

## RUN DESCRIPTION

<b>POSITION:</b>	Registrar – Cardiology
<b>DEPARTMENT:</b>	Cardiology
<b>PLACE OF WORK:</b>	Waitemata District– North Shore Hospital and Waitakere Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director of Cardiology, Cardiology Operations Manager
<b>FUNCTIONAL RELATIONSHIPS:</b>	Consultants and registrars in the Medicine service and other professionals as required
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients in the care of the Cardiology service.
<b>RUN RECOGNITION:</b>	That the run is accredited for the training of basic and advanced Cardiology trainees.
<b>RUN PERIOD:</b>	6 months

### Section 1: Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties &amp; Work Schedule</b>	<ul style="list-style-type: none"> <li>To facilitate the safe and efficient management of patients in the care of the cardiology service, under the supervision of the Consultant.</li> <li>To undertake outpatient clinics weekly in North Shore hospital providing clinical management of outpatients with cardiology disorders. Clinics will be conducted during ordinary hours under the supervision of the consultant.</li> <li>In the event of a consultation being requested by another service, arrange for the patient to be seen either by the Registrar and/or the on call Cardiologist.</li> <li>Cardiology Registrar: To receive general practice enquiries regarding admissions or management issues involving cardiology patients.</li> <li>CCU Cardiology Registrar: Under the supervision of the on-call Cardiologist receive calls from CCU nursing staff/on-call Medical Registrar to discuss placement issues when cases are borderline for admission or when there are bed shortages in CCU/Step-down Unit.</li> <li>Keep the Cardiologist informed about acute admissions where the patient is seriously ill or causing significant concern.</li> <li>The General Medical Teams are responsible for the non-cardiological care of their patients while these patients are in CCU/Step-down Unit. The CCU Cardiology Registrar will regularly liaise with Team Registrars as deemed appropriate</li> <li>Where necessary interpret Exercise ECG's for patients in Coronary Care/Step-down unit and discuss these with the cardiologist where appropriate.</li> <li>To supervise all junior medical staff to meet the requirements of their position.</li> <li>To participate in research projects within the department of cardiology.</li> <li>Any other duties that may be required in the interest of the department, such as</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<p>organising clinics, and lunchtime presentations.</p> <ul style="list-style-type: none"> <li>• Provide support to the General Medicine Service during weekends and evenings when the cardiology service is not busy.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded;</li> <li>• Be responsible for certifying death and complete appropriate documentation;</li> <li>• At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</li> <li>• Dictate discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion;</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 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 a 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

<i>Nature</i>	<i>Details</i>
<b>Protected Time</b>	<p>The Registrar will attend weekly (unless attendance is required for an emergency) the:</p> <ul style="list-style-type: none"> <li>• NSH Medical Journal Club Thursday 0800</li> <li>• Cardiology Journal Club Monday 0815-0900</li> <li>• Cardiology Advanced Trainee core lecture series 0730-0900 Auckland City Hospital (Cardiology Reg)</li> <li>• NSH Medical Grand Round NSH Tuesday 1230 – 1330 Conference Room 1</li> <li>• CCU Cardiology Registrar Clinics Thursday afternoon</li> <li>• Preparation for the written and clinical FRACP at Auckland City hospital 13:00 to 16:00 Wednesday (CCU Reg if appropriate)</li> <li>• Participate in clinical audit within the Department.</li> <li>• Assist when required with junior medical staff teaching programmes.</li> <li>• Registrars present case summaries and topic reviews on a regular basis.</li> </ul> <p>To attend other meetings/sessions designated by the Clinical Leader of Cardiology (e.g. cardiothoracic (CTS) case conference at Auckland City Hospital).</p>

### Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>The Cardiology Medical Registrar will combine with the Medical Specialty Registrars to provide cover for the General Medicine Service between the hours of 2200 to 0800 Monday to Thursday.</p> <p>Saturday and Sunday weekend shifts (KW) to cover Cardiology and assist in General Medicine if required.</p>

### Section 4: Roster

<i>Hours of Work</i>
<p><b>Hours of work</b></p> <ul style="list-style-type: none"> <li>• Ordinary hours of work Monday to Friday, 9 hours <span style="float: right;">0800 - 1700</span></li> <li>• Saturday and Sunday Weekend Shifts (KW) <span style="float: right;">0800 - 1800</span></li> <li>• Nights, Monday – Thursday only <span style="float: right;">2200 - 0800</span></li> </ul> <p>Registrars will be required to work 1:4 (Approx 6-7)weekends over 26 weeks.</p> <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 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> <li>• Ensure they arrange a formal meeting with their supervising consultant to assess and discuss their performance at the beginning of the attachment, and again at three and six months.</li> <li>• If deficiencies are identified, the Consultant will identify these with the Registrar who should implement a corrective plan of action under the advice of their Consultant.</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 teaching time.</li> <li>• An interim assessment report on the Registrar three (3) months into the run, after discussion between the Registrar and the Consultant 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> <li>• The Director of Basic Physician Training will be available to discuss problems and progress.</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 RMO Support Unit will be responsible for the preparation of any rosters.
Rostered additional hours (inc. nights, weekends & long days)	7.69	
Note: this includes rostered Monday to Friday 1600-1700 and 0730 – 0800 Tuesday Teaching	+ 5.50	
All other unrostered hours	7.28	
<b>Total hours per week</b>	<b>60.47</b>	

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

Total hours fall **above** the middle of the salary band and the service expect the unrostered hours to be above 8 hours on average per week therefore the run will be remunerated as a B run category.