

ROLE DESCRIPTION

Role Title:	Medical Practitioner		
Classification Code:	MDP2		
LHN/ HN/ SAAS/ DHA:	Northern Adelaide Local Health Network		
Hospital/ Service/ Cluster:	Lyell McEwin Hospital		
Division:	Critical Care		
Department/ Section/ Unit/ Ward:	Emergency Department		
Role reports to:	Operationally: Head of Unit – Emergency Department		
	Professionally: Designated Consultants of the Emergency Department		
Role Created/ Reviewed Date:			
Criminal and Relevant History Screening:	☐ Aged (NPC) ☐ Working with Children Check (WWCC) (DHS) ☐ Vulnerable (NPC) ☐ General Probity (NPC)		
Immunisation Risk Category Requirements:	 ☐ Category A (direct contact with blood or body substances) ☐ Category B (indirect contact with blood or body substances) ☐ Category C (minimal patient contact) 		

ROLE CONTEXT

Primary Objectiv	ve(s) of role
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The Medical Practitioner is responsible for:

The ultrasound Special Skills post is available at LMH in order to enhance a trainee's skills and knowledge in clinician performed ultrasound. The post is typically held over 6 calendar months and involves half of the trainee's time being spent in ultrasound training and half as an emergency trainee. This means that at the end of 6 months, a 3-month Special skills rotation will be complete (this is the most common format for these posts). In certain select circumstances the position may be extended to a 6-month term over one calendar year. The basic structure of the term will consist of 2 scanning shifts and 2 clinical shifts per week.

ED specific responsibilities-

- Performing emergency medical assessment and treatment for patients attending the Emergency Department (ED) in consultation with the shift Consultants, Night Team Leaders, and with the collaboration of Nursing and Allied Health professionals.
- Liaising with other services of NALHN, other health providers in the community and hospital sector as well as with the broader community in the pursuit of comprehensive patient care.
- Involvement in Continuous Quality Improvement activities.
- Involvement in continuing education activities.

Direct Reports:

• For day-to-day clinical duties, report to the ED consultant in charge within the ED. For night shift, report to the night shift medical team leader. For professional matters which aligns with education

- and career progression, report to the designated Consultants of the ED allocated at start of term. For other operational matters, report to the ED Head of Unit.
- The trainee's main supervisor will be Dr Alistair Murray who works as a Staff Specialist in LMH Emergency and holds the Diploma in Diagnostic Ultrasound (DDU), Certificate in Clinician Performed Ultrasound (CCPU) and the Postgraduate Diploma in Clinical Ultrasound. He is also an active member of the ACEM Ultrasound Subcommittee.

Key Relationships/ Interactions:

Internal

- ED Head of Unit (or delegate) at start of contract for welcome and orientation, and on cessation of contract for exit interview.
- ED consultant supervisor every 3 months for professional development. The ED supervisor is the most important contact in this list. ED mentor as needed for welfare needs.
- ED duty consultant and other clinical staff on every shift to manage all patients under their care.
- ED roster co-ordinator to manage roster, leave requests.

External

NALHN Staff Health as needed.

Challenges associated with Role:

Current major challenges associated with the role include:

- Managing a complex patient group with significant illnesses and multiple comorbidities.
- Maintaining optimal communication with the team during complex and stressful situations and in the emergency department environment.

Delegations:

NIL

Key Goals:

The keys goals of the post are to -

- 1. achieve proficiency in the "core" modules ie EFAST, AAA, FELS, lung and procedural.
- 2. The trainee is encouraged to complete the CCPU in these modules during the term but is not required to due to the financial costs involved.
- 3. In some cases, introductory courses do not cover these modules and alternates (eg biliary, lung, first trimester) will be considered as a second preference. If the CCPU is not undertaken the standard of supervision and training will remain the same.
- 4. The trainee will also be exposed to extended applications and uses of ultrasound within the comfort and competence of their supervisor.
- 5. This can therefore include but is not restricted to: lung, full abdomen, DVT and vascular, MSK and soft tissue, nerve blocks, more comprehensive echocardiography, limited gynae and obstetric, procedural and needle guidance, foreign body identification, ocular.

