1. Term details:			
Health Service:	Northern Health	Term duration:	Maximum: 13 weeks
Location/Site:	Northern Hospital Epping	Clinical experience -	C: Acute and critical illness patient
Location/site.	Northern Hospital Epping	Primary:	care
Parent Health	Northern Health	Clinical experience -	A: Undifferentiated illness patient
Service:	Northern Health	Secondary:	care
Speciality/Dept.:	Surgery Cover Days	Non-clinical	(PGY2 only)
эрссіанту/ Берт	Surgery cover buys	experience:	(1 d12 dilly)
PGY Level:	PGY2	Prerequisite learning:	(if relevant)
Term Descriptor:	Surgery Cover term, allocated to specific There are 3 weekday roles 1. Spec Surg PM HMO (Paeds surg, Thora 2. OrthoPlastics HMO 3. Gen Surg Units 1-4 Intern There are 4 weekend HMO Roles 1. Spec Surg Weekend HMO (Paeds surg, 2. OrthoPlastics HMO 3. Gen Surg 1-2 Intern 4. Gen Surg 3-4 HMO	cics, ENT)), after 17:00 Vascular ward cover

2. Learning o	bjectives:		
	Domain 1	Obtains person-centred histories tailored to the clinical situation in a culturally safe and appropriate way.	
EPA1: Clinical	Domain 2	Demonstrates professional conduct, honesty and integrity.	
Assessment	Domain 3	Recognises and takes precautions where the patient may be vulnerable.	
	Domain 4	Demonstrates the ability to manage uncertainty in clinical decision-making.	
	Domain 1	Identifies deteriorating or acutely unwell patients	
EPA2: Recognition	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.	
and care of the acutely unwell patient	Domain 3	Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Domain 4	Raises appropriate issues for review in quality assurance processes (such as at morbidity and mortality meetings).	
	Domain 1	As appropriate, monitors and adjusts medications.	
EPA3:	Domain 2	Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff.	
Prescribing	Domain 3	Other (please edit and update)	
	Domain 4	Makes use of local service protocols and guidelines to ensure decision-making is evidence-based and applies guidelines to individual patients appropriately	

unwell patients.

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EPA4: Team communication - documentation, handover and referrals	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.
	Domain 2	Demonstrates professional conduct, honesty and integrity.
	Domain 3	Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.
	Domain 4	Maintains records to enable optimal patient care and secondary use of the document for relevant activities such as adequate coding, incident review, research or medico-legal proceedings.

referrals		WIIC	iller all litter preter is required.		<u> </u>		
I Domain 4 I			itains records to enable optimal patient care and secondary use of the document for relevant ities such as adequate coding, incident review, research or medico-legal proceedings.				
3. Outcome st	atements:						
Domain 1: The pre	evocational dod	ctor	Domain 2: The prevocational doctor	Domain 3: The prevocational	Domain 4: The prevocational		
as practitioner			as professional and leader	doctor as a health advocate	doctor as a scientist and scholar		
In Place the needs centre of the care progretation and regulate guidelines. Demonstrate effective handover, gradelegation and escalar and adverse event replaced for the principles of share informed consent. In 1.3 Demonstrate experience of the principles of share informed consent. In 1.3 Demonstrate experience of the principles of wellbest of the principles of wellbest of the support Aboriginal Islander patient care and the support Aboriginal Islander patient care as 1.4 Perform and do assessments, incorport focused medical histon of the principles of the support Aboriginal Islander patient care and Informed knowledges of wellbest of support Aboriginal Islander patient and consider the support Aboriginal Islander patient and consider the support Aboriginal Islander patient and accommon and relevant the suidence-informed knowledges of sustainability and consider the suidence-informed knowledges of shared do the support Aboriginal Islander patient and PGY2 doctor. In 1.5 Request and accommon and relevant the suidence of sustainability and considered the suidence of sustainability and considered the suidence of shared do the shared of shared do the shared of the sh	cess, working with ory requirements at e skills including aded assertiveneration, infection contring. sensitively and atts, their family and atts, their family and atts, their family and atts, their family and adecision-making affective, cultural ampathetic are spect within an and Torres Strait and Torres Strait and Torres Strait aring a problemary with a relevant and generate and and generate and and for summary atther relevant issued and pring and referrals under a range of committed for work as a confirmed and referrals under the sand referrals under the sand other and selection-making weelth care team applies and other ags, fluids, electrous and provide immedess, communicated and provide immedess, communicated and provide immedess, communicated and provide immedess.	thin s and ag ess, entrol, and aing ang and ally safe ous oodels t t valid of the ues et sing anciples s mon a PGY1 ssing with olytes, and ediate	 	□ 3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients № 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patients physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources. ☑ 3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination. □ 3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity. □ 3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. ☑ 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the brander healthcare interaction with and connection to the headth path produce interaction with and connection to the headth and connection with and connection to the headth and connection with and connection to the headt	☐ 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings. ☐ 4.2 Access, critically appraise and apply evidence form the medical and scientific literature to clinical and professional practice. ☑ 4.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice. ☐ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.		

