

Run Description

POSITION:	Registrar
DEPARTMENT:	Obstetrics & Gynaecology
RESPONSIBLE TO:	General Manager, Kidz First & Women's Health, and the Clinical Director Women's Health through O&G Senior Medical Officers (SMOs) under supervision
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the O&G SMOs
RUN RECOGNITION:	This attachment is recognised as a training position for the specialist qualification FRANZCOG for those with enrolled in the RANZCOG training programme.
RUN PERIOD:	6 Months

Section 1: Registrar's Responsibilities

Area	Responsibilities
General	<p>Clinical Duties:</p> <ul style="list-style-type: none"> The Registrar in conjunction with the SMOs will supervise the work of House Officers, including history taking, examinations and ordering investigations. The Registrar will be available to attend SMO ward rounds (unless detained by a clinical emergency) as per their roster. The Registrar will attend the sessions detailed in the timetable distributed on a weekly basis by the women's health roster unless redirected to other sessions by the Service Manager, Senior Rostering Registrar or Clinical Director, or their representative. The Registrar will attend timetabled outpatient clinics on time and will endeavour to see outpatients at their scheduled appointment times. Outpatients not previously seen, or who are to be discharged, or to be placed on a theatre list will be discussed with the clinic SMO and any other cases the Registrar requires senior input with (In registrar only clinics they should use the "acute" SMO of the day). When rostered to acute work, GP calls are usually managed by the SMO on acute duty. If they are unavailable, or at night, the Registrar may answer calls by GP's about patients and should arrange to assess them if necessary and alternatively provide a management plan. When rostered to acute work, the Registrar will attend Delivery Suite handover ward rounds at 0800 and 2200 hours (20.00 Saturday and Sunday), or at any other time the Registrar rostered to acute work changes. Patients in Delivery Suite under hospital care will be reviewed at least 4 hourly, or more often as indicated, (this can be by formal clinical review or by discussion with the Charge Midwife if midwifery patient). Patients deemed to be low risk by the charge midwife do not need to be seen.

	<ul style="list-style-type: none"> • The Registrar rostered to acute work must always consult with a senior registrar or SMO if any concerns and remain in contact with their supervisors throughout the duty. • RANZCOG trainees have a compulsory research project to complete and are encourage to identify their topic in the first 6 months of their training. This should be given priority over an audit project. The Research Coordinator must be informed of the topic and will help guide through the CMDHB requirements. Clinical supervision by a named SMO is required and financial approval of the General Manager, Kidz First & Women’s Health. Registrars who have completed their research project, or are non-training registrars, are encouraged to participate in audit activities as discussed with the Research Co-ordinator.
Administration	<ul style="list-style-type: none"> • Notes written in patient charts will be dated, timed and legible and clearly signed with an identifiable signature. Preferable to use personal stamp with signature. • House Officers usually complete discharge summaries for gynaecological patients. The discharging registrar should ensure there is a clear understanding of the important issues along with the management. • When antenatal patients are discharged a discharge summary should be completed along with appropriate communication with the LMC. Complicated and re-admitted post-natal patients should also receive a discharge summary. • RMOs are expected to familiarise themselves with all patient record systems used for their patient group in the DHB. In Maternity this includes Badgernet (however systems may change in future), and to document all information within the system for patients registered in Badgernet (or in future replacement systems). This will include clinic letters, admission notes, discharge summaries and intrapartum care and procedures • Histology results need to be sighted and clearly, identifiably electronically signed and accepted by a Registrar, or SMO only. If the Registrar has any uncertainties about the result they should discuss with the relevant senior registrar or SMO. Some SMOs request that their histology results are accepted only by them and this will be clearly communicated with the registrar. The registrar is responsible for following up all histology results of specimens that they have sent for analysis. • Letters will be written to the patient's GP after each Gynaecology and first antenatal outpatient visit and signed off within 7 days of receiving the typed letter. The results of all investigations will be reviewed and cleared electronically in a timely manner, within 7 days. This should be delegated to a named registrar/ SMO if leave is planned and this will not be possible • The Registrar is responsible for the completion of death certificates for patients who have been under their care, although this duty may be delegated to a House Officer. • The Registrar is responsible for completing the Final Diagnosis Sheet on discharged patients within two weeks.

