confused with the Medical Board of Australia supervision guidelines for limited registration which apply to the registration requirements of international medical graduates (*Supervised practice for international medical graduates, January 2016* <http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Supervision.aspx>).

POSITION SUMMARY & LEARNING OBJECTIVES

This role is that of a Registrar within a specialist unit. The registrar may be a trainee of the RACS and RANZCO.

This role has the key responsibility for co-ordinating the day to day work of the Unit and supervision of more junior medical staff and managing their duties. The placement is designed to provide appropriate exposure and experience to enable the doctor to attain the required skills and knowledge for that term in that discipline. This includes working progressively towards being able to perform various endorsed operative procedures as necessary without in-room or other direct supervision. In addition, skills progression should assist the registrar to meet the requirements of specialist training programs.

Learning objectives are described within the relevant specialist college training requirements and learning objective documents.

Each Alfred Health Unit has specific requirements which are provided in the individual unit handbook, available on the Alfred Health intranet at [Resources/ HMO Resources](#). **It is most important that the relevant unit handbook be read prior to the commencement of each rotation.**

SCOPE OF PRACTICE

Scope of practice is extent of an individual health professional's clinical practice within the organization, based on your credentials, competence, performance and professional suitability and the needs and capability of the organisation¹.

Registrars may work under direct and indirect supervision.

Registrars should be proficient in most of the skills and procedures outlined in the Australian Curriculum Framework for Junior Doctors (ACF version 3.1 2012..) Further information is available at www.cpmec.org.au/page/acfjd-project.

Core Scope Of Practice

This includes

Venepuncture, IV cannulation, Preparation and administration of IV medications, injections and fluids, Arterial puncture in an adult, Blood culture (peripheral), IV infusion including prescription of fluids, IV infusion of blood and blood products, Injection of local anaesthetic to skin, Subcutaneous injections, Intramuscular injections, Performing and interpreting ECGs

Performing and interpreting peak flow, Urethral catheterisation in adult males and females, Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway, Wide bore NGT insertion, Gynaecological speculum and pelvic examination, Surgical knots and simple suture insertion, Corneal and other superficial foreign body removal, Plaster cast/splint limb immobilisation.

Advanced Procedures –

Registrars should NOT undertake any advanced procedures without direct supervision unless there is specific authorisation from a consultant from the relevant Unit.

¹ ACSQHC, *Standard 1 Governance for Safety & Quality in Health Service Organisations*, October 2012

- These procedures include joint aspiration; laryngeal mask & ETT placement; complex wound suturing; proctoscopy; lumbar puncture; fine bore NG feeding tube insertion.
- **Procedures requiring specific credentialing** include: intercostal catheter insertion, central venous line insertion, Biers blocks, as well as specific procedures approved by Heads Of Unit for limited operating rights.
- For neonatal and paediatric resuscitation, registrars can commence basic resuscitation until more senior staff attendance.

College Standards

For more specific information on scope of practice, refer to the relevant College publications related to training and specific College curricula, which detail expected learning outcomes and/ or competencies at various stages of training.

Alfred Health Consultant Notification and Escalation Requirements

Registrars play a pivotal role in informing senior medical staff (SMS) of important changes in their patients' conditions. Registrars must adhere to and support the following Alfred Health guidelines:

- Consultant Notification Policy; and
- Escalation of Care Guideline;

And must encourage other junior medical staff and nursing staff to escalate concerns appropriately.

SCOPE OF PRACTICE IN OPERATING THEATRE SUITES/ PROCEDURE ROOMS/ ENDOSCOPY

Surgical Registrars/Fellows have responsibilities in the Operating Theatre Suites and related areas but *only under the direction and supervision of the designated Specialist Surgeon*. Registrars/Fellows have important obligations to keep the designated Specialist Surgeon informed about the patients under that Specialist's care. This includes discussion re cases on lists prior to finalisation of lists.

Every theatre list must have a documented designated Specialist Surgeon responsible for that list. Registrar lists with no nominated supervising surgeon are not permitted. If there is no nominated surgeon on the theatre list the Theatre Nurse Manager should seek clarification from the Head of Unit prior to the list commencing.

