POSITION DESCRIPTION

Te Whatu Ora

January 2024

This Position Description is a guide and will vary from time to time and between services and/or units to meet changing service needs

The Canterbury District Health Board is committed to the principles of the Treaty of Waitangi and the overarching objectives of the New Zealand health and disability strategies.

POSITION TITLE: Physician General Medicine

REPORTS TO: Clinical Director General Medicine

LOCATION: Department of General Medicine, Christchurch

Hospital

PRINCIPAL OBJECTIVES

To provide a comprehensive service to all acute General Medicine patients requiring admission to Christchurch Hospital.

FUNCTIONAL RELATIONSHIPS:

INTERNALLY:

Primarily with RMO's and Medical Interns assigned to your General Medical Team. As required with other medical staff, Nursing and Allied Health Professionals, Clinical Director, Service Manager and Medical Secretaries.

EXTERNALLY:

As required with Patients and their Families, General Practitioners, Referring Agencies, Community Services/Groups, University and Christchurch School of Medicine staff.

KEY PERFORMANCE OBJECTIVES:

Task Expected Result

Acute Admitting and Inpatient Responsibilities

- For each 24-hour period of acute on-call, the consultant will be available at all times for consultation. Patients whose condition warrants may need to be seen by the consultant at any time during the 24-hour period.
- The consultant must be free of other sub-speciality clinical commitments during this acute 24 hour period.
- Undertake an evening ward round on MEDICAL ASSESSMENT when on-call for a long day.
- Daily contact made with Registrar to review any patient needs.
- Attend the 8.00 am handover meeting every week day.
- Undertake a post-acute ward round the morning after the on-call day. This includes an X-ray meeting at 11.30 am.
- Patients admitted under your care to the Intensive Care Unit should be visited frequently to ensure continuity of care. Patients who are

- seriously ill or causing concern in other ways should be seen as often as your judgement indicates is necessary.
- Accept the handover of up to eight acute patients when your team is the third-on team as rostered, and be available to round on these patients that morning.
- Oversee the daily board meeting [8.30 am] with the nursing and appropriate allied health staff (i.e. OT, Physio etc) on home-ward, to discuss patient management and discharge planning. Preferably attend this yourself.
- Ensure patients are managed and discharged appropriately during the week. This will require at least 3 morning rounds in addition to the post-take round. Weekend discharges and handing over of unwell patients to duty-staff must be must be arranged on Friday.
- A discharge summary is required to be sent to the patients' General Practitioner within 24 hours of discharge. The RMO's will type this, but the consultant is responsible for ensuring that the diagnoses are correct and that all necessary information, including late results are provided in these summaries.
- Ensure appropriate follow-up arrangements following discharge. This
 may be organised through the General Practitioner or medical
 outpatients. If subspecialty follow-up is required, ensure a copy of
 the discharge letter plus a referral letter is done.
- Additional work, including outpatients clinics and extra on-call duties, may be arranged depending on the job-size.

Task

Clinical Support, Teaching and Administrative Responsibilities (the amount of each of these activities may vary from time to time by agreement).

Expected Result

- Supervision and teaching of 5th year students, Trainee Interns, Registrars and House Surgeons.
- Attendance and participation in monthly department meetings and weekly Grand Rounds.
- Continuing Education, peer review and clinical audits.
- Service related audit.
- Teaching of medical, nursing and other staff.
- The Physician will undertake other duties as reasonably requested by the Clinical/Medical Director or General Manager - Christchurch Hospital, from time to time.

Task Expected Result

Outpatient Clinic Responsibilities

- Participation in General Clinic and triaging of referrals from primary care.
- One weekly clinic will be sized at 0.1 FTE, which will be additional to the FTE required for the acute role.

HEALTH & SAFETY:

Implement or lead and implement emergency procedures and maintain a safe and secure work environment by following relevant Canterbury DHB and Divisional policies, protocols and standards. This includes but is not limited to:

- Practice safe work habits and ensure the health and safety of yourself and others
- Make unsafe work situations safe or, inform a supervisor or manager
- Is knowledgeable about hazards in the work area ant the procedures in place to identify and control hazards
- Use Personal Protective Equipment correctly and when required
- Report hazards, incidents, accidents, and near misses promptly and accurately
- Seek advice from manager is unsure of work practices
- Complete mandatory training as required
- Is knowledgeable of emergency procedures and evacuation plans
- Assists in maintenance of equipment as required, and reports faulty equipment promptly
- Actively practice clinical standard precautions

QUALITY:

Every staff member within CDHB is responsible for ensuring a quality service is provided in their area of expertise. All staff are to be involved in quality activities and should identify areas of improvement. All staff are to be familiar with and apply the appropriate organisational and divisional policies and procedures.

