

# RMO HANDBOOK

## Queensland Diabetes and Endocrine Centre

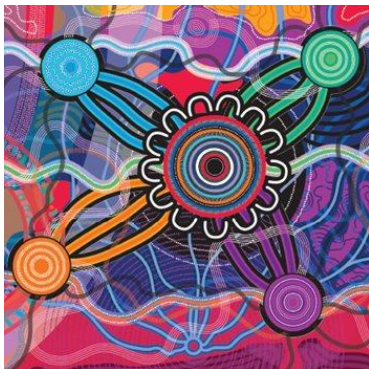
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## Acknowledgement of Country



Mater acknowledges the people and the Elders of the Aboriginal and Torres Strait Islander Nations who are the Traditional Owners of the land and seas of Australia.

## WELCOME FROM THE MEU

Please read this handbook in conjunction with the RMO Orientation Handbook which will be provided and is accessible in the AD\_QDC folder in L drive.

### MEU Contact Details

If you're experiencing difficulty with any aspect of the term, clinical or otherwise, please contact the term supervisor and/or PVMEO as early as possible.

Director of Clinical Training (DCT)	Ph. 8229
Prevocational Medical Education Officer (PVMEO)	Ph. 8431
Vocational Training Medical Education Officer (VTMEO)	Ph. 1560
Medical Education Admin Officer	Ph. 8272
Medical Education Manager	Ph. 8114

## INTRODUCTION

Welcome to Queensland Diabetes and Endocrine Centre. QDEC offers specialist care to adults of all ages (including a world class service for young adults aged 16-25 years) living with diabetes and endocrine conditions.

Services provided at the Queensland Diabetes and Endocrine Centre (QDEC) embrace the Mater vision and core values of Mercy, Dignity, Care, Commitment and Quality. In doing so the centre provides the exceptional diabetes care that is individualised, considering the needs of all patients, their families and carers. Research and education also form an important part of QDEC's contributions to diabetes care. There is a big emphasis on a multidisciplinary team approach and detailed discharge planning. As an RMO in QDEC, you will be tasked with a variety of work including ward rounds, team meetings, updating patient records and clinical skills and procedures for a wide range of conditions.

We hope you will have a valuable experience working with our team.

## UNIT OVERVIEW

We operate a team-based approach of chronic disease management with all members of the team regarded as vitally important to the overall functioning of the unit. The Director, Dr Liza Phillips, is your line manager. All questions and concerns that you may have about your work place can be directed to Dr Phillips.

<b>Dr Liza Phillips (Term Supervisor/ Unit Director)</b>	0407 764 422, Ext 8088
<b>Professor David McIntyre (Director of Obstetric Medicine)</b>	Ext 3640
<b>Jo Pennisi (Nurse Unit Manager)</b>	0408 621 295, Ext 2433
<b>Margaret Vitanza (Clinical Nurse Consultant)</b>	0411 557 441, Ext 6069

There are many experienced senior nursing, allied health, administrative and operational staff here at QDEC who are most helpful and willing to assist you in any way. Team work is key.

**Dr. Liza Phillips** Director of  
Endocrinology  
Consultant Endocrinologist/  
Obstetric Physician



**Dr. Josephine Laurie** Director of  
Obstetric Medicine  
Obstetric Physician



**Prof. David McIntyre**  
Consultant Endocrinologist/  
Obstetric Physician



**Dr. Adam Morton**  
Consultant Endocrinologist/  
Obstetric Physician



**Dr. Janelle Nisbet**  
Consultant Endocrinologist/  
Obstetric Physician



**Dr. Neisha D'Silva**  
Consultant Endocrinologist



**Dr. Stephanie Teasdale**

Consultant  
Endocrinologist/Obstetric  
Physician



**Dr. Tom Dover**

Consultant Endocrinologist



**Dr. Trisha O'Moore-Sullivan**

Consultant Endocrinologist



**Registrars:**

QDEC has 3 Advanced Trainees with the unit for 1 year.

- 2022 Registrars as follows:

Obstetric Medicine – Julian Pavey

Endocrine – Dianna Luong

Metabolic – Jinwen He

- 2023 Registrars as follows:

Obstetric Medicine – Jill Parkes-Smith / Umesha Pathmanathan

Endocrine – Sneha Krishna

Metabolic – Áine Peoples

## QDEC and OBSTETRIC MEDICINE – USEFUL CONTACT NUMBERS

TITLE	NAME	CONTACT
Director of Endocrinology	Dr Liza Phillips	3163 8088 0407 764 422
Nurse Unit Manager	Jo Pennisi	3163 2433
QDEC Endocrine Nurse Mobile	Marina Noud	0402 013 207
QDEC Main Number/Reception	Kathryn Chidgey	3163 6085 3163 6087
Adult Mobile	Diabetes Educators	0481 002 478
Young Adult Mobile	Diabetes Educators	0466 551 230
Consultant Endocrinologist	Dr Janelle Nisbet	3163 2422 0404 098 589
Consultant Endocrinologist	Dr Adam Morton	3163 8645 Pager 0199
QDEC Fax Number	Fax	3163 1543
Diabetes Clinical Nurse	Wendy Johnstone	3163 1993
Specialist Administrative Coordinator	Leigh-Ann Judge	3163 6331
Business Support Officer	Lisa Barrett	3163 1976
STP Administration	Lisa Barrett	3163 1976
Dietitian	Hannah McKay	2519 (Clinic 2976)
Psychologist	Carolyn Uhlmann	8704 (Clinic 2694)
Podiatrist	Amy Jones and Maddy Page	7854 (Clinic 2511) 0403 454 038
Pumps Nurse Mobile	Clare Coutts	0402 017 207
QDEC Meeting Room		3163 7694
Director Obstetric Medicine	Dr Josephine Laurie	0407 404 097
Consultant Obstetric Medicine	Professor David McIntyre	3163 3641
Executive Support Officer for Obstetric Medicine	Jennifer Wilkinson	3163 3641
Obstetric Medicine Registrar	Dr Jill Parkes-Smith	0412 064 922
Endocrine Registrar	Dr Sneha Krishna	0405 386 159



STP/Metabolic Registrar	Áine Peoples	0451 720 357
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## UNIT ORIENTATION

### ORIENTATION TO THE WARD

Unit orientation is conducted for each resident and registrar at the commencement of each term. This takes place in an interview (face to face meeting) involving the Director. However, it remains the responsibility of the registrar/resident to seek this orientation within the first TWO days of starting a new rotation.

### START OF TERM MEETING WITH SUPERVISOR

All RMOs meet with their Term Supervisor at the beginning of each term and complete the Start of Term Checklist. The checklist is completed online and the link is available on the Medical Education Unit website (<http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/>).

## QUEENSLAND DIABETES AND ENDOCRINE CENTRE (QDEC)

The QDEC team of trained health professionals are experienced and well qualified in the care, treatment and management of diabetes and endocrine conditions. Our staff are dedicated to providing evidence-based quality care. The QDEC multidisciplinary team regularly reviews and evaluates treatment and services in order to achieve the best possible health outcomes for patients. The centre also bench marks its services against other national and international diabetes services to ensure that the care QDEC provides is not only exceptional, but accurate and relevant as technologies and treatment options continue to advance and improve for people living with diabetes and endocrine conditions.

QDEC has been accredited as a National Association of Diabetes Centres Tertiary Care Diabetes Centre.

The Queensland Diabetes and Endocrinology multidisciplinary team includes:

- Consultant endocrinologists
- Credentialed diabetes educators
- Accredited practicing dietitians
- Consultant psychiatrist
- Psychologists
- Podiatrists
- Pathology technician
- Administrative staff

The QDEC team also work with the patient's local health care professionals; particularly the local general practitioner (GP) to ensure continuity of care within the community setting.

In addition to supporting patients with diabetes, the QDEC team also provides specialist care and support for patients with endocrine conditions including osteoporosis, thyroid disease, hypertension and pituitary disorders.

The Queensland Diabetes and Endocrine Centre have a longstanding commitment and involvement in medical and nursing research. This includes participation in clinical trials, sharing knowledge and research outcomes at professional conferences, forums and workshops (nationally and internationally) and having 'home grown' research outcomes published in leading medical publications. This dedication to research comes from the QDEC staff's commitment to improve the lives of those living with diabetes and endocrine conditions.

