

RUN DESCRIPTION

POSITION:	Geriatrics Emergency Registrar
DEPARTMENT:	AT&R Unit for the Elderly, Adult Rehabilitation and Health of Older People (ARHOP)
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 Heads of CGS and AT&R.
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the safe and effective management of inpatients under the care of AT&R Unit for the Elderly, Intermediary Care Services.
RUN RECOGNITION:	This run is recognised by the RACP as a training position 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 will supervise the work of a House Officer, with whom they will organise the investigation and management of inpatients under the care of the department, requesting assistance from the Consultant on call when required. The Registrar is expected to ensure their patients are safely and efficiently handed over and to liaise with the other health professionals in the unit to ensure the required level of coordinated care to the patients is achieved and maintained. The Registrar will be available to attend Consultant rounds and will have a current knowledge of the progress of inpatients under their care. The Registrar will participate in the Registrars' roster to assess and see patients in EC/SSU referred to AT&R during weekdays. 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 attend rostered outpatient clinics promptly 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. The Registrar will answer calls by GPs about patients and arrange appropriate channel of assessment in accordance with the triage formula operating in the Unit or discuss patient with consultant if necessary.

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> • The Registrar will be available for DOM home assessment if required. • The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients. • 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"> • The Registrar will review the Electronic Discharge Summaries (EDS) prepared by the team House Officer. The Registrar will send an amended EDS or dictate an additional letter to the GP after patient's discharge from hospital when complexity of diagnosis and management, or results of investigations available after discharge, makes this necessary. • The Registrar is responsible for the accuracy of the principal and secondary diagnoses and treatment/management and procedures performed recorded on the EDS. • 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 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 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 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 Registrar is expected to attend the weekly Medical Division Clinical Meeting, and 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: <ul style="list-style-type: none"> • "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, if after hours the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty

Area	Responsibilities
	<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.	0815 AT&R work planning meeting	0815 AT&R work planning meeting	0815 AT&R work planning meeting 0900 OPD Clinic	0815 AT&R work planning meeting	0815 AT&R work planning meeting 0830 – Radiology Conference
p.m.	1215 – SACS Lecture Series (every 4th week)		1200 – Unit Teaching	12.15 – Medical Grand Round 13 00 Alternate weekly clinic	

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>
<p>Through example and supervision the Registrar will actively contribute to the education of House Officers. On occasion the Registrar may be requested to teach other health care workers and medical students.</p> <p>There will be an average of 3 hours of educational sessions per week which includes attending specialist Registrar training at Auckland Hospital when clinical duties allow.</p> <p>The Registrar will participate in AT&R Unit teaching sessions.</p>
<i>Research</i>
<p>A clinical research project may be undertaken during the attachment subject to approval by the Manager, Intermediary Care Services and the Clinical Head - AT&R Unit for the Elderly. Quality improvement activities, such as clinical audit, are also encouraged.</p>

Section 3: Roster

<i>Roster</i>

Roster

- There are 8 Registrars employed in the Geriatric/AT&R Service. The ordinary hours of work are 0800 - 1600 hours Monday to Friday. Up to 20 long days in 26 weeks 0800-2230
- Up to 6-7 weekends (1x 0800-1600, 1x 0800-2230)
- Maximum of 12 nights (2200-0800)
- For the period where Registrars are allocated to relief, they will be paid the medical relief run category and will work the shifts outlined on the published relief roster

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.
A Geriatrician is on call 8am-10pm.

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

<i>Registrar</i>	<i>Service</i>
	end of the run, a copy of which is to be sighted and signed by the Registrar.

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:

Average Working Hours - STONZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-4.06	
Rostered Additional	14.55	
All other unrostered Hours	2.18	
Total Hours	52.67	

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

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service will be responsible for the preparation of any rosters.
Rostered additional hours (inc. nights, weekends & long days)	14.55	
All other unrostered hours	2.18	
Total hours per week	56.73	

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