

## RMO Run Description

<b>Position</b>	<b>Registrar</b>
<b>Service</b>	Intensive Care Unit, Hutt Valley
<b>Directorate</b>	Hospital Operations
<b>District</b>	Capital, Coast & Hutt Valley
<b>Location</b>	This position is expected to work from Hutt Valley hospital
<b>Responsible to</b>	Clinical Head of Department ICU & Anaesthesia, ICU & Anaesthesia Consultants
<b>Functional Relationships</b>	Healthcare consumers, hospital and community based healthcare workers.
<b>Primary Objective</b>	<p>The run is designed to provide Hutt Valley Hospital with medical graduates to assist in providing health services and to provide medical graduates with clinically based training that is recognized for registration and further clinical training.</p> <p>The primary objective of the registrar working from this run description is to facilitate the management of patients needing critical care services at Hutt Hospital.</p>
<b>Run Recognition</b>	This run is recognised as contributing to foundation training in ICU.
<b>Run Period</b>	Six months with possible Emergency Department run for six months.

## Te Whatu Ora

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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

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[TeWhatuOra.govt.nz](https://www.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

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

### 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

## Section 1: District Responsibility

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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

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Area	Common Clinical Responsibilities for all RMOs
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<p><b>General Clinical Responsibilities:</b></p>	<ol style="list-style-type: none"> <li>1. Under the supervision of relevant clinician(s), an RMO's clinical responsibilities may include: <ol style="list-style-type: none"> <li>i) Managing patients commensurate with and appropriate to skill level.</li> <li>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.</li> <li>iii) Obtaining informed consent from the patient or parent of a child, without duress.</li> <li>iv) Undertaking clinical responsibilities as directed.</li> <li>v) Reviewing patients on a daily basis as required (with the exception of unrostered weekends).</li> <li>vi) Maintaining a high standard of communication with patients, patients' families and staff.</li> <li>vii) Communicating effectively with patients and (as appropriate) their families/friends about patients' illness and treatment.</li> <li>viii) Informing relevant clinician(s) of the status of patients especially if there is an unexpected event.</li> <li>ix) Liaising with other staff members, departments, and General Practitioners in the management of patients.</li> <li>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).</li> <li>xi) Attending handover, team and departmental meetings as required.</li> </ol> </li> <li>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.</li> <li>3. Prompt attendance at education sessions and other staff meetings that may occur.</li> <li>4. Assessing and managing acute patients in the Emergency Department within agreed timeframes, where appropriate.</li> <li>5. Responding promptly and effectively to emergency situations.</li> <li>6. Responding promptly to concerns of patients and relatives about a patient's care and to act as their advocate when appropriate.</li> <li>7. Maximising health promotion opportunities.</li> <li>8. Ensure the dignity and humanitarian needs of the patient are met and the cultural needs are respected.</li> </ol>
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<b>General Clinical Responsibilities: Patient Notes</b>	<ol style="list-style-type: none"> <li>1. Patient notes will be fully completed to enable other staff to deliver appropriate care.</li> <li>2. It is a legal requirement to document the treatment/findings.</li> <li>3. Consultants and RMOs are responsible for recording all patient diagnosis and information relevant to the episode of care.</li> <li>4. This process should involve: <ol style="list-style-type: none"> <li>i) Assessment of daily progress including a minimum of once daily notation of treatment / progress in the patient notes.</li> <li>ii) Recording all investigations and treatments in the patient notes, including any alterations to patient management.</li> </ol> </li> </ol>
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### Section 3: RMO Clinical Responsibilities – Specific

Area	RMO Clinical Responsibilities Specific to this Run
<b>General Responsibilities:</b>	<ul style="list-style-type: none"> <li>• Work closely with the ICU team and share responsibilities where and when appropriate</li> <li>• Assist with the assessment and admission of patients under the care of the department. Undertake clinical responsibilities as directed by the Consultant, also organise relevant investigations, ensure the results are followed up, sighted and signed</li> <li>• Responsible for patient referrals and review patients as necessary, day to day ward management of patients under their team’s care, in consultation with others involved in the care of the patient where appropriate</li> <li>• Maintain a high standard of communication with patients, patients’ families and staff</li> <li>• Inform ICU Consultant of the status of patients especially if there is an unexpected change in patient condition</li> <li>• Attend handover, team and departmental meetings as required</li> <li>• Assist with teaching of other team members including students and other healthcare professionals</li> <li>• Documentation will be detailed, accurate and timely, signed and legible</li> <li>• The results of all investigations will be signed, actioned appropriately before they are filed in the patient’s notes</li> <li>• The RMO should at all times be supervised to a level appropriate to their skill and experience and should freely seek advice from their senior colleagues on management of patients. The ICU Supervisor of Training and/or the Director of the ICU should be approached about any difficulties they may be experiencing</li> <li>• Ensure relevant documents e.g. discharge summary and follow up appointments are given to the patient on discharge as necessary</li> </ul>

