

RUN DESCRIPTION

POSITION:	Registrar – Medical, Emergency Department (ED)/Assessment and Diagnostic Unit(ADU)
DEPARTMENT:	General Medicine, based in ED/ADU
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Clinical Director / Operations Manager, General Medicine & Assigned Team Consultant
FUNCTIONAL RELATIONSHIPS:	<ul style="list-style-type: none"> • 16 Consultant Physicians + 3 reliever Consultants Physicians • 15 Medical Registrars in 15 medical teams. • 13 Specialty Registrars, 2 ED/ADU Registrar, + 5 Rotator Reliever Registrars. • 15 Medical Team house officers, 1 ED/ADU house officer, 4 Rotator Reliever house officers. • Emergency Department consultants/MOSS/Registrars/House Officers
PRIMARY OBJECTIVE:	To facilitate the care of patients in the ED/ADU
RUN RECOGNITION:	That the run is accredited by the RACP for the training of basic Medical Registrar Trainees.
RUN PERIOD:	26 weeks

Section 1: Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties & Work Schedule	<p>Responsible for the clinical assessment, investigation, diagnosis and treatment of patients admitted to the Medical Service under the supervision of the Consultants.</p> <ul style="list-style-type: none"> • To receive general practice enquiries regarding admissions or management issues involving Medical patients. • Be responsible for the assessment of patients in line with the service time frames admitted to the Medical Service under the supervision of the Consultant Physicians. • To facilitate the safe and efficient management of patients in the care of the Medical Service under the supervision of the Consultants. This includes: <ul style="list-style-type: none"> - maintaining timely reviews of patients, particularly post diagnostic tests - documentation of comprehensive management plans • Keep the Consultant informed about acute admissions where the patient is seriously ill or causing significant concern: <ul style="list-style-type: none"> - during normal working hours – Acute & General Physician, ED/ADU or Consultant

Area	Responsibilities
	<p>Physician on call - after hours Consultant Physician on call.</p> <ul style="list-style-type: none"> • Participate in acute and follow up clinics in ADU to facilitate discharge with certainty of follow up. • Participate in the discharge process, particularly communication with the General Practitioners. • Ensure that in the event of a consultation being requested by another Service, the patient is seen and the on call consultant made aware of any problems. • To provide supervision of the medical house officer attached to ECC. • To participate in research projects and clinical audit within the department. • Any other duties that may be required in the interests of the department, such as organising clinics and lunchtime presentations. • Registrars may be requested to present case summaries and topic reviews • Participate in weekend and rostered night call in the acute medical wards as per the attached template roster.
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; • Be responsible for certifying death and complete appropriate documentation; • Participate in research projects and clinical audit within the department at the direction of the Acute and General Medicine Physician based in ED/ADU. This may include operational research in order to enhance the performance of the Service as requested by the Clinical Director. • Dictate discharge summaries on patients that are discharged in ED/ADU 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: <ol style="list-style-type: none"> 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 Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty. • As an RMO working at WDHB you will be provided with a Concerto login and a WDHB 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

<i>Nature</i>	<i>Details</i>
Protected Time	<p>The Registrar will attend weekly (unless attendance is required for an emergency) the:</p> <ul style="list-style-type: none"> • NSH Medical Journal Club Monday 1230 – 1315 • NSH Medical grand Round 1230 – 1330 Tuesday Conference Room 1. • Preparation for the written and clinical FRACP. The teaching is held between 1300 – 1600 on Wednesdays at North Shore Hospital (and occasionally Auckland). Video conference facilitates are available at both North Shore and Waitakere Hospitals and the expectation is that Registrar’s preparing for the FRACP will attend. • To attend other meetings/sessions as directed by the assigned consultant. • Assist where agreed with house officer teaching programmes.
Training and Development of Other Staff	<ul style="list-style-type: none"> • The Registrar will assist/participate as appropriate with ward in-service training programmes and department seminars. • Support the Consultant Physician and work alongside assigned medical students

Section 3: Roster

<i>Hours of Work</i>
<p><u>Summer Roster</u></p> <p>08:00 - 16:30 Monday to Friday 8.5 hours per day: 22:30 - 08:30 Night shifts will occur on Friday/Saturday nights only - approx 3 sets in 26 weeks 13:00 - 23:00 Day shifts Saturday and Sunday - approx 7 sets in 26 weeks</p> <ul style="list-style-type: none"> • The Registrar will not be present during the day on the Friday before starting a night shift. • Non-rostered hours allow for an emergency at the end of the shift. <p><u>Winter Roster</u></p> <p>In Winter 3 subspecialty Registrars will contribute to weekday acute admitting for General Medicine until 2000hrs.</p> <p>08:00 - 16:30 Monday to Friday 8.5 hours per day: 22:30 - 08:30 Night shifts will occur on Friday/Saturday nights only - approx 3 sets in 26 weeks 13:00 - 23:00 Day shifts Saturday and Sunday - approx 7 sets in 26 weeks 08:00 - 20:00 Acute Admitting Monday to Friday</p> <ul style="list-style-type: none"> • The Registrar will not be present during the day on the Friday before starting a night shift. • Non-rostered hours allow for an emergency at the end of the shift.

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>After hours the Registrars will be responsible for patients under the care of the Division of Medicine and Health of Older People Services.</p> <p>Additional out of hours cover is provided by the Medical Specialty and ED/ADU Registrars.</p>

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> • Ensure they arrange a formal meeting with their supervising consultant to assess and discuss their performance at the beginning of the attachment, and again at three and six months. • If deficiencies are identified, the Consultant will identify these with the Registrar who should implement a corrective plan of action under the advice of 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 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. <p>The Director of Basic Physician Training will be available to discuss problems and progress.</p>

Section 6: Hours and Salary Category

Summer Roster Hours (December – June)

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.00	
Rostered additional hours (inc. nights, weekends & long days)	9.97	
All other unrostered hours	4.47	
Total hours per week	54.44	

Salary: The salary for this attachment is estimated to be a Category **D** and will continue to be remunerated at a Category **D** until it can be confirmed by a run review. If the salary review indicates an increase in category, then a back pay will apply to the commencement of the change.

Winter Roster Hours (June – December)

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.00	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)	11.49	
All other unrostered hours	2.25	
Total hours per week	53.74	

Salary: The salary for this attachment will be detailed as a Category D.