

RUN DESCRIPTION

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| POSITION: | Registrar (Non-SET) |
| DEPARTMENT: | Otorhinolaryngology (ORL) |
| PLACE OF WORK: | North Shore Hospital & Waitakere Hospital |
| RESPONSIBLE TO: | Clinical Director, through a nominated Consultant for clinical and Operations Manager for operational |
| FUNCTIONAL RELATIONSHIPS: | Healthcare consumers, Hospital and community based healthcare workers |
| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of ORL |
| RUN RECOGNITION: | This run is accredited by the Royal Australasian College of Surgeons for the training of Non-Set Registrars |
| RUN PERIOD: | 6 months |

Section 1: Registrar's Responsibilities

| <i>Area</i> | <i>Responsibilities</i> |
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| General | <ul style="list-style-type: none"> The Registrar will be available to attend Consultant ward rounds and will have a current knowledge of the progress of inpatients under their care, and liaise with the Consultant as necessary. 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 who are to be discharged, will be discussed with a Consultant. Clinical skills, judgement and knowledge are expected to improve during the attachment. Legible notes will be written in patient charts on admission and whenever management changes are made. A letter to the patients' General Practitioner will be dictated after their discharge from hospital The Registrar is responsible for the completion of death certificates for patients who have been under their care. Letters will be dictated to the patients' General Practitioner after each outpatient visit. The results of all investigations will be sighted and signed before they are filed in the patients' chart. Any correspondence in relation to the results will be dictated to the |

| Area | Responsibilities |
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| | <p>GP and patient where appropriate</p> <ul style="list-style-type: none"> • Maintain a high standard of communication with patients, patients' families and staff; • 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 elective ORL patients as required. |
| Acute Call – Monday to Friday ordinary hours | <ul style="list-style-type: none"> • During the working week the registrar is responsible for assessing inpatient referrals and referrals from the emergency department. The registrars will answer calls from GPs about patients and arrange assessment as necessary |
| Acute Call – After hours | <ul style="list-style-type: none"> • After hours Registrars will contribute to the Regional ORL Acute Call roster at Auckland City Hospital. • When on-call, the Registrar will answer calls by General Practitioners about patients and arrange to assess them as necessary. |
| 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 team is responsible on a frequency agreed with the consultant in charge of the patient's care and/or the clinical director; • Ensure relevant documents, e.g. discharge summary, prescription are given to patient on discharge and a follow up appointment is made as appropriate. • 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. |
| Outpatients | <ul style="list-style-type: none"> • Assess and manage patients referred to outpatient clinics and run the clinics in collaboration with senior staff where appropriate • Communicate with referring clinician following patient attendance at clinics; • Arrange and perform outpatient investigations where appropriate |
| Administration | <ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to include a date and time, to be signed, with a printed name and locator number legibly recorded; • Be responsible for certifying death and complete appropriate documentation; • At the direction of the Clinical Director or consultant, 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; • 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

| Nature | Details |
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| 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 • There will be fortnightly education sessions and clinical meetings which may include the Journal Club, the Radiology Conference, Pathology Conference and department seminars and audit and morbidity meetings. The Registrar will contribute to clinical meetings, and during the attachment will present an in-depth review of a topic to the Medical Staff of the Department. • There will be 3 hours teaching held at Auckland City Hospital on Friday afternoons, which Registrars are encouraged to attend. <p><i>NB: The timing of educational sessions is subject to change</i></p> |
| <p>The Registrar will be expected to teach other health care workers and medical students.</p> | |

A research project undertaken during the attachment subject to approval by the Clinical Director and Manager is encouraged.

Section 3: Cover:

| <i>Other Resident and Specialist Cover</i> |
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| <p>There are 14 ORL Registrars employed in the Auckland region,. The Registrars are employed across the three Auckland DHB's; Auckland, Waitemata and Counties Manukau. The roster includes:</p> <ul style="list-style-type: none"> • 4 Registrars at Auckland City Hospital • 1 Auckland City Hospital Reliever who covers the day duties of those on leave and the day off post 24 hour call shift • 2 Registrar at Starship Hospital • 3 Registrars at Counties Manukau DHB • 2 Registrars at North Shore Hospital • 2 Regional Relievers. Relievers will be required to work regionally, however, 1 reliever will be aligned to CMDHB and the other aligned to WDHB/Starship to promote continuity where possible <p>The Registrars contribute to a regional Acute Call roster at ACH on a 1:12 frequency. After all on call shifts Registrars will have 1x day off before returning to work.</p> <p>The ordinary hours of work will be 0730 hours to 1630 hours, Monday to Friday with exception of the mid-week on call shift which will be 0730 to 1600 to allow for travel to begin cover at ADHB. Additional hours of non-rostered work may be required which are included in the unrostered hours of the run category. In addition, Saturday morning ward rounds may be required and will be remunerated as additional duties.</p> <p>It may not always be possible for the WDHB registrar to begin cover at ADHB at 1630hrs, because they are rostered until 1600 hours at WDHB, then there is a need to travel to ADHB. It is acknowledged that traffic may impede timely arrival at ADHB. Under these circumstances, the registrar should liaise by telephone with the ADHB registrars to ensure cover at ADHB site until they arrive.</p> |

Section 4: Roster

| <i>Hours of Work</i> |
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| <p><u>Ordinary hours of work</u></p> <ul style="list-style-type: none"> Monday – Friday Ordinary Hours = 0730-1630 Monday – Friday 24 hour shift = 0730-1600 at WDHB, 1630-2230 on site at ACH and 2230-0800 on call off site Saturday and Sunday 24 hour shift = 0800-2230 on site at ACH and 2230-0800 on call off site. <p>On call shifts will be an average frequency of 1:12. After all on call shifts Registrars will have 1x day off before returning to work.</p> <p>Acute call between the hours of 1630 and 0800 Monday to Friday, and 0800 and 0800 hours Saturday and Sunday, provides cover for GLH, Starship, AKH, North Shore, Waitakere, MMH and MSC as part of the Regional ORL service. When rostered on call off site between the hours of 2230 – 0800 the expectation for the is that Registrars need to be able to report to the hospital within 20 minutes of a call. Where this is not feasible, there are facilities available on site for Registrars to sleep.</p> <p>The Regional ORL Acute roster is managed by the Northern Regional Alliance in conjunction with ADHB ORL Service.</p> |

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, usually verbally, 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) | 40.0 | The Service, together with RMO Support will be responsible for the preparation of any Rosters. |
| Rostered additional hours (inc.all on site and call back shifts for the Regional roster) | 15.13 | |
| All other unrostered hours | 8.72 | |
| Total hours per week | 63.85 | |

Salary: The salary for this attachment is detailed as a category B (this includes all call back shifts). Saturday morning ward rounds may be required and will be remunerated as additional duties.