

RUN DESCRIPTION

General hospital roster



Relief

This run is recognised by	MCNZ for prevocational training (PGY1 and PGY2)
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Clinical responsibilities	<p>To work in a variety of specialties included in the general hospital roster to meet the needs of the hospital. Departments include the Emergency Department, general medicine, AT&R, general surgery, orthopaedics, Obstetrics and Gynaecology, paediatrics, and psychiatry.</p> <p>Conduct all medical practice in accordance with legislative requirements and the standards set by the Medical Council of New Zealand.</p> <p>You are responsible for a high level of patient continuity facilitated through a well communicated and documented transition of care between doctors at the start and end of each shift, especially leading into a weekend</p> <p>You are responsible for the assessment, management and documentation of all acute admissions under your consultant's care. Notify consultant(s) or registrars (where applicable) of all acute admissions under their care as soon as practicable.</p> <p>You will attend all ward rounds conducted by the consultant(s) in rostered hours, unless there is a medical emergency.</p> <p>You will see and examine each patient in your care at least on a daily basis on weekdays, and as clinically indicated outside of working hours and on weekends.</p> <p>You will carry out Instruction from consultant's re-investigations/ treatments as soon as practicable (you are expected to challenge instructions which are not in the best interest of the patient)</p> <p>You will notify you consultants or registrar (where applicable), of admissions, significant changes in a patients' condition and deaths as soon as practicable.</p> <p>You will review and action investigation results as appropriate.</p> <p>You are encouraged to attend theatre and outpatient clinics as time permits and assisting in theatre as requested by consultant.</p> <p>Discuss all patients requiring admission with the relevant inpatient consultant or registrar prior to admission to the wards.</p> <p>Clinical records must be updated as often as indicated by the patient's condition; the minimum requirement is daily during weekdays.</p> <p>Investigations, changes of treatment, including prescriptions and procedures, are to be documented in the clinical records.</p> <p>Discharge summaries must be completed prior to discharge.</p> <p>Written referrals are to contain adequate clinical information, degree of urgency and a legible signature. Specialist referrals must be discussed with the consultant or the appropriate registrar first.</p> <p>All documentation must be dated, with time of entry recorded, and signed by the house officer making the entry and a legible name and medical council number recorded. Use of a stamp is encouraged.</p>
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Provide training and mentoring to trainee interns allocated to the department as appropriate.

You may be expected to cover departments that are not normally allocated to and flexibility around change in departments.

Out of Hours

When rostered on night, long day and weekend shifts you will cover the specialty area where rostered for both admissions and inpatients. When on duty overnight you will base yourself in the Emergency Department and respond to emergency calls, and medical tasks from elsewhere in the hospital. When you are rostered to the wards, your first responsibility will be to ward patients. You are expected to work as a team with the other house officer's on-duty at the time. Every effort will be made to assign you to the same department for out of hour's specialties, where not possible preference will be given to less experienced doctors.

Alert the consultant or registrar to deteriorating ward patients (where applicable). Discuss concerns about less unwell patients with one of the ED RMOs in the first instance.

Discuss seriously unwell medical, O+G and paediatric cases with the relevant on-call consultant immediately. Discuss surgical and orthopaedic patients requiring admission with a registrar.

Alert the on-call ED consultant about ED Major trauma patients, and seriously unwell ED patients with an unclear differential diagnosis. Before leaving at the end of the night shift all ED patients seen overnight are to be discussed with the ED consultant on duty from 0700.

During this run you will be responsible to

Your assigned consultant for the day, and
A clinical supervisor - as per ePort allocation (if relevant)
A prevocational educational supervisor - as per ePort allocation (if relevant), or
Your assigned supervisor

Training opportunities

Mandatory attendance at 70% of weekly tutorial sessions is required for interns.

- Weekly protected tutorials are available between 1300 and 1400 Tuesdays and Thursdays in the lecture theatre (changes in dates and times to accommodate specific topics will be notified in advance)
- Friday 0830 – 0930 medical x-ray meeting
- Friday 1130 – Paediatric tutorial
- Orthopaedic Meeting 0800 Wednesday
- Grand round and MedScan Lecture on the monthly Peer review day
- Fortnightly clinical meeting 0900 to 1000 alternate Tuesdays in the Acute Services Unit meeting room
- Radiology meetings between 0815 and 0900 on Tuesdays in the Radiologist's office.
- You are encouraged to attend departmental meetings

Work Schedule	Monday	Clinical duties as per roster
	Tuesday	Clinical duties as per roster, 1300-1400 RMO teaching
	Wednesday	Clinical duties as per roster
	Thursday	Clinical duties as per roster, 1300-1400 RMO teaching
	Friday	Clinical duties as per roster,
	Third week of the month – Grand Round from 1015 (alternates between Tuesday, Wednesday and Thursday dates are advised annually)	

