

RUN DESCRIPTION

| POSITION: | Registrar –Cardiology/General Medical Reliever | | |
|------------------------------|---|--|--|
| DEPARTMENT: | Department of Medicine | | |
| PLACE OF WORK: | North Shore and Waitakere Hospital | | |
| RESPONSIBLE TO: | Clinical Director Medicine, Service Manager Medical Services Clinical Director Cardiology, Service Manager Cardiology. | | |
| FUNCTIONAL RELATIONSHIPS: | Healthcare consumer, Hospital and community based healthcare workers | | |
| PRIMARY OBJECTIVE: | To facilitate the management of inpatients under the care of General Medicine and Cardiology Services. To provide leave/night relief cover for registrars working in the General Medicine and Cardiology Services. | | |
| RUN RECOGNITION: | The run can be accredited by the RACP for the training of basic medical trainees. | | |
| RUN PERIOD: | 6 Months | | |

Section 1: Responsibilities

| Area | Responsibilities | | |
|---------------------------------|---|--|--|
| Clinical Duties & Work Schedule | Responsible for the clinical assessment, investigation, diagnosis and treatment of patients under the Medical Consultants. | | |
| | • To facilitate the safe and efficient management of patients in the care of the General Medicine and Cardiology Services under the supervision of the Consultant. | | |
| | General Medicine | | |
| | • The registrar will attend rostered outpatient clinics and will endeavour to see outpatients at their scheduled appointment time. Clinics will be conducted during ordinary hours under the supervision of the consultants, outpatients not previously seen in the department, or who are to be discharged, will be discussed with a Consultant Physician when possible. | | |
| | • Be responsible for the admission, assessment and care of patients in the team, under the supervision of the Consultant. | | |
| | Keep the Specialist and team on call informed about acute admissions where appropriate, particularly in the case of seriously ill patients. | | |
| | • Carry out, with the House Officer a daily ward round in ordinary hours, and when rostered on duty, in order to oversee ongoing investigation and management of the inpatients. | | |
| | To receive general practice enquiries regarding admissions or management issues involving medical patients. | | |
| | To participate in research projects within the department of Medicine. | | |
| | To participate in clinical audit within the department. | | |

Waitemata Cardiology General Medical Reliever Run Description - Effective 31 January 2023.

| Area | Responsibilities | |
|----------------|--|--|
| | | |
| | Cardiology | |
| | To facilitate the safe and efficient management of patients in the care of the cardiology service, under the supervision of the Consultant. | |
| | • To undertake outpatient clinics weekly in North Shore hospital providing clinical management of outpatients with cardiology disorders. Clinics will be conducted during ordinary hours under the supervision of the consultant. | |
| | In the event of a consultation being requested by another service, arrange for the patient to be seen either by the Registrar and/or the on call Cardiologist. | |
| | Cardiology Registrar: To receive general practice enquiries regarding admissions or management issues involving cardiology patients. | |
| | CCU Cardiology Registrar: Under the supervision of the on-call Cardiologist receive calls from CCU nursing staff/on-call Medical Registrar to discuss placement issues when cases are borderline for admission or when there are bed shortages in CCU/Step-down Unit. | |
| | Keep the Cardiologist informed about acute admissions where the patient is seriously ill or causing significant concern. | |
| | • The General Medical Teams are responsible for the non-cardiological care of their patients while these patients are in CCU/Step-down Unit. The CCU Cardiology Registrar will regularly liaise with Team Registrars as deemed appropriate. | |
| | Where necessary interpret Exercise ECG's for patients in Coronary Care/Step-down unit and discuss these with the cardiologist where appropriate. | |
| | To supervise all junior medical staff to meet the requirements of their position. | |
| | To participate in research projects within the department of cardiology. | |
| | Any other duties that may be required in the interest of the department, such as organising clinics, and lunchtime presentations. | |
| Administration | 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: | |
| | "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. | |
| | "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 Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty. | |
| | • As an RMO working at WDHB you will be provided with a Clinical Portal login and a WDHB 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

