

# RUN DESCRIPTION

<b>POSITION:</b>	Palliative Medicine Registrar
<b>DEPARTMENT:</b>	South Auckland Hospice, Charles Prevost Drive, Manurewa
<b>PLACE OF WORK:</b>	South Auckland hospice
<b>RESPONSIBLE TO:</b>	Clinical Director and Palliative Care Consultants (SMOs) for clinical matters. Chief Executive Officer of South Auckland Hospice, through a nominated Consultant for administrative matters and nominated supervisor(s) for training matters.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumers, Regional hospitals and hospices and community based healthcare workers
<b>EMPLOYMENT RELATIONSHIPS:</b>	Employed by CMDHB and on secondment for the duration of the run
<b>PRIMARY OBJECTIVE:</b>	Involvement in the medical management of patients referred to South Auckland Hospice Palliative Care Services
<b>RUN RECOGNITION:</b>	This run is recognised by the RACP and Australasian Chapter of Palliative Medicine as a training position for specialist qualification To fulfil the Inpatient & Community Hospice module requirements for advanced training for Fellowship of the Australasian Chapter of Palliative Medicine
<b>RUN PERIOD:</b>	This run description applies to runs of either 6 or 12 months duration

## **Background:**

South Auckland hospice is a free-standing healthcare facility providing a full range of palliative care services, across the care continuum, located at 140 Charles Prevost Drive, Manurewa.

Patients eligible for specialist palliative care include those with active, progressive advanced disease for whom the prognosis is limited and the focus of care is quality of life and who have a level of need that exceeds the palliative resources of the primary team. These patients have a breadth and depth of need over and above the "ordinary". Extraordinary needs can be patient, carer or health team centred and the support required may be intermittent or continuous depending on the level of need and the rate of disease progression. Eligibility is based on need not diagnosis, and patients with either malignant or non-malignant diseases qualify for palliative care.

South Auckland Hospice is a provider of comprehensive palliative care services by a range of healthcare professionals (including doctors, nurses, counsellors) both on an in-patient and out-patient basis within a defined geographical area of South Auckland. It provides both generalist (in partnership with General Practice and district nursing in community settings) and specialist palliative care (both advisory and clinically through clinics and the in-patient unit at the hospice, and in community care facilities like Private Hospitals) to patients within the defined palliative care population.

Team members interface closely with other members of the multidisciplinary team in order to ensure that patients receive multi-dimensional care appropriate to their current needs. These needs may include elements within physical (tinana), psychological (hinengaro), social (whānau) or spiritual (wairua) domains.

SA Hospice Palliative Medicine Registrar Run Description last modified 01/10/08

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The hospice service has close links with regional hospitals (Middlemore hospital and Auckland City Hospital) as well as with other community services (hospices, cancer society, district nursing services, private hospitals) providing palliative care. Liaison with these services and the patient's general practitioner (GP) are routine.

### Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<p>Understand the philosophy and objectives of Palliative Care and the Palliative Care Service and set goals for practice within this framework</p> <p>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 minority ethnic groups, including needs that may be specific to Pacific Island and Asian peoples.</p> <p>Work closely with members of the multidisciplinary team in provision of assessments for in-patients, at South Auckland hospice</p> <p>Work closely with members of the multidisciplinary team in provision of assessments, including investigations, for patients referred to Palliative Care Services at South Auckland hospice outpatient clinics</p> <p>Develop, and implement management plans for in and out patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team</p> <p>Undertake diagnostic and treatment procedures appropriate to the subspecialty</p> <p>Monitor and review management plans in accordance with changes in the clinical condition of patients</p> <p>Maintain a high standard of communication with patients, patients' families and whānau</p> <p>Maintain a high standard of communication with hospital and community health professionals and other staff.</p> <p>Participate in review of patients under the care of the South Auckland hospice in conjunction with the multidisciplinary team</p> <p>Inform South Auckland hospice SMO of the status of patients especially if there is an unexpected event</p> <p>Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.</p>
<b>Inpatients</b>	<p>Provide initial and follow-up assessments and initial and updated management plans for in-patients at the SA hospice.</p> <p>Participate in Multidisciplinary team reviews of the patient's care plan.</p> <p>Participate in Family meetings as the medical member of the multidisciplinary team.</p> <p>Discuss new assessments, management plans and clinical problems with Palliative Care Consultant (SMO) responsible for clinical work that day</p> <p>Respect responsibility of Primary Care teams who usually manage the patient and discuss all recommendations with that team</p> <p>Document assessment summaries and management plans in patients' computerised clinical notes</p> <p>Ensure palliative care records including discharge summary are forwarded to community palliative care providers and patients GP on discharge of patient from the service.</p>