QDEC is a tertiary referral centre for people with diabetes. The main objective of QDEC is to optimise diabetes management in patients who are experiencing current and/or ongoing difficulties with their diabetes. Because of the tertiary nature of the service provided, we aim to discharge patients with Type 2 diabetes back to their GP whenever possible. It should be noted that it may take several visits to achieve acceptable glycaemic control prior to discharge.

	CLINICS	CONDITION	CONSULTANT/REGISTRAR
<b>Adult Diabetes Clinics</b>	<b>1DIA</b> - Adult Diabetes Clinic Wednesday AM	Urgent Review Cat 1 patients Review patients	Neisha D'Silva Reg 2/Reg 3 – alternate weeks
	<b>1DIA</b> - Adult Diabetes HOT clinic Wednesday PM	New diabetes patients	Neisha D'Silva Adam Morton Reg 3
	<b>1DIA</b> - Adult Diabetes Clinic Thursday AM	New diabetes patients	TBD Stephanie Teasdale Reg 2 Reg 3
	<b>1DIA</b> – Adult Diabetes Clinic (weeks 2 & 4) Friday AM	New and review diabetes patients	Stephanie Teasdale Reg 3
	<b>ATSICHS</b> – Aboriginal and Torres Strait Islander Clinical Health Service Diabetes Clinic Tuesday AM	Adult diabetes clinic at Aboriginal and Torres Strait Islander Clinical Health Service	Adam Morton Reg 3 (metabolic) Feb – June Reg 2 (endocrine) July-Feb
<b>Adult Endocrinology Clinics</b>	<b>1END</b> – Adult Endocrinology Clinic Tuesday PM	Endocrine conditions For patients over 25 years of age	Adam Morton David McIntyre Stephanie Teasdale

			Reg1 Reg 2 Reg 3
	<b>1END</b> – Adult Endocrinology HOT clinic Friday AM (weeks 2 & 4)	Adult patients with endocrine conditions	Adam Morton Liza Phillips Reg 2
	<b>1END</b> – Adult Endocrinology Clinic Wednesday AM (week 3 only – except when turner's Clinic on)	Adult patients with Endocrine conditions	Stephanie Teasdale
	<b>1ENDTS</b> – Turner Syndrome Clinic (week 3 - every 8 weeks)	Turner Syndrome patients	Stephanie Teasdale Reg 2
<b>Young Adult Clinics</b>	<b>1YADIA</b> – Young Adult Diabetes Clinic Monday AM	Young adult diabetes patients	Janelle Nisbett Neisha D'Silva Liza Phillips Reg 1 Reg 2/Reg 3 – alternate weeks
	<b>1YAAHR</b> - Young Adult Annual Health Review Monday AM	Young adult diabetes patients annual health review.	Adam Morton BPT
	<b>1YAEND &amp; 1YACFRD</b> – Young Adult CFRD related Diabetes Clinic Monday PM	Patients referred from respiratory team with CF related diabetes.  Please triage young adult males to this clinic  Hypogonadism Male pituitary Testosterone General male endo Klinefelter's & other causes of hypogonadism	Tom Dover Reg 3
	<b>1YADIATN</b> – Young Adult Diabetes Transition Clinic  Tuesday AM (weeks 1 & 3)	Patients transitioning from paediatric care to young adult care aged 16-18 years with diabetes	Margaret Vitanza

	<b>1YAENDQ</b> – Young Adult Endocrine Clinic Wednesday AM (week 1 only)	Please triage young women to this clinic  In particular with the following conditions: PCOS CAH Growth hormone deficiency Pituitary General Endo	Stephanie Teasdale
	<b>1YAEAC</b> – Young Adult After Cancer Care Clinic Wednesday AM (weeks 2 & 4)	Annual review of Endocrine patients with cancer	Stephanie Teasdale
<b>Metabolic Clinics</b>	<b>1ENDMETD</b> – Metabolic Diet Clinic Wednesday AM (weeks 2, 3 & 4) Thursday AM – Janelle only	Patients with a metabolic condition that requires them to see a dietician	Janelle Nisbet Anita Inwood Clare Williams (Mat Leave) Carolyn Uhlmann
	<b>1ENDMETND</b> – Metabolic Non-Diet Clinic Wednesday AM (weeks 1 & 3) Thursday AM – Liza only	Patients with a metabolic condition that DOES NOT require them to see a dietician	Liza Phillips Reg 3
	<b>1ENDMD</b> – Metabolic Neurology Clinic Wednesday PM (week 1 only)	PKU patients only	Janelle Nisbet Anita Inwood Clare Williams (Mat Leave)
<b>Podiatry MDT Clinics</b>	<b>1HRFS</b> – High Risk Foot Clinic Friday AM (weeks 1 & 3)	Patients with diabetes diagnosed as “high risk” of developing foot complications.	Amy Jones Maddy Page Daniel Hagley Trisha O’Moore Sullivan Quoc Tran Mark Armstrong Vicky Grey
<b>Diabetes Nurse Educator Led Clinics</b>	<b>PUMP UPGRADE CLINIC</b> Monday AM + PM Tuesday AM + PM	New Pump starts and upgrades for diabetes patients	Available consultant DNE
	<b>1DRAC</b> – Diabetes Rapid Access Clinic	Hospital avoidance clinic for diabetes patients for requiring	Marina Noud

	Tuesday AM	urgent diabetes education support. Must meet criteria.	
	<b>Young Adult Diabetes Transition Clinic</b> Tuesday AM	Support for young adult diabetes patients between 16-18 years old, transitioning into the adult clinic.	Margaret Vitanza

## METABOLIC CARE

QDEC in conjunction with the Queensland Lifespan Metabolic Medicine Service provide a metabolic service at the Mater. These clinics are held weekly.

## YOUNG ADULTS DIABETES CLINIC

The Mater Young Adult Diabetes Service provides exceptional specialised diabetes care to young people aged 16 - 25 years. Our dedicated team of healthcare professionals provide the highest standard of diabetes clinical care and provides programs for adolescents and young adults to support their emotional, social and educational needs.

This clinic is held weekly on a Monday morning.

## YOUNG ADULT DIABETES TRANSITION CLINIC

The Mater Young Adult Diabetes Transition Clinics are for patients aged between 16 and 18 years of age. The purpose of the clinics is to support the smooth transition of diabetes care from Queensland Children's Hospital (QCH) and/or other paediatric healthcare providers to the Mater Young Adult Health Centre.

**The initial appointment will be with the Diabetes Nurse Educator in the Transition Clinic.** The transition clinic offers an extended appointment with the Diabetes Nurse Educator and the opportunity for the patient and their carers to be familiarised with the Young Adult Service in a supportive environment.

Following the initial transition clinic appointment, the patient will then be offered ongoing care within the Young Adult Diabetes Clinic. Some patients may be offered an appointment directly with the multi-disciplinary team (MDT) in the Young Adult Diabetes Clinic if the patient's medical history/complex care needs indicate that an earlier MDT appointment may be beneficial.

This nurse led clinic is held every month on a Tuesday morning.

## YOUNG ADULT ENDOCRINE CLINIC

The Mater Young Adult Endocrine Clinics are for young people aged between 16 and 25 years of age. The purpose of the clinics is to support young people to move from paediatric care to the Mater Young Adult Health Centre Brisbane.

There are 3 young adult endocrine clinics:

Monday PM – Dr Tom Dover

Wednesday AM (fortnightly) – Dr Stephanie Teasdale

Wednesday AM (8 x per year) Turners clinic - Dr Stephanie Teasdale

## HIGH RISK FOOT SERVICE

Patients with diabetes who have been diagnosed as being at "high risk" of developing foot complications can be referred directly into the [High Risk Podiatry Service](#) at Mater Hospital Brisbane. Please view the [Allied Health referral guidelines](#) for this service prior to sending a referral.

This service provides care to adult patients with diabetes who have been diagnosed as being at "High Risk" of developing foot complications such as:

- Foot Ulceration
- Foot or lower limb amputation
- Hospitalisation due to foot complications
- Peripheral Neuropathy
- Peripheral Arterial Disease
- Foot Deformity
- 

Due to high demand, we do not accept referrals for general foot and nail care patients who have been diagnosed as being "low risk" of developing diabetic foot complications which are considered appropriate for community or private podiatry services.

