RUN DESCRIPTION

Health New Zealand
Te Whatu Ora

POSITION:	**Registrar, Surgical, Urology Relief**
DEPARTMENT:	General Surgery (Trauma), Urology
PLACE OF WORK:	Auckland Hospital/Greenlane Clinical Centre
RESPONSIBLE TO:	Clinical Director and Service Manager of General Surgery, Urology through a nominated Consultant Surgeon.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers and hospital based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of General Surgery (Trauma) and Urology
RUN RECOGNITION:	TBA.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

Area	*Responsibilities*
General	• Day to day management of ward and facilitation of communication between members of multidisciplinary team and GP's. • Assess patients who are referred to the service for admission or from other hospital services including taking a history, performing a physical examination and formulating a management plan and discuss with Consultant as appropriate. Assessment should take place as soon as possible after notification of the arrival of a new patient. If delays are anticipated this task maybe delegated. • See assigned patients on a daily basis (Monday to Friday). • Attend ward rounds when current knowledge of the progress of all patients under the team's care is expected. • Implement (or delegate to House Officer) treatment plans of assigned patients (including ordering and following up of any necessary investigations) under the supervision of the Consultant. • Follow Departmental or Unit guidelines and protocols that may exist for the management of particular conditions. • Prescribe medications and fluids as directed by the Senior Registrar and/or Consultant. • Perform required procedures and seek supervision of consultant where appropriate. • Participate in weekly Pre-admission clinics as required by the Consultant • Organise, attend and participate in any Multidisciplinary Team Meeting or Radiology Conference scheduled for the surgical team.

Area	*Responsibilities*
	• Ensure that patients are adequately prepared for surgery according to Consultant requirements. • Perform acute and elective operating lists as required under supervision of Consultant. • Liaise with other staff members, departments and General Practitioners in the management of the patients • Perform outpatient clinics as required under supervision of Consultant. Outpatients not previously seen by the service or who are to be discharged, will be discussed with a Consultant. • Perform Ward consultations as required with appropriate management and follow up. To discuss all inpatient assessments with the Consultant. • Clinical skills, judgement and knowledge are expected to improve during the attachment • Liaise with House Surgeons and ensure that they are performing their duties to a required standard and are receiving adequate assistance. • Attend patient handovers as appropriate particularly early morning and at end of long day shift. Also attend team and departmental meetings as required. • Maintain a high standard of communication with patients, families and staff about patients' illnesses and treatment. • Inform consultants of the status of patients, especially if there is an unexpected event • Ensure relevant documents, e.g. discharge summary, including follow-up arrangements are despatched in a timely fashion as agreed by the Clinical Director. • Ensure management plans for patients are appropriately documented. • Arrange for appropriate cover of Team's patient when not on-call for evening and weekend by satisfactory handovers with other registrars.
Admitting	• Assess and admit General Surgery/Urology patients referred by ED or from the community or from other units within Auckland hospital when required by the attached roster.
Ward Review	• Review patients in other wards when required by attached roster.
Acute Call	• When on acute call, be available within hospital to attend calls as soon as possible. • When on acute call respond to General Practitioner calls, arranging assessment as necessary. • Authorise patients to be transferred to and be seen by to the General Surgery service when appropriate. • Liaise with Consultant and the Senior Registrar as required • When on call, respond to requests by Nursing Staff and other members of Medical Staff to assess and treat inpatients under the care of other teams. This will require the Registrar to prioritise tasks. Conflicts in prioritisation can be resolved by discussion with the Duty Manager and Consultant.
Inpatients	• When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the service is responsible on a frequency agreed with the Clinical Director. • Ensure images are available for ward rounds and inspection at other times as

