

# RUN DESCRIPTION

<b>POSITION:</b>	Infectious Diseases Registrar
<b>DEPARTMENT:</b>	Infectious Diseases, Medical Services Infectious Diseases, Lab
<b>PLACE OF WORK:</b>	Waitemata District
<b>RESPONSIBLE TO:</b>	Service Manager and Clinical Director through their supervising consultant(s) and the Clinical Head.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumer Hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of or referred to the Infectious Diseases Service.
<b>RUN RECOGNITION:</b>	This position is recognised by the RACP as a core training position for specialist qualification.
<b>RUN PERIOD:</b>	6 months

## Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"> <li>The registrar will provide advice to and liaise with GP's and other hospital medical staff on Infectious Diseases matters.</li> <li>The Registrar will review new inpatient Infectious Diseases referrals and follow-up previously referred patients.</li> <li>The Registrar is expected to discuss these patients with the Infectious Disease consultants.</li> <li>The Registrar will maintain a high standard of communication with patients, patients' families, the referring team and other staff. The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients.</li> <li>The Registrar will attend rostered outpatient clinics, one session per week (North Shore Hospital / Waitakere Hospital sites) and endeavour to see outpatients at their scheduled appointment times. In addition to the outpatient clinics, the Registrar will help over-see the management of patients receiving outpatient parenteral antibiotic therapy (OPAT).</li> <li>The registrar will work closely with the microbiology laboratory. This may involve following up sterile site isolates, liaising with clinical services, and reviewing patients when required</li> <li>The Registrar will be expected to promote Antimicrobial Stewardship principles and work closely with the AMS team.</li> <li>The Registrar will be expected to have a close working association with the</li> </ul>

Area	Responsibilities
	Infection Control team. <ul style="list-style-type: none"> <li>• WDHB Clinical Board policies are to be followed at all times.</li> </ul>
<b>Acute admitting</b>	<ul style="list-style-type: none"> <li>• The Registrar will take part the acute medical admitting roster.</li> </ul>
<b>On-Duty</b>	<ul style="list-style-type: none"> <li>• The Registrar will be on duty from 0800 hrs to 1630 hrs Monday to Friday and participate in the acute admitting roster as above.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. The opinion of the Consultant will be recorded. All documentation should comply with WDHB Clinical Board documentation policy.</li> <li>• All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed.</li> <li>• A letter will be dictated to the patient's GP after each outpatient visit.</li> <li>• 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</li> <li>• The Registrar may be asked to participate in audit programmes within Internal Medicine as well as participate in Journal Club and Grand Rounds.</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:               <ol style="list-style-type: none"> <li>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."</li> <li>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."</li> </ol> </li> <li>• 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</li> <li>• As an RMO working at WDHB you will be provided with a Clinical Portal login and WDHB email account which will be used for all work-related communication. It is your responsibility to ensure you check this regularly</li> </ul>

## Section 2: Training and Education

Registrar 1 (ID/OPIVA/Consult)	Mon	Tue	Wed	Thurs	Fri
<b>Morning</b>	8:30 ID journal club  Consults  ICU visit with consultant (mid-late morning)	Consults	Consults	Consults  10:45-11:15 Renal-ID meeting  11:15-12:00 OPIVA meeting (fortnightly)	Clinic (alternating week – week 2 and 4)  Consults
<b>Afternoon</b>	Consults	12:30 Grand Round  13:30-14:00 Plate Round  14:00-14:30 Dept case meeting  15:00 Radiology meeting (2nd and 4th Tuesday of the month)	Protected time  16:00 Regional ID CME	ICU visit with consultant (early afternoon)  Consults	End of week round with consultant (Registrar 2 to cross cover to facilitate uninterrupted ward round)

