

## POSITION DESCRIPTION – Alfred Junior Medical Staff

<b>DATE REVISED:</b>	February 2024
<b>POSITION:</b>	PGY2 Prevocational Doctor
<b>AWARD/AGREEMENT:</b>	AMA Victoria – Victorian Public Health Sector – Doctors in Training Enterprise Agreement 2022 - 2026
<b>CLINICAL PROGRAM:</b>	Variable depending on term rotations
<b>DEPARTMENT/UNIT:</b>	Variable depending on term rotations
<b>DIVISION:</b>	Operations
<b>ACCOUNTABLE TO:</b>	Unit Head/Director of relevant Unit/ Department; Director Clinical Training
<b>TIME ALLOCATION (HRS/WK):</b>	Full time with rostered overtime as per duty roster

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### 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](http://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 on the [Alfred Health website under "Services and Clinics"](#).

## POSITION SUMMARY & LEARNING OBJECTIVES

This role is that of a PGY2 within a clinical unit. This placement is designed to provide appropriate exposure and experience to enable the junior doctor to consolidate the learning from their PGY1 year and attain the required skills and knowledge for that term in that discipline. In addition, skills progression should assist the PGY2 to meet the entry requirements for specialist training programs.

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

From 2025, all PGY2 programs nationwide are required to meet the requirements of the Australian Medical Council (AMC) revised National Framework for Prevocational Medical Training (National Framework)

PGY2 doctors must satisfactorily complete training that includes a minimum of three terms in different specialities in the following types of patient care:

- undifferentiated illness patient care
- chronic illness patient care
- acute and critical illness patient care

Up to 25% of the year may be spent in service rotations or rotations not involving direct patient care.

Further information on the [National Framework for Prevocational \(PGY1 and PGY2\) Medical Training \(NFPMT\)](#) is available from the Australian Medical Council. The NFPMT for PGY 2 prevocational doctors in Victoria will be implemented from 2025.

## KEY RESPONSIBILITIES

- Day to day clinical management of unit patients and the adequate documentation of their care;
- Initiate, implement and monitor management of patients under supervision, incorporating the appropriate testing and investigation;
- 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 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.

## 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 (PGY3+). 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>.

## 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 organisation<sup>1</sup>.

PGY2s may work under direct and indirect supervision.

The [JDocs framework](#) is also a useful resource in describing the many tasks, skills and behaviours expected of the junior doctor during their prevocational years. Based on the Royal Australasian College of Surgeons nine core competencies, it may be of particular interest for those with an in surgical training.

### Core Scope of Practice

This generally includes:

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<sup>1</sup> ACSQHC – [Credentiaing health practitioners and defining their scope of clinical practice. A guide for managers and practitioners](#) December 2015



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.

However, PGY2s should ensure that they have undertaken the appropriate training and been deemed proficient prior to undertaking any of the above Skills and Procedures. If there is any doubt, PGY2s should only undertake the procedure under direct supervision with the supervisor present.

#### **Advanced Procedures –**

- These procedures include joint aspiration; laryngeal mask & ETT placement; complex wound suturing; proctoscopy; lumbar puncture;
- **Procedures requiring specific credentialing** include: intercostal catheter insertion, central venous line insertion, fine-bore nasogastric insertion; Biers block, (IV regional anaesthesia). These are all usually performed by Registrars.
- **PGY2s must not undertake any advanced procedures without direct supervision and the supervisor present (and the supervisor is appropriately credentialed as required above).**

**Advanced Skills** – e.g. secondary trauma survey, papilloedema identification, slit lamp examination, intra ocular pressure estimation. For neonatal and paediatric resuscitation, junior medical staff may commence basic resuscitation until more senior staff attend.

PGY2s should ensure that they have undertaken the appropriate training and been deemed proficient before using advanced skills.

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

#### **Alfred Health Consultant Notification and Escalation Requirements**

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

- [Alfred Health Consultant Notification Policy](#) and
- [Escalation of Care - Adult Patients](#);

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

#### **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.
- Involvement as requested in medical student orientation and facilitation of their learning.

#### **OTHER REQUIREMENTS FOR ALL ALFRED HEALTH STAFF:**

- Provide interns 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.
- 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.
- Satisfactory completion of a recognised undergraduate or graduate medical program;
- AHPRA medical registration without conditions, undertakings or reprimands.
- 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 PGY2 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 2024