Mater also has a multi-disciplinary High Risk Foot Clinic held every 2<sup>nd</sup> Friday in QDEC. This clinic is attended by:

- Vascular
- Endocrinology
- Infectious Diseases
- Wound Nurse
- Podiatrist
- Diabetes Nurse Educators
- 

The STP Registrar position #1158, currently Jinwen He, is responsible for coordinating the patients who attend this clinic and the multi-disciplinary team meeting that is held monthly. The STP Registrar works alongside the EN in preparing the MDT Assessment form for upcoming High Risk Foot Clinic patients. These documents can be found in L Drive and are generally done the afternoon before clinic by filling in information relating to each patient and saving to a new folder with clinic date. The EN will put together the template draft for the registrar to complete.

As per MDT assessment form, all parts of form must be pre-filled before clinics outlining relevant patient information, pathology results, current medications etc. This information can be found by looking up patient notes in Verdi. Please keep this information current before each attendance to update the team.

The following information will need to be filled in with patient information, printed and signed by each member of HRF Clinic team and returned to reception when completed.

In order for us to bill for the High Risk Foot MDT (held monthly) the Registrar is responsible for ensuring:

These services are for patients who:

- a) have at least one medical condition that:
  - a. has been (or is likely to be) present for at least six months; or
  - b. is terminal; and
- b) require ongoing care from a multidisciplinary case conference team which includes:
  - a. a medical practitioner; and
  - b. At least two other members, each of whom provides a different kind of care or service to the patient and is not a family carer of the patient, and one of whom may be another medical practitioner.

For the purposes of items 735-758, a multidisciplinary case conference is a process by which a multidisciplinary case conference team:

- a) discusses a patient's history; and
- b) identifies the patient's multidisciplinary care needs; and
- c) identifies outcomes to be achieved by members of the case conference team giving care and service to the patient; and
- d) identifies tasks that need to be undertaken to achieve these outcomes, and allocates those tasks to members of the case conference team; and
- e) Assesses whether previously identified outcomes (if any) have been achieved.

The requirements are:

- 1) Patient must be advised prior and give informed consent that they will be discussed at a High Risk Foot MDT Meeting and this must be documented in the medical record.
- 2) There must be care providers from at least 3 different disciplines present at the meeting.
- 3) The 'lead' (this is Endocrinology) is responsible for documenting the meeting and recording in the patient notes (other attendees should do the same in their own records if they're not Mater employees).
- 4) The patient must be contacted by a medical person, to advise them of outcomes, and to advise them that they will be bulk-billed for the conference. This can be by letter or phone call to the patient (can be by the podiatrist, nurse or medical staff member – the business needs to decide who is medically competent to do this). The GP must also be advised of the outcome of the case conference by letter. A copy of the letter sent to the GP can be cc'd in to the patient.
- 5) The patient cannot be discussed at more than 5 case conferences in one year.

### **ENDOCRINE / SURGICAL MDT**

The Endocrine surgical MDT agenda and billing is completed by the MDT Coordinator – currently Emily Melnikoff ([MDT.coordinator@mater.org.au](mailto:MDT.coordinator@mater.org.au)).

The requirements are:

- 1) Patient must be advised prior and give informed consent that they will be discussed at an Endocrine - Surgical MDT Meeting and this must be documented in the medical record.
- 2) There must be care providers from at least 3 different disciplines present at the meeting.
- 3) The patient must be discussed for a minimum of 15 minutes and no more than 30 minutes.
- 4) The 'lead' (this is Endocrinology) is responsible for documenting the meeting and recording in the patient notes (other attendees should do the same in their own records if they're not Mater employees).
- 5) The patient must be contacted by a medical person, to advise them of outcomes, and to advise them that they will be bulk-billed for the conference. This can be by letter or phone call to the patient (can be by the podiatrist, nurse or medical staff member – the business needs to decide who is medically competent to do this). The GP must also be advised of the outcome of the case conference by letter. A copy of the letter sent to the GP can be cc'd in to the patient.
- 6) The patient cannot be discussed at more than 5 case conferences in one year.

The lead, Endocrinology, must complete the 'record of attendance form'. This advises ROPP who led the case conference and who was at the meeting.

The lead, Endocrinology, must also complete the 'list of patients' form. This confirms that the patient was contacted by someone suitably qualified to discuss the outcome of the meeting. This can be via letter to the patient.

A **Chart Review clinic** must be set up for each date that the MDT will be held. A maximum of 8 patients can be discussed for billing. The list of patients discussed must be provided to the SAC to input the patients. Administration staff will book patients in to the chart review clinic from the list of patients discussed.

For private patients that do not have a Mater UR, administration to do a 'Quick Registration' in IPM for use in the MDT clinic.

For patients that do not have a clinic referral but has been an inpatient under the referring Clinician a 'Ward referral' can be generated by admin in IPM.

Billing for MDT:

- To *organise/lead* the case conference, the item numbers are (community case conference / discharge case conference): 820 / 830: (15-30 mins per patient)
- To *participate* in the case conference, the item numbers are (community case conference / discharge case conference): 825 / 835: (15-30 mins per patient)

The documents required can be found here:

[..\..\MEETINGS\Endocrine Surgical MDT\MDT Assesment Document F4899.pdf](#)

[..\..\MEETINGS\Endocrine Surgical MDT\Endocrine Surgical - Case Conference Billing Slip.docx](#)

[..\..\MEETINGS\Endocrine Surgical MDT\AGENDA MDT TEMPLATE \(MATER\) \(002\) - Endocrine surgical.doc](#)

## OBSTETRIC MEDICINE CLINICS

The Mater Mothers' Hospital is a quaternary maternity facility delivering over 10,000 babies per year, making it one of the largest maternity hospitals in the Southern hemisphere. Obstetric Medicine is a consultative service providing care to women with high risk pre-existing medical issues and also pregnancy specific disease arising de novo. The service extends from preconception counselling, through antenatal management, labour and delivery management and post-natal review. There is an outpatient clinic every week day morning, an inpatient consultation service and consultant led on call service after hours.

All registrars will be required to attend these women at some point during the year and we encourage your participation in the Tuesday Obstetric Medicine meeting, which is an open forum clinical meeting to discuss patient management.

Obstetric Medicine Clinics do not close over the Christmas period, except on the public holidays.

**Obstetric medicine generic email address:** [obstetricmedicineregistrar@Mater.org.au](mailto:obstetricmedicineregistrar@Mater.org.au)

**External Login via webmail:**

Username: obstetricmedicineregistrar

Password: mater123

## OZDAFNE – Dose Adjustment for Normal Eating

The OZDAFNE (Dose Adjustment for Normal Eating Program) is a self-management program for patients run by the department over a week. There are four courses being facilitated in 2023. You will be trained in the DAFNE principles during your orientation.

**DAFNE Workshop Dates for 2023 (proposed):**

6<sup>th</sup> – 10<sup>th</sup> March

26<sup>th</sup> – 30<sup>th</sup> June

18<sup>th</sup> – 22<sup>nd</sup> September

27<sup>th</sup> November – 1<sup>st</sup> December



Please consider referring all Type 1 patients. In order to refer a patient to the clinic please complete the OzDAFNE Consent form. This can also be found on the L Drive: <..\\..\\..\\AA DAFNE\\Admin\\DAFNE documents UPDATE 2017>

## TEAM MEETINGS

The table below details the meetings for you to attend. All meetings are available to attend via Teams. Coordinate with the Business Support Officer for calendar invites and Teams links.

