TAIRAWHITI DISTRICT HEALTH

RESIDENT MEDICAL OFFICER (RMO)
POSITION DESCRIPTION

JOB TITLE: Resident Medical Officer – House Officer

EMPLOYED BY: Tairawhiti District Health (TDH)

LOCATION: Gisborne Hospital

QUALIFICATIONS:
- New Zealand (NZ) or Australian Medical School Post Graduate.
- International Medical Graduate (MCNZ approved schools only)
- NZREX Examination Pass Mark Holder

CERTIFICATES:
- Medical Council of New Zealand (MCNZ) Current Practicing Certificate
- Current NZ Medical Indemnity Membership

RESPONSIBLE TO:
- Tairawhiti District Health Senior Medical Staff
- Intern Supervisor
- Chief Medical Officer

ACCREDITATION:
- All General Medical and General Surgical runs are Medical Council of New Zealand (MCNZ) Category A runs with the exception of Orthopaedic runs which are Category B. Medical Council of New Zealand requires that House Officer employed in their 1st Year (Intern), must complete at least 3 months Category A run in a Medical run and at least 3 months in a Surgical run. Remaining 6 months may be in a Category A or B run.

FUNCTIONAL RELATIONSHIPS:
- Patients, and their Family/Whanau
- Senior Medical Staff
- Other Resident Medical House Officers
- Nursing and Midwifery Staff
- Hauora Maori Department
- Trainee Interns and Elective Students
- Community Based Health Care Workers
- Community General Practitioners
- Allied Health Staff
- RMO Co-Ordinator
- Clinical Care Departmental Managers
- Administrative Staff
- Other TDH Staff

PRIMARY OBJECTIVE:

To provide first line medical care on a day-to-day basis to hospital inpatients, outpatients and GP Referral case presentations or ED case presentations under the supervision of TDH Senior Medical Staff.

All House Officers must provide high quality clinical care in accordance with TDH Protocols and Procedures while remembering to practice Cultural Awareness and Safety for all patients at all times.

RMO Position Description:
06/07/2010
EMPLOYEE RESPONSIBILITIES:

All Employees at Tairawhiti District Health (TDH) must abide by all TDH Policies and Procedures. It is your responsibility to read the Code of Conduct and TDH Emergency Response plan and TDH Fire Procedures in either the Yellow Folder located in every department or HR department and also on the TDH Intranet – Home Page – Under Policies, soon after starting work at TDH. The RMO Co-Ordinator cannot also provide a copy of these policies if you require.

All RMO’s must attend an all day orientation which covers topics/departments such as Maori Health/Cultural Awareness Overview, Laboratory, Radiology, Switchboard, Clinical Records, Quality, ACC, Pharmacy, IV Education, Occupational Health/Infection Control and Library and also will include the RMO Co-Ordinator’s tour of the hospital, payroll system, form filling, leave application and other topics. All RMO’s will also read and sign in agreement prior to starting work Department Run Descriptions.

All RMO’s must also attend Tikanga Best Practices scheduled workshops on-site when available. RMO Co-Ordinator will organize, as well as next scheduled ‘Powhiri’, HR will contact and organize.

All RMO’s must read the Cardiac Arrest Procedure (given in Welcome Pack by RMO Co-Ordinator) prior to starting work.

All RMO’s must ensure that they have MRSA (Nasal) clearance before any patient contact. Results to be given at the latest on the first day of work if not prior to the Occupational Health Nurse.

ADMINISTRATION:

Legible and accurate records to be maintained and entered at the time of admission, at time of ward rounds and whenever the patient is seen and management changes made.

Appropriate investigations to be ordered and results sighted and signed, as required by individual consultants, to allow action and filing.

Results to be electronically acknowledged. Electronic clinical summaries, including prescription and follow up appointment if required, to be provided on discharge.

Discharge summary paperwork to be completed by time of discharge otherwise shortly following.

Case presentations for clinical meetings to be provided at the direction of consultants as per the various department audits.

EDUCATION:

All House Officer’s are expected to attend the following:

House Officer Tutorials: Every Tuesday at the Clinical Skills Laboratory Teaching Room in the Quality/Nursing Administration Area, usually between 12.30pm to 1.30pm (Protected – Pager held by RMO Co-Ordinator).

Departmental Teaching: As per the Various Run Descriptions.

Advanced Cardiac Life: All Interns’ must attend the full course within the first six months of Intern’s start date. All RMO’s are required to attend a refresher ACLS course at least every 12-18 months.
PERFORMANCE REVIEW:

For Interns: Goals set at the beginning of each run (RP1) form, these are reviewed and discussed with supervising consultant at mid and end run.

An assessment report form (RP2) is discussed and completed by the supervising consultant at the end of each run.

For other RMO's: RP3 form is discussed and completed by the supervising consultant at the end of each run for all Provisional General Scope RMO's.

It is the responsibility of the RMO in General Scope with CPD conditions to ensure that he/she fulfills the yearly requirements for MCNZ under the CPD guidelines.

It is the responsibility of the Intern or other RMO's to arrange to meet with the supervising consultant and discuss and complete all MCNZ forms at the beginning, mid and/or end of run assessments.

ROSTER/HOURS:
* Rosters are currently being reviewed, this information in roster section may be subject to change, revised Position Description may be pending.

Average working hours: Monday to Friday 40
Per Week
Un-rostered overtime 5
Rostered overtime 6.5

= 51.0hrs

(i) Ordinary hours: 0800-1600 (Monday to Friday - excluding Public Holidays)
(ii) After hours: Monday to Friday there will be one house officer on duty (on-site) and from 1600-2230 one house officer on duty (on-site) from 1600-2230. Another house officer is on-call from 1600-2230.

Saturday there will be one house officer on duty (on-site) 0800-1500 then this house officer is on-call from 1500-2230. Another house officer is on-call from 0800-1500 then this house officer is on-duty (on-site) from 1500-2230. Sunday on-call and on-site shifts rostered and worked in reverse by the house officers.

The on call house officer shall be easily contactable and if needed required to be on-site within maximum 15-20 minutes from the time of being contacted. A RMO rostered for an on-call shift must ensure that he/she would not participate in any activity that could impede their on-call requirements and/or work obligations in accordance with TDH policy and this RMO position description.

(iii) Night shift hours: House officers are rostered on duty overnight shifts from 2200 until 0800 for seven consecutive nights.

LEAVE:

Please submit leave as soon as you are able in order for proper Leave Management by the RMO Co-Ordinator. The Leave Reliever RMO covers Annual/Sickness/CME leave, etc. If you apply for leave and the Leave Reliever is not available or there are already two RMO's with prior leave approval or it will leave the service too short of RMO's, then leave may not be granted. This leave application is considered on a case by case basis, reason for leave is also considered and discussion in agreement by other RMO department team members. It is the expectation that if a leave application period is during (even
in part) rostered Night Shift then you will be asked to swap your Night Shift to another date in order to give leave approval.

**SALARY:**

Base salary offered in accordance with Salary category in MECA according to average hours worked per week.

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(Dr Ros Iverson)  
Chief Medical Officer  
On behalf of Tairawhiti District Health  
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\underline{___________________}

\underline{(Date)}

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(Dr (Full Name) XXXXXXXX)  
House Officer  
Signed and Initialed Every Page in Agreement  
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\underline{(Date)}