

## Position Description

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|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Position title:</b> | Neonatal Medical Officer (NMO)                                                                              |
| <b>Department:</b>     | Neonatal Services                                                                                           |
| <b>Classification:</b> | As per award                                                                                                |
| <b>Agreement:</b>      | Victorian Public Health Sector (AMA Victoria) – Doctors in Training (Single Enterprise Agreement) 2022-2026 |
| <b>Reporting to:</b>   | Directors – Neonatal Services, Neonatal Consultants                                                         |

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### About us

Located in Melbourne on the traditional lands of the Wurundjeri people of the Kulin Nation, the Royal Women's Hospital is Australia's first and leading specialist hospital for women and newborns. We offer expertise in maternity services, neonatal care, gynaecology, assisted reproduction, women's health and cancer services. We advocate for women's health in areas that have long been overlooked or stigmatised, including abortion, endometriosis, family violence, female genital mutilation, menopause, women's mental health, sexual assault and substance use in pregnancy.

### Our vision, values and declaration

The Women's vision, values and declaration reflect our promise to our patients and consumers, and articulate our culture and commitment to our community and each other.

Our vision is '**Creating healthier futures for women and babies**'. Our values are:



Courage



Passion



Discovery



Respect

The Women's declaration reflects the principles and philosophies fundamental to our hospital, our people and our culture.

- **We are committed to the social model of health**
- **We care for women from all walks of life**
- **We recognise that sex and gender affect health and healthcare**
- **We are a voice for women's health**
- **We seek to achieve health equity**

### Our commitment to inclusion

The Women's is committed to creating and maintaining a diverse and inclusive environment which enhances staff and consumer wellbeing, and nurtures a sense of belonging. We strongly encourage anyone identifying as Aboriginal and/or Torres Strait Islander to join us. We offer a range of programs and services to support First Nations employees. We invite people with disability to work with us, and we welcome anyone who identifies as linguistically, culturally and/or gender diverse, people from the LGBTQIA+ community and people of any age.

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## About the department/unit

The Women's is a tertiary level maternal and neonatal referral hospital, with about 7000 births per year. In addition, the Women's is the major referral and delivery centre in Victoria for infants with fetal anomalies. The Neonatal Intensive Care Unit admits about 2000 patients per year with many being either less than 28 weeks and/or < 1000 gm.

The Department of Neonatal Services at the Women's is a major tertiary referral unit serving the local population and the State of Victoria. The unit is one of the largest in the Southern Hemisphere and has a capacity to accommodate 62 infants. Our mission is to provide high quality care and support to the infants and their families.

The Department employs 15 Consultant Neonatologists, 12 full time equivalent Neonatal Clinical Fellows (senior trainees), 20 Neonatal NMOs (junior trainees) and 3 Advanced Neonatal Nurse Practitioners (aNNP). The Women's is a major teaching hospital with academic affiliations with the University of Melbourne and the Murdoch Children's Research Institute. A Departmental Professor leads a large variety of research activities with a departmental focus on the areas of respiratory medicine, neonatal neurology and neonatal resuscitation.

The clinical case mix and research activity of the unit provide a unique environment for the paediatric and/or neonatal trainee.

## Supervision

Each NMO will have a Consultant Neonatologist nominated to be his/her mentor/educational supervisor whilst at the hospital. Neonatal fellows are on site 24 hours per day to provide support and clinical assistance to the NMO/aNNP.

## Position purpose

Appointment to NMO positions will be based on level of training following primary medical qualification, amount of neonatal experience, formal registration with a college for basic/advanced training and/or recognised specialist pathway training program and at the discretion of the appointing committee. Paediatric Basic Trainees, unaccredited HMOs, more experienced General Paediatric Registrars seeking further neonatal experience and International Medical Graduates (IMGs) who are eligible for general registration (ie: completed AMC part 2) may apply for this position in order to gain supervised experience in the care of neonatal patients. Successful applicants from all of these backgrounds partake in the same rotating roster along with two of the aNNPs.

