If your career interest is in Critical Care Services the positions you will need to apply for your 2017 appointments are:

**Provisional Fellow ICU:**
AMR Job Ref 12158

The main purpose of this position is to provide effective senior services to the patients of the Hunter New England Area, whilst undertaking learning and professional development activities with the aim of progressing to the position of Fellow of the College of Intensive Care Medicine (CICM).

**Advanced Trainee ICU:**
AMR Job Ref 12160

The main purpose of this position is to become a member of the Intensive Care trainee pool providing Intensive Care Services within HNELHD. To take a leadership role in coordinating the admission, management and discharge planning of patients seen in or admitted to his/her unit within the public health organisation, and ensuring that the admission and plans are documented in the medical record. The day to day assessment, communication and management of the ICU patient.

**Advanced Trainee ICU/Retrieval:**
AMR Job Ref 12857

The main purpose of this position is to become a member of the Intensive Care trainee pool providing Intensive Care and Retrieval Services (pre and inter-hospital). This position would be suitable for experienced Intensive care trainees in their final year of training or post 2nd part CICM seeking to gain further experience and training in Intensive care and Retrieval Medicine. The distribution will be 0.5FTE ICU (CICM accredited ICU training) and 0.5FTE Retrieval Medicine (CICM as elective training).

**Basic Trainee:**
AMR Job Ref 12161

The main purpose of this position is to become a member of the Intensive Care trainee pool providing Intensive Care Services within HNELHD. The position would be suitable for experienced medical officers seeking to gain further experience and training in Intensive Care Medicine. The day to day assessment, communication and management of the ICU patient. The trainee will provide medical services and gain supervised experience in the management of severely ill or injured patients in Intensive Care Services. All decisions concerning the patient(s) in consultation with their immediate supervisor and team.

**SRMO Critical Care:**
AMR Job Ref 12177

A Critical Care SRMO year is an exciting, challenging and intense learning opportunity. The critical care specialties care for the most unwell patients in the hospital, and encompass the entire spectrum of medical and surgical pathology. SRMO’s will experience anaesthesia and airway management, perioperative care and pain control, identification and resuscitation of critically unwell patients, as well as invasive monitoring and support for failing organ systems. The main purpose of the position is to provide medical services and to gain supervised experience in the management of severely ill or injured patients located in the critical care services of HNELHD.

**HOW TO APPLY**

Positions for the 2017 clinical year will be advertised via the NSW Health JMO Recruitment website [https://nswjmo.erecruit.com.au/MemberLogon.aspx](https://nswjmo.erecruit.com.au/MemberLogon.aspx)

During advertising please direct all technical support to the JMO Help Desk 1300 44 39 66

Advertising Open: Thursday 21/7/2016
CC email offers: Tuesday 6/9/2016

Scheduled Interviews: TBC
12177: Monday 22/8/2016
12158, 12160: Thursday 25/8/2016
12857, 12161

All the above interviews will be held at JHH Anaes/ICU Meeting Room, level 3 JHH, just past F3 leading into the RNC
Newcastle is a coastal city and busy port within easy reach of Sydney. The population of the Newcastle Greater Metropolitan area is 540,796. There are superb surfing beaches and recreational opportunities, and the nearby Hunter Valley is one of Australia’s premier wine producing districts. Newcastle is a great place to live and work. Enjoy living with lake or ocean side views, in new suburban estates, on small or large rural properties, mountain cabins or inner city semi-detached and apartment living at affordable prices. Newcastle is less than 30 min to Sydney (by air) from Australia’s fastest growing, regional airport and offers easy access to the spectacular beauty of Byron Bay and the world heritage listed Great Barrier Reef.

The Hunter is a great place to live and work. With Australia’s largest regional population it has the benefits of a big city with the ease of a country town. The Hunter has a great environment, heritage, culture and gourmet living.

Enjoy spectacular coastline and pristine waterways. Newcastle boasts some of Australia’s best beaches. Cafes, bars and restaurants surround its large working harbour and adjacent foreshore and parklands.

Maitland offers city services in a unique heritage setting, while Cessnock is home to one of Australia’s most famous wine regions. Muswellbrook and Singleton are bustling regional centres underpinned by the mining industry. With more horse studs than Britain and Ireland combined, Scone and the Upper Hunter attract the international set.

Port Stephens is a blue bay resort area while Lake Macquarie – a lake twice the size of Sydney Harbour – offers the perfect place for sailing, swimming and fishing. Port Stephens is a renowned offshore and game fishing hot spot and each year plays host to the largest game fishing tournament in the Southern hemisphere, but did you know there is also another fishing side to this amazing waterway?

As a centre for manufacturing, retail, health, tourism education, environmental services, information technology, call centres, finance and insurance, the Hunter offers real employment choices for your partner.

For the kids there is a choice of many public and private schools as well as child-minding centres. The University of Newcastle is regarded as one of Australia’s best, known worldwide for its schools of Medicine, Engineering and Architecture. There is also a highly regarded TAFE with 16 campuses.

Enjoy living with lake or Oceanside views, in new suburban estates, on small or large rural properties, mountain cabins or inner city semi-detached and apartment living at affordable prices.

The Hunter is so close to everything that counts. Less than two hours’ drive from Sydney or 30 minutes by air, it also offers easy access to NSW’s holiday coast, Queensland’s Gold Coast and the scenic Central Coast.

Useful websites to visit:
http://www.visitnsw.com/destinations/north-coast/newcastle-area/newcastle?gclid=CKy7sPuW9sECFVegQodFaIAiw
If your career interest is in either

Anaesthesia    Intensive Care Medicine    Emergency Medicine

Then you need to attend our

Critical Care SRMO Information Night

Tuesday 26th July 6:30 PM – 7:30 PM (Refreshments at 6:00 PM)

The JHH Critical Care SRMO: AMR Job Ref No 12177

A Critical Care SRMO year is an exciting, challenging and intense learning opportunity. The critical care specialties care for the most unwell patients in the hospital, and encompass the entire spectrum of medical and surgical pathology. SRMO’s will experience anaesthesia and airway management, perioperative care and pain control, identification and resuscitation of critically unwell patients, as well as invasive monitoring and support for failing organ systems. SRMO’s also develop experience in teamwork, communication, and crisis management.

Features of the Critical Care environment include applied physiology and pharmacology, use of technology and equipment, as well as advanced procedural skills. They are multidisciplinary, team based workplaces, with strong senior medical leadership and support. There is potential for stress due to multiple conflicting demands in a busy environment, and ethical challenges and adverse outcomes that are often encountered.

Upon completion of the Critical Care SRMO year doctors will be well prepared to apply for registrar positions in Anaesthesia, Intensive Care or Emergency Medicine, and will also have acquired many transferable skills that will be useful in other training programs such as medicine, Paediatrics and general practice.

Presentations by:

• Dr Andrew Hooper
  Intensive Care Staff Specialist & Supervisor of Training JHH

• Dr Tom Martin
  Anaesthesia Staff Specialist & Supervisor of Training JHH

Location:
Royal Newcastle Centre, Conference Room 2 (2430). Located on the John Hunter Hospital Site

RSVP: Karen Austin
Email: karen.austin@hnehealth.nsw.gov.au
Phone: 02 4921 4241 or 0448 270 671
Information to assist Applicants with their applications

Proposed Interview date: Monday 22nd August 2016

A Critical Care SRMO year is an exciting, challenging and intense learning opportunity. The critical care specialties care for the most unwell patients in the hospital, and encompass the entire spectrum of medical and surgical pathology. SRMO’s will experience anaesthesia and airway management, perioperative care and pain control, identification and resuscitation of critically unwell patients, as well as invasive monitoring and support for failing organ systems. SRMO’s also develop experience in teamwork, communication, and crisis management.

The SRMO year includes at least:
- One term of Anaesthesia (which may be at John Hunter Hospital / Royal Newcastle Centre, Calvary Mater Hospital or Belmont District Hospital)
- One term of Intensive Care at John Hunter Hospital
- One term of Intensive Care at Calvary Mater Hospital
- The fourth term may be either Emergency Medicine, Intensive Care or Anaesthesia

There is an extensive education programme including advanced life support, central line and patient transport credentialing, echocardiography and ultrasound, simulation based crisis management and difficult airway training, and exam preparation.

Upon completion of the Critical Care SRMO year doctors will be well prepared to apply for registrar positions in Anaesthesia, Intensive Care or Emergency Medicine, and will also have acquired many transferable skills that will be useful in other training programmes such as Medicine, Paediatrics and General Practice.

The John Hunter Hospital is a major teaching hospital and is the primary tertiary referral centre for trauma in northern NSW, covering all surgical specialties including neurosurgery and cardiothoracic surgery. It includes John Hunter Children’s Hospital, one of the three tertiary Paediatric hospitals in the state. Patients from the Hunter and beyond are referred to John Hunter for treatment in a range of specialties.

General Advice for JMO Job Applications

Your actions this year will determine what training program you get into and where you will work for the next few years. Simply turning up for your shifts is not enough to ensure progression. The reality is that you will have to invest your own time (and money) in your personal and professional development.

The SRMO applications may be very competitive, for example there are 100-200 applications for 16 Critical Care SRMO positions, so you should not presume that you will automatically get a position.

Departments and training programs are looking for trainees whose knowledge, skills, and in particular personality, are suited to the demands of training and working in the specialty. Conversely, junior doctors should be looking for a specialty where both the subject matter and the practicalities of working are sufficiently interesting and challenging yet manageable, to keep you engaged and maintain your motivation to perform for many years.

Your written application, consisting of your CV and answers to the selection criteria, are the key to getting invited to an interview. Do not underestimate the importance of having a very well written application. In preparing your application, you need to discover, define, package and promote your skills and strengths. Think about your duties, skills, behaviours and achievements in your current job.

Communicate all the relevant attributes and experiences you have, beyond your clinical terms, that make you stand out from the other applicants. Selectors will be impressed by people who show they will be a valuable asset to the department.

