RUN DESCRIPTION

POSITION:	Registrar - Respiratory Off Ward Registrar

DEPARTMENT:	Respiratory / General Medicine, Medical Services

PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites

RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.

FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers

PRIMARY OBJECTIVE:	To facilitate the safe and effective management of patients under the care of Department of Medicine (subspecialty Respiratory Medicine)

RUN RECOGNITION:	This run is eligible for recognition as part of an appropriate training program for specialist qualification.

RUN PERIOD:	3 months

Section 1: Registrar's Responsibilities

Area	Responsibilities
Clinical Duties	• The Registrar will maintain a high standard of communication with patients, patients' families and staff. The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients. • The Registrar will attend rostered outpatient clinics, two-three sessions per week, and endeavour to see outpatients at their scheduled appointment times. Outpatients will be discussed with the designated Consultant supervising that clinic. . • The Registrar will attend rostered procedure lists • The Registrar will report lung function tests as rostered and submit reports for Consultant review and feedback in a timely manner • The Registrar will attend regular department meetings • The Registrar will carry the acute Respiratory phone as rostered and will respond to calls in a timely manner. Acute duties will include seeing ward referrals, admitting patients and performing/assisting with pleural procedures, liaising with the designated Consultant where appropriate. Out of hours duties will include a component of General Medicine • Clinical skills, judgement and knowledge are expected to improve during the attachment. • Clinical skills, judgement and knowledge are expected to improve during the attachment.

Area	Responsibilities
	• CMDHB Clinical Board policies are to be followed at all times.
Administration	• Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. All documentation should comply with CMDHB Clinical Board documentation policy.
	• All instructions (including drugs, IV fluids and nursing instructions) will be accurately and legibly recorded and legibly signed.
	• The results of all investigations will be sighted and signed. The responsibility for results relating to inpatients may be shared with the team House Officer. The Registrar will refer results to the Consultant where there is uncertainty about the significance of the result.
	• The Registrar is responsible for the completion of death certificates for patients who have been under their care, although this may be delegated to a House Officer.
	• The Registrar will be expected to participate in audit programmes within Internal Medicine and, in particular, will be responsible for completion of a mortality audit form for each patient dying under his/her care and presenting this to the Consultant.
	• A letter will be written to the patient's GP after each outpatient visit.
	• The Registrar is expected to attend the weekly Medical Division Clinical Meeting as well as Respiratory Department meetings. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties).
	• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:
	1) "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."
	2) "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."
	• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or, if after hours the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty
	• As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly

Section 2: Training and Education

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
a.m.	0800 – Medical Handover	0800 – Medical Handover	0800 – Medical Handover	0800 – Medical Handover	0800 – Medical Handover
p.m.			12.45 Pulmonary Physiology and Sleep Meeting	12.15 – Medical Grand Round or M&M meeting 1300 – Respiratory Radiology meeting 2.30 – Respiratory Academic programme	

Note: dates and times for the sessions above may change.

Education
Through example and supervision the Registrar will actively contribute to the education of House Officers. On occasion, the Registrar may be requested to teach other health care workers and medical students. There will be a minimum of 4 hours of educational sessions per week
Research
A clinical research project may be undertaken during the attachment subject to approval by the Manager, Medical Services and the Clinical Head - Respiratory Medicine. Quality improvement activities, such as clinical audit, are also encouraged.

Section 3: Roster

Roster
1 in 4 weekends (1 x 0800–2200, 1 x 0800–1600)   2 x long days in 4 weeks 0800-2230   - Monday to Friday 0800 – 1600

Section 4: Cover

Other Resident and Specialist Cover
From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care. The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day. A Respiratory Consultant is available 24/7.

Section 5: Performance appraisal

Registrar	Service
The Registrar will; • 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; • Ensure a mid run assessment is completed after discussion between the Registrar and the consultant responsible for them; • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; • Sight and sign the final assessment report provided by the service.	*The service will provide;* • 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 six (6) weeks 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 6: Hours and Salary Category

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40	The Service will be responsible for the preparation of any rosters.
Rostered additional hours (inc. nights, weekends & long days)	8.44	
All other unrostered hours	2.82	
Total hours per week	51.26	

Salary The salary for this attachment will be as detailed in a **D** Run Category.