MEETING	LOCATION	TIME
Medical Grand Rounds	Cronin Room, Whitty Building, Education Centre	Monday 1300
Young Adult Diabetes Multi-Disciplinary Team Meeting	QDEC Meeting Room	Monday 1400
Obstetric Medicine Meeting	Tea room – level 7 MMH	Tuesday 1230
Journal Club Meeting	QDEC Meeting room	Tuesday 8:00
QDEC Staff Meeting	QDEC Meeting room	Tuesday 8:00 4 times/year
Endocrine Teaching	QDEC Meeting room	Wed 1230
Adult Diabetes Multi-Disciplinary Team Meeting	QDEC Meeting Room	Thursday 1230
High Risk Foot Multidisciplinary Team Meeting	QDEC Meeting room	Friday 1200 Surgical week 3
PAH Pituitary Meeting (Endo/Metabolic Registrars only)	PAH. 1.2A.1 L.2 Training Room(4BC.88.3) Level 4 Blue lifts	8.30am Thursdays
SEQ REG	PAH	First Monday of Month 6pm
Endocrine AT Meetings Dr Lisa Hayes	Login from home	2 <sup>nd</sup> Tues of Month. 5 per year over 3 years
Endocrine / Surgical MDT	QDEC Meeting room	Thursday 7.30 Surgical week 2

## OTHER USEFUL CONTACTS

### YOUNG ADULT WARD AND OUTPATIENTS (level 4 Salmon Building)

TITLE	CONTACT
NUM MYAHCB ward	8940
Level 4 Salmon Young Adult Reception	5919
MYAHCB level 4 clinic	5820
Ward Clerk Level 7	5983
Ward phone number	5983

### ADULT AND MOTHERS

TITLE	CONTACT
Antenatal Clinic	8830
Private Hospital Day Unit	1067
MFM	1899/1896
Pathology/Blood collection	8732/2708

### AROUND THE HOSPITAL

TITLE	PERSON	CONTACT
<b>MET CALL</b>		<b>555</b>
Chief Medical Registrar	Bree marsh	6636
Psychology/ATODS	Mater in Mind	Dial 9 internally
Bed Manager	Donna Clarke / Margaret Hughes- Maher	Donna – 5813 Margaret - 5455
Mater Switch		3163 8111 or dial 9 internally
MEU	Admin	8272
Department of Medicine	Megan Mayles (AO)	6353
ED Consultant		2575 – internal calls only
Security	Field Officers	5000
HR & Payroll		8511
Interpreter services		8776

IT Services		8802
Volunteer transport		8599
Scanning Centre		2040/2172

## ON CALL NUMBERS FOR OBSTETRIC MEDICINE AND ENDOCRINOLOGY

	Internal Dial	Weekdays	Weekend
Obs Med Consultant	6656	5pm – 8am	Friday 4pm – Monday 8am
Obs Med Registrar	6630	8am – 4.30pm	N/A
Endocrinology Consultant	6687	5pm – 8 am	Friday 4pm – Monday 8am
Endocrinology Registrar	6688	8am – 4.30pm	N/A
Metabolic Registrar	6689	8am – 4.30pm	N/A

## DUTIES AND RESPONSIBILITIES

### Clinical Matters

- It is essential that all clinics start on time. Turn up to clinic on time unless there are clinical emergencies in the wards or ED – these take precedence. If you are delayed you **MUST** phone QDEC reception on extension **6085** and ask them to let the manager/s know.
- All new cases seen in clinic need to be discussed with and seen by the relevant consultant
- Consultants are happy to be interrupted in OPD – i.e. do not wait for the consultant to finish their current consult before knocking and entering the room
- Junior medical staff and registrars should discuss each admission (even planned) with the relevant consultant on call on the day of admission

**In the spirit of team work, it is expected that in the instance that your patient list has finished you would assist other team members to see any remaining patients until clinic ends. This is not only to lessen patient wait times but also to improve the flow of the clinic. Please check in with the Clinic Coordinator when you have finished your list for direction.**

- If confronted by an aggressive patient and you are unsure what to do, leave the room and seek help. The clinic co-ordinator will advise a consultant or if necessary will press the security assist button located under the co-ordinators desk and at reception. You may also need to log an incident in the ERIC system which is Mater's incident management.
- All documentation is recorded via electronic progress notes in VERDI.
- Patients are to remain on the Registrar list for a period of 12 months, after this time they are to be placed back in to a Consultant list. Please record this on the clinic slip and provide to the reception team so they are aware that the patient needs to be booked on a consultants list for future appointments.

## REFERRAL TRIAGING AND CATEGORISATION

Registrars are responsible for triaging the referrals to Endocrine OPD in consultation with the Director. **These must be triaged within 5 working days of the referral being received.** The senior nurses are responsible for the triaging for the diabetes referrals. Please see the triage guidelines for the service

Referral guidelines are located at the following links:

<http://www.materonline.org.au/services/outpatient-clinics-adult/referral-guidelines/diabetes>

<http://www.materonline.org.au/services/outpatient-clinics-adult/referral-guidelines/endocrinology>

When you are triaging/categorising patients please write on the triage form which clinic the patient will be attending and sign both front and back pages. Please see document on the following page.

<..\..\Referral Management\Referral front sheet.pdf>

\*Please note it is not the responsibility of the Endocrine / Infectious Disease Resident to triage referrals.

## RESEARCH AND AUDIT

- **Ethics and Governance**

Review the below two pages and their extensions that provide instructions for applying for research approvals.

<https://www.materresearch.org.au/Researchers/For-researchers>

<https://www.materresearch.org.au/Researchers/For-researchers/Ethics-and-Governance-1>

- **Privacy**

[Privacy.Office@mater.org.au](mailto:Privacy.Office@mater.org.au)

Anne-Maree Schneider is the manager [Anne-Maree.Schneider@mater.org.au](mailto:Anne-Maree.Schneider@mater.org.au). They need to approve any data retrieval projects.

- **Data Storage**

Any research documents, **data and data analyses need to be kept in the hospital computer system.** You will each have a folder in the below location to store those documents

L:\AD\_QDC\AA RESEARCH \_ AUDITS\AA REGISTRARS

It is a **significant privacy breach** to take any identified or re-identifiable data outside Mater systems.

- **REDCAP**

[https://redcap.mater.org.au/redcap/redcap\\_v7.6.5/UserRights/index.php?pid=52](https://redcap.mater.org.au/redcap/redcap_v7.6.5/UserRights/index.php?pid=52)

Mater has REDCAP for data management if you or the team want to use it. It makes it easy to create data collection sheets and manage data. Use is free to staff

- **Research Data Retrieval**

Yanlin Liu is extremely helpful to talk to about retrieving data for retrospective data studies. He is good to talk to when putting your protocol together about what data can be retrieved, what is possible to link etc  
[Yanlin.Liu@mater.org.au](mailto:Yanlin.Liu@mater.org.au)

Once you have ethics, privacy etc you do the following form(following is a link) [Mater Research Data Request Form](#)

- **Statistical Support**

Mater has an agreement with QIMR that they provide us with statistical support. The two we use most often and who understand diabetes are:

[Alison.Griffin@qimrberghofer.edu.au](mailto:Alison.Griffin@qimrberghofer.edu.au)

[cameron.hurst@qimrberghofer.edu.au](mailto:cameron.hurst@qimrberghofer.edu.au)

They are good at helping plan studies too, sample size and whatnot.

Fill out this form [Statistics Unit Service Request](#), and send them an email with the protocol/thoughts on what you need.

## RESULTS SIGN OFF AND REVIEW

All registrars are responsible for any VERDI results that require review and sign off and follow-up of abnormal results as required. The Obstetric Medicine Registrar will sign off those results and the metabolic and endocrine registrars will sign the others, but there may be times when cross-cover is required. This is done directly inside VERDI.

There are also paper results that are sent to the department. These need first to be checked if they are already in VERDI, then review, sign off, follow-up if required. If they are not already in VERDI, then they should be sent for scanning into the electronic record.

Each registrar has an allocated mail tray located on shelves underneath results tray in corridor. Please check your mail tray daily for any important letters etc.

## SULLIVAN AND NICOLAIDES PATHOLOGY

There is a generic username and password for access results with Sullivan and Nicolaides. **Please do not change the username and password.**

Can I also just remind everyone that this is for accessing patient results only and not for personal use. Please do share these login details outside of QDEC.

