

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Infectious Diseases, Medical Services
PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites
RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising consultant(s) and the Clinical Head.
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the safe and effective management of patients under the care of the Medical Services.
RUN RECOGNITION:	This position is recognised by the RACP as a training position for specialist qualification.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> The Registrars will review inpatient Infectious Diseases referrals when directed. Patients under the care of surgical services and Intensive Care will be seen by the Surgical ID registrar and patients under the care of medical services will be seen by the Medical ID registrar. The Surgical and Medical ID registrars will swap roles at the halfway point in the 6 month attachment to ensure a breadth of training and experience is gained during their attachment. The Registrars will undertake investigation or treatment of patients in the department where appropriate and request assistance from the Consultant on call when required. The Medical ID Registrar is responsible for the day to day medical care of Infectious Diseases inpatients and will undertake a daily round of all these patients. The Registrars are expected to ensure their patients are safely and efficiently handed over and to liaise with the other health professionals in the unit to ensure the required level of coordinated care to the patients is achieved and maintained. The Registrars will maintain a high standard of communication with patients, patients' families and staff. The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients. The Registrars will attend rostered outpatient clinics, one session per week and endeavour to see outpatients at their scheduled appointment times. Outpatients

Area	Responsibilities
	<ul style="list-style-type: none"> • not previously seen in the Department, or who are to be discharged, will be discussed with a Consultant Physician. The Registrars will attend and actively participate in other clinical meetings including the OPAT service weekly review meeting, three weekly microbiology plate rounds and Infectious Diseases Xray Conference and will provide patient lists to meetings as required • Clinical skills, judgement and knowledge are expected to improve during the attachment. • CMDHB Clinical Board policies are to be followed at all times.
Administration	<ul style="list-style-type: none"> • Where possible, discharge documentation should be completed by the Registrar prior to the patient being discharged. Patients will receive a comprehensive Electronic Discharge Summary (EDS), a prescription, and follow up appointment if required. • The Registrar is responsible for the accuracy of the principal and secondary diagnoses and treatment/management and procedures performed recorded on the EDS. • Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. The opinion of the Consultant will be recorded. All documentation should comply with CMDHB Clinical Board documentation policy. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • A letter will be dictated to the patient's GP after each outpatient visit and signed off electronically within 7 days of being typed. • The results of all investigations will be sighted and signed electronically. The Registrar will refer results to the Consultant where there is uncertainty about the significance of the result • The Registrar is responsible for the completion of death certificates for patients who have been under their care. • The Registrar will be expected to participate in audit programmes within Internal Medicine. Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul 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 account which will be used for all work related communication. It is your responsibility to ensure you check this regularly

Section 2: Training and Education

Medical Registrar Roster:

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0830 Regional Journal Club 1115 – Plate round & renal round	Consultant Round	0900 OPAT meeting 1115 – Plate round & renal round	0830 Clinic	Consultant round 1115 – Plate round & renal round
p.m.	Patient review time	Consultant round 1500 CMH ID teaching	1300 –x-ray 1600 –ID CME meeting)	12.15 Grand Round 1315 Patient review time	Consultant 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 Southnet for days and times.

Surgical Registrar Roster:

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0830 Regional Journal Club 1115 - Plate round ICU round & ICU round	Consultant Round	0900 OPAT meeting 1115 – Plate round & ICU round	0830 Clinic	Consultant round 115 – Plate round & ICU round
p.m.	Patient review time	Consultant Round 1500 CMH ID teaching	1330 x-ray 1600 - ID CME meeting	12.15 Grand round 1315 Patient review time	Consultant 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 Southnet for days and times.

<i>Education</i>
<p>Through example and supervision the Registrar will actively contribute to the education of House Officers. On occasion, the Registrar may be requested to teach other health care workers and medical students.</p> <p>New registrars to infectious diseases specialty will receive a series of important teaching sessions on common and important infectious diseases</p> <p>The registrar will contribute to regional microbiology journal club, regional Infectious Diseases CME sessions and medical Grand rounds (as required). There are weekly CMH based ID teaching sessions for which advanced trainees will be rostered to present as well as SMOs and other infection services based services (e.g. ID pharmacist, OPAT nurse specialists etc).</p>
<i>Research</i>
<p>A clinical research project may be undertaken during the attachment subject to approval by the Manager, Medical Services and the Clinical Head - Infectious Diseases. Quality improvement activities, such as clinical audit, are also encouraged.</p>

Section 3: Roster

<i>Roster</i>
<ul style="list-style-type: none"> • ID Registrar 1 & 2 • Up to 18 long days (0800-2230) • Up to 4x weekends (1x 0800-2230, 1 x 0800-1600) • Monday to Friday 0800-1600Maximum of 8 nights (2200-0800) <p>Across the CMDHB General Medicine and Medical Specialties services there will be:</p> <ul style="list-style-type: none"> • A consistent workload for 3 Registrars overnight (2200-0800). • 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 9 Registrars rostered to weekday long days (Monday-Friday). • A consistent workload for minimum staffing levels of 14 Registrars are as follow for weekend shifts <ul style="list-style-type: none"> o 8x Saturday long days o 6x Saturday short days o 6x Sunday long days o 8x Sunday short days. • Minimum staffing are levels inclusive of Cardiology, Renal and Respiratory service long days and weekends • Please note – within the published roster/roster template there are additional long days and weekends rostered. This is to provide buffer for both planned and un-planned leave and these shifts are over and above the minimum staffing levels outlined above. Cross cover payments would not apply where the additional/buffer shifts are not filled as these shifts are above minimum staffing levels

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>The infectious diseases SMOs provide 24hr, 7 day a week on call advice including support for ID registrar queries.</p>

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<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; • Ensure a mid run assessment is completed after discussion between the Registrar and the consultant responsible for them; • After any assessment that identifies deficiencies, implement a corrective plan of action in 	<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 six (6) weeks into the run, after discussion between the Registrar and the Consultant responsible for them; • The opportunity to discuss any deficiencies

<i>Registrar</i>	<i>Service</i>
consultation with their Consultant; <ul style="list-style-type: none"> Sight and sign the final assessment report provided by the service. 	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; <ul style="list-style-type: none"> 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

ID Registrar 1 & 2

<i>Average Working Hours</i>	<i>Service Commitments</i>
Basic hours (Mon-Fri) 40	The Service will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekday long days) 11.04	
All other unrostered hours 7.06	
Total hours per week 58.10	

Salary: The salary for this attachment will be detailed as a Category C .