## Key responsibilities

NMOs are an essential member of our multidisciplinary care team and are responsible for the day-to-day care of neonates and their families, under the close supervision of a fellow and consultant. NMOs are rostered to provide medical care to infants in the neonatal intensive care unit (NICU), special care nursery, postnatal wards and the emergency department of the Women's (WEC). NMOs form part of the team attending high risk deliveries where the need for resuscitation is anticipated, or responding to neonatal emergencies within the Women's/Frances Perry House. There are twice daily ward rounds in NICU and daily rounds in special care. NMO responsibilities include presentation on these rounds and maintenance of the electronic medical records (EMR); NMOs are expected to regularly discuss and closely consult on their provisional diagnoses and treatment of patients with supervising fellows/consultants.

NMOs will be aware of and work in accordance with Hospital policies and procedures, including Occupational Health and Safety, Infection Control, Equal Employment Opportunity and

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Confidentiality. They will be respectful of the needs of patients, visitors and other staff and maintain a professional approach to all interactions.

Practical procedures will be supervised and taught as appropriate to level of training and the practice of neonatology. These will include (not exclusively) neonatal resuscitation, endotracheal intubation, peripheral and central venous access (umbilical venous and arterial cannulation), ultrasound guided bladder taps and lumbar punctures. During the formal orientation program, there will be teaching and opportunity to practice these procedures. NMOs are encouraged to maintain a logbook to document competency and proficiency.

Communication, teamwork, neonatal resuscitation and crisis resource management skills are taught through regular simulation sessions.

### **Allocation of Duties and Rostered hours**

NMOs are allocated to clinical duties in rotating blocks incorporating NICU, special care, postnatal wards and deliveries and after-hours cover. NMOs and aNNPs share the same roster but responsibilities and the level of autonomy may vary depending on clinical experience. There are two NMOs/aNNPs rostered overnight alongside an on-site neonatal fellow and a consultant on call.

A full-time NMO will be paid for 76 hours a fortnight before incurring overtime penalties.

Advanced trainees are paid on their Registrar payscale based on their years of experience. They are paid for 86 hours a fortnight (which includes training time) before incurring overtime penalties.

NMOs are entitled to five weeks annual leave per year (or 2½ weeks in six months). To ensure continuity of care and smooth operation of the roster, no more than three NMOs/aNNP are usually on annual leave at any given time. Examination and Conference leave may be available to facilitate attendance at College approved examinations, professional meetings or courses as per entitlement and at the discretion of the Medical Director. All leave requests must be approved by the department of Neonatal Services and Medical Workforce Unit.

### **Junior Medical Staff and their Learning Objectives and Outcomes**

Based on National Training and Assessment Guidelines for Junior Medical Doctors, PMCV July 2011.

NMOs will be encouraged to develop their own personal and professional education and develop a sound basis for life long and continuing medical education.

NMOs should be able to demonstrate:

- Honesty, integrity and reliability in dealings with patients and colleagues alike;
- Adequate knowledge of basic and clinical sciences, and application of this knowledge to the care of patients with a broad range of common and important medical and surgical conditions;
- Appropriate clinical skills, including history taking and physical examination, to permit sufficient definition of the patient's problems in order to make a provisional diagnosis and formulate an appropriate plan of investigation and the ability to interpret commonly used investigations and tests;
- The ability to organise, synthesise and act on information gained from the patients and other sources so as to exhibit sound clinical judgement and decision making;
- The ability to use information technology to access key information, clinical practice guidelines and evidence-based medicine;
- The ability to act effectively in emergency situations;

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- An understanding of preventative care and the importance of modification of risk factors and lifestyle in plans of management for patients and their families;
- The ability to work effectively within a team of health care personnel, including other doctors, nurses and midwives, allied health professionals and undergraduate students;
- Effective time management;
- A commitment to self-assessment and continuing medical education and an ability to locate and critically appraise biomedical literature relevant to everyday clinical practice; and
- A willingness to be involved in teaching of others including undergraduate medical students, nurses and allied health professionals.

### Research & Training

All NMOs new to the RWH receive a comprehensive orientation program (3 days) at the start of the rotation including a dedicated session on neonatal resuscitation and common procedures.

