

## RUN DESCRIPTION

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| <b>POSITION:</b>                 | Registrar  |
| <b>DEPARTMENT:</b>               | Urology Service  |
| <b>PLACE OF WORK:</b>            | Manukau Health Park primarily with Manukau Surgical Centre and Auckland City Hospital secondarily          |
| <b>RESPONSIBLE TO:</b>           | Service Manager through Consultants and the Clinical Head of Urology                                       |
| <b>FUNCTIONAL RELATIONSHIPS:</b> | Health care consumers<br>Hospital and community based health care workers                                  |
| <b>PRIMARY OBJECTIVE:</b>        | To facilitate the management of patients under the care of the Urology Service                             |
| <b>RUN RECOGNITION:</b>          | The run is accredited by the Royal Australasian College of Surgeons for the training of Non-SET Registrars |
| <b>RUN PERIOD:</b>               | 6 months   |

### Section 1: Registrar's Responsibilities

| <i>Area</i>            | <i>Responsibilities</i>   |
|------------------------|---|
| <b>Clinical duties</b> | <ul style="list-style-type: none"> <li>The Registrar will supervise the work of House Officers, with whom they will organise the investigation and management of patients under the care of the Department.</li> <li>The Registrar will be available to attend Consultant ward rounds and will have a current knowledge of the progress of inpatients under their care.</li> <li>The Registrar is responsible for the day to day management of inpatients and facilitate the communication between members of the multidisciplinary team and GP's</li> <li>The Registrar will see assigned patients on a daily basis (Monday – Friday) and attend ward rounds when current knowledge of the progress of all patients under the service care is expected</li> <li>The Registrar will attend rostered outpatient clinics promptly and will endeavour to see outpatients at their scheduled appointment times. Outpatients not previously seen in the Department, or those who are to be discharged, will normally be discussed with a Consultant Surgeon.</li> <li>Notwithstanding that formal referrals are made from consultant to consultant, the Registrar may see inpatient referrals on behalf of their consultant.</li> <li>The Registrar will attend calls as part of the trauma team for surgical emergencies when rostered to acute call with General Surgery.</li> </ul> |

| <i>Area</i>            | <i>Responsibilities</i>   |
|------------------------|---|
|                        | <ul style="list-style-type: none"> <li>The Registrar will assess patients who are referred to the service including taking a history, performing a physical examination and formulating a management plan and discuss with Consultant as appropriate</li> <li>Perform or assist with operative procedures as required seeking supervision of consultant as appropriate.</li> <li>Participate in the discharge process including the completion of electronic discharge summaries for patients and on-going primary care management</li> <li>Be available during pre-admission clinics and review points with the House Officer / MOSS/ Nurse Coordinator as to patient's fitness/consent for surgery.</li> <li>Results of investigations are reviewed and acknowledged in a timely manner with unexpected abnormal results discussed with consultant</li> <li>Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> </ul>  |
| <b>Acute admitting</b> | <ul style="list-style-type: none"> <li>When rostered on acute call the Registrar will assess and admit acute patients and also respond to ED requests within a timely manner as indicated by the 6 hour initiative at CMH Emergency Care Department.</li> </ul>   |
| <b>Administration</b>  | <ul style="list-style-type: none"> <li>Legible notes will be written in patient charts on admission and whenever management changes are made. The latter may in part be delegated to the House Officer / MOSS.</li> <li>Where appropriate, 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.</li> <li>Letters will be dictated to the patient's GP after each outpatient visit.</li> <li>The Registrar is responsible for submitting and checking audit entries in respect of the service and expected to take an active part in audit meetings.</li> <li>The Registrar, in conjunction with the Nurse Coordinator is responsible for the organisation of bookings for elective surgery and for planning elective surgery lists.</li> <li>Up to 1 hour per week is taken up with arranging elective operating lists</li> <li>The Registrar will be provided with a CMH email account which will be used for all work related communication. It is the registrar responsibility to ensure that these are checked regularly.</li> </ul> |

## Section 2: Training and Education

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| <b>Education</b> | <ul style="list-style-type: none"> <li>Through example and supervision the Registrar will actively contribute to the education of House Officers.</li> <li>On occasion, the Registrar may be requested to assist with the teaching of other healthcare workers and medical students.</li> <li>Registrars present case summaries and topic reviews on a weekly basis. Trainees are required by the local RACS training committee to attend teaching sessions as scheduled</li> </ul> |
| <b>Research</b>  | <ul style="list-style-type: none"> <li>A research project may be undertaken during the attachment subject to approval by the Clinical Head and Service Manager</li> <li>A research project at some point in the Registrars training is a requirement for fellowship training for the RACS.</li> </ul>   |

Note: dates and times for the sessions above may change. There is a minimum of 4 hours per week medical learning, which includes the weekly tutorial, and pathology session.

### Section 3: Roster

| <i>Roster</i>  |                    |                                  |
|--|--------------------|----------------------------------|
| <b>Hours of Work</b>   |                    |                                  |
| The MMH Urology Registrar will combine with the 2x SET Urology Registrars and 4x non-SET Urology Registrars at ADHB, the 1x Urology SET Registrar at WDHB and 1x Urology night reliever to provide after hours cover at ADHB. The CMDHB Urology Registrar will also participate in the General Surgery/Urology/Vascular nights roster at ADHB. |                    |                                  |
| Ordinary Hours   | Monday to Friday   | 0800 - 1630                      |
| Acute Long Day duty  | Monday to Friday   | 0800 – 1600 MMH, 1630 – 2230 ACH |
| Acute Long Day duty  | Saturday to Sunday | 0730 – 2215 ACH                  |
| Nights   | Monday to Sunday   | 2200 – 0800 ACH                  |
| The roster will comprise of operating theatre, clinics and education and administration activities per week. This activity may be substituted by acute call activity on a rostered basis.  |                    |                                  |
| Registrars will work 3 sets of nights over the 26 week run.  |                    |                                  |
| RMOs may be asked to attend Saturday Ward Rounds, this is not a requirement; however, there are a number of unrostered hours included in the run category to cover such occurrences.   |                    |                                  |
| The Urology night reliever will cover the day duties of those on nights, sleep days and leave. This includes night cover for the Middlemore Hospital Urology Registrar.  |                    |                                  |

### Section 4: Cover

| <i>Other Resident and Specialist Cover</i>  |
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| There is one Urology Registrar employed by the service with professional relationships with the Auckland regional registrar team.   |
| The Urology Registrar will work their normal days at Manukau Health Park and contribute to the ADHB Urology Registrar after hours roster and be rostered to do acute call on weekdays/weekends- and nights. |
| <b>Leave</b>  |
| Applications for leave should be submitted as early as possible (a minimum of 6 weeks in advance) to facilitate cover arrangements for duties.  |
| SET trainees are allowed a maximum of 6 weeks (30 days) total leave per 6 month run.  |
| Registrars within the department are asked to cover short-term sick absence of colleagues - additional duty payments are made for any after hours cover provided.   |
| Applications for medical education leave should be submitted early to allow for co-ordination and planning.   |

### Section 5: Performance appraisal

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| Performance will be assessed using the criteria above and will be discussed at formal meetings at the beginning of the attachment and again at 3 months and 6 months. If deficiencies are identified during the attachment the Consultant Surgeon will bring these to the Registrar's attention and discuss how they may be corrected. |
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**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<br>(inc. nights, weekends & long days) | 18.63 |   |
| All other unrostered hours                                       | 1.77  |   |
| Total hours per week   | 60.40 |   |

**Salary:** This attachment is a Category B run.

There are a number of unrostered hours included within the salary category for Saturday ward rounds.