



# PGY2+ Statewide Obstetrics and Gynaecology

Job Pack 2022 clinical year

as at April 2021



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## About Obstetrics & Gynaecology

### Introduction

The 12 month prevocational obstetrics and gynaecology program at NALHN, SALHN and WCHN provides successful candidates with a broad experience of this speciality area.

This program is aimed at those trainees interested in pursuing membership with the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) or those considering General Practice Obstetrics.

Trainees undertake the day-to-day management of obstetric and gynaecological inpatients and outpatients including working across the units of post-natal, delivery suite, women's emergencies and antenatal clinics under the supervision of registrars and consultants. Formal regular education as well as bedside teaching is an integral part of the trainee program in both local health networks.

### Key Dates

Applications open:	Monday 7 June 2021
Applications close:	Wednesday 30 June 2021 (close at midnight)
Referee reports close:	Wednesday 14 July 2021
Shortlisting commences:	Thursday 29 July 2021
Interviews:	<b>Wednesday 8 September 2021</b>
Round 1 results available to applicants:	Thursday 16 September 2021 (1 <sup>st</sup> preference matches only)
Round 2 results available to applicants (excluding general training):	Thursday 23 September 2021 (2 <sup>nd</sup> or higher preference matches)
Round 3 results available to applicants (excluding general training):	Thursday 30 September 2021 (3 <sup>rd</sup> or higher preference matches)
Round 4 onwards (including general training):	Thursday 7 October 2021 (4 <sup>th</sup> or higher preference matches)
Start date of employment:	Monday 7 February 2022

### Number of positions in 2021 clinical year



## Northern Adelaide Local Health Network (NALHN)

### About NALHN

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

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

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

NALHN includes:

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

### What you can expect from NALHN

#### **Provide a short overview of the role, what should employees expect?**

The RMO is required to provide the day-to-day management of inpatients and outpatients under the care of the Department of Obstetrics and Gynaecology and in partnership with other junior medical officers in the Department.

The RMO will be under the direct supervision of the Department's Registrars and Consultants and the RMO is encouraged to maintain close liaison with their senior colleagues at all times.

Participate in a seven-day roster including after-hours as required. Specific responsibilities include:

- > Contribute to Handover 0800hr sharp weekdays (if night RMO attend handover 2000 hours sharp).
- > Participate in daily ward rounds including the presentation of patients.
- > Attend pre-admission and gynaecology clinics as required.
- > Participate in weekly divisional meetings, tutorials and teaching sessions.
- > Assist in elective and emergency gynaecology theatre as required.
- > Assist Registrars in the preparation of audits for Quality Assurance in Obstetrics & Gynaecology.
- > Antenatal clinics.
- > Labour Ward sessions.
- > Assist with antenatal and post-natal care.
- > Assist at C- Sections.

Rostered Hours – 13 positions rotating

Shift	Hours	Breaks	Total Hours
BAUH	0800-2100	2 x 30 mins	12
AM only	0800-1230	Nil	4.5
PM only	1300-1700	Nil	4
Day	0800-1700	1 x 30 mins	8.5
LSCS	0800-1300	Nil	5
Emerg B	1230-2130	1 x 30 mins	8.5
Evening	1700-2100	Nil	4
Night	2000-0900	2 x 30 mins	12

### What are the key outcomes of the program?

The aim of this rotation is to familiarise junior doctors with the health issues affecting women throughout their lives. We would hope that by the end of the rotation a Resident Medical Officer would be confident dealing with most gynaecological presentations to General Practice as well as feeling safe with the routine management of antenatal care.

Options exist to complete the CWH and RANZCOG Diploma.

### Are contracts renewed every 12 months? If I want to stay on for an extra year, do I have to apply again?

No, the application process is conducted every 12 months via SA MET.

### What are the hours of work and overtime?

A variety of shift start times and durations are required to meet clinical need. The specific learning needs and supervisory requirements of trainees are given high priority in the construction of rosters. The education program is also given priority, with trainees allocated paid roster time to attend as much as possible. The roster aims to avoid substantial overtime, on occasions when overtime duties are required, prospective approval ensures appropriate recognition on timesheets.

### **What education is provided?**

The RMO is expected to meet with the Term Supervisor to discuss opportunities to achieve stated learning objectives.

