



RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	General Medicine
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Clinical Director and Business Manager of General Medicine, through a nominated Consultant.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
RUN RECOGNITION:	This run is recognised by the RACP as a training position for specialist qualification
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>Work closely with the team, provide supervision and share responsibilities where and when appropriate.</p> <p>Assist with 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 electronically signed;</p> <p>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;</p> <p>Maintain a high standard of communication with patients, patients' families and staff;</p> <p>Inform Consultant of the status of patients especially if there is an unexpected event;</p> <p>Attend hand-over, team and departmental meetings as required.</p> <p>Assist with teaching of other team members including students and other healthcare professionals.</p>

Area	Responsibilities
Acute Call	<p>Review and manage all referred patients to the General Medical Service</p> <p>Advise to and liaise with GP's and other hospital medical staff on medical matters;</p> <p>Be part of the acute cardiac resuscitation team</p> <p>Authorise patient to be transferred to and be seen by the Medical Subspecialty Service when appropriate</p>
Inpatients	<p>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 clinical director;</p> <p>Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary.</p> <p>Ensure weekend plans for patient's management are documented in the notes;</p> <p>When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review;</p> <p>Complete documentation on Friday prior to known or likely weekend discharges.</p>
Outpatients	<p>Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate</p> <p>Communicate with referring person following patient attendance at clinics;</p> <p>Arrange and perform outpatients investigations</p>
Administration	<p>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;</p> <p>Be responsible for certifying death and complete appropriate documentation;</p> <p>At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</p> <p>Dictate discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion;</p> <p>Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:</p> <ol style="list-style-type: none"> 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> 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> <p>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.</p>

Section 2: Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
	All Other times available for ward/admitting/rostered duties				
a.m.	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover 1100 – 1200 Departmental Teaching	0800 – 0830 Teaching Level 6 conference room	0800 – 0830 Handover 0830 – 0915 Dept of Medicine Training
p.m.			1300 – 1700 Medical Registrar Part 1 Teaching June – March	1200 – 1300 Grand round	1230 – 1315 Journal Club 15.30 Weekend Handover
<ul style="list-style-type: none"> • Radiology conference (1hr) / ward teaching (1hr) and clinics (3 hrs) will vary by Medical Team • Monthly QA Meetings –Fridays 08.30-09.30 • Where teaching is held between 0800 – 0830 the Registrar won't be required to attend handover 					

NB times for Grand Round and other teaching are subject to change

Section 3: Cover

Other Resident and Specialist Cover

There are 25 Registrars allocated to General Medicine. At any one time 20 of these Registrars will be allocated duties as part of the General Medicine Roster, and 5 will be allocated to relief duties.

There is a consistent workload Monday to Friday (ordinary hours) for 3 Registrars per General Medicine teams and daily staffing numbers will be maintained at this level. Only where numbers fall below that level will cover or additional remuneration be provided. Remuneration will be as follows:

- 15 FTE will be remunerated as per the salary category in section 6 of the Run Description
- 5 FTE will be remunerated as a relief run category which will be shared amongst the 20 Registrars contributing to the roster.

When allocated to the wards the Registrar will complete a daily ward round, attend a clinic on their rostered weeks (with the exception of weekends, unless otherwise rostered) and support other ward work as required.

When allocated to level 2, 4 teams will complete a post acute round on the short stay patients and the admitting team of the day will assess the acute patients remaining in ED, APU or on APU overflow ward

All patients otherwise admitted to the medical wards or the outlying non-medical wards will become the responsibility of the ward teams as assigned at handover.

Overnight patients will be allocated to teams prior to or at morning handover

Section 4: Roster

All General Medicine Registrars will contribute to the after-hours roster.

At night there are three Registrars rostered on a night duty each day from 2200-0800. They will be responsible for duties both in Medical Specialities and General Medicine, these duties will be shared between the Medical Registrars on duty and will involve admissions and ward duties.

There are four Registrars rostered to long days Monday to Friday and are required to be on site for the duration of their duty. In addition to the General Medicine weekday long days there will also be a Reablement Registrar rostered to an admitting shift on Mondays and Fridays. This is a supernumerary shift therefore cross cover does not apply on the days where this shift is not filled. Five Registrars are rostered to each weekend, this includes 2x Registrars on long days and 3 Registrars on short days

- Normal Day Monday to Friday 0800-1600 hrs
- Long Day Monday to Friday 0800-2200 hrs
- Night Duty Sunday to Thursday 2200-0600 hrs
- Weekend Long Day Saturday and Sunday 0800-2200 hrs
- Weekend short day Saturday and Sunday 0800-1600 hrs

Registrars will be allocated to a period of relief for up to a maximum of 9 weeks on a rotating basis during each 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 the Medical Subspecialties.

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <p>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</p> <p>after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</p>	<p><i>The service will provide,</i></p> <p>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.</p> <p>an interim assessment report on the Registrar two or three months into the run, after discussion between the Registrar and the Consultant responsible for them;</p> <p>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;</p> <p>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.</p>

Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40.0</p> <p>Rostered additional hours (inc. nights, weekends & long days) 15.20</p> <p>All other unrostered hours To be confirmed by a run review TBC</p> <p>Total hours per week 55.20</p>	<ul style="list-style-type: none"> The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.

Salary: The salary for this attachment is estimated to be a Category **C**
 Total hours fall below the middle of the salary band therefore run will be remunerated as a C run category until the unrostered hours can be confirmed by a run review.