POSITION DESCRIPTION – Alfred Junior Medical Staff

DATE REVISED: November 2019

POSITION: Fellow in Prostate Cancer / Stereotactic Radiosurgery


CLINICAL PROGRAM: Alfred Cancer

DEPARTMENT/UNIT: Radiation Oncology

DIVISION: Operations/ Medical Services

ACCOUNTABLE TO: For research matters: Director of Research, AHRO
For clinical matters: Head of GU tumour stream, AHRO

TIME ALLOCATION (HRS/WK): Full 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 Fellow in Prostate Cancer / Stereotactic Radiosurgery in the Radiation Oncology Unit.

The Fellow will work as part of the radiation oncology prostate cancer team at the Alfred Health Radiation Oncology (AHRO) to gain experience and expertise in all aspects of the practical radiation therapy care of men with prostate cancer, and also work as part of the Prostate Cancer Outcomes Registry at Monash University to assist in their work in improving the quality of care for men with prostate cancer.

The appointment is for two years. By the end of a two-year period the fellow would expect to have gained in training the necessary knowledge, clinical and administrative skills to independently provide care for men with prostate cancer with LDR and HDR brachytherapy techniques, as well as with “standard” and SABR external beam techniques. The candidate will be expected to have completed or made substantial progress (depending on the specific qualification) on a relevant postgraduate qualification during their appointment, and to have published research work in prostate cancer. The fellow will do nine days a fortnight at The Alfred Radiation Oncology centre and one day a fortnight in Gippsland Radiation Oncology.

Alfred Health’s Radiation Oncology Centre has a Trubeam Linac with ExacTrac for stereotactic radiosurgery/radiotherapy capable of frameless stereotactic treatments, networked planning computers and robotic patient positioning. The centre has an active LDR and HDR brachytherapy program for prostate cancer. The appointee will work as part of a team comprising nurses, radiation therapists, physicists, data-managers, clerical staff, specialists, specialists in training and would be expected to form productive and useful relationships with these staff in order to achieve the best possible outcomes for our patients. Alfred Health Radiation Oncology forms part of a large academic tertiary teaching hospital, The Alfred, and the appointee would be expected to interact with all Alfred staff in a professional, helpful, and courteous manner, bearing in mind he or she would be acting as a representative of the Alfred Radiation Oncology.

The fellow will be responsible to the Head of Research and the clinical lead GU cancer for research and clinical matters respectively and ultimately to the Director of the Alfred Health Radiation Oncology. The fellow will work alongside external and Alfred Health specialists in regularly scheduled multi-disciplinary clinics or meetings. It is anticipated the Fellow will work as part of the AHRO stereo team to enable them to take a lead in developing and progressing the application of stereotactic techniques to genitourinary sites. Once familiarity with departmental guidelines is gained, the fellow would start to formulate individual management plans and carry out treatments.

The fellow would contribute to the same administrative and teaching duties as other Radiation Oncology specialist staff might undertake from time to-time as required. In other words, by the end of the fellowship the fellow should be able to work alongside specialist Radiation Oncology (RO) staff as an integral part of this team, but will not be an independent specialist practitioner from the perspective of Medicare.

Research undertaken by the fellow will be clinical and epidemiological using retrospective using departmental PCOR, and other Victorian datasets but prospective studies may also be feasible depending on length of employment and research enthusiasm of the incumbent.

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.
KEY RESPONSIBILITIES (Specific for Fellow in Prostate Cancer / Stereotactic Radiosurgery)

- Clinical

The fellow will provide a timely specialist consultant and treatment service (under the supervision of other departmental senior medical staff) to patients referred to him or her. This will include consultation at individual and multidisciplinary clinics as deemed appropriate by the clinical lead GU cancer in consultation with the AHRO clinical lead in stereotactic radiation therapy, and the Director of Radiation Oncology. Such clinics may be in the AlfredHealth Radiation Oncology Centre (AHRO) or elsewhere in The Alfred or at outside clinics which may be in private clinical rooms financed and provided by the AlfredHealth Radiation Oncology, including the Gippsland Radiation Oncology (GRO) in Traralgon. Without mutual agreement, the fellow will not spend more than one day a fortnight, and no consecutive days at GRO. The Clinical Fellow will not carry on any other oncology practice. The fellow may participate in the consultant on-call roster.

Clinical responsibilities include radiotherapy treatment planning and regular on-treatment clinical review; operative brachytherapy procedures; the ongoing care of both inpatients and outpatients; the follow up of patients at appropriate clinics; and the maintenance of case records and the clinical audit data base of the AHRO as laid down by the AHRO policies.

Treatments planned and prescribed by the Clinical Fellow will adhere to the written protocols of the Alfred Health Radiation Oncology. The Clinical Fellow will develop subspecialist expertise in brachytherapy and stereotactic radiation therapies.

- Clinical Audit

The fellow will participate fully in the audit process of the AHRO

- Undergraduate and Postgraduate Teaching

The fellow will participate fully in the teaching organised by Alfred Health Radiation Oncology for undergraduate students (medical, physics, radiation therapy) and postgraduates (radiation oncology and other specialties) as deemed necessary by the Director. The fellow would work with the Departmental Head of Training and be expected to contribute in a major way to this training.

- Continuing Medical Education (CME)

The fellow will actively pursue a process of self and department organised CME; will participate in the CME program as prescribed by the RANZCR; and will participate in the educational meetings of the AHRO and, as appropriate, The Alfred.

- Administrative Duties

The fellow will support the department and the Director in such administrative duties as requested by the Head of GU tumour stream, in consultation with the clinical lead of the AHRO stereotactic radiotherapy services and with the Director.

The fellow will maintain the case records of his or her patients as determined by departmental policies and guidelines. This includes the procedures relating to communications between referring clinicians, general practitioners, and allied health workers.

Attend Department/Unit/Division meetings where possible and as appropriate to fulfil one’s clinical and professional duties within the Hospital.

Act in accordance with the Alfred Health Patient Charter

- Academic Activities

The fellow will participate actively in academic research activities relevant to his or her clinical interests. These will include involvement in clinical trials and clinical research.
KEY RESPONSIBILITIES (for all Fellows)

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 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 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/acfjd-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.

¹ ACSQHC, Standard 1 Governance for Safety & Quality in Health Service Organisations, October 2012
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, Biers blocks, as well as specific procedures approved by Heads of Unit for limited operating rights.

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

Advanced Skills – e.g. Apgar score estimation, 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, 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 Radiation Oncology 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 –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/ 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  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 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.

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2 ACSQHC, Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners, December 2015
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.
- Appointees must be legally qualified practitioners, registered or registrable with the Medical Practitioners Board of Australia and hold a Fellowship of the Royal Australian and New Zealand College of Radiologists and/or Australian-recognised postgraduate qualifications in the relevant discipline as recognised by the relevant college if not medically-trained in Australia or New Zealand. Candidates in the last year of training in the RANZCR program, having passed the “Part II” exam will be considered.
- Involvement in research is desirable
- Early career fellowship candidates will be given preference.

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
Position Reviewed by: A/Prof Hany Elsaleh
Date: November 2019