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Outpatients	• Assess and manage patients referred to outpatient clinics with appropriate support from senior registrar and consultant as required. • Communicate with referring person following patient attendance at clinics. A letter to the patient's General Practitioner must be dictated after each outpatient visit.
Administration	• Keep adequate and legible records in accordance with the hospital requirements and good medical practice, including dictation of discharge summary as appropriate. Entries to be Clinical Record will be made daily on weekdays and whenever management changes are made. All entries should be dated, timed and signed with name, title and contact details. • Complete Admission to Discharge planners and Clinical Care Pathways currently used by the surgical team. • The use of problem lists, result flowcharts and Weekend Care Plans are encouraged. • Discharge summaries will be dictated on complex patients and out of catchment referrals within 24hours of discharge. • Discharge coding and audit forms will be completed within 5 days of discharge. • Liaise with nurses and Allied Health staff regarding investigations, management and discharge. • Participate in the Department of Surgery Audit process by completing the Audit forms. • The Registrar is responsible for referral of patient deaths to the Coroner's Office in compliance with Company Policy and medico-legal requirements. • 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. • A letter to the patient's General Practitioner will be dictated after each Outpatient Visit. • Results of investigations will be sighted and signed before they are filed in the patient's chart. • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service. • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: *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.*

Section 2: Training and Education

Nature	*Details*
Protected Time	• Perform bedside teaching of medical students as directed by Consultant. • Present topic teaching on behalf of the Surgical Team to groups of medical students as required. • Present at Grand Rounds and other educational forums. The following clinically related educational activities will be included as part of the normal duties of the position. Unless rostered for acute admitting or required for medical emergency, the RMO is expected to attend: (a) Orientation Sessions at the start of the run (b) Surgical Grand Round (b) Medical Science Lecture (c) Medical Grand Round (d) Weekly formal RMO In-service teaching sessions (refer individual teams for date/times) (e) Monthly Audit Meetings
The Registrar is responsible for Post Graduate and Under Graduate Nurse Teaching and supervision of same and responsible for teaching General Surgery House Surgeons and Trainee Interns	

Registrars are encouraged to undertake a research project during the attachment. Initial submission of the project for approval will be to the Clinical Directors, General Surgery and Urology. There is encouragement to present at Hospital, local and international surgical meetings

Section 3: Cover

Other Resident and Specialist Cover
The Registrar will be required to: **Provide cover for Registrars in the Urologyunits and as instructed by the RMO Support Unit may be required to cover for other General Surgery teams, Traumaand Urology Services in line with the relevant run descriptions.** • 14 days notice will be given of any planned cover, including any after hours, weekend or night duties. • Assist in Short Notice Relief if required. • If not booked to cover planned leave or short notice relief, be available to cover unexpected absence between the hours of 0730-1600. • The number of Registrars on any roster will vary depending on the department or service assigned to. • The number of House Officers will vary depending on the department or service assigned to. • Consultants will be available by telephone, cell phone or telepage, on call to attend the hospital within 20 minutes. • The ordinary hours of work will be 8.5 hours per day between 0730 (7:20 for ASU) hours and 1600 hours Monday to Friday (unless otherwise specified within the run description). Additional hours over and above the ordinary hours will be worked as set out in the attached roster • The General Surgery and Urology Registrars combine to provide night time cover for the two services. There will be 2 Registrars rostered to nights across the two serivces General Surgery • Every day of the week including the weekend there will be two Registrars rostered on a long day. Urology • Every day of the week there will be 1 Registrar rostered to the long day. On weekends there will be 1-2 Registrars rostered to long days. • RMO's may be asked to attend Saturday Ward Rounds, this is not a requirement; however, there are a number of unrostered hours included in the run category to cover such occurrences. Out of the 7 relievers, 1 reliever will be assigned as the General Surgery night rotator and 1 reliever will be assigned as the Urology night rotator. The Urology night rotator will be required to cover the CMDHB Urology Registrar nights

Section 4: Performance appraisal

Registrar	*Service*
The Registrar will: • At the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and teaching. • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;	*The service will provide,* • An initial meeting between the Consultant and Registrar to discuss goals and expectations for the run, review and assessment times, and teaching. • An interim assessment of 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.

Section 5: Hours and Salary Category

Average Working Hours		*Service Commitments*
Basic hours (Mon-Fri)	40	The Service, together with RMO Support Unit, will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	18.28	
All other unrostered hours (including Saturday ward rounds)	9.98	
Total hours per week	68.26	

Salary: The salary for this attachment is detailed to be a Category **A++** for relief.