Give yourself plenty of time to prepare the application. Start early and be prepared to edit and refine your draft. Seek advice and feedback from others, and get someone to proof-read your application. Avoid “cut and paste” errors if you are applying for several different jobs.

Regarding the interviews, a weak candidate thinks they can “wing it” and that inspiration will come to them in the heat of the moment.

A strong candidate anticipates likely questions, and has thought through how they can answer using examples drawn from their clinical experience or their life experience outside work. Give answers that are genuine and show some insight into yourself and the job. It is also helpful if your answers are unique or original in some sense – remember you are trying to differentiate yourself from the crowd.

Interviewers are trying to learn about your aptitudes, motivations and ambitions, values and personality. Questions may explore your knowledge, experiences, opinions or approach to hypothetical scenarios.
- Learn as much as you can about yourself – a common type of interview question asks “What is it about you / your experience / your personality, that makes you a good candidate for this job”?
- Find out as much as you can about the area, the hospital, the specialty, the department, and the job. Being prepared shows you are serious about the potential job and reflects well.
- Be prepared to address hypothetical scenarios and provide examples of your past performance which may raise clinical and non-technical issues.

Prepared by Dr Andrew Hooper, Intensive Care Staff Specialist, John Hunter Hospital
ICU Provisional Fellow PD

The trainee will join the CICM accredited training program. The program provides rotations in required disciplines as below:

John Hunter Hospital: Intensive Care (C24), Anaesthesia, PICU, NICU, Medicine
Newcastle Calvary Mater Hospital: Medicine, Intensive Care (C6)
Maitland Hospital: Anaesthesia, Medicine
Gosford: Intensive Care (C12)

Main Purpose of Position (Position Summary):
To provide effective senior services to the patients of the Hunter New England Area, whilst undertaking learning and professional development activities with the aim of progressing to the position of Fellow of the College of Intensive Care Medicine (formally JFICM)

Position Requirements:
- Currently registered or eligible for registration with AHPRA
- Completion of at least two years in an accredited training position in Intensive Care recognised by the College of Intensive Care Medicine (formally JFICM) and entering final year of training, OR equivalent experience in Australasia or overseas
- During the next 12 months aiming to complete fellowship in Intensive Care recognised by the College of Intensive Care Medicine (formally JFICM)
- Completion of the EMST/ATLS course in the previous 4 years or equivalent
- Demonstrated experience working independently within a supervised complex clinical environment utilising excellent clinical skills, judgment and expertise
- Proven ability to use sound clinical judgement under pressure with multiple competing priorities
- Demonstrating at all times courteous and professional behaviour towards patients, their relatives and other staff
- Demonstrated teamwork, time management and problem solving skills as part of a multidisciplinary team
- Proven ability to adapt verbal communication style for patients, relatives and peers to ensure their message is understood
- Compliance with all applicable public health organization and hospital policies and protocols, and with applicable Policy Directives and Guidelines issued by the Department of Health, as amended and as in force from time to time, including the NSW Health Code of Conduct
- Ensuring that all services provided to patients are consistent with any instructions issued by your supervisor or Department Director or any conditions imposed by the Medical Board of Australia
- Demonstrating the use of excellent communication skills (verbal and written) with patients, relatives, medical and nursing colleagues, Allied health, ward staff and administration staff to ensure the appropriate management of the patient

Local Background & Environment:

Hunter New England Local Health District (HNE Health) is one of the largest health districts in New South Wales, covering a geographic area of almost 130,000 km across the Hunter, New England and Lower Mid North Coast regions. HNE Health is responsible for the funding, organisation and delivery of public health services from Morisset in the south, to Tenterfield and Toomelah in the north, and as far west as Pilliga and Mungindi.

The JHH is the tertiary referral hospital for HNELHD and additionally provides tertiary services to the North Coast LHD
To effectively manage its vast range of hospital and community health services, HNE Health is divided into geographical clusters and acute hospital and mental health networks:

- **Greater Newcastle Cluster** includes John Hunter Hospital (including John Hunter Children’s Hospital and the Royal Newcastle Centre), Belmont Hospital, Calvary Mater Newcastle, Mater Mental Health (including a PEC) James Fletcher Hospital and facilities at Waratah, New Lambton, Newcastle, Wallsend, Windale, Toronto, Nelson Bay, Raymond Terrace and Morisset.
- **Hunter Valley Cluster** includes Maitland Hospital and facilities at Cessnock, Kurri Kurri, Singleton, Dungog, Muswellbrook, Denman, Scone, Murrurundi, Merriwa, East Maitland, Rutherford, Woodberry and Beresfield.
- **Lower Mid North Coast Cluster** includes Manning Hospital and facilities at Taree, Forster, Bulahdelah, Gloucester, Wingham, Hawks Nest/Tea Gardens, Harrington and Stroud.
- **Peel Cluster** includes Tamworth hospital and facilities at Gunnedah, Manilla, Walcha, Barraba, Nundle, Walhallow, Werris Creek, Quirindi Premer and Tambar Springs,
- **Tablelands Cluster** includes Armidale Hospital and facilities at Inverell, Tingha, Warioalda, Bundarra, Glen Innes, Guyra, Emmaville, Tenterfield, Uralla, Ashford, Bundarra and Bingara
- **Mehi Cluster** includes facilities at Moree, Narrabri, Boggabri, Mungindi, Boggabilla, Toomelah, Wee Waa, Gwabegar and Pilliga.

HNE Health services are supported by district-wide Clinical Networks and Streams, which link health professionals together to work collaboratively, improve service delivery and ensure equitable provision of high quality, clinically effective care.

**Hunter New England LHD Profile:**

- Provides care for a population of more than 873,741 people, including 23 per cent of the state’s Aboriginal and Torres Strait Islander population
- Employs 15,750 staff, including 1700 medical officers
- Is supported by 1600 volunteers
- Spans 25 Local Government Areas
- Spends $1.7 billion per annum
- Has a head office in Newcastle and a regional office in Tamworth
- Is unique, in that it is the only local health district with a major metropolitan centre (Newcastle/Lake Macquarie), as well as a mix of several large regional centres and many smaller rural centres and remote communities within its borders

**John Hunter Hospital Services**

- 24 hour Emergency Department
- 24 hour Radiology service with radiographer on site, CT, Angiography and MRI
- Day consultant and medical officer. Night medical officer and consultant on call
- 24 hour Pathology service- pathology technician on site 24 hour. Blood bank & basic pathology
- 24 hour Anaesthetic service – on site Anaesthetist till 12 midnight + on call, on site Anaesthetic medical officer 24 hour
- 24 hour Surgical Medical Officer cover
- 24 hour Medical Officer cover
- All major medical & surgical specialists available including adult & paediatric, thoracic, renal, cardiology, gastroenterology, endocrine, neurology, toxicology, interventional cardiology, nuclear medicine, general surgery, psychiatry, NICU, ICU, upper/lower GIT surgery, trauma surgery, orthopaedic, cardiothoracic surgery, renal transplant, ENT, plastic, vascular, chronic pain service
The trainee officer will be based at the John Hunter Hospital – the principle referral centre, teaching hospital and a community hospital for Newcastle, Lake Macquarie and beyond. It is the only major referral trauma centre in NSW outside Sydney and has the busiest emergency department in the state. John Hunter is the regions largest hospital with 666 beds. Newcastle is a coastal city and busy port within easy reach of Sydney being only a 2 hour drive or 30 minutes by air. John Hunter is the network referral hospital of the area.

The General Intensive Care Services JHH is a 19 bed level 6 (NSW levels, CICM level 111) Tertiary referral Intensive Care Unit. The Unit provides Adult and Paediatric Intensive Care and coordinates the inter-hospital retrieval services to the Lower and Upper Hunter regions and beyond, predominantly to the Mid North Coast, New England and North Coast regions.

Key Internal and External Relationships:
The ICU Provisional Fellow as part of training may be requested to provide critical care service to referral hospitals prior to critically ill patients medically retrieved.

Communication
The doctor is a key person who works closely with all members of staff and must:
- Work as part of, and contribute to a multi-disciplinary team
- Deal with matters of an urgent or sensitive nature
- Must have the ability to exercise discretion, sensitivity and maintain confidentiality
- Works co-operatively within a team environment and actively contributes to team activities including pro-actively participates in team meetings and decision making processes

Key Internal Relationships
- Multidisciplinary teams - The ICU trainee will be expected to work with other doctors, nurses, allied health and clerical staff as part of his/her role
- Consumers/Carers
- Other Departments, Divisions and Clinical Streams
- Hospital Administration – Service Manager, Training Unit
- In regards to After Hours duty, it is a requirement that you particularly provide good communication with the Consultant On-Call and are professional and supportive in regards to staff who may request your assistance

Key External Relationships
- Consumer/Carers
- General Practitioners
- Community health services
- Other hospitals
- Police, Ambulance

Supervision Arrangements:
Normal Hours
Supervision and support of junior staff in all aspects of the intensive care service – individual patient care, patient transport, retrieval, communication with other staff and families etc. Day shift “inside” – working in close partnership with the “inside’ consultant to manage patients within the ICU. Day shift “outside” – working in close partnership with the “outside” consultant to manage the HDU, new consultations, retrievals, and central venous access service, medical emergency calls.

After Hours
At 4pm the handover rounds commence in ICU and conclude in HDU. The evening fellow is then responsible for supervising the ICU/HDU until 10pm and should be the first port of call
for the junior staff with problems requiring senior help. The Provisional Fellow is particularly responsible for supervising the evening rounds and ensuring that there are management plans in place for all patients and that the nursing staff and junior medical staff are cognizant of them. The consultant on-call overnight should usually be updated of any changes before the fellow goes off at midnight.