Registrar 2 (Micro/ID/IPC)	Mon	Tue	Wed	Thurs	Fri
<b>Morning</b>	8:30 ID journal club  09:45-11:00 Micro results round/clinical liaison  11:00-11:30 Bench round with consultant	09:30-11:00 Micro results round/clinical liaison  11:00-11:30 Bench round with consultant	09:30-11:00 Micro results round/clinical liaison  11:00-11:30 Bench round with consultant	IPC catch up 08:30  09:30-11:00 Micro results round/clinical liaison  11:00-11:30 Bench round with consultant	Clinic alternating week – week 1 and 3  Week 1 & 3: 09:30-11:00 Micro results round/clinical liaison  11:00-11:30 Bench round with consultant
<b>Afternoon</b>	WTK visit if needed	12:30 Grand Round  <i>[13:30-15:00 Every 6-8 weeks: IPC executive/service meeting]</i>  13:30-14:00 Plate Round  14:00-14:30 Dept case	Cross cover Registrar 1 (for protected time)  16:00 Regional ID CME	Protected time  (Sexual Health/Immunology clinic visit as arranged)	Cross cover Reg 1 to facilitate end of week round

		meeting  15:00 Radiology meeting (2nd and 4th Tuesday of the month)			
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Note: dates and times for the sessions above may change.

In addition, there will be monthly Infection Control team meetings and Antimicrobial Stewardship committee meetings as well as OPAT meetings.

Through example and supervision, the Registrar will actively contribute to the education of House Officers and other registrars. On occasion, the Registrar may be requested to teach other health care workers and medical students.

### Section 3: Roster

<i>Hours of Work</i>
<p>Normal Day: 08:00 - 16:30 Monday to Friday 8.5 hours per day  Night shift: 22:00 - 08:00 will occur on Monday to Thursday only one set in 26 weeks  L/ED Shift: Monday to Friday long day 0800 – 2230; approx. 8-9 shifts in 26 weeks  E1 Weekend Shift: 13:00-22:30 Day shifts Saturday and Sunday: approx. 2-3 sets in 26 weeks  Weekend Shift: 08:00 – 16:00 or 08:00 - 22:30 Day shifts Saturday and Sunday: approx. 2-3 sets in 26 weeks</p> <ul style="list-style-type: none"> <li>• Un-rostered hours allow for an emergency at the end of the shift.</li> </ul> <p><u>Overnight from 2200 – 0800 there will be a consistent workload across the WDHB General Medicine and Medical Specialties:</u></p> <ul style="list-style-type: none"> <li>• <u>A consistent workload for 2 Registrars overnight 2200 – 0800 Monday – Thursday for 15 weeks per run over summer</u></li> <li>• <u>A consistent workload for 3 Registrars overnight 2200 – 0800 Monday – Thursday for 11 weeks per run over winter</u></li> <li>• <u>A consistent workload for 3 Registrars overnight 2200 – 0800 Friday – Sunday all year</u></li> </ul> <p>Staffing levels for weekday long days and weekends do not vary in summer and winter and will instead remain consistent across the year.</p>

### Section 4: Cover:

<i>Other Resident and Specialist Cover</i>
<p>After hours the Registrars will be responsible for patients under the care of the Division of Medicine and Health of Older People Services.</p> <p>Additional out of hours cover is provided by the General Medicine Registrars</p>

### Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will;</i></p> <ul style="list-style-type: none"> <li>• At the outset of the run meet with their designated consultant(s) to discuss goals and expectations for the run, review and assessment times, and one on</li> </ul>	<p><i>The service will provide;</i></p> <ul style="list-style-type: none"> <li>• An initial meeting between the Consultant and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one</li> </ul>

<i>Registrar</i>	<i>Service</i>
<p>one teaching time.</p> <ul style="list-style-type: none"> <li>• Ensure a mid run assessment is completed after discussion between the Registrar and the consultant(s) responsible for them;</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant(s);</li> <li>• Complete any RACP requirements for training eg PREP requirements for ID SAC advanced training</li> <li>• Sight and sign the final assessment report provided by the service.</li> </ul>	<p>teaching time;</p> <ul style="list-style-type: none"> <li>• An interim assessment report on the Registrar 3 months into the run, after discussion between the Registrar and the Consultant(s) responsible for them;</li> <li>• 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;</li> <li>• 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.</li> </ul>

## Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	6.08	
Note: this includes rostered Monday to Friday 1600-1630	+	
	2.50	
All other unrostered hours	2.50	
Total hours per week	51.08	

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

Total hours fall **above** the middle of the salary band therefore, the run will be remunerated as a D run category.