

**Position Details**

<b>Position Number</b>	18516
<b>Position Title</b>	Provisional Fellow
<b>Centralised Panel Name</b>	
<b>Training Network/Training Rotation</b>	No Training Network / Training Rotation
<b>Local Health District</b>	Hunter New England Local Health District
<b>Facility</b>	John Hunter Hospital
<b>Division</b>	Medicine
<b>Location - Geographical</b>	New Lambton
<b>Reports To</b>	Head of Department/Academic Professor Cardiology
<b>ANZSCO Code</b>	General Medical Practitioner
<b>Specialty</b>	Cardiology
<b>Sub-Specialty</b>	None
<b>Additional Training Focus</b>	Interventional Cardiology
<b>Unit</b>	Provisional Fellow – Research Interventional
<b>Award Classification</b>	Resident Medical Officer Registrar
<b>Award Name</b>	Public Hospital Medical Officers (State) Award
<b>Training Network / Training Rotation (which may change from time to time)</b>	

**Position Description**

a busy service that offers the complete range of procedures. Approximately 800 coronary interventions are performed each year including approximately 400 acute infarct cases. Structural heart cases are also performed including ASD/PFO closure and valvular interventions.

The Interventional Research Fellow will be expected to contribute primarily to the research components of the service, supplemented by some exposure to the cardiac catheterisation laboratory. It is not expected that the applicant will have completed sufficient procedures to perform independently, however, would anticipate the successful applicant will take on the Clinical Interventional Fellow role in the following calendar year.

The Interventional Research Fellow will be expected to participate in all activities associated with this service over an initial 12 month period. This includes but is not limited to:

- Participating in procedures in the Cath lab (1-2 sessions per week)
- Outpatients and in-patient consultations
- Research activities (8 sessions per week), including original research leading to the publication of multiple peer-reviewed journal articles
- Educational activities, currently one interventional meeting per fortnight and 2 cardiology sessions/week (shared with Clinical Fellow)
- Teaching of Junior Medical and nursing staff.

Responsibilities for all non-specialist doctors in our hospital training environment include;

- Provision of patient care as a delegate of the specialist medical officer involved in the management of the patient
- Participation in the outpatient services provided at the various sites associated with the practice of the appropriate speciality.
- Coordinating the admission, management and discharge planning of patients seen in or admitted to the clinical units within the Area Health Service, and ensuring that the admission and plans are clearly documented in the medical record.
- The day-to-day assessment and management of the patients in the clinical unit, communicating with them and their family the nature of their condition and its treatment.
- Communicating and coordinating care with their team, arranging consultation with other staff when appropriate, then arranging discharge and liaising with local medical officers and other community based care modalities.
- Considering and implementing all decisions concerning each patient in consultation with the immediate supervisor.
  
- Clearly informing the supervisor of all important developments and progress in the patient's situation.
- Complying with the Training Network Code of Practice
- Recognition that the position is not based at any specific hospital with in the Area Health Service, and may require movement between services and geographical locations to deliver patient care (including rural locations).
- Careful and competent completion of statutory and other forms as appropriate, such as Death Certificates, Cremation Forms, Coroners Forms, Requests for Post Mortem, Other Request Forms, Medication Sheets, etc., following the standard "Universal Resident" convention.
- Ensuring an appropriate colleague will provide cover for clinical duties on ADOs or other foreseeable absences and that the team, switchboard, and Medical Administration are aware of the arrangement.
- Ensuring all allocated overtime shifts are covered and that switchboard and medical administration are notified of any changes to allocated overtime shifts.
- Notification as soon as possible to the Clinical Superintendent / Medical

Administration of unplanned leave of absence from the hospital e.g. Illness or other personal reasons.

- Other duties appropriate to the level and responsibility of the position as designated by the Clinical Superintendent or delegate.

The Interventional Fellow's role also involves;

- Participation in the tertiary level consultation service for the appropriate speciality.
- Clinical management of patients with complicated presentations and diseases associated with the relevant speciality.
- Participation in the outpatient services provided at the various sites associated with the practice of the relevant speciality.
- Involvement in the assessment of laboratory investigations for patients with complex illnesses.
- Activities associated with departmental audit and quality assurance projects for the relevant speciality.
- Research activities associated with themes developed within the relevant department.
- Teaching activities in association with the departmental responsibilities to students and clinical staff.
- Contribution as required to the general after-hours medical roster for all medical officers and supervised on call junior consultant program.
- Provision of service to the investigational and interventional components of the sub speciality service.

