

RUN DESCRIPTION

| POSITION: | Psychiatry Registrar – ED/Liaison Psychiatry | |
|------------------------------|--|--|
| DEPARTMENT: | Mental Health Services, Waitemata District Health Board | |
| PLACE OF WORK: | This run description applies to the following locations within Mental Health Services, Waitemata District Health Board: | |
| | Liaison Psychiatry (3 Registrar positions) | |
| | This team is based at North Shore Hospital, with outreach to Waitakere Hospital | |
| RESPONSIBLE TO: | North Locality Service Clinical Director and North Locality Manager (through Team Manager), Mental Health Services, Waitemata District Health Board. | |
| FUNCTIONAL RELATIONSHIPS: | Training Supervisor Psychiatrist Team Leader Multidisciplinary team members Staff of general hospitals | |
| PRIMARY OBJECTIVE: | Provision of psychiatric assessment and treatment services to inpatients of the general hospitals of the DHB Training in Consultation/Liaison psychiatry | |
| RUN RECOGNITION: | These runs are recognised by the RANZCP as training positions for Fellowship. These runs are recognised as training in consultation/liaison psychiatry | |
| RUN PERIOD: | 6 months | |
| RUN REQUIREMENTS: | All registrars working in Liaison Psychiatry have relationships with Liaison Psychiatry and the ED Teams as part of working in the General Hospital setting. | |
| | To fulfil the requirements of the placement the Registrar will work no more than 30% of hours in the ED. To ensure that there is provision to meet this requirement the Registrar will be rostered in the ED in advance, no more than 3 half days each per week at North Shore Hospital. | |

Section 1: Responsibilities

| Area | Responsibilities | |
|--------------------|---|--|
| Clinical Duties | Assessment and treatment of persons with or suspected to have psychiatric disorder or severe psychological distress. | |
| | Assisting in provision of assessment and treatment for patients in Waitemata Health area after working hours as per the roster. | |
| | Extension of training and knowledge of discipline of psychiatry. | |
| | Development and implementation of management plans together with clinical team and under the supervision of Consultant Psychiatrists within the Liaison Psychiatry Service | |
| | For patients admitted after-hours to acute psychiatric inpatient units, assessment of patients medical condition, including taking appropriate history and completing physical examination, arranging appropriate investigations, and monitoring results of tests and in consultation with supervising psychiatrist, patient's General Practitioner if available and other specialist medical practitioners as necessary. | |
| | Completion of requirements of the Mental Health Act, including conducting assessments and providing notices and other documentation, in accord with designated approval for such activity. | |
| | Participation in family meetings and conferences | |
| | Liaison with other health professionals including GPs re continuity of care. | |
| | Provision of medical certificates and liaison with other agencies (eg DSW or ACC) as appropriate in respect of patient care. | |
| | Take enquiries from GPs, other health professionals, caregivers, and service users when on duty. | |
| | Undertaking rostered after hours and weekend registrar duties in Waitemata District Health Board area under supervision of on-call consultant, as per roster. | |
| Administration | Maintenance of comprehensive documentation in clinical files, including letters to other health professionals or agencies regarding assessments and treatment progress timely discharge summaries/letters medication orders, including prescriptions, medication updates and reasons for changes | |
| | Completion of any special documentation or database entry of health information as required by the Unit Consultant or Manager. | |
| | Participation in weekly team case conferences. | |
| | Follow up laboratory and other investigations as necessary, using electronic systems and other records as appropriate | |
| | Check and attend to email correspondence on your Waitemata DHB email account | |

| Area | Responsibilities | |
|------|--|--|
| | in a timely manner | |
| | Obtain informed consent for procedures within the framework of the Medical Council guidelines (see footnote¹): | |
| | If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support office or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty. | |
| | In consultation with the Clinical Director, assist with operational research in order to enhance the performance of the Service; | |

Section 2: Training and Education

| Nature | Details | | |
|---|--|--|--|
| Protected Time | Attendance of weekly one to one supervision with clinical supervisor, as required by RANZCP. | | |
| | Participation in the registrar teaching programme, one full day per week during the academic semester [day dependent on training year], as organised by the Regional Training Committee. | | |
| | Participation in weekly Journal Clubs and Grand Round presentations: Fridays, 0900 Level 3, 44 Taharoto Road | | |
| | Participation in weekly registrar group meetings (Fridays): Fridays, 0800 Ground Floor, 44 Taharoto Road | | |
| | Time will be negotiated on an individual basis to enable preparation to fulfil examination requirements leading to FRANZCP. | | |
| Training and Development of Other Staff | Assistance in teaching and orientation of House Surgeons, Trainee Interns and medical students when allocated to team. | | |

Council believes that obtaining informed consent is a skill best learned by observing consultants in the clinical setting. RMOs should not take informed consent where they do not feel competent to do so.

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.

Section 3: Cover

Other Resident and Specialist Cover

There is a North/West/Forensic Registrar on call roster, available as per this Run Description.

The 3 Liaison Psychiatric Registrars also combine with the 26 North and West Psychiatric Registrars to provide on duty cover over a 24 hour period as per this Run Description. There is also 24 hour Psychiatric Consultant on call cover to provide the necessary vocational specialist support.

The after hours reliever will work normal hours Monday to Friday at NSH and the NSH Emergency Department, however will participate in the North and West after hours roster as the reliever (unless on a sleep day, or leave). The reliever will be assigned relief duties covering Registrars who are on leave from across the Mental Health Service at this DHB

Section 4: Roster

| Hours of work | | | | | |
|-------------------|------------------|-------------|------------------------------------|--|--|
| Shift | Day | Hours | Frequency | | |
| Ordinary hours | Monday to Friday | 0830 - 1630 | | | |
| Long day | Monday to Sunday | 0830 - 2300 | Up to 2 long days per 7 day period | | |
| Combined Long Day | Monday to Sunday | 0830 - 2300 | 7 long days over 28 weeks | | |
| Nights | Monday to Sunday | 2245 - 0845 | 7 nights over 14 weeks | | |

Final year Advanced Trainees may be supported in taking on roles with additional responsibilities consistent with the training requirements of The Royal Australian & New Zealand College of Psychiatrists, to assist with the transition to consultant role once Fellowship obtained. This may include duties after hours on the consultant roster, supported and buddied by the consultant colleague. This will be negotiated and discussed with the Registrar on a case by case basis.

One registrar will be employed as an after hours reliever paid two categories above. The registrar will be provided with a roster in advance (as required for relievers under the MECA) and will provide cover for the North and WEST rosters. The reliever will continue to work their allocated day duties

Section 5: Performance appraisal

| Registrar | Service |
|---|---|
| The Registrar will: | The service will provide: |
| Ensure they arrange a formal meeting with their supervising consultant to assess and discuss their performance at the beginning of the attachment, and again at three and six months. If deficiencies are identified, the Consultant will identify these with the Registrar who should implement a corrective plan of action under the advice of their Consultant. | an initial meeting with a nominated Consultant (who will usually be the designated supervisor) and Team Leader 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, designated supervisor and Team Leader the opportunity to discuss any deficiencies identified during the attachment. The designated supervisor 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

| Average Working Hours | | Service Commitments |
|---|-------|---------------------|
| Basic hours | 40 | |
| Rostered additional hours (inc. nights, weekends & long days) | 11.82 | |
| All other unrostered hours | 4 | |
| Total hours per week | 55.82 | |

Salary

The Salary for this attachment will be as detailed in a Category C

^{*}The Reliever Registrar performs the duties of the Registrar they are relieving for, and will be remunerated at category A.