

RUN DESCRIPTION

POSITION:	Obstetrics and Gynaecology Registrar
DEPARTMENT:	Obstetrics and Gynaecology, Women's Health
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	General Manager Women's Health through their Consultant, the Service Clinical Directors of Obstetrics and Gynaecology
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based multi-disciplinary healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Obstetrics and Gynaecology Service.
RUN RECOGNITION:	This run is recognised as a training position for the RANZCOG.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> The Registrar will function as an important and coordinating part of a clinical team led by a Team Leader. Clinical responsibility will be to the Team Leader and Senior Medical Officers of that team as well as to those of other teams with which the Registrar may be rostered from time to time. All Registrars will be provided with a Daily Schedule which will determine their normal working hours (0800-1600) obligations and indicate to which Consultant they are primarily responsible for that clinical activity. Where emergencies preclude attendance to a scheduled activity, the Consultant to whom the Registrar is responsible for that activity must be informed; or where that is not possible, the Team Leader.

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> • Responsibilities will include all patients admitted under the team to which the Registrar is assigned, as well as the out-patients of that team. As well as this, the Registrar is responsible to follow up on any patient whom they have operated on, regardless of team. • The Registrar will attend acute and elective admissions to the service, ensure that a comprehensive problem list has been constructed and determine an investigation and management plan; where indicated, including discussion with the relevant Senior Medical Officer. • On night shifts (2200h – 0800h), the Registrar will attend acutely to any patient admitted on the ward, at the request of the Clinical Charge Midwife, Charge Nurse, Clinical Midwifery Advisor or Clinical Nurse Advisor, where applicable. They will consult as required with the Senior Medical officer on duty. Where the workload at night requires the Senior Medical Officer to attend, the Registrar is responsible to advise the Senior Medical Officer of such and request their attendance. • The Registrar will ensure that all inpatients will be attended at least daily on week days by a member of the team and will be available for ward rounds performed by the Consultant (unless detained by a clinical emergency). The Registrar will be available to attend or advise on the care of patients at the request of the House Officer or nursing staff within the hours rostered. • The Registrar will ensure hand-over of complex patient problems to the On Call team Registrar at the change of duty where such complexity determines that hand- over should be at Registrar level. Likewise, where complexity necessitates; the Registrar will ensure handover of patients back to their original team. • The Registrar will attend the Labour and Birth Unit and Women’s Assessment unit when rostered and will coordinate the obstetric management of patients; and attend to any problems as requested by the Consultant and/ or Midwifery and Nursing staff. • The Registrar will attend outpatient Antenatal and Gynaecology Clinics as indicated by their Daily Schedules (promptly and for the duration thereof), to assess patient problems and initiate or review management plans and investigations in consultation with the relevant Senior Medical Officer. • The Registrar will attend Theatre when requested by the Specialist or when indicated by the Daily Schedule. The Registrar has a responsibility for ensuring continuity of care for all patients operated on by the registrar or on operating lists in which the registrar has assisted.
Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts in outpatient clinics, on admission, daily and whenever management changes are made. • Gynaecology patients and complicated postnatal patients being discharged should have a discharge summary sent to their GP and/or LMC. Patients will receive a copy of the clinical summary at discharge, ± prescription and/ or follow up appointment if required. Such responsibilities may be delegated to the House Officer when appropriate. • A letter will be dictated to the patient’s GP after each Gynaecological outpatient visit • The Registrar will be responsible to ensure signoff of all outstanding Radiology and Lab results for their team in collaboration with the House Officers in their team.

Section 2: Training and Education

<i>Area</i>	<i>Training and Education</i>
Protected time	<ul style="list-style-type: none"> There will normally be 4 hours each week of education. with 2 hours being clinical meetings (including Perinatal Meeting, Maternal morbidity meeting, Colposcopy MDM, Friday morning of week B “Aspiring to Excellence”, combined anaesthesia meeting) and 2 hours being teaching specifically for Registrars (1400-1600 Fridays FRANZCOG teaching). The Friday teaching is focussed around the RANZCOG curriculum and is aimed at helping Trainees prepare for their exams. There is also a weekly CTG related clinical teaching meeting on Thursday’s 0745- 0830hours.
Research	<ul style="list-style-type: none"> Opportunities are available for research. Research projects should be decided in conjunction with team leaders or other supervisors. Research is a compulsory requirement for RANZCOG training. In recognition of the competing learning requirements and clinical experience needed, the Registrar will have dedicated research time during ordinary working hours. This will include 1 hour per week as protected research time.

Section 3: Cover

<i>Cover</i>
<ul style="list-style-type: none"> There are 16 Registrars employed on the roster, plus 3 Relievers. The Chief Resident co-ordinates the daytime duties of the team registrars, leave relievers and night relievers to maximize training opportunities, and rationalize service provision according to seniority and clinical prioritization. RANZCOG trainees will be given priority for operating lists and FRANZCOG teaching sessions. Two Registrars will be resident in the hospital at all times and two Consultants always available on call to attend if requested. During ordinary hours, there are 12 Registrars on Monday, Tuesday, Wednesday, Thursday and 10 Registrars on Friday contributing to the O&G roster.

Section 4: Roster

Hours of work

- Ordinary Hours Monday to Friday 0800 - 1600
 - Long Day Monday to Sunday 0800 - 2230
 - Night Duty Monday to Sunday 2200 - 0800
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- The ordinary hours of work will be 8 hours per day between 0800 and 1600 Monday to Friday. Nights will be worked in sets of 4 consecutive and 3 consecutive night duties
 - Leave: In general, no more than 2 weeks of annual leave should be taken in a 6 month period. No more than three Registrars should be on leave at any time except in exceptional circumstances, as approved by the Service Manager and relevant Service Clinical Director.
 - All requests for Medical Education Leave (MEL) are subject to approval by the relevant Service Clinical Director and General Manager of Women's Health.
 - Applications for MEL must be submitted well in advance to facilitate cover arrangements. Leave immediately prior to / the day of RANZCOG examinations will be preferentially granted to those sitting
 - that examination. Similarly, leave during the PROMPT course and other compulsory training requirements may be reserved for those attending.
 - The Department employs Leave Relievers to cover absence from work on planned leave.
 - Annual leave cover is arranged on a 'first come first served' basis and applications for annual leave should be submitted as early as possible. Short-term sick absence is covered within the Department unless the Reliever is available. Cover for planned leave will be negotiated prior to leave being approved.

Section 5: Performance appraisal

Performance appraisal

Performance will be assessed by Senior Medical Staff of the Department and a report forwarded to the Registrar Supervisor after discussion with the Registrar. If deficiencies are identified during the attachment, the Consultant or Team Leader to whom the Registrar is responsible will bring these to the Registrar's attention and discuss how they may be corrected.

Section 6: Hours and Salary Category

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

<i>Average Working Hours - STONZ Run Category (RDO's are observed)</i>		<i>Service Commitments</i>
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	-2	
Rostered Additional	17.28	
All other unrostered Hours	8.25	
Total Hours	63.53	

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

Where no weekday RDOs are observed, the following run category will apply:

<i>Average Working Hours - SToNZ Run Category (not observing RDO's)</i>		<i>Service Commitments</i>
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
Rostered additional hours	17.28	
All other unrostered hours	8.25	
Total Hours	65.53	

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