

RUN DESCRIPTION

POSITION:	Research Fellow – Gastroenterology/Hepatology
DEPARTMENT:	Division of Medicine
PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites.
RESPONSIBLE TO:	Clinical Head (Gastroenterology / Hepatology)
FUNCTIONAL RELATIONSHIPS:	Health Care Consumers Hospital and community-based health care workers Research subjects
PRIMARY OBJECTIVE:	To undertake research and facilitate the management of patients under the care of the Division of Medicine (Sub-specialty)
RUN RECOGNITION:	FRACP
RUN PERIOD:	6 months

Section 1: Fellow's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> • Participate in new and follow-up Gastroenterology and Hepatology outpatient clinics (number of sessions to be negotiated). • Participate in at least two mixed gastroscopy and colonoscopy endoscopy lists per week (number of sessions to be negotiated). • Assist with other relevant clinical tasks as required. In particular review of ward referrals and acute outpatient assessments. • Assist with the Clinical duties of the Gastroenterology Registrar and support the Gastroenterology house surgeon as required. • The Registrar will maintain a satisfactory standard of documentation in the files of patients. • The Registrar will maintain a satisfactory standard of communication with patients, patients' families and staff • Attend regular department meetings (viz. radiology case conference, teaching sessions, multidisciplinary and research meetings) • To attend the Friday midday Middlemore Hospital Medical Round and to present at that meeting as requested. • The research fellow is expected to cover the sub speciality registrar (Gastroenterology) when he/she is on leave or unwell. • Direct Clinical Contact time (Non-research Clinics / Endoscopy lists) to be no greater than 4 half day sessions per week

<i>Area</i>	<i>Responsibilities</i>
Administration	<ul style="list-style-type: none"> • 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, if after hours, the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty • As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email accounts which will be used for all work related communication. It is your responsibility to ensure you check this regularly

Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.		1145 – Radiology Conference		1145 – General Medicine Journal Club	
p.m.					12.15 – Medical Grand Round

Note: dates and times for the sessions above may change.

Other teaching is available depending on the sub-speciality of interest. Please refer to Paanui for days and times.

<i>Education</i>
To attend the relevant specialty Case Conferences and CME activities (Specialty Education Meetings, journal club etc) at Middlemore and Auckland City Hospitals.
<i>Research</i>
To undertake research projects (academic and pharmaceutical) in consultation with the subspecialty Clinical Head.
<i>Teaching</i>
To assist in teaching House Surgeons, Registrars and fifth year medical students as requested.

Section 3: Roster

<i>Roster</i>
<ul style="list-style-type: none"> • 17 long days in 26 weeks 0800-2230 • 1 in 3 weekends Saturday and Sunday (1x 0800 – 1600 1x 0800-2230) • Weekend nights Friday – Monday 2200-0800 • Monday to Friday 0800-1600 <p>Across the CMDHB General Medicine and Medical Specialties services there will be:</p> <ul style="list-style-type: none"> • A consistent workload for 2 Registrars overnight (2200-0800). At times there may be a 3rd night Registrar rostered, however, this is currently a supernumerary shift and may only be filled where cover permits • In addition there is 1 Registrar rostered to 1600 – 0000 daily in Medical Assessment Unit, who may remain on site until 0400 at the latest to support workload requirements, this is accounted for within the on-call component of the run description. • A consistent workload for 6 Registrars rostered to weekday long days (Monday-Friday). • A consistent workload for the following weekend shifts. <ul style="list-style-type: none"> ○ 6x Saturday long days ○ 5x Saturday short days ○ 5x Sunday long days ○ 6x Sunday short days. ○ At times an additional Registrar may be rostered to the weekend, however, this is currently a supernumerary shift and may only be filled where cover permits. • This excludes Cardiology and Renal service long days and weekends

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care. The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.</p>

Section 5: Performance appraisal

<i>Fellow</i>	<i>Service</i>
<p><i>The Fellow will;</i></p> <ul style="list-style-type: none"> • 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; • Ensure a mid run assessment is completed after discussion between the Fellow and the consultant responsible for them; • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; • Sight and sign the final assessment report provided by the service. 	<p><i>The service will provide;</i></p> <ul style="list-style-type: none"> • An initial meeting between the Consultant and Fellow to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; • An interim assessment report on the Fellow six (6) weeks into the run, after discussion between the Fellow and the Consultant responsible for them; • The opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Fellow will bring these to the Fellow's attention, and discuss and implement a plan of action to correct them; • A final assessment report on the Fellow at the end

<i>Fellow</i>	<i>Service</i>
	of the run, a copy of which is to be sighted and signed by the Fellow.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Research	24.0	The Service will be responsible for the preparation of any Rosters
Clinical Work	16.0	
All other unrostered hours (to be confirmed by a run review)	TBC	
Total hours per week	53.07	

Salary The salary for this attachment will be as detailed in a **C** Run Category.

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