Te Whatu Ora
Health New Zealand

Medical Registrar Run

<table>
<tr><td>Position of</td><td>Medical Registrar</td></tr>
<tr><td>Run period</td><td>26 Weeks
Based in Te Whatu Ora Wairarapa’s Medical Department</td></tr>
<tr><td>Recognition</td><td>This run is accredited with the Royal Australasian College of Physicians as counting towards physician training.</td></tr>
<tr><td>Hours of work
With rostered weekends</td><td>
<table>
<tr><th></th><th>NZRDA</th><th>SToNZ</th></tr>
<tr><td>Ordinary Hours</td><td>40</td><td>40</td></tr>
<tr><td>RDO Hours Adjustment</td><td></td><td></td></tr>
<tr><td>Adjusted Ordinary hours</td><td></td><td></td></tr>
<tr><td>Rostered overtime</td><td>15.0</td><td>15.0</td></tr>
<tr><td>Un-rostered hours</td><td></td><td>2</td></tr>
<tr><td>TOTAL</td><td>55.0</td><td>57.0</td></tr>
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<tr><td>Salary</td><td>Category C (non-urban)</td></tr>
<tr><td>Responsible to</td><td>• Senior Medical Officers in medicine
• Clinical Supervisor
• Pre-vocational Educational Supervisors
• RMO Coordinator</td></tr>
<tr><td>Chief Medical Officer</td><td>• Dr Mark Beehre</td></tr>
<tr><td>Director of Medical Education</td><td>• Dr Sarah Rennie</td></tr>
<tr><td>Nominated Consultants for Medical Council purposes</td><td>• Dr Niels Dugan
• Dr Laura Davidson
• Dr Naser Abdul-Ghaffar</td></tr>
<tr><td>RMO Co-ordinator</td><td>• Mandy McKendrick</td></tr>
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Expected Average Hours of work

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<tr><td>Ordinary hours</td><td>• 8hrs per day, Monday to Friday between the hours of 0730 and 2300 hours. This constitutes the 40 hours week.
• In addition, all RMOs are required to participate in a roster covering nights (except the Medical Registrar), weekends and public holidays and long days. During these hours, you will be required to support hospital inpatients and the Emergency Department.</td></tr>
<tr><td>After hours</td><td>• Long day 1600 - 2330 (Monday to Friday) – based in the wards</td></tr>
<tr><td>Weekends and public holidays</td><td>
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<tr><td>MED</td><td>0800-1600</td><td>Based in MSW - Medical ward round</td></tr>
<tr><td>SURG</td><td>0800-1600</td><td>Based in MSW – Surgical & Orthopaedic ward round</td></tr>
<tr><td>ED AM</td><td>0800-1600</td><td>Based in Emergency Department</td></tr>
<tr><td>ED PM1</td><td>1500-2300</td><td>Based in Emergency Department</td></tr>
<tr><td>ED PM2</td><td>1500-2300</td><td>Based in Emergency Department</td></tr>
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<tr><td>Emergency</td><td>• In an Emergency situation, it is expected that is available you will respond to an urgent call, e.g. civil emergency, mass casualty</td></tr>
<tr><td>CT Imaging</td><td>When an RMO is rostered on CT Imaging, its consists of the following:
• Assist with CT guided biopsies
• Present when IV Contrast is being performed in CT
You are present to monitor the patient and administer drugs as per radiologist</td></tr>
<tr><td>MET Pager</td><td>There are two MET Pager’s that are held at all times by RMO’s

• Pager 1 – This is held by the Long Day RMO. At 10.30pm the pager is handed to one of the night duty RMO’s. If the long day shift is vacant or a locum is doing this shift, you may be required to hold the pager during the day

• Pager 2 – This is held by the Medical Register. At 4pm the pager is handed to one of the Emergency Department RMO’s. At 10.30pm the pager is handed to the second night duty RMO. If the Medical Register is away, you may be required to hold the pager during the day

• All handover of the MET Pager must be done in person. The MET pager must be carried at all times and never left unattended.</td></tr>
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Medical Unit Staffing	• X 1 Medical Registrar • X 4 RMO's • You will be required to work with all the Medical Consultants at various times • The Medical Registrar will oversee the Medical Unit • The size of this unit is such that it allows for the management of patients to be shared. This team approach allows for the swings and roundabouts inevitable in appropriate patient care.
Medical Unit Specialties	• General Medicine – Diabetes/Respiratory • General Medicine – Cardiology • General Medicine – Cardiology/Hepatology • Gastroenterology - visiting There will be five RMO's appointed to the Medical Unit; one Registrar and four RMOs. You will be required to work with all the Medical Consultants at various times. The Medical Registrar will oversee the Medical Unit. This run is flexible and can be tailored to suit the Registrar's training interests or requirements. The Medical Registrar run would be best suited to: • a Registrar in their 1st or 2nd year of training or • a Registrar at the end of their training who needs to complete more time in general internal medicine, or wishes to work in a "pre-consultant" capacity, or • a Registrar at any stage of training wanting experience in or exposure to practice in a rural general hospital.