**Challenges/Problem Solving:**

**Major challenges for the Doctor include:**
- Balancing mandated training and education requirements with service provision, within the limitations of a busy public health service
- Maintaining a professional role and responsibility for patient care, in close liaison with supervising consultants
- Working collaboratively with other staff in a multi-disciplinary team
- Maximising the efficient utilisation of the physical resources of the Health Service
- Being flexible with the work required in a range of Health Services and locations
- Responsibility for supervision and teaching of more junior medical staff (i.e. junior medical officers and Basic Trainees) attached to the medical team
- Ensuring consultation with family and carers in treatment plans.

**Decision Making:**

**The Doctor will be required for:**
- Clinical care of patients and coordination of Intensive care clinical service when on duty with the assistance of on duty Staff Specialist
- Admission and Discharge of patients to Intensive Care and coordination of Intensive Care activity when on clinical duty
- The efficient and cost effective allocation of critical care resources from ICU and retrieval services when on duty
- Duties may include attendance, participation and chairing relevant committees and meetings, both in HNE and NSW
- Coordinating and determining appropriateness of Medical retrieval including appropriate transport vehicle. Always taking into consideration the safety of both patients and staff

**Communication:**

**The Doctor is a key person who works closely with all members of staff and must:**
- Work as part of, and contribute to a multi-disciplinary team
- Deal with matters of an urgent or sensitive nature
- Must have the ability to exercise discretion, sensitivity and maintain confidentiality
- Works co-operatively within a team environment and actively contributes to team activities including pro-actively participates in team meetings and decision making processes
- Important relationships are with the following staff:
  - Other trainees and medical officers, Consultant Medical Staff, Other Clinicians on the Team, Service Manager, Nursing staff, Allied health, Medical Administration and Training Unit
- In regards to After Hours duty, it is a requirement that you particularly provide good communication with the Consultant On-Call and are professional and supportive in regards to staff who may request your assistance.

**Performance Monitoring:**

**Intensive Care Education and Training Programme**

A comprehensive programme of training and education is in place for all trainees during their ICU term(s) The Provisional Fellow is required to maintain a continuing level of satisfactory performance and successful compliance with the requirements of the relevant training program, including progression through the program at the expected rate.
The Provisional Fellow is responsible for: i) participating in ongoing review of his/her clinical practice as per conditional registration guidelines. ii) Participating in continuing medical education and professional development as covered by the supervision arrangements stipulated by the Medical Board. iii) Maintaining his/her professional competence.

The Provisional Fellow is required to maintain: i) satisfactory progress with college examinations. ii) Attendance at departmental training sessions and unit meetings. iii) Annual performance evaluations. iv) Maintenance of advanced cardiac life support accreditation.

IN TRAINING ASSESSMENT
- Programme of two-way feedback for basic and advanced training maintained for all non-specialist staff in Intensive Care Services JHH
- Database maintained. Clarification of learning objectives, learning plans, exam preparation
- Written ongoing feedback from ICU specialist staff
- Weekly assessments for each rostered trainee provided by the on duty staff specialist
- Collated by SOT with quarterly feedback to trainee
- PDR program in place for all trainees conducted by the Supervisor of Training
- Regular meetings conducted between Unit Director, Supervisor of Training and assistant Supervisor of Training

RESEARCH, TEACHING & EDUCATION:
- Experience and willingness to teach junior medical staff and medical graduates
- Participate in unit/departmental and divisional activities
- Participate in research, peer review and audit projects
- Teaching of appropriate multidisciplinary team members (eg Allied Health) and nursing staff
- Attending unit Grand Rounds and relevant weekly educational sessions
- Complete satisfactorily required unit based competencies within expected time frames
- Participation in relevant college training program and exam preparation
- Maintain currency in mandatory training compliancy required by HNELHD

Summary of current unit educational sessions:
- Extensive educational and training experience is provided and advanced trainees will be expected to participate
- Most educational activities are scheduled each Wednesday and include JMO tutorial 0700, Advance Trainee education 0900-1100, Journal club (3 weeks per month 1230), Clinical meeting (3 weeks per month 1400), Critical Care ECHO review meeting 1630, M & M monthly. Incorporating Paediatric Journal Club topics on regular basis. The Provisional Fellow will be expected to present at Journal Club and Grand Rounds on a rotating roster system with other staff specialists
- A structured Paediatric doctor/nurse training session each Thursday
- A structured Inter-professional Learning session (doctor/nurse structure) each Tuesday
- EBM Sessions x 10 per year. Series of Directed Evidence Based Medicine 3 hour sessions on Critical Care subjects. Aimed at Advance trainees (0900 -1200 wed)
- The Unit provides Adult, Beyond Basic and Paediatric BASIC courses in total 4 annually
- CICM accredited Critical Care ECHO courses x 4 annually

CRISES RESOURCE MANAGEMENT TRAINING
- Ongoing attendance at Hunter Simulation Centre structured courses for all trainees, fellows and consultants
- Ongoing yearly attendance at Hunter Simulation Centre of Difficult Airway Management (DAM), Simulation Enhanced Intensive Care Orientation (SEICO) and Paediatric SEICO
- BLS, ALS, acute resuscitation and ADAPT courses are available at Hunter Simulation Centre located at John Hunter Hospital
**BEDSIDE TRAINING**

- Daily patient worksheets, patient review meetings and bedside teaching conducted and monitored by the staff specialist

**Access To Information Resources:**

NSW Health CIAP access to Cochrane, Medline, Pubmed, Clinical Guidelines etc. Guidelines and management protocols on ICU Intranet site. A large collection to archived journal articles held electronically, maintained by Fellows and SOT. On site well-resourced Medical library. Internet access available.

**SELECTION CRITERIA**

MBBS or equivalent, currently registered or eligible for registration with the Medical Board of Australia

Working towards Fellowship or Fellowship of the College of Intensive Care Medicine (CICM) or other specialist recognition as provided for in the Staff Specialist (State) Award or Health Insurance Act (1973).

Demonstrated competence and experience in adult and/or paediatric Critical Care within a tertiary Intensive Care Unit.

Commitment to undergraduate and post graduate teaching and supervision of: • Trainee specialists • Interns and resident medical officers • Postgraduate nurses • Medical Students • Undergraduate nurses • Allied Health staff, and Medical Management

Demonstrated ability to work as a member of a multidisciplinary team

Demonstrated commitment to maintaining personal knowledge and skills by participating in continuing education and professional standards programs, and/or participate in critical care research

Demonstrated commitment in all areas of quality improvement, best practice medicine, and use of information technology related to Critical Care.

Demonstrated high level verbal and written communication skills
ICU Advanced Trainee PD

The trainee will join the CICM accredited training program. The program provides rotations in required disciplines as below:

- John Hunter Hospital: Intensive Care (C24), Anaesthesia, PICU, NICU, Medicine
- Newcastle Calvary Mater Hospital: Medicine, Intensive Care (C6)
- Maitland Hospital: Anaesthesia, Medicine
- Gosford: Intensive Care (C12)

Main Purpose of Position (Position Summary):

- To become a member of the Intensive Care trainee pool providing Intensive Care services within HNELHD. The opportunity is available for suitably experienced clinicians to participate in the inter-hospital retrieval service at 0.5 FTE (elective CICM term)
- Taking a leadership role in coordinating the admission, management and discharge planning of patients seen in or admitted to his/her unit within the public health organisation, and ensuring that the admission and plans are documented in the medical record
- The day to day assessment and management of the patients in his/her unit, communicating with them and their family the nature of their condition and its treatment
- All decisions concerning the patient(s) in consultation with their immediate supervisor and team

Position Requirements:

**QUALIFICATIONS:**

- MBBS or equivalent
- Completed at least four years residency since graduation with 12 months recent experience in Intensive Care, Anaesthesia or Emergency Medicine. Current Advanced trainee of the Australasian College Of Intensive Care Medicine
- Currently registered or eligible for registration with the Medical Board of Australia

**CLINICAL:**

The Advanced Trainee is clinically responsible for:

- Rostered 7 x 12.5 hours per 2 weeks distributed between day and Night
- Appropriate experienced clinicians will be the senior Intensive Care clinician on site during the night shift
- Providing leadership and coordination of the Intensive Care junior medical workforce during rostered shifts
- Provide leadership and coordination of the clinical team in the diagnosis and management of Adult and Paediatric patient's in Intensive Care including, arranging appropriate investigations, prescribing appropriate medications and arranging interventional treatment or referral for consultation where required
- Ensuring that an accurate history and examination, management plan, investigations and action taken are recorded in the patient’s medical record including regular progress notes and arranging theatre and procedural lists as required
- Ensuring ICU database is maintained accurately
- To perform and/or supervise junior medical staff in procedures as approved and/or supervised by the on duty specialist
- Ensuring supervised Junior medical staff adhere to Hospital and Intensive Care policies and guidelines
- Communicating and coordinating effectively with nursing and other staff in regard to management plans, diagnostic requests, consultations and management of unstable patients
- Regularly reviewing patients to ensure the management is carried out and outcome assessed
• Ensuring that review of all pathology, radiology and other diagnostic reports is undertaken and advising the admitting medical officer of relevant results
• Communicating any significant change in the patient’s condition to the admitting medical officer and undertaking appropriate action
• Ensuring that all admissions, changes in clinical condition and deaths of patients are notified to the admitting medical officer
• Ensuring ongoing support to the patient and family
• Ensuring effective, timely and accurate discharge planning occur for the patient, family and other caregivers and an adequate and timely discharge summary is provided to those involved in after care including the general practitioner and the attending medical officer. Including liaising with the bed management and patient flow teams and units
• Participate in the hospital wide rapid response system in accordance with hospital policies
• Review consults as required and assist when requested by the ICU liaison Nurse in assessment and management of ward patients
• Provide Intensive Care trauma team role when rostered