connection to the broader healthcare

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 \square 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making

manage patient outcomes and health service functions.

system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).

4. Supervision details:						
Supervision Role	Name	Position	Contact			
DCT/SIT	Dr Chiu Kang	Supervisor of HMO Training	Chiu.Kang@nh.org.au			
Term Supervisor	Dr Sarah Condron	Head of Unit	Sarah.Condron@nh.org.au			
Clinical Supervisor (primary)	Dr Sarah Condron	Head of Unit	Sarah.Condron@nh.org.au			
Cinical Supervisor (day to day)	Allocated registrar on duty	Unit Registrar	Click or tap here to enter text.			
EPA Assessors Health Professional	All ConsultantsAll Registrars					

that may assess EPAs

Click or tap here to enter name and role

Team Structure - Key Staff

Name	Role	Contact
Dr Sarah Condron	Head of Unit	Sarah.Condron@nh.org.au
Unit Consultants	Allocated Consultant on Unit	Via Switchboard
Unit Registrars	Allocated Registrar on Unit	Via Switchboard
AGSU Registrar	Allocated AGSU Registrar	x52628
Peri-op Registar	Allocated Peri-op Registar	Via Medtasker

5. Attachments:				
R-over document	See below			
Unit orientation guide	See below			
Timetable (sample in appendix)	Click or tap here to enter url of attachment.			

6. Accreditation details (PMCV use only)	
Accreditation body:	Click or tap here to enter text.

Accreditation status:	Click or tap here to enter text.		
Accreditation ID:	Click or tap here to enter text.		
Number of accredited posts:	PGY1: number PGY2: number		
Accredited dates:	Approved date: date.	Review date: date.	

7. Approval					
Reviewed by:	Click or tap here to enter text.	Date:Click or tap to enter a date.			
Delegated authority:	Click or tap here to enter text.	Date:Click or tap to enter a date.			
Approved by:	Click or tap here to enter text.	Date:Click or tap to enter a date.			

Appendix							
Timetable	example						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	07:00	07:00
Morning	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.			1. Spec Surg Weekend HMO Paeds surg ward round with Surg 1-2 Reg and ward cover (AGSU does admissions) Thoracics ward round with Surg 3-4 Reg and ward cover Urology ward round with Urology Reg, ward cover, admissions ENT ward round, then call ENT Reg to discuss, ward cover After 17:00 Vascular ward cover	1. Spec Surg Weekend HMO Paeds surg ward round with Surg 1- 2 Reg and ward cover (AGSU does admissions) Thoracics ward round with Surg 3- 4 Reg and ward cover Urology ward round with Urology Reg, ward cover, admissions ENT ward round, then call ENT Reg to discuss, ward cover After 17:00 Vascular

