



## RUN DESCRIPTION

<b>POSITION:</b>	Registrar
<b>DEPARTMENT:</b>	Ophthalmology
<b>PLACE OF WORK:</b>	Greenlane Clinical Centre/Auckland City Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director and Business Manager of Ophthalmology through a nominated Consultant
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumers, Hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of Ophthalmology
<b>RUN RECOGNITION:</b>	This run is recognised by the RACP and RCPA as a training position for specialist qualification
<b>RUN PERIOD:</b>	6 or 3 months

### Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties</b>	<ul style="list-style-type: none"> <li>• Day to day management of ward and facilitation of communication between Members of multidisciplinary team and GP's.</li> <li>• Assess patients who are referred to the service for admission including taking a history, performing a physical examination and formulating a management plan and discuss with Consultant as appropriate.</li> <li>• See assigned patients on daily basis (Monday to Friday). Attend ward rounds when current knowledge of the progress of all patients under the team's care is expected.</li> <li>• Implement treatment of assigned patients (including ordering and following up of any necessary investigations) under the supervision of the Consultant.</li> <li>• Perform required procedures and seek supervision of consultant where appropriate.</li> <li>• Perform operating lists as required under direct or indirect supervision of Consultant.</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> <li>• Liaise with other staff members, departments and General Practitioners in the management of the patients, ensuring appropriate handover of patients prior to weekends.</li> <li>• When on call, respond to requests by Nursing Staff and other members of Medical Staff to assess and treat inpatients under the care of other teams.</li> <li>• When on call respond to General Practitioner calls, arranging assessment as necessary.</li> <li>• Perform outpatient clinics as required under direct or indirect supervision of Consultant. Outpatients not previously seen by the service or who are to be discharged will be discussed with a Consultant.</li> <li>• Perform Ward consultations as required under supervision of Consultant.</li> <li>• Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> <li>• Maintain a high standard of communication with patients, patients' families and staff;</li> <li>• Inform consultants of the status of patients especially if there is an unexpected event;</li> <li>• Attend hand-over, team and departmental meetings as required.</li> </ul>
<b>Admitting</b>	<ul style="list-style-type: none"> <li>• Assess and admit Ophthalmology patients referred by ED or from the community.</li> </ul>
<b>On-Call</b>	<ul style="list-style-type: none"> <li>• Provide advice to and liaise with GP's and other hospital medical staff on Ophthalmology matters;</li> <li>• Authorise patients to be transferred to and be seen by the Ophthalmology service when appropriate</li> </ul>
<b>Inpatients</b>	<ul style="list-style-type: none"> <li>• When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the team is responsible on a frequency agreed with the clinical director;</li> <li>• Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary.</li> <li>• Ensure weekend plans for patient's management are documented in the notes;</li> <li>• When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review;</li> <li>• Complete documentation on Friday prior to known or likely weekend discharges.</li> </ul>
<b>Outpatients</b>	<ul style="list-style-type: none"> <li>• Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate</li> <li>• Communicate with referring person following patient attendance at clinics;</li> <li>• Arrange and perform outpatient investigations</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Keep adequate and legible records in accordance with the hospital requirements and good medical practice, including dictation of discharge summary as appropriate. Entries to Clinical Record will be made daily on weekdays and whenever management changes are made.</li> <li>• Discharge summaries will be dictated within 48 hours of discharge.</li> <li>• Discharge coding and audit forms will be completed within 2 days of discharge.</li> </ul>

	<ul style="list-style-type: none"> <li>• Communicate with patients and their families about patients' illness and treatment in an appropriate and timely manner.</li> <li>• The Registrar is responsible for referral of patient deaths to the Coroners Office in compliance with Company Policy and medico- legal requirements.</li> <li>• 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.</li> <li>• A letter to the patient's General Practitioner will be dictated after each Outpatient Visit if appropriate.</li> <li>• Results of investigations will be sighted and signed before they are filed in the patient's chart.</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:             <ol style="list-style-type: none"> <li>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></li> <li>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></li> </ol> </li> </ul>
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## Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
<i>Protected Time</i>	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <ul style="list-style-type: none"> <li>• Orientation at the beginning of the run</li> <li>• Other Education sessions TBA</li> </ul> <p><i>Timing of educational sessions is subject to change</i></p>
	<p>Supervise House Officer and Trainee Intern training for his/her team. Perform bedside teaching of medical students as directed by Consultant.</p>

Registrars are encouraged to undertake a research project during the attachment. Initial submission of the project for approval will be to the Clinical Director, Ophthalmology.

### Section 3: Cover:

<i>Other Resident and Specialist Cover</i>
<p>The Registrars participate on a regional Ophthalmology Registrar after hours' roster.</p> <p>(a) The number of registrars working on the roster will be 8.            (b) The number of house surgeons working on the roster will be 3.            (c) Consultants will be available on call from 1600 - 0800 to attend the work place if necessary available by telephone, cell phone or tele page and can attend the hospital within 30 minutes.</p> <p>On call responsibilities will be 1:7 - always with consultant back-up.</p> <p>The ordinary hours of work will be 0800 to 1600 hours Monday to Friday. Additional hours over and above the ordinary hours will be worked as set out in the roster.</p> <p>If the Resident Medical Officer who was to perform any of the above duties is unavailable to perform those duties then the employer will arrange appropriate cover, if rostered outside ordinary hours of work. Relief need not be provided for other duties.</p>

### Section 4: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</li> </ul>	<p><i>The service will provide,</i></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• An interim assessment report on the Registrar three <b>(3)</b> months into the run, after discussion between the Registrar and the Consultant responsible for them;</li> <li>• 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;</li> <li>• 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.</li> </ul>

## Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	Together, The Service with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	8	
All other unrostered hours	4	
Total hours per week	52	

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