RESEARCH, TEACHING & EDUCATION:
• Experience and willingness to teach junior medical staff and medical graduates
• Participate in unit/departmental and divisional activities
• Participate in research, peer review and audit projects
• Teaching of appropriate multidisciplinary team members (eg Allied Health) and nursing staff
• Attending unit Grand Rounds and relevant weekly educational sessions
• Complete satisfactorily required unit based competencies within expected time frames
• Participation in relevant college training program and exam preparation
• Maintain currency in mandatory training compliance required by HNELHD

Summary of current unit educational sessions:
• Extensive educational and training experience is provided and advanced trainees will be expected to participate
• Most educational activities are scheduled each Wednesday and include JMO tutorial 0700, Advance Trainee education 0900-1100, Journal club (3 weeks per month 1230), Clinical meeting (3 weeks per month 1400), Critical Care  ECHO review meeting 1630, M & M monthly
• A structured Paediatric doctor/nurse training each Thursday
• A structured Inter-professional Learning Sessions (doctor/nurse structure) each Tuesday
• EBM Sessions x 10 per year. Series of Directed Evidence Based Medicine 3 hour sessions on Critical Care subjects. Aimed at Advance trainees (0900 -1200 wed)
• Yearly Crisis resource management training such as Adult and Paediatric SEICO, Difficult Airway Management (DAM) days are provided through the JHH Simulation Centre
• The Unit provides Adult, Beyond Basic and Paediatric BASIC courses in total 4 annually
• CICM accredited Critical Care ECHO courses x 4 annually

Access To Information Resources:
NSW Health CIAP access to Cochrane, Medline, Pubmed, Clinical Guidelines etc. Guidelines and management protocols on ICU Intranet site. A large collection to archived journal articles held electronically, maintained by Fellows and SOT. On site well-resourced Medical library. Internet access available.

ORIENTATION:
• The Advanced Trainee will be required to attend a full days program of Intensive Care orientation prior to commencement of clinical duties
• Gain an understanding of the organizational values, goals and ethics of HNE
• Gain knowledge and develop skills to work in a manner which promotes their own health, safety and security at work. Given guidance on way to perform their job in an efficient and effective manner and the code of conduct and ethics
• Gain information on the Health Service Employee Assistance Program (EAP)
• Gain education and continued training in the management of OH&S, fire safety and quality improvement processes
• The Advanced Trainee should be made aware and abide by the NSW Health Code of Conduct

SUPERVISION:
• The Advanced Trainee will be required to provide supervision support to Basic Trainees, SRMO’s, RMO’s and rotating medical students allocated to his/her clinical team area
• At all times during normal hours the Advanced Trainee will have a Fellow or Staff Specialist medical officer on site
• After hours the Advanced Trainee will have a Fellow or Staff Specialist on site until 10pm (minimum) then on call until next shift handover (On call senior staff must be available on site within 30 minutes)

OTHER RESPONSIBILITIES:
In addition to the core competency standards, the Advanced Trainee is expected to comply with legislative, policy/protocol requirements as they relate to the following.
• Compliance with all applicable public health organization and hospital policies and protocols, and with applicable Policy Directives and Guidelines issued by the Department of Health, as amended and as in force from time to time, including the NSW Health Code of Conduct
• Ensuring that all services provided to patients are consistent with any instructions issued by your supervisor or Department Director or any conditions imposed by the Medical Board of Australia
• Demonstrating at all times courteous and professional behaviour towards patients, their relatives and other staff
• Demonstrating experience working independently within a supervised complex clinical environment utilizing excellent clinical skills, judgment and expertise
• Demonstrates teamwork, time management and problem solving skills as part of a multidisciplinary team
• Demonstrating the use of excellent communication skills (verbal and written) with patients, relatives, medical and nursing colleagues, Allied health, ward staff and administration staff to ensure the appropriate management of the patient

Local Background & Environment:
Hunter New England Local Health District (HNE Health) is one of the largest health districts in New South Wales, covering a geographic area of almost 130,000 km across the Hunter, New England and Lower Mid North Coast regions. HNE Health is responsible for the funding, organisation and delivery of public health services from Morisset in the south, to Tenterfield and Toomelah in the north, and as far west as Pilliga and Mungindi.

The JHH is the tertiary referral hospital for HNELHD and additionally provides tertiary services to the North Coast LHD

To effectively manage its vast range of hospital and community health services, HNE Health is divided into geographical clusters and acute hospital and mental health networks:

• **Greater Newcastle Cluster** includes John Hunter Hospital (including John Hunter Children’s Hospital and the Royal Newcastle Centre), Belmont Hospital, Calvary Mater Newcastle, Mater Mental Health (including a PEC) James Fletcher Hospital and facilities at Waratah, New Lambton, Newcastle, Wallsend, Windale, Toronto, Nelson Bay, Raymond Terrace and Morisset.
• **Hunter Valley Cluster** includes Maitland Hospital and facilities at Cessnock, Kurri Kurri, Singleton, Dungog, Muswellbrook, Denman, Scone, Murrurundi, Merriwa, East Maitland, Rutherford, Woodberry and Beresfield.
• **Lower Mid North Coast Cluster** includes Manning Hospital and facilities at Taree, Forster, Bulahdelah, Gloucester, Wingham, Hawks Nest/Tea Gardens, Harrington and Stroud.
• **Peel Cluster** includes Tamworth hospital and facilities at Gunnedah, Manilla, Walcha, Barraba, Nundle, Walhallow, Werris Creek, Quirindi Premer and Tambar Springs,
• **Tablelands Cluster** includes Armidale Hospital and facilities at Inverell, Tingha, Warialda, Bundarra, Glen Innes, Guyra, Emmaville, Tenterfield, Uralla, Ashford, Bundarra and Bingara
• **Mehi Cluster** includes facilities at Moree, Narrabri, Boggabri, Mungindi, Boggabilla, Toomelah, Wee Waa, Gwabegar and Pilliga.

HNE Health services are supported by district-wide Clinical Networks and Streams, which link health professionals together to work collaboratively, improve service delivery and ensure equitable provision of high quality, clinically effective care.

**Hunter New England LHD Profile:**

• Provides care for a population of more than 873,741 people, including 23 per cent of the state’s Aboriginal and Torres Strait Islander population
• Employs 15,750 staff, including 1700 medical officers
• Is supported by 1600 volunteers
• Spans 25 Local Government Areas
• Spends $1.7 billion per annum
• Has a head office in Newcastle and a regional office in Tamworth
• Is unique, in that it is the only local health district with a major metropolitan centre (Newcastle/Lake Macquarie), as well as a mix of several large regional centres and many smaller rural centres and remote communities within its borders

**John Hunter Hospital Services**

• 24 hour Emergency Department
• 24 hour Radiology service with radiographer on site, CT, Angiography and MRI
• Day consultant and medical officer. Night medical officer and consult on call
• 24 hour Pathology service - pathology technician on site 24 hour. Blood bank & basic pathology
• 24 hour Anaesthetic service – on site Anaesthetist till 12 midnight + on call, on site Anaesthetic medical officer 24 hour
• 24 hour Surgical Medical Officer cover
• 24 hour Medical Officer cover
• All major medical & surgical specialists available including adult & paediatric, thoracic, renal, cardiology, gastroenterology, endocrine, neurology, toxicology, interventional cardiology, nuclear medicine, general surgery, psychiatry, NICU, ICU, upper/lower GIT surgery, trauma surgery, orthopaedic, cardiothoracic surgery, renal transplant, ENT, plastic, vascular, chronic pain service

The trainee officer will be based at the John Hunter Hospital – the principle referral centre, teaching hospital and a community hospital for Newcastle, Lake Macquarie and beyond. It is the only major referral trauma centre in NSW outside Sydney and has the busiest emergency department in the state. John Hunter is the regions largest hospital with 666 beds. Newcastle is a coastal city and busy port within easy reach of Sydney being only a 2 hour drive or 30 minutes by air. John Hunter is the network referral hospital of the area.

The General Intensive Care Services JHH is a 19 bed level 6 (NSW levels, CICM level 111) Tertiary referral Intensive Care Unit. The Unit provides Adult and Paediatric Intensive Care and coordinates the inter-hospital retrieval services to the Lower and Upper Hunter regions and beyond, predominantly to the Mid North Coast, New England and North Coast regions.
Key Internal and External Relationships:
The ICU Advanced Trainee as part of training may be requested to provide critical care service to referral hospitals prior to critically ill patients medically retrieved.

Communication
The doctor is a key person who works closely with all members of staff and must:
- Work as part of, and contribute to a multi-disciplinary team
- Deal with matters of an urgent or sensitive nature
- Must have the ability to exercise discretion, sensitivity and maintain confidentiality
- Works co-operatively within a team environment and actively contributes to team activities including pro-actively participates in team meetings and decision making processes

Key Internal Relationships
- Multidisciplinary teams - The ICU trainee will be expected to work with other doctors, nurses, allied health and clerical staff as part of his/her role
- Consumers/Carers
- Other Departments, Divisions and Clinical Streams
- Hospital Administration – Service Manager, Training Unit
- In regards to After Hours duty, it is a requirement that you particularly provide good communication with the Consultant On-Call and are professional and supportive in regards to staff who may request your assistance

Key External Relationships
- Consumer/Carers
- General Practitioners
- Community health services
- Other hospitals
- Police, Ambulance

Supervision Arrangements:
Supervision of the Advanced Trainee in normal hours of work:
Normal Hours of duty will be with the Consultant Intensivist’s. The Advanced trainee will receive full direct supervision and support from the Consultant within the department they are rotating through. The Advanced Trainee will have access to a senior supervisor at all times.

Supervision of the Advanced Trainee in after hours of work:
The junior medical staff handover to each other in ICU at 8pm. The evening consultant and night medical officers will later round in the ICU to check that problems are sorted out for the night. From midnight the on duty consultant will be on call with the senior trainee remaining on duty with other junior staff until the morning shift. The Advanced Trainee will be able to call the consultant on call for support and supervision after hours.