Expected hours of work	Relievers will participate in some or all of the rosters below, noting preferences as able.									
	Available This run is available to all PGY2+ RMOs									
	Average weekly hours – between 55 and 59.9									
	Unrostered hours – as per the rosters below									
	Any authorised additional duties worked within the hospital setting will be remunerated at appropriate additional duties rates. Prior approval is required from the Duty Nurse Manager, clinical nurse manager, registrar, consultant, or by request of the RMO office.									
	Run Category – Category A (2 steps above category C)									
	Weekend roster									
	Available This run is available to all RMOs									
	Average weekly hours – RDA 50.27 SToNZ 50.74									
Unrostered hours – 1.64										
Any authorised additional duties worked within the hospital setting will be remunerated at appropriate additional duties rates. Prior approval is required from the Duty Nurse Manager, clinical nurse manager, a registrar, consultant, or by request of the RMO office.										
Run Category – RDA - Category D SToNZ - Category D										
Roster										
Medical, WAM, CBA, O&G										
	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	blank	Weekday	0800-1600
Week 1						WD	WD	LD	Long day	0730-2230
Week 2				RDO	RDO	x	x	WD	Weekend Long day	0730-2230
Week 3		LD		LD		x	x	RDO	Rostered day off	
								x	Off duty	
								PH	Public Holiday rostered off	
Anaesthetics, General Surgery, Orthopaedics										
	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	blank	Weekday	0800-1600
Week 1	RDO	RDO				WD	WD	LD	Long day	0730-2230
Week 2						x	x	WD	Weekend Long day	0730-2230
Week 3		LD		LD		x	x	RDO	Rostered day off	
								x	Off duty	
								PH	Public Holiday rostered off	
Long days will be confirmed in the short term roster										
Night roster										
Available night runs are available to doctors who have successfully completed 6-months of their PGY1 year. Other runs are available to all RMOs. The WDHB reserves the right to move an RMO off night shifts.										
Average weekly hours – 57.14										
Unrostered hours – 0.59										
Additional duties rates will be paid for all authorised additional duties worked within the hospital setting. Prior approval is required from the Duty Nurse Manager, and clinical nurse manager, a registrar or a consultant.										
Run Category – C										

Roster

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	blank	Weekday	0800-1600
Week 1	N	N	N	N	z	x	x	LD	Long day	0730-2230
Week 2		LD		LD		x	x	N	Nights	2200-0800
Week 3			LD		LD	x	x	WN	Weekend nights	2230-0830
Week 4					N	WN	WN	z	Sleep day	
Week 5	z	x	x		LD	x	x	RDO	Rostered day off	
Week 6	LD			LD		x	x	x	Off duty	
Week 7	LD		LD			x	x	PH	Public Holiday rostered off	

Long days will be confirmed in the short term roster i.e. may change to a different day of the week.

ED

Average weekly hours over a 11-week roster period – 40.91

Unrostered hours - 4

Any authorised additional duties worked within the hospital setting will be remunerated at appropriate additional duties rates. Prior approval is required from the Duty Nurse Manager, clinical nurse manager, registrar, consultant, or by request of the RMO office.

Run Category - C

Available to PGY1s in quarter 4 who have successfully completed a run of ward nights.

Roster

	M	T	W	T	F	S	S	N	Nights	2200-0800
Week 1	L	L	L			WE	WE	E	Early shift	0700-1700
Week 2	N*	N*	N*	N*				M	Mid shift	1000-2000
Week 3	M	M		L	L	WL	WL	L	Late shift	1400-2400
Week 4			M	M	M			WE	Weekend early shift	0700-1700
Week 5	L	L			N*	WN*	WN*	WL	Weekend late shift	1400-2400
Week 6				M	M			WM	Weekend mid shift	1000-2000
Week 7	E	E	E			WM	WM	WN	Weekend nights	2200-0800
Week 8	N	N	N	N				z	Sleep day	
Week 9			L	L	L			x	Off duty	
Week 10	M	M	M		N	WN	WN			
Week 11				E	E			*	Respond to acute theatre	

Psychiatry


To be added

As part of meeting the agreed limit on consecutive days of work set out in Schedule 10 to the MECA, from the date of implementation, each weekend duty that is actually worked by an RMO will generate a rostered day off (RDO) (weekday – Monday to Friday) for that RMO in that fortnight.

RDOs will be noted as such within the established roster pattern for the service, and will be notionally applicable in the first instance to the RMO rostered for the relevant weekend duty (duties).

If the rostered RMO does not actually work the particular rostered weekend duty (duties) the associated rostered days off may not apply.

Approved:

Manager 	Date 08/04/22
Employee	Date

Accepted: