Position Description



Title Consultant Emergency Physician / Consultant Obstetrician & Gynaecologist

Department Women's Emergency Care

Classification As per award

Agreement AMA Victoria – Victorian Public Health Sector – Medical Specialist Enterprise

Agreement 2022-2026

Responsible toClinical Director, Maternity & Gynaecology Services

The Royal Women's Hospital

Since 1856, the Royal Women's Hospital (the Women's) has been providing health services to women and newborn babies in Victoria. Today, the Women's is one of Australia's leading specialist public hospital dedicated and advocating for the health and wellbeing of women and newborns. Through our campuses at Parkville and Sandringham and by supporting ten research centres, the Women's is advancing healthcare for women in maternity services and the care of newborn babies, gynaecology, women's health and women's cancer services.

The Women's Declaration

The Women's believes that health equity for all women is more than a vision; it is the essence of who we are and what we do encompassing our values, role and purpose.

We recognise that sex and gender affect women's health and healthcare
We are committed to the social model of health
We will care for women from all walks of life
We will lead health research for women and newborns
We will innovate healthcare for women and newborns
We will be a voice for women's health
In everything we do, we value courage, passion, discovery and respect

Further information on our organisation including our strategic plan is available at www.thewomens.org.au.

Position Purpose

This position is responsible in collaboration with the Executive Directors and Director of Women's Emergency Care (WEC):

- Provision of high-quality clinical care for all patients attending WEC
- Participation in the on call WEC roster and be available to attend during on call days if needed.
 Undertaking an active role in training registrars and resident medical officers and participation in the teaching of medical students and other health care trainees attached to the Women's' Services.
- Assisting the Director with some administrative responsibilities

Key Accountabilities Overall

In broad terms, the key accountabilities for the position are:

- Provision of a high quality clinical Obstetrics and Gynaecology Services and care for neonates
- Participation in the unit activities designed to facilitate the techniques of continuous quality improvement to ensure the best possible standard of care is delivered.
- Participation in the training requirements of students and trainees

Responsibilities & Major Activities

Direct clinical care

- To lead by example in delivering high quality clinical care to women using RWH services
- To ensure that consultations, treatment plans and other aspects of care delivered are rigorously documented (including the use of the electronic medical record) and to support ongoing care and communication and to meet medico-legal requirements.
- To ensure that the care of all patients is handed over or other suitable arrangements for follow up, including follow up of results, are in place whenever leaving the Hospital.
- To ensure continuity of care by identifying and communicating promptly with other practitioners including community general practitioners
- To be accountable for all care delivered by junior medical staff with delegated responsibility during periods of duty.
- To participate in resolving problems in care and to ensure that the team leader is aware of relevant issues and problems.

Practice improvement, research and service development

- To promote and maintain exemplary standards of clinical practice to ensure the provision of high-quality services to patients.
- To participate in the development, implementation and revision of treatment protocols and clinical guidelines to promote and ensure best practice standards.
- To participate in service planning as requested by the Director which may include the development and setting of targets, resource requirements and improvement priorities for the service agreement.
- To work collaboratively with other team members and the Team Leader to facilitate clinical service improvement through clinical audit and research. Each consultant is expected to participate in at least one clinical audit or research project every three years.
- To ensure that consumer input is welcomed and encouraged.

Education, Training and Professional Development

- To ensure awareness of clinical experience and proficiency of junior medical staff delegated to deliver care and provide direct supervision as necessary.
- To participate in clinical teaching of junior medical staff and medical students, including involving students in clinical care, subject to consent of patients concerned.
- To assist in the instruction and professional development of postgraduate and undergraduate students of all health professions and disciplines.
- To participate as agreed in mentoring a specific member of junior medical staff.
- To maintain personal qualifications in accordance with continuing certification requirements of relevant medical college or other body.
- To participate in hospital provided professional development activities and keep up to date with relevant developments in clinical and hospital practice.

Administrative responsibilities

- To participate in meetings required to manage the service and communicate with team members.
- To participate in meetings as delegated and reasonably required by the Director to facilitate appropriate service management and development in the Hospital.
- To ensure that up to date contact details are notified to the designated staff member responsible for maintaining medical contact information. Some staff information will only be provided electronically.
- To take annual or conference leave only after application and approval, which must occur with sufficient lead time to allow for arrangement of cover or cancellation of clinical work, which is usually at least four weeks in advance.
- To take annual leave within 18 months of its accrual, except where other arrangements are negotiated; this would usually mean no more than six weeks annual leave should be accrued.

Accountabilities and responsibilities of the Senior Doctor Role in WEC

- Attend for all rostered shifts in a punctual manner.
- Conduct role as senior on the floor:
 - Primary responsibility is to "run the shift" form the medical perspective and in collaboration with the senior nurse. This also involves regular computer rounds (and if required, physical rounds) with the senior lead nurse re patient progress, inpatient bed request and outstanding issues. Minimum frequency start of medical shift; at afternoon nursing handover and end of medical day shift and start of nursing night shift.
 - Hold the "admitting officer" DECT telephone and take all calls requesting or requiring a "doctor discussion' (GP referrals, RWH consultant referrals). Note pre-arranged direct admissions should go to the ward, not be kept in WEC awaiting an inpatient review.
 - Ensure data integrity with accurate "time stamps" in the computer i.e., Ambulance Victoria off stretcher and left department/discharge times or referral to impatient unit for admission/review.
 - Ward round at 08:00 each morning and receive handover from night shift. Discuss any pertinent aspects/concerns with senior nursing staff.
 - Agree with nursing staff that the senior doctor is to be made aware of a category 3 (or above) patient arrival as soon as possible.
 - Ensure senior to senior handover for change of shift.
 - Ensure a 'working knowledge' of all patients in the ED. These include those being cared for by HMOs, 'admitted patients', patients who are 'direct admissions,' paediatric /neonatal patients and those 'waiting to be seen by the inpatient teams & those 'waiting for a bed'. The patients are the responsibility of the ED staff.
 - Review every patient that an intern cares for and discuss (at least) every patient that an HMO sees.
 - Support the O&G registrars, career medical officers and ACEM registrars.
 - You are expected to have your own patient load i.e., your role is not purely a supervisory one.
 - Ensure patient flow.
 - Aim to meet the NEAT (i.e., admission or discharge for all patients in less than 4 hours of arrival to WEC). This must be in a safe and quality caring manner.
 - Encourage "pick-up" of the patients in a timely manner by medical staff. Occasionally some doctors may need a prompt to pick up patients. The aim is for every patient to be picked up within their triage time even if the review a quick and the specifically assigned to a dr. Please ensure this pick-up time is accurately recorded in the computer system (funding to the Hospital and Department is dependent on data)
 - Triage category 1 immediate
 - Cat 2 within 10 mins
 - Cat 3 within 30 mins
 - Cat 4 within 60 mins