Challenges/Problem Solving:
Major challenges for the Doctor include:
- Matching training requirements with service provisions, within the limitations of a busy public health service, whilst maintaining a professional role and responsibility for patient care
- Undertaking responsibility for clinical teaching, particularly resident medical staff and medical students
- Working collaboratively with other staff in a multi-disciplinary team
- Maximising the efficient utilisation of the physical resources of the Health Service
• Being Flexible with the work required in a range of Health Services and Locations
• Ensuring consultation with family and carers in treatment plans
• Participation in service planning and evaluation and quality improvement activities
• Working in physically demanding, complex and/or unfamiliar environments providing quality care to adult and paediatric critically ill and injured patients
• Providing sound clinical support on site and remotely to clinicians and practitioners referring patients to the Hunter Retrieval Service
• Working with a senior critical care nurse or intensive care paramedic providing independent clinical supervision and decision making

Decision Making:
The Advanced Trainee will be required:
• To exercise independent judgment, initiative and problem solving skills, but this should be exercised in consultation with supervising medical staff
• In regards to patient care the trainee will generally be responsible for initiating an immediate management plan, which should then be reviewed with the Consultant
• Patients representing a high risk should have more intensive and immediate review with Consultants
• Expected to be able to act semi-independently in your clinical decision making but all significant issues, such as patient discharge should always be reviewed by a Consultant
• To refer to the Medical Officer's Handbook and relevant policies and procedures when required
• To deal with matters in a confidential manner
• To respect the professional values of all staff

Communication:
The Advanced Trainee is a key person who works closely with all members of staff and must:
• Working collaboratively with other staff in a multi-disciplinary team
• Deal with matters of an urgent or sensitive nature
• Must have the ability to exercise discretion, sensitivity and maintain confidentiality
• Works co-operatively within a team environment and actively contributes to team activities including pro-actively participates in team meetings and decision making processes
• Maximising the efficient utilisation of the physical resources of the Health Service
• Responsibility for supervision and teaching of junior medical officers attached to the medical team
• Important relationships are with the following staff: Other trainees and medical officers, other retrieval team members, consultant medical staff, other clinicians on the team, service manager, nursing staff, allied health, medical administration and training unit
• In regards to After Hours duty, it is a requirement that the trainee particularly provide good communication with the Consultant and are professional and supportive in regards to staff who may request their assistance

Performance Monitoring:
Intensive Care Education and Training Programme
A comprehensive programme of training and education is in place for all trainees during their ICU terms. The Advanced Trainee is required to maintain a continuing level of satisfactory performance and successful compliance with the requirements of the relevant training program, including progression through the program at the expected rate.

The Advanced Trainee is responsible for: i) participating in ongoing review of his/her clinical practice as per conditional registration guidelines. ii) Participating in continuing medical
education and professional development as covered by the supervision arrangements stipulated by the Medical Board. iii) Maintaining his/her professional competence.

The Advanced Trainee is required to maintain: i) satisfactory progress with college examinations. ii) Attendance at departmental training sessions and unit meetings. iii) Annual performance evaluations. iv) Maintenance of advanced cardiac life support accreditation.

IN TRAINING ASSESSMENT
• Programme of two-way feedback for basic and advanced training maintained for all non-specialist staff in Intensive Care Services JHH
• Database maintained. Clarification of learning objectives, learning plans, exam preparation
• Written ongoing feedback from ICU specialist staff
• Weekly assessments for each rostered trainee provided by the on duty staff specialist
• Collated by SOT with quarterly feedback to trainee
• PDR program in place for all trainees conducted by the Supervisor of Training
• Regular meetings conducted between Unit Director, Supervisor of Training and assistant Supervisor of Training

SELECTION CRITERIA
1. MBBS or equivalent, currently registered or eligible for registration with the Medical Board of Australia.

2. Completed at least 4 yrs residency since graduation with 12 months recent experience in Intensive Care, Anaesthesia or Emergency Medicine. Current Advanced Trainee of CICM and hold the Part 1 examination (CICM), ANZCA, RACP, FACEM OR be in preparation to sit the examination in year of appointment

3. Demonstrated commitment to relevant training program and related medical experience in relevant specialties. Working towards completion of relevant College examinations.

4. Demonstrates ability to work independently within a supervised complex clinical environment utilising excellent clinical skills, judgment and expertise.

5. Ability to demonstrate sound decision making and awareness of when and who to seek further advice

6. Demonstrated experience using excellent communication skills (verbal and written) with patients, relatives, medical and nursing colleagues, Allied health, ward staff and administration staff to ensure the appropriate management of the patient.

7. Demonstrates teamwork, time management and problem solving skills as part of a multidisciplinary team.

8. A professional attitude and flexibility in work role with a preparedness and ability to participate in after-hours rosters to deliver patient care
ICU Basic Trainee PD

The trainee will be required to work at the below facilities and locations with the NSW public health system as part of their training program
John Hunter Hospital: Intensive Care, Anaesthesia, Medicine
Newcastle Calvary Mater Hospital: MAU (medicine)
Maitland Hospital: Anaesthesia, Medicine

Main Purpose of Position (Position Summary):
• To become a member of the Intensive Care trainee pool providing Intensive Care and Retrieval Services. The position would be suitable for experienced medical officers seeking to gain further experience and training in Intensive Care Medicine whilst undertaking learning and professional development activities with the aim of progressing to a Fellow of the College of Intensive Care Medicine
• Taking a leadership role in coordinating the admission, management and discharge planning of patients seen in or admitted to his/her unit within the public health organisation, and ensuring that the admission and plans are documented in the medical record
• The day to day assessment and management of the patients in his/her unit, communicating with them and their family the nature of their condition and its treatment
• All decisions concerning the patient(s) in consultation with their immediate supervisor and team.

Position Requirements:

QUALIFICATIONS:
• MBBS or equivalent
• Completed at least three years residency since graduation with recent experience in Anaesthesia/Intensive Care and or Emergency Medicine at least at a senior resident level
• Currently registered or eligible for registration with the Medical Board of Australia.

CLINICAL:
The Basic Trainee is clinically responsible for:
• Rostered 7 x 12.5 hours per 2 weeks distributed between day and Night
• Become competent in Central Venous line insertion, arterial line insertion, airway support with bag and mask, NIV invasive ventilation
• Setting in motion the diagnosis and management of the patient’s condition, including arranging requests for radiology and pathology tests, prescribing appropriate medications and arranging interventional treatment or referral for consultation where required
• Ensuring that an accurate history and examination, management plan, investigations and action taken are recorded in the patient’s medical record including regular progress notes and arranging theatre and procedural lists as required
• Ensuring ICU database is maintained accurately
• Communicating and coordinating effectively with nursing and other staff in regard to management plans, diagnostic requests, consultations and management of unstable patients
• Regularly reviewing patients to ensure the management is carried out and outcome assessed
• Ensuring that review of all pathology, radiology and other diagnostic reports is undertaken and advising the admitting medical officer of relevant results
• Communicating any significant change in the patient’s condition to the admitting medical officer and undertaking appropriate action
• Ensuring that all admissions, changes in clinical condition and deaths of patients are notified to the admitting medical officer
• Ensuring ongoing support an information to the patient and family
• Communicating the patient assessment to the relevant admitting medical officer
• Ensuring that all arrangements for autopsy, death and cremation certificates are made expeditiously and appropriate support to other staff and family is given
• Ensuring effective, timely and accurate discharge planning occur for the patient, family and other caregivers and an adequate and timely discharge summary is provided to those involved in after care including the general practitioner and the attending medical officer. Also including liaising with the bed management and patient flow teams/units

RESEARCH, TEACHING & EDUCATION:
• Experience and willingness to teach junior medical staff and medical graduates
• Participate in unit/departmental and divisional activities
• Participate in research, peer review and audit projects
• Teaching of appropriate multidisciplinary team members (eg Allied Health) and nursing staff
• Attending unit Grand Rounds and relevant weekly educational sessions
• Obtaining and maintaining basic and advanced cardiac life support accreditation
• Participation in relevant college training program and exam preparation
• Participation of completion in central line insertion logbook using mylink system

Summary of current unit educational sessions:
• Extensive educational and training experience is provided and advanced trainees will be expected to participate
• Most educational activities are scheduled each Wednesday and include JMO tutorial 0700, Advance Trainee education 0900-1100, Journal club (3 weeks per month 1230), Clinical meeting (3 weeks per month 1400), Critical Care ECHO review meeting 1630, M & M monthly
• A structured Paediatric doctor/nurse training each Thursday
• A structured Inter-professional Learning Sessions (doctor/nurse structure) each Tuesday
• EBM Sessions x 10 per year. Series of Directed Evidence Based Medicine 3 hour sessions on Critical Care subjects. Aimed at Advance trainees (0900 -1200 wed)
• Yearly Crisis resource management training such as Adult and Paediatric SEICO, Difficult Airway Management (DAM) days are provided through the JHH Simulation Centre
• The Unit provides Adult, Beyond Basic and Paediatric BASIC courses in total 4 annually
• CICM accredited Critical Care ECHO courses x 4 annually

Access To Information Resources:
NSW Health CIAP access to Cochrane, Medline, Pubmed, Clinical Guidelines etc. Guidelines and management protocols on ICU Intranet site. A large collection to archived journal articles held electronically, maintained by Fellows and SOT. On site well-resourced Medical library. Internet access available.