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<i>Area</i>	<i>Responsibilities</i>
<b>Outpatients</b>	Assess and develop management plans for palliative patients referred to outpatient clinics Communicate with referring person and other relevant community services following patient attendance at clinics Arrange and perform outpatient investigations and appropriate follow-up Document assessment summaries and management plans in patients computerised clinical notes. Forward to patient's GP and to other relevant community services following patient attendance at clinics
<b>Administration</b>	Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name legibly recorded Participate in research and audit as agreed with training supervisor

## Section 2: Weekly Schedule

A full time registrar will work 45 ordinary hours per week between the hours of 0800 and 1700. There is consultant presence during these hours.

In addition, the registrar will participate in a 1:4 after hours first call roster. This will normally involve one night per week (1700 – 0800) and one weekend in four (1700 Friday to 0800 Monday). The Registrar will be available by telephone for occasional call back outside these hours.

There is a 1:4 rostered requirement for attendance in the hospice for a ward round 0800-1200 on Saturday and Sunday mornings.

The scheduled activities are shown below. In addition to activities shown in the weekly schedules (timetabling of which may be subject to change) the registrar will be allocated to clinical activities, non clinical activities and four hours per week of protected training time. Timetabling of SMO rounds, clinical activities, non clinical activities and protected training time may be subject to change.

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>a.m.</b>	0830 - 0900 paper round	0900 – 1000 MDT meeting IPU	0830 – 0900 paper round	0830 – 0900 paper round	0830 – 0900 paper round 0900-1000 MDT meeting IPU
<b>p.m.</b>			1400-1500 MDT meeting with the community nursing team		1300-1400 medical peer group meeting

Clinical activities may include outpatient & other clinics, ward rounds, ward work, reading and responding to patient referral letters, multi-disciplinary meetings, audit and quality assurance activities, case conferences and reviews, research and study related to the treatment of a specific patient, telephone and other ad hoc consultations, community health promotion activities, discussions and meetings with care givers and patients' families, preparation of clinical reports.

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Non - clinical activities may include teaching - (including preparation time), educational or personal supervision, service or department administration, research, planning meetings, preparation of educational resources, preparation of clinical resources

**Section 3: Cover**

There is one registrar on this run and there is a consultant available on 2<sup>nd</sup> call during the on call duty hours.

**Section 4: Training and Education**

<i>Nature</i>	<i>Details</i>
Protected Training Time	Protected training time of 4 hours per week will be allocated for CPE, professional self development, medical learning and to attend teaching sessions with training supervisor. This will include time for attendance at journal club
The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested	

**Section 5: Performance appraisal**

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will: at the outset of the run meet with their supervising consultant or designated consultant if supervising consultant is not available to discuss goals and expectations for the run, review and assessment times,  after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their supervising consultant or designated consultant if supervising consultant is not available</p>	<p>The service will provide a suitable work and training environment that will foster excellence in patient care and support high quality education.</p> <p>An initial meeting between the supervising consultant (or designated consultant if supervising consultant is not available) and registrar will be arranged to discuss goals and expectations for the run, review and assessment times.</p> <p>An interim assessment report will be provided midway through the run (after six weeks in the case of a 3 month run, after three months in the case of a 6 month run), after discussion between the registrar and the supervising consultant (or designated consultant if supervising consultant is not available).</p> <p>A final assessment report will be provided at the end of the run, a copy of which is to be sighted and signed by the registrar.</p> <p>The opportunity to discuss any deficiencies identified during the attachment will be available at any time. The supervising consultant (or designated consultant if supervising consultant is not available) in conjunction with the registrar will discuss and implement a plan of action to correct identified deficiencies.</p>

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**Section 6: Hours and Salary Category**

<i>Average Working Hours</i>	<i>Service Commitments</i>
Basic hours (Mon-Fri) 45 Unrostered hours 2 Weekend ward round 2 Total hours 49  As part of the on call roster you will also be paid a fortnightly telephone allowance.	

This run is a Category E on the RMO scale.

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