

RUN DESCRIPTION

POSITION:	Registrar – Regional Reliever
DEPARTMENT:	Otolaryngology – Head and Neck Surgery
PLACE OF WORK:	Auckland City Hospital, Starship Children’s Hospital, Green Lane Clinical Centre, North Shore Hospital, Waitakere Hospital, Middlemore Hospital, Manukau Surgical Centre and Super Clinic.
RESPONSIBLE TO:	Clinical Director, ORL HNS, ACH, Auckland District Health Board
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the ORL HNS Service.
RUN RECOGNITION:	This is a non-SET regional post.
RUN PERIOD:	6 months

Section 1: Registrar’s Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> The Registrar will supervise the work of a House Officer, with whom they will organise the investigation and management of patients under the care of the Department. 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. Clinical skills, judgement and knowledge are expected to improve during the run. Legible notes will be written in patient charts on admission whenever a patient is assessed, including on admission, on the ward, in the outpatient clinic and whenever management changes are made. The results of all investigations ordered by the Registrar will be sighted and signed or electronically accepted into the patients’ chart by the Registrar. The Registrar will maintain a high standard of communication with patients, patients’ families and staff; The Registrar will inform the relevant SMO of the status of their patient(s) especially if there is an unexpected event. This includes patients operated on by the relevant SMO at a different hospital and subsequently admitted under the regional Acute ORL HNS service;

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> The Registrar will attend hand-over, team and departmental meetings as required.
Admitting	<ul style="list-style-type: none"> The Registrar will assess patients with suspected ORL HNS problems referred by ED or other services in the hospital, from the community or from other DHB's. The Registrar will admit patients under the care of the SMO on call when appropriate. The Registrar should discuss a possible admission with the SMO on call if there is any doubt regarding the appropriateness of the admission.
Acute Call	<ul style="list-style-type: none"> When rostered on duty to cover acute work, the Registrar will answer calls from General Practitioners or other referring doctors, about patients and arrange to assess them if necessary. Acute call will be shared between all Registrars who will be contributing to the acute calls. The Registrar will provide advice to and liaise with GP's and other clinicians on ORL HNS matters. The Registrar will authorise patients to be transferred to and be seen by the ORL HNS service when appropriate. However any requests to transfer a patient from another ORL HNS Department, or to transfer an inpatient under the care of another service (other than an ED) must be discussed with the on call SMO by the registrar prior to accepting the patient The Registrar will communicate with the on call SMO as required for clinical advice regarding acute referrals, and will notify the on call SMO of an admission no later than 24 hours after that admission. The Registrar will not arrange acute surgery for a patient without first discussing the patient with the on call SMO.
Inpatients	<ul style="list-style-type: none"> The Registrar will undertake regular evaluations, and updating of the management plan for 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. The Registrar will inform the on-call medical staff about any patient(s) whose condition requires special monitoring and/or review. The Registrar will ensure that weekend plans for each patient's management are documented in the notes. In conjunction with the House Officer, the Registrar will ensure that documentation for any patients who are probable weekend discharges is completed on Friday. Saturday morning ward rounds may be required.
Outpatients	<ul style="list-style-type: none"> 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 (FSAs), or who are to be discharged, should be discussed with a Consultant. Acute patients presenting to Outpatient Clinic must be assessed within a reasonable time. The Registrar will assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate. The registrar will dictate (and approve) a letters to the referring clinicians and to the patients' General Practitioner (if they were not the referring clinician) after each attendance at the outpatient clinic in a timely manner. The registrar will arrange and perform outpatient investigations where appropriate. The registrar will also follow up the results of these investigations, accept the results (on

<i>Area</i>	<i>Responsibilities</i>
	Concerto), communicate the results to the patient and their doctor(s) and undertake the appropriate management according to the results of the investigations.
Administration	<ul style="list-style-type: none"> • <i>The Registrar will maintain a high standard of documentation in the medical records of patients. All prescriptions and notes are to be signed, with a printed name and locator number or phone number legibly recorded.</i> • <i>At the direction of the Clinical Director, assist with audit and/or research in order to enhance the performance of the Service.</i> • <i>Obtain informed consent for procedures within the framework of the Medical Council guidelines: https://www.mcnz.org.nz/assets/standards/c43a3affc3/Statement-on-informed-consent.pdf</i>

Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
Protected Time	<p>There will be a minimum of 4 hours per week of education sessions.</p> <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 • The monthly Journal Club, the H&N MDM (including Radiology and Pathology review), Grand Rounds, audit meetings, and morbidity & mortality meetings. • Registrar teaching session on Friday afternoons (usually 3 hours). <p>The timing of educational sessions is subject to change.</p>
<p>The Registrar will actively contribute to the education of House Officers, through supervision and teaching. The Registrar will also be expected to teach medical students and other health care workers.</p>	

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

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 relieving Registrars will be required to cover the day duties and on call shifts of those on leave and cover the day off post 24 hour call shift as per the published relief roster.

The ordinary hours of work will be 0730 hours to 1600 hours, Monday to Friday. 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.

It may not always be possible for the WDHB and CMDHB Registrar to begin cover at ADHB at 1600hrs, because they are rostered until 1600 hours at their allocated DHB, 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 coming onto call must liaise by telephone with the ADHB registrars to ensure cover at ADHB site until they arrive.

Section 4: Roster

Hours of work

- Monday–Friday Ordinary Hours = 0730-1630
- Monday–Friday 24 hour shift = 0730- 1600 at rostered DHB, 1600-2230 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.

Between the hours of 1600 and 0800 Monday to Friday, and 0800 and 0800 hours Saturday and Sunday, the Registrar on call provides cover for ACH, GLCC, Starship, North Shore, Waitakere, MMH and MSC as part of the Regional ORL HNS service. When rostered on call between the hours of 2230 – 0800 the Registrar on call must be able to report to the ADHB Grafton hospital campus within 20 minutes of receiving a call. If this is not feasible, there are facilities available for Registrars to sleep on site.

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

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will:</p> <ul style="list-style-type: none"> At the outset of the run meet with their designated SMO 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 SMO; 	<p>The service will provide:</p> <ul style="list-style-type: none"> An initial meeting between the SMO and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time. A mid-run assessment for report on the Registrar three (3) months into the run, between the Registrar and the SMO responsible for them; The opportunity to discuss any deficiencies identified during the attachment. The SMO 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 7: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.00	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 To be confirmed by a run review	6.45	
Total hours per week	62.5	

Salary The salary for this attachment will be detailed as a Category B, however is paid at two categories above at a category A+ for relief. (this includes all call back shifts).

Saturday morning ward rounds may be required and will be remunerated as additional duties