

RUN DESCRIPTION

POSITION:	General Medicine ADU Registrar
DEPARTMENT:	Department of Medicine
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Clinical Director / Operations Manager, General Medicine & Assigned Team Consultant
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community-based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients in the care of the General Medicine service.
RUN RECOGNITION:	That the run is accredited by the Royal Australasian College of Physicians for the training of basic and medical and advanced trainees.
RUN PERIOD:	6 months

Section 1: Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties & Work Schedule	<p>Responsible for the clinical assessment, investigation, diagnosis and treatment of patients admitted to the Medical Service under the supervision of the Consultant Physicians.</p> <p>MEDICAL WARDS</p> <ul style="list-style-type: none"> • During on call duties, receive general practice enquiries regarding admissions or management issues involving Medical patients. • Be responsible for the assessment of patients to the Medical Service • Facilitate safe and efficient management of patients under the care of Medical Services • Keep the Specialist and team on call informed about acute admissions where appropriate, particularly in the case of seriously ill patients. • Participate in and supervise the discharge process, particularly communication with General Practitioners. • Complete a daily ward round in ordinary hours and when rostered on duty, in order to oversee ongoing investigation and management of inpatients. The team house officer will also participate in these ward rounds • Ensure that in the event of a consultation being requested by another Service, the

Area	Responsibilities
	<p>patient is seen and the on-call Specialist made aware of any problems.</p> <ul style="list-style-type: none"> • Hold outpatient clinics weekly, during ordinary hours. • Supervise House Surgeons attached to the team <p><u>ADU</u></p> <ul style="list-style-type: none"> • To facilitate the safe and efficient management of patients in the care of the Medical Service under the supervision of the Consultants. This includes: <ul style="list-style-type: none"> a) maintaining timely reviews of patients, particularly post diagnostic tests b) documentation of comprehensive management plans • Keep the Consultant informed about acute admissions where the patient is seriously ill or causing significant concern: <ul style="list-style-type: none"> a) during normal working hours – Acute & General Physician, ED/ADU or Consultant Physician on call b) after hours – Consultant Physician on call. • Participate in daily acute and follow up clinics in ADU to facilitate discharge with certainty of follow up • Participate in the discharge process, particularly communication with the General Practitioners. • Ensure that in the event of a consultation being requested by another Service, the patient is seen and the on-call consultant made aware of any problems • To provide supervision of the medical house officer attached to ED/ADU (where applicable). • To participate in research projects and clinical audit within the department • Any other duties that may be required in the interests of the department, such as organising clinics and lunchtime presentations. • Registrars may be requested to present case summaries and topic reviews.
Administration	<ul style="list-style-type: none"> • 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. • Be responsible for certifying death and complete appropriate documentation. • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service. • Dictate discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion. • 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 Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty. • 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

Area	Responsibilities
	responsibility to ensure you check this regularly.

Section 2: Training and Education

Nature	Details		
Protected Time	The Registrar will attend weekly (unless acute admitting or attendance is required for an emergency) the following education opportunities:		
Day	Session	Time	Venue
Monday	-	-	-
Tuesday	NSH General Medicine Radiology meeting 2nd+4th Tuesdays NSH Medical Grand Round	1130-1230 1230-1330	Whenua Pupuke
Wednesday	Preparation for the written and clinical FRACP. The expectation is that Registrar's preparing for the FRACP will attend.	1300-1600	North Shore Hospital (and occasionally Auckland). Video conference facilities are available at North Shore Hospital.
Thursday	NSH Medical Journal Club	0800-0830	ADU Handover Room
Friday	-	-	-
	<ul style="list-style-type: none"> To attend other meetings/sessions as directed by the assigned consultant. Assist where agreed with house officer teaching programmes. 		
Training and Development of Other Staff	<ul style="list-style-type: none"> The Registrar will assist/participate as appropriate with ward in-service training programmes and department seminars. 		

