

RMO Run Description

Position	Registrar
Service	Kenepuru Accident and Medical Clinic (KAMC)
Directorate	Community, Older Adults and Allied Health
District	Capital, Coast & Hutt Valley
Location	This position is expected to work from Kenepuru Campus
Responsible to	Kenepuru Accident and Medical Clinic Senior Medical Officers
Functional Relationships	Healthcare consumers, hospital and community based healthcare workers.
Primary Objective	To be involved in the medical assessment and management of patients with acute medical issues or injuries using a community care model.
Run Recognition	Category C
Run Period	Two years
Children's Act 2014	This position is classified as a children's worker, requiring a safety check including police vetting before commencing and every three years

Te Whatu Ora

The Health System in Aotearoa is entering a period of transformation as we implement the Pae Ora/Healthy Futures vision of a reformed system where people live longer in good health, have improved quality of life, and there is equity between all groups.

We want to build a healthcare system that works collectively and cohesively around a shared set of values and a culture that enables everyone to bring their best to work and feel proud when they go home to their whānau, friends and community. The reforms are expected to achieve five system shifts. These are:

1. The health system will reinforce Te Tiriti principles and obligations
2. All people will be able to access a comprehensive range of support in their local communities to help them stay well
3. Everyone will have equal access to high quality emergency and specialist care when they need it
4. Digital services will provide more people the care they need in their homes and communities
5. Health and care workers will be valued and well-trained for the future health system

The Vision, Mission and Values from our District

We bring forward and join our values within our district. These will change as we become a team of teams within Te Whatu Ora.

TeWhatuOra.govt.nz

Capital, Coast | Private Bag 7902, Newtown, Wellington 6342 | 04 385 5999
Hutt Valley | Private Bag 31907, Lower Hutt 5010 | 04 566 6999

Te Kāwanatanga o Aotearoa
New Zealand Government

Hutt Valley

Vision: Whanau Ora ki te Awakairangi: Healthy people, healthy families and healthy communities are so interlinked that it is impossible to identify which one comes first and then leads to another.

Mission: Working together for health and wellbeing.

Ō mātou uara - Values: Mahi Pai 'Can do': Mahi Tahi in Partnership: Mahi Tahi Te Atawhai Tonu Always caring and Mahi Rangatira being our Best

Capital and Coast:

Vision: Keeping our community healthy and well

Mission: Together, Improve the Health and Independence of the People of the District

Values: Manaakitanga – Respect, caring, kindness
Kotahitanga – Connection, unity, equity
Rangatiratanga – Autonomy, integrity, excellence

Section 1: District Responsibility

The district leadership have collective accountability for leading with integrity and transparency a progressive, high performing organisation, aimed at improving the health and independence of the community we serve and achieving equitable outcomes for all. The leadership team are responsible for achieving this aim, aligned with our Region, within the available resources, through a skilled, empowered, motivated and supported workforce in line with government and HNZ policy.

RMO responsibilities in relation to Capital, Coast and Hutt Valley Organisational Objectives

- RMOs operate according to the Mission, Vision and Values of Capital, Coast and Hutt Valley
- 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 Capital, Coast and Hutt Valley Code of Conduct and all policies and procedures including health and safety requirements
- RMOs will help Capital, Coast and Hutt Valley to maintain a safe working environment for all staff
- RMOs will work in ways that enhance the efficiency and effectiveness of clinical and other Capital, Coast and Hutt Valley 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:	<ol style="list-style-type: none"> 1. Under the supervision of relevant clinician(s), an RMO's clinical responsibilities may include: <ol style="list-style-type: none"> 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.
Clinical Responsibilities: Patient Notes	<ol style="list-style-type: none"> 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:

	<ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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.
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Section 3: RMO Clinical Responsibilities – Specific

Area	RMO Clinical Responsibilities Specific to this Run
Specific Clinical Responsibilities: Kenepuru Accident and Medical	<ol style="list-style-type: none"> 1. The RMO will work alongside other Urgent Care doctors and Nurse Practitioners and Registered Nurses assessing and treating patients commensurate with their clinical competence. Where the duty required is beyond the ability of the Registrar, they should consult with the appropriate SMO. 2. Work in a manner that demonstrates an awareness of and sensitivity to cultural diversity and the impact that may have on health goals unique to that patient. This requires an understanding of Māori health goals and working in accordance with the principles of the Treaty of Waitangi. It also requires an understanding of the different health needs of other ethnic groups, including needs that may be specific to Pacific Island and Asian peoples. 3. All patients are to have a comprehensive examination and assessment. Including: <ul style="list-style-type: none"> • History • Examination • Investigations where required • Other interventions as required 4. Develop, and implement management plans for patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team 5. Maintain a high standard of communication with patients, patients' families and whanau, as well as KAMC and other hospital or community based health professionals and staff