### **Position Requirements**

1. Qualifications
  - Currently registered or eligible for registration in New South Wales.
  - Completion of three years of RACP accredited advanced training for Cardiology.
  
2. Clinical
 

The Non Specialist Medical Officer role includes ward rounds, education, correct paperwork processes, liaising with a large number of professions and family members and participation in all clinical and service duties required by the department.
  
3. Research and Teaching
  - The trainee may be required to contribute to teaching activities associated with supervision of medical students, interns and PGY2s, any relevant research and evidence of professional development and commitment to self education and finalising their FRACP diploma.
  
4. Orientation
 

The trainee will be expected to undertake orientation.
  
5. Supervision
 

Every trainee is required to provide supervision support to Interns and more junior Resident Medical Officers etc during shifts rostered outside of normal working hours, while maintaining their relationship with their own supervisor.

### **Local Background and Environment**

Hunter New England Local Health District (HNE Health) is one of the largest health districts in New South Wales, covering a geographic area of almost 130,000 kilometres across the Hunter, New England and Lower Mid North Coast regions. HNE Health is responsible for the funding, organisation and delivery of public health services from Morisset in the south, to Tenterfield and Toomelah in the north, and as far west as Pilliga and Mungindi. To effectively manage its vast range of hospital and community health services, HNE Health is divided into geographical clusters and acute hospital and mental health networks:

- HNE Health services are supported by district-wide Clinical Networks and Streams, which link health professionals together to work collaboratively, improve service delivery and ensure equitable provision of high quality, clinically effective care

### **Key Internal and External Relationships**

- Key Internal Relationships
- Clinical streams
  - Multidisciplinary teams
  - Consumers/Carers

	<ul style="list-style-type: none"> <li>- Other Clinical Divisions</li> <li>- Hospital Administration</li> </ul> <p>Key External Relationships</p> <ul style="list-style-type: none"> <li>- Consumers /Carers</li> <li>- GPs</li> <li>- Community</li> <li>- Police, Ambulance</li> </ul>
<b>Supervision Arrangements</b>	<p>Supervision of the Doctor in normal hours of work:</p> <ul style="list-style-type: none"> <li>- The Doctor will receive full direct supervision and support from the specialist doctors within the department, as such daily supervision is available at all times and at any time.</li> </ul> <p>Supervision of the Doctor after hours:</p> <ul style="list-style-type: none"> <li>- The doctor will be able to call the consultant on call for support and supervision after hours</li> </ul>
<b>Challenges/Problem Solving</b>	<p>Working co-operatively with Emergency Department staff to ensure the efficient management of patients presenting for assessment and management, with a view to enabling appropriate access for all presenting patients.</p> <ul style="list-style-type: none"> <li>- Working in a complex environment where there are competing priorities and strict deadlines.</li> <li>- Developing strong working relationships with a multidisciplinary workforce.</li> <li>- Understanding of and commitment to organisational mission and goals.</li> <li>- Demonstrating initiative to resolve issues.</li> <li>- Sharing information and learning experiences with colleagues.</li> <li>- Maintaining and exhibiting excellent communication skills.</li> <li>- Demonstrating a commitment to personal development as a professional.</li> <li>- Completing a comprehensive patient history by obtaining the history from the patient and from other relevant sources (eg medical record, family, nursing home, general practitioner, ambulance transfers sheet etc).</li> <li>- Documenting the full history and physical examination within progress notes even if a covering doctor admits the patient.</li> <li>- Writing legible, accurate and signed progress notes must be written every day and particularly after every ward round.</li> <li>- Formulating a management plan for every patient in consultation with more senior medical staff.</li> <li>- Ensuring that appropriate investigations are ordered and followed up and that the management plan is altered as necessary.</li> <li>- Showing a commitment to the effective handover of patients.</li> <li>- Designing then communicating a discharge plan containing an accurate history</li> </ul> <p>of the patients admission and a clearly identified and attainable management plan.</p> <ul style="list-style-type: none"> <li>- Being first on call for the assessment and treatment of patients of any acute problems during the day.</li> <li>- Appropriate liaison for obtaining advice and help from with supervising medical staff.</li> <li>- The competent completion of death certificates, cremation certificates, medical certificates and discharge scripts, according to the Universal Resident protocol</li> </ul>
<b>Decision Making</b>	<p>The Doctor will be required:</p> <ul style="list-style-type: none"> <li>- To exercise independent judgement, initiative and problem solving skills, in consultation with supervising medical staff.</li> <li>- To ensure appropriate input from key decision makers and achieve consensus when possible.</li> <li>- To appropriately allocate teaching time according to evidence of learning need.</li> <li>- To deal with matters in a confidential manner.</li> <li>- To respect the professional values of staff</li> </ul>
<b>Communication</b>	<p>The doctor is a key person who works closely with all members of staff and must:</p> <ul style="list-style-type: none"> <li>- Deal with matters of an urgent or sensitive nature.</li> <li>- Must have the ability to exercise discretion, sensitivity and maintain confidentiality.</li> <li>- Work co-operatively as a member and contributor in a multi-disciplinary team.</li> </ul>

