

RUN DESCRIPTION

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| POSITION: | SET Registrar |
| DEPARTMENT: | Vascular Surgery |
| PLACE OF WORK: | Te Toka Tumai District – 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 the Vascular Surgery |
| RUN RECOGNITION: | This run is recognised as an advanced training position for specialist qualification |
| RUN PERIOD: | 12 months |

Section 1: Registrar’s Responsibilities

| <i>Area</i> | <i>Responsibilities</i> |
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| General | <ul style="list-style-type: none"> • 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 (Monday to Friday). • 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. |

| <i>Area</i> | <i>Responsibilities</i> |
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| | <ul style="list-style-type: none"> • Organise, attend and participate in any Multidisciplinary Team Meeting or Radiology Conference scheduled for the surgical team. • 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. • 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. <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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. • Maintain record of referrals in daily log/notebook to be handed on with the acute vascular on call phone • 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 SECA. |
| Outpatients | <ul style="list-style-type: none"> • 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. |

| <i>Area</i> | <i>Responsibilities</i> |
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| Inpatients | <ul style="list-style-type: none"> • 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. • 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. |
| 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, date and time of consultation and locator number legibly recorded. • Request appropriate laboratory tests and sight and sign results. Notify abnormal results to the Registrar and/or Consultant as soon as practicable. • Enter audit data to Australasian Vascular Audit <p>Council guidelines which state:</p> <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 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

Note: dates and times for the sessions above may change.

| <i>Responsibilities</i> |
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| <p>Comply with requirements of training as directed by the RACS Board of Vascular Surgery Training and the Local Supervisor of Vascular Training</p> <ul style="list-style-type: none"> • 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. <p>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:</p> <ol style="list-style-type: none"> (a) Orientation Sessions at the start of the run (b) Weekly formal RMO In-service teaching sessions (refer individual teams for date/times) <p>Weekly Dept Meetings 1100 Friday</p> |

Section 3: 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 4: Cover:

| Other Resident and Specialist Cover | |
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| <ul style="list-style-type: none"> 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 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. | |
| RMO's 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 5: Performance appraisal

| <i>Registrar</i> | <i>Service</i> |
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| <p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> 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; | <p>The service will provide:</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 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; <p>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.</p> |

Section 6: Hours and Salary Category

| Average Working Hours | Service Commitments |
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| Ordinary Hours (Mon – Fri) 40.00 | The Service, together with the RMO Unit will be responsible for the preparation of any Rosters. |
| Rostered Additional 17.60 | |
| All other un-rostered Hours (Run review completed Feb 2026) 8.35 | |
| Total Hours 65.95 | |

Salary: The salary for this attachment will be detailed as a Category A.

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