

HSS Registered

**Head of Service**  
**Medical Practitioners Agreement: MP Year 1-9**  
**Position Number: 113393**  
**Mental Health / Fiona Stanley Hospital**  
**Fiona Stanley Fremantle Hospital Group / South Metropolitan Health Service**

**Reporting Relationships**

Chief Executive SMHS  
 Group Executive  
 000001



Executive Director  
 Health Executive SV  
 Position Number: 110820



**This Position**



Directly reporting to this position:

Title	Classification	FTE
• Consultant		
• Health Service Medical Practitioners		
• Trainee Psychiatrists		
• Registrars		
• Resident Medical Officers		
• Interns		

Also reporting to this supervisor:

- Various

**Key Responsibilities**

In collaboration with the Nurse Unit Managers, provides clinical leadership to ensure personalised, safe, effective and timely patient care for patients of the specialty. Ensures efficient use of human and physical resources so that the specialty operates within the allocated financial, bed and clinic resources. Leads initiatives to improve the quality of patient care in line with hospital wide priorities and to minimise adverse events and mitigate clinical risks. Motivates and mentors all levels of the clinical team especially medical staff and ensures junior medical staff are appropriately supervised at all times. Facilitates multidisciplinary coordination of patient care and promotes education and research. Is accountable to the Service Directors for the specialty meeting the hospital's strategic initiatives and Key Performance Indicators as outlined in the agreed annual FSH operational plan.

## Brief Summary of Duties (in order of importance)

### 1. Leadership and Accountability

- 1.1 In collaboration with the ward Service Directors and Nurse Unit Manager(s) (NUM) provides clinical leadership to ensure personalised, safe, effective and timely patient care for all patients of the specialty. Acts as a contact point for matters of concern raised by nursing, allied health and executive staff.
- 1.2 Ensures efficient use of human and physical resources so that the specialty operates within the allocated financial, bed, procedural and clinic resources.
- 1.3 Actively intervenes to resolve delays in patient care within the specialty. Ensures each consultant has processes in place (in person or by phone) to discharge appropriate patients before 10 am seven days a week.
- 1.4 Champions patient consultation and engagement in decisions regarding their care; and open disclosure when difficulties arise.
- 1.5 Ensures multidisciplinary team meetings are conducted regularly by each clinical team to ensure the best possible integration of patient management.
- 1.6 Oversees commissioning of the specialty services and, in conjunction with the hospital executive, ensures overall clinical readiness of the specialty.
- 1.7 In collaboration with the Directors, monitors key performance (at specialty and consultant level) and financial indicators and takes appropriate action to address variance.
- 1.8 In collaboration with Clinical Cluster leads and senior nursing and allied health staff, develops appropriate clinical protocols for the specialty and oversees their implementation.
- 1.9 In consultation with the NUM leads change management within the specialty.
- 1.10 Within an activity based framework, contributes to decision making on service issues, including the development and implementation of strategic and operational plans in alignment with the vision and guiding principles of the hospital and SMHS.
- 1.11 Oversees training and other educational activities ensuring that the specialty meets the accreditation standards of the relevant Learned Colleges and the Postgraduate Medical Council of WA.
- 1.12 Actively promotes research into patient care and patient care systems as a key component of tertiary medical specialty practice.

### 2. Medical Workforce

- 2.1 Motivates and mentors staff at all levels of the clinical team especially medical staff and undertakes annual professional development reviews of all consultants in the specialty. Agrees their professional development needs for the following 12 months.
- 2.2 Ensures compliance with FSH Guidelines for Medical Staff and other WA Health and hospital operational policies.
- 2.3 Manages consultant leave to ensure continuity of service provision. Ensures that responsibility for the care of current inpatients and for the supervision of junior medical staff (including in outpatients) is clearly handed to another consultant.
- 2.4 Manages the on call rosters for consultant staff to ensure appropriate staff are always available (in person or by phone) to manage patients.
- 2.5 Ensures all junior medical staff receive both a verbal and written orientation outlining the educational objectives of the term, their duties, when and how to escalate concerns regarding patient care and the criteria for evaluation of their performance at term's end.
- 2.6 Ensures junior medical staff are appropriately supervised at all times especially in procedural areas and outpatients.