Section 3: Roster

Hours of Work
<p><u>Ordinary hours of work</u></p> <p>08:00 - 16:00 Monday to Friday (ordinary hours of work) 22:00 - 08:00 Night Duty 08:00 - 16:00 Post-Acute Ward Rounds 08:00 - 16:00 Saturday Post-Acute Ward Round 08:00 – 22:30 Long Day Acute Admitting/Ward Calls see below 0800 – 1400 E2 Sunday ED/ADU Admitting 0800 – 1400 E3 Sunday ED/ADU Admitting</p> <p><u>Acute Admitting/Ward calls:</u> A/B/C call 0800hrs to 2230hrs weekdays</p> <p>A Call: 0800hrs to 2230hrs Saturday 0800hrs to 1600hrs Sunday</p> <p>B Call: 0800hrs to 1600hrs Saturday 0800hrs to 2230hrs Sunday</p> <p>C Call: 1300hrs to 2230hrs Saturday 0800hrs to 2000hrs Sunday</p>

Section 4: Cover

Other Resident and Specialist Cover

There are currently 16 General Medicine Registrar positions, 5 Ward Cover relief positions and 12 Medical relief positions. Basic trainee medicine registrars may be allocated to a period of relief for up to a maximum of 9 weeks on a rotating basis. Registrars may also be allocated to a period of ADU on a rotating basis. When rostered to relief the Registrar will provide cover for the duties of a Registrar on leave, nights, RDOs, sleeps across General Medicine or Medical Subspecialties.

ADU

When allocated to ADU there is a consistent workload Monday to Friday for 7 Registrars and daily staffing numbers will be maintained at this level. Only where numbers fall below that level will cover, or additional remuneration be provided. Remuneration will be as follows:

- 10 FTE will be remunerated as per the salary category in section 6 of the Run Description.
- 2 FTE will be remunerated as a relief run category which will be shared among the 10 Registrars contributing to the roster.

WARD COVER RELIEF

The 5-ward cover/relievers will provide cover for leave, nights, sleep days and RDOs for the General Medicine ward they are assigned to in the first instance. However, there will be occasions where this position will need to provide relief cover to the General Medicine service as a whole.

- Registrars will be assigned a home ward and supervisor, however, are allocated to the Medicine service as a whole, with workload reviewed daily and shared across the service.
- Registrars on call will be admitting patients and carrying phones and pagers as required by the service.
- Additional out of hours cover is provided by the Medical Specialty and ED/ADU Registrars.
- Un-rostered hours allow for an emergency at the end of the shift.
- The Registrar will not be present during the day on the Friday before starting a night shift.
- After hours the Registrars will be responsible for patients under the care of the Division of Medicine and Health of Older People Services.
- Ward 12 (Kingsley Mortimer unit) cover: Medically related concerns after hours – on call mental health house officer reviews first and then refers to on call house officer or registrar as required.

Overnight from 2200 – 0800 there will be a consistent workload across the WDHB General Medicine and Medical Specialties:

- A consistent workload for 2 Registrars overnight 2200 – 0800 Monday – Thursday for 15 weeks per run over summer
- A consistent workload for 3 Registrars overnight 2200 – 0800 Monday – Thursday for 11 weeks per run over winter
- A consistent workload for 3 Registrars overnight 2200 – 0800 Friday – Sunday all year

Staffing levels for weekday long days and weekends do not vary in summer and winter and will instead remain consistent across the year.

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> • 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 two or three and four or six months, dependant on the run period. 	<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

<i>Registrar</i>	<i>Service</i>
<ul style="list-style-type: none"> 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. 	<p>three (3) months into the run, after discussion between the Registrar and the Consultant responsible for them.</p> <ul style="list-style-type: none"> 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. The Director of Basic Physician Training will be available to discuss problems and progress.

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 will be responsible for the preparation of any Rosters.
RDO Hours	-3.60	
Rostered additional hours (inc. nights, weekends & long days)	13.21	
All other unrostered hours	2.53	
Total hours per week	52.14	

Salary The Salary for this attachment will be as detailed in a **Category D run**.

The **Ward Cover Reliever Registrar** will perform the duties of the Registrar they are relieving. The Salary will be detailed as a Category A.