

# RUN DESCRIPTION

<b>POSITION:</b>	Registrar
<b>DEPARTMENT:</b>	Endocrinology with Diabetes/ General Medicine, Medical Services
<b>PLACE OF WORK:</b>	Counties Manukau District Health Board including Middlemore Hospital and other related sites.
<b>RESPONSIBLE TO:</b>	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers Hospital and community based health care workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the safe and effective management of patients under the care of the Department of Medicine, Medical Services.
<b>RUN RECOGNITION:</b>	This run is eligible for recognition as part of an appropriate training program for specialist qualification.
<b>RUN PERIOD:</b>	6 months

## Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties</b>	<ul style="list-style-type: none"> <li>• The Registrar is responsible for the day to day medical care of Diabetes inpatients on Ward 33 and will undertake a daily morning round of all these patients.</li> <li>• The Registrar will provide a Diabetes Subspecialty referral service to the Inpatient Service by clinical oversight of the Diabetes Nurse Specialists and offer advice to other Medical Staff. The Registrar is expected to ensure the appropriate liaison occurs between the various health care providers to ensure the required level of co-ordinated care to the patients is achieved and maintained.</li> <li>• The Registrar will attend rostered Diabetes outpatient clinics and will endeavour to see outpatients at their scheduled appointment times. Outpatients not previously seen in the Department, or who are to be discharged, will be discussed with a Consultant Physician when possible.</li> <li>• The Registrar responsibilities for Diabetes outpatient clinics will be: <ul style="list-style-type: none"> <li>– Assessment of patients to optimise glycaemic control and identify diabetic complication risk</li> <li>– Clinical risk factor management</li> <li>– Facilitate co-ordination of other health care professionals involved in overall medical management of patients within the Diabetes Service.</li> <li>– Optimise diabetes management and glycaemic control in diabetes in pregnancy clinics.</li> </ul> </li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>– Facilitate support of Eye Clinic in diabetes management and glycaemic control including risk factor management for patients referred into Diabetes Clinic by Eye Service.</li> <li>• The registrar will be available during outpatient clinic sessions to support the Diabetes Ulcer Clinic as follows: <ul style="list-style-type: none"> <li>– Facilitate admission to hospital process for patients with ulcer requiring admission</li> <li>– Prescribe appropriate medications as required</li> <li>– Undertake specific investigations required to support ulcer clinic - e.g. biopsy</li> <li>– Support multidisciplinary team to optimise Diabetes management and glycaemic control risk factor management.</li> </ul> </li> <li>• Assist with Inpatient Endocrine and Diabetes reviews (shared with the Endocrinology Registrar)</li> <li>• Support inpatient diabetes Nurse Specialists</li> <li>• Review maternity inpatients with diabetes</li> <li>• Cover endocrinology inpatients (shared with the Endocrinology Registrar as either off site at MSC at various times)</li> <li>• Provide GP advice line (mon-Fri office hours)</li> <li>• Provide one diabetes clinics plus two Endocrinology clinic per week and one Diabetes in Pregnancy clinic on average one week in two (in blocks)</li> <li>• 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</li> <li>• The registrar will be expected to participate in the General Medical Roster on nights and to provide back up cover.</li> <li>• Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> <li>• CMDHB Clinical Board policies are to be followed at all times.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed.</li> <li>• 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.</li> <li>• A letter will be dictated to the patient's GP after each outpatient visit.</li> <li>• 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.</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>• The Registrar is expected to attend the weekly Medical Division Clinical Meeting.</li> </ul>

Area	Responsibilities
	<p>There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties).</p> <ul style="list-style-type: none"> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:               <ol style="list-style-type: none"> <li>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.”</li> <li>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.”</li> </ol> </li> <li>• 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</li> <li>• 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</li> </ul>

## Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
am	Inpatient reviews & consults.(Drs Orr-Walker, Dissanayake, Eagleton)	Inpatient reviews & consults.(Drs Orr-Walker, Dissanayake, Eagleton) q4 weekly Endocrinology Surgical MDT meeting	Inpatient reviews & consults.(Drs Orr-Walker, Dissanayake, Eagleton)	Inpatient reviews & consults.(Drs Orr-Walker, Dissanayake, Eagleton)	Inpatient reviews & consults.(Drs Orr-Walker, Dissanayake, Eagleton)
pm	Endocrine clinic (Dr. Eagleton Dr Orr-Walker) (BSC tbc)	Diabetes In Pregnancy clinic (Dr. Eagleton, Dr. Griffiths, Dr Thompson, Panossian)	Team meeting (Diabetes), Endocrinology Journal Club q2 weekly Endocrinology radiology meeting	Diabetes Clinic (space tbc)	Diabetes Clinic (space tbc)

*Please note actual times for OPC are indicative except where noted as discussion with MSC/BSC is required to find space for these to be set up*

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.

### *Education*

Through example and supervision the Registrar will actively contribute to the education of House Officers and general medicine trainees, and will support nursing staff. 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 which includes specialist Registrar training at Auckland Hospital when clinical duties allow.

### *Research*

A clinical research project may be undertaken during the attachment subject to approval by the Manager, Medical Services and the Clinical Head - Diabetes Subspecialty. Quality improvement activities, such as clinical audit, are also encouraged.

## **Section 3: Roster**

### *Roster*

- 4 Weekday long days in 4 weeks 0800-2230
- Working a 1 in 4 weekend frequency which include a mixture of 1x 0800-2230, 1 x 0800-1600
- 1 in 12 Weekend Nights 2200 – 0800 Fri and Sat 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.

## **Section 5: 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>• Ensure a mid run assessment is completed after discussion between the Registrar and the consultant responsible for them;</li><li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</li><li>• Sight and sign the final assessment report provided by the service.</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 six (6) weeks 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 6: Hours and Salary Category**

<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, weekends & long days)	14	
All other unrostered hours	TBC	
Total hours per week	54.0	

**Salary:** The salary for this attachment is estimated to be a Category **C**.