						2	ward cover
						2. OrthoPlastics ward cover and admissions	2. OrthoPlastic s ward
						3. Gen Surg	cover and admissions
						Gen Surg Units 1-2 ward round with Surg 1-2	3. Gen Surg 1-2 Gen Surg Units 1-2
						Reg and ward cover	ward round with Surg 1- 2 Reg and
						4. Gen Surg 3-4	ward cover
						Gen Surg 3-4 ward round with Surg 3-4	4. Gen Surg 3-4 Gen Surg 3-
				12:30 – 13:30		Reg and ward	4 ward
				HMO Education		cover	round with Surg 3-4
				2446411011			Reg and
	16.00	46.00	46.00	46.00	46.00	F. J. T. T.	ward cover
	16:00 1. Spec Surg	16:00 1. Spec Surg	16:00 1. Spec Surg	16:00 1. Spec Surg	16:00 1. Spec Surg	Enter Time Click or tap	Enter Time Click or tap
	PM HMO	PM HMO	PM HMO	PM HMO	PM HMO	here to enter	here to
	Ward cover	Ward cover for	Ward cover	Ward cover	Ward cover	text.	enter text.
	for Paeds	Paeds surg,	for Paeds	for Paeds	for Paeds		
	surg,	Thoracics, ENT	surg,	surg,	surg,		
	Thoracics,		Thoracics,	Thoracics,	Thoracics,		
	ENT	2.	ENT	ENT	ENT		
	2.	OrthoPlastics Ward cover for	2.	2.	2.		
Afternoon	OrthoPlastics	orthopaedics	OrthoPlastics	OrthoPlastics	OrthoPlastics		
Aitemoon	Ward cover	and plastics	Ward cover	Ward cover	Ward cover		
	for	,	for	for	for		
	orthopaedics	3. Gen Surg	orthopaedics	orthopaedics	orthopaedics		
	and plastics	Units 1-4 Ward cover for	and plastics	and plastics	and plastics		
	3. Gen Surg	Gen Surg units	3. Gen Surg	3. Gen Surg	3. Gen Surg		
	Units 1-4	1-4	Units 1-4	Units 1-4	Units 1-4		
	Ward cover		Ward cover	Ward cover	Ward cover		
	for Gen Surg units 1-4		for Gen Surg units 1-4		for Gen Surg units 1-4		
	uiiit3 1-4		uiiits 1-4		uiiits 1-4		

				for Gen Surg units 1-4			
	21:00	21:00	21:00	21:00	21:00	21:00	21:00
	Click or tap	Click or tap	Click or tap	17:30	Click or tap	Click or tap	Click or tap
Evening	here to enter	here to enter	here to enter	Surgical	here to enter	here to enter	here to
	text.	text.	text.	Forum	text.	text.	enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

9. Hospital Orientation			
Hospital orientation	Hospital orientation occurs at the beginning of each term. Attendance is mandatory and paid non-clinical time.		
This is separate to t	he unit orientation. Follow the <u>link</u> for deta	ails, password: NorthernDoctors	
Location	NCHER, Northern Hospital – Epping	185 Cooper Street, Epping 3076	
Facilitator	Medical Education Unit	Email: MedicalEducationUnit@nh.org.au	
Date First day of each term			
Start	08:00		

10. Unit Orientation		
Unit Orientation occu	rs at the beginning of each term. Attendance is mandatory and paid time.	
Orientation that occur	rs outside of your rostered hours should be submitted as overtime on the overtime reporting portal.	
Location	Residents Quarters	
Facilitator	Sarah Condron	
Date	Tuesday of the first week of each term	
Time	2pm – 3pm	

11. Unit Overvie	
11. Offit Overvie	There are 3 weekday HMO Roles
	1. Spec Surg PM HMO (Paeds surg, Thoracics, ENT)
	2. OrthoPlastics HMO
	3. Gen Surg Units 1-4 Intern
Department	There are 4 weekend HMO Roles
	1. Spec Surg Weekend HMO (Paeds surg, Thoracics, Urology, ENT), after 17:00 Vascular ward cover
	2. OrthoPlastics HMO
	3. Gen Surg 1-2 Intern
	4. Gen Surg 3-4 HMO
	Northern Hospital, Epping Campus
Location	Ward 2- Paeds Surg
	Ward 13- AGSU
	Ward 16- Gen Surg, Urology

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	Ward 18- Thoracics, Vascular Ward 19- Ortho, Plastics
Inpatient Beds	~108
Outpatients Clinics	No
Day Procedures	No
Virtual Unit	No

12. Safety

Unit Specific Risks- see relevant handbooks for unit specific issues

- Multiple units cross cover requiring good communication and handover between staff
- Distance between wards, consider travel time between various wards, especially with multiple unwell patients
- Wear good supportive shoes!