- Include pro-active participation in team meetings and decision making processes

<b>Performance Monitoring</b>	For medical officers with conditional registration, supervision reports for the NSW Medical Board will be completed at 3, 6 and 12 months as defined by the NSWMB guidelines. - End of term reports for fully registered trainees will be completed with the Director of Physician Training, Specialty Supervisor Clinical Superintendent, or Specialist Term Supervisor. - Participation in continuing medical education and professional development as defined by the Institute of Medical Education and Training									
<b>Additional Information</b>										
<b>College</b>										
<b>Orientation</b>	John Hunter Hospital									
<b>Orientation Date</b>	04/02/2019									
<b>Orientation Venue</b>	John Hunter Hospital									
<b>Selection Criteria</b>	<table border="1"><thead><tr><th>Selection Criteria</th></tr></thead><tbody><tr><td>MBBS or equivalent, currently registered or eligible for registration with the Medical Board of Australia</td></tr><tr><td>Completion Basic Physician Training and Admission to Fellowship of the Royal Australasian College of Physicians</td></tr><tr><td>Demonstrated ability to work with appropriate independence within a supervised complex clinical environment</td></tr><tr><td>Demonstrated excellent communication skills (Verbal and Written), and computer skills</td></tr><tr><td>Demonstrated ability to work effectively as part of a multidisciplinary team</td></tr><tr><td>A professional attitude and flexibility, with a preparedness and ability to participate in after-hours overtime and on-call rosters</td></tr><tr><td>Demonstrated organisational and time management skills</td></tr><tr><td>Appropriate qualifications and performance in previous training positions</td></tr></tbody></table>	Selection Criteria	MBBS or equivalent, currently registered or eligible for registration with the Medical Board of Australia	Completion Basic Physician Training and Admission to Fellowship of the Royal Australasian College of Physicians	Demonstrated ability to work with appropriate independence within a supervised complex clinical environment	Demonstrated excellent communication skills (Verbal and Written), and computer skills	Demonstrated ability to work effectively as part of a multidisciplinary team	A professional attitude and flexibility, with a preparedness and ability to participate in after-hours overtime and on-call rosters	Demonstrated organisational and time management skills	Appropriate qualifications and performance in previous training positions
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Contact Details	
<b>Contact Name</b>	Dr Andrew Boyle
<b>Phone Number</b>	02 49855037
<b>Email</b>	andrew.boyle@hnehealth.nsw.gov.au

Job Demands Checklist	
Job Demands	
<b>Frequency Definitions</b>	The following details are displayed for information purposes: <ul style="list-style-type: none"><li>• <b>Infrequent</b> - intermittent activity exists for a short time on a very infrequent</li></ul>

basis

- **Occasional** - Activity exists up to 1/3 of the time when performing the task
- **Frequent** - Activity exists between 1/3 and 2/3 of the time when performing the task
- **Constant** - Activity exists more than 2/3 of the time when performing the task
- **Repetitive** - Activity involves repetitive movements
- **Not Applicable** - activity is not required to perform the job

