

RUN DESCRIPTION

POSITION:	Registrar – Medical & ADU Services
DEPARTMENT:	Medical & ADU Services
PLACE OF WORK:	Waitakere Hospital
RESPONSIBLE TO:	Clinical Director / Operations Manager, General Medicine & Assigned Team Consultant
FUNCTIONAL RELATIONSHIPS:	Health Care Consumers, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients in the care of the General Medicine service
RUN RECOGNITION:	That the run is accredited by the RACP for the training of basic and medical and advanced trainees.
RUN PERIOD:	6 months

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 Consultant Physicians:</p> <p><u>MEDICAL</u></p> <ul style="list-style-type: none"> • During on call duties, receive general practice enquiries regarding admissions or management issues involving Medical patients. • Be responsible for the assessment of patients to the Medical Service • Facilitate safe and efficient management of patients under the care of Medical Services • Keep the Specialist and team on call informed about acute admissions where appropriate, particularly in the case of seriously ill patients. • Participate in and supervise the discharge process, particularly communication with General Practitioners. • Complete a daily ward round in ordinary hours and when rostered on duty, in order to oversee ongoing investigation and management of inpatients. The team house officer will also participate in these ward rounds • Ensure that in the event of a consultation being requested by another Service, the patient is seen and the on call Specialist made aware of any problems. • Hold outpatient clinics weekly, during ordinary hours. • Supervise House Officers attached to the team • Supervise and assist House Officer as needed in Day Stay unit – prescribing/charting bloods/iron infusions and management of acute clinical situations. <p><u>ADU</u></p> <ul style="list-style-type: none"> • 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"> a) maintaining timely reviews of patients, particularly post diagnostic tests b) 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"> a) during normal working hours – Acute & General Physician, ED/ADU or Consultant Physician on call b) after hours – Consultant Physician on call. • Participate in daily 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 ED/ADU (where applicable). • 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.

<i>Area</i>	<i>Responsibilities</i>
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; • 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: <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 Clinical Portal 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 acute admitting or attendance is required for an emergency) the following education opportunities:</p> <ul style="list-style-type: none"> • Medical Journal Club Monday 0815 - 0830 • Medical grand Round 1230 – 1330 Tuesday Kawakawa Room • 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 facilities are available at both North Shore and Waitakere Hospitals and the expectation is that Registrar's preparing for the FRACP will attend. • Participate in clinical audit within the Department. • To attend other meetings/sessions as directed by the assigned consultant. • Assist where agreed with house officer teaching programmes. • Registrars present case summaries and topic reviews on a regular basis.

Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>After hours the General Medicine & ADU registrars will be responsible for patients under the care of the Division of Medicine and Health of Older Adults Services.</p> <p>Additional out of hours cover are provided by the cardiology registrar and the OAHH registrars.</p> <p>There are 6 relief positions that provide cover for leave, RDOs, recovery days following nights and night duties. Of the 6 positions, 4 will be covered by Registrars rotating through a period of relief. Each Registrar will be allocated to a period of relief up to a maximum of 9 weeks each on a rotating basis during the 6 month rotation. When rostered to relief the Registrar will provide cover for the duties of a Registrar on leave or nights across General Medicine or Medical Specialities.</p> <p>To ensure adequate cover of RDOs, recovery days following nights and night duties, each team has capacity built in to provide cover for these days. In addition to the capacity within the team, there is also an additional 2 FTE to provide cover for RDOs, recovery days following nights and night duties to ensure minimum levels of cover within each team are adhered to.</p>

Section 4: Roster

<i>Hours of Work</i>
<p><u>Ordinary hours of work</u></p> <p>08:00 - 16:00 Monday to Friday (ordinary hours) 22:00 - 08:00 Nights 08:00 - 22:30 Long Day (Monday to Friday) 08:00 - 22:30 Saturday/Sunday Long Day 08:00 -16:00 Saturday/Sunday Short Day</p> <ul style="list-style-type: none"> The Registrar will work 1:4 sets of nights, 1:3 weekends days and no more than 1 long day per week (Monday –Friday) Each Registrar will work approximately 1:4 weeks in ADU; and approximately 3:4 weeks in the in-patient ward. Unrostered hours allow for an emergency at the end of the shift.

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 two or three and four or six months, dependant on the run length. 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;

<i>Registrar</i>	<i>Service</i>
	<ul style="list-style-type: none"> • 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. • The Director of Basic Physician Training will be available to discuss problems and progress.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	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)	17.63	
All other unrostered hours	TBC	
Total hours per week	57.63	

Salary: The Salary for this attachment will be as detailed in a Category B run.

The Rotating Reliever/Reliever Registrar performs the duties of the Registrar they are relieving for, and will be remunerated an A+ category during the period of relief.