13. Communication	
Medtasker	Sign in at the start of your shift and sign out at the end of your shift There are 3 weekday HMO Roles 1. Spec Surg PM HMO (Paeds surg, Thoracics, ENT) 2. OrthoPlastics HMO 3. Gen Surg Units 1-4 Intern There are 4 weekend HMO Roles 1. Spec Surg Weekend HMO (Paeds surg, Thoracics, Urology, ENT), after 17:00 Vascular ward cover 2. OrthoPlastics HMO 3. Gen Surg 1-2 Intern 4. Gen Surg 3-4 HMO
WhatsApp	N/A
Pager	Pagers are located at reception. Please sign them out at the start of your shift and sign them in at the end of your shift. Paeds Surg #193 Thoracics #1111 Orthopaedics # 462 Plastics #185 Vascular #037 Urology #041 ENT- no pager Surg 1 # 092 Surg 2 # 057 Surg 3 # 096 Surg 4 # 282/ #280
MS Teams	N/A

14. Handover Proce	ess	
	ctor is covering a role- Check the portal on the intranet. (
Reporting Portal > +A	dd more reports to my profile> scroll to find Workforce	
	Weekday Role	Weekend Role
		At start of shift receive handover:
		Spec Surg Weeknd HMO O7:00 Receives handover from Spec Surg Night HMO, Gen Surg Night HMO & AGSU Reg in ressies for Paeds surg, Thoracics, Urology, ENT
Morning		2. OrthoPlastics HMO- 07:00 Receives handover from Spec Surg Night HMO in ressies for Orthopaedics and Plastics
		3. Gen Surg 1-2 Intern - 07:00 Receives handover from Gen Surg Night HMO in ressies for Gen Surg 1-2
		4. Gen Surg 3-4 HMO - 07:00 Receives handover from Gen Surg Night HMO in ressies for Gen Surg 3-4
	At start of shift receive handover: 1. Spec Surg PM HMO (Paeds surg, Thoracics, ENT) - 16:00 Receive handover from ENT Reg via phone - 16:30 Receive handover from Paeds Surg, Thoracics HMO via medtasker	Spec Surg Weekend HMO 16:00 receives handover from Vascular HMO in ressies/medtasker
Afternoon	OrthoPlastics HMO 16:00 Receive handover from orthopaedics and plastics on ward 18	
	3. Gen Surg Units 1-4 Intern - 16:00 Receive handover from Gen Surg 2/3/4 HMO & Interns on ward 16	
	At the end of shift handover:	At the end of shift handover:
	Spec Surg PM HMO (Paeds surg, Thoracics, ENT) 20:30 Handover to Spec Surg Night HMO in ressies	1. Spec Surg Weekend HMO20:30 Handover Paeds, Thoracics, ENT,Vascular to Spec Surg Night HMO in ressies
Night	2. OrthoPlastics HMO - 20:30 Handover to Spec Surg Night HMO in ressies	- Handover Urology to Gen Surg Night HMO in ressies 2. OrthoPlastics HMO
	3. Gen Surg Units 1-4 Intern - 20:30 Handover to Spec Surg Night HMO in ressies	- 20:30 Handover to Spec Surg Night HMO in ressies

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3. Gen Surg 1-2 Intern
- 20:30 Handover to Gen Surg Night HMO
in ressies
4. Gen Surg 3-4 HMO
- 20:30 Handover to Gen Surg Night HMO
in ressies