	<ul style="list-style-type: none"> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines.</li> </ul>
<b>Clinical ICU Duties</b>	<ul style="list-style-type: none"> <li>• The registrar will have detailed knowledge of each patient admitted to the Intensive Care Unit and with appropriate input and supervision from the ICU/parent team consultant, will modify each patient's management in order to optimise their outcome</li> <li>• Assess patient's for suitability of ICU admission prior to discussion with consultant</li> <li>• Management of patients in the ICU needing critical care services including vasopressor needs, ventilatory requirements and renal replacement therapy</li> <li>• Acquire knowledge and skills needed for identification and management of deteriorating patients in the wards and ED</li> <li>• Gain experience in invasive monitoring including arterial line monitoring, central venous pressure monitoring, and the procedural skills necessary towards the same</li> <li>• Participation in MET calls</li> <li>• Regular communications with the consultant especially if there is a major change in the patient's condition</li> <li>• Will maintain legible notes of changes in patient management</li> <li>• Daily Databases forms will be completed and on the first day complete the COMET/APACHE Score</li> <li>• On discharge of a patient from the Intensive Care Unit, personally contact the receiving team and hand over the patient, describing details of suggested further management</li> <li>• At the time of discharge, a typed discharge summary will be produced by the RMO (a copy of which will accompany the patient)</li> <li>• Assist other teams with placement of central lines when other duties permit</li> <li>• Attend trauma calls and assist other teams with acute resuscitation.</li> </ul>
<b>Clinical Anaesthesia Duties</b>	<ul style="list-style-type: none"> <li>• The ICU registrar will always be under the direct supervision of the Anaesthetic consultant</li> <li>• Pre-assessment and consent for anaesthesia</li> <li>• Provision of anaesthesia/analgesia/monitored anaesthesia care as appropriate</li> <li>• Supervision of recovery from anaesthesia</li> <li>• Post-operative care including Acute Pain Management Service, ward rounds, new referrals and rescue regional anaesthesia</li> <li>• Vascular access referrals</li> <li>• Assistance to the Emergency Department/ anaesthetic team for severe trauma, airway emergencies or as requested.</li> </ul>
<b>Service Activities</b>	<p>The RMO is expected to:</p> <ul style="list-style-type: none"> <li>• become familiar with the service and wider hospital policies both clinical and administrative</li> <li>• become familiar with the Occupational Health and Safety hazards within the service and manage as per Occupational Health and Safety policy</li> <li>• actively participate in quality initiatives involving the department</li> <li>• utilize the various service forms to raise issues of improvement or concern.</li> </ul>

## Section 4: RMO Administrative Responsibilities

Area	Relevant information and RMO Responsibilities
<b>Administration: Annual (and Study) Leave</b>	<ol style="list-style-type: none"> <li>1. Consistent with the goals of maintaining a healthy and safe workforce, Hutt Valley encourages all RMO to utilise their annual (and study) leave entitlement.</li> <li>2. To enable RMOs to take their annual (and study) leave, Hutt Valley Hospital has embedded short notice relievers for the ICU RMO roster i.e. short notice relief is shared across all RMOs participating on the ICU roster. In the event no leave requires covering, the allocated reliever is notified by 0900 and can be called upon to relieve unplanned leave until 1600. If covering a night duty the RMO is notified by 1400.</li> <li>3. To enable your leave request to be considered as effectively and efficiently as possible, RMOs should:               <ol style="list-style-type: none"> <li>a) <u>Either</u> apply for leave via the Staff Kiosk if the leave being applied for occurs during the period of your current run</li> <li>b) <u>Or</u> 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</li> </ol> </li> <li>4. You will then be advised of the leave decision made by the Service Leader/Clinical Leader/Department.</li> </ol> <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. 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).</p>
<b>Administration: Sick Leave</b>	<ol style="list-style-type: none"> <li>1. An RMO who is unfit for duty due to illness must notify the RMO Coordinator in <b>all</b> instances, the Duty Nurse Manager if after hours as well as the Consultant to which the RMO is clinically responsible to for the absent duty.</li> <li>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.</li> </ol>
<b>Administration: Time Sheets</b>	<ol style="list-style-type: none"> <li>1. RMOs are to authenticate their shifts on their individual payroll kiosk account.</li> <li>2. All call-back claims also need to be authenticated as part of this process.</li> <li>3. This is required to be completed fortnightly by Sunday evening at the completion of each pay period.</li> </ol>
<b>Administration: Roster Changes</b>	<ol style="list-style-type: none"> <li>1. RMOs seeking any changes to their roster must discuss these with their RMO Coordinator.</li> <li>2. It is necessary for the RMO Coordinator to ensure all potential roster changes are feasible as well as MECA compliant.</li> </ol>

