



SPECIFICATION OF MEDICAL SERVICES PROVIDED BY RETAINED MEDICAL OFFICER (RMO)

This specification should be read in conjunction with the Contract for Service.

1. The contract is for 24 hours medical cover arranged by the Practice.
2. The contract provides for total weekly hours - the timing of attendance will be agreed from time-to-time by and can be changed by agreement with the lead consultant to meet patient needs.
3. Contracted attendance times will normally include participation in a ward round at least once per week.
4. The practice will be responsible for suitable cover for medical care of the patients out of hours. Cover will be normally provided by members of the practice or authorised co-operative in a rota system. The duty consultant, or nominee, on call at night may be contacted by dialling the (hospital) on: (telephone) and obtaining the on call consultant's contact number.

Each visit will be documented by the medical practitioner in the medical notes. If hospital admission (or admission to an acute ward) of patient is indicated on clinical grounds, the doctor providing day to day care, a partner or doctor nominated by the Practice will liaise with the duty team at the (hospital), and arrange for admission under the relevant clinical team. The referring doctor will also inform the named Consultant at an appropriate time.

5. Medication prescribed over the telephone will normally be entered in writing in the appropriate record by the authorising doctor within 24 hours of the verbal advice.
6. The RMO will be professionally and clinically accountable to the named consultant in the absence of the named consultant, information and advice can be sought from the consultant's clinical team.
7. On admission, the RMO will write in the clinical notes a summary of the clinical problems and reasons for admission. The RMO will record all subsequent clinical interventions in the patient's notes.



8. The RMO will prescribe medication on Trust record sheets both on transfer from other wards and during the remainder of the patient's stay.
9. The RMO will follow the discharge procedure of the department. This will involve:
 - i) Organising and prescribing discharge medication.
 - ii) Completing discharge documentation.
 - iii) Completing death certificates.
10. The service will normally be provided by a nominated practice doctor(s). Every effort will be made to provide consistency and avoid dislocation through changes in personnel. Where other doctors are involved in the care, they will be responsible for ensuring relevant information relating to the patients condition is communicated to the nominated doctor.
11. Practice Doctors are encouraged to participate in education and audit activities of the department and to contribute to the identification of their educational needs.