

## RUN DESCRIPTION

<b>POSITION:</b>	Registrar
<b>DEPARTMENT:</b>	Diabetes
<b>PLACE OF WORK:</b>	Diabetes Centre, Greenlane Clinical Centre and Auckland City Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director and Administrative Manager, Diabetes Centre
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumers, Community and hospital based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of the Diabetes service
<b>RUN RECOGNITION:</b>	This run is recognised by the RACP as a training position for specialist qualification
<b>RUN PERIOD:</b>	6 months

### Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"> <li>Understand the philosophy and objectives of the Diabetes Centre and set goals for practice within this framework.</li> <li>Work closely with medical specialists and other members of the multidisciplinary team in provision of assessment and investigations of new patients and follow-ups in outpatient clinics</li> <li>Undertake diagnostic and treatment procedures appropriate to the subspecialty</li> <li>Maintain a high standard of communication with patients, patients' families and staff;</li> <li>Work in a manner that demonstrates cultural sensitivity and understanding of Maori health goals and the principles of the Treaty of Waitangi</li> <li>Inform consultants of the status of patients especially if there is an unexpected event;</li> <li>Attend, team and departmental meetings as required.</li> <li>Undertake teaching and educational activities for students, other HCPs</li> </ul>
<b>Admitting</b>	<ul style="list-style-type: none"> <li>Assess and admit Diabetes patients referred by ED or from the community and other medical and medical subspecialty patients when required by the attached roster</li> </ul>
<b>On-Call</b>	<ul style="list-style-type: none"> <li>Provide advice to and liaise with GPs and other hospital medical staff on Diabetes matters;</li> <li>To visit inpatients at Auckland Hospital at the request of diabetes inpatient nurses or</li> </ul>

Area	Responsibilities
	<p>of other hospital medical staff to advise on Diabetes management;</p> <ul style="list-style-type: none"> <li>• Authorise patients to be transferred to and be seen by the Diabetes service when appropriate</li> </ul>
<b>Inpatients</b>	<ul style="list-style-type: none"> <li>• Provide initial and continuing opinions on inpatients referred to the diabetes service</li> <li>• Consult senior physicians where necessary</li> </ul>
<b>Outpatients</b>	<ul style="list-style-type: none"> <li>• Assess and manage patients referred to the Diabetes Service and run the clinics on behalf of senior staff where appropriate, including satellite clinics</li> <li>• Arrange and perform outpatient investigations</li> <li>• Communicate with referring person following patient attendance at clinics;</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files/computer records of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded;</li> <li>• At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</li> <li>• Dictate letters to General Practitioners following outpatient visits in a timely fashion;</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul style="list-style-type: none"> <li>1. <i>“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.”</i></li> <li>2. <i>“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.</i></li> </ul> </li> <li>• Organise and take part in the Department Journal Club roster and take a full part in the weekly Quality/Clinical meeting and Education afternoons.</li> <li>• Undertake at least one audit/quality project during the run</li> <li>• Work with departmental SMOs on clinical and research projects</li> </ul>

## Section 2: Weekly Schedule (the two registrars do alternate weeks)

	Morning	Afternoon
Monday Week 1	0900 Short urgent clinic, then APH	APH referrals 1500-1800 Adolescent clinic alt weeks
Week 2	0900 Morning clinic	Diabetes Centre cover to 1700
Tuesday Week 1	0820 Morning clinic, then 1215 <b>Journal Club GCC</b>	APH referrals or Photo reporting (occ) or Audit
Week 2	Centre cover, then 1215 <b>Journal Club GCC</b>	1300 Afternoon clinic
Wednesday Wk 1	0820 Clinic, then APH referrals	1400 GCC study afternoon
Week 2	NWH pregnancy clinic alt weeks 0830	1400 GCC Study afternoon (cover to 1630)
Thursday Week 1	0815 APH Gen Med handover 0930 Endo radiology meeting 1030 Endo journal Club Med Sci lecture & Grand Round (On call for Diabetes Centre if needed)	APH referrals, then library/study/teaching
Week 2	0815 APH Gen Med handover 0930 Endo radiology meeting 1030 Endo journal Club APH referrals Med Sci lecture & Grand Round	1340 Registrar clinic incl podiatry cover – incl Centre cover to 1700
Friday Week 1	1000 -1530 Clinic (with break) **	APH referrals or Audit
Week 2	Centre or satellite clinic (See **) or Audit	Diabetes Centre cover to 1630

### NB Other issues

(\*\* The Friday clinic will need to be swapped with the other registrar when Week 1 Registrar is required for Gen Med cover)

Satellites to be fixed with Senior Nurse or whoever responsible for that satellite

Dialysis clinic visit to be fixed with Senior Nurse

Urgent patients to be added in otherwise unallocated time

Research patients usually in mornings

Audit project when no Centre or referral duties

Inpatient documentation

Teaching of students

### Section 3: Training and Education

<i>Nature</i>	<i>Details</i>
<i>Protected Time</i>	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <ul style="list-style-type: none"><li>• Orientation at the beginning of the run</li><li>• Specialty training – See schedule above</li><li>• Note: <i>Timing of some educational sessions is subject to change</i></li></ul>
<p><i>The Registrar is expected to contribute to the education of medical students, nursing, technical staff and other medical staff when requested</i></p>	

### Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>The ordinary hours of work are 8 hours per day from 0800 – 1600 Monday to Friday.</p> <p>The Registrar also participates for the 6 months of their run in a Medical Subspecialty duty roster. Night duties Friday, Saturday and Sunday 2200-0800 and 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, up to 1 set over six months. Weekend duties for General Medicine Saturday and Sunday 1400-2200, up to 5 sets over six months.</p>

## 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>After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</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 three <b>(3)</b> months 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)	40.0	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)	3.99	
All other unrostered hours To be confirmed by a run review	TBC	
Total hours per week	43.99	

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

Total hours fall above the middle of the salary band therefore run will be remunerated as a E run category until the unrostered hours can be confirmed by a run review.