

RUN DESCRIPTION

| POSITION: | Registrar | |
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| DEPARTMENT: | Mental Health Services – MHSOP Community Team | |
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| PLACE OF WORK: | ADHB Mental Health units and hospitals (to cover liaison) and the Central Auckland community | |
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| RESPONSIBLE TO: | Director of ADHB Mental Health and Addictions and MHSOP Service Clinical Director and the supervising Psychiatrist for clinical matters. | |
| | The Clinical Team Leader for administrative matters. The Director of Training for training matters.matters. | |
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| FUNCTIONAL RELATIONSHIPS: | ADHB Training Facilitator, Healthcare consumer, Hospital and community based healthcare workers including General Practitioners | |
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| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of the Mental Health Service | |
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| RUNRECOGNITION: | This run is recognised by the RANZCP as a training position for specialist qualification | |
| RUN PERIOD: | 6 months | |

Section 1: Registrar's Responsibilities

| Area | Responsibilities | |
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| General | Manage the assessment and admission of patients referred to the service. This Psychiatric assessment includes relevant assessment of physical health issues. | |
| | Undertake general clinical responsibilities as directed by the supervising Psychiatrist and organise relevant investigations, ensure the results are followed up, sighted and electronically signed; | |
| | Responsible for day to day management of patients, in consultation with others involved in the care of the patient (Multi disciplinary team); | |
| | Develop and implement treatment plans in collaboration with the patient, family or whanau and the referring agency; | |
| | Monitor and review treatment plans in accordance with changes in the clinical condition of patients; | |
| | Undertake diagnostic and treatment procedures appropriate to the service; | |

| Area | Responsibilities | |
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| | Participate in regular reviews of all patients under the care of the clinical team in conjunction with the multidisciplinary team; | |
| | Maintain a high standard of communication with patients, patients' families/whanau and staff; | |
| | Work closely with the team's House Officer (where present), provide supervision and share responsibilities where and when appropriate in conjunction with the supervising Psychiatrist. | |
| | Inform consultants of the status of patients especially if there is an unexpected event; | |
| | Attend hand-over, team and departmental meetings as required. | |
| On-Duty/Call | The Registrar will be rostered on either "A" or "B" evening duty, "N" or "N2" Night duty, on the Auckland Healthcare Mental Health Service roster. | |
| | "A" Long Day The "A" Registrar sees all patients from the North East CMHC's area, whether inpatient (Te Whetu Tawera, Fraser McDonald Unit, Child & Family Unit) or Emergency Department ACH, Liaison services ACH, MHSOP. Any "out of area" patient North or West of ADHB boundary and the Buchanan Rehabilitation Centre. The Registrar is on duty and based at Auckland City Hospital. | |
| | "B" Long Day The "B" Registrar sees all patients from the South West CMHC's area, whether inpatient (Te Whetu Tawera, Fraser McDonald Unit, Child & Family Unit) or Emergency Department ACH, Liaison Services ACH, MHSOP. Any "out of area" patient South of ADHB boundary. The Registrar is on duty and based at Auckland City Hospital. | |
| | "N" From Monday to Thursdays and Friday to Sunday the Registrar rostered on "N" is on duty and based at Auckland City Hospital. | |
| | "N2" On Call From Friday to Friday, the Registrar rostered on "N2" will be available on call off site as a back up to the "N" Registrar and able to attend calls within 1 hour. If they required to work overnight they are entitled to a sleep day 0830-1630 the following day. If they are not required to come into work overnight then the Registrar is required to be at work from 0830-1430. | |
| | Patients presenting of no fixed abode will alternate between Registrars. | |
| | Provide assessment and review of patients presenting to and currently within the services. Discuss functions in relation to the Mental Health Act with the on-call Psychiatrist with the involvement of the Director of Area Mental Health Service if necessary. | |
| | Provide advice to and liaise with GP's and other hospital medical staff on Mental Health Services matters; | |
| | Authorise patients to be transferred to and be seen by to the Mental Health Services service when appropriate; | |
| | Cooperate and support the other Registrar on call by sharing workload when it is uneven and busy; | |
| | Discuss new assessments, admissions and clinical problems with the on-call Psychiatrist or Child Adolescent Psychiatrist for patients at school or under the age of 18 years; | |
| | At weekends and public holidays, provide adequate handover to incoming Registrars in relation to matters arising on call. A daily ward round will be conducted in conjunction with the on-call psychiatrist at Te Whetu Tawera on weekends and public holidays. | |

