Te Whatu Ora
Health New Zealand

RUN DESCRIPTION

POSITION:	**MEDICAL ONCOLOGY REGISTRAR** *W. MED.ONC.REG.001* *W.MED.ONC.REG.002* *W.MED.ONC.REG.003* *W.MED.ONC.REG.004* *W.MED.ONC.REG.005* *W.MED.ONC.REG.006*
DEPARTMENT/SERVICE:	**MEDICAL ONCOLOGY**
PLACE OF WORK:	Ward 5 North, Outpatients Wellington Blood and Cancer Centre, Hutt Valley DHB Outpatients, Kenepuru Hospital Outpatients
RESPONSIBLE TO:	Appropriate Medical Oncologists for clinical performance: 1. Clinical management of oncology patients in 5 North Ward, commensurate with the registrar's clinical competence. Where the duty required is beyond the capability of the registrar, he/she should consult with the appropriate consultant or specialty registrar. 2. Provision of outpatient services to Medical Oncology patients. 3. Liaison with other clinical services regarding Medical Oncology problems. 4. Informing the above-named consultants as to the status of their inpatient especially if there is any unexpected event.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, hospital and community-based healthcare workers.
PRIMARY OBJECTIVE:	
RUN RECOGNITION:	This run is currently recognised as a Training Position for Specialist Qualification for the qualification of FRACP in General Medicine or Oncology
RUN PERIOD:	Six or twelve months

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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 daily as required (except for 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	i) Patient notes will be fully completed to enable other staff to deliver appropriate care. ii) It is a legal requirement to document the treatment/findings. iii) Consultants and RMOs are responsible for recording all patient diagnosis and information relevant to the episode of care. iv) 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. v) Patient notes that have been completed by the medical staff will include a completed electronic discharge summary. vi) Patients should leave the hospital with a completed discharge summary. vii) 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*
Specific Clinical Responsibilities: **Work Schedules**	1. At the start of each working day, review all inpatients under the care of the Medical Oncologists. 2. Assign appropriate duties to and supervise the house officer and trainee intern. 3. Treat medical problems arising in inpatients. 4. Be available for consultation by patients 'on leave' from the ward and provide treatment if necessary. 5. Admit patients from other wards, clinics and the community. 6. Plan investigations, ensure they are performed promptly and that the results are seen and acted upon without delay. 7. In consultation with the appropriate clinician, arrange the earliest discharge consistent with the patient's safety and comfort. 8. Attendance at: a. Ward meetings as arranged with Medical Oncologists b. Medical Oncology outpatient clinics as arranged c. 0830hrs 5 North Meeting daily is compulsory when responsible for care of ward inpatients 9. Multi-disciplinary meetings 10. Ensure that accurate details are completed on patient A2 forms, within 48 hours of discharge. Write prompt and comprehensive discharge summaries within three working days of discharge, except in exceptional circumstances. Contact with the GP or referring specialist should be by telephone first if the patient is likely to be seen prior to the letter arriving, or if there are points about the patient's management that the GP/specialist should know. E.g. the patient is discharged with an infusion pump. 11. Complete flow charts for patients on chemotherapy with particular attention to doses of drugs given, toxicity, and measurement of tumour response. 12. Supervise research protocols, record data, and prepare papers for publication and/or presentation at scientific meetings 13. Teaching of house physicians, trainee interns, WCC, Polytechnic, and ICU nurses is considered an integral part of this position.

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 several "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 paper-based form application and deliver or email to your current RMO Coordinator. 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. The service decision regarding your leave will be communicated via the RMO Coordinator. 5. To ensure that the process of applying for leave works as effectively as possible, it is important that RMOs apply 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. The RMO Coordinator will update timesheets to reflect sick leave taken. The RMO should authenticate this leave on their payroll kiosk account.
Administration: Time Sheets	14. RMOs are to authenticate their shifts on their individual payroll kiosk account. 15. All call-back claims need to be entered into payroll kiosk as part of this process. 16. 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. 2. Meet all training and development requirements.