Our Educational Opportunities include:

- Teaching during rounds in NICU and PNWs (daily)
- Didactic lecture series covering core neonatal topics (weekly)
- Problem based teaching using clinical cases from the unit (weekly)
- Journal Club - an analytical approach (weekly)
- Ultrasound and Radiology Meeting (weekly)
- Practical skills (weekly)
- Perinatal Mortality/Morbidity meetings (monthly)
- Neonatal Simulation program (monthly)
- Parkville precinct neonatal grand rounds shared with the Royal Children's Hospital (monthly)
- Hospital Clinical Meetings including grand rounds (variable)

With the support of a fellow/consultant, all NMOs are expected to present an article at journal club. The program is supervised by the lead medical educationalists and the trainees' mentors within the department.

### Accreditation

The Women's has active involvement with RACP education requirements through dedicated accredited Educational Supervisors and Ward Consultants and is an accredited site for basic and advanced training in Neonatal Paediatrics. As per the RACP training rules, time at the Women's will only be acknowledged for basic training by the RACP if the position was obtained via rotation through the SRMO year or at Registrar level within the Victorian Paediatric Training Program (even if the employment contract is through the Women's) and after review by a RACP Director of Physician Training (DPE).

### Audit/Research

NMOs are encouraged to participate in quality assurance activities by completing an audit project during their term; this especially holds for registrars due to their more advanced level of training. Potential audit topics will be discussed at the beginning of term or with individual mentors. NMOs interested in primary research should discuss possible opportunities with their mentor.

### Evaluation

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All trainees will be evaluated using (where possible multisource) feedback. Each trainee will have a nominated clinical supervisor and at least three meetings during a six-month term are expected between mentor and mentee to discuss progress. The multisource evaluations will be discussed with the trainees during and at completion of their rotation at the Women's. In turn, the trainees will be asked to evaluate the training program, with any suggestions for improvement welcomed.

### Key Performance Indicators (KPI's)

Key performance measures are how you will be measured as meeting the responsibilities of the position listed above. These will be set with you as part of your Performance Development plan within the first six months of your appointment to the position.

### Key selection criteria

#### Experience/qualifications/attributes

##### Essential:

- Primary medical degree MBBS or equivalent
- General registration with the Australian Health Practitioner Regulation Agency (AHPRA) for the year the NMO's employment will start.

##### Attributes:

- Embodies the Women's values of courage, passion, discovery and respect.
- Adaptability ("can do") and flexible approach
- Well-developed interpersonal skills
- Balancing sometimes competing and conflicting priorities
- Time management and prioritising
- Professional demeanour
- Strong commitment to providing high quality, family centered patient care
- An eagerness to be part of the education program as well as take part in a small audit / research project.
- Team player in multidisciplinary setting.

### Organisational relationships

The appointee is responsible to the Director of Neonatal Services, Manager of the Medical Workforce Unit and the Executive Medical Adviser.

### Inherent requirements

There are a number of critical work demands (inherent requirements) that are generic across all positions at the Women's. The generic inherent requirements for this position are detailed below. These may be added to with more specific inherent requirements, if required, by your manager and Occupational Health and Safety.

| Physical Demands                                                           | Frequency  |
|----------------------------------------------------------------------------|------------|
| <b>Shift work</b> – rotation of shifts – day, afternoon and night          | Frequent   |
| <b>Sitting</b> – remaining in a seated position to complete tasks          | Occasional |
| <b>Standing</b> - remaining standing without moving about to perform tasks | Frequent   |

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|                                                                                               |                                    |
|-----------------------------------------------------------------------------------------------|------------------------------------|
| <b>Walking</b> – floor type even, vinyl, carpet,                                              | Frequent                           |
| <b>Lean forward / forward flexion from waist</b> to complete tasks                            | Occasional                         |
| <b>Trunk twisting</b> – turning from the waist to complete tasks                              | Occasional                         |
| <b>Kneeling</b> – remaining in a kneeling position to complete tasks                          | Rare                               |
| <b>Squatting / crouching</b> – adopting these postures to complete tasks                      | Occasional                         |
| <b>Leg / foot movement</b> to operate equipment                                               | Rare                               |
| <b>Climbing stairs / ladders</b> – ascending and descending stairs, ladders, steps            | Occasional                         |
| <b>Lifting / carrying</b> – light lifting and carrying less than 5 kilos                      | Occasional                         |
| – Moderate lifting and carrying 5–10 kilos                                                    | Occasional                         |
| – Heavy lifting and carrying – 10–20 kilos.                                                   | Rare                               |
| <b>Push/Pull of equipment/furniture</b> – light push/pull forces less than 10 kg              | Occasional                         |
| – moderate push / pull forces                                                                 | Occasional                         |
| 10–20 kg                                                                                      |                                    |
| – heavy push / pull forces over                                                               | Occasional                         |
| 20 kg                                                                                         |                                    |
| <b>Reaching</b> – arm fully extended forward or raised above shoulder                         | Occasional                         |
| <b>Head / Neck Postures</b> – holding head in a position other than neutral (facing forward)  | Rare                               |
| <b>Sequential repetitive actions in short period of time</b>                                  |                                    |
| – Repetitive flexion and extension of hands wrists and arms                                   | Occasional                         |
| – Gripping, holding, twisting, clasping with fingers / hands                                  | Frequent                           |
| <b>Driving</b> – operating any motor-powered vehicle with a valid Victorian driver's license. | N/A                                |
| <b>Sensory demands</b>                                                                        | <b>Frequency</b>                   |
| <b>Sight</b> – use of sight is integral to most tasks completed each shift                    | Constant                           |
| <b>Hearing</b> – use of hearing is an integral part of work performance                       | Constant                           |
| <b>Touch</b> – use of touch is integral to most tasks completed each shift.                   | Constant                           |
| <b>Psychosocial demands</b>                                                                   | <b>Frequency</b>                   |
| <b>Observation skills</b> – assessing / reviewing patients in /outpatients                    | Constant                           |
| <b>Problem Solving</b> issues associated with clinical and non-clinical care                  | Constant                           |
| <b>Attention to Detail</b>                                                                    | Constant                           |
| <b>Working with distressed people and families</b>                                            | Constant                           |
| <b>Dealing with aggressive and uncooperative people</b>                                       | Occasional                         |
| <b>Dealing with unpredictable behaviour</b>                                                   | Frequent                           |
| <b>Exposure to distressing situations</b>                                                     | Frequent                           |
| <b>Definitions used to quantify frequency of tasks/demands as above</b>                       |                                    |
| <b>Prolonged/constant</b>                                                                     | 70 – 100 % of time in the position |
| <b>Frequent</b>                                                                               | 31 – 69 % of time in the position  |

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|-----------------------|----------------------------------|
| <b>Occasional</b>     | 16 – 30% of time in the position |
| <b>Rare</b>           | 1 – 15% of time in the position  |
| <b>Not applicable</b> | 0% of time in the position       |

### Employee awareness and responsibilities

- Employees are required to be aware of, and work in accordance with, hospital policies and procedures.
- Employees are required to identify and report incidents, potential for error and near misses, to improve knowledge systems and processes and create a safe environment for staff and patients.
- Employees agree to provide evidence of a valid employment Working with Children Check and provide complete details for the Women's to undertake a Nationally Coordinated Criminal History Check (NCCHC).
- Our vision is a future free from violence and discrimination in which healthy, respectful relationships are the norm. The Women's expects all staff to contribute to a culture that promotes and supports diversity, equity, respect and inclusion.
- The Women's provides pregnancy termination services as part of its public health responsibility to provide safe health care to women.

### Vaccination requirements

As this role has direct physical contact with patients and clinical environments, employees are required to be vaccinated against or demonstrate immunity to influenza, COVID-19, whooping cough (pertussis), hepatitis B, chicken pox, MMR (measles, mumps, rubella) and may include hepatitis A, and complete screening for tuberculosis.

Employment with the Women's is conditional upon the provision of satisfactory evidence of vaccination and/or screening, and we may withdraw an offer of employment if the required evidence is not provided at least five business days prior to the intended start date.

### Declaration

**By accepting this position description electronically I confirm I have read, understood and agreed to abide by the responsibilities and accountabilities outlined.**

**Developed date:** March 2026

**Developed by:** Neonatal Services, Neonatal Consultant – Neonatal NMO Program

**Reviewed by:** Manager – Medical Workforce, Neonatal Consultant – Neonatal NMO Program

**Date of next review:** March 2027

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