JOB DESCRIPTION TELETHON KIDS INSTITUTE



Why is this Job Description being written?		New Position Replacement Position Position re-designed Position not previously described				
POSITION DETAILS:	Positi on Title:	POST-DOCTORAL FELLOW - SKIN INFECTION RESEARCH				
RFA:	Early Er	nvironment	Research Group:	Group A Streptococcal (GAS) Team, Wesfarmers Centre for Vaccines and Infectious Diseases		
Position reports to: (role)	Clinical	al Research Fellow				
Location: include all possible locations		100 Roberts Road Subiaco and travel to remote sites				
POSITION PURPOSE: In one or two sentences briefly summarise the overall purpose of this role, i.e. broadly, what this role does and why						
The purpose of this role is to lead the setup and manage a research project under the direction of the Clinical Research Fellow. This project is a prospective cohort study which aims to document the concurrent burden of Group A Streptococcus (GAS) skin infection and GAS pharyngitis.						
KEY RESPONSIBILITY AREAS (Please list in order of importance)						
<i>Key Position Accountabilities</i> What are the main areas for which the position is accountable	% of Total Role	Inputs: What are the key activities or tasks to b	e carried out?	<i>Outputs:</i> What are the expected end results?	<i>Measures:</i> How it is measured	

Research	40	 Management of successful project and research grants in the subject area including Project planning and monitoring Management of staff Development of data analysis plans Reporting related to each outcome of the project Conduct high quality research in the subject area of Develop new proposals of collaborative research projects investigating 	 Providing data and results to address project aims and hypotheses Publish journal articles, research reports and conference abstracts Seek and secure funding for grants and conferences Forms networks and collaborations 	 Timeliness of achieving project aims and milestones Number and quality of published articles and conference presentations Positive feedback from project team and collaborators
Co-ordination and Administration	40	 Input into management of expenses, budgets and finance reports Generate and monitor project milestones and timelines Organise the required resources to support the research (e.g. consumables, software, venues) Ethics applications for research project 	 Facilitate and maintain effective team organisation and communication Effective collaboration with key stakeholders (steering committee) 	 Keep projects within budget Timeliness to complete administrative duties Evidence of facilitating and maintaining effective staff organisation and communication Timely achievement of research aims and goals
Leadership and Team Membership	10	 Supervise and mentor staff and research students Lead and maintain a harmonious research team Contribute to the research activities and strategic direction of the Skin Team Actively support and contribute to other research projects and colleagues Commitment to ongoing professional development 	 Ensure the learning, development and growth of staff and students Foster a positive and productive team environment Attend relevant professional learning opportunities 	 Evidence of supervision and mentoring of staff and students Positive feedback from project team and collaborators Harmonious and motivated work environment Evidence of a commitment to professional development
Other Duties as Requested	10	• Perform other relevant duties as required at the request of the clinical research fellow.	•	• Feedback from line manager.

ESSENTIAL SKILLS, KNOWLEDGE AND EXPERIENCE:				
Qualifications: what are the educational, technical or profest qualifications required to compare the compare the educations required to compare the educations required to compare the education of the educati	ssional	PhD in relevant field		
Skills, Knowledge & Ex	kperience:	 Demonstrated knowledge of Group A streptococcal infections and epidemiology High-level written and oral communication skills, including a track record in scientific publications and presentations Demonstrated ability to set goals, develop priorities and meet deadlines Experience in scientific paper preparation and submission such as grants and ethics applications Ability to work effectively as part of a broad, multidisciplinary team Ability to work in a team with minimal supervision and contribute to the achievement of team goals, including an ability to be adaptable and flexible working within an environment subject to change Capacity to supervise students 		
DESIRABLE SKILLS	, KNOWLED	GE AND EXPERIENCE:		
Qualifications: what are the educational, technical or profest qualifications required to compare the compare the education of the education	ssional	Undergraduate degree in relevant field		
Skills, Knowledge & Experience:		 Experience working closely with clinicians Experience in Indigenous health or low resource settings Knowledge of impetigo, pharyngitis and acute rheumatic fever 		
SCOPE:				
Financial accountabili	ty: Does this role I	have accountability for a budget?		
• No				
People responsibility: Does this role have any direct reports or indirect reports (through direct reports)?				
No. of direct reports	0	No. of indirect reports 0		

ORGANISATIONAL CHART: (please complete using position titles or insert diagram below)

Next level of supervision		Director, Telethon Kids Institute		
Immediate level of supervision		Clinical Research Fellow		
Other roles reporting to immediate supervisor		Post-Doctoral Research Fellow		
Direct reports (role x no.)				

ADDITIONAL INFORMATION: is there any additional information that needs to be understood to explain this role?

Primary prevention of ARF and RHD begins with early treatment of Group A streptococcal infections. Unfortunately in remote northern Australia where the burden of ARF/RHD is the highest amongst Aboriginal children, it remains unclear whether GAS pharyngitis or GAS impetigo is the primary driver of ARF/RHD. The burden of GAS pharyngitis is anecdotally low in this population. The burden of GAS impetigo is well documented and highly prevalent. Earlier work to confirm the role of GAS impetigo in the development of ARF/RHD in the Northern Territory was supportive, but not conclusive. Since then, there has been a strong focus on skin disease control, both for the clinical benefit of a reduction in the burden of skin infections but also hypothetically for the primary prevention of ARF/RHD.

Whilst impetigo may be implicated in ARF causality, rejecting pharyngitis as a co- or primary- contributor to ARF in Aboriginal children is limiting a complete understanding of how to end RHD. It is possible that we are currently under-treating pharyngitis due to atypical presentation or a lack of recognition of the disease and this may be contributing to the high ARF disease burden. It is critical to understand the disease burden of both pharyngitis and impetigo concurrently in children. We need to develop, pilot and evaluate simple, robust tools for GAS surveillance to better inform treatment algorithms, public health priorities and ultimately GAS vaccine development.