Section 2: Training and Education

<i>Details</i>
<p>Through example and supervision, the Registrar will actively contribute to the education of House Officers.</p> <p>The Registrar will be required to teach other health care workers and medical students.</p> <p>There are weekly clinical meetings, in addition to teaching on Consultant ward rounds and in Theatre and Delivery Suite. There is also weekly registrar teaching organised by a designated senior registrar. The Registrar is expected to attend these meetings when available and not rostered to clinical duties.</p>

Section 3: Roster

Roster

There are 14 Registrars employed on the O&G roster with 2 Registrars rostered each day to work long days, weekend and night duties.

There is a consistent workload Monday to Friday (ordinary hours) for 9 Registrars and daily staffing numbers will be maintained at this level. Remuneration will be as follows:

- 12 FTE will be remunerated as per the salary category in section 6 of the run description
- 2 FTE will be remunerated as a relief run category which will be shared amongst the 14 Registrars contributing to the roster

The ordinary hours of work will be 8-hours per day between 08.00 and 16.00 Monday to Friday. Three Registrars are timetabled on acute call daily, one covering gynaecology and the other obstetrics. There is also a registrar rostered to the maternity ward and one on the assessment part of "Birthing and Assessment". The after-hours roster is shared equally, based on 1:7 with two registrars on duty, one junior and one more senior (second year and above). Both Obstetrics and Gynaecology are covered. This includes weekday evenings, long day weekends and night duties in a 3:4 split of nights.

There are 4 leave relieving Registrars to provide cover for the Registrar and Fellow rosters.

A SMO is always on-site and be available for consultation on clinical problems. There is a rostered gynaecology SMO and a separate obstetric SMO on site weekdays 08.00-17.00. After hours, there is an SMO on site at all times. Shift changes are at 08.00, 1700 & 2200 hrs weekdays and 08.00 and 20.00 at weekends (Sat and Sun).

Hours of Work:

Weekdays

Ordinary Hours	0800 – 1600
Long Day	0800 – 2230
Nights (Mon – Fri)	2200 – 0800

Weekends

Long Day Saturday	0800 – 2030
Nights Saturday	2000 – 0800
Long Day Sunday	0800 – 2230
Nights Sunday	2200 – 0800

Nights are divided with a 3:4 split.

Leave:

In general, no more than 3 weeks of leave should be taken in any 6 month run. Three Registrars/Fellows can take leave at one time providing the leave relievers are available to work within their contract. This will require approval from the RMO Support roster co-ordinator. Additional leave may be approved in exceptional circumstances as approved by the General Manager, Kidz First & Women's Health. It is advisable to make leave requests as early in the run as possible to assist with rostering and approval of leave.

Section 4: Cover

Other Resident and Specialist Cover

The Department employs 4 relievers to provide cover for absences from work on planned leave. Leave cover is arranged on a "first come first served" basis and applications for leave should be submitted as early as possible to provide the reliever reasonable notice of his/her roster. Cover for leave will be negotiated prior to leave being approved. Sick absence is covered within the Department or through the reliever if available.

Section 5: Performance appraisal

Performance

Performance will be assessed by the Registrar's Training Supervisor approved and trained by RANZCOG. RANZCOG criteria and RANZCOG documentation for those RANZCOG trainees, and through the NRA format for non-RANZCOG trainees (the CD will appoint a training supervisor for these registrars). Performance will be discussed and documented at formal review meetings held at 3 months and 6 months. If deficiencies are identified during the attachment, the training supervisor will bring these to the Registrar's attention, and together they will set objectives to be achieved.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	
Rostered additional hours (inc. nights, weekends & long days)	18.79	
All other unrostered hours	3.83	
Total hours per week	62.62	

Salary: The salary for this attachment will be as detailed as a **B** Run Category.