

RUN DESCRIPTION

POSITION:	Registrar, Medical and Cardiology Relief
DEPARTMENT:	General Medicine, Cardiology and Medical Specialties
PLACE OF WORK:	Auckland City Hospital and Greenlane Clinical Centre
RESPONSIBLE TO:	Clinical Director and Business Manager of General Medicine, through a nominated Consultant.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of Medical services. To provide leave/night relief cover for Registrars in Medical services
RUN RECOGNITION:	The run can be accredited by the RACP for the training of basic medical trainees.
RUN PERIOD:	4 or 6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> • Work closely with the team, provide supervision and share responsibilities where and when appropriate. • Assist with the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Consultant also organise relevant investigations, ensure the results are followed up, sighted and electronically signed; • Responsible for patient referrals and day to day ward management of patients under their team's care, in consultation with others involved in the care of the patient where appropriate; • Maintain a high standard of communication with patients, patients' families and staff; • Inform Consultant of the status of patients especially if there is an unexpected event; • Attend hand-over, team and departmental meetings as required. • Assist with teaching of other team members including students and other healthcare professionals
Admitting	<ul style="list-style-type: none"> • Review and manage all referred patients to the Medical Services

Area	Responsibilities
	<ul style="list-style-type: none"> • Advise to and liaise with GP's and other hospital medical staff on medical matters; • Be part of the acute cardiac resuscitation team • Authorise patients to be transferred to and be seen by a Medical Subspecialty Service when appropriate
Inpatients	<ul style="list-style-type: none"> • When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the service is responsible on a frequency agreed with the clinical director; • Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary. • Ensure weekend plans for patient's management are documented in the notes; • When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review; • Complete documentation on Friday prior to known or likely weekend discharges.
Outpatients	<ul style="list-style-type: none"> • Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate • Communicate with referring person following patient attendance at clinics; • Arrange and perform outpatients investigations
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • With the Registrar, be responsible for certifying death and complete appropriate documentation; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the service • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 1. <i>"The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed."</i> 2. <i>"Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so."</i>

Section 2: Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
	All Other times available for ward/admitting/rostered duties				
a.m.	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover 0830 – 0915 Dept of Medicine Training
p.m.			1300 – 1700 Medical Registrar Part 1 Teaching June – March	1200 – 1300 Grand round	1230 – 1315 Journal Club 15.30 Weekend Handover
<ul style="list-style-type: none"> • Radiology conference (1hr) / ward teaching (1hr) and clinics (3 hrs) will vary by Medical Team • Monthly QA Meetings –Fridays 08.30-09.30 					

NB times for Grand Round and other teaching are subject to change

Section 3: Roster

<i>Details</i>
<p><i>The Registrar will be required to:</i></p> <p>Provide cover for Registrars in the Cardiology Service and as instructed by the RMO Support Unit may be required to cover for General Medicine and Medical Specialties Services.</p> <p>Assist in providing cover for the “day” absence of a Registrar required for night duty.</p> <ul style="list-style-type: none"> • 14 days notice will be given of any planned cover, including any after hours, weekend or night duties. • Assist in Short Notice Relief if required. • If not booked to cover planned leave or short notice relief, be available to cover unexpected absence between the hours of 0800-1600. • The number of Registrars on any roster will vary depending on the department or service assigned to. • The number of House Officers will vary depending on the department or service assigned to.

Section 4: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> • at the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time • after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; 	<p><i>The service will provide,</i></p> <ul style="list-style-type: none"> • an initial meeting between the Consultant and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time. • an interim assessment report on the Registrar two or three months into the run, after discussion between the Registrar and the Consultant responsible for them; • the opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Registrar will bring these to the Registrar's attention, and discuss and implement a plan of action to correct them; • a final assessment report on the Registrar at the end of the run, a copy of which is to be sighted and signed by the Registrar.

Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.0	<ul style="list-style-type: none"> • The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	14.33	
All other unrostered hours	4.07	
Total hours per week	58.40	

Salary The salary for this attachment will be as detailed as a Category **A** run category