Health New Zealand
Te Whatu Ora

RUN DESCRIPTION

POSITION:	**Non-SET Registrar**
DEPARTMENT:	Vascular Surgery
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Clinical Director and Business Manager of Vascular Surgery through a nominated Consultant Surgeon.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers hospital based and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of Vascular Surgery
RUN RECOGNITION:	This run is recognised as a training position (either basic or advanced) for specialist qualification.
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 GP's and hospital wide. • Assess patients who are referred to the service for admission 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 if rostered on. • Attend ward rounds when current knowledge of the progress of all patients under the team's care is expected. • Implement treatment 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. • Attend and participate in unit Multidisciplinary Team Meetings or Radiology Conferences with timle referrals to the vascular clinical nurse specialist for any acute patients who require discussion. • Ensure that patients are adequately prepared for surgery according to Consultant requirements, including HDU/ICU bed booking. Ensure changes to the operating theatre lists are communicated to those impacted.

Area	*Responsibilities*
	• 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. • .Work closely with the House Officers provide supervision and share responsibilities where and when appropriate. • 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 (Return to theatre, ICU admission, cardiac arrest, PAR call or death)
Admitting	• Assess and admit and Vascular Surgery patients referred by ED, the community, other units within Auckland hospital and the regional hospitals when required
Acute Call	• Participate in 24 hour acute call roster. • 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 vascular service when appropriate. • Liaise with Consultant 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. • Ensure consults are handed over to the appropriate team the next day before 0800 to ensure continuity of care. • All call back duties are remunerated in addition to the run category. Call back will be paid as additional duties outlined in clause 11.03 of the RMO MECA.
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 required.

Area	*Responsibilities*
	• 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 patients when not on-call for evening and weekend by satisfactory handovers with other registrars.
Outpatients	• Assess and manage patients referred to outpatient clinics with appropriate support from consultants 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 48 hours of discharge. • Liaise with nurses and Allied Health staff regarding investigations, management and discharge. • Participate in the ANSVS Audit the Registrar is responsible for referral of patient deaths to the Coroner's Office in compliance with Company Policy and medico-legal requirements. Also document adverse events to be discuss in Department Audit Meetings via Department Administrator • 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."*

Area	*Responsibilities*
	2. "Council believes that obtaining informed consent is a skill best learned by the house officer 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	• Comply with requirements of training as directed by the RACS Board of Vascular Surgery Training and the Local Supervisor of Vascular Training • 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 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) Weekly formal RMO In-service teaching sessions (refer individual teams for date/times) (c) Weekly Dept Meetings 1100 Friday
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 Director, Vascular Surgery. There is encouragement to present at Hospital, local and international surgical meetings.

Section 3: Cover

Other Resident and Specialist Cover
• There are 3 Vascular Non-SET Surgery Registrars and 2 Vascular SET Registrars. Consultants will be available by telephone, cell phone or telepage, on call to attend the hospital within 30 minutes. • The ordinary hours of work will be 8.5 hours per day between 0730 hours and 1530 hours Monday to Friday (unless otherwise specified within the run description). • Vascular Registrars participate in a 1:5 on call roster with consultant back up. • Weekend on call duties shall be followed by one day off. • Weekday on call duties will be managed with the fatigue policy in line with surgical and anaesthetic colleagues. If working beyond 2am, the following day will be a sleep day. If working beyond midnight, the registrar may be asked to attend work after a 10 hour break if required by service. • RMOs may be asked to attend Saturday Ward Rounds. There are a number of unrostered hours included in the run category to cover such occurrences.

Section 4: Roster

Hours of Work		
Ordinary Hours	Monday to Friday	0730 - 1530
Long Day	Monday to Sunday	0730 – 1930 1930 – 0730 (on call off site)
Ward Round	Saturday	0730 – 1530
Friday before weekend on call	Friday	0730 - 1130

	WEEK 1							WEEK 2						
	M	T	W	T	F	S	S	M	T	W	T	F	S	S
RMO 1	X					X	X		A			A	X	X
RMO 2					4	AW	AW	X					X	X
RMO 3	A			A		X	X					4	AW	AW
RMO 4			A			X	X	A			A		X	X
RMO 5		A			A	X	X			A			X	X

	WEEK 3							WEEK 4						
	M	T	W	T	F	S	S	M	T	W	T	F	S	S
RMO 1			A			X	X	A			A		X	X
RMO 2		A			A	X	X			A			X	X
RMO 3	X					X	X		A			A	X	X
RMO 4					4	AW	AW	X					X	X
RMO 5	A			A		X	X					4	AW	AW

	WEEK 5						
	M	T	W	T	F	S	S
RMO 1					4	AW	AW
RMO 2	A			A		X	X
RMO 3			A			X	X
RMO 4		A			A	X	X
RMO 5	X					X	X

KEY			
	A	0730-1930 On Site. 1930 - 0730 On Call Off Site	12
	AW	0730 -1930 On Site On-call offsite 1930-0730	12
		0730-1530	8
	4	0730 - 1130	4
	X	Day Off	0

Section 5: 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 6: Hours and Salary Category

Average Working Hours		*Service Commitments*
Basic hours (Mon-Fri)	40.00	The Service, together with RMO Support Unit, will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. on-call, weekends & long days)	17.60	
All other unrostered hours (including Saturday ward rounds) To be confirmed by a run review	TBC	
Total hours per week	57.60	

Salary: The salary for this attachment is detailed to be a Category A. There are a number of unrostered hours included within the salary category for Saturday ward rounds.

- Above mid band of a category, therefore an additional salary category applies;
- According to 12.5.1 (v) the unrostered hours are likely to exceed 8hrs, therefore an additional salary category applies

On call allowance; telephone and call back are additional to the run category