## Section 5: Training and Education

Area	Responsibility
<b>General</b>	<ol style="list-style-type: none"> <li>1. Attendance and participation as appropriate in orientation sessions, ward in-service training programmes, educational sessions, department seminars and other staff meetings.</li> <li>2. Meet all training and development requirements.</li> </ol>
<b>Education and training of others</b>	<ol style="list-style-type: none"> <li>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.</li> <li>2. Teach other health care workers as requested.</li> </ol>
<b>Educational/Staff Development Opportunities Specific to the Run</b>	<ul style="list-style-type: none"> <li>• Consultants teach RMOs during the day to day work activities. In addition to this, three hours of protected time per week are allowed for medical learning not directly derived from clinical work. The timing of which will be agreed between the senior house officer and senior clinician to ensure appropriate cover can be arranged</li> <li>• Participate as appropriate with department in-service training programmes and departmental seminars</li> <li>• The collective agreement also provides for paid medical education leave at some levels of training. Three months' notice is required for requests for such leave</li> <li>• The RMO is expected to maintain a clinical log book and agree learning objectives with his/her Consultant at the beginning of the run</li> <li>• It is expected that the RMO will keep up to date with new development by reading relevant texts and journals (i.e. library, study or research, attendance at other education session within the hospital)</li> <li>• Planned Weekly Training Opportunities:               <ul style="list-style-type: none"> <li>○ Monday PM – RMO teaching (if on a rostered day shift attendance at the designated training sessions is compulsory)</li> <li>○ Wednesday AM – M&amp;M/Journal Club (1<sup>st</sup> Wednesday of the month)</li> <li>○ Thursday PM – RMO teaching Wellington Regional Hospital ICU</li> <li>○ Friday PM – Audit 3rd Friday of the month 1300-1500</li> </ul> </li> </ul>
<b>Training and development of other staff</b>	<ul style="list-style-type: none"> <li>• Registrars are expected to advise and assist House Officers and Senior House Officers</li> <li>• House Officers are expected to advise and assist nursing staff and other allied health staff as well as being open to learning from those staff members.</li> </ul>

## 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, 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 two months into the run and a final assessment report on the RMO at the end of the run
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: Hours and Salary Category

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The Registrar works on the ICU roster at a frequency as set out below:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Week 1</b>	Night (10hr)	Night (10hr)	Night (10hr)	Night (10hr)	x	x	x
<b>Week 2</b>	R	R	R	R	R	R	R
<b>Week 3</b>			AM (ICU (9.5))		Night (10hr)	Night (12hr)	Night (12hr)
<b>Week 4</b>	x	x	x	AM (ICU (9.5))		LD (12.5hr)	LD (12.5hr)
<b>Week 5</b>	AM (ICU (9.5))	AM (ICU (9.5))			AM (ICU (9.5))		
<b>Week 6</b>	PM (9.5)	PM (9.5)	PM (9.5)	PM (9.5)	PM (9.5)		
<b>Week 7</b>	Anaes (9.5)	Anaes (9.5)	Anaes (9.5)	Anaes (9.5)	Anaes (9.5)		

Shift Times:

- AM (ICU) – 0730-1700
- PM – 1300-2230
- AM (Anaesthesia) – 0730-1700
- Night – 2200-0800
- R – Relief cover
- Long Day (LD) Weekend – 0800-2030
- Night (Weekend) – 2000-0800

In summary the average working hours per week total 44.4 hours comprising 40 ordinary hours and 4.4 rostered overtime hours.

**Note:** The salary for this attachment is a C run category (minimum category for shift roster).

**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.