

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Infectious Diseases
PLACE OF WORK:	Auckland Hospital/ Greenlane Clinical Centre
RESPONSIBLE TO:	Clinical Director and Business Manager of Infectious Diseases through a nominated Consultant
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Infectious Diseases service
RUN RECOGNITION:	This run is recognised by the RACP as a training position for specialist qualification
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

Area	Responsibilities
General	• Manage 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 and 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;
	 Work closely with medical specialists in provision of assessment and investigations of new patients and follow-ups in outpatient clinics
	Undertake diagnostic and treatment procedures appropriate to the subspecialty
	• Maintain a high standard of communication with patients, patients' families and staff;
	• Inform consultants of the status of patients especially if there is an unexpected event;
	Attend hand-over, team and departmental meetings as required.

Area	Responsibilities
Admitting	Assess and admit Infectious Diseases patients referred by ED or from the community and other medical and medical subspecialty patients when required by the attached roster
On-Call	• Provide advice to and liaise with GP's and other hospital medical staff on Infectious Diseases matters;
	Authorise patients to be transferred to and be seen by the Infectious Diseases service when appropriate
Inpatients	• When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the Infectious Diseases 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	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 outpatient investigations
Administration	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;
	• 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;
	• Dictate discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion;
	• 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.

Section 2: Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	8.30 ID journal club Ward work and consults	Ward rounds Reg 1 and 2	08:15 Weekly HIV meeting Ward work and consults	OPIVA clinic (Reg 1)	08:00 Liver meeting (Reg2) Ward rounds Reg 1 and 2 11.30 Micro plate round (30 mins)
p.m.	Ward work and consults 13:30 Registrar teaching	Ward rounds Reg 1 and 2	13:00 HIV journal club 14:00 X-ray conference 15:00 OPIVA meeting 16:00 ID teaching	12:00 Grand Round Outpatient Clinic (Reg 2)	13:00 Renal meeting (Reg 1) 13:15 Haematology meeting (Reg 2) Ward rounds Reg 1 and 2

Section 3: Training and Education

Nature	Details
Protected Time	The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)
	Orientation at the beginning of the run
	 Speciality training – ID Journal Club, registrar teaching, HIV journal club, ID teaching, Grand Round
The Registrar is exp requested	ected to contribute to the education of nursing, technical staff and medical staff when

Section 4: Cover:

Other Resident and Specialist Cover

There are 2 registrars on the run. The registrars share call duties with the consultants.

Registrars also participate for the 6 months of their run in a medical Subspecialty duty roster. The registrars will be required to work an average of 12 nights during the 6 months of the run.

When registrars are rostered on call off site during the weekend, they are required to attend a ward round from 8am - 12pm on both Saturday and Sunday and then be available on call off site from 12pm - 10pm. The registrars are not entitled to claim a call back payment for the ward round as this is included in the calculation of total rostered hours for the run.

When on duty between 5pm and 11pm on the Subspecialty roster, registrars are responsible to their own service but also support the General Medical registrar in the Admission and Planning Unit and also cover Older Peoples Health from 7pm.

When on night duty the registrar will be responsible for duties both in the Medical Specialities and General Medicine, these duties will be shared between the Medical Registrars on duty and will involve admissions and ward duties.

Section 5: Performance appraisal

Registrar	Service
The Registrar will:	The service will provide,
• 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	• 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.
• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;	 An interim assessment report on the Registrar three (3) 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 6: Hours and Salary Category

Average Working Hours		Service Commitments	
Basic hours (Mon-Fri)	40	 The Service, together with the RMO Support Unit will be responsible for the preparation of 	
Rostered additional hours (inc. nights, weekends & long days)	9.53	any Rosters.	
All other unrostered hours	2		
Weekend ward round	4.8		
Total hours per week	56.33		

Salary: The salary for this attachment will be as detailed as a Category **C** run category to be confirmed by a run review.