HOURS OF WORK:

A full-time Physician position is job sized at 1.1375 FTE and is a combination of acute and non-acute responsibilities.

The Acute General Medicine Team component is equivalent to an average (over the sixteen week cycle) of 40 hours per week ordinary time and 5.5 after hours per week. These hours allow for both clinical and non-clinical duties, assessment of call-back demands and on-call or availability requirements (including provisions for when roster varies). The number of weeks per year the Physician participates in the acute roster will be pro-rated, based on the subspecialty interest and FTE allocated for their acute General medicine component, if they also hold sub-speciality FTE.

Weekly clinic participation is sized at 0.1 FTE and requires participation in both Triage and delivery of clinic, as well as oversight of Advanced trainees who are doing their own clinic.

GENERAL PROVISIONS:

All planned leave (annual leave, continuing medical education leave) will be arranged well in advance with the Clinical Director, to facilitate the appropriate allocation of scheduled work.

Reasons for leave at short notice include:

- Illness:
- Family bereavement;
- Urgent family or personal problems;
- Involvement in a medical procedure that was either unplanned, or for reasons beyond their control, did not finish at the planned time;
- Involvement in call-back work immediately preceding a routine session where the extent of the work would compromise clinical safety.

In each case, these short notice periods of leave must be arranged with the Clinical/Medical Director.

LIMITATIONS OF AUTHORITY:

Situations with resource or financial implications for the department are discussed and agreed with the Clinical Director.

Issues with direct impact on Canterbury District Health Board are communicated to the Clinical Director and/or Chief of Medicine.

PERSON SPECIFICATION:

Position Title:

Physician, General Medicine

Qualifications required:

- Qualifications recognised for specialist Physician registration with the New Zealand Medical Council.
- Current Annual Practising Certificate.

Professional memberships required:

• Fellow of the Royal Australasian College of Physicians or equivalent.

Experience required:

 Recent experience at SMO level of management of acute general medical patients, or equivalent.

Other skills required:

- Be able to work under pressure and prioritise a heavy clinical workload.
- Have excellent written and oral communication skills.
- Good supervision and teaching skills.
- Demonstrate a team approach to work and a collaborative working relationship with management.

Personal qualities required:

- Have a genuine empathy with patients, the general public and staff at all levels.
- Be an innovative thinker, who can adapt to changes in medical practice.
- Be committed to their personal and professional development, and to the provision patient focused services.

AVERAGE WEEKLY SCHEDULE

| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|-------------|------------------------|---|------------------------|---|
| 8.00 am | Morning | Morning | Morning | Morning | Morning |
| | Handover | Handover | Handover | Handover | Handover |
| 0830- | Meeting | Meeting | Meeting | Meeting | Meeting |
| 0845 | Board Round | Board Round | Board Round | Board Round | Board Round |
| 9.00 am | Ward Round | | Ward Round | | Ward Round |
| 10.00 am | Ward Round | | Ward Round | Family meeting | Ward Round |
| 11.00 am | Ward Round | | Ward Round | | Ward Round |
| 12.00 pm | | | Dept Medicine Grand Round (1215-1315) | | Hospital Grand Round (1215-1315) |
| 1.00 pm | | | | TI teaching 1hr | |
| 2.00 pm | | Discharge Summaries | u | Discharge Summaries | |
| 3.00 pm | | | и | | |
| 4.00 pm | | | ű | | |
| 5.00 pm | | | | | |

Plus acute day afternoon/evening round and post acute round including X-ray meeting 1130 hrs

REGULAR MEETINGS/CLINICAL EDUCATION

Weekly

<u>Topic</u> <u>Frequency</u>

General Medicine Physicians Meeting Monthly

2nd Tuesday of Month 12-1.00pm

Monday-Friday 8-8.30am, General Medicine Morning hand-over meeting and Registrar presentation.

CME Meetings

Radiology Meeting

Grand Round, Wednesdays 12.30-1.30 Weekly

Friday 12.30-1.30pm, Weekly

Clinical Presentation/Health Topic