- Cat 5 within 120 mins
- early bed request & allocation
- o Early referral to inpatient teams for those pts who will need admission.
- o Appropriate discharge planning including liaison with GP/ LMO for ongoing care.
- Monitor of delays in patient flow for example "slow" registrar review of WEC patient. If required, escalate discussion with Royal Women's consultant.
- Facilitate planning and use of interim admission orders and movement of the patient safely to a ward bed even if the inpatient team has not reviewed the patient in WEC.
- Monitor pathology and radiology test ordering and review or delegate the review of pathology results each shift.
- Results of recent WEC Pathology are available on the electronic medical record; although there are a
 few which have hardcopies delivered to the ED. It is the responsibility of the senior, to delegate an
 appropriate person to review (and act) on these results each day "
- Take the lead role for critically ill patients or delegate as needed.
- Review all patients at triage who triage believe should be redirected to another hospital or who are inter-hospital /ambulance transfers direct to the ward.
- Liaise with pathology/imaging if there are delays within required tests of test results.
- Ultrasound requests must be discussed with the senior doctor prior to faxing the request.
- ECGs are to be read by an ACEM trainee or FACEM. If one is not immediately available, they are to be placed in the ECG draw and this is to be checked regularly by emergency doctors.
- Escalate concerns re staffing (if absences) and liaise with medical workforce re the need for on call replacement.
- Escalate concerns re patient if consumer/advocate/complaints are a potential issue.
- Be responsible for orientating new staff to the ED from a clinical 'on the floor' perspective.
- Be involved in HMO and medical student teaching and mentoring.
- Respond to Codes
 - Brown: (external disaster) ensure nature of problem and contact switch board to inform the Hospital Executive Incident Commander and Director of the ED. Prepare the ED for early 'clearance' of patients (i.e. admit or discharge & refer minor to LMO) and work with the Royal Melbourne under the Code Brown emergency plan
 - o Blue: Optional to attend hospital code blue if ALS trained (unless needed for urgent care in ED)
 - o Red: know where the fire alarms and hoses are and the duress alarms. Charge nurse is the fire warden.
 - Notify Director of an incident (code Blue) which has occurred in WEC.

Other responsibilities

- Be aware of and work in accordance with RWH policies and procedures, including Occupational Health and Safety, Equal Employment Opportunity and Confidentiality and ensuring staff under direct supervision are working within these guidelines.
- Other duties as directed consistent with the employee's skill level and classification.

Key Performance Indicators

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/Competencies

The role requires a person with:

- Must hold or be eligible for registration with the Australian Health Practitioners Regulation Agency
- One of the following specialty qualifications
- Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Fellowship Australasian College for Emergency Medicine

Essential Criteria

- Comprehensive skills and experience in provision of Obstetric and Gynaecological care
- Highly developed verbal and written communication skills
- Demonstrated ability in management.
- Demonstrated research skills.
- Knowledge of women's health issues in relation to the target population of RWH
- Embodies the Women's values of courage, passion, discovery and respect.

Organisational Relationships

- Women, their families and friends using the services of The Royal Women's Hospital
- Clinical Director of Maternity and Women's Health Services
- Director WEC
- Department Heads and Unit Managers
- Medical, Nursing and Allied Health staff

Attributes

- Embodies the Women's values of courage, passion, discovery and respect
- "Can do" and flexible approach
- Well-developed interpersonal skills
- Balancing competing and conflicting priorities
- Time management and prioritising
- Professional demeanor

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
Shift work – rotation of shifts – day, afternoon and night	Frequent
Sitting – remaining in a seated position to complete tasks	Frequent
Standing- remaining standing without moving about to perform tasks	Occasional
Walking – floor type even, vinyl, carpet,	Frequent
Lean forward / forward flexion from waist to complete tasks	Occasional
Trunk twisting – turning from the waist to complete tasks	Occasional
Kneeling – remaining in a kneeling position to complete tasks	Occasional
Squatting / crouching – adopting these postures to complete tasks	Occasional
Leg / foot movement to operate equipment	Occasional
Climbing stairs / ladders – ascending and descending stairs, ladders, steps	Rare
Lifting / carrying – light lifting and carrying less than 5 kilos	Occasional
– Moderate lifting and carrying 5–10 kilos	Rare
 Heavy lifting and carrying – 10–20 kilos. 	Rare
Push/Pull of equipment/furniture – light push/pull forces less than 10 kg	Occasional
– moderate push / pull forces 10–20 kg	Rare
– heavy push / pull forces over 20 kg	Rare
Reaching – arm fully extended forward or raised above shoulder	Rare
Head / Neck Postures – holding head in a position other than neutral (facing forward)	Occasional
Sequential repetitive actions in short period of time	
 Repetitive flexion and extension of hands wrists and arms 	Frequent
 Gripping, holding, twisting, clasping with fingers / hands 	Frequent
Driving – operating any motor-powered vehicle with a valid Victorian driver's license.	Rare
Sensory demands	Frequency
Sight – use of sight is integral to most tasks completed each shift	Constant
Hearing – use of hearing is an integral part of work performance	Constant
Touch – use of touch is integral to most tasks completed each shift.	Frequent
Psychosocial demands	Frequency
Observation skills – assessing / reviewing patients in /outpatients	Constant
Problem Solving issues associated with clinical and non-clinical care	Constant
Attention to Detail	Constant
Working with distressed people and families	Frequent
Dealing with aggressive and uncooperative people	Occasional
Dealing with unpredictable behaviour	Constant
Exposure to distressing situations	Frequent