### **Training and learning opportunities are provided during:**

- > Dedicated weekly RMO teaching session.
- > Registrar ward rounds.
- > Consultant ward rounds.
- > Weekly unit meeting.
- > Weekly Grand Round meeting for Division of Obstetrics and Gynaecology.
- > Weekly PGY2/3 (RMO) tutorial.
- > Bi-weekly Multidiscipline High-Risk Obstetric meeting (clinical meeting but also ample opportunity for teaching during clinical discussion of obstetric patients with medical problems during the daily hand-over)
- > Fortnightly consultant tutorials.
- > Weekly Medical Grand Round for the hospital.
- > Outpatient sessions.
- > Operating Theatre sessions.
- > 6 monthly gynaecology complication audit.
- > Fetal Surveillance Education Program (FSEP) and Obstetric Emergency (PROMPT) Training.

### **Resources:**

- > LMH Library.
- > Intranet/Internet access to Library & data bases.
- > Access the South Australian Perinatal Guidelines.
- > Facilities & support from LMH Postgraduate Medical Education Unit.

### **Indicate how the supervision will be provided, will this vary from rotation to rotation?**

#### ***IN HOURS:***

RMOs are always rostered to duties with a supervising registrar and consultant.

Documentation relating to Registrar roster/clinic responsibilities available in all inpatient and clinic areas.

Page numbers are clearly displayed. In the event that the RMO is unable to contact the relevant Registrar they should contact the relevant consultant or the duty O&G consultant for the day.

#### ***AFTER HOURS:***

Night Shifts and weekend work is supervised by Registrars with a consultant on-call.

### **What other support is provided?**

The Division of Obstetrics and Gynaecology offers an “Open door policy” which the Term Supervisor, Heads of Obstetrics and Gynaecology & Head of Women & Children’s Division support and are available should the RMO have concerns/require additional support during the term.

A mid-term assessment is strongly encouraged and forms will be sent to the RMO by the Postgraduate Medical Education Unit (PMEU) a few weeks before the middle of the rotation. This is an important process for monitoring the TMO’s progress and to determine if any improvements could be made.

A formal assessment of the RMO’s performance will be carried out at the end of the term by the supervisor in consultation with other staff in the department, and is mandatory. Forms will be emailed to you by the PMEU and/or the Medical Management Facilitator.

It is the responsibility of the RMO to ensure that the end-of-term assessment is completed and returned to the PMEU and the Medical Management Facilitator. Reminders are emailed out 4 weeks prior to the end of term by the Medical Management Facilitator.

RMOs are encouraged to complete an Appraisal of their rotation, using the JMO Appraisal form (JAFA), emailed to them by the PMEU. No names are to be included on the document so all responses are confidential.

### **Will the TMO supervise interns/others in their role?**

They will be expected to supervise the ward Intern and medical students as part of a wider team.

### **What pathways are there after the year is completed?**

This is a perfect start to an Obstetrics and Gynaecology career and would be the stepping stone to a Service Registrar position. It is also ideally suited to someone with a long-term plan for GP and rural GP with the options of completing the DRANZGOG and CWH.

## Southern Adelaide Local Health Network (SALHN)

### About SALHN

The Southern Adelaide Local Health Network (SALHN) provides care for around 360,000 people living in the southern metropolitan area of Adelaide as well as providing a number of state-wide services, and services to those in regional areas. More than 7,000 skilled staff provide high quality patient care, education, research and health promoting services.

SALHN provides a range of acute and sub-acute health services for people of all ages, and currently provides surgical services across Flinders Medical Centre, Noarlunga Hospital, Flinders Private Hospital and GP Plus Care Centres and Super Clinics. In addition, SALHN has a range of primary health care services across the southern metropolitan area of Adelaide, with a focus on providing preventive and health promoting programs in the community, and transition, hospital substitution and avoidance programs targeted at chronic disease and the frail aged.

### What you can expect from SALHN

#### **Provide a short overview of the role, what should employees expect?**

Prevocational trainees in the RMO role work on a varied roster with shifts rotating through antenatal clinics, gynaecology clinics, labour ward, women's assessment service, postnatal ward, and night shifts. The option of participating in the pregnancy advisory service is also available. The roster is across 7 days with weekend and after hours work in a rotating structure.

RMOs act under the direct supervision of consultants and registrars and are involved in the supervision and support of interns on the antenatal and gynaecology wards. They are involved in routine antenatal care, acute presentations and inpatient care for both obstetrics and gynaecology, post-operative care, and assisting in management of labour and delivery.

Handover commences each morning at 0800 and is followed by divisional meetings and RMO specific tutorials and teaching sessions on a weekly basis.

