

RUN

POSITION:	Registrar
DEPARTMENT:	Endocrinology with Diabetes/ General Medicine, Medical Services
PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites.
RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the safe and effective management of patients under the care of the Department of Medicine, Medical Services.
RUN RECOGNITION:	This run is eligible for recognition as part of an appropriate training program for specialist qualification.
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 is responsible for the day to day medical care of Endocrine inpatients under the Endocrine Inpatient Team and will undertake a daily morning round of all these patients. • The Registrar will provide a Diabetes Subspecialty referral service to the Inpatient Service by clinical oversight of the Diabetes Nurse Specialists and offer advice to other Medical Staff. The Registrar is expected to ensure the appropriate liaison occurs between the various health care providers to ensure the required level of co-ordinated care to the patients is achieved and maintained. • The Registrar will attend rostered Diabetes outpatient clinics and will endeavour to see outpatients at their scheduled appointment times. Outpatients not previously seen in the Department, or who are to be discharged, will be discussed with a Consultant Physician when possible. • The Registrar responsibilities for Diabetes outpatient clinics will be: <ul style="list-style-type: none"> – Assessment of patients to optimise glycaemic control and identify diabetic complication risk – Clinical risk factor management – Facilitate co-ordination of other health care professionals involved in overall medical management of patients within the Diabetes Service. – Optimise diabetes management and glycaemic control in diabetes in pregnancy clinics.

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> – Facilitate support of Eye Clinic in diabetes management and glycaemic control including risk factor management for patients referred into Diabetes Clinic by Eye Service. • The registrar will be available during outpatient clinic sessions to support the Diabetes Ulcer Clinic as follows: <ul style="list-style-type: none"> – Facilitate admission to hospital process for patients with ulcer requiring admission – Prescribe appropriate medications as required – Undertake specific investigations required to support ulcer clinic - e.g. biopsy – Support multidisciplinary team to optimise Diabetes management and glycaemic control risk factor management. • Assist with Inpatient Endocrine and Diabetes reviews (shared with the Endocrinology Registrar) • Support inpatient diabetes Nurse Specialists • Review maternity inpatients with diabetes • Cover endocrinology inpatients (shared with the Endocrinology Registrar as either off site at MSC at various times) • Provide GP advice line (mon-Fri office hours) • Provide one diabetes clinic plus two Endocrinology clinics per week and one Diabetes in Pregnancy clinic on average one week in two (in blocks) • The Registrar will maintain a high standard of communication with patients, patients' families and staff. The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients • The registrar will be expected to participate in the General Medical Roster on long days, weekends and nights and to provide back up cover (details below). • 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 documentation should comply with CMDHB Clinical Board documentation policy. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • The Registrar will be expected to participate in audit programmes within Internal 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 Registrar will refer results to the Consultant where there is uncertainty about the significance of the result. • 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.

Area	Responsibilities
	<ul style="list-style-type: none"> • The Registrar is expected to attend the weekly Medical Division Clinical Meeting. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). • 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 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 • 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
am	Inpatient reviews & consults.(Drs Orr-Walker, Dissanayake, Panossian)	Inpatient reviews & consults.(Drs Orr-Walker, Dissanayake,Panossian) q4 weekly Endocrinology Surgical MDT meeting	Inpatient reviews & consults.(Drs Orr-Walker, Dissanayake,Panossian)	Inpatient reviews & consults.(Drs Orr-Walker, Dissanayake,Panossian)	Inpatient reviews & consults.(Drs Orr-Walker, Dissanayake,Panossian)
pm	Endocrine clinic (Dr Orr-Walker) (BSC)	Diabetes In Pregnancy clinic (Dr. Yeoh, Dr. Griffiths, Dr Panossian, Dr McAuley)	Team meeting (Diabetes), Endocrinology Journal Club q2 weekly Endocrinology radiology meeting	Diabetes Clinic (space tbc)	Diabetes Clinic (Mangere)

Please note actual times for OPC are indicative.

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

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

Education

<i>Education</i>
<p>Through example and supervision the Registrar will actively contribute to the education of House Officers and general medicine trainees and medical students , and will support nursing staff. On occasion, the Registrar may be requested to teach other health care workers.</p> <p>There will be a minimum of 4 hours of educational sessions per week which includes specialist Registrar training at Auckland Hospital or where regionally organised when clinical duties allow.</p>
<i>Research</i>
<p>A clinical research project may be undertaken during the attachment subject to approval by the Manager, Medical Services and the Clinical Head – Endocrinology and Diabetes Subspecialty. Quality improvement activities, such as clinical audit, are also encouraged.</p>

Section 3: Roster

<i>Roster</i>
<ul style="list-style-type: none"> • Up to 18 long days 0800-2230 • Up to 4x weekends (1x 0800-2230, 1 x 0800-1600) • Maximum of 8 nights (2200-0800) • Monday to Friday 0800-1600 <p>•</p> <p>Across the CMDHB General Medicine and Medical Specialties services there will be:</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> 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

<i>Other Resident and Specialist Cover</i>
<p>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.</p>

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 	<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

<i>Registrar</i>	<i>Service</i>
<p>one teaching time;</p> <ul style="list-style-type: none"> • 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. • Any other trainee requirements for training as deemed by the RACP for recognition of the run 	<p>on one teaching time;</p> <ul style="list-style-type: none"> • 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. • Any other supervisor requirements for training as deemed by the RACP for recognition of the run

Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40</p> <p>Rostered additional hours (inc. nights, weekends & long days) 11.04</p> <p>All other unrostered hours 6.42</p> <p>Total hours per week 57.46</p>	<p>The Service will be responsible for the preparation of any rosters.</p>

Salary: The salary for this attachment is estimated to be a Category C