ORIENTATION:
• The Basic Trainee will be required to attend a full days program of Intensive Care orientation prior to commencement of clinical duties
• Gain an understanding of the organizational values, goals and ethics of HNE
• Gain knowledge and develop skills to work in a manner which promotes their own health, safety and security at work, including information relating to infection control and needle-stick injury
• Given guidance on way to perform their job in an efficient and effective manner and the code of conduct and ethics
• Gain information on the Health Service Employee Assistance Program (EAP)
• Gain education and continued training in the management of OH&S, fire safety and quality improvement processes
• The Basic Trainee should be made aware and abide by the NSW Health Code of Conduct.
SUPERVISION:
- The Basic Trainee will be required to provide supervision support to SRMO’s, RMO’s and Interns allocated to his/her clinical team area
- At all times during normal hours the Basic Trainee will have a more senior medical officer on site such as Advanced Trainee, Fellow, Staff Specialist
- After hours the Basic Trainee will always have a more senior medical officer on site such as Advanced Trainee (entire shift), plus a Fellow or Staff Specialist on site until 10pm (minimum) then on call until next shift handover (On call senior staff must be available on site within 30 minutes)

OTHER RESPONSIBILITIES:
In addition to the core competency standards, the Basic Trainee is expected to comply with legislative, policy/protocol requirements as they relate to the following.
- Compliance with all applicable public health organization and hospital policies and protocols, and with applicable Policy Directives and Guidelines issued by the Department of Health, as amended and as in force from time to time, including the NSW Health Code of Conduct
- Ensuring that all services provided to patients are consistent with any instructions issued by your supervisor or Department Director or any conditions imposed by the Medical Board of Australia
- Demonstrating at all times courteous and professional behaviour towards patients, their relatives and other staff
- Demonstrating experience working independently within a supervised complex clinical environment utilizing excellent clinical skills, judgment and expertise
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Local Background & Environment:
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• **Tablelands Cluster** includes Armidale Hospital and facilities at Inverell, Tingha, Warialda, Bundarra, Glen Innes, Guyra, Emmaville, Tenterfield, Uralla, Ashford, Bundarra and Bingara

• **Mehi Cluster** includes facilities at Moree, Narrabri, Boggabri, Mungindi, Boggabilla, Toomelah, Wee Waa, Gwabegar and Pilliga.

HNE Health services are supported by district-wide Clinical Networks and Streams, which link health professionals together to work collaboratively, improve service delivery and ensure equitable provision of high quality, clinically effective care.

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- Provides care for a population of more than 873,741 people, including 23 per cent of the state’s Aboriginal and Torres Strait Islander population
- Employs 15,750 staff, including 1700 medical officers
- Is supported by 1600 volunteers
- Spans 25 Local Government Areas
- Spends $1.7 billion per annum
- Has a head office in Newcastle and a regional office in Tamworth
- Is unique, in that it is the only local health district with a major metropolitan centre (Newcastle/Lake Macquarie), as well as a mix of several large regional centres and many smaller rural centres and remote communities within its borders

**John Hunter Hospital Services**

- 24 hour Emergency Department
- 24 hour Radiology service with radiographer on site, CT, Angiography and MRI
- Day consultant and medical officer. Night medical officer and consultant on call
- 24 hour Pathology service- pathology technician on site 24 hour. Blood bank & basic pathology
- 24 hour Anaesthetic service – on site Anaesthetist till 12 midnight + on call, on site Anaesthetic medical officer 24 hour
- 24 hour Surgical Medical Officer cover
- 24 hour Medical Officer cover
- All major medical & surgical specialists available including adult & paediatric, thoracic, renal, cardiology, gastroenterology, endocrine, neurology, toxicology, interventional cardiology, nuclear medicine, general surgery, psychiatry, NICU, ICU, upper/lower GIT surgery, trauma surgery, orthopaedic, cardiothoracic surgery, renal transplant, ENT, plastic, vascular, chronic pain service

The trainee officer will be based at the John Hunter Hospital – the principle referral centre, teaching hospital and a community hospital for Newcastle, Lake Macquarie and beyond. It is the only major referral trauma centre in NSW outside Sydney and has the busiest emergency department in the state. John Hunter is the regions largest hospital with 666 beds. Newcastle is a coastal city and busy port within easy reach of Sydney being only a 2 hour drive or 30 minutes by air. John Hunter is the network referral hospital of the area.

The General Intensive Care Services is a 16 bed level 6 Tertiary referral Intensive Care Unit. The Unit provides Adult and Paediatric Intensive Care clinical and retrieval services to the Lower and Upper Hunter regions and beyond, predominantly to the Mid North Coast and New England and North Coast regions.
Key Internal and External Relationships:
The ICU Trainee as part of training may be requested to provide critical care service to referral hospitals prior to critically ill patients medically retrieved.

Communication
The doctor is a key person who works closely with all members of staff and must:
- Work as part of, and contribute to a multi-disciplinary team
- Deal with matters of an urgent or sensitive nature
- Must have the ability to exercise discretion, sensitivity and maintain confidentiality
- Works co-operatively within a team environment and actively contributes to team activities including pro-actively participates in team meetings and decision making processes

Key Internal Relationships
- Multidisciplinary teams - The ICU trainee will be expected to work with other doctors, nurses, allied health and clerical staff as part of his/her role
- Consumers/Carers
- Other Departments, Divisions and Clinical Streams
- Hospital Administration – Service Manager, Training Unit
- In regards to After Hours duty, it is a requirement that you particularly provide good communication with the Consultant On-Call and are professional and supportive in regards to staff who may request your assistance

Key External Relationships
- Consumer/Carers
- General Practitioners
- Community health services
- Other hospitals
- Police, Ambulance

Supervision Arrangements:

Supervision of the Basic Trainee in normal hours of work:
Normal Hours of duty will be with the Consultant Intensivist and senior ICU trainee. The basic trainee will receive full direct supervision and support from the Consultant within the department they are rotating through. The basic trainee will have access to a senior supervisor at all times.

Supervision of the Basic Trainee in after hours of work:
The junior medical staff handover to each other in ICU at 8pm. The evening consultant and night medical officers will later round in the ICU to check that problems are sorted out for the night. From midnight the on duty consultant will be on call with the senior trainee remaining on duty with other junior staff until the morning shift. The Basic Trainee along with the senior trainee will be able to call the consultant on call for support and supervision after hours.

Challenges/Problem Solving:
Major challenges for the Doctor include:
- Matching training requirements with service provisions, within the limitations of a busy public health service, whilst maintaining a professional role and responsibility for patient care
- Undertaking responsibility for clinical teaching, particularly resident medical staff and medical students
- Working collaboratively with other staff in a multi-disciplinary team
- Maximising the efficient utilisation of the physical resources of the Health Service
- Being Flexible with the work required in a range of Health Services and Locations
• Ensuring consultation with family and carers in treatment plans
• Participation in service planning and evaluation and quality improvement activities

Decision Making:
**The Basic Trainee will be required:**
• To exercise independent judgment, initiative and problem solving skills, but this should be exercised in consultation with supervising medical staff
• In regards to patient care the trainee will generally be responsible for initiating an immediate management plan, which should then be reviewed with the Consultant
• Patients representing a high risk should have more intensive and immediate review with Consultants
• Expected to be able to act semi-independently in your clinical decision making but all significant issues, such as patient discharge should always be reviewed by a Consultant
• To refer to the Medical Officer's Handbook and relevant policies and procedures when required
• To deal with matters in a confidential manner
• To respect the professional values of all staff.

Communication:
**The trainee is a key person who works closely with all members of staff and must:**
• Work as part of, and contribute to a multi-disciplinary team
• Deal with matters of an urgent or sensitive nature
• Must have the ability to exercise discretion, sensitivity and maintain confidentiality
• Works co-operatively within a team environment and actively contributes to team activities including pro-actively participates in team meetings and decision making processes
• Important relationships are with the following staff - Other trainees and medical officers, Consultant Medical Staff, Other Clinicians on the Team, Service Manager, Nursing staff, Allied health, Medical Administration and Training Unit
• In regards to After Hours duty, it is a requirement that you particularly provide good communication with the Consultant On-Call and are professional and supportive in regards to staff who may request your assistance.

Performance Monitoring:
**Intensive Care Education and Training Programme**
A comprehensive programme of training and education is in place for all trainees during their ICU term. The Basic Trainee is required to maintain a continuing level of satisfactory performance and successful compliance with the requirements of the relevant training program, including progression through the program at the expected rate.

The Basic Trainee is responsible for: i) participating in ongoing review of his/her clinical practice as per conditional registration guidelines. ii) participating in continuing medical education and professional development as covered by the supervision arrangements stipulated by the Medical Board. iii) maintaining his/her professional competence.

**IN TRAINING ASSESSMENT**
• Programme of two-way feedback for basic and advanced training maintained for all non-specialist staff in Intensive Care Services JHH
• Database maintained. Clarification of learning objectives, learning plans, exam preparation
• Written ongoing feedback from ICU specialist staff
• Weekly assessments for each rostered trainee provided by the on duty staff specialist
• Collated by SOT with quarterly feedback to trainee
• PDR program in place for all trainees conducted by the Supervisor of Training
• Regular meetings conducted between Unit Director, Supervisor of Training and assistant Supervisor of Training

**SELECTION CRITERIA**

1. MBBS or equivalent, currently registered or eligible for registration with the Medical Board of Australia.

2. Completed at least three years residency since graduation with recent experience in Anaesthesia/Intensive Care and or Emergency Medicine at least at a senior resident level.

3. Demonstrated commitment to relevant training program and related medical experience in relevant specialties. Working towards completion of relevant College examinations.

4. Demonstrates ability to work independently within a supervised complex clinical environment utilising excellent clinical skills, judgment and expertise.

5. Ability to demonstrate sound decision making and awareness of when and who to seek further advice

6. Demonstrated experience using excellent communication skills (verbal and written) with patients, relatives, medical and nursing colleagues, Allied health, ward staff and administration staff to ensure the appropriate management of the patient.

