

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Paediatric Otorhinolaryngology – Head and Neck Surgery
PLACE OF WORK:	Auckland City Hospital/Greenlane Clinical Centre
RESPONSIBLE TO:	Clinical Director and Business Manager of Paeds ORL through a nominated Consultant
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of Paeds ORL
RUN RECOGNITION:	This run is recognised by the RACP and RCPA as a training position for specialist qualification
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>The ENT Registrar:</p> <ul style="list-style-type: none"> • Is responsible for all in-patients, day surgical, and referrals to the service. • Is responsible for daily ward rounds reviewing patients assigned to the Registrar and the Team. • Will attend outpatient clinics as rostered below • Will implement management and treatment for patients assigned to the registrar and as suggested by the consultant staff • Will arrange appropriate investigations and ensure follow up of results with the assistance of the ENT House Surgeon. • Will ensure that legible notes are to be written in patient charts on a daily basis and when management changes are made. Entries must be dated, signed and have a legible printed name accompanying the signature • Weekend plans will be formulated and discussed with appropriate physicians, nursing staff, and appropriate handover to the oncall ENT Registrar. • Will perform required procedures as necessary • Will liaise with other staff members, departments and health professionals in the management of patients.

Area	Responsibilities
	<ul style="list-style-type: none"> • Will communicate with patients and their families about their concerns and facilitate their understanding of the medical issues involved. • Will, on discharge ensure appropriate follow up is in place, including written information where appropriate. A written discharge to be completed by the ENT House Surgeon and this needs to be checked. • Any patients going to theatre on unscheduled basis or acute patients requiring to go to theatre should be notified to the oncall consultant prior to the child being booked for theatre. • Is responsible for organising the weekly meetings of pathology, radiology, M&M meetings in conjunction with the ENT House Surgeon. • Is responsible for maintaining the M&M records. These should be entered periodically into the computer. • Is responsible for entries into the computer. • When Registrar is rostered to be in theatre it is his responsibility to make sure he is fully conversant with the patient and ensure that all investigations are done prior to surgery and obtain consent on the day of the surgery. All surgery performed by the Registrar shall be dictated at the end of each procedure. • The Registrar will supervise the work of a House Officer, with whom they will organise the investigation and management of inpatients under the care of the Department. <p>All the above duties will be in conjunction with junior house staff and the consultant responsible for that patient. Where appropriate the Registrar will supervise junior staff and help them with problems as needed. The Registrar will discuss with the consultant as needed and over difficult diagnostic or management areas.</p> <ul style="list-style-type: none"> • Clinical skills, judgement and knowledge are expected to improve during the attachment. • 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. • 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 Paediatric ORL patients referred by ED or from the community.
Acute Call	<ul style="list-style-type: none"> • Provide advice to and liaise with GP's and other hospital medical staff on Paeds ORL matters; • Authorise patients to be transferred to and be seen by the Paeds ORL service when appropriate
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 clinical director; • Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary. • 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.

<i>Area</i>	<i>Responsibilities</i>
Outpatients	<ul style="list-style-type: none"> Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate Communicate with referring person 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 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, 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"> <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> <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 Weekly Teaching Sessions with Consultants at Starship Children's Hospital Weekly Teaching Clinics Rostered On With Starship Children's Hospital Consultants. Weekly Radiology, Pathology, and M & M Meetings CME Activities as they appear during that particular run <p><i>Timing of educational sessions is subject to change</i></p>
<ul style="list-style-type: none"> Through example and supervision the Registrar will actively contribute to the education of House Officers. The Registrar will be expected to teach other health care workers and medical students. 	

Section 3: Cover:

Other Resident and Specialist Cover

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:

- 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 Registrars 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

The Registrars contribute to a regional Acute Call roster at ACH on an average 1:12 frequency.

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. during weekdays. In addition, Saturday morning ward rounds may be required and will be remunerated as additional duties.

Section 4: Roster

Hours of work

- Monday–Friday Ordinary Hours = 0730-1630
- Monday–Friday 24 hour shift = 0730-1600 at SSH 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.

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.

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.

The Regional ORL Acute roster is managed by the Northern Regional Alliance in conjunction with ADHB ORL Service.

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
The Registrar will: <ul style="list-style-type: none">• at the outset of the run meet with their designated consultant to discuss goals and expectations for	The service will provide: <ul style="list-style-type: none">• an initial meeting between the Consultant and Registrar to discuss goals and expectations for the

<i>Registrar</i>	<i>Service</i>
<p>the run, review and assessment times, and one on one teaching time</p> <ul style="list-style-type: none"> after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; 	<p>run, review and assessment times, and one on one teaching time.</p> <ul style="list-style-type: none"> an interim assessment report on 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>
<p>Basic hours 40.0 (Mon-Fri)</p> <p>Rostered additional hours 15.13 (inc. all on site and call back shifts for the Regional roster)</p> <p>All other unrostered hours 6.7 <u>To be confirmed by a run review</u></p> <p>Total hours per week 61.83</p>	<p>Together, The Service with the RMO Support Unit will be responsible for the preparation of any Rosters.</p>

Salary: The salary for this is 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