

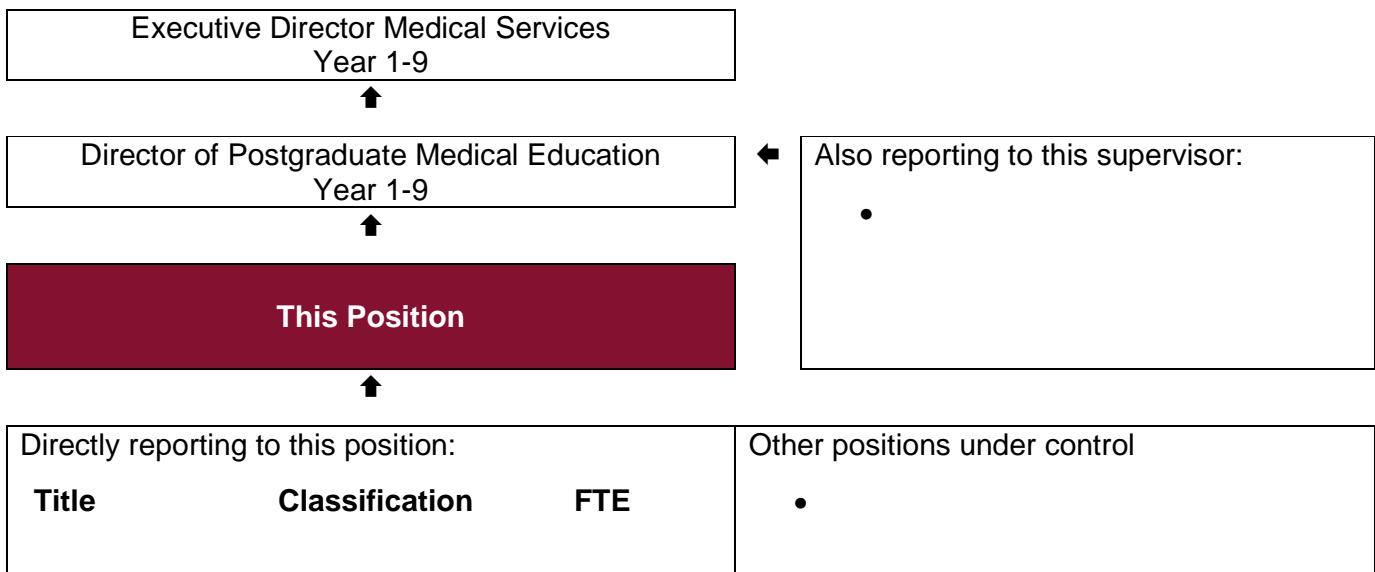


North Metropolitan Health Service
Job Description Form

HSS Registered

Registrar – Trainee – Medical Education
Medical Practitioners Agreement: Year 1-7
Position Number: 005678
(Emergency Medicine or General Medicine)
Post Graduate Medical Education/ Corporate Medical
Sir Charles Gairdner Hospital / North Metropolitan Health Service

Reporting Relationships



Prime Function / Key Responsibilities
 Within the Postgraduate Medical Education Unit Medical Education Registrar’s (MERs) provide teaching and training of pre-vocational doctors as well as a small role with medical students. The primary objective of the MERs is to develop, implement and evaluate unique learning experiences for the pre-vocational junior doctors teaching the art and science of medicine following theoretical educational principles taught during the year. MERs can expect to play a role in preparing JMOs for their college examinations (RACP and ACEM) and provide support for junior doctors in difficulty. Within their particular specialty departments the MERs provide and promote high quality and patient centred care to all patients under the supervision of Clinical Supervisors within a multi-disciplinary team. They will work within their ability and according to the Hospital’s mission & core values.

Summary of Duties

1. Medical Education Registrars are expected to uphold the SCGOPHCG Vision of: Exceptional care from dedicated people and work within the values of accountability, compassion, continuous learning and teamwork.

2. Medical Education Registrar (MER) Roles

2.1. General

All MERs allocated to other departments will perform only those clinic duties agreed to by the Director PGME and the Head of Department or designated consultant supervisor within that department.

Duties will vary throughout the year due to operational requirements, with final decision resting with the Director PMGE. Therefore, the FTE will vary from that outlined below on a week to week basis.

2.2. Emergency Medicine (EM) Education Registrar:

2.2.1. FTE is split at roughly 0.5FTE in each of the Department of PGME and the EM Department.

2.2.2. For the ACEM trainee the MER role must meet the Category A Special Skills Placement within a Medical Education Unit. As per the accreditation approval documentation of 23 November 2017 (5 year cycle), registrars are to divide their time as 0.5FTE Medical Education Training and 0.5FTE clinical emergency medicine as an EM Trainee.

