

POSITION DESCRIPTION – Alfred Junior Medical Staff

DATE REVISED:	April 2021
POSITION:	Registrar in Rehabilitation Medicine
AWARD/AGREEMENT:	AMA Victoria – Victorian Public Health Sector – Doctors in Training Enterprise Agreement 2018 - 2021
CLINICAL PROGRAM:	Home, Acute & Community
DEPARTMENT/UNIT:	Rehabilitation Medicine
DIVISION:	Operations/ Medical Services
ACCOUNTABLE TO:	Unit Head/Director of relevant Unit/ Department;
TIME ALLOCATION (HRS/WK):	Full time/Part time 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:

- Commitment to child safety - Alfred Health has zero tolerance for child abuse and are committed to acting in the best interest of children in our care.
- 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 on the [Alfred Health website under "Services and Clinics"](#).

POSITION SUMMARY & LEARNING OBJECTIVES

This role is that of a Registrar within the Rehabilitation Medicine Department, located at Alfred Health, or on rotation to other Health Services.

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. 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 unit has specific requirements which are provided in the individual unit handbook, available on the Alfred Health Connect intranet [Doctor resources](#) page. **It is most important that the relevant unit handbook be read upon appointment prior to each rotation.**

KEY RESPONSIBILITIES

The clinical role of the fellow and registrar clearly overlap; however, the fellow should act as an adviser and mentor to the registrar (and also resident). The fellow and registrar are expected to interchange their clinical duties to ensure that both training and patient care is optimal

- Responsibility for decisions re-management and leading daily ward rounds including total patient care within unit under the consultant supervision
- Co-ordinating the day to day work of the Unit
- Close liaison with Unit SMS, particularly regarding patients requiring operative treatment
- Key responsibility for:
 - Assessing all patients on presentation and in the Emergency Department in a timely manner. Some duties may be delegated to resident staff (eg admission notes, drug charts, investigation ordering etc)
 - Diagnosis and treatment plan, including theatre if required
 - Initiating, implementing and monitoring management of patients under supervision, incorporating the appropriate testing and investigation
 - Ensuring that results of investigations are available and known
 - Liaising regularly and as direct contact with the consultant
 - Escalation to consultant of patients concerns, consistent with Alfred Health Consultant Notification and Escalation of Care guidelines
 - Organising and managing daily ward round (This is often independent of the consultant ward round)



- Attendance and, in certain circumstances, running of Code Blue and MET calls
- Ensuring timely discussions with patients and their family, providing counselling and support where required
- Accepting referrals from other units (including Emergency) seeking speciality input and ensuring these are seen in a timely manner and referred promptly to a member of the SMS
- Supervision of more junior medical staff within the Unit – education of junior staff in clinical management and procedural techniques (where the Fellow is appropriately skilled).
- Thoroughly and promptly correlate and document in the health 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 and ensure that it is completed and verified within two working days and that the ward clerk is informed that it is ready to be sent to the GP;
- Appropriately liaise with all staff involved in the care of the patient, including communication and referrals necessary for ongoing care post-discharge;
- Participate in operating theatre or other procedural sessions as rostered and required, primarily as an assistant; perform certain procedures as appropriate under direct supervision with the supervisor present;
- 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;
- Counsel and support patients and their families or carers;
- Fulfil duties as outlined in the “duty roster” of the post undertaken;
- As a representative of the health service and the medical profession, present a professional appearance and demeanour 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 Program /Departmental/Unit Quality Improvement and audit activities
- Perform other duties as agreed to and as required on occasions by Medical Workforce in relation to cover of other junior medical staff due to illness, bereavement or other unplanned leave.
- Undertake research activities commensurate with the role

SUPERVISION

Alfred Health Approach

All junior medical staff (including Fellows) at Alfred Health work under supervision. Supervision can be either direct or indirect and MUST be provided by a more senior doctor. In the case of a Fellow, the supervision is provided by a consultant. 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.

Fellows may work under both direct and indirect supervision.

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>)).

SCOPE OF PRACTICE

Scope of practice is the extent of an individual medical practitioner's approved clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the organisation¹

Fellows 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/acfid-project.

Core Scope of Practice for Junior Medical Staff

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 and Skills –

Fellows must NOT undertake any advanced procedures without direct supervision unless there is specific authorisation from a consultant from the relevant Unit. 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, fine bore nasogastric tube insertion, Biers blocks, as well as specific procedures approved by Heads of Unit for limited operating rights.

Please note insertion of fine-bore nasogastric tubes and large-bore intercostal catheters requires specific credentialing at Alfred Health. You must not insert these unless you have been formally credentialed to do so.

Advanced Skills – e.g., secondary trauma survey, papilloedema identification, slit lamp examination, intra ocular pressure estimation. For neonatal and paediatric resuscitation, Fellows who are specifically credentialed to do so,

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



can undertake full resuscitation. Others can commence basic resuscitation until more senior staff attendance unless specifically credentialed for neonatal and paediatric resuscitation. Fellows should ensure that they have undertaken the appropriate training and been deemed proficient when using **advanced skills**.

It is recognised that not all the advanced procedures and skills listed above apply to Fellows in the Colorectal Surgery Unit.

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

Fellows 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

The section below applies to Fellows that are working in these areas.

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. Fellow 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 [Credentiaing of Procedural Trainees](#) guideline.

Registrars/Fellows may not 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 (e.g. 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 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.

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 Code of Conduct and 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, aseptic technique 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.

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



- Commitment to child safety - Alfred Health has zero tolerance for child abuse and are committed to acting in the best interest of children in our care. We promote cultural safety and participation of Aboriginal children, children of cultural and linguistic diversity and those with disabilities to keep them safe at all times.
- In compliance with the Victorian Chief Health Officer's Mandatory Vaccination Directions, all Alfred Health employees must be vaccinated against COVID-19 with a TGA approved vaccine.

QUALIFICATIONS/EXPERIENCE REQUIRED

- MBBS, MD or equivalent degree enabling registration with the Medical Board of Australia;
- 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.

KEY ATTRIBUTES

- Competencies including
 - Communication
 - Care management
 - Building trust
 - Managing work (includes time management)
 - Decision making
 - Patient relations
 - Contributing to team success
 - Safety intervention
 - Building strategic work relationships
 - Respecting cultural diversity
- Personal qualities
 - Leadership;
 - Innovative ideas;
 - Demonstrates a willingness to learn; evidence of on-going professional development to continually update personal medical knowledge and skills;
 - Ability to operate in an environment of change.

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.
- Mandatory Police Check and Working with Children Check to be completed if appointed.

Position Description authorised by: Lee Hamley Chief Medical Officer

Date: April 2021