The scope of practice, if any, that can be extended to each individual surgical registrar/ fellow without the direct supervision of a Specialist Surgeon is determined by the Unit Head/ Director. This will usually involve the Unit Director/Head or senior delegate undertaking the following:

- discussion with the trainee regarding his/her clinical experience and competence; and/or
- logbook review; and/or
- Consultation with the trainee's previous supervisor: and/or
- Personal observation in the operating theatre.

The review of this information and the determination of scope of practice without direct supervision should be made in accordance with the *Credentialing of Procedural Trainees Policy*.

Registrars/ Fellows cannot undertake a broader scope of practice than they have officially been granted by Alfred Health. However, Registrars/ Fellows should not feel compelled to undertake procedures without direct supervision where they are not comfortable with the circumstances of a particular case. The determination and documentation of scope of practice for surgical Registrars/ Fellows should be reviewed 6-monthly².

In exceptional (eg, emergency) circumstances, a surgical Registrar/ Fellow may undertake a procedure for which they are not formally credentialed, upon verbal advice from the Unit Director/Head or his/her delegate and the

² ACSQHC, *Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners*, December 2015

anaesthetist in charge (and consultant back-up must be available). If this addition is agreed, it must then be formally added to the Registrar/ Fellow's credentialing within 24 hours of the procedure.

To be credentialed for upper GI+or lower GI endoscopy credentialing, the trainee's Conjoint Committee log book must be reviewed by the Head of Unit and the trainee must have completed all required procedures to achieve Conjoint Committee certification before they can undertake endoscopy under indirect supervision. The Head of Unit must also inform the Head of Endoscopy.

KEY RESPONSIBILITIES

- A copy of the Operating Theatre Schedule is attached.
- Other routine commitments include: -
 - o Monday 7 am Morbidity and Mortality Meeting – Monday pm – post op Review Clinic
 - o Tuesday 1-2 pm Unit Meeting, 1st Floor Conference Room, Department of Radiology
 - o Tuesday PM Outpatients BES Clinic in the 2nd Floor Outpatients and a Breast Clinic.
 - o Wednesday 12 midday - 1 pm attend the Melanoma Clinic meeting to accept referrals for wide local re-incisions of melanomas and sentinel lymph node biopsies.
 - o Tuesday tends to be a receiving day for the Unit
 - o Thursday AM weeks 1-8 - Preadmission Clinic
 - o Thursday PM weeks 1, 3, 5, 7. A Preadmission Clinic . Attendance at the Preadmission Clinic is important to see patients preoperatively and also consent patients for surgery.
- To work across the BES Unit as a Fellow, and provide leadership, and actively participate in all unit activities and meetings.
- Perform routine procedures without direct supervision. For example, minor general surgery, such as hernias, in the Alfred Centre or Main Alfred theatres.
- To cover lists when BES Consultants are on leave. For example, to do lists of smaller cases such hernias and lipomas, carpal tunnel and skin lesions.
- To supervise and teach the ASTs / SET Trainees.
- To be available for advice to the Intern, the HMO and Registrar staff where necessary in patient clerking, discharge summaries, maintaining charts, ordering and reviewing results and investigations.
- Assist in managing workflow of Intern and Registrar and ensure timely results of investigations.
- Ensure continuity of care for all patients via appropriate handover procedure in the Unit, including training of the Intern in these procedures.
- Obtain consent for specific procedures personally or by delegation (needs to be done at Registrar level or above at The Alfred).
- Liaise regularly directly with the unit registrars including assistance with organising daily ward rounds.
- Ensure that assessment of patients from ED and referrals take place in a timely manner.
- Attendance at MET calls and Code Blues on unit patients.
- Discussions with patients and families.
- Assist in theatre as required.
- Take part in Hospital Surgical Receiving Registrar Roster (evenings and weekends) as rostered.
- Responsible for all endocrine surgery data entry
- Ensure presentations by registrars and HMO's for MDM meetings and unit meeting are complete and accurate.

Teaching

- Intend to be actively involved in intern teaching.
- Weekly tutorial to Med III students.
- Tutorials to Surgical registrars.

Research

- Intend to complete at least two papers for publication in peer-reviewed journals, and present at the ASC.

