JOB DESCRIPTION
MEDICAL OFFICER

Reports to:

Medical Supervision: Director of Palliative Care
Operational Support: Director of Clinical Services

Functional relationships with: Medical Officers
Nursing Staff
Allied Health Staff
Volunteers
Administration Staff
Regional Cancer Treatment Service
Cancer Society
General Practitioners
Other Medical Officers

Purpose of position: To provide a high standard of clinical practice, contributing to the provision of an efficient and effective palliative care service.

Key Tasks:

1. Clinical

1.1 Expected Outcomes:

(a) maintains a high standard of professional care in accordance with the NZMA Code of Ethics, statutory and regulatory requirements and any subsequent amendments thereto; and
(b) understands the Privacy Act of New Zealand; and
(c) demonstrates a commitment to Hospice philosophy as defined in the Arohanui Hospice Service Trust Deed and Hospice New Zealand’s definition; and
(d) delivers care in a sensitive fashion, taking into account a person’s ethical, spiritual, cultural and other interests, and
(e) recognises a patient’s rights.
1.2 Clinical Duties:

(a) delivers day to day medical care to in-patients of the Hospice; and
(b) works as part of the Hospice medical team; and
(c) works as part of the Hospice interdisciplinary team, and
(d) hands over effectively to the Doctor who continues the roster; and
(e) arranges admissions of appropriate patients to the Hospice, arranges discharge planning and follow up arrangements where appropriate; and
(f) liaises with General Practitioners and District (Oncology) Nurses and produces timely reports for the patients’ General Practitioner; and
(g) appropriately prioritises admission requests as a member of the medical team; and
(h) is familiar with techniques used in the Hospice for advanced symptom control eg sub-cutaneous infusions, drainage of pleural effusions; and
(i) conducts daily ward round as required, including weekends when rostered and follow up change in treatment procedures during the day; and
(j) helps develop and maintain an appropriate system for monitoring high quality care within the Hospice; and
(k) conducts home visit reviews as necessary; and
(l) maintains good clinical records; and
(m) conducts out patient clinics both at Hospice and outlining areas as necessary; and
(n) Provides community patient care through a close relationship with the Palliative Care Coordinators.

1.3 Where there are serious concerns over actual or potential patient safety risks he or she shall bring them to the attention of the Director of Palliative Care in a timely manner.

2. Provision of out of hours care for the Hospice Service

2.1 Expected Outcomes

(a) participates in the roster providing 24 hour cover for the Hospice service; and
(b) when “on call” is available to respond within time (an hour) to attend to patients requiring care.
3. **Patient Information and Informed Consent**

3.1 Expected Outcomes:

(a) gives all patients a full explanation of all procedures and treatments; and

(b) obtains informed consent for all patients for undertaking any test or procedure.

**Health Promotion**

3.2 Expected Outcomes:

(a) advises patients and families about specific measures that may assist them.

4. **Staff and Patient Relations**

4.1 Expected Outcomes:

(a) maintains effective interpersonal relationships and works as an effective team member with volunteers at the Hospice, respecting contributions of all.

5. **Teaching**

5.1 Expected Outcomes

(a) assists members of the Hospice Team in establishing educational programmes and participating in these on request; and

(b) assists with encouragement of other professional’s interest and education palliative medicine.

6. **Management/Administration**

Utilisation of resources

6.1 Expected Outcomes:

(a) works closely with the Inpatient Charge Nurse and PCC Team Leader and other members of the Hospice Team to ensure best possible Hospice Service within limits of facilities and budget provided; and

(b) is accountable for efficient resource utilisation; and

(c) provides reports and information as required by the Directors of Clinical Services and Palliative Care.
Maintenance of adequate records and reports to referring Doctors and arrangement of discharge referrals.

6.2 Expected Outcomes:
(a) maintains comprehensive, accurate, legible and up to date medical records for all patients on admission and discharge from the Hospice and ensures proper follow up including utilisation of other agencies.

7. **Personal Education and Research**

Knowledge and practice updated and maintained.

7.1 Expected Outcomes:
(a) demonstrates evidence of continuing self education and maintenance of a high standard of skill in palliative care and pain relief through eg. attendance at relevant courses/ seminars/ conferences: reading relevant literature; and
(b) attends, participates in relevant post-graduate medical education activities.

8. **Peer Review**

Participate in a House Peer Review

8.1 Expected Outcomes:
(a) attends and participates in audit/ peer review activities; and
(b) quality of written records meets specified standards; and
(c) patient satisfaction is positive; and
(d) peer review is favourable.

9. **Participation in Annual Performance Review**

Meets annually with Directors of Clinical Services and Palliative Care to discuss and record performance issues and professional/personal development.

10. **Liaison/Public Relations**

10.1 Expected Outcomes:
(a) maintains excellent public relations and an effective liaison with Palmerston North Hospital and other health Services; and
(b) works with other staff to maintain good public relations between the Hospice and the community.