

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Infectious Diseases, 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 the Medical Services.
RUN RECOGNITION:	This position is recognised by the RACP as a training position for specialist qualification.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> The Registrars will review inpatient Infectious Diseases referrals when directed. Patients under the care of surgical services and Intensive Care will be seen by the Surgical ID registrar and patients under the care of medical services will be seen by the Medical ID registrar. The Surgical and Medical ID registrars will swap roles at the halfway point in the 6 month attachment to ensure a breadth of training and experience is gained during their attachment. The Registrars will undertake investigation or treatment of patients in the department where appropriate and request assistance from the Consultant on call when required. The Medical ID Registrar is responsible for the day to day medical care of Infectious Diseases inpatients and will undertake a daily round of all these patients. The Registrars are expected to ensure their patients are safely and efficiently handed over and to liaise with the other health professionals in the unit to ensure the required level of coordinated care to the patients is achieved and maintained. The Registrars 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 Registrars will attend rostered outpatient clinics, one session per week and endeavour to see outpatients at their scheduled appointment times. Outpatients

Area	Responsibilities
	<ul style="list-style-type: none"> • not previously seen in the Department, or who are to be discharged, will be discussed with a Consultant Physician. In addition to the outpatient clinics, the Registrar may also be required to attend a Rheumatic Fever Clinic (GENMED64M3R) that runs on the 4th Thursday of every month at Module 3, MSC. • The Registrars will attend and actively participate in other clinical meetings including the OPIVA service weekly review meeting and Infectious Diseases Xray Conference and will provide patient lists to meetings as required • Clinical skills, judgement and knowledge are expected to improve during the attachment. • CMDHB Clinical Board policies are to be followed at all times.
Administration	<ul style="list-style-type: none"> • Where possible, discharge documentation should be completed by the Registrar prior to the patient being discharged. Patients will receive a comprehensive Electronic Discharge Summary (EDS), a prescription, and follow up appointment if required. • The Registrar is responsible for the accuracy of the principal and secondary diagnoses and treatment/management and procedures performed recorded on the EDS. • Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. The opinion of the Consultant will be recorded. All documentation should comply with CMDHB Clinical Board documentation policy. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • A letter will be dictated to the patient's GP after each outpatient visit and signed off electronically within 7 days of being typed. • The results of all investigations will be sighted and signed electronically. 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. • 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. • The Registrar is expected to attend the weekly Medical Division Clinical Meeting, the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings when clinical duties allow. • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul 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, if after hours the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty

Area	Responsibilities
	<ul style="list-style-type: none"> 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

Medical Registrar Roster:

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0800 Registrar Teaching 0830 Regional Journal Club 0930 Travel time (ACH – MMH) 1000 Admin Time 10:30 Haematology meeting 1115 – Plate round, renal round	Consultant Round	0800 Departmental teaching 0900 OPIVA meeting 1000 AMS 1030 AMS round	Clinic	Patient Review time
p.m.	Patient review time	Patient Review Time	1300 Paper round 1330 –x-ray 1600 –ID CME meeting)	12.15 Grand Round 1315 Patient review time	1200 Olate Round, Renal and ICU round Consultant Round

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

Other teaching is available depending on the sub-speciality of interest. Please refer to Southnet for days and times.

Surgical Registrar Roster:

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0800 Registrar teaching 0830 Regional Journal Club 0930 Travel time (ACH-MMH) 1000 Admin time 1115 Plate round, ICU round	Patient review time	0800 Departmental teaching 0900 OPIVA meeting Patient review time	Clinic	Consultant round
p.m.	Patient review time	Consultant Round	1330 x-ray 1430 Paper round 1600 ID CME meeting	1215 Grand round 1315 Patient review time	1200 Plate round, ICU and renal round Patient review time

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

Other teaching is available depending on the sub-speciality of interest. Please refer to Southnet for days and times.

<i>Education</i>
<p>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.</p> <p>There will be a minimum of 4 hours of educational sessions per week which includes specialist Registrar training at Auckland Hospital when clinical duties allow.</p> <p>The registrar will contribute to Infection Services teaching roster, Grand Rounds roster (when required), and regional Infectious Diseases CME meetings</p>
<i>Research</i>
<p>A clinical research project may be undertaken during the attachment subject to approval by the Manager, Medical Services and the Clinical Head - Infectious Diseases. Quality improvement activities, such as clinical audit, are also encouraged.</p>

Section 3: Roster

<i>Roster</i>
<ul style="list-style-type: none">• ID Registrar 1• 4 weekday long days in 4 weeks 0800-2230• 1 in 4 weekends (1x 0800-2230, 1 x 0800-1600)• Monday to Friday 0800-1600• 1 in 12 Weekday Nights 2200 – 0800 Sun - Thurs <p>ID Registrar 2</p> <ul style="list-style-type: none">• 4 weekday long days in 4 weeks 0800-2230• 1 in 4 weekends (1x 0800-2230, 1 x 0800-1600)• Monday to Friday 0800-1600• 1 in 12 Weekend Nights 2200 – 0800 Fri and Sat

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>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.</p>

Section 5: 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; • 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. 	<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 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

ID Registrar 1

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40</p> <p>Rostered additional hours (inc. nights, weekday long days) 15.3</p> <p>All other unrostered hours TBC</p> <p>Total hours per week 55.3</p>	<p>The Service will be responsible for the preparation of any Rosters.</p>

Salary: The salary for this attachment will be detailed as a Category B (unrostered hours over 8)

ID Registrar 2

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekday long days)	14.0	
All other unrostered hours	TBC	
Total hours per week	54.0	

Salary: The salary for this attachment will be detailed as a Category B (unrostered hours over 8)