POSITION DESCRIPTION – Alfred Health

DATE REVISED: June 2020

POSITION: Fellow in Body Imaging


DEPARTMENT/UNIT: Radiology & Nuclear Medicine

CLINICAL PROGRAM: Radiology & Nuclear Medicine

DIVISION: Medical Services

ACCOUNTABLE TO: Director of Radiology Alfred Health

BODY Imaging Clinical Lead

NUMBER OF DIRECT REPORTS: NIL

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

The mission of the Department is to:
- Provide excellence in diagnostic and interventional radiology
- Promote education in the wise use of radiology
- Encourage medical education and research
- Provide cost-effective radiology services
- Support the vision & mission of Alfred Health.
POSITION SUMMARY

This role is that of a Body Imaging Fellow within the Alfred Health Radiology & Nuclear Medicine Program, located at Alfred & Sandringham campuses. 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 all main facets of diagnostic MRI, CT and Ultrasound. Radiology at Alfred Health is subspecialised. This exciting innovation further enhances this position. In addition, skills progression should assist the fellow to meet the requirements of subspecialist training in Radiology and allow progression to a subspecialist consultant level in diagnostic radiology. Please see KEY RESPONSIBILITIES below for further details.

Learning objectives are described within the relevant specialist college training requirements and learning objective documents – www.ranzcr.edu.au/training.

KEY RESPONSIBILITIES

- The purpose of the fellowship is to gain a solid grounding in the wider specialty of Body Imaging clinically, developmentally and academically to a level that will allow you to continue to develop those skills as a consultant.
- For most of this you will work closely with Dr Samantha Ellis and the team of Body Consultants with a range subspecialty expertise.
- It is important that you feel these goals are being reached during the fellowship, and just as importantly that it is enjoyable.
- Perform a range of diagnostic CT, ultrasound and MRI examinations commensurate with their level of training and skills development, having regard to patient priority and need.
- Preform a range of percutaneous interventions including solid organ biopsies, insertion of drain tubes and tumour ablation.
- Prepare and chair weekly multidisciplinary meetings.
- Examination reporting is to be performed in a timely and accurate manner.
- Personal radiation safety is to be maintained by appropriate use of personal and fixed lead shielding at all times.
- Key responsibility for -
  - 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;
  - ensuring timely discussions with patients and their family, providing counselling and support where required;
  - Consulting on referrals from other units (including Emergency) and ensuring these are seen in a timely manner and referred promptly to a IR consultant.
- Appropriately liaise with all staff involved in the care of the patient, including communication and referrals necessary for ongoing care post-discharge;
- Participate in Department 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.
- Partake in the registrars’ out of hours roster (“on call”) excluding overnight.
- 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.
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).

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/acfd-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 credentialled 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 credentialled to do so, can undertake full resuscitation. Others can commence basic resuscitation until more senior staff attendance unless specifically credentialled 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 Radiology & Nuclear Medicine Unit.

¹ ACSQHC, Standard 1 Governance for Safety & Quality in Health Service Organisations, October 2012
**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](#);
- [Escalation of Care – adult patients Guideline](#);
and must encourage other junior medical staff and nursing staff to escalate concerns appropriately.

**SCOPE OF PRACTICE IN OPERATING THEATRE SUITES/ PROCEDURE ROOMS/ ENDOSCOOPY**

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 [Credentialing 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 monthly.

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 credentialled 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.

**RANZCR Standards**
The requirements of the current program are contained in the [Radio-diagnosis Training Program Curriculum](#), which can be viewed as a complete document or in sections [www.ranzcr.edu.au/training](http://www.ranzcr.edu.au/training). Trainees complete a Learning and Assessment Portfolio, used across the whole training program to compile a documentary record of learning and activities, helping to demonstrate that the specified skills and knowledge of a diagnostic radiologist have been acquired.

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

Position Description - Alfred Health Junior Medical Staff - Fellow in Body Imaging
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
- Maintain a safe working environment for yourself, your colleagues and members of the public.
- 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 continuing professional development requirements.
- Comply with requirement of National Safety & Quality Health Service Standards and other relevant regulatory requirements.
- Maintain responsibility for supporting enterprise security
- 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.
- 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.

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.
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:  June 2020