POSITION DESCRIPTION – Alfred Health

DATE REVISED: June 2020

POSITION: Fellow in Diagnostic and Interventional Neuroradiology


CLASSIFICATION TITLE: Alfred Junior Medical Staff

DEPARTMENT/UNIT: Radiology

CLINICAL PROGRAM: Radiology & Nuclear Medicine

DIVISION: Medical Services

ACCOUNTABLE TO: Director of Radiology Alfred Health; Relevant Director of Training

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 PURPOSE

To improve the lives of our patients and their families, our communities and humanity.

OUR BELIEFS

Our staff are expected to demonstrate and uphold the beliefs of Alfred Health:

- 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”. 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 purpose and beliefs of Alfred Health.
POSITION SUMMARY

This role is that of a specialist 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 required to practice as an Interventional Neuroradiologist. It should also act as a foundation for the doctor to build upon and achieve further qualifications (e.g. CCINR).

Learning objectives for the doctor would be consistent with the CCINR (Conjoint Committee for Recognition of Training in Interventional Neuroradiology) guidelines.

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 may work under direct and indirect supervision.

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

This includes Venepuncture, IV cannulation, Preparation and administration of IV medications, injections and fluids, Arterial puncture in an adult, IV infusion including prescription of fluids. Injection of local anaesthetic to skin, Subcutaneous injections, Intramuscular injections, Urethral catheterisation in adult males and females, Wide bore NGT insertion.

1 ACSQHC, Standard 1 Governance for Safety & Quality in Health Service Organisations, October 2012
Advanced Procedures –

Fellows should NOT undertake any advanced procedures without direct supervision unless there is specific authorisation from a consultant from the relevant Unit.

- lumbar puncture
- selective intra and extracranial vessel cannulation with microcatheters
- deployment of detachable coils in intracranial aneurysms including advanced aneurysm embolisation techniques either with remodelling or stenting
- endovascular treatment of acute ischaemic stroke
- embolisation with particulate and non-particulate material of the head, neck, brain and spine
- extracranial and intracranial balloon angioplasty, remodelling and stenting
- neurophysiological testing, either through chemical means or temporary occlusion
- vascular reconstruction or angioplasty using balloons or stents for ischaemic disease or vasospasm
- use of particulate embolisation material
- liquid embolisation
- Fellows cannot 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 (eg, 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.

- 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

Registrars 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.

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. 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.
KEY DUTIES AND RESPONSIBILITIES

- Perform a range of diagnostic and interventional neuroradiology procedures, commensurate with their level of training and skills development, having regard to patient priority and need.
- Examination reporting is to be performed in a timely and accurate manner.
- Be available on an in-hours and rostered after-hours basis.
- Personal radiation safety is to be maintained by appropriate use of personal and fixed lead shielding at all times.
- Close liaison with Unit SMS;
  - 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;
    - accepting referrals from other units (including Emergency) seeking specialty input and ensuring these are seen in a timely manner and referred promptly to a member of the SMS.
  - 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 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.

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

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
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.

QUALIFICATIONS/EXPERIENCE REQUIRED

Essential
- 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.

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.

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.

Position Description authorised by:  Lee Hamley Chief Medical Officer

Date:  June 2020