Key Result Area and Responsibilities

Key Result Areas	Major Responsibilities	
Acute Patients	The ED Medical Practitioner will ensure that patients undergo a formal focused assessment process. This may or may not require emergent resuscitation. The history should include a complete exposition of the presenting problem and any relevant psychosocial history. The history and examination should be sufficient to deal the presenting complain and any other related problems. The assessment which follows should not only provide a working diagnosis but also justify the need for any investigations which may be ordered at this point. Where there is any doubt or concern about the diagnosis or clinical condition of the patient the ED Medical Practitioner should have no hesitation in conferring with the appropriate Emergency Department or on-call Ward (medical, surgical, paediatric or other relevant) Registrar or Consultant at the earliest opportunity.	
	The management of every patient will mean a documentation of the assessment and initial management, final diagnosis and management plan for the patient (including disposition) in the patient's medical record.	
Emergency Extended Care Unit Admitted or Short Stay	The ED Medical Practitioner will ensure that all patients have a comprehensive assessment sufficient to provide guidance for the management, investigation and ongoing treatment of the patient. The ED Medical Practitioner will then organise ongoing treatment for the patient with initial verification from the ED Consultant or Senior ED Doctor in charge during their clinical shift. Where there is any doubt or concern about the diagnosis or clinical condition of the patient the ED Medical Practitioner should have no hesitation in conferring with the appropriate Registrar or Consultant at the earliest opportunity.	
Patients	At the earliest opportunity the commencement of the discharge process should begin. This will include the ordering of drugs and equipment, arranging post-discharge management and follow-up in consultation with the patient's normal carers and General Practitioner.	
	The management of every patient will mean a documentation of the reassessment and ongoing treatment, final diagnosis and admission/transfer/discharge plan for the patient in the patient's medical record.	
Medical Records	Patient care is enhanced by good communication between health care professionals. It is the responsibility of the attending clinicians to document their care accurately and objectively. Case notes are the primary avenue for this communication. They should be written contemporaneously. Comments should be accurate and objective and written with the knowledge that the patients have a right to inspect their case notes under Freedom of Information legislation The content of the case notes should be concise, relevant and structured with each entry having a date and time and the writer being clearly identified by a signature, a printed name and a position description. Clinicians should use approved abbreviations only.	
Ultrasound term	The trainee will be expected to produce a presentation or publication during or shortly after the term. If time in radiology-based ultrasound/cardiology/anaesthetics is felt to be of benefit this will be supported within the resource limitations of other specialists. The trainee will be expected to assist the supervisor with other activities that are required to maintain an ultrasound program in the department eg image archive and retrieval, logbooks, backup, machine maintenance, guideline development, teaching etc.	

Although beyond the scope of the term it is hoped that the trainee will achieve a foundation for further skills in ultrasound in order to train and supervise others with the roll-on positive impact upon patient care.

The trainee and supervisor will work in a predominantly training role but will endeavour to provide a service to the Emergency Department in terms of assisting clinical decision making and disposition decisions in a timely fashion.

As the trainee becomes more proficient in their scanning they may be asked to assist with the training of others.

Knowledge, Skills and Experience

ESSENTIAL MINIMUM REQUIREMENTS

Educational/Vocational Qualifications

• Bachelor of Medicine; Bachelor of Surgery (MBBS) or equivalent, registrable with the Medical Board of Australia as a Medical Practitioner with General Registration.

Personal Abilities/Aptitudes/Skills

- High level of skill in negotiation, communication and teamwork.
- Skill in problem solving and decision making at both the clinical and the individual level.
- Respectful behaviour and acknowledgement of limits within current knowledge and skills.
- Commitment to quality management philosophy and devolved responsibility.
- Commitment to patient and relative participation in patient care.
- Ability to react positively to change.

Experience

- Clinical experience in Emergency Medicine setting.
- Two years postgraduate experience completed at start of employment.
- Ability to liaise with people from diverse cultures and backgrounds.

Knowledge

- Current knowledge of Emergency Medicine including skill requirements, procedures, equipment and the clinical implementation of Emergency equipment.
- Ability of to recognise limits of clinical skill and to seek assistance.
- Understanding and knowledge of the role of Emergency Care within a developing health service.
- Knowledge of Quality Improvement and Human Resource Management principles and procedures.
- Knowledge of the SA Health Code of Fair Information Practice and the SA Health Patient Safety Framework.
- Understanding of Work Health and Safety principles and procedures.
- Understanding of the Australian National Safety & Quality Health Service Standards.
- Knowledge of relevant legislation such as:
 - SA Health Care Act 2008
 - Consent to Medical Treatment and Palliative Care Act
 - Equal Opportunity
 - Occupational Health Safety and Welfare
 - Consent to Medical and Dental Treatment Act

DESIRABLE CHARACTERISTICS

Educational/Vocational Qualifications

- > Current trainee of the Australasian College for Emergency Medicine.
- > Current trainee of another college which requires emergency medicine rotations as a training requirement.

Personal Abilities/Aptitudes/Skills

> Ability to work constructively with colleagues including nursing staff and multidisciplinary team members.

Experience

- > Past experience in Emergency Departments in Australia or a comparable health care system.
- > Proven experience in basic computing skills, including email and word processing.

Knowledge

> A sound clinical knowledge of emergency medicine practices in Australia or a comparable health care system.