### Physical Demands

<b>Sitting</b> - remaining in a seated position to perform tasks.	Frequent
<b>Standing</b> - remaining standing without moving about to perform tasks.	Frequent
<b>Walking</b> - Floor type: even / uneven / slippery, indoors / outdoors, slopes.	Frequent
<b>Running</b> - Floor type: even / uneven / slippery, indoors / outdoors, slopes.	Infrequent
<b>Bend/Lean Forward from Waist</b> - Forward bending from the waist to perform tasks.	Frequent
<b>Trunk Twisting</b> - Turning from the waist while sitting or standing to perform tasks.	Frequent
<b>Kneeling</b> - Remaining in a kneeling posture to perform tasks.	Infrequent
<b>Squatting / Crouching</b> - Adopting a squatting or crouching posture to perform tasks.	Frequent
<b>Leg / Foot Movement</b> - Tasks involve use of the leg and or foot to operate machinery.	Occasional
<b>Climbing (stairs/ladders)</b> - Ascend / descend stairs, ladders, and steps.	Frequent
<b>Lifting / Carrying</b> - Light lifting & carrying: 0 - 9 kg.	Frequent
<b>Lifting / Carrying</b> - Moderate lifting & carrying: 10 - 15 kg.	Infrequent
<b>Lifting / Carrying</b> - Heavy lifting & carrying: 16kg & above.	Infrequent
<b>Reaching</b> - Arms fully extended forward or raised above shoulder.	Infrequent
<b>Pushing / Pulling / Restraining</b> - Using force to hold / restrain or move objects toward or away from the body.	Occasional
<b>Head / Neck Postures</b> - Holding head in a position other than neutral (facing forward).	Occasional
<b>Hand/Arm Movement</b> - Repetitive movements of hands and arms.	Occasional
<b>Grasping / Fine Manipulation</b> - Gripping, holding, clasping with fingers or hands.	Frequent
<b>Work At Heights</b> - Using ladders, footstools, scaffolding, or other objects to perform work.	Not Applicable
<b>Driving</b> - Tasks involve operating any motor powered vehicle.	Occasional

### Sensory Demands

<b>Sight</b> - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens.	Frequent
<b>Hearing</b> - Use of hearing is an integral part of work performance e.g. Telephone enquiries.	Frequent
<b>Smell</b> - Use of smell is an integral part of work performance e.g. Working with chemicals.	Occasional
<b>Taste</b> - Use of taste is an integral part of work performance e.g. Food preparation.	Not Applicable
<b>Touch</b> - Use of touch is an integral part of work performance.	Constant

<b>Distressed People</b> - E.g. Emergency or grief situations.	Frequent
<b>Aggressive &amp; Uncooperative People</b> - E.g. drug / alcohol, dementia, mental illness.	Frequent
<b>Unpredictable People</b> - E.g. Dementia, mental illness, head injuries.	Frequent
<b>Restraining</b> - Involvement in physical containment of patients / clients.	Occasional
<b>Exposure to Distressing Situations</b> - E.g. Child abuse, viewing dead / mutilated bodies.	Frequent

Environmental Demands

<b>Dust</b> - Exposure to atmospheric dust.	Not Applicable
<b>Gases</b> - Working with explosive or flammable gases requiring precautionary measures.	Frequent
<b>Fumes</b> - Exposure to noxious or toxic fumes.	Infrequent
<b>Liquids</b> - Tasks involve working with liquids which may cause skin irritations if contact is made with skin - e.g. dermatitis.	Infrequent
<b>Hazardous Substances</b> - E.g. Dry chemicals, glues.	Not Applicable
<b>Noise</b> - Environmental / background noise necessitates people raise their voice to be heard.	Infrequent
<b>Inadequate Lighting</b> - Risk of trips, falls or eyestrain.	Infrequent
<b>Sunlight</b> - Risk of sunburn exists from spending more than 10 minutes per day in sunlight.	Not Applicable
<b>Extreme Temperatures</b> - Environmental temperatures are less than 15C or more than 35C.	Infrequent
<b>Confined Spaces</b> - areas where only one egress (escape route) exists.	Not Applicable
<b>Slippery or Uneven Surfaces</b> - Tasks involve working on slippery or uneven surfaces.	Not Applicable
<b>Inadequate Housekeeping</b> - Obstructions to walkways and work areas cause trips and falls.	Occasional
<b>Working At Heights</b> - Ladders / stepladders / scaffolding are required to perform tasks.	Not Applicable
<b>Biological Hazards</b> - E.g. exposure to body fluids, bacteria, infectious diseases.	Frequent

**Please write a statement summarising significant physical/other demands required to perform this job, e.g. the job will involve frequent hand/arm movements and prolonged sitting.**

**PRIMARY SUPERVISOR**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**POSITION HOLDER**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_