#### **What are the key outcomes of the program?**

The aim of this rotation is to expose junior doctors to a range of issues in women's health and improve their confidence in the management of antenatal, postnatal and gynaecology patients. RMOs will develop their assessment, management and practical surgical skills.

#### **Are contracts renewed every 12 months? If I want to stay on for an extra year, do I have to apply again?**

The application process is conducted every 12 months via SAMET.

#### **What are the hours of work and overtime?**

The shift structure varies in terms of duration to meet clinical need. Shifts commence with handover at 0800 and shifts include after-hours and weekend cover. RMO teaching is specifically allocated into the roster and is protected time. During the times when overtime is rostered, appropriate approvals are given to ensure adequate recognition on timesheets.

### **What education is provided?**

RMO teaching is allocated for every Thursday morning after handover and is aimed at covering a range of topics, especially helpful for those hoping to achieve the CWH or DRANZCOG certificate.

Weekly department meetings include high risk pregnancy meetings, critical incident meetings, maternal and perinatal morbidity and mortality meetings and weekly department teaching sessions.

All RMOs are rostered to neonatal resuscitation workshops, Obstetrics Emergency (PROMPT and TEAMMET) training and have the opportunity to participate in programs such as Fatal Surveillance Education Program (FSEP).

As general trainees, all RMOs are rostered to simulation-based training sessions and also have the opportunity to attend weekly hospital-wide general trainee teaching and grand rounds.

### **Indicate how the supervision will be provided, will this vary from rotation to rotation?**

In clinics, RMOs are directly supervised by the Obstetric and/or Gynaecology Consultant present. On the wards and in the setting of emergency or assessment presentations, registrars are available to provide initial supervision and support and are always contactable via DECT phone. There are consultants available and on call at all times.

### **What other support is provided?**

In addition to the support provided by the RMO roster manager and chief registrars, each RMO is allocated a consultant supervisor. Trainees are encouraged to meet with them to discuss any concerns and feedback is collated from the department and provided at intervals. Formal feedback is provided at 3 monthly intervals with written assessments to the Trainee Medical Officer (TMO) units.

All staff within the department are encouraged to discuss and clinical or workplace concerns with the consultant staff, including heads of unit and department as required.

Trainees throughout the hospital are also supported by the TMO unit with personalised support available through the employee assistance program if required.

### **Will the TMO supervise interns/others in their role?**

RMOs will assist in the supervision of the ward intern with the close support of the registrars. Medical students rostered to the rotation are also allocated time with the RMO shifts as an opportunity to develop their clinical skills. This again is with the close additional support of registrars.

### **What pathways are there after the year is completed?**

This position is ideally tailored to improve the clinical knowledge and experience of trainees and provide opportunity to complete the CWH or DRANZCOG qualifications. This position is ideal for progression to a service registrar position (via state-wide SAMET process) for those aiming to pursue specialist training, but will also provide an excellent basis of women's health knowledge for those in GP or other specialty training.

## Women's and Children's Health Network (WCHN)

### About WCHN

The Women's and Babies' Division at the WCHN is a major provider of obstetric, midwifery, neonatal and gynaecological services to South Australia, the Northern Territory and far western New South Wales and Victoria. The maternity and neonatal services include care delivery, health information and education as well as support and advice to women and their families during pregnancy, labour, birth and the postnatal and neonatal period.

Approximately 5000 babies are born at the WCHN every year.

The Women's and Babies' Division is a tertiary referral centre and is affiliated with the three South Australian Universities, the University of Adelaide, University of South Australia and Flinders University.

The obstetric service includes the Maternal Fetal Medicine (MFM) service; a high quality multidisciplinary service which provides expert diagnosis and ongoing management for women whose pregnancy is significantly complicated by either maternal or fetal conditions. The Antenatal Diagnosis and Counselling Service (ADACS) works within the MFM service with a specific role in diagnosis and management of fetal conditions during pregnancy, including referrals to relevant specialists and to facilitate the ongoing care once the baby is born.

The Gynaecological Service incorporates a general gynaecological service as well as gynaecological care associated with pregnancy, and the Pregnancy Advisory Unit service. The gynaecological service is well recognised for advanced endoscopic surgery.

### What you can expect from WCHN

#### Provide a short overview of the role, what should employees expect?

##### Obstetrics:

Prevocational Trainees can expect to commence their 12-month program at WCHN with an extensive two-day orientation program which covers areas such as emergency, newborn resuscitation and interpretation of fetal heart rate traces.