7. Demonstrates teamwork, time management and problem solving skills as part of a multidisciplinary team.

8. A professional attitude and flexibility in work role with a preparedness and ability to participate in after-hours rosters to deliver patient care
AICPM SRMO Critical Care PD

The SRMO will be required to work at the below facilities and locations with the NSW public health system as part of their training program

John Hunter Hospital: Intensive Care Services, Anaesthetics, Emergency Department
Newcastle Calvary Mater Hospital: ICU, Anaesthetics, Emergency Department
Belmont Hospital: Anaesthetics

Responsible To:
Director’s of Intensive Care Services, Anaesthesia & Emergency Departments of JHH

Responsible For:
The day to day assessment of management of the patients in his/her unit, communicating with them and their family the nature of their condition and its treatment in consultation with the unit senior medical staff

Main Purpose of Position (Position Summary):
A Critical Care SRMO year is an exciting, challenging and intense learning opportunity. The critical care specialties care for the most unwell patients in the hospital, and encompass the entire spectrum of medical and surgical pathology. SRMO’s will experience anaesthesia and airway management, perioperative care and pain control, identification and resuscitation of critically unwell patients, as well as invasive monitoring and support for failing organ systems. SRMO’s also develop experience in teamwork, communication, and crisis management.

Features of the Critical Care environment include applied physiology and pharmacology, use of technology and equipment, as well as advanced procedural skills. They are multidisciplinary, team based workplaces, with strong senior medical leadership and support. There is potential for stress due to multiple conflicting demands in a busy environment, and ethical challenges and adverse outcomes that are often encountered.

Upon completion of the Critical Care SRMO year doctors will be well prepared to apply for trainee positions in Anaesthesia, Intensive Care or Emergency Medicine, and will also have acquired many transferable skills that will be useful in other training programs such as medicine, Paediatrics and general practice.

The main purpose of the position is to provide medical services and to gain supervised experience in the management of severely ill or injured patients located in the acute settings of the Emergency Department, Intensive Care Unit, High Dependency Unit and Anaesthesia. This training occurs prior to specialisation.

Position Requirements:

QUALIFICATIONS/REGISTRATION/EXPERIENCE:
1. MBBS or equivalent
2. Currently registered or eligible for registration with the Australian Health Professionals Regulatory Authority (AHPRA)
3. Completion of two postgraduate years working as a medical officer with demonstrated competence
4. Demonstrated commitment to completing the ICU BASIC Course, the Early Management of Severe Trauma course or equivalent (EMST or ATLS), and the Advanced Paediatric Life Support course (APLS)

CLINICAL:
The Senior Resident Medical Officer is clinically responsible for:

1. The initial assessment of patients, which should consist of an accurately documented comprehensive patient history, physical examination and the formulating of a management plan.
2. Ordering investigations and requesting consults as appropriate.
3. Reviewing of all pathology, radiology and other diagnostic reports and advising the Consultant and/or taking appropriate action.
4. Charting of medications and fluids as required.
5. Communication of the patients' assessment and management plan with the medical and nursing staff and other members of the team providing care to the patient. Following up to ensure the plan is carried out and assessing its outcome.
6. Ensuring that all admissions, changes in clinical condition and deaths of patients are notified to the Supervising Consultant and the Admitting Medical Officer.
7. Initiating immediate treatment as appropriate where required, including cardio-pulmonary resuscitation.
8. Participating in ward rounds, patient clinics, clinical hand over and ensuring all documentation including progress notes is completed.
9. Communicating with, and supporting, the patient and their family.
10. Ensuring effective discharges occur for the patient, family and other caregivers and an adequate and timely discharge summary is provided to those involved in after care including the General Practitioner and the Attending Medical Officer. The discharge summary should summarise the admission and describe the management plan.
11. Ensuring all arrangements required for autopsy, death and cremation certificates are made expeditiously and appropriate support to other staff and family is given.
12. Arranging theatre lists and assisting at operations where required, consistent with their clinical responsibilities and training requirements.
13. Participation in a shift roster including after hours and weekend cover as required.
14. The Senior Resident Medical Officer will be required to provide supervision support to Resident Medical Officers and Interns during shifts rostered outside of normal working hours.

**Anaesthesia Rotation**
- Participation in perioperative assessment including ward assessments and rotation to pre-admission clinic
- Develop skills (with appropriate supervision) in administering sedation, general anaesthesia and regional anaesthesia to a varied (and sometimes critically unwell) patient population.
- Institute the management of acute post-operative pain including participation in acute pain service rounds.
- The majority of the experience gained in the anaesthesia rotation will be with adult elective patients, however, at John Hunter there is significant opportunity to gain skills in anaesthetising orthopaedic trauma patients.

**Intensive Care Rotation**
- Provision of critical care to patients in the ICU/HDU, or in other locations in response to a MET call or request for consultation.
- Accurate data entry into the ICU patient database.

**Emergency Medicine Rotation**
- Provision of emergency care to patients in the Emergency Department

**Competency is expected to be demonstrated or developed in the following skills as a minimum:**
- Venipuncture
- Peripheral venous and arterial cannulation
- Central venous cannulation
- CPR
- Intubation
- Tube / needle thoracostomy
- Catheterisation
- Lumbar Puncture
- Interpretation of ECG
- Reading of Xrays
- Interpretation of basic blood results
The Senior Resident Medical Officer will be required to:

1. Contribute to teaching activities and the supervision of Medical Students and Interns.
2. Support research conducted within HNELHD, and to undertake relevant research to facilitate adequate competencies within the department they are rotating through.
3. They should attend and participate in, all educational activities and departmental teaching and Clinical meetings as advised.
4. The SRMO is expected to obtain proficiency and maintain competence in Basic and Advanced Life Support skills, and preferably attend at least one day at the HNE Skills and Simulation Centre.
5. Provide evidence of continued professional development and commitment to self-education.
6. Act in accordance with the HNE Health Values Charter and the NSW Health Code of Conduct.
7. Participate in relevant patient safety and quality education and deliver services in accordance with the National Patient Safety and Quality Standards, Work Health & Safety Act and NSW Health risk management frameworks.
8. Ensure that work is conducted in a manner that demonstrates values of cultural respect in accordance with HNE Health's Closing the Gap strategy.
9. Actively work to improve workplace safety within HNE Health by:
   - Performing work in a manner that is safe and does not pose a risk to others
   - Complying with all WHS policies, procedures and education provided by HNE Health including infection control and manual handling
   - Reporting any identified safety matters
   - Speaking up about safety issues, including speaking to colleagues who are observed to work in an unsafe manner
   - Actively model a workplace culture of safety in keeping with Excellence and develop mechanisms to identify and mitigate workplace safety issues.

The Senior Resident Medical Officer will be required to undertake orientation and mandatory training to:

1. Gain an understanding of the code of conduct, organisational values, goals and ethics, and the behaviour and standards expected by the Public Health Organisation.
2. Gain knowledge and develop skills to work in a manner which promotes their own health, safety and security at work, including information relating to infection control and needle-stick injury.
3. Gain an understanding of child protection legislation policies and responsibilities associated with notifying and reporting issues about child protection.
4. Understand the principles of waste management and the local processes in place which are designed to reduce waste.
5. Gain an understanding of the administrative procedures relating to the performance of their work, and ways to perform their job in an efficient and effective manner;
6. Develop an understanding of the legislative and industrial context in which they work.
7. Gain information on the Health Service Employee Assistance Program (EAP).

Local Background & Environment:

**Hunter New England Local Health District (HNE Health)** is one of the largest health districts in New South Wales, covering a geographic area of almost 130,000 kilometers across the Hunter, New England and Lower Mid North Coast regions. HNE Health is responsible for the funding, organisation and delivery of public health services from Morisset in the south, to Tenterfield and Toomelah in the north, and as far west as Pilliga and Mungindi.

To effectively manage its vast range of hospital and community health services, HNE Health is divided into geographical clusters and acute hospital and mental health networks:

- **Greater Newcastle Cluster** includes John Hunter Hospital (including John Hunter Children’s Hospital and the Royal Newcastle Centre), Belmont Hospital, Calvary
Mater Newcastle, Mater Mental Health (including a PEC) James Fletcher Hospital and facilities at Waratah, New Lambton, Newcastle, Wallsend, Windale, Toronto, Nelson Bay, Raymond Terrace and Morisset.

- **Hunter Valley Cluster** includes Maitland Hospital and facilities at Cessnock, Kurri Kurri, Singleton, Dungog, Muswellbrook, Denman, Scone, Murrurundi, Merriwa, East Maitland, Rutherford, Woodberry and Beresfield.
- **Lower Mid North Coast Cluster** includes Manning Hospital and facilities at Taree, Forster, Bulahdelah, Gloucester, Wingham, Hawks Nest/Tea Gardens, Harrington and Stroud.
- **Peel Cluster** includes Tamworth hospital and facilities at Gunnedah, Manilla, Walcha, Barraba, Nundle, Walhallow, Werris Creek, Quirindi Premer and Tambar Springs,
- **Tablelands Cluster** includes Armidale Hospital and facilities at Inverell, Tingha, Warialda, Bundarra, Glen Innes, Guyra, Emmaville, Tenterfield, Uralla, Ashford, Bundarra and Bingara
- **Mehi Cluster** includes facilities at Moree, Narrabri, Boggabri, Mungindi, Boggabilla, Toomelah, Wee Waa, Gwabegar and Pilliga.

HNE Health services are supported by district-wide Clinical Networks and Streams, which link health professionals together to work collaboratively, improve service delivery and ensure equitable provision of high quality, clinically effective care.