#### SMHS Job Description Form

- 2.7 Ensures that one or more registrars are rostered to lead a ward round at 0800 every day in collaboration with nursing and allied health staff. On weekends and public holidays this registrar must be authorised to review all inpatients of the specialty and to discharge patients from the specialty.
- 2.8 Ensures that a consultant/registrar/SRMO is always rostered to assess new patients in ED within 60 minutes of referral or on arrival on the wards; and to manage current inpatients whose condition deteriorates.
- 2.9 Ensures departmental discharge summaries, coding and reporting requirements are met in a timely accurate manner.
- 2.10 Undertakes an informal performance review of all junior medical staff within 6 weeks of commencement; reviews their FSH appraisal which is completed by their supervising consultant at the end of the term and discusses it with the JMO. Conducts additional appraisals if appropriate.
- 2.11 Ensures that all medical staff contributes to clinical service, teaching and research to a level commensurate with their appointment. Monitors consultant's use of non-clinical time. Ensures all junior staff participates in one audit or other appropriate quality / service improvement activity during their term.
- 2.12 Organises and chairs regular departmental meetings (including multidisciplinary meetings) to consider matters affecting the operation of the Specialty.
- 2.13 Performance manages staff who does not meet time, quality or clinical expectations.

### **3. Clinical Safety and Quality of Care**

- 3.1 Implements specialty specific clinical governance activities including death audits, morbidity & mortality meetings, clinical incident reporting and investigation. Ensures all endorsed recommendations are fully implemented.
- 3.2 Actively addresses significant clinical risks and uses a risk analysis to prioritise safety and quality initiatives.
- 3.3 Participates in initiatives to address the National Safety and Quality Health Services Standards. This may include participating in the development, implementation, reporting and monitoring of quality assurance measures and activities.

### **4. Clinical**

- 4.1 Works as a Consultant to provide specialist medical services to patients within the Specialty.

### **5. SMHS Governance, Safety and Quality Requirements**

- 5.1 Ensures, as far as practicable, the provision of a safe working environment in consultation with staff under their supervision.
- 5.2 Participates in an annual performance development review and undertakes performance development review of staff under their supervision.
- 5.3 Supports the delivery of safe patient care and the consumers' experience including identifying, facilitating and participating in continuous safety and quality improvement activities, and ensuring services and practices align with the requirements of the National Safety and Quality Health Service Standards and other recognised health standards. Completes mandatory training (including safety and quality training) as relevant to the role.
- 5.4 Performs duties in accordance with Government, WA Health, South Metropolitan Health Service and Departmental / Program specific policies and procedures.

#### **SMHS Job Description Form**

5.5 Abides by the WA Health Code of Conduct, Occupational Safety and Health legislation, the Disability Services Act and the Equal Opportunity Act.

**6. Undertakes other duties as directed.**

## **Work Related Requirements**

### **Essential Selection Criteria**

1. Eligible for registration as a Medical Practitioner with the Medical Board of Australia as a specialist.
2. Demonstrated substantial clinical experience in the management of high acuity patients in a complex hospital environment.
3. Demonstrated ability to provide clinical leadership and facilitate effective patient centred multidisciplinary teamwork.
4. Demonstrated ability to implement sustainable change to improve patient safety and reduce unnecessary delays in patient management.
5. Demonstrated experience and commitment to clinical teaching and clinical research.
6. Demonstrated excellent interpersonal, communication, negotiation and conflict resolution skills with an ability to liaise effectively with patients, individuals and the multidisciplinary team.
7. Current knowledge of legislative obligations for Equal Opportunity, Disability Services and Occupational Safety and Health, and how these impact on employment and service delivery.

### **Desirable Selection Criteria**

1. Post fellowship clinical, education, research, quality or management training;
2. Ability to manage financial, physical and human resources within policy and budgetary expectations.
3. Current "C" or "C.A." class drivers licence.

### **Appointment Prerequisites**

Appointment is subject to:

- Evidence of current registration by the Medical Board of Australia must be provided prior to commencement.
- Working With Children (WWC) Check, compulsory check for people who carry out child-related work in Western Australia.
- Provision of the minimum identity proofing requirements.
- Successful Criminal Record Screening Clearance.
- Successful Pre-Employment Integrity Check.
- Successful Pre-Employment Health Assessment.
- Successful applicants are required to complete the Accountable and Ethical Decision Making e-learning package within three (3) months of commencement.

**Certification**

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

_____ Manager / Supervisor Name	_____ Signature	or	_____ HE Number	_____ Date
_____ Dept. / Division Head Name	_____ Signature	or	_____ HE Number	_____ Date

As Occupant of the position I have noted the statement of duties, responsibilities and other requirements as detailed in this document.

_____ Occupant Name	_____ Signature	or	_____ HE Number	_____ Date
_____ Effective Date				

**HSS Registration Details** (to be completed by HSS)

Created on _____	Last Updated on _____	March 2020
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