Senior Medical Officers	• Dr Tim Matthews • Dr Niels Dugan • Dr Naser Abdul-Ghaffar	• Dr Laura Davidson • Dr Eric Heimlicher • Dr Daniel van der Linde

It is expected that in this small hospital (the acute/surgical/medical ward has capacity for 38 patients and Maternity for 7 patients) a collegial relationship will feature amongst the team of RMOs and Registrar. This is essential for continuity of care and hence quality care.

Clinical areas of the hospital:	Medical/Surgical Ward	38 bed capacity
	High Dependency Unit	5 bed capacity
	Day Procedure Unit	10 bed capacity
	Paediatric Ward	8 bed capacity
	Acute Assessment Unit	6 bed capacity
	Operating Theatres	
	Outpatient Clinics	
	Pre-Assessment Clinic	
	Emergency Department	

Responsibilities in relation to Te Whatu Ora Wairarapa Organisational Objectives	• RMO will operate according to the Mission, Vision and Values of Te Whatu Ora Wairarapa. • RMO will provide patients with high quality care. • RMO will work with colleagues to assist people to achieve their optimum health. • RMO will work co-operatively with other health professionals and staff working across the hospital and in community settings. • RMO will support and comply with Te Whatu Ora Wairarapa's Code of Conduct and all Policies and Procedures including Health and Safety requirements. • RMO will help Te Whatu Ora Wairarapa to maintain a safe working environment for all staff. • RMO will maintain cultural competency across all Te Whatu Ora Wairarapa environments. • RMO will work in ways that enhance the efficiency and effectiveness of clinical and other Te Whatu Ora Wairarapa services. • RMO will work in ways that make the most effective use of clinical supplies.

Clinical Care	• Quality patient care requires teamwork. You must communicate with your clinical colleagues and the patient. • When you make decisions, make sure you have informed the people who need to know. • Anticipate problems, discuss them and have solutions available. • Communicate effectively with ward staff regarding clinical care, documentation and systems to ensure a smooth well run service for the patient. • At a minimum the daily clinical progress note should mention: the diagnosis or diagnoses being treated, the status or condition of the patient with respect to the diagnoses (e.g. stable, impaired and deteriorating), a clear plan of care, and any important treatment decisions. The note should be written with the assumption that a different doctor may be called in to see the patient at any time and will need to know quickly what the relevant issues are. • Ensure all clinical care is given in a manner that promotes the patient's confidence and independence and in accordance with informed consent policies and protocols. Care will be provided in accordance with the Code of Rights. • Carry out the clinical instructions of the Consultants in accordance with safe and recognised medical practice. • Ensure that your clinical documentation demonstrates knowledge of standards and legal requirements. • **Successful "Handover" is essential**. • Resuscitation status needs to be broached with all patients where this is felt to be clinically relevant.

Clinical Responsibilities	• Day to day management of ward and facilitation of communication between members of multidisciplinary team and GP's • Maintenance of quality care of inpatients/outpatients • Attending to acute medical problems the Emergency Department from 0800 – 1600 • Assess patients who are referred to the service for admission or from other in hospital services including taking a history, performing a physical examination and formulating a management plan and discuss with Consultant as appropriate. Assessment should take place as soon as possible after notification of the arrival of a new patient. If delays are anticipated this task maybe delegated. • Attend ward rounds when current knowledge of the progress of all patients under the team's care is expected. • Implement (or delegate to House Officer) treatment plans of assigned patients (including ordering and following up of any necessary investigations) under the supervision of the Consultant.