**Hunter New England LHD Profile:**

- Provides care for a population of more than 873,741 people, including 23 per cent of the state’s Aboriginal and Torres Strait Islander population
- Employs 15,750 staff, including 1700 medical officers
- Is supported by 1600 volunteers
- Spans 25 Local Government Areas
- Spends $1.7 billion per annum
- Has a head office in Newcastle and a regional office in Tamworth
- Is unique, in that it is the only local health district with a major metropolitan centre (Newcastle/Lake Macquarie), as well as a mix of several large regional centres and many smaller rural centres and remote communities within its borders

**John Hunter Hospital Services**

- 24 hour Emergency Department
- 24 hour Radiology service with radiographer on site, CT, Angiography and MRI
- Day consultant and medical officer. Night medical officer and consultant on call
- 24 hour Pathology service- pathology technician on site 24 hour. Blood bank & basic pathology
- 24 hour Anaesthetic service – on site Anaesthetist till 12 midnight + on call, on site Anaesthetic medical officer 24 hour
- 24 hour Surgical Medical Officer cover
- 24 hour Medical Officer cover
- All major medical & surgical specialists available including adult & paediatric, thoracic, renal, cardiology, gastroenterology, endocrine, neurology, toxicology, interventional cardiology, nuclear medicine, general surgery, psychiatry, NICU, ICU, upper/lower GIT surgery, trauma surgery, orthopaedic, cardiothoracic surgery, renal transplant, ENT, plastic, vascular, chronic pain service

The Critical Care SRMO position provides anaesthesia services for the Greater Newcastle Sector. The JHH/RNC campus is a tertiary referral hospital for the Hunter New England Area Local Health District. It is the only major referral trauma centre in NSW outside Sydney and has the busiest emergency department in the state. John Hunter is the regions largest hospital with over 600 beds. Newcastle is a coastal city and busy port within easy reach of Sydney being only a 2 hour drive or 30 minutes by air. John Hunter is the network referral hospital of the area.
The General Intensive Care Services is a 16 bed level 6 Tertiary referral Intensive Care Unit. The Unit provides Adult and Paediatric Intensive Care clinical and retrieval services to the Lower and Upper Hunter regions and beyond, predominantly to the Mid North Coast and New England regions. The SRMO will take part in a 12hr rotating roster system requiring Fellow supervision till midnight then ICU consultant on call.

Almost all medical and surgical services are provided with the exception of major burns, spinal cord rehab, paediatric cardiac surgery and non-renal transplant services. Belmont and Maitland provide more limited services, generally to a less urbanised and healthier population. The Calvary Mater provides general medical, surgical oncology and toxicology services. It includes a 4-bedded ICU. The above three hospitals are 10-30 min away from the JHH if patient transfer is required.

Key Internal and External Relationships:

Key Internal Relationships
- Consumers/Carers
- Multidisciplinary teams - The SRMO will be expected to work with other doctors, nurses, allied health and clerical staff as part of his/her role.
- Other Departments, Divisions and Clinical Streams
- Hospital Administration – Service Manager, Training Unit
- In regards to After Hours duty, it is a requirement that you particularly provide good communication with the Consultant On-Call and are professional and supportive in regards to staff who may request your assistance

Key External Relationships
- Consumer/Carers
- General Practitioners
- Community health services
- Other hospitals
- Police, Ambulance

Supervision Arrangements:

Supervision of the SRMO in normal hours of work:
1. Will receive full direct supervision and support from more senior medical officers and the Consultant within the department they are rotating through.
2. As the SRMO gains more experience, supervision may be less direct, but will always be promptly available, including immediate support and advice over the telephone
3. The SRMO will also be supervised by the Term Supervisor, the Director of Clinical Services and the Director of Prevocational Training and Development within the hospital.
4. The SRMO will be required to provide supervision support to RMO’s and Interns and students allocated to his/her clinical team area

Supervision of the SRMO in after hours of work:
1. Will always have a more senior medical officer on site or on call
2. Will have the immediate supervision by Trainees (Including Advanced Trainee, Basic Trainee, Unaccredited Trainee) on duty (Does not apply at Calvary Mater Hospital ICU)
3. Will be able to call the Consultant on call for support and supervision after hours.

Challenges/Problem Solving:
Major challenges for the occupant of the position include:
1. Demonstrating initiative, time management and problem solving skills to resolve issues.
2. Demonstrating excellent verbal and written communication skills
3. Working collaboratively with other staff in the multidisciplinary team
4. Working in a complex environment where there are competing priorities and strict deadlines, and balancing training requirements with service provision
5. Being first on call for the assessment and treatment of patients of any acute problems during the day.
6. Completing a comprehensive patient history by obtaining the history from the patient and from other relevant sources (e.g. medical record, family, nursing home, general practitioner, ambulance transfers sheet etc.).
7. Documenting the full history and physical examination within progress notes even if a covering Medical Officer admits the patient.
8. Formulating a management plan for every patient in consultation with more senior medical staff.
9. Ensuring that appropriate investigations are ordered and followed up and that the management plan is updated appropriately.
10. Legible, accurate and signed progress notes must be written every day and particularly after every ward round.
11. Ensuring consultation with family and carers in treatment plans
12. Showing a commitment to the effective handover of patients.
13. Appropriate liaison for advice/help with supervising medical staff.

Decision Making:
The SRMO will be required:
1. Act semi-independently in history taking, physical examination and clinical decision making
2. Exercise judgment, initiative and problem solving skills
3. Initiate immediate management plans
4. Ensure appropriate input from key decision makers and achieve consensus when possible.
5. Appropriately allocate teaching time according to evidence of learning need.
6. Deal with matters in a confidential manner.
7. Respect the professional values of staff.
8. All significant decisions concerning patients are to be discussed with the SRMO’s immediate supervisor and/or Consultant.

Communication:
The SRMO is a key person who works closely with all members of staff and must:
1. Works co-operatively within a multi-disciplinary team, actively contributing to team activities, meetings and decision making processes
2. Deal with matters of an urgent or sensitive nature
3. Must have the ability to exercise discretion, sensitivity and maintain confidentiality

Important relationships are with the following staff:
1. Other trainees and medical officers, Consultant Medical Staff, Other Clinicians on the Team, Service Manager, Nursing staff, Allied health, Medical Administration and Training Unit.
2. In regards to After Hours duty, it is a requirement that you particularly provide good communication with the Consultant On-Call and are professional and supportive in regards to staff who may request your assistance.

Performance Monitoring:
The SRMO is responsible for:
1. The Senior Resident Medical Officer is required to maintain a continuing level of satisfactory performance and to maintain his/her professional competence
2. Documented compliance with Advanced Life Support competency, and Central Line Insertion competency is required.
3. End of term reports with the Term Supervisor and/or the Director of Prevocational Education & Training.
4. Participation in continuing medical education and professional development.
5. Supervision reporting to the Medical Board of Australia per conditional registration guidelines by the Director of Prevocational Education & Training.

In addition to the core competency standards, the Senior Resident Medical Officer is expected to comply with legislative, policy/protocol requirements as they relate to:
1. Compliance with all applicable public health organisation and hospital policies and protocols, and with applicable Policy Directives and Guidelines issued by the Department of Health, as amended and as in force from time to time, including the NSW Health Code of Conduct
2. Ensuring that all services provided to patients are consistent with any instructions issued by your supervisor or Department Director or any conditions imposed by the Medical Board of Australia
3. Maintenance of adequate hospital clinical records, including completion, within a reasonable time period following the patient's discharge, of patient discharge letters
4. Observance of general conditions of clinical practice applicable at the Public Health Organisation where you will be working from time to time
5. Demonstrating at all times courteous and professional behaviour towards patients, their relatives and other staff

Additional Information for SRMO’s:
This position will be holding an information night at John Hunter Hospital on Tuesday 26th July 2016 6.30pm to 7.30pm in the RNC Conference Room 2. Further details phone Karen Austin 49214241. Flyer attached

The position may require you to work within other facilities which are in an approved arrangement with your employer, including rural locations. Specifically, SRMO’s may be required to work in Intensive Care, Anaesthesia or Emergency Medicine, and may be located at John Hunter Hospital / Royal Newcastle Centre, Calvary Mater Hospital, or Belmont Hospital.

Position Capabilities
Capabilities are aligned with the NSW Public Sector Capability Framework (2013) and the HNE LHD Workforce Capability Framework (2012)

Personal Attributes
- Display Resilience and Courage
- Act with Integrity
- Manage Self

Relationships
- Communicate Effectively
  - Effective written communication
  - Communicates verbally
  - Presents and facilitates
- Commit to Customer Service
- Work Collaboratively (Teamwork)
- Influence and Negotiate (Avoid and Resolve Conflict)

Results
- Deliver Results
- Plan, Prioritise and Organise
- Think and Solve Problems
- Demonstrate Accountability

Business Enablers
- Using Technology
Re: Allocation to ICU/Emergency John Hunter, Emergency Newcastle Mater

Re: Allocation to ICU/Anaesthesia Newcastle Mater Hospital
SELECTION CRITERIA

1. **Qualifications, Registration and Experience**: MBBS or equivalent, currently registered with the Medical Board of Australia. Completion of two postgraduate years working as a medical officer with demonstrated competence and satisfactory term reports.

2. **Clinical Excellence**: Demonstrated ability to apply excellent knowledge, skills, problem solving and attention to detail to the care of complex patients. Commitment to completing the ICU BASIC Course, the EMST (or ATLS), and APLS courses.

3. **Continuous Professional Improvement**: Demonstrated motivation to take on, and complete new challenges, including: i) reflection and feedback to identify and pursue learning needs, ii) projects to improve work processes, systems and services, iii) teaching, inspiring and mentoring others.

4. **Professionalism**: A proven record of practicing medicine with the following attributes - A positive, cooperative attitude; flexibility, reliability and responsibility; ethical reflection and compassion and a caring philosophy.

5. **Communication**: Demonstrated ability to communicate clearly and effectively with individuals and groups. This includes communicating with patients, relatives and staff; using written and verbal communication modes; and dealing with difficult situations such as complaints and breaking bad news.

6. **Teamwork**: Demonstrated ability to work collaboratively as part of a multidisciplinary team. This includes: being respectful and supportive and addressing conflict in a calm, sensitive and constructive manner.

7. **Organisation**: Proven experience managing time and resources efficiently, using skills in planning prioritising and organizing.

8. **Regional Awareness**: Knowledge of the geographical, social and cultural challenges to the delivery of Critical Care in the Hunter New England Local Health District.