| Area | Responsibilities | |
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| Inpatients | When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the service is responsible on a frequency agreed with the Service Clinical Director; | |
| | Ensure relevant documents, e.g. discharge summary, medication record and follow-up appointments are given to patient on discharge as necessary. | |
| | Ensure weekend plans for patient's management are documented in the notes; | |
| | When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review; | |
| | Complete documentation on Friday prior to known or likely weekend discharges. | |
| Outpatients | Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate | |
| | Communicate with referring person following patient attendance at clinics | |
| Administration | Maintain a satisfactory standard of documentation in the files of patients, including rationale for assessment and treatment plans and review of those plans. 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 Director of Mental Health and Addictions HSG or ServiceClinical Director, assist with operational research in order to enhance the performance of the Service; | |
| | Write 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: | |
| | "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." | |
| | "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. | |
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Section 2: Training and Education

| Nature | Details | |
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| Protected Time | The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster) | |
| | Orientation at the beginning of the run | |
| | First year Registrars will attend the Registrar teaching programme as scheduled by the Regional Director of Training on Wednesday. | |
| | • Second and third year Registrars will attend the Registrar teaching programme as scheduled by the Regional Director of Training on Thursday. | |
| | • Fourth and subsequent year Registrars will attend the Registrar teaching programme as scheduled by the Regional Training Coordinator on Thursday. | |

| Nature | Details | |
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| | Other service and unit based education sessions will be attended as scheduled, including 12.30 Monday - Grand Round. | |
| | The Registrar will attend at least 1 hour of individual supervision (2 hours if first year trainee) each week with the supervising Psychiatrist, at a time to be arranged with the Psychiatrist. | |
| | The Registrar will attend weekly meetings with the Training Facilitator At least 4 hours of supervision of clinical practice will be provided each week. | |

The Registrar is expected to provide education and/or training for staff of other disciplines in relation to aspects of medical/psychiatric assessment and treatment, within the service setting.

Section 3: Cover

Other Resident and Specialist Cover

- Clinical attachments are to multidisciplinary teams which may include a House Officer, Trainee Intern and medical student(s).
- There are 15 registrars on the roster and 1 Registrar Reliever allocated to the Manawanui Run.
- The after hours (long days, weekends, and nights) are shared at a frequency of 1 in 15 across the Registrars on the roster. The registrars will work one or more period of nights during the run
- The Registrar reliever will be designated by the service from within the Registrars allocated to Mental Health at this DHB.
- The Registrar reliever will work within the Manawanui Service during ordinary hours Monday to Friday (unless on a sleep day, rostered day off or leave). After hours the reliever will be assigned relief duties covering Registrars who are on leave from across the Mental Health Service at this DHB.

Section 4: Performance appraisal

| Registrar | | Service |
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| The Registrar will: | | The service will provide, |
| • | 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 | An initial meeting between the Consultant and Registral to discuss goals and expectations for the run, review and assessment times, and one on one teaching time. |
| • | After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; and with the Training Facilitator as appropriate. | 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. |

Section 5: Hours

Hours

- Ordinary hours of work are normally 40 hours per week (Monday Friday 0830 1630).
- Additional rostered hours are from 1630 2300 weekdays and 0830 to 2300 at weekends and public holidays. There is allowance for handover from 2230 to 2300 hours.
- Night duty is from 2230 to 0830 hours. Night duties are worked in separate periods of threeand four nights.

Section 6: Salary Category

| Average Working Hours | | Service Commitments |
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| Basic hours 40.00 (Mon-Fri) | The Service, together with the RMO Support Unit will be responsible for the preparation of any | |
| Rostered additional hours (inc. nights, weekends & long days) | 13.30 | Rosters. |
| All other unrosteredhours | 2.19 | |
| Total hours per week | 55.49 | |

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