2.2.3. The time spent as an EM trainee will encompass equal parts of both working clinically, as would their contemporaries, as well as a large component of education including (but not limited to): bedside teaching for junior doctors including one on one direct observation with feedback, simulation training, group teaching sessions, remediation of junior doctors in difficult (along with a consultant supervisor) and interprofessional education.

2.3. General/Subspecialty Medicine Education Registrar

2.3.1. FTE will be split at roughly 0.5 medical education and 0.5 Clinical training. These trainees are free to assign an active Clinical Department within SCGH to provide some clinical service and some teaching.

2.3.1.1. Royal Australasian College of Physicians (RACP) Approval: Those successful to the position are wholly responsible for the follow-up with their respective department in order to meet the RACP requirements as non-core training time within Medical Education.

2.3.1.2. The selected department must be approved and signed off by the Director of PGME.

2.3.2. The medical education component will be directly overseen by the Director PGME both in regard to what programs they will be involved with, the extent of their involvement and review of the feedback provided to the MERs in order to inform their End of Term and Mid Term Assessments.

3. Teaching and Training Programs

The programs undertaken by the MERs will be under the governance of the director PGME and will be selected for their contribution to the provision of teaching and training to pre-

vocational junior doctors to provide an appropriate breadth and depth of medical education for these doctors. All new program involvement must be approved by the Director PMGE. These programs include (but are not limited to):

- 3.1. Small group teaching: (e.g. skills workshops, Teaching on the Run, BPT lectures and clinical teaching, Interprofessional Education with the Centre for Nursing Education focusing on the use of simulated learning environments, clinical signs rounds, medical student bedside clinical teaching, medicine in the wilderness course and many others).
- 3.2. Large group teaching: (Grand Rounds, POW WOW cold debriefing, weekly Medical Lecture series, intern teaching series, weekly departmental hospital wide teaching sessions, physician clinical examination 'blitzes') and many others.
- 3.3. MERs will take an active role in the development, organization, delivery and evaluation of new innovative programs that meet the needs of the junior doctors at SCGOPHCG.
- 3.4. MERs will apply continuous learning principles to the ongoing development of new innovative processes and/or programs to meet the educational needs of the modern junior doctor.
- 3.5. In their clinical roles within their chosen medical department the MERs are expected to be treated as supernumerary to the unit's usual registrar cohort and are not to participate as an extra body to increase clinical output. Their role within their chosen department should include:
 - 3.5.1. Developing innovative teaching, training and assessment processes.
 - 3.5.2. Supporting the senior staff in training JMOs within the inpatient, outpatient and theatre/procedural skills.
- 3.6. Assist with all the teaching, training, remediation and advocacy programs created for strengthening the knowledge and practice of SCGH junior doctors through PGME.

4. Simulation Training/Simulation Learning Environment

- 4.1. MERs involvement will include all aspects from developing the idea, creating the learning objectives, programme outline, staff training, assessment rubrics as well as facilitating the debrief and undertaking the development of continuous programmatic improvement processes.

5. PGME Leadership and Advisory Role

- 5.1. MERs will represent the department of PGME, its vision and values, through involvement with numerous parts of the organization that seek to further improve their process or policies to not only meet the needs of the junior doctors but as well tailor their service/products to meet the demands and expectations of the current JMO.
- 5.2. Collaborate with MERs at other hospitals especially with respect to Basic Physician Training as well as integration with Perth Children's Hospital, their PGME and Chief registrar.
- 5.3. Orientation Programs: For Interns and mid-year RMO intake.

6. Wellbeing of Junior Doctors

- 6.1. Actively involved in the maintenance of wellbeing among our junior medical staff as well as upskilling our senior consultant staff in current best practice.
- 6.2. Participate in the many programs currently offered by PGME as well as those outside of our hospital in order to assess how other hospitals and jurisdictions facilitate wellbeing among their staff.

6.3. Encouraged to develop new processes aimed at improving access for Junior doctors to remedial and restorative individualised programs for those in difficulty.

7. Supporting Junior Doctors in difficulty (professional and personal)

- 7.1. Work with the PGME and ward supervisor with respect to providing support to supervisors undertaking a remediation program with their junior medical staff.
- 7.2. Escalate promptly any concerns about JMOs (professional and/or personal) to the director of PGME and the PGME consultant team.
- 7.3. Provide close monitoring, teaching and assessment of JMOs undertaking remediation.
- 7.4. Represent the department of PGME on various committees within and outside our hospital with an interest in supporting the struggling junior doctor.
- 7.5. Involved directly with the remediation process undertaken by PGME in order to upskill them. Are expected to escalate any concerns directly through the Director of Clinical Training, Director of Physician Education or the Deputy Director of PMGE to the Director PGME.

