



RUN DESCRIPTION

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| POSITION: | Registrar |
| DEPARTMENT: | Neurosurgery |
| PLACE OF WORK: | Auckland Hospital |
| RESPONSIBLE TO: | Supervisor of Training Neuro Surgery |
| FUNCTIONAL RELATIONSHIPS: | Healthcare consumer, Hospital and community based healthcare workers |
| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of the Neurosurgery Department |
| RUN RECOGNITION: | This run is recognised by the Royal Australasian College of Surgeons as a training position for specialist qualification |
| RUN PERIOD: | 6 months |

Section 1: Registrar's Responsibilities

| <i>Area</i> | <i>Responsibilities</i> |
|----------------|---|
| General | <ul style="list-style-type: none"> • 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 • Maintain a high standard of communication with patients, patients' families and staff; |

| Area | Responsibilities |
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| | <ul style="list-style-type: none"> • Inform consultants of the status of patients especially if there is an unexpected event; • Attend hand-over, team and departmental meetings as required. |
| Admitting | <ul style="list-style-type: none"> • Assess and admit <i>Neurosurgical</i> patients referred by ED or from the community and other medical and medical subspecialty patients when required by the attached roster |
| On-Call | <ul style="list-style-type: none"> • When On Call, be available on long-range locator to attend the hospital within 20 minutes. • Provide advice to and liaise with GP's and other hospital medical staff on <i>Neurosurgical</i> matters; • Authorise patients to be transferred to and be seen by to the <i>neurosurgery</i> service when appropriate |
| Inpatients | <ul style="list-style-type: none"> • 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; • Ensure x-rays are organised for weekly team radiology session; • 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. • Perform required procedures and seek supervision of consultant where appropriate. • Perform operating lists as required under supervision of Consultant. |
| Outpatients | <ul style="list-style-type: none"> • Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate • Arrange and perform outpatient investigations • Communicate with referring person following patient attendance at clinics; |
| Administration | <ul style="list-style-type: none"> • 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; • Be responsible for certifying death and complete appropriate documentation; • Refer patient deaths to the Coroner's Office. • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Dictate discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion; |

| <i>Area</i> | <i>Responsibilities</i> |
|-------------|--|
| | <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. <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> |

Section 2: Weekly Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|-----------------|-----------------|------------------|-----------------|---|
| a.m. | Clinical duties | Clinical duties | Clinical duties | Clinical duties | Clinical duties Neuroradiology meeting |
| p.m. | Clinical duties | Clinical duties | Clinical duties | Clinical duties | Clinical duties Neuropathology Meeting |

Section 3: Training and Education

| <i>Nature</i> | <i>Details</i> |
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| <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"> • Orientation at the beginning of the run • Specialty training – when and where |
| <p><i>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested.</i></p> | |

Section 4: Cover:

| <i>Other Resident and Specialist Cover</i> |
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| <p>(a) 6 registrars (b) The number of house surgeons working on the roster will be 3 house officers. (c) Consultants will be available on call to attend the workplace if necessary on the following basis: available by telephone, cell phone or telegage and can attend the hospital within 30 minutes.</p> <p>The ordinary hours of work will be 0730 – 1730 Monday to Friday. Additional hours over and above the ordinary hours will be worked as set out in the roster.</p> <p>On call responsibilities will be a 1:6 – always with consultant back up. When rostered to a weekday 24 hour call shift the Registrar will be on site from 0730-1930 and will be on call/off site from 1930-0730 the following day.</p> <p>When rostered to a weekend 24 hour call the Registrar will be on site for weekend ward rounds from 0730-1530. Registrars will then be on call/off site from 1530-0730 the following day. Registrars may be able to leave the hospital prior to 1530 once the weekend ward rounds are complete, however, if called back prior to this time will not be able to claim call back payment until after 1530 hours.</p> <p>After a 24 hour call shift, the Registrar will be rostered to a morning admin session the next day and a non-contact clinic in the afternoon session. Registrars will not be expected to attend ward rounds or procedures on that day.</p> <p>Registrars will be able to claim call back for the following hours:</p> <ul style="list-style-type: none"> • 1930-0730 Monday – Friday • 1530 Saturday – 0730 Sunday • 1530 Sunday – 0730 Monday |

Section 5: Performance appraisal

| <i>Registrar</i> | <i>Service</i> |
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| <p><i>The Registrar 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 • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; | <p><i>The service will provide,</i></p> <ul style="list-style-type: none"> • 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. • 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 6: Hours and Salary Category

| <i>Average Working Hours</i> | | <i>Service Commitments</i> |
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| Basic hours (Mon-Fri) | 40 | 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) | 17 | |
| All other unrostered hours | 6 | |
| Total hours per week | 63 | |

Salary :The salary for this attachment will be as detailed as a Category **B** run, however will be remunerated as a category A until the hours of work can be remunerated as a run review.