Special Conditions:

- > It is mandatory that no person, whether or not already working in SA Health, may be appointed to a position in SA Health unless they have provided a satisfactory current Criminal and Relevant History Screening, as required by the SA Health Criminal and Relevant History Screening Policy Directive.
- > For appointment in a Prescribed Position under the Child Safety (Prohibited Persons) Act (2016), a current Working with Children Check (WWCC) is required from the Department for Human Services Screening Unit. For other positions, a satisfactory National Police Certificate (NPC) assessment is required.
- > For 'Prescribed Positions' under the Child Safety (Prohibited Persons) Act (2016), the individual's WWCCs must be renewed every 5 years from the date of issue; and for 'Approved Aged Care Provider Positions' every 3 years from date of issue as required by the Accountability Principles 2014 issued pursuant to the Aged Care Act 1997 (Cth).
- > Appointment is subject to immunisation risk category requirements. There may be ongoing immunisation requirements that must be met.
- > Depending on work requirements the incumbent may be transferred to other locations across SA Health to perform work appropriate to classification, skills and capabilities either on a permanent or temporary basis subject to relevant provisions of the *Public Sector Act 2009* for Public Sector employees or the *SA Health (Health Care Act) Human Resources Manual* for Health Care Act employees.
- > The incumbent may be required to participate in Counter Disaster activities including attendance, as required, at training programs and exercises to develop the necessary skills required to participate in responses in the event of a disaster and/or major incident.

General Requirements:

Managers and staff are required to work in accordance with the Code of Ethics for South Australian Public Sector, Directives, Determinations and Guidelines, and legislative requirements including but not limited to:

- Work Health and Safety Act 2012 (SA) maintaining your own health and safety and not place others at risk and comply with any reasonable instruction that is given to allow SA Health to comply with the WHS Act, and when relevant WHS Defined Officers must meet due diligence requirements.
- > Return to Work Act 2014 (SA), facilitating the recovery, maintenance or early return to work of employees with work related injury / illness.
- > Meet immunisation requirements as outlined by the *Immunisation for Health Care Workers in South Australia Policy Directive.*
- > Equal Employment Opportunities (including prevention of bullying, harassment and intimidation).
- > Children and Young People (Safety) Act 2017 (SA) 'Notification of Abuse or Neglect'.
- > Disability Discrimination.
- > Independent Commissioner Against Corruption Act 2012 (SA).
- > Information Privacy Principles Instruction.
- > Relevant Awards, Enterprise Agreements, *Public Sector Act 2009, Health Care Act 2008* and the *SA Health (Health Care Act) Human Resources Manual.*
- > Relevant Australian Standards.
- > Duty to maintain confidentiality.
- > Smoke Free Workplace.
- > To value and respect the needs and contributions of SA Health Aboriginal staff and clients, and commit to the development of Aboriginal cultural competence across all SA Health practice and service delivery.
- > Applying the principles of the South Australian Government's Risk Management Policy to work as appropriate.

The SA Health workforce contributes to the safety and quality of patient care by adhering to the South Australian Charter of Health Care Rights, understanding the intent of the National Safety and Quality Health Service Standards and participating in quality improvement activities as necessary.

Performance Development:

The incumbent will be required to participate in the organisation's Performance Review & Development Program which will include a regular review of the incumbent's performance against the responsibilities and key result areas associated with their position and a requirement to demonstrate appropriate behaviours which reflect a commitment to SA Health values and strategic directions.

Handling of Official Information:

By virtue of their duties, SA Health employees frequently access, otherwise deal with, and/or are aware of, information that needs to be treated as confidential.

SA Health employees will not access or attempt to access official information, including confidential patient information other than in connection with the performance by them of their duties and/or as authorised.

SA Health employees will not misuse information gained in their official capacity.

SA Health employees will maintain the integrity and security of official or confidential information for which they are responsible. Employees will also ensure that the privacy of individuals is maintained and will only release or disclose information in accordance with relevant legislation, industrial instruments, policy, or lawful and reasonable direction.

White Ribbon:

SA Health has a position of zero tolerance towards men's violence against women in the workplace and the broader community. In accordance with this, the incumbent must at all times act in a manner that is non-threatening, courteous, and respectful and will comply with any instructions, policies, procedures or guidelines issued by SA Health regarding acceptable workplace behaviour.

Cultural Commitment:

NALHN welcomes and respects Aboriginal and Torres Strait Islander people and values the expertise, cultural knowledge and life experiences they bring to the workplace. In acknowledgement of this, NALHN is committed to increasing the Aboriginal and Torres Strait Islander Workforce.

Resilience:

SA Health employees persevere to achieve goals, stay calm under pressure and are open to feedback.

Organisational Context

SA Health

SA Health is committed to protecting and improving the health of all South Australians by providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on wellbeing, illness prevention, early intervention and quality care.