| Nature | Details | | |
|----------------|---|--|--|
| Protected Time | The following educational sessions are available to the Registrar (unless attendance is required for an emergency): | | |
| | NSH/WTH Medical Journal Club Monday 0800 – 0830 at ADU Handover Room. | | |
| | Cardiology Journal Club Monday 0815-0900 | | |
| | Medical Grand Round 1230 – 1330 Conference Room 1. | | |
| | CCU Cardiology Registrar Clinics Thursday afternoon | | |
| | • Preparation for the written and clinical FRACP. The teaching is held between 1300 – 1600 on Wednesdays at North Shore Hospital (and occasionally Auckland). Video conference facilitates are available at both North Shore and Waitakere Hospitals and the expectation is that Registrar's preparing for the FRACP will attend. | | |
| | Assist when agreed with junior medical staff teaching programmes. | | |
| | Participate in clinical audit within the Department | | |
| | Registrars may be requested to present case summaries and topic reviews. | | |
| | • To attend other meetings/sessions designated by the Clinical Leader of Cardiology (e.g. cardio surgical (CTSU) case conference at Auckland City Hospital). | | |

Section 4: Cover

Other Resident and Specialist Cover

Provide cover for Registrars in the General Medicine and Cardiology Services at North Shore and Waitakere Hospital as instructed by the RMO Support Unit:

- Assist in providing cover for the "day" absence of a Registrar required for night duty.
- Assist in providing cover for day duties and after hours duties of Registrars on leave including planned and unplanned leave
- 14 days notice will be given of any planned cover, including any after hours, weekend or night duties.
- Assist in Short Notice Relief and/or Report for Duty if required
- The number of Registrars on any roster will vary depending on the department or service assigned to.
- The number of House Officers will vary depending on the department or service assigned to.

Section 5: Roster

| Hours of Work | | | | |
|---|--|--|--|--|
| Ordinary hours of work Cardiology | | | | |
| Ordinary hours of work Monday to Friday, 9 hours 0800 - 1700 Saturday and Sunday Weekend Shifts (KW) 0800 - 1800 Nights, Monday – Thursday 2200 - 0800 | | | | |
| Registrars will be required to work 1:4 weekends (Approx. 6-7 sets over 26 weeks) | | | | |
| Ordinary hours of work General Medicine | | | | |
| Monday to Friday 8.0 hours per day: Acute Admitting Long Day Post Acute Ward Rounds Night shifts no more than 4 sets of nights per 26 weeks: Day shifts Saturday and Sunday from: Long Day Shift Saturday or Sunday from: E2 Shift – ED/ADU Admitting E3 Shift – ED/ADU Admitting Un-rostered hours allow for an emergency at the end of the shift. | 0800 - 1600 0800 - 2230 0800 - 1600 2200 - 0800 0800 - 1600 hours 0800 - 2230 hours 0800 - 1400 0800 - 1400 | | | |
| Overnight from 2200 – 0800 there will be a consistent workload across the WDHB General Medicine and Medical Specialties: | | | | |
| <u>A consistent workload for 2 Registrars overnight 2200 – 0800 Monday – Thursday for 15 weeks per run over summer</u> <u>A consistent workload for 3 Registrars overnight 2200 – 0800 Monday – Thursday for 11 weeks per run over winter</u> <u>A consistent workload for 3 Registrars overnight 2200 – 0800 Friday – Sunday all year</u> | | | | |

Staffing levels for weekday long days and weekends do not vary in summer and winter and will instead remain consistent across the year.

Section 6: Performance appraisal

| Registrar | Service |
|--|--|
| The Registrar will: 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 two or three and four or six months, dependant on the run period. 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. | The service will provide: 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, 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. The Director of Basic Physician Training will be available to discuss problems and progress. |

Section 7: Hours and Salary Category

| Average Working Hours | | Service Commitments |
|--|-------|--|
| Basic hours | 40.0 | The Service together with RMO Support Unit will be responsible for the preparation of any rosters. |
| RDO Hours | -3.60 | |
| Rostered additional hours (inc. nights, weekends & long days) | 13.21 | |
| All other unrostered hours (to be confirmed by a run review) | TBC | |
| Total hours per week | 49.61 | |

Salary: The Salary for this attachment will be as detailed as a Category A run.

Total hours fall **above** the middle of the salary band therefore the run will be remunerated as an A run category until the unrostered hours can be confirmed by a run review.