15. Shift Structure	Weekday Role	Weekend Role
Day	N/A	07:00 – 21:00
Afternoon	16:00 – 21:00	N/A
Night	N/A	N/A

16. Shift Responsibilities and Tasks	
Weekday	Weekend
	1. Spec Surg Weekend HMO
	Post-handover make contact with Urology, Surg 1&2, Surg 3&4
	regs to co-ordinate start time for ward rounds
	07:30 Urology ward round with Urology Reg, ward cover,
1. Spec Surg PM HMO	admissions
Ward cover for Paeds surg, Thoracics, ENT	Paeds surg ward round with Surg 1-2 Reg and ward cover (AGSU
	does admissions)
	Thoracics ward round with Surg 3-4 Reg and ward cover and
	admissions
	ENT ward round, then call ENT Reg to discuss, ward cover
	After 17:00 Vascular ward cover
	2. OrthoPlastics
2. OrthoPlastics	Orthopaedics ward round and ward cover on Saturday, cover
Ward cover for orthopaedics and plastics	Plastics after 17:00, including admissions
ward cover for orthopaedics and plastics	Plastics ward round and ward cover on Sunday, cover
	Orthopaedics after 17:00, including admissions
3. Gen Surg Units 1-4	3. Gen Surg 1-2
Ward cover for Gen Surg units 1-4	Gen Surg Units 1-2 ward round with Surg 1-2 Reg and ward cover
·	4. Gen Surg 3-4
	Gen Surg 3-4 ward round with Surg 3-4 Reg and ward cover

17. Common Conditions

See specific unit handbook

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18. Common Procedures

See specific unit handbook

19. Clinical Guidelines

PROMPT- This site contains the hospital policy and procedure manuals. It can only be accessed from the intranet - See unit handbooks for respective units Northern Doctors wesite: https://www.northerndoctors.org.au/handbook rover/

20. Routine Orders		
Pathology	Nil	
Radiology	Nil	
Pharmacology	Nil	

21. IT Programs	
EMR	The EMR is in use for documentation, medication ordering and radiology/pathology requests. It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics. Located in the intranet > My Favourite Links > EMR Live Environment EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php Training is compulsory; you will need to complete the elearning within the first week of commencing. Please contact medical workforce, or check the EMR website for more information on how to complete EMR training https://emr.nh.org.au/ When starting a new rotation, please reach out to Term Supervisor to ensure you are oriented to the EMR specific workflows for that unit as well. EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication.
CPF	The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023. Located in the intranet > My Favourite Links > CPF https://cpf.nh.org.au/udr/
PACS	XERO Viewer Pacs- https://nivimages.ssg.org.au/ or located in My Favourite Links, look for the CXR icon This is where you can find radiology images
My Health Record	Centralised health record https://shrdhipsviewer.prod.services/nhcn
Safe Script	Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/

22. Documentation		
Admission	Use admission workflow on EMR	
Ward Rounds	Use ward round workflow on EMR	
Discharge Summary	Use discharge workflow on EMR	

Outpatient Clinics	On CPF	
CDI Queries	Medtasker	
Death Certificates	https://www.bdm.vic.gov.au/medical-practitioners	
Coroners	Guide to making a corners report	
Coroners	https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death	

23. Referrals		
Internal	The cover HMO does not receive referrals for patients	
External	N/A	

24. Clinical Deterioration		
	Within the hospital at all times help is available from:	
	AGSU registrar - x52628	
	Periop medical registrar – 0418428781 and	
	ICU registrar - x88230	
	All specialty units have someone that can be contacted if there is concern	
Escalation Process	Urology – registrars alternating roster – contact via switch	
	Paediatric Surgery – consultant alternating roster – contact via switch	
	Thoracic Surgery – consultant alternating roster – contact via switch	
	ENT –via switch – if no cover- contact AGSU/ anaesthetics, Austin ENT	
	Vascular Surgery – Registrar alternating roster – contact x58984	
	Plastic Surgery – Registrar alternating roster – contact x52356	
	Orthopaedic Surgery – Registrar alternating roster – contact x58461	
PreMet	Respond to Med tasker physically within 15 minutes	
	Surgical units need to be advised if their patient has a code	
	Urology – registrars alternating roster – contact via switch	
	Paediatric Surgery – consultant alternating roster – contact via switch	
Code	Thoracic Surgery – consultant alternating roster – contact via switch	
	ENT – no after hours cover – contact AGSU/ anaesthetics, Austin ENT	
	Vascular Surgery – Registrar alternating roster – contact x58984	
	Plastic Surgery – Registrar alternating roster – contact x52356	
	Orthopaedic Surgery – Registrar alternating roster – contact x58461	