To login to your account go to: [www.sonicdx.com.au](http://www.sonicdx.com.au)

Username: stx13459

Password: AKCxmy69

(both case sensitive)

SEE THE HOW TO GUIDE HERE:

[..\Registrar Orientation Manual 2022\Sullivan Nicolaides Pathology - Sonic Dx.pdf](#)

## BIOGRID

BIOGRID is being implemented throughout QDEC. QDEC is participating in the Australasian Diabetes Data Network (ADDN) study to establish a longitudinal data base for people with type 1 diabetes. All patients with

Type 1 diabetes will need to be entered in to Biogrid. All other diabetes patients will also be entered over time as the team become more familiar with the program. ADDN data entry is the priority at this time, currently in use in the young adult clinic

Any changes to your clinics, including any requests to reduce or change your lists MUST be approved prior to any changes made.

## ED AND WARD ROUNDS

- When you are advised of a presentation to the ED please see the patient promptly. If you are advised by a GP that a patient is coming for assessment and it is clear that the patient will require admission, advise the ED and plan to admit the patient directly from ED
- Document in the health record in a timely and contemporaneous manner (always time stamp your entries). If you cannot document at the time, always note that you are writing after the event and the reason why
- Please take a consultant to see all consults within 24 hours if possible
- If you need to leave clinic to see a patient in the ED or ward please let the clinic-co-ordinator know
- Every morning please check Verdi for overnight admissions. Usually the admitting registrar will notify you or the consultant on call will let you know if there has been an admission but please also check the electronic handover register every morning as well as Verdi. Go to <http://materteam/handover/SitePages/Home.aspx>
- Include the resident and diabetes educator (page 0575) to attend the morning ward round and consultant rounds. Please liaise with the resident about planned and unplanned admission as they may be able to assist with this work
- When patients who have had a complex in-patient journey are being discharged we would encourage you to call the patient's GP on the day of discharge to provide continuity of care and as a courtesy to the primary care physician to whom you will be transferring care
- Whenever possible discharge summaries should be done on the day of discharge or as soon as possible after discharge and at a maximum of 72 hours post-discharge. We encourage you to liaise with the RMO and update the summaries during the course of the admission.
- The registrars are responsible for ensuring the discharge summary is completed in a timely fashion.
- Please contact the Diabetes Educator (Adults phone – 0481 002 478 or Young Adults phone – 0466 551 230) between 0730 – 1600hrs. Patients from every team will be seen, however, please give as much notice as possible- at least 24 hours prior to discharge. DNEs require referral 48 hrs prior to discharge for patients commencing insulin to allow adequate time for education and self-management support.

Communication is vital to and from the team, with:

- The patient and their relatives
- The nursing staff (ensure nursing staff know about plans for their patients)
- Other departments in the hospital
- The referring doctor

## SHARED RESIDENT WITH INFECTIOUS DISEASES

QDEC shares our Resident with Infectious Diseases. Both teams have agreed that the following “hierarchy of needs” will direct that Resident’s work, rather than a time of day-based split. The possible weekly roster of clinics for the Resident is below with the other rosters. The mid-term and end of term reviews will be done jointly with the Director of Endocrinology and the ID representative.

1. **Unwell inpatient under ID or Endo requiring urgent or emergent review** (including time critical blood tests or covering when Endo registrar is off site at pituitary meeting 1 in 3 months on a Thursday)
2. **Consultant ward rounds** – both Endo and ID
  - a. Key teaching opportunity for residents
  - b. Accept that Endo consultant rounds are variable due to multiple staff members on different fractions but should be prioritised ahead of other activities
3. **Inpatient work**
  - a. Ward rounds on ID/endocrine inpatients with registrar
  - b. Admitting endocrine/ID patients when the registrar is unable to do so due to other commitments
  - c. Inpatient jobs (investigations/referrals etc) and discharge planning (e.g. MDT, Allied health referrals)
  - d. Discharge summaries for inpatients – these should be completed day of discharge
4. **Reviews in Emergency**
5. **Outpatients**
  - a. Key learning opportunity
  - b. Ideally nominate ideal clinics in each specialty best for learning specific to RACP training
5. **New consults** – seen alone as a learning opportunity and opportunity to present on consultant rounds
6. **Assisting ID/Endo ATs with consults/admissions**

**If the resident has free time, they should be encouraged to see new consults for each team and present them to the registrar.** This should be on a rotating basis: In a given week, if they are free, they should contact the registrar from one team (eg team A) and ask if there are consults they could review. If team A has none, they should then contact the registrar from the other team (Team B) and ask if there are consults they could review. The next time they are free, they should again ask each registrar, but starting with the team they did not do a consult for last time they were free.

## ENDOCRINE DYNAMIC TESTING

- Refer to the Harmonisation of Endocrine Dynamic Testing 2018 Handbook for protocols
- Any referrals are to be given to the Endocrine RMO to arrange.
- For day stay studies the Endocrine RMO is to:
- Complete the “booking and consent for procedure form” and note on it that the patient is to be admitted on a Wednesday morning and that the patient needs to present at 0700 (which will allow study to start at 0800).
- No more than two patients on a particular Wednesday are to be booked
- This form is then submitted to the MHB Day Medical/Surgical Unit.
- An email should be sent by the RMO to Ann Kuhlmann – NUM day stay and Steven Guihot (pathology) to confirm whether a phlebotomist is available to assist
- Note that phlebotomists are only available 0600-1100 and this will vary week to week. The RMO may need to take some or all of the blood samples
- Ensure that any samples taken are carefully documented with regard to day and **time**

## THE ROLE OF THE MEDICAL OFFICER IN QDEC

Mater is a teaching hospital and there is an expectation that students (not just medical) will sit in on clinic appointments from time to time. Please be encouraging and engage in teaching as much as time allows in clinic

Attendance at Grand Rounds, journal club and unit meetings is mandatory

It is expected that registrars engage with medical students and actively participate in their education on a regular basis. This may include bedside coaching. Please email the Phase 1 student coordinator on [Phase1mater@uq.edu.au](mailto:Phase1mater@uq.edu.au) to be assigned a teaching role. Regular teaching will qualify you for a University of Queensland Faculty of Medicine Academic Title

Consultants are happy to do Mini-CEX in clinics – just ask

You may select your own primary and secondary supervisors from any of the consultants in the Department

Registrars are expected to undertake a research project over the course of the year with a view to a publication and or presentation at one of the scientific meetings

Attendance at the ADS clinical skills training courses, ESA and ADS and the ANZBMS are mandatory.

If you have not yet joined the ADS and ESA then please discuss with one of your senior colleagues regarding nomination to become a member.

You might also like to consider joining the US Endocrine Society.

## EDUCATION AND RESOURCES

- QDEC Orientation Manual
- Statistical support – there is a statistician on site to assist with projects/papers
- Mater on-line resources and UQ/Mater library
- ESAPs and US Endocrine Society In-Training Examination – available in QDEC
- Type 1 Diabetes Network Online Learning Module for Health Professionals <http://www.d1.org.au/training-modules/learning-module-1.html> (allow one hour)
- DEPICTED – On-line resource on motivational interviewing, agenda setting in young people
- DAFNE – registrars will complete a training session on the principles
- Driving – Resources regarding diabetes and driving are available from all of the DNEs
- Sick days – Resources regarding sick day management are available from all of the DNEs
- DKA protocol – available on the Mater document centre; see the Statewide Diabetes Clinical Network website and also for the link to the education package for this tool <http://www.health.qld.gov.au/caru/networks/diabetes.asp>
- Genetic testing consent form – to be used when/if doing genetic testing as part of our counselling process. This form can be found on the Mater Intranet document centre, or the following link. <http://quality.mater.org.au/docs/Clinical%20Forms/CF-IID-002402.pdf>

## PRIVACY

The GP / Specialist is sharing the patient's mobile number/home number with you for the purpose of providing health care. Please only use these numbers for a health care purpose. When phoning and leaving messages staff **must never** discuss the patient's condition.



Any phone conversation/text regarding an appointment must be followed up with a letter (where practical)

Allan Maraj advised that the Mater Health Service must always be able to prove that we have taken reasonable steps to make contact regarding appointments. Staff must be very careful and act reasonably. Based on circumstances. There is a higher standard of care expected in Health care and staff must always exercise reasonable personal judgement.

SEE THE PROTECTING PATIENT PRIVACY GUIDE HERE:

[..\Registrar Orientation Manual 2022\Sullivan Nicolaides - Protecting patient privacy.pdf](#)

## LANDLINES

These are shared devices. MHS staff cannot leave messages on landlines unless it is urgent to do so.

