

## Prevocational Training Term Description – Population Health

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| <b>Date of term description version</b> | November 2023  |
| <b>Date term last accredited</b>        | September 2022 |

| <b>Term Details</b>   |   |  |   |  |  |
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| <b>Facility</b>   | ACT Health – Health Protection Services |  |   |  |  |
| <b>Term name*</b>   | Population Health                       |  |   |  |  |
| <b>Term specialty*</b>  | Population Health                       |  |   |  |  |
| <b>Term location</b>  | 25 Mulley St, Holder                    |  |   |  |  |
| <b>Classification of clinical experience in term*</b><br>(Highlight a maximum of 2)   | Un-differentiated illness patient care  | Chronic illness patient care   | Acute critical illness patient care           | Peri-operative/procedural patient care | Non-direct clinical experience (PGY2 only) |
| <b>Is this a service term?</b><br>Service term is a term with discontinuous learning experiences including limited access to education program or limited access to regular within-unit learning activities or less/discontinuous overarching supervision (e.g., relief term or nights with limited staff). |   |  |   | Yes                                    | No   |
| <b>Term duration (weeks)*</b>   | 12-14 weeks (depending on term dates)   |  |   |  |  |
| <b>Term accredited for</b>  | PGY1 and PGY2                           |  |   | PGY2 Only                              |  |
| <b>Total number of prevocational training places</b>  | 1                                       | <b>Limitations/conditions</b><br>In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers) | There are no limitation on this training term |  |  |

| <b>Term Supervision</b>  |  |  |
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| <b>Term Supervisor (name and position)</b><br>Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities. |  | Dr Sally Singleton (Deputy Chief Health Officer and Public Health Physician) |
| <b>Clinical team supervision</b>   | <b>Primary/Immediate Clinical Supervisor (name and position)</b><br>Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment. | Dr Karin English (Public Health Physician)                                   |

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|  | <b>Additional Clinical Supervisors (positions)</b><br>Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.  | Public Health Registrars  |       |
|  | <b>EPA Assessors</b><br>Name and position of others (PGY3+) who have completed training to undertake EPA assessments.  | All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training. |       |
| <b>Clinical Team Structure*</b><br>Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team. | Ward Based   | Team Based  | Other |
|  | The JMO is part of the Public Health Medical Officer Team within the Population Health Division of ACT Health Directorate, led by the Deputy Chief Health Officer, under the supervision of public health physicians and public health registrars. |   |       |

## Commencing the Term

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| <b>Requirements for commencing the term*</b><br>If there are any specific requirements (e.g., courses, procedural skills or e-learning requirements) provide details of how the prevocational doctor will receive this training/will be assessed.   | No specific extra skills related to this position are required.<br><br>An ability to apply medical knowledge to public health contexts (e.g. responses to communicable disease outbreaks, public health risk communication) would be helpful.  |
| <b>Orientation</b><br>Include detail regarding the arrangements for orientation to the term, including who is responsible for workplace orientation and any additional resource documents such as clinical policies and guidelines required as reference material. <b>The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.</b> | Notification of junior medical officer (JMO) details should be submitted to <a href="mailto:ACTHealthOCHO@act.gov.au">ACTHealthOCHO@act.gov.au</a> at least one week prior to start to ensure relevant system accesses and identification/ building access can be arranged.<br><br>JMOs should then present to Howard Florey Centenary House (also known as Health Protection Service), 25 Mulley St Holder, to meet with a Public Health Physician, to provide an initial orientation at 0900 on their first day.<br><br>Essential training will be facilitated at this time.<br><br>Orientation will include reviewing the Medical Officer handbook (maintained and updated by the Public Health Registrars) and familiarity with the CDC Manual for the public health management of notifiable conditions in the ACT. |

## Overview of the Unit

**The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how acutely ill the patients generally are**

The Public Health Medical Officer Team comprises the public health specialists and public health registrar positions and the rotating CHS JMO position. This team supports the CHO in the carriage of statutory responsibilities, contributes to and provides technical assistance to support the development and implementation of policy, program and legislative frameworks across the Division to protect and promote public health.

The Population Health Division (PHD) is headed by the CHO who is appointed under the Public Health Act 1997 and fulfils a range of statutory responsibilities and delegations under various public health legislation. The Division is also responsible for exercising statutory responsibilities on behalf of the CHO to prevent and manage risks to the health of the ACT population, including planning and management of public health incidents and emergencies. The Division leads population health policy for the ACT and provides and commissions a range of services and programs aimed at improving the health of the ACT population through interventions which promote behaviour changes to reduce susceptibility to illness; alter the ACT environment to promote the health of the population and promote interventions that remove or mitigate population health hazards.

