

RUN DESCRIPTION

POSITION:	Registrar – ADU
DEPARTMENT:	General Medicine, based in ED/ADU
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	ADU Clinical Director / Operations Manager
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the care of acute general medical patients in the ED/ADU and Short Stay
RUN RECOGNITION:	That the run is accredited by the RACP for the training of basic Medical Registrar Trainees.
RUN PERIOD:	6 months

Section 1: Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties & Work Schedule	<ul style="list-style-type: none"> • Responsible for the clinical assessment, investigation, diagnosis and treatment of patients admitted to the Medical Service under the supervision of the Consultants. • To attend 8am and/or 10pm handover on all relevant rostered days • To receive, assess, triage and discuss acute referrals to General Medicine, from the community, EM services and other professionals • To maintain an accurate and legible clinical record for each patient, including: <ul style="list-style-type: none"> - History, examination, diagnosis, problem list and plan - Update clinical records as often as indicated by the patient's condition. - All entries recorded with the time and date, signature, name + contact details. • To be responsible for the assessment of patients admitted to Medical services under supervision of Consultant Physicians, in line with the service time frames • To facilitate 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"> - maintaining timely reviews of patients, particularly post diagnostic tests - documentation of comprehensive management plans - communication with relevant family, whanau and colleagues

Area	Responsibilities
	<ul style="list-style-type: none"> • To keep the Consultant informed about acute admissions especially where the patient is seriously ill or causing significant concern: <ul style="list-style-type: none"> - during normal working hours – ADU SMO or Consultant Physician on call - after hours – Consultant Physician on call. • To participate in acute clinics in ADU assessing both new and review patients • To participate in discharge process including EDS at point of discharge or within 24hrs • To ensure that in event of a consultation being requested by another Service, the patient is seen and the on call consultant (of referring and referred) made aware of any problems • To provide supervision of the medical house officer attached to ADU To provide supervision of any medical students or observers attached to ADU • 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. • Participate in evenings, weekend and rostered night call for general medicine including ED/ADU, , the acute medical wards as per the attached template roster.
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; • Participate in research projects and clinical audit within the department at the direction of the Acute and General Medicine Physician based in ED/ADU. This may include operational research in order to enhance the performance of the Service as requested by the Clinical Director. • Dictate discharge summaries on patients that are discharged from ED/ADU 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 responsibility to ensure you check this regularly.

Section 2: Training and Education

Nature	Details
<ul style="list-style-type: none"> Protected Time 	<p>The Registrar will attend weekly (unless attendance is required for an emergency) the:</p> <ul style="list-style-type: none"> ADU Journal Club + SMO Teaching, Friday 0800 - 0830 NSH Medical Grand Round, Tuesday 1230 – 1330 NSH Medical Journal Club Thursday 0800 - 0830 NSH General Medicine Radiology meeting, 2nd+4th Tuesdays, 11.30-12.30 Preparation for the written and clinical FRACP if current candidate Teaching is held between 1300 – 1600 on Wednesdays at North Shore Hospital (occasionally Auckland). Video conference facilities are available at both North Shore and Waitakere Hospitals and the expectation is that Registrar's preparing for the FRACP will attend. To attend other meetings/sessions as directed by the assigned consultant. Assist where agreed with house officer teaching programmes.
<ul style="list-style-type: none"> 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. Support the Consultant Physician and work alongside assigned medical students

Section 3: Roster

<i>Hours of Work</i>
<p><u>Ordinary hours of work</u></p> <p>08:00 - 16:00 Monday to Friday Ordinary Hours 14:30 - 22:30 PM afternoon shift Monday to Friday 08:00 - 22:30 Long Day (Monday to Friday) 22:00 – 08:00 Nights (Friday to Sunday) 08:00 - 16:00 Saturday weekend shift 08:00 - 22:30 Sunday weekend shift</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"> <u>A consistent workload for 2 Registrars overnight 2200 – 0800 Monday – Thursday for 15 weeks per run over summer</u> <u>A consistent workload for 3 Registrars overnight 2200 – 0800 Monday – Thursday for 11 weeks per run over winter</u> <u>A consistent workload for 3 Registrars overnight 2200 – 0800 Friday – Sunday all year</u> <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> <p>The Registrar will work 1:3 weekends (including weekend nights)</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>There is a consistent workload Monday to Friday (ordinary hours) for 7 Registrars on the ADU team 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:</p> <ul style="list-style-type: none"> • 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 amongst the 10 Registrars contributing to the roster. <p>Registrars will be assigned a supervisor, however are allocated to the Medicine service as a whole, with workload reviewed daily and shared across the service.</p> <p>Registrars on call will be admitting patients and carrying phones and pagers as required by the service.</p> <p>Additional out of hours cover is provided by the General Medicine ADU and Medical Specialty 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"> • 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. • 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><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 three (3) months 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. • The Director of Basic Physician Training will be available to discuss problems and progress.

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

<i>Average Working Hours (observing RDOs)</i>	<i>Service Commitments</i>
Basic hours	40.00
RDO Hours	-2.67
Rostered additional hours (inc. nights, weekends & long days)	15.08
All other unrostered hours	2.41
Total hours per week	54.82

Salary: The salary for this attachment is currently remunerated at a Category D.

<i>Average Working Hours (not observing RDOs)</i>	<i>Service Commitments</i>
Basic hours	40.00
Rostered additional hours (inc. nights, weekends & long days)	15.08
All other unrostered hours	2.41
Total hours per week	57.49

Salary: The salary for this attachment is currently remunerated at a Category C.