8. Basic Physician Training (BPT)

- 8.1. The MERs trained through the RACP will play numerous roles within the BPT program from directly teaching knowledge and skill based information, to delivering the written and clinical examination training with a particular interest in continuing to innovate through changing existing program and adding new ones complete with a full program evaluation of effectiveness.
- 8.2. Provide 'peer Support' to all the BPTs regardless of whether they are doing their examinations or not.
- 8.3. Primarily responsible for setting up the SCGOPHCG RACP clinic examination from creating the schedule for the day to organizing the patients for both short and long cases and leading a group of exam assistants who will be onsite and under their supervision and direction.

9. Leadership Training

- 9.1. Actively involved in teaching all junior staff about leadership skills, what it is to be a leader and the hidden curriculum in medicine.
- 9.2. Primarily responsible for running but the RMO to registrar transition workshop as well as facilitation of the advanced trainee to consultant step up program.
- 9.3. MERs will be expected to work alongside the RMO society to provide advocacy for the junior doctors with respect to their education and career progression. In the same way they will provide PGME with the necessary information to advocate for the right resources to meet these needs and should be in line with the organisations values.
- 9.4. Work collectively within the PGME team including all our administration staff, Medical Education Officer and consultant staff to strive to improve the teaching and education of all staff at our hospital.

10. Improve and/or enhance their own knowledge base in medical education, followed by a demonstrated understanding through the development of programs whether from the ground up or re-invigorating an old program.

The MERs will be required to attend the:

- 10.1. TOTR Instructor Course
- 10.2. SIMAC (Simulation Instructor) Course
- 10.3. Participate in the weekly teaching session with the Director PGME

- 10.4. ALS 2 instructor course (optional)
- 10.5. Postgraduate Medical Education conferences or other such organisations.

This will be over and above anything other courses which they will be supported to attend should it allow them to upskill themselves and come back to teach others what they learned.

11. Participate in Medical Education Research through the Postgraduate Medical Education Department.

12. Postgraduate Medical Council of WA (PMCWA): MERs will be given the opportunity to be involved with any of the many facets of PMCWA and are encouraged to become involved with the accreditation and Standards Committee as a trainee, support or lead surveyor.

13. Cultural Change

Work with all members of the PGME, Departmental and Executive teams to motivate the junior and senior medical staff at SCGOPHCG to change the way we look at working within the health care system, aiming to improve the care we provide for our patients and the approach we take to our own staff with dignity, compassion and kindness.

14. NMHS Governance, Safety and Quality Requirements

- 14.1 Participates in the maintenance of a safe work environment.
- 14.2 Participates in an annual performance development review.
- 14.3 Supports the delivery of safe patient care and the consumers' experience including participation in continuous quality improvement activities in accordance with the requirements of the National Safety and Quality Health Service Standards and other recognised health standards.
- 14.4 Completes mandatory training (including safety and quality training) as relevant to role.
- 14.5 Performs duties in accordance with Government, WA Health, North Metropolitan Health Service and Departmental / Program specific policies and procedures.
- 14.6 Abides by the WA Health Code of Conduct, Occupational Safety and Health legislation, the Disability Services Act and the Equal Opportunity Act.

Undertake other duties as directed.

Work Related Requirements

Essential Selection Criteria

1. Eligibility for registration by the Medical Board of Australia.
2. Minimum 4 years of clinical experience.
3. Demonstrated ability to provide medical education, teaching, supervision, training and support.
4. Demonstrate prior interest and skills in the provision and/or development of medical education.
5. Demonstrated verbal and written communication skills and interpersonal skills to effectively interact with patients, their families, medical students, junior doctors and staff at all levels.
6. Ability to work effectively as a team member in a multidisciplinary team.
7. Demonstrated organisational and time management skills.

Desirable Selection Criteria

1. Established role as a provider/facilitator in a modular education course.
2. Enrolled in or completed further formal qualifications in education or medical education.
3. Enrolled as an advance trainee with a relevant specialist college [ACEM or RACP (adult)].
4. Current knowledge and commitment to Equal Opportunity in all aspects of employment and service delivery.

Appointment Prerequisites

Appointment is subject to:

- Evidence of registration by the Medical Board of Australia must be provided prior to commencement.
- Completion of 100 Point Identification Check.
- Successful Criminal Record Screening Clearance.
- Successful Pre-Employment Integrity Check.
- Successful Pre-Employment Health Assessment.

Certification

The details contained in this document are an accurate statement of the duties, responsibilities and other requirements of the position.

Manager/Supervisor	Dept./Division Head	Position Occupant
Name:	Name:	Name:
Signature/HE:	Signature:	Signature:
Date:	Date:	Date:

The details contained in this document are an accurate statement of the duties, responsibilities and other requirements of the position.

Dept./Division Head Certification:

Name:..... Signature/HE number:..... Date:.....