

RUN DESCRIPTION

| POSITION: | Registrar |
|------------------------------|--|
| DEPARTMENT: | Respiratory |
| PLACE OF WORK: | Auckland City Hospital and Greenlane Clinical Centre |
| RESPONSIBLE TO: | Clinical Director and Business Manager of Respiratory, through a nominated Consultant. |
| FUNCTIONAL RELATIONSHIPS: | Healthcare consumer, Hospital and community based healthcare workers |
| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of the Respiratory service, |
| RUN RECOGNITION: | This run is recognised by the Royal Australasian College of Physicians as a training position for advanced training towards specialist qualification |
| RUN PERIOD: | 6 months |

Section 1: Registrar's Responsibilities

| Area | Responsibilities | | | | |
|---------|--|--|--|--|--|
| General | • Work closely with the team's House Officer, provide supervision and share responsibilities where and when appropriate. | | | | |
| | Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Consultant, also organise relevant investigations, ensure the results are followed up, sighted and signed; | | | | |
| | Responsible for patient referrals and day to day ward management of patients under their team's care, in consultation with others involved in the care of the patient where appropriate; | | | | |
| | Work closely with consultants in provision of assessment and investigations of new patients and follow-ups in outpatient clinics | | | | |
| | Undertake diagnostic and treatment procedures appropriate to the subspecialty | | | | |

| Area | Responsibilities | | |
|----------------|---|--|--|
| | Maintain a high standard of communication with patients, patients' families and staff; | | |
| | Inform consultants of the status of patients especially if there is an unexpected event; | | |
| | Attend hand-over, team and departmental meetings as required. | | |
| Admitting | Assess and admit Respiratory patients referred by ED or from the community | | |
| On-Call | Provide advice to and liaise with GP's and other hospital medical staff on Respiratory matters; | | |
| | Assess and admit Respiratory patients referred by ED or from the community | | |
| | Provide an inpatient consultation service and advice in conjunction with the supervising SMO with follow-up or take over care as required | | |
| Inpatients | • | | |
| | Assess, examine and update the management plan of ward patients under the care of your supervising consultants (on a frequency agreed with the clinical director) | | |
| | Communicate and update patients and their whanau regularly and facilitate family meetings when required | | |
| | Present patients to the relevant multi-disciplinary meetings and ensure appropriate referrals and follow-up arrangements are made. | | |
| | Ensure relevant documents, e.g. discharge summary, medication card 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 or being followed up in outpatient clinics and run the clinics under supervision of senior staff | | |
| | Arrange and perform outpatient investigations | | |
| | Communicate with referring person following patient attendance at clinics | | |
| | Present patients to the relevant multi-disciplinary meetings and ensure appropriate referrals and follow-up arrangements are made. | | |
| Administration | Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and cell phone 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; | | |
| | Complete discharge summaries on patients that are discharged by their team (in conjunction with the team house officer) and letters to General Practitioners following outpatient visits in a timely fashion; | | |
| | Accept and / or escalate test results to the relevant SMO in the electronic medical record in an appropriate and timely manner (in conjunction with other team members) | | |

| Area | Responsibilities | |
|------|---|--|
| | Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: | |
| | 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." | |
| | "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. | |

Section 2: Weekly Schedule

Schedules are variable. There are no fixed six-monthly timetables, but the following schedules are indicative of the types of work registrars can expect. Schedules will be changed to suit registrar training requirements and the needs of the service.

Reg 1

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|----------------------|--------------------------------------|---------------|-------------------------|
| TMDM | | Doot coute MD | | |
| Consultant WR | RWR acute admissions | Post acute WR HO WR Ward admin | Consultant WR | Reg WR acute admissions |
| Project | CF clinic | APU | Meetings | Reg Teaching Admin |

Reg 2

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|----------------|------------------|-------------------|-----------------------|
| TMDM | Consultant WR | Post acute WR | TB meeting | Consultant WR |
| RWR | Consultant WIX | Acute admissions | TB clinic (HO WR) | Consultant WK |
| APU | Project | Ward admin | Meetings | Reg Teaching Admin |

Reg 3

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------------------|---------------------|---------------|------------|-----------------------|
| TMDM/APU until 9.30 | OPCC/bronchiectasis | TB assessment | TB meeting | OSA clinic |
| Admin | | clinic | TB clinic | |
| Exercise test supervision COPD clinic | APU | Project | Meetings | Reg teaching Admin |

Reg 4

| Monday | Tuesday | Tuesday Wednesday | | Friday |
|---------------|--------------------------------|-------------------|--------------|-----------------------|
| TMDM | | | | OSA clinic until |
| APU from 9.30 | Sleep reporting | ILD clinic | Bronchoscopy | Physiology reporting |
| RAC | Exercise test supervision OPCC | Project | Meetings | Reg teaching Admin |

Reg 5

| Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------|---------------|---|--------------------|---|
| Transplant WR | Transplant WR | Transplant WR | Transplant WR | Transplant meetings Transplant WR |
| Sleep reporting | Bronchoscopy | PH clinic | APU/pleural clinic | Transplant cover/physiology reporting |
| COPD clinic | Project | Exercise test supervision Transplant clinic | Meetings | Reg teaching |

Section 3: Training and Education

| Nature | Details | | |
|----------------|---|--|--|
| 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 | | |
| | Thursday afternoon journal club and academic sessions | | |
| | Sleep meeting Thursday afternoon | | |
| | Registrar teaching Friday afternoon Timing of educational sessions is subject to change | | |

The Registrar is expected to contribute to the education of nursing, technical and medical staff and medical students when requested.

Section 4: Cover

Other Resident and Specialist Cover

- (a) 5 registrars
- (b) 2 house officers., After hours house officer duties are shared with other subspecialty house officers, so there will always be a house officer on duty.
- (c) Consultant on ACH and/or GLCC site 8am 5pm with a nominated consultant for advice during these hours. On call consultant available after hours by phone and can attend the hospital if required within 60 minutes

When rostered on a Respiratory long day Monday to Friday the Registrar will be on site between the hours of 0800 – 2230.

When rostered on a Respiratory long day Saturday to Sunday the Registrar will be on site between the hours of 0800 –2230.

Registrars also participate for the 6 months of their run in a Medical Subspecialty duty roster. The registrars will be required to work 2 sets of nights, Monday to Thursday and Friday to Sunday 2200-0800, during the 6 months of the run

When on night duty the registrar will be responsible for duties both in the Medical Specialities and General Medicine, these duties will be shared between the Medical Registrars on duty and will involve admissions and ward duties.

Section 5: Performance appraisal

| Registrar | Service |
|---|---|
| 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 Registrar 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; | A mid-run (3 months) and end of run (6 months) meeting between the consultant and registrar with feedback from all members of the team. A final assessment report will be completed, a copy of which is to be sighted and singed by the registrar |
| | 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; |

Section 6: Hours and Salary Category

| Average Working Hours | | Service Commitments |
|---|-------|---|
| Basic hours (Mon-Fri) | 40.00 | The Service, together with the RMO Support The service of the properties of |
| Rostered additional hours (inc. nights & Weekday long days) | 15.90 | Unit will be responsible for the preparation of any Rosters. |
| All other unrostered hours To be confirmed by a run review | TBC | |
| Total hours per week | 55.90 | |

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

Total hours fall below the middle of the salary band therefore run will be remunerated as a C Category until the unrostered hours can be confirmed by a run review.