RUN DESCRIPTION

POSITION:	Non-trainee Registrar W.OPH.NTR.REG.001
DEPARTMENT/SERVICE:	**OPHTHALMOLOGY**
PLACE OF WORK:	Eye Outpatients – including Kenepuru and Hutt Hospitals, Theatres, Surgical Admissions Unit, Emergency Department and all areas where aspects of Ophthalmology are practised or where clinical advice is sought.
RESPONSIBLE TO:	Clinical Leader
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, hospital and community based healthcare workers.
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Ophthalmology Service, including assessment, operative and non-operative management, and post-operative care and follow-up in close conjunction with other RMOs and consultant staff.
RUN RECOGNITION:	Not recognised as vocational training by the Royal Australian and New Zealand College of Ophthalmologists.
RUN PERIOD:	Twelve months

Section 1: Organisational Overview

CCDHB's Mission, Vision and Values
Our Mission: *Together, Improve the Health and Independence of the People of the District* **Our Vision:** *Better Health and Independence for People, Families, and Communities* **Our Values:** • *Innovation*

- *Action*
- *A focus on People and Patients*
- *Living the Treaty*
- *Professionalism through Leadership, Honesty, Integrity and Collaboration*
- *Excellence through Effectiveness and Efficiency*

As part of its overall employment strategy, CCDHB is committed to:

- Supporting the principles of Equal Employment Opportunities through the provision and practice of equal access, consideration, and encouragement in the areas of employment, training, career development and promotion for all its employees.
- Te Tiriti o Waitangi principles of partnership, participation, equity and protection by ensuring that guidelines for employment policies and procedures are implemented in a way that recognises Maori cultural practices.

RMO responsibilities in relation to CCDHB's Organisational Objectives

- RMOs operate according to the Mission, Vision and Values of the DHB
- RMOs provide patients with high quality care
- RMOs will work with colleagues to assist people achieve their optimum health
- RMOs will work co-operatively with other health professionals and staff working across the hospital and in community settings
- RMOs will support and comply with CCDHB's Code of Conduct and all policies and procedures including health and safety requirements
- RMOs will help CCDHB to maintain a safe working environment for all staff
- RMOs will work in ways that enhance the efficiency and effectiveness of clinical and other DHB services
- RMOs will work in ways that make the most effective use of clinical supplies

Section 2: RMO Clinical Responsibilities - General

Area	*Common Clinical Responsibilities for all RMOs*
General Clinical Responsibilities:	1. Under the supervision of relevant clinician(s), a RMO's clinical responsibilities may include: i) Managing patients commensurate with and appropriate to skill level. ii) Assessing and admitting patients; organising relevant examinations and investigations; ensuring results are directed and actioned as required; managing patient referrals; and day to day ward management of patients under the care of the team.

	iii) Obtaining informed consent from the patient or parent of a child, without duress. iv) Undertaking clinical responsibilities as directed. v) Reviewing patients on a daily basis as required (with the exception of unrostered weekends). vi) Maintaining a high standard of communication with patients, patients' families and staff. vii) Communicating effectively with patients and (as appropriate) their families/friends about patients' illness and treatment. viii) Informing relevant clinician(s) of the status of patients especially if there is an unexpected event. ix) Liaising with other staff members, departments, and General Practitioners in the management of patients. x) Ensuring required paperwork (e.g. patient records, referrals and discharge plans) is completed at the appropriate time and to the appropriate standard (i.e. in accordance with statutory requirements and professional standards). xi) Attending handover, team and departmental meetings as required. 2. Prompt attendance at ward rounds, outpatient clinics and theatre sessions and any other places of work that may be described in the relevant Run Description. 3. Prompt attendance at education sessions and other staff meetings that may occur. 4. Assessing and managing acute patients in the Emergency Department within agreed timeframes, where appropriate. 5. Responding promptly and effectively to emergency situations. 6. Responding promptly to concerns of patients and relatives about a patient's care and to act as their advocate when appropriate. 7. Maximising health promotion opportunities. 8. Ensure the dignity and humanitarian needs of the patient are met and the cultural needs are respected.

Area	***Common Clinical Responsibilities for all RMOs***
Clinical Responsibilities: Patient Notes	1. Patient notes will be fully completed to enable other staff to deliver appropriate care. 2. It is a legal requirement to document the treatment/findings. 3. Consultants and RMOs are responsible for recording all patient diagnosis and information relevant to the episode of care. 4. This process should involve:

	i) Assessment of daily progress including a minimum of once daily notation of treatment / progress in the patient notes. ii) Recording all investigations and treatments in the patient notes, including any alterations to patient management. iii) A documented discharge plan for all patients. iv) Prior to discharge, an electronic discharge summary sheet/discharge letter will be completed and a copy given to patient or the parents (and prescription as required). v) A copy of discharge summary sheet/discharge letter is to be sent to the patient's GP. vi) All diagnoses that were considered or treated and all procedures that were performed should be documented on the discharge summary. 5. Patient notes that have been completed by the medical staff will include a completed electronic discharge summary. 6. Patients should leave the hospital with a completed discharge summary. 7. Even in busy periods, it is expected that discharge documentation is completed within 3 working days.

