



RUN DESCRIPTION

POSITION:	Palliative Medicine Registrar
DEPARTMENT:	Mercy Hospice Auckland
PLACE OF WORK:	Mercy Hospice Auckland, 61 College Hill, Ponsonby, Auckland
RESPONSIBLE TO:	Medical Team Leader, Mercy Hospice Auckland
FUNCTIONAL RELATIONSHIPS:	Staff Mercy Hospice Auckland. Patients referred to Mercy Hospice Auckland Auckland City Hospital and community based healthcare workers and services
EMPLOYMENT RELATIONSHIPS:	Employed by ADHB and on secondment for the duration of the run
PRIMARY OBJECTIVE:	To provide medical management of patients referred to the Mercy Hospice Auckland Palliative Care Service To fulfill the Inpatient & Community Hospice module requirements for advanced training for Fellowship of the Australasian Chapter of Palliative Medicine
RUN RECOGNITION:	This run is recognised by the RACP and Australasian Chapter of Palliative Medicine as a training position for Fellowship of the Australasian Chapter of Palliative Medicine
RUN PERIOD:	This run description applies to runs of either 6 or 12 months duration

Background:

Mercy Hospice Auckland is the provider of specialist community palliative care services within the Auckland DHB patient catchment area. The hospice, located at 61 College Hill, Ponsonby, has a 13 bed inpatient unit and provides the base for the community palliative care nursing service. The hospice receives approximately 700 referrals to its service each year and at any one time there are some 200 patients receiving community care.

Patients eligible for specialist palliative care include those with active, progressive advanced disease for whom the prognosis is limited and whose focus of care is quality of life *and* who have a level of need that exceeds the

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resources of the primary health care team. Eligibility is based on need not diagnosis, and patients with either malignant or non-malignant diseases may be referred for palliative care.

The multidisciplinary team works together to ensure that patients receive comprehensive care appropriate to their needs. These needs may include elements within physical (tinana), psychological (hinengaro), social (whānau) or spiritual (wairua) domains.

The hospice service has close links with Auckland City Hospital Specialist Palliative Care Team as well as 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

Area	Responsibilities
General	<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 (as set out in the Mercy Hospice Auckland Maori Health Plan) 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 referred to the Palliative Care Service</p> <p>Work closely with members of the multidisciplinary team in provision of assessments including investigations for patients referred to the Community Palliative Care Service</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 hospice and community health professionals and other staff.</p> <p>Participate in review of patients under the care of the Palliative Care Service in conjunction with the multidisciplinary team</p> <p>Inform Palliative Care Service SMO of the status of patients especially if there is an unexpected event</p> <p>Attend timetabled team meetings and ward rounds.</p>
Inpatients	<p>Provide initial and follow-up assessments and initial and updated management plans for in-patients referred to the palliative care service.</p> <p>Discuss new assessments, management plans and clinical problems with Palliative Care Consultant (SMO) responsible for clinical work that day</p> <p>Respect the role of the patient's general practitioner and keep him/her informed of the patient's progress.</p> <p>Document assessment summaries and management plans in patients' clinical notes</p> <p>Ensure palliative care records including discharge summary are forwarded to community palliative care providers and patient's GP on discharge of patient from the inpatient unit</p> <p>Ensure weekend and overnight palliative management plans are documented in the notes</p>
Outpatients	<p>Assess and develop management plans for patients referred for medical review</p> <p>Arrange and perform outpatient investigations and ensure appropriate follow-up</p> <p>Document assessment summaries and management plans</p> <p>Communicate with patient's GP and other relevant community services following the consultation</p>
Administration	Maintain satisfactory standards in accord with the Mercy Hospice Auckland Administrative

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Area	Responsibilities & Clinical Policies & Procedures
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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 week day 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 clinical activities, non clinical activities and protected training time may be subject to change.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0830 - 0930 Handover meeting	0800 – 0900 Handover meeting 1000 - 1100 Dr education meeting	0800 – 0900 Handover meeting	0800 – 0900 Handover meeting 1200 – 1300 ACH Grand Round	0930 – 1100 Paper ward round
p.m.	Non Clinical Work 1500 Multidisciplinary team meeting		Protected training time		

Clinical activities may include 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

Section 3: Cover

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

Section 4: Training and Education

Nature	Details
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

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Nature	Details
	The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested

Section 5: Performance appraisal

Registrar	Service
<p>The Registrar will: At the outset of the run meet with their supervising consultant to discuss goals and expectations for the run, review and assessment times,</p> <p>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. An initial meeting between the supervising consultant and registrar will be arranged to discuss goals and expectations for the run, review and assessment times.</p> <p>Reports required by the Australasian Chapter of Palliative Medicine Education Committee will be provided midway an on completion of the run</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>

Section 6: Hours and Salary Category

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

This run is Category **E** on the RMO scale.

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