	• Follow Unit guidelines and protocols that may exist for the management of particular conditions. • Organise, attend and participate in any Multidisciplinary Team Meeting and Radiology meetings • Liaise with other staff members, departments and General Practitioners in the management of the patients. • Perform outpatient clinics as required under supervision of Consultant. • Outpatients not previously seen by the service or who are to be discharged, will be discussed with a Consultant. • Perform Ward consultations as required with appropriate management and follow up. To discuss all inpatient assessments with the Consultant. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • Supervision and delegation of duties to house surgeons, trainee interns and other students. • Liaise with House Surgeons and ensure that they are performing their duties to a required standard and are receiving adequate assistance. • Ensure closed loop communication with house surgeons so all delegated jobs are known to be completed. • Maintain a high standard of communication with patients, whanau/families and staff about patients' illnesses and treatment. • Inform consultants of the status of patients, especially if there is an unexpected event • Ensure management plans for patients are appropriately documented. • Ensure relevant documents, e.g. discharge summary, including follow-up arrangements are despatched in a timely fashion. • Ensure management plans for patients are appropriately documented. • Provision of clear oral and written communication and instructions for medical care and treatment of individual patients to nursing and other staff. • Liaison with other staff and community health professionals appropriate to the care of individual patients. • Provision of cover for absent clinical colleagues as requested to provide the necessary patient care. • Communication with patients and their relatives within the provisions of the Privacy Act and Health Information Privacy Act. • Timely communication with patients' primary care professionals. • Providing care consistent with the Health and Disability Services Consumers Code of Rights. • Responsibility for ensuring that all patient records are up to date in accordance with patient needs and hospital requirements. Referral and Transfer of Care documentation and procedures are to be completed accurately and in a timely manner. • Accuracy and quality of Transfer of Care summaries will be checked with Consultant. • Maintenance of personal education and development through participation in training programmes and appropriate research. Conforming with Medical Council requirements for registration / BPAC. • Participation in clinical and service team management, including initiating morbidity and active transfer reviews. • Active participation in Wairarapa Hospital patient care initiative such as formal patient handover and Medicines Reconciliation. • Planning and co-ordination of audit and quality improvement activities including the preparation and critiquing of data. • Provision of teaching and training for other staff, house surgeons, medical students, nurses and paramedical staff. • Accurate and timely completion and dispatch of personal timesheets.

	• Arrange for appropriate cover of Team's patient when not on-call for evening and weekend by satisfactory handovers • Successful "Handover" is essential • Participate in the unit Audit • Goals of Care documentation should be completed for all inpatients in discussion with and under the supervision of the Consultant. • Other duties as required.
After-hours	• Clerk admissions on all inpatient wards as required. This includes: A comprehensive history and examination; appropriate investigation requests and/or interventions; and relevant prescribing. • Respond to acute medical and/or surgical tasks within the RMOs scope of practice. • Discussion with relevant consultant(s) where required. • Appropriate handover of care /acute issues/specific tasks to incoming RMO • Attend arrest calls when rostered to that duty and at other times when requested, to provide emergency help elsewhere in the hospital.
Formal Training and Education	• Maintenance of personal education and development through participation in training programmes and appropriate research. • Conforming to Medical Council requirements for registration. • Attendance at designated training sessions
Performance appraisal	• It is the responsibility of the RMO to update their learning portfolio according to the learning outcomes achieved during the attachment. • The RMO should organise meetings with their Clinical Supervisor at the beginning, middle and at the end of the attachment to meet BPAC requirements. • RMO and their clinical supervisor are to agree goals and expectations for the run, review and assessment times and one on one teaching times. • After any assessment that identifies deficiencies, the RMO will develop and implement a corrective plan of action in consultation with their clinical supervisor.
Consent	• Informed consent is a process. Informed consent is not simply a signature on a consent form. • Ensure you are comfortable that the patient is informed RMO will complete appropriate informed consent processes, within their scope of practice, for the relevant interventions, treatments and/or procedures. • RMO will obtain informed consent within the framework of the Medical Council guidelines which state: "The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed." "Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so."
Code of Rights	• These are the essential guides as to how patient care should be provided. They reflect how you would wish yourself or your family to be treated. • You and I are responsible for patient care! • They constitute New Zealand law.

Unit Timetable including Educational and Training Sessions

	Mon	**Tues**	**Wed**	**Thurs**	**Fri**
0730	RMO Handover in ED	RMO Handover in ED	RMO Handover in ED	RMO Handover in ED	RMO Handover in ED
0800	Ward round – start in HDU	Ward round – start in HDU	Ward round – start in HDU	Ward round – start in HDU	Ward round – start in HDU
1100-1200					Xray meeting
1130-1230	Medical Department meeting				
1200-1300			RMO Teaching		
1230-1400		Clinical Society Zoom teaching sessions run by CCDHB			