Section 3: RMO Clinical Responsibilities - Specific

Area	*RMO Clinical Responsibilities Specific to this Run*
Work Schedules:	1. Post-operative rounds – daily 08:00 am 2. Consultant Clinics – various @ 1 per week 3. Theatre sessions – various @ 1 per week 4. Acute clinics – As per roster
Outpatients:	1. Review referral letters and assign priority for urgency of appointment according to criteria. Discuss with consultant where necessary. 2. Assessment and management of patients referred acutely to clinics and Emergency Department. 3. Assisting and supervising the ophthalmology SHO's. 4. Provide advice on ophthalmic matters when requested by general practitioners and other hospital medical staff. 5. Attendance at and assistance with regular consultant outpatient clinics. 6. Assist with outpatient investigations and treatment (visual fields, ultrasound, angiography, laser therapy, minor surgery, photography etc.). 7. Communication with referring person following patient attendance at clinics.
Inpatients:	1. Assessment and management of acute admissions in conjunction with registrars and consultants. 2. Assisting with acute surgery depending on level of experience. 3. Performing Minor Ops and intraocular injections depending on level of experience. 4. Assessment of patients before surgery and discussion of their management with the consultant.

	5. Attending planned theatre sessions. 6. Daily examination of inpatients and co-ordination of management in conjunction with the registrars and consultants. 7. Informing registrars and consultants of the status of patients especially if there is an unexpected event. 8. Complete discharge documentation and assign relevant codes to ophthalmic records. Completion of all documentation required by statute and/or Capital and Coast DHB. 9. Other tasks as required by the senior medical staff or area manager.

Section 4: RMO Administrative Responsibilities

Area	*Relevant information and RMO Responsibilities*
Administration: Annual (and Study) Leave	1. Consistent with the goals of maintaining a healthy and safe workforce, CCDHB encourages all RMO to utilise their annual (and study) leave entitlement. 2. To enable RMOs to take their annual (and study) leave, the DHB has established a number of "planned leave reliever" positions across the organisation in accordance with MECA expectations. 3. To enable your leave request to be considered as effectively and efficiently as possible, RMOs should: a) Either apply for leave via the Staff Kiosk if the leave being applied for occurs during the period of your current run b) Or if the leave being applied for falls outside your current run, then complete an annual leave form and deliver or email this to your respective RMO Coordinator 4. You will then be advised of the leave decision made by the Service Leader/Clinical Leader/Department. 5. To ensure that the process of applying for leave works as effectively as possible, it is important that RMOs submit an application as soon as they can. RMO's are therefore strongly encouraged to apply for annual and study leave prior to the start of the run so that appropriate cover can be considered (i.e. as soon as their allocation is confirmed).
Administration: Sick Leave	1. An RMO who is unfit for duty due to illness must notify the RMO Coordinator in all instances. 2. Sick leave must be applied for through their RMO Coordinator as soon as practical once the RMO returns to work; or possibly in the future, via the Staff Kiosk should changes to this system allow RMOs this functionality.
Administration: Time Sheets	1. RMOs are to authenticate their shifts on their individual payroll kiosk account. 2. All call-back claims also need to be authenticated as part of this process. 3. This is required to be completed fortnightly by Sunday evening at the completion of each pay period.

Administration: Roster Changes	1. RMOs seeking any changes to their roster must discuss these with their RMO Coordinator. 2. It is necessary for the RMO Coordinator to ensure all potential roster changes are feasible as well as MECA compliant.

Section 5: Training and Education

Area	*Responsibility*
General	1. Attendance and participation as appropriate in orientation sessions, ward in-service training programmes, educational sessions, department seminars and other staff meetings.
Education and training of others	1. Teaching the senior house officer relevant ophthalmic skills. 2. Provide teaching for Emergency Department house officers, medical students, GP vocational trainees (occasional), and nursing staff. 3. Teach other health care workers as requested.
Educational/Staff Development Opportunities specific to the Run	1. Friday lunchtime lecture series (1230 – 1330). Presenting audit, topics and cases for discussion. 2. Monthly business meeting (1st Monday of each month – 1730 – 1830). 3. Tutorials/departmental educational sessions (a minimum of 1 hour). 4. Grand Rounds – Thursday 1200 - 1300 5. Self-directed learning, library study or research, attendance at other educational sessions within the hospital. For self-directed learning and other CME not held within the department, the registrar must discuss clinical cover with his/her immediate clinical supervisor. The registrar should convey his/her intentions re: the above in a timely manner.

Section 6: Performance Appraisal

1. At the beginning of the run, the RMO and their clinical supervisor are to agree goals and expectations for the run, review and assessment times and one on one teaching times.
2. This process is to occur in person between the RMO and their clinical supervisor, and where relevant (i.e. PGY1 and PGY2), using ePort.
3. Halfway through and at the end of a run, the clinical supervisor will initiate a formal review of the RMO's performance.
4. A Performance Appraisal Form will be completed by the appropriate clinical supervisor at mid-term and by the end of the run for all RMOs except PGY1 and PGY2.
5. The Performance Appraisal Form will be discussed with the RMO and is to be signed/commented upon by the RMO before being returned to the RMO Unit by the specified date, or through ePort where appropriate.

6. After any assessment that identifies deficiencies, develop and implement a corrective plan of action in consultation with your clinical supervisor.
7. Three-monthly reviews of performance are carried out with report back to the Royal College of Ophthalmologists. These are to be photocopied and sent to the RMO Unit.

Section 7: Cover

This run is normally covered by 15 consultants, 4 RMO Fellows, 5 Trainee registrars and 3 Non-Trainee Registrars.

Section 8: Hours and Salary Category

Ordinary hours: Monday – Friday 0800 – 1600 hours plus 1 hour rostered overtime between 1600 – 1700 hours

On Call Roster: Monday – Friday 1700 – 0800 hours

Weekends and Statutory Holidays: 0800 – 0800 hours

Expected Average Hours per Week

Ordinary Hours	40.0
Rostered Overtime	5.0
Unrostered Overtime	7.8
Unrostered Ordinary Hours	0.0
TOTAL	**52.8**
Category	**D**