	<ol style="list-style-type: none"> 6. Inform named supervisor of the status of patients especially if there is an unexpected event, change in patient condition or patient deterioration 7. The RMO is expected to take responsibility for patient assessment, investigations (where appropriate) and treatment plans including discharge or referral, except where the patient has been discussed with the supervising SMO – in this case patient responsibility is shared. 8. Be immediately available to treat emergencies presenting to, or occurring in the department 9. Hand-over of on-going problems to the relieving SMO at the end of their working day. 10. Full documentation of all aspects of patient's care, including consent and shared decision making.
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Section 4: RMO Administrative Responsibilities

Area	Relevant information and RMO Responsibilities
Administration: Annual (and Study) Leave	<ol style="list-style-type: none"> 1. Consistent with the goals of maintaining a healthy and safe workforce, Te Whatu Ora encourages all RMO to utilise their annual (and study) leave entitlement. 2. To enable RMOs to take their annual (and study) leave, and for request to be considered as effectively and efficiently as possible, RMOs should: <ul style="list-style-type: none"> 3. Either apply for leave via the Staff Kiosk if the leave being applied for occurs during the period of your current run 4. 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 5. You will then be advised of the leave decision made by the Service Leader/Clinical Leader/Department. <p>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. RMOs 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).</p>
Administration: Sick Leave	<ol style="list-style-type: none"> 1. An RMO who is unfit for duty due to illness must notify the RMO Coordinator in all instances; who will inform the Kenepuru Accident and Medical Practice administrator 2. Sick leave must be applied for through their RMO Coordinator as soon as practical once the RMO returns to work, via the Staff Kiosk.
Administration: Time Sheets	<ol style="list-style-type: none"> 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.

	<ol style="list-style-type: none"> 3. This is required to be completed fortnightly by Sunday evening at the completion of each pay period.
Administration: Roster Changes	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<p>The registrar will be able to participate in Registrar Training Programme and to attend the following educational opportunities:</p> <ul style="list-style-type: none"> • Department teaching, case conferences and journal club. • Morbidity and Mortality meetings • In-house scenario and simulation sessions • CCHV Clinical Forum • Radiology meeting • Supernumerary hours in other relevant departments e.g. anaesthetics, Child Health <p>In addition, you will be enrolled in the training program to become an Urgent Care Fellow with the RNZCUC. The department will support your training which will include release time and financial support to attend the necessary training during the run which could include:</p> <ul style="list-style-type: none"> • Attend the UCPEX • Complete PALS or APLS • Complete a College-approved trauma course • Complete a College-approved communications course • Complete three university papers as outlined by the RNZCUC • Fulfil ongoing annual CPD and supervision requirements

	<ul style="list-style-type: none"> • Attend other courses or events as mandated by the RNZCUC <p>The Registrar will be rostered off as appropriate to enable attendance the education requirements as described as above which are a reflection of the current RNZCUC requirements. This will be managed through consultation with the Registrar's supervisor.</p> <p>For self-directed learning and other CME not held within the department, the registrar must discuss clinical cover with their clinical supervisor. The registrar should convey their intentions regarding the above in a timely manner.</p>
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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.
2. This process is to occur in person between the RMO and their clinical supervisor, and is to be documented by the RMO on the college run UCCIS platform.
3. The clinic supervisor will initiate a formal review of the RMO's performance quarterly, or in accordance with RNZCUC supervision policy
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
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.

Section 7: Cover

This run is normally covered by SMOs, urgent care fellows and contractors.

There are two RMOs on this run, with 8 SMOs. RMO absence will be covered by an urgent care doctor.

Section 8: Hours and Salary Category

The roster is published 3 monthly. The usual roster pattern will consist of 3 day shifts and one evening shift per week. The Registrar will be rostered in a pattern that ensures SMO support and oversight is available on shift.

Weekend duties will be rostered 1:4 (as supervision allows).

There are no "long days" or night shifts on this run.

This is a part time role (0.75FTE).

The expected average weekly hours worked for this roster is 30hrs per week. The minimum category recognised for this roster is category C.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Wk 1	1000-1800	1000-1800	1200-1900	1400-2200			
Wk 2					0800-1600	1400-2200	1400-2200
Wk 3	0800-1600		1400-2200	0800-1600	1000-1800		
Wk 4		0900-1700	1000-1800	0800-1600	1400-2200		
Wk 5			0800-1700	0800-1700	1500-2300		
Wk 6	1100-1900	0800-1700		0800-1600	1400-2200		
Wk 7	0900-1700	0900-1600	0900-1600	1400-2200			
Wk 8		1500-2200			0900-1700	0900-1700	0900-1700

Expected Average Hours per Week

Ordinary Hours	30.0
Rostered Overtime	0.0
Unrostered Overtime	0.0
Unrostered Ordinary Hours	0.0
TOTAL	30.0
Category	C

Ma tini, ma mano, ka rapa te whai
By joining together we will succeed

Te Whatu Ora is committed to 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 Māori cultural practices.

We are committed to supporting the principles of Equal Employment Opportunities (EEO) 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.