



# RUN DESCRIPTION

<b>POSITION:</b>	Palliative Medicine Registrar
<b>DEPARTMENT:</b>	Palliative Care Service, Auckland District Health Board (ADHB) Regional Cancer and Blood Service, Auckland City Hospital RC Code 01053
<b>PLACE OF WORK:</b>	Auckland City Hospital (ACH) and Greenlane Clinical Centre (GCC)
<b>RESPONSIBLE TO:</b>	Clinical Director and Palliative Care Department Consultants (SMOs) for clinical matters. Business Manager of Medical Subspecialty, through a nominated Consultant for administrative matters and nominated supervisor(s) for training matters.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumers, Auckland City Hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients referred to the Palliative Care Service
<b>RUN RECOGNITION:</b>	This run is recognised by the RACP and Australasian Chapter of Palliative Medicine as a training position for specialist qualification
<b>RUN PERIOD:</b>	This run description applies to runs of either 3 or 6 months duration

## **Background:**

The Palliative Care Service is one of the services within the ADHB Regional Cancer and Blood Service. Its offices are located on the first floor of building 8, the Regional Cancer and Blood Service (formerly Oncology) building.

The service is a medical and nursing consultative service providing specialist palliative care to inpatients with palliative care needs within Auckland City Hospital in response to referrals from hospital health professionals overseeing care of that patient. The service also runs an outpatient clinic.

Patients eligible for specialist palliative care include those affected by life-threatening and progressive life-limiting illness 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”. Extra-ordinary 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.

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

The service has close links with community services (hospices, cancer society, district nursing services) providing palliative care. Regular 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>	<ul style="list-style-type: none"> <li>• To facilitate the safe and efficient management of patients referred to the palliative care team, under the supervision of the palliative medicine specialist</li> <li>• Provide initial and follow-up assessments and initial and updated management plans for patients referred to the palliative care team.</li> <li>• Understand the philosophy and objectives of Palliative Care and the Palliative Care Team and set goals for practice within this framework</li> <li>• 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.</li> <li>• Work closely with members of the multidisciplinary team in provision of assessments for patients referred to the Palliative Care Team</li> <li>• Develop and implement management plans for patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team</li> <li>• Respect responsibility of primary medical or surgical ward team managing patient and discuss all recommendations with that team</li> <li>• Discuss new assessments, management plans and clinical problems with Palliative Care Consultant (SMO) responsible for clinical work that day</li> <li>• Monitor and review management plans in accordance with changes in the clinical condition of patients</li> <li>• Document assessment summaries and management plans in patients' clinical notes</li> <li>• Ensure weekend and overnight palliative management plans are documented in the notes</li> <li>• Maintain a high standard of communication with patients, patients' families and whānau</li> <li>• Maintain a high standard of communication with hospital and community health professionals and other staff including the patient's GP.</li> <li>• Participate in review of patients under the care of the Palliative Care Team in conjunction with the multidisciplinary team</li> <li>• Inform Palliative Care Team SMO of the status of patients especially if there is an unexpected event</li> <li>• Attend timetabled team, hospital and relevant district wide meetings.</li> <li>• Participate in research, policy/protocol development and audit as agreed with</li> </ul>

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<i>Area</i>	<i>Responsibilities</i>
	<p>Clinical Lead SMO and run supervisor</p> <ul style="list-style-type: none"> <li>Ensure that relevant palliative care assessment summaries and management plans are forwarded to community providers and patients GP on discharge of the patient from the Palliative Care Team, or prior to discharge from the team if weekend discharge is anticipated</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded</li> <li>If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty</li> <li>As an RMO working at ADHB you will be provided with a Concerto login and ADHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly</li> </ul>

## Section 2: Weekly Schedule

A full time registrar will work 45 ordinary hours per week between the hours of 0800 and 1700. There is no on-call requirement for this run.

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 Clinical /non-clinical work	0830 – 09.00 Paper round  9.00 -1000 Team meeting or Quality meeting Clinical /non-clinical work	0830 – 0900 paper round  Clinical /non-clinical work Monthly M&M meeting	0830 – 0900 paper round  Clinical /non-clinical work 1200 – 1300 Grand Round	0830 – 0900 paper round  9.00 Journal club Clinical /non-clinical work
<b>p.m.</b>	1300 clinical meeting Clinical /non-clinical work	1300 clinical meeting Clinical /non-clinical work	1300 clinical meeting Clinical /non-clinical work	1300 clinical meeting Clinical /non-clinical work Xray conference	1300 clinical meeting Clinical /non-clinical work

Clinical activities may include outpatient clinics, ward rounds, ward work, reading and responding to patient referral letters, grand rounds, 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 police, coroner, legal, ACC & similar reports.

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

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### Section 3: Training and Education

<i>Nature</i>	<i>Details</i>
Protected Training Time  Hospice Placement	<ul style="list-style-type: none"> <li>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.</li> <li>Placement in a community hospice in order to fulfil the training requirements of the Clinical Diploma of Palliative Medicine (RACP,) may be arranged by agreement between the registrar, supervising consultant and relevant hospice</li> </ul>
The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested	

### Section 4: Cover

<i>Other Resident and Specialist Cover</i>
The registrar will be required to work between 0800 and 1700 Monday to Friday inclusive.

### Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will:</p> <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>arrange a meeting with their supervisor midway through their run for a formative assessment and towards the end of their run for a summative assessment</li> </ul>	<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> <ul style="list-style-type: none"> <li>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).</li> </ul> <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> <ul style="list-style-type: none"> <li>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.</li> </ul>

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## Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.0	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	5.00	
All other unrostered hours	3.00	
Total hours per week	48.00	

**Salary:** The salary for this attachment will be detailed as a Category E, run to be confirmed by a run review.

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