Trainees within the team, some of whom are in GP training and others who are looking to pursue specialist training, cover post-natal, delivery, women's assessment service and antenatal clinics. Responsibility increases as skills are acquired.

The team also includes registrars, including prevocational registrars and registrars in the College Integrated Training Program (ITP), maternal fetal medicine fellows, senior obstetric registrars and senior gynaecology registrars. Some prevocational registrars aim to enter the ITP in the following year, whilst others are more senior and trained overseas, keen to gain credentials acknowledged by the College in order to sit the MRANZCOG exam.

Registrars rotate through antenatal and postnatal wards and clinics, delivery suite and women's assessment service (emergency).

## **Gynaecology:**

The Women's Assessment Service deals with a significant number of gynaecological emergencies. The early pregnancy assessment unit offers expectant, medical and surgical treatment for women with non-viable pregnancies. Each year approximately 6 RMOs will be allocated to work in this clinical area. RMOs who have the opportunity to work in Gynaecology will be expected to provide continuity of inpatient care, in coordinating registrar and consultant review of patients as needed.

RMOs may also attend the regular operating theatre sessions for supervised learning of surgical skills in selected procedures, and provide surgical assistance in a full range of gynaecological operating.

Supervised initial assessment of patients and provision of follow up care in the gynaecology outpatient clinics is also expected of RMOs.

## **What are the key outcomes of the program?**

The Obstetrics and Gynaecology (O&G) Resident Medical Officer (RMO) will:

- > Rotate through a series of Units designed to provide exposure to various O&G environments whilst contributing to the provision of clinical services to WCHN Obstetric and Gynaecology inpatients and outpatients under Consultant supervision.
- > Participate in a seven-day roster including after-hours as required.
- > Demonstrate a commitment to clinical teaching and participate in associated research projects.
- > Actively participate in the regular TMO education program as both learner and presenter when required.

## **Are contracts renewed every 12 months? If I want to stay on for an extra year, do I have to apply again?**

12-month temporary contracts are offered to successful applicants.

Applicants are required to re-apply if they wish to be considered for a further 12 months the following year.

## **What are the hours of work and overtime?**

A variety of shift start times and durations are required to meet clinical need. The specific learning needs and supervisory requirements of trainees are given high priority in the construction of rosters. The education program is also given priority, with trainees allocated paid roster time to attend as much as possible. The roster aims to avoid substantial overtime, on occasions when overtime duties are required, prospective approval ensures appropriate recognition on timesheets.

### **What education is provided?**

A regular weekly Thursday morning education meeting is dedicated to O&G education, with topics and learning themes aiming to meet the learning needs of attendees. These sessions are multi-disciplinary and are attended by both junior and senior medical staff.

In all clinical activities including operating theatres, outpatient and antenatal clinics, and ward rounds, the opportunity for medical learning of both knowledge and skills is given strong emphasis.

### **Indicate how the supervision will be provided, will this vary from rotation to rotation?**

Clinical supervision is tailored to the skills and knowledge level of the doctor concerned, and may occur by direct involvement of a specialist (either staff specialist or visiting specialist), or by a more senior member e.g. registrar of the training medical officer team. A credentialing process is in place as a guide to the supervision requirements of a trainee to perform a range of obstetric and surgical procedures. At all times, both a specialist obstetrician and a specialist gynaecologist are rostered to be available for the supervision and provision of advice to TMOs.

### **What other support is provided?**

Every TMO is allocated a specialist to be their supervisor for the period of attachment to the unit, to provide professional and career development advice and support, and prepare term assessments.

TMOs are encouraged to discuss any clinical or workplace concerns with senior staff including department heads and the divisional director.

TMOs across the hospital are supported by the Medical Education and Trainee Medical Officer Units. The WCHN has an employee assistance program for any employee with other concerns needing more personalised support.

### **Will the TMO supervise interns/others in their role?**

A TMO in Women's and Babies division will be expected to both learn and teach according to the level of their expertise and experience. Currently, interns are not employed within the unit. The sharing of learning experiences between TMOs is encouraged however this is not seen in any way to be a substitute for supervision and teaching required by the specialist staff.