Outside assisting

- Whilst some outside assisting will be available, it is our intention is to provide satisfactory work within The Alfred. It is envisaged that only one elective operating list per week should be done outside The Alfred in the private sector.

Administration

- Involvement in interviews for HMO / intern positions in surgery
- Perform duties of 'senior registrar', providing support to surgical HMOs & registrars, and a liaison to senior medical staff & hospital administration.
- Provide advice to the HMO unit regarding preparation of rosters and other issues when requested.
- Supervision of more junior medical staff within the Unit – education of junior staff in clinical management and procedural techniques.
- Thoroughly and promptly correlate and document in the medical record the relevant patient information in an appropriate and ongoing manner, from the initial assessment, differential diagnosis, investigations, treatment plan and clinical progress;
- Regularly review patient objectives, interpretative, physical and mental status, including the development and communication of a discharge plan from the time of admission;
- Succinctly record the above in the discharge summary at the time of discharge;
- Appropriately liaise with all staff involved in the care of the patient, including communication and referrals necessary for ongoing care post-discharge;
- Participate in clinics and other Unit activities as rostered and required;
- Foster rapport and good communication using appropriate language, written or verbal, with the patient and other parties as required, including contact with the referring Medical Practitioner;
- Use technology appropriately, with cost benefit and potential patient benefit and complications considered;
- Fulfil duties as outlined in the "Duty Roster" of the post undertaken and oncall roster as applicable;
- As a representative of the Hospital and the Medical Profession, present an appearance and demeanour of professionalism at all times;
- Continually update and extend personal medical knowledge and skills, regularly attend clinical and educational meetings and remain familiar with current medical literature;
- Participate in Division / Departmental / Unit Quality Improvement and audit activities;
- Perform other duties as agreed to and as required on occasions by Medical Administration in relation to cover of others due to illness, bereavement or patient transfer;
- Undertake research activities commensurate with the role.

QUALITY, SAFETY, RISK and IMPROVEMENT

- Maintain an understanding of individual responsibility for patient safety, quality & risk and contribute to organisational quality and safety initiatives
- Follow organisational safety, quality & risk policies and guidelines
- Comply with the Alfred Health principles of Timely Quality Care (TQC)
- Maintain a safe working environment for self, colleagues and members of the public and comply with Alfred Health's Unacceptable Behaviour In The Workplace policy.
- Escalate concerns regarding safety, quality & risk to appropriate staff member, if unable to rectify yourself.
- Promote and participate in the evaluation and continuous improvement processes.
- Comply with principles of Patient Centred Care.
- Comply with Alfred Health mandatory training and continuing professional development requirements.

- Comply with requirement of National Safety & Quality Health Service Standards and other relevant regulatory requirements.
- Adhere to Alfred Health infection control policies and procedures including Hand Hygiene and peripheral line guidelines.

OTHER REQUIREMENTS FOR ALL ALFRED HEALTH STAFF:

- Provide more junior medical staff working in the Unit with appropriate supervision, training and instruction in accordance with Unit requirements and Alfred Health policies.
- Ensure compliance with relevant Alfred Health clinical and administrative policies and guidelines.
- Comply with relevant privacy legislation.
- Protect confidential information from unauthorised disclosure and not use, disclose or copy confidential information except for the purpose of and to the extent necessary to perform your employment duties at Alfred Health.
- Comply with Alfred Health medication management and medication safety policies and guidelines.
- In this position you must comply with the actions set out in the relevant section(s) of the OHS Roles and Responsibilities Guideline.

QUALIFICATIONS/EXPERIENCE REQUIRED

- Medical graduate;
- successful completion of relevant post graduate years;
- acceptance into and continuation in relevant College training program if applicable;
- AHPRA medical registration without conditions, undertakings or reprimands.

OTHER RELEVANT INFORMATION

- Statements included in this position description are intended to reflect in general the duties and responsibilities of this position and are not to be interpreted as being all inclusive;
- Ongoing performance reviews and feedback will be undertaken across the year. It is anticipated that a formative and summary assessment will be undertaken during the rotation.

Position Description authorised by: Lee Hamley Chief Medical Officer

Date: April 2016