



RUN DESCRIPTION

POSITION:	Urology SET Registrar
DEPARTMENT:	Urology Department
PLACE OF WORK:	Auckland Hospital
RESPONSIBLE TO:	Clinical Director and Service Manager of Urology through a nominated Consultant Surgeon
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers and hospital based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Urology Department
RUN RECOGNITION:	This run is recognised by the Royal Australasian College of Surgeons as a training position for specialist qualification of basic surgical training.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical	<ul style="list-style-type: none"> • Day to day management of ward and facilitation of communication between members of multidisciplinary team and GP's. • Assess patients who are referred to the service for admission including taking a history, performing a physical examination and formulating a management plan and discuss with Consultant as appropriate. • See assigned patients on a daily basis (Monday to Friday). Attend ward rounds when current knowledge of the progress of all patients under the team's care is expected. • Implement treatment of assigned patients (including ordering and following up of any necessary investigations) under the supervision of the Consultant. • Perform required procedures and seek supervision of consultant where appropriate. • Perform operating lists as required under supervision of Consultant. • Liaise with other staff members, departments and General Practitioners in the management of the patients. • When on call, respond to requests by Nursing Staff and other members of Medical Staff to assess and treat inpatients under the care of other teams.

Area	Responsibilities
	<ul style="list-style-type: none"> • When on call respond to General Practitioner calls, arranging assessment as necessary. • Perform outpatient clinics as required under supervision of Consultant. Outpatients not previously seen by the service or who are to be discharged will be discussed with a Consultant. • Perform Ward consultations as required under supervision of Consultant. • Clinical skills, judgement and knowledge are expected to improve during the attachment.
Other	<ul style="list-style-type: none"> • Inform consultants of the status of patients, especially if there is an unexpected event
Administration	<ul style="list-style-type: none"> • Keep adequate and legible records in accordance with the hospital requirements and good medical practice, including dictation of discharge summary as appropriate. Entries to be Clinical Record will be made daily on weekdays and whenever management changes are made. • Discharge coding and audit forms will be completed within days of discharge. • Communicate with patients and their families about patients' illness and treatment. • The Registrar is responsible for referral of patient deaths to the Coroner's Office in compliance with Company Policy and medico-legal requirements. • The Registrar is responsible for the completion of death certificates for patients who have been under their care, although this may be delegated to a House Officer. • A letter to the patient's General Practitioner will be dictated after each Outpatient Visit. • Results of investigations will be sighted and signed before they are filed in the patient's chart. • Record complications and variances for Plato Audit Programme. • 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: Training and Education

<i>Nature</i>	<i>Details</i>
Protected Time	<p>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</p> <ul style="list-style-type: none"> • Orientation at the beginning of the run (a) Unit CME Wednesday morning. (b) Teaching Thursday morning. • Supervise House Officer and Trainee Intern training for his/her team. • Perform bedside teaching of medical students as directed by Consultant.
<p>The Registrar is responsible for Post Graduate and Under Graduate Nurse Teaching and supervision of same and responsible for teaching Urology House Surgeons.</p>	

Section 3: Research

- Registrars are expected to undertake a research project during the attachment. Initial submission of the project for approval will be to the Clinical Director, General Surgery.

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<ul style="list-style-type: none"> • There are 2 SET registrars at ADHB and 4 non SET Registrars at ADHB. Urology Registrars will combine with 1 WDHB Urology SET Registrar, 1 CMDHB Urology non-SET Registrar and 1 Urology night reliever to provide after hours cover at ADHB • On call responsibilities for Senior Registrars will be 1:5 - always with consultant back-up. • Consultants will be available on call to attend the workplace if necessary available by telephone, cell phone or telepage and can attend the hospital within 30 minutes. • The ordinary hours of work will be 8.5 per day from 0730-1600 Monday to Friday (unless otherwise specified within the run description). Additional hours over and above the ordinary hours will be worked as set out in the attached roster. This includes: <ul style="list-style-type: none"> ○ Monday – Friday long days 0730 – 2230 ○ Saturday and Sunday long days 0730 – 2215

Section 5: Performance Appraisal

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will:</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 teaching. • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; 	<p>The service will provide,</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 teaching. • An interim assessment of 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>
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)	12	
All other unrostered hours	TBC	
Total hours per week	52	

Salary The salary for this attachment will be as detailed by a Category **C** run category. Total hours fall below the middle of the salary band, however there are 8 or more unrostered hours expected therefore to be remunerated as a category C run until the results can be confirmed by a run review