25. Night Shift Support		
	1. AGSU registrar	
Unit	2. Unit registrar or fellow	
	3. Consultant	
Periop	Contact the peri-op registrar for any acute medical concerns	
Take 2 @ 2	N/A	

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26. Assessments		
All forms are located on the	e Northern Doctors website under the Assessments tab	
Beginning of Term Meet with Term Supervisor to set learning goals for the term using the Term Description Learning Objectives as a basis for the discussion		
Mid-Term & End of Term	To be completed at the mid and end of term meetings	
EPAs Minimum of x2 EPA assessments to be completed per term		

27. Mandatory Training

Contact Consultant on Unit

- Mandatory Training is located on the LMS- https://mylearning.nh.org.au/login/start.php
- Mandatory training is compulsory and part of your contract with Northern Health and needs to be completed by the first month of your start date. If not completed you will come of the floor to complete.
- Hand Hygiene needs to be completed by the end of your first week.
- If you have completed the mandatory training elsewhere you may be able to apply for recognition of prior learning

28. Unit Education
TBC
29. Unit Meetings
TBC
30. Research and Quality Improvement
TBC
31. Career Support

32. Medical Students on the Unit

N/A				
33. Rostering				
Shift Swap	The doctor initiating the roster swap is responsible for arranging with an appropriate colleague. Once you have arranged a colleague to perform the swap, please email your MWU coordinator and cc in the colleague. All swaps should be kept to within the pay period fortnight where possible. In exceptional circumstances where this cannot be achieved, please discuss with the MWU coordinator prior. All shift swaps should be like hours for like hours. Proposed shift swaps must be emailed to your MWU coordinator for approval.			
	Personal Leave documentation required: For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave. For other days absent due to personal illness or injury the doctor is required to provide evidence of illness. To be eligible for payment, the doctor is required to notify the Health Service two-hours before the start of their shift, or as soon as practicable.			
	In hours Monday to Friday 0730 - 1630	Step 1: Medical Workforce Reception 8405 8276	Step 2: Notify unit	Please ensure you notify both MWU & your unit
Unplanned Leave- Notification and documentation process	After hours Monday to Friday Between 1630 – 2200	Step 1: Between 1630 – 2200 Medical Workforce On-call Phone 0438 201 362 Between 2200-0730	Step 2: Notify unit (at a suitable time)	Please ensure you notify both MWU or After Hours (depending on the time) & your unit at a suitable time.
	After hours Monday to Friday Between 2200-0730	Hospital / After Hours Coordinator (8405 8110 or via switch)		
	In hours Weekends & Public Holidays 0700 - 2200	Step 1: Medical Workforce On-call Phone 0438 201 362	Step 2: Notify	Please ensure you notify both MWU & your unit
	After hours Weekends & Public Holidays 2200-0700	Step 1: Hospital / After Hours Coordinator (8405 8110 or via switch)	Step 2: Notify unit	Please ensure you notify both MWU & your unit
Overtime	All overtime should be submitted. This can be accessed via the intra Please include the reason for you where relevant.	anet whilst onsite at Norther		andover, include UR

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34. JMO Rover

Identify and escalate issues early

Assist colleagues with workload where possible

Liaise with other surgical HMOs, AGSU registrar, on call registrar, peri-op registrar and unit consultants

Ask for help!

35. Document Status			
Updated by	Sarah Condron	October 2023	
Reviewed by	MEU	December 2023	
Next review date		February 2024	