**Clinical responsibilities and tasks of the prevocational doctor**

Provide an overview of the routine duties and responsibilities

Under the direction of the Public Health Physician, this JMO position will contribute to activities within the PHD, with a particular focus on supporting the Public Health Response team in relation to management of notifiable diseases.

The key duties of the position are to:

- Provide Medical Officer support in the areas of communicable diseases control and population health, more broadly, under the supervision of the Public Health Registrars and the Public Health Physicians.
- Work as part of a multidisciplinary team to respond to notifiable diseases and public health incidents and issues in the ACT, including participation in outbreak management acute response teams as required (e.g. foodborne diseases outbreak investigation)
- Liaise with health professionals in relation to public health issues. This may be direct conversations with health professionals, and by input into written communications.
- Together with other members of the PHD, attend relevant forums, and liaise with stakeholders, government agencies, professional bodies, industry, and community organisations on relevant public health matters.
- Contribute to the analysis and interpretation of information including (but not limited to) population and public health matters, surveillance data and published research.

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|  | <ul style="list-style-type: none"> <li>• Undertake other duties as directed, within the approved scope of clinical practice.</li> <li>• Undertake other duties appropriate to this level of classification that contribute to the Directorate.</li> <li>• Participate in clinical handover of any key information/outstanding actions to the on-call CDC officer and on-call Public Health Physician afterhours.</li> </ul>   |
| <p><b>Work Routine</b><br/>Provide an overview of the work routine</p>   | <p>Indication of daily tasks:</p> <ul style="list-style-type: none"> <li>• Support the Public Health Response team with responding to reports of notifiable conditions as received (in accordance with <u>Manual for Public Health Management of Notifiable Conditions in the ACT</u>)             <ul style="list-style-type: none"> <li>○ NB. notifications and those requiring an associated public health response will vary from day to day.</li> </ul> </li> <li>• Advise/support Infection Control Officers as required.</li> <li>• Participate in outbreak management/acute response teams as required (e.g., food borne diseases outbreak investigation) (NB. These are emerging issues and may not occur during every rotation).</li> <li>• Project Work             <ul style="list-style-type: none"> <li>○ Workplan to be developed by end of second week of rotation</li> <li>○ This could include input into ongoing projects on antimicrobial resistance, sexually transmitted infections and blood-borne viruses, immunisations, guidelines to support notifiable diseases, review of outbreak response plans, support for surveillance team.</li> </ul> </li> </ul> |
| <p><b>Clinical handover procedure</b><br/>Provide an overview of the handover procedure and expectations in this training term</p> | <p>No specific handover required</p>  |
| <p><b>Safety</b></p>   | <p><b>Workplace Safety</b></p> <ul style="list-style-type: none"> <li>• Do not operate specialised equipment unless you have been trained in the use of such equipment.</li> </ul> <p><b>Participation in field work</b><br/>JMOs may have a range of opportunities to accompany public health officers as part of different regulatory activities, (for example, food safety inspections of food businesses, cooling tower inspections). A risk assessment will be conducted by the team responsible for the activity prior to the RMO being permitted to participate, and appropriate safety instructions and personal protective equipment will be issued.</p> <p><b>Pregnancy</b></p>   |

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|  | <p>JMOs who are pregnant or trying to conceive should be aware of the following:</p> <ul style="list-style-type: none"> <li>• Where possible, ensure immunisations are up to date prior to conception.</li> <li>• You may wish to speak to a supervisor prior to site visits about any further safety instructions related to being pregnant.</li> </ul> <p>Further information on OH&amp;S, occupational violence and safety in pregnancy are covered in the JMO Handbook.</p> <p>The Population Health Division supports Speaking Up For Safety of patients and staff.</p> |
| <b>Opportunities for Indigenous Health</b> | <p>Aboriginal and Torres Strait islander peoples may present as patients within this term and JMOs will be able to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their knowledge, and skills around cultural safety.</p>  |