Definitions used to quantify frequency of tasks / dema	nds as above
Prolonged / Constant	70–100 % of time in the position
Frequent	31–69 % of time in the position
Occasional	16–30% of time in the position
Rare	0–15% of time in the position
Not Applicable	

Employee Responsibilities and Accountabilities

- Be aware of and work in accordance with Hospital policies and procedures, including:
 - Code of Conduct
 - Confidentiality
 - Data Accountability Framework
 - Infection Control
 - Occupational Health and Safety
 - Patient Safety
 - Performance Development Management
 - Respectful Workplace Behaviours
 - Risk Management
- Be respectful of the needs of patients, visitors and other staff and maintain a professional approach in all interactions, creating exceptional experiences
- Undertake other duties as directed that meet relevant standards and recognised practice.
- Our vision is a future free from violence in which healthy, respectful relationships are the norm. The Women's expect all staff to contribute to a culture that promotes gender equity, respect and a safe working environment.
- The Women's provides pregnancy termination services as part of its public health responsibility to provide safe health care to Victorian women.
- Data integrity is an essential element of clinical and corporate governance and a key performance indicator for the Women's. The management of data influences and directly affects patient care, patient decisions, and ultimately the quality and reputation of our service delivery.
- As a consequence all staff are responsible and accountable to ensure that (within their area of work):
 - Data recording and reporting, (including RWH external reporting) is timely, accurate
 (i.e. error free) and fit for purpose
 - Data management system policies and control processes are complied with on all occasions
 - Where data issues and/or problems become apparent these matters are immediately referred and reported to supervisors/managers.
- Agree to provide evidence of a valid employment Working with Children Check and provide the necessary details for the Royal Women's Hospital to undertake a national Police check
- The Women's expects staff to identify and report incidents, potential for error and near misses and supports staff to learn how to improve the knowledge systems and processes to create a safe and supportive environment for staff and patients.
- Contributes to a positive and supportive learning culture and environment for health professional students and learners at all levels.

Staff Vaccination Requirements

COVID 19 Vaccination

Provide evidence that they have received a full COVID-19 Vaccination, or provide evidence from a medical practitioner certifying that an exception applies related to a contraindication to the administration of the COVID-19 vaccination. This includes employees in all roles at the Women's Hospital. This requirement is in line with the directions pursuant to section 200 (1)(d) of the Public Health and Wellbeing Act 2008 (Vic).

Influenza Vaccination

In line with the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Act 2020, some health care workers are now required to have their flu vaccination to work in health care. Evidence of vaccination is required.

As this role fits into category A or B of the departments risk ratings, applicants will be required to have been vaccinated against influenza. Evidence of vaccination is required.

Statutory Responsibilities

- OHS Act 2004
- Freedom of Information Act 1982
- The Victorian Public Sector Code of Conduct
- Health Practitioner Regulation National Law Act (2009)
- Registration with Australian Health Practitioner Regulation Agency (AHPRA)
- Drugs, Poisons and Controlled Substances Regulations 2006

Developed Date: October 2024;

Developed by: Director – Women's Emergency Care;

Date of next Review: October 2026