The clinic must not be mentioned in any messages on a landline can only advise that you are calling from Mater Health Services if the matter is urgent.

## MOBILE PHONES

There is a presumption a mobile phone is a personal device. On a mobile phone it is OK to leave message and mention the clinic. They patient owns the risk if other people check their messages.

## LEAVING MESSAGES

**Script for leaving messages on mobile or landline for urgent appointments or appointment within 3 weeks:**

**1. If the appointment is for tomorrow or within 48 hours of your phone call:** Good morning, this is NAME calling from Mater Health Services CLINIC NAME. We have made an appointment for you / your child on DAY/DATE at TIME. Please phone 3163 3000 to confirm you will attend.

**2. Appointment within 48 hours to 3 weeks:** Good morning, this is NAME calling from Mater Health Services CLINIC NAME. Please call us back urgently on 3163 3000 regarding your care / appointment.

**3. Script for leaving a voice message on mobile – New patient appointments within 7 weeks:**

Good morning, this is NAME calling from Mater Health Services CLINIC NAME. Please call us on 3163 3000 to obtain details of your / your child's appointment or to advise if you no longer require this appointment.

**4. Script for SMS Message:**

Please phone Mater Health Services 3163 3000 for details of your appointment OR to advise you no longer want the service.

## TEXTING

Mater recommends using the MedX (Au) phone app for instant messaging of confidential and sensitive information.

Whilst a range of apps are available to communicate, instant messaging using apps such as WhatsApp and text messages, do have risks associated with their use as they are not completely secure.

The Privacy Act (22 February 2018) was recently amended to require mandatory notification of data breaches to patients and the Office of the Australian Information Commissioner (OAIC) where the data breaches put the patient at risk of harm.

In the first two months of this notifiable data breach scheme, the OAIC received 15 notifications from Health (63 total) calling out health as being the worst performing industry to date. Human error and malicious and criminal attacks were the main sources of these data breaches.

MedX is a secure messaging system for AHPRA registered Australian doctors, designed to allow instant messaging of confidential medical information between medical colleagues.

The advantages of using MedX over text messages or other instant messaging applications such as WhatsApp:

- MedX is only available to AHPRA registered doctors or staff working within a private healthcare facility.
- Messages and photos are encrypted when they are being sent and when stored within the app on your device.
- You can take, send and manage images securely without the need for it to be stored on your device and your cloud storage.
- Messages automatically expire after 30 days.

You can register for MedX (Au) app and find out more information via their website: <https://medxsms.com/>

Further information on the risks of using unsecure apps, can be found in [Mater's Fact Sheet](#).

The below table explains that collaboration tools that have been **approved** or **declined** for specific use cases:

Type of Information	Collaboration Apps			Messaging Apps		
	Yammer (cloud)	Confluence (on-site)	SharePoint (on-site)	MedX	Text/SMS	What's App
Patient Health or Personally Identifiable information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *Medical Handover space Only	<input checked="" type="checkbox"/> *Requires privacy office approval	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Commercially sensitive information E.g. financials, policy interpretation, complaints, building plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *Consider if it should be restricted to certain staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Internal use only E.g. staff meeting agendas/minutes, departmental memos, news articles.	<input checked="" type="checkbox"/> *Consider if it should be restricted to certain staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
General Communications – doesn't need to be recorded on patient or corporate records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If a collaboration tool is not on this list but is in use or being considered, a security and privacy assessment will need to be conducted prior to use. Please contact IT on x2000 or via the Mater Service Desk Portal to proceed with the assessment.

The following house rules should be followed:

- The same etiquette that is used for corporate email, telephone and face-to-face conversations with other employees should be used for collaboration platforms
- Only information that is relevant to the workplace should be posted.

- All communication should be professional and respectful and reflect thoughtful decisions that add value to the mater community
- The platforms are not anonymous. All information and conversations are visible to the Mater leadership teams, line managers and colleagues.
- Use your name and photograph to enhance communication.
- Information should be posted for internal use only and should not be shared outside the Mater without specific approval from your relevant director.
- Printed and local electronic copies of Mater documents are uncontrolled – Always refer to the Mater Document Centre Document ID: GD-IID-100032-01 Released: 22 Jun 2018 Guideline Title: Guidelines for the appropriate use of Corporate Collaboration Platforms Page **4 of 6**
- Collaboration platforms are ideal for raising things that aren't working and generating improvement ideas. This should not be confused with raising issues of concern about individual performance or HR issues. Alternate channels should be used to address such concerns.
- Private (closed) groups should be established when information is targeted for a specific community only. For example, facilitation of collaboration between members of a recognised Mater Committee. Content shared outside of private groups is accessible by all Mater people with an email account.

## REQUESTS FOR INFORMATION

If you receive a request from an external agency (eg. Department of Human Services) wishing to obtain details of a patient's medical history or condition then you must forward this request to the Privacy office so that consent can be obtained from the patient. By providing the Privacy Office with the request they can ensure that:

- Appropriate consent has been obtained
- Request is registered in our Database
- Enquiries from patient or external parties can be handled by my team, same message being provided to requestors and hopefully less impact on our Clinical services/staff
- Copies of responses are kept on our Database and/or placed in the patients' record.
- If information is lost/misplaced we are able to reproduce

They will confirm what information has been provided and supply any other information that is relevant. If it is then necessary we will contact you requesting a further report.

The privacy office can be contacted on:

t. 4163 2666

f. 4163 8104

e. [privacy.office@mater.org.au](mailto:privacy.office@mater.org.au)

## VOCATIONAL TRAINING SUBSIDY

As per the Mater Resident Medical Officers' Enterprise Agreement 2018-2021

## 6.2 Vocational Training Subsidy

- 6.2.1 All Medical Officers who confirm their acceptance and remain in a vocational training program will be entitled to the payment of a Vocational Training Subsidy of \$3000 per annum.
- 6.2.2 Part time Medical Officers will receive a pro rata amount of the Vocational Training Subsidy.
- 6.2.3 The subsidy will be paid as a fortnightly allowance, which will be paid in the first pay period following the Medical Officer commencing the training program and provided that the Medical Officer makes formal application for the subsidy and supplies Mater with satisfactory evidence of their acceptance as a vocational trainee with one of the specialty colleges.
- 6.2.4 Where a Medical Officer ceases to participate in a vocational training program they are required to advise Mater in writing of their change in status within seven (7) days of ceasing to be a vocational trainee. All overpayments made as a result of non-compliance with this clause will be fully recoverable by Mater in accordance with Mater Policy.
- 6.2.5 The subsidy is paid in recognition of the high cost of college membership, exam and course fees necessary to complete vocational training requirements in various specialty areas.
- 6.2.6 For the sake of clarity a Medical Officer is only eligible to claim either the Professional Support or the Vocational Training subsidy at any one point in time, not both.

## POLICIES AND PROCEDURES

Mater policies and procedures are located on the Mater Document Centre, which can be accessed via ZENworks or the Mater Intranet. [Mater Policy and Procedures Library \(MPPL\) \(sharepoint.com\)](#)

## UNIT ROSTER AND TIMETABLES

### ENDOCRINE REGISTRAR (STP #359) – Reg 2

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Endo Ward cover	Endo Ward cover	Endo Ward cover	Endo Ward cover	Endo ward cover
<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>
Week 1 & 3 09.30 Young Adult Diabetes Clinic 16-25 years (MYAHCB)  Week 2 & 4 Obs Med Clinic (Antenatal Clinic -7 <sup>th</sup> floor, MMH)	08.00 – 08.30 Journal Club (QDEC)  8.30 – 12.30 Ward cover / ATSICHS Clinic (ATSICHS clinic second half of year)	Week 1 & 3 09.00 Adult Diabetes Clinic (QDEC)  <b>Unless Turner's Clinic            on. 6 x Turner's Clinics            /year</b>  Week 2 & 4 Young Adult Endocrine after cancer care clinic (MYAHCB)	09.00 Adult Diabetes Clinic (QDEC) *PAH pituitary clinic on rotating basis	09.00 Adult Endocrine HOT Clinic (WEEKS 2 & 4) (QDEC)
<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>
13.00– 13.45 Grand Rounds (Level 3, MHB)	12.30 – 13.30 Obs med meeting (meeting room – level 5, MMH)	12.30 – 13.30 Reg Lunch Meeting Teaching	12.00 – 13.00 Adult Clinic Meeting	<b>HALF DAY OFF            (alternate each            fortnight) WITH            REG 3</b>  *Fri half day Weeks 1 & 3
14.00 – 15.00 Young Adult Meeting (QDEC)	14.00 Adult Endocrine Clinic (QDEC)		<b>HALF DAY OFF            (alternate each            fortnight) WITH REG            3</b>  *Thurs half day Weeks 2 & 4	
15.00 Young adult ISS (QDEC)				

