

RUN DESCRIPTION

POSITION:	Registrar 2 – Rheumatology
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DEPARTMENT:	Division of Medicine (Rheumatology)
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PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites.
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RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising consultant(s) and the Clinical Head - Rheumatology
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FUNCTIONAL RELATIONSHIPS:	Health Care Consumers Hospital and community-based health care workers Research subjects
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PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Division of Medicine (Sub- specialty Rheumatology). To also undertake research and participate in commercial trials run by Middlemore Clinical Trials limited
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RUN RECOGNITION:	This run is recognised by the RACP as a training position for specialist qualification.
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RUN PERIOD:	6 months
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Section 1: Registrar's Responsibilities

Area	Responsibilities
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Area	Responsibilities
Clinical Duties	<ul style="list-style-type: none"> • Participate in new and follow-up Rheumatology outpatient clinics • Assist with other relevant clinical tasks as required, in particular review of ward referrals and acute outpatient assessments. • Assist with clinical duties and procedures of the Rheumatology Registrar and support the House Officer as required. • The Registrar will maintain a high standard of communication with patients, patients' families and staff. • Attend regular department meetings (eg. radiology case conference, teaching sessions, multidisciplinary and research meetings) • The Research Registrar is expected to cover the Rheumatology Registrar when he/she is on leave or unwell. The Research Registrar is not expected to cover the Rheumatology Registrars clinics when on leave (unless in exceptional circumstances).
	<ul style="list-style-type: none"> • Direct clinical contact time (non-research clinics / procedure lists) to be no greater than 6 half day sessions per week. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • CMDHB Clinical Board policies are to be followed at all times.
Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • 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. • The Registrar will be expected to participate in audit programmes within the Division of Medicine and, in particular, will be responsible for completion of a mortality audit form for each patient dying under his/her care and presenting this to the Consultant. • A letter will be dictated to the patient's GP after each outpatient visit. • The results of all investigations will be sighted and signed electronically. The responsibility for results relating to inpatients may be shared with the team House Officer. The Registrar will refer results to the Consultant where there is uncertainty about the significance of the result. • The Research Registrar is expected to attend the weekly Medical Division Clinical Meeting and to present at that meeting as requested and attend weekly regional rheumatology meetings at Greenlane clinical centre (UPROAR). • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 1) "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." 2) "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

Area	Responsibilities
	<p>Support Unit or, if after hours, the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty</p> <ul style="list-style-type: none"> • As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB 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

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0800 Medical handover Review Rheumatology inpatients Review research patients	0830 Rheumatology clinic	0800 Medical handover Review rheumatology inpatients Review research patients	0900 Rheumatology ward round 10.30 X-Ray meeting	0800 Medical handover Review inpatients And research
				12.15-1330 Medical grand round	
p.m.	1300 Monthly musculoskeletal clinic 1515-1600- Rheumatology teaching at Greenlane clinical centre	1300 Rheumatology clinic		1300 Biologics clinic fortnightly	1300 Rheumatology urgent clinic Gout clinic every 3 monthly
	1600-1800 UPROAR				

Note: dates and times for the sessions above may change.

Other teaching is available depending on the sub-speciality of interest. Please refer to Paanui for days and times.

<i>Education</i>
To attend the relevant specialty Case Conferences and CME activities (Specialty Education Meetings, journal club etc) at Middlemore and Auckland City Hospitals.
<i>Research</i>
To undertake research projects (academic and pharmaceutical) in consultation with the Clinical Head - Rheumatology. Involved as a sub investigator in Pharmaceutical industry sponsored trials run by CCRep
<i>Teaching</i>
To assist in teaching House Officers, Registrars, fifth year medical students, and other health workers as requested.

Section 3: Roster

Roster

- **Registrar**
- Up to 18 long days (0800-2230)
- Up to 6x weekends (1x 0800 – 1600, 1x 0800 – 2230)
- Maximum of 8 nights (2200-0800)
- **Monday to Friday 0800 – 1600**

Across the CMDHB General Medicine and Medical Specialties services there will be:

- A consistent workload for 3 Registrars overnight (2200-0800).
- In addition there is 1 Registrar rostered to 1600 – 0000 daily in Medical Assessment Unit, who may remain on site until 0400 at the latest to support workload requirements, this is accounted for within the on-call component of the run description.
- A consistent workload for 9 Registrars rostered to weekday long days (Monday-Friday).
- A consistent workload for minimum staffing levels of 14 Registrars are as follow for weekend shifts
 - o 8x Saturday long days
 - o 6x Saturday short days
 - o 6x Sunday long days
 - o 8x Sunday short days.
- Minimum staffing are levels inclusive of Cardiology, Renal and Respiratory service long days and weekends
- Please note – within the published roster/roster template there are additional long days and weekends rostered. This is to provide buffer for both planned and un-planned leave and these shifts are over and above the minimum staffing levels outlined above. Cross cover payments would not apply where the additional/buffer shifts are not filled as these shifts are above minimum staffing levels

Section 4: Cover

Other Resident and Specialist Cover

From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care.

The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<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; • Ensure a mid run assessment is completed after discussion between the Registrar and the consultant responsible for them; • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; • Sight and sign the final assessment report provided by the service. 	<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 six (6) weeks 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>
Basic Hours	40	The Service will be responsible for the preparation of any Rosters.
Nights or Weekend (Medicine Roster)	12.77	
Unrostered hours	4.48	
Total hours per week	57.25	

Salary The salary for this attachment will be detailed as a Category **C**.