Education and training of others	1. Actively contribute to the education of trainee interns, medical students and other health care professionals in training who have been assigned to your team. 2. Teach other health care workers as requested.
Educational/Staff Development Opportunities specific to the Run	Teaching requirements and opportunities include: 1. Weekly tutorials of two to three hours duration, given by senior medical staff, and/or time for individual study or research activities. 2. Ward meetings as arranged with senior medical staff. 3. Departmental meetings: • Journal Club, Friday afternoon 4. Self-directed learning: Trainees are encouraged to attend relevant external educational opportunities. 5. It is expected that the registrar will keep up to date with the latest changes and advances by reading journals and relevant texts. 6. Formal local teaching programme for RACP Adult Medicine Division Written Examination, currently Wednesday afternoon. 7. Research opportunities, both clinical and scientific, are available through the Crown Research Institute and the Wellington Cancer Centre which employs several research personnel. Research is in collaboration with the Clinical Oncology Group, Wellington School of Medicine, the Malaghan Institute and other New Zealand centres. 8. The College requires that the trainee gain experience in the diagnosis of neoplastic disease and a practical understanding of the diagnostic procedures involved; acquire a knowledge of the pharmacology of anti-neoplastic agents; gain experience in the general management of cancer patients including psychosocial support; become familiar with the role of surgery; and gain experience in irradiation and developing protocols for cancer treatment. 9. An exchange of duties with one of the registrars in Radiation Oncology or Clinical Haematology may be arranged for advanced trainees to fulfil the requirements of the Royal Australasian College of Physicians, with the consent of all parties. 10. One hour of self-directed learning per week. E.g. library, study or research, attendance at other educational sessions within the hospital.

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. The College of Physicians requires the registrar to submit an Annual Training Report which is assessed for accreditation purposes.

Section 7: Cover

This run is normally covered by Medical Oncology Consultants, seven Registrars (including one embedded registrar) and two House Officers.

Section 8: Hours and Salary Category

Ordinary Hours: Monday – Friday 0800 – 1630hrs

Oncology Roster

The Cancer Centre On-call roster consists of the Medical Oncology Registrars (6) plus 1 embedded Medical Oncology registrar and Clinical Haematology Registrars (3)a Haematology (Pathology) Registrar plus 1 Haematology embedded Registrar. The roster provides cover for oncology and clinical haematology patients in 5 North Ward and patients on leave from the ward who remain under our care. The registrar is expected to be available for consultations/discussion/advice and to come in to the unit if required, to attend to patients. Senior Medical staff are also rostered and available by cell phone. There are two periods of acute on call from 1600 to 2300 hours on weekdays and 0800 – 2300 hours on weekends, with a second registrar covering 0800 – 1400 hours on weekends (short weekend).

Monday – Friday: On Call 1630 – 2300hrs

Short Weekend: On Call 0800 – 1400hrs

Other Weekends and statutory days: On Call 0800 – 2300hrs

When rostered on for the weekend the registrar is expected to attend the ward and undertake a round of all patients on both Saturday and Sunday mornings. This generally takes about four hours to complete. This is treated and paid as call-back and is not included in calculation of hours for the run category. Statutory holiday cover is provided on the same basis with the need to attend for a ward round being assessed on each separate occasion. At other times the registrar is to be available on call.

<u>Medical Night Duty</u>

The combined pool of Wellington and Kenepuru medical and ORA registrars contribute to the roster for night cover at Wellington and Kenepuru. Medical night duty cover is from 2300 – 0800 hours with a half hour added (as rostered overtime) for handover between 2230 – 2300 hours when commencing night duty and between 0800 – 0830 hours at the end of night shift.

Nights at Wellington

Nights at Wellington Regional Hospital are split 4/3 Monday to Friday (4 Nights) and Friday to Sunday (3 Nights) – frequency 1:33 weeks. Backup for registrars on night duty will be provided by the appropriate consultants rostered on call.

Nights at Kenepuru

Nights at Kenepuru are worked as 7 consecutive nights commencing Mondays – frequency 1:52 weeks. The registrar will be responsible for the care of patients in all areas of the hospital (including medical, O&G, ORA and surgical). The night duty registrar carries the cardiac arrest page during night duty and may be called to emergencies in the A&M centre.

Day cover when on nights

Day cover will be provided Monday – Friday whilst the registrar is on night duty.

Expected Average Hours per Week

Ordinary Hours	40.0
Additional rostered hours	8.15
Unrostered hours	3.29
TOTAL	**51.45**
Category	**D**