### OBSTETRIC MEDICINE REGISTRAR – Reg 1 (745am Start)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Obs med Ward cover	08.00 – 08.30 Journal Club (QDEC)	Obs med Ward cover	Obs med Ward cover	Obs med Ward cover
<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>
09.00 Young Adult Diabetes Clinic 16-25 years (MYAHCB)	09.00 Obs Med clinic (Antenatal clinic – 7 <sup>th</sup> floor MMH)	08.30 Obs Med clinic (Antenatal clinic – 7 <sup>th</sup> floor MMH)	08.30 Obs Med Clinic (Antenatal clinic – 7 <sup>th</sup> floor, MMH)	08.30 Obs Med Clinic (Antenatal clinic – 7 <sup>th</sup> floor MMH)
<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>
13.00– 13.45 Grand Rounds (Level 3, MHB)	12.30 – 13.30 Obs Med Meeting (Meeting room level 7, MMH)	12.30 – 13.30 Teaching Meeting	12.30 – 13.30 Adult Clinic Meeting	12.30 young adult/adult ISS (QDEC)
14.00 – 15.00 Young Adult Meeting (QDEC)	14.00 Adult Endocrine Clinic (QDEC)	Wards		<b>HALF DAY OFF</b>

### METABOLIC REGISTRAR (STP #1158) – Reg 3

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Ward cover Metabolic inpatients	Ward cover Metabolic inpatients	Ward cover Metabolic inpatients	Ward cover Metabolic inpatients	Ward cover Metabolic inpatients
<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>
Week 1 & 3 09.30 Obs Med Clinic (Antenatal Clinic - 7 <sup>th</sup> floor, MMH)	08.00 – 08.30 Journal Club (QDEC)	08.30 – 09.00 Metabolic Meeting (QDEC)	08.00 – 09.00 Metabolic Unit Presentation	08.00 Adult Diabetes Clinic (WEEKS 2 & 4)
Week 2 & 4 Young Adult Diabetes Clinic 16-25 years (MYAHCB)	8.30 – 12.30 Ward cover / ATSICHS Clinic (ATSICHS clinic first half of year)	Week 1 & 3: Metabolic Clinic (QDEC)	09.00 Adult Diabetes Clinic (QDEC)	09.00 High Risk Foot Clinic (wks 1 & 3) (QDEC)
	<b>PM</b>	<b>PM</b>	<b>PM</b>	
	12.30 – 13.30 Obs Med Meeting (When on wards)	12.30 – 13.30 Teaching Meeting (QDEC)	12.30 -13.30 Adult Clinic Meeting (QDEC)	Young Adult ISS (QDEC)
13.00– 13.45 Grand Rounds (Level 3, MHB)	13.30-14.00 Young Adult/ADULT ISS (QDEC)	13.30 HOT Diabetes Clinic (QDEC) Shared List	Insulin Stabilisation Service (QDEC)  <b>HALF DAY OFF (alternate each fortnight) WITH REG 2</b>  *Thurs half day Weeks 1 & 3	12-1pm High Risk foot Service Meeting (monthly)  <b>HALF DAY OFF (alternate each fortnight) WITH REG 2</b>  *Fri half day Weeks 2 & 4

STP Registrar - Inala community health and rural outreach – dates to be advised



## ENDOCRINE / INFECTIOUS DISEASE RESIDENT

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>
08.00 Endocrinology Ward Round  Catch up with ID Registrar after rounds  Booked day procedures	08.00 – 08.30 Journal Club (QDEC)  08.30 Endocrinology Ward Round  10.00 Infectious Disease Ward Round  Booked day procedures	08.00 Endocrinology Ward Round  DTU catch up with ID Registrar when free  Booked day procedures	08.15 – 09.30 Journal Club/ID Meeting  09.30 Infectious Disease Ward Round  If Endo Registrar is at Pituitary meeting, resident to see Endocrine patients before catching up with ID  Booked day procedures	08:00 Endocrinology Ward Round  Catch up with ID Registrar after rounds
<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>
13.30 Infectious Disease Clinic  Ward work	13.30 Adult Endocrine Clinic (QDEC)  Ward work	12.30 – 13.30 Teaching Meeting (QDEC)  13.30 Infectious Disease Clinic  Ward work	12.30 – 13.30 Adult Clinic Meeting (QDEC)  13.30 Adult Endocrine Clinic (QDEC)  Ward work	Ward work

## EDUCATION AND TRAINING OPPORTUNITIES

### PITUITARY MEETING

The pituitary meetings are held at the PA Hospital between 8.30am – 10.30am ROOM 1.2A.1 (Thursdays). Registrars will take turns attending the Pituitary meeting – two each month. The other will remain at Mater and do the Obstetric Medicine Clinic.

**Meetings will be a Hybrid model of TEAMS and F2F until further notice.**

## UNIT LEARNING OPPORTUNITIES

Teaching on the ward takes place on usual ward rounds. Grand rounds, hospital registrar and resident teaching should be prioritised unless clinical priorities/duties preclude attendance.

Dr Jared Eisemann is the Director of Physician Training for BTs and Dr O'Moore-Sullivan is the Director of Advanced Training. If you encounter any issues with either of your supervisors please discuss with your alternate supervisor about the best way forward

Consider the BMD training course and enrol early

Registrars are responsible for leading the Wednesday teaching meeting. Usually case presentation with power point is required. Invitation can be extended to others to present including chemical pathology, diabetes educators, other. Registrars are also on the roster to present at Journal club on a Tuesday Morning.

## CLINIC DICTATION INSTRUCTION

Please keep dictations up to date. QDEC uses the **OzeScribe system** which you will be provided with information on. This is an electronic letter system. Letters must be signed off as soon as possible. The expectation is that letters are signed off within 5 days of the clinic. You may also be asked to sign off letters for medical staff who are on leave – you will be notified by email requesting you to sign off the letters.

Always remember that the letters that you write or dictate may be passed on to a third party so make sure that your letters are respectful and something that you would be happy for the patient to read. Letters should be structured in a way to make them easy for the GP to read and also be seen as an opportunity to educate

A report is sent weekly to the Directors of the Department highlighting any letters that have not been signed off over the previous week. You may be requested to sign off letters on behalf of a consultant in the team.

## OPERATIONAL MATTERS

### LEAVE, TIMESHEET, ROSTER AND KRONOS

All communications regarding applications for leave should be sent to the Chief Medical Registrar and copied to the Directors of Endocrinology and Obstetric Medicine, and their administrative officers so that clinics can be appropriately adjusted. Paperwork for leave approval of all types should be submitted as soon as possible (at the start of the year).

**Please be aware that only one registrar can be on leave at a time. Leave will not be approved for 2 registrars at the same time. Negotiation between the registrars will be required when coordinating attendance to conferences, ensuring these are evenly distributed.**

If you are going offsite or leaving early can you also please let us know.

**Kronos** is the system used to record attendance and leave etc.

Your pay is approved by your line manager and Chief Med Registrar on the Monday following the end of the previous pay cycle. It is essential to have entered any changes to your hours into Kronos by 10.00am that Monday. You must enter all your own overtime (with explanations) and your own sick leave. Please self-authorise your time sheet once it is complete so that the Director knows it is ready to be signed off on the following day.

There is a 12-week roster for Registrars. Regular rostered hours are from 8:00 – 16:30 with a half hour lunch break. As part of your 76-hour week you are entitled to a ½ day off on the weeks you are rostered to work on a Saturday.