SA Health is the brand name for the health portfolio of services and agencies responsible to the Minister for Health, the Minister for Health & Wellbeing. The State Government has reformed the governance of SA Health, including establishing 10 Local Health Networks (LHNs), each with its own Governing Board.

These reforms have taken a staged approach, with the most significant changes to taking place from 1 July 2019 when the new Governing Boards become fully operational.

SA Health is comprised of the Department for Health and Wellbeing and the following legal entities:

- Central Adelaide Local Health Network
- > Northern Adelaide Local Health Network
- > Southern Adelaide Local Health Network
- > Women's and Children's Health Network
- > Barossa Hills Fleurieu Local Health Network
- > Eyre and Far North Local Health Network
- > Flinders and Upper North Local Health Network
- > Riverland Mallee Coorong Local Health Network
- > Limestone Coast Local Health Network
- Yorke and Northern Local Health Network
- > SA Ambulance Service

Northern Adelaide Local Health Network

The Northern Adelaide Local Health Network (NALHN) provides care to more than 400,000 people living in the northern metropolitan area of Adelaide as well as providing a number of state-wide services, and services to those in regional areas. NALHN works to ensure quality and timely delivery of health care, whilst building a highly skilled, engaged and resilient workforce based on a culture of collaboration, respect, integrity and accountability.

NALHN offers a range of primary health care services across the northern metropolitan area of Adelaide, with a focus on providing preventive and health promoting programs in the community, and transition and hospital substitution and avoidance programs targeted at chronic disease and frail aged.

Clinical leadership of care systems is central to the current national and state wide health reforms. NALHN care delivery is configured within clinical divisions that are patient–focused, clinically led groupings of services. Clinical Divisions are responsible for managing service delivery activities across NALHN campuses and units, bringing together empowered experts to directly make relevant decisions.

NALHN includes:

- > Lyell McEwin Hospital (LMH) a 336-bed specialist referral public teaching hospital which has links to the University of Adelaide, University of South Australia and Flinders University. LMH provides a full range of high-quality medical, surgical, diagnostic, emergency and support services.
- Modbury Hospital is a 174-bed, acute care teaching hospital that provides inpatient, outpatient, emergency services, Aged Care, Rehabilitation and Palliative Care. GP Plus Health Care Centres and Super Clinics
- > Aboriginal Health Services
- > Mental Health Services (including two statewide services Forensics and Older Persons)
- > Sub-acute Services

The total operating budget for 23/24 for NALHN is \$1.02 bn with a workforce of 4,710 FTE / 6,325 head count.

NALHN Governing Board

The Governing Board members bring to NALHN a wealth of knowledge and experience across many areas.

NALHN is confident that with the support of our highly qualified Governing Board, NALHN will be well placed to achieve better health service decisions tailored to local needs and deliver a safe, high quality and financially sustainable LHN into the future.

Values

SA Health Values

The values of SA Health are used to indicate the type of conduct required by our employees and the conduct that our customers can expect from our health service:

- > We are committed to the values of integrity, respect and accountability.
- We value care, excellence, innovation, creativity, leadership and equity in health care provision and health outcomes
- We demonstrate our values in our interactions with others in SA Health, the community, and those for whom we care.

Code of Ethics

The Code of Ethics for the South Australian Public Sector provides an ethical framework for the public sector and applies to all public service employees:

- > Democratic Values Helping the government, under the law to serve the people of South Australia.
- > Service, Respect and Courtesy Serving the people of South Australia.
- > Honesty and Integrity Acting at all times in such a way as to uphold the public trust.
- > Accountability Holding ourselves accountable for everything we do.
- > Professional Conduct Standards Exhibiting the highest standards of professional conduct.

As a public sector employee, you have a responsibility to maintain ethical behaviour and professional integrity standards. It is expected that you act in accordance with the Code of Ethics, and contribute to a culture of integrity within SA Health.

The Code recognises that some public sector employees are also bound by codes of conduct relevant to their profession.

Approvals

I acknowledge that the role I currently occupy has the delegated authority to authorise this document. Name: Role Title: Signature: Date: Role Acceptance

Incumbent Acceptance

Role Description Approval

I have read and understand the responsibilities associated with role, the role and organisational context and the values of SA Health as described within this document.

Name:	Signature:
Date:	

Version control and change history

Version	Date from	Date to	Amendment
V1	10/02/17	09/04/17	Original version.
V2	10/04/17	04/07/17	Safety & Quality statement in General Requirements.
V3	04/07/17	14/05/20	Minor formatting with order of information amended.
V4	15/05/20	19/10/2020	Organisation Context Updated
V5	20/10/2020	08/04/2021	Organisation Context Updated
V6	09/04/2021	20/12/2023	Financial Delegation Updated
			Management Position Clause Updated
			Code of Ethics Clause Updated
V7	21/12/2023		Special Conditions Updated
			General Requirements Updated
			Organisational Context Updated