### **What pathways are there after the year is completed?**

TMOs completing 12 months in Women's and Babies division will sometimes choose to pursue a specialist pathway in Obstetrics and Gynaecology, (by application to RANZCOG and this may entail another year as RMO, or sometimes as a service registrar. Others may choose to participate in a GP training program, for which this 12-month position provides a valuable learning opportunity. Others still will have gained great insight into obstetrics and gynaecology which is hoped will enhance their breadth of knowledge and experience in pursuing an alternate medical speciality.

## Selection into Obstetrics & Gynaecology positions

### About the selection panel

The selection panel will comprise of one Medical Staff member and at least one Human Resources staff member from NALHN, SAHLN & WCHN.

### Eligibility

- > Bachelor of Medicine; Bachelor of Surgery (BMBS) or equivalent.
- > Registrable with the Medical Board of Australia as a Medical Practitioner with General Registration.

WCHN accepts applications for part time work (0.5FTE). Allocation to a part time position is at the discretion of the Divisional Director, Women's and Babies Division and is subject to service requirements. Please make it very clear on your application that you are applying for a part-time position. If you would like to be considered for either a part-time or full-time position depending on availability, please specify this and your preference if you could choose. Part-time positions work across a 7 day, 24/7 shift roster. Set days are not possible to roster in these positions.

### Skills and knowledge required for the role

It is expected that the RMO will have an understanding of the principles of obstetrics and gynaecology consistent with the level attained at the completion of internship.

RMOs wishing to sit their Diploma of RANZCOG (DRANZCOG) need to prospectively apply to the RANZCOG once they have been notified by the hospital of being successful in obtaining a 12-month position and received support from the Health Network to complete the DRANZCOG. Approval from RANZCOG should then be obtained before commencing the term.

## Selection Process

### Our approach to selection

Applicants will be ranked based on CV (in the recommended [template](#)), response to application question, interview questions and referees. Rankings will then be provided to SAMET who will match according to site preferences.

### Your application

Your application must include a CV (in the recommended [CV template](#)) and it is expected that your application includes three referees.

### Curriculum Vitae

Please complete your CV according to the [linked template](#).

***If the template is not followed your application may not progress to shortlisting.***

## Cover letter

No cover letter is required.

## Other application questions

Refer to [CV template](#).

## Interview

- > **How will applicants get notified of their interview?**  
*Applicants will be notified via email.*
- > **When will applicants be notified of their interview?**  
*Prior to 1 September 2021.*
- > **Will applicants who do not get shortlisted for an interview be notified?**  
*No.*
- > **How should an applicant prepare for their interview?**  
*Nil specific.*
- > **What should applicants expect for their interview?**  
*Expect a minimum of four questions from the Panel, including clinical and non-clinical based questions.*
- > **Will this be a panel interview?**  
*Yes.*
- > **Who is the contact person for feedback on interviews?**  
*WCHN Trainee Medical Officer Unit on phone 8161 8482.*

### **Please note:**

- > *Applicants will be required to have had two referee reports returned by nominated referees prior to interview.*
- > *Applicants will be required to provide evidence of their immunisation history at interview – though preferably through the application process.*

## Contacts

<b>NALHN</b> Medical Management Facilitator	Name: Anastasia Tjombanakis Telephone: (08) 8182 9042 Email: <a href="mailto:Anastasia.Tjombanakis@sa.gov.au">Anastasia.Tjombanakis@sa.gov.au</a>
<b>WCH</b> Medical Education Officer	Name: Natalie Michael Telephone: (08) 8161 6927 Email: <a href="mailto:WCHMEO@sa.gov.au">WCHMEO@sa.gov.au</a>
<b>WCH</b> Manager, TMO Unit	Name: Stacey McPherson Telephone: (08) 8161 8482 Email: <a href="mailto:Stacey.McPherson@sa.gov.au">Stacey.McPherson@sa.gov.au</a>
<b>SALHN</b> Administrative Officer, Dept Obstetrics & Gynaecology	Name: Denece Sims Telephone: (08) 8204 4346 Email: <a href="mailto:Denece.Sims@sa.gov.au">Denece.Sims@sa.gov.au</a>

## Role Description

- > View NALHN Role Description [here](#)
- > View SALHN Role Description [here](#)
- > View WCH Role Description [here](#)

## Any further questions?

**SA Health Salaried Medical Officers Enterprise Agreement 2017** [here](#)

**Australian Health Practitioner Regulation Agency (AHPRA) registration standards** [here](#)

For more information

[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

Public-I1-A1



[www.ausgoal.gov.au/creative-commons](http://www.ausgoal.gov.au/creative-commons)