Key things to remember:

- ALL Medical staff will be required to complete their timesheets accurately.
- ANY UNROSTERED OVERTIME will need to be authorised prior to the Kronos timecard close off and approved by the relevant Consultant on each occasion.
- In accordance with the RMO Award Section 4.3, payment of unrostered overtime will NOT occur unless it has been approved and a comment added to the doctor's timecard.
- When claiming overtime, you need to document the UR number associated with the overtime.
- If you need help managing tasks, speak to the team early; do not wait until your shift ends to speak up.
- The weekend roster can be determined by negotiation between the registrars but the forward roster needs to be advised to the Directors and their secretaries well in advance for approval and to be forwarded to the switch board. It is the responsibility of the Core registrar to ensure that this is done.

## LOCAL RULES FOR MEDICAL ROSTERS

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### Roster Management Centre

The Roster Management Centre (**RMC**) has been created to support the organisation with rostering and timecard management. The following rules relating to the Medical stream have been developed by the Medical Directors, in order to align the various processes relating to timecards and rosters.

### Overview

In accordance with the Pragmatic Steps document:

- All overtime needs to be approved by the Manager/Director before being worked.
- All shift swaps and schedule changes need to be approved by the Manager/Director before being worked and then communicated to the RMC.
- If a Medical Officer works during a planned RDO or ADO, alternative days off need to be accommodated within that pay cycle.
- To ensure accuracy of your pay please ensure you have made timecard adjustments within 24 hours of time worked. Timecards should be checked and finalised **by the end of your shift each Friday**.
- Medical Officers are to have their timecard finished and approved **by 12pm on the Monday of pay close week**. The RMC and Managers/Directors will then finalise reviews and final approvals.

## Changes to rosters

All roster changes, both pre-planned and emergent (e.g. sick leave, shift swaps etc.), are to be approved/acknowledged by the Manager/Director and communicated by the Medical Officer to the RMC on [rmc@mater.org.au](mailto:rmc@mater.org.au), cc'ing the Manager/Director.

## Overtime

Shifts are rostered to maximise patient coverage in alignment with the available workforce.

Any requests for shift start and/or finish times to be extended **must** be approved by the Manager/Director, before the overtime is done.

The Medical Officer is responsible for updating their timecard with the new start/finish time and adding appropriate comments, as per the document issued by the Medical Directors: **Pragmatic Steps for Kronos and Timecards – Medical.**

As per the SMO and RMO Enterprise Bargaining Agreements, overtime is paid when a Medical Officer works over 10hrs in a day and/or 38hrs (RMO) and 40hrs (SMO) in a week.

Pre-approval must be gained for the following work comment-types occurring outside of rostered hours:

- Admissions
- Ward rounds

Please note: unless the timecard comments are relevant to the overtime worked, the work has been approved by the Manager/Director in advance and their name is included, payment of overtime will be at the discretion of the Manager/Director. All instances of overtime and recall are reviewed by the relevant Manager/Director in conjunction with the RMC, prior to pay close approval.

For employees who are required and are essential contributors to patient care, who need to stay for the following work comment-types occurring outside of rostered hours, pre-approval will be assumed:

- Clinic
- Theatre
- Medically unstable
- Recall

In these cases, where comments describing the situation and including UR numbers are documented in the timecard, Manager/Director approval will be taken as given.

## Ward Rounds

Managers/Directors will assess all compulsory and optional meetings e.g. MDT, general workloads and ward rounds; and rework rosters to accommodate these meetings into ordinary hours. As above, minor adjustments to shifts can be made to accommodate these events, but the emphasis is on attending these meetings during ordinary hours and that they will not be paid as overtime.

Those Medical Officers who are required to attend late afternoon ward rounds will be rostered to be present, with any additional employees on the ward round to be approved by the relevant Manager/Director. Only one registrar from the team is expected for the late afternoon ward round.

## Education and non-clinical time

Managers/Directors will determine what medical training and education is considered compulsory or elective and roster accordingly. The Manager/Director will ensure that education is encouraged, minor adjustments to shifts are supported and the approvals of any changes are documented. All compulsory medical training and education should be done during ordinary hours, while ensuring that patient care remains the highest priority.

### **Private work**

Medical Officers cannot claim payment for time worked during private and intermediate lists at any other Public or Private hospital. If a Medical Officer has been approved to work elsewhere, their hours at the Mater must be worked at another time during the pay period, without incurring overtime. Please inform the RMC as soon as possible if your hours at the Mater are to be worked elsewhere, so that your timecard and schedule can be adjusted accordingly.

### **Requesting leave**

All leave requests should be submitted and approved through Kronos a minimum of 6 weeks prior to the leave being taken. All Directors and Managers are required to regularly review and follow-up on excessive leave balances (ARL, ADO) within their teams. It is a combined effort for Medical Officers and their Manager/Director to ensure these balances are maintained within reasonable levels and in accordance with relevant Enterprise Bargaining Agreements.

### **Taking breaks**

As a workplace health and safety requirement, Medical Officers are expected to make a reasonable effort to access breaks. If a Medical Officer is unable to access a meal break during a shift, they must notify their Manager/Director and get their approval prior to working through their break. The paid break request and approval must be documented by the Medical Officer in their timecard, in order to be paid.

### **Managing fatigue**

Fatigue management is critical to safe work practices and staff well-being. Leaders in the Medical stream are united in efforts to remove avoidable fatigue. Where a Medical Officer is required to work beyond ordinary hours, it is expected that a risk assessment will be undertaken at the local departmental level and, if the Medical Officer is rostered to work the next day that they be given a later start time to ensure the Medical officer has a **10 hour break**. Paid fatigue leave will be entered in the timecard by the RMC, to ensure no loss of pay for the Medical Officer's ordinary working time, during such absences. It is assumed the ten hour break will occur but each occasion should be flagged to Director/Manager or on-call Consultant prior to recommencing duty.

As per the EA RMO clause 11.3.1, if a Medical Officer has been recalled and they return to work for more than 2hrs (including travel time), or if, on the instructions of the relevant Manager/Director, they resume or continue work without having had a ten hour break, the Medical Officer will be paid a fatigue penalty rate until released from duty and will then be entitled to fatigue leave until a 10-hour break has occurred. All such instances must be approved by the Manger/Director prior to returning to work and documented in the timecard, for Manager/Director approval.

## HOW TO USE THE KRONOS APP

Please follow the link for a step-by-step guide for how to use the Kronos mobile app:

[How to use the Mobile App](#)

## HANDOVER

At the completion of your shift, it is imperative that you 'handover' patients to after-hours medical staff.

Handover includes: patients who require review of investigations after hours; any patient with the potential to deteriorate and require higher level of care; or any patient who requires further medical review before usual working hours resume.

Handover is critical to ensuring patient safety and streamlining work practices/workloads.

## END OF YEAR HANDOVER

It is the responsibility of the incoming registrar to meet with the outgoing registrar, to discuss clinical handover of patients and ward specific information. Clinical handover at the Mater is completed using the mnemonic "**SHARED**" (**S**ituation / **H**istory / **A**ssessment / **R**isk (**R**esponse) / **E**xpectations / **D**ocumentation). While not prescriptive, the **SHARED** mnemonic serves as a useful tool around which to shape your handover.

## ASSESSMENT AND FEEDBACK

### ASSESSMENT

It is the responsibility of the RMOs to seek a mid-term and end-of-term assessment with their term supervisor. If you're experiencing difficulty with any aspect of the term, clinical or otherwise, please contact the term supervisor and/or medical education, early. The MEU will send out a reminder email with instructions to all RMOs one week prior to all due dates. The assessment form can be accessed at any time from the Medical Education Unit website via ZENworks or <http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/>

There is also an optional self-assessment section located at the beginning of the assessment form, which you are encouraged to complete and discuss with your supervisor. However, if you wish to complete this separately you can complete the RMO form Self-Assessment Form which is located on the Medical Education Unit Website under 'Assessment Forms'.

### FEEDBACK

Your clinical supervisor/s will provide regular written feedback regarding your progress via your assessment forms, and verbal feedback on a daily basis. If you have concerns or would like more regular feedback, speak to your supervisor in the first instance and the MEU if required. At the end of your rotation, you are required to complete the end-of-term unit evaluation survey and provide valuable feedback on your supervision.

For more information regarding assessment and feedback, please refer to the MEU RMO Orientation Handbook.