## Education, Learning and Assessment

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| <p><b>Term Learning Objectives</b><br/>         List the term-specific learning objectives*</p> | <p><b>CLINICAL MANAGEMENT:</b></p> <p>The JMO should have developed by the end of the term:</p> <ul style="list-style-type: none"> <li>• An understanding of the key health protection functions within the Population Health Division, including regulatory roles across communicable diseases and environmental health.</li> <li>• Familiarity with notifiable conditions under the Public Health Act, including:             <ul style="list-style-type: none"> <li>○ Ability to identify and advise on the relevant public health actions to take in response to different notifiable conditions, including outbreaks.</li> <li>○ Locate and apply relevant local and national guidelines for responses to notifiable conditions.</li> <li>○ Understanding of reporting of adverse events following immunisation (AEFI) and how this interacts with national active and passive surveillance systems.</li> <li>○ Understand the role of surveillance systems at an ACT and national level.</li> </ul> </li> <li>• An understanding of key population health issues in the ACT and an awareness of the role of ACT Health in identifying and responding to these.</li> <li>• An understanding of the role of the CHO, and associated representation on the Australian Health Protection Principal Committee and relevant national subcommittees.</li> </ul> <p><b>COMMUNICATION:</b></p> <p>JMOs will be expected to develop advanced levels of written communication with correspondence and in developing public health matter documents for public use by the end of the term.</p> |
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| <p><b>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term.</b></p> <p>Formal education opportunities should also be included in the unit timetable</p> | <p><b>General Mandatory Education</b></p> <ul style="list-style-type: none"> <li>• Mandatory RMO teaching is Thursdays 1300-1400; venue and topics are communicated via email. Attendance is via the Microsoft Teams platform as teaching is provided in person at The Canberra Hospital.</li> <li>• Non mandated non protected JMO teaching also occurs at 1300 on Monday's as part of the Monday Shorts teaching program.</li> </ul> <p><b>Grand Rounds</b></p> <p>All JMOs are encouraged to attend Grand Rounds on Wednesdays via Teams. There may be occasions when the Registrar presents on behalf of the Unit.</p> <p><b>Rotation specific education opportunities</b></p> <ul style="list-style-type: none"> <li>• Topics of interest presentations (fortnightly) – the RMO will take part in a rotating roster to present to the medical officer team on a public health topic of interest encountered during the rotation.</li> <li>• Journal club (fortnightly) – the RMO will take part in a rotating roster (expected participation at least once per term) to present at journal club on a journal article with timely relevance to public health to an audience of interested people across the Division.</li> </ul> |  |                                     |  |
| <p><b>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</b></p>  | <p><b>EPA 1</b><br/>Clinical Assessment</p>  | <p><b>EPA 2</b><br/>Recognition and care of the acutely unwell patient</p> | <p><b>EPA 3</b><br/>Prescribing</p> | <p><b>EPA 4</b><br/>Team communication – documentation, handover and referrals</p> |

## Term/Unit Timetable and Indicative Duty Roster\*

Include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to. Show the activities that the prevocational doctor is expected/rostered to attend – these include all **education opportunities** (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team. Please include the approximate times of activities wherever possible. If there are extended shifts or evening shifts attach four weeks of rosters for the whole team.

| Monday                                      | Tuesday  | Wednesday                                   | Thursday  | Friday                                      | Saturday | Sunday |
|---|--|---|---|---|----------|--------|
| 0930 – Medical team huddle                  | 0930 – Fortnightly Medical Team meeting (standard medical team huddle on alternate weeks)                            | 0930 – Medical team huddle                  | 0930 – Medical team huddle  | 0930 – Medical team huddle                  |          |        |
| 0945 – Public Health Response team stand up | 0945 – Public Health Response team stand up  | 0945 – Public Health Response team stand up | 0945 – Public Health Response team stand up   | 0945 – Public Health Response team stand up |          |        |
| 0950 – Surveillance team catchup            | 0945 – Public Health Response team stand up  | 0950 – Surveillance team catchup            | 0950 – Surveillance team catchup  | 0950 – Surveillance team catchup            |          |        |
| 1300 – Monday Shorts JMO Teaching           | 0950 – Surveillance team catchup<br><br>1400 – Topics of interest presentation (alternating weeks with journal club) |   | 1200 – Journal club (alternating weeks with topics of interest)<br><br>1300 – 1400 Mandatory RMO Teaching |   |          |        |



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| <b>Patient Load</b><br>Average Per Shift   | No individual patient interactions.       |   |
| <b>Overtime</b>  | Rostered overtime hours/week              | 0 |
|  | Unrostered overtime hours/week            | 0 |
| <b>After hours roster</b><br>Does this term include participation in hospital-wide afterhours roster?<br>If so advise: <ul style="list-style-type: none"> <li>• Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month)</li> <li>• Onsite supervision available after hours</li> </ul><br>If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster.<br>The designated after-hours supervisor should be listed in the supervisory team. | No after hours is required for this term. |   |

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| <b>List Other Relevant Documentation</b>                      |
| Intern job description<br>RMO job description<br>JMO Handbook |