

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Endocrinology
PLACE OF WORK:	Greenlane Clinical Centre and Auckland City Hospital
RESPONSIBLE TO:	Clinical Director Endocrinology
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of Endocrinology
RUN RECOGNITION:	This run is recognised by the RACP as a training position for specialist qualification in Internal Medicine (Endocrinology).
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>Assist with the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Consultant also organise relevant investigations, ensure the results are followed up, sighted and signed;</p> <p>Responsible for patient referrals and day to day ward management of patients under their team's care, in consultation with others involved in the care of the patient where appropriate;</p> <p>Work closely with medical specialists in provision of assessment and investigations of new patients and follow-ups in outpatient clinics</p> <p>Undertake clinical diagnostic and treatment procedures appropriate to the subspecialty</p> <p>Maintain a high standard of communication with patients, patients' families and staff;</p> <p>Inform Consultant of the status of patients especially if there is an unexpected event;</p> <p>Attend hand-over, team and departmental meetings as required.</p>

ADHB Endocrinology Registrar Run Description – Effective 08 December 2014

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Area	Responsibilities
On-Call	<p>ENDOCRINOLOGY</p> <p>When on call for endocrinology, be available on long-range locator to attend the hospital within 1 hour.</p> <p>Advise and liaise with GP's and other hospital medical staff on Endocrinology matters.</p> <p>Authorise patient to be transferred to and be seen by the Endocrinology service when appropriate.</p> <p>Give advice to and liaise with GP's and other hospital medical staff on endocrinology matters.</p> <p>SUB-SPECIALTY MEDICINE</p> <p>Review and manage all patients under a periodic sub-specialty roster as agreed to by the Clinical Director Endocrinology and the Clinical Director General Medicine.</p>
Inpatients	<p>ENDOCRINOLOGY</p> <p>Respond to inpatient consultant referrals and see in a timely fashion in collaboration with the rostered endocrinology consultant.</p> <p>Organise the weekly team radiology review and additional clinical review sessions as required by the clinical director.</p> <p>SUB-SPECIALTY MEDICINE ROSTER</p> <p>Take part in this roster as agreed between CD Endocrinology and General Medicine.</p>
Outpatients	<p>ENDOCRINOLOGY and DIABETES</p> <p>Assess both scheduled and urgent outpatient referrals in rostered clinics and discuss with consultant staff when necessary.</p> <p>Communicate with referring person following patient attendance at clinics;</p> <p>Arrange and perform outpatients investigations, diagnostic formulation and management plan. Copy internally, OPC letters on patients to the Consultant that you discussed the case with or who was the instructor on that clinic. Endocrine outpatients needing follow-up after you have left the run should be scheduled with that consultant, NOT with the next rotating registrar.</p>
Administration	<p>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;</p> <p>Be responsible for certifying death and complete appropriate documentation.</p> <p>At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</p> <p>Dictate summaries on patients to General Practitioners following outpatient visits in a timely fashion.</p> <p>Obtain informed consent for procedures within the framework of the Medical 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

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Area	Responsibilities
	<p><i>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.</i></p> <p>If absent due to unexpected circumstances (e.g. health, other), contact Team Support as well as the Consultant to which the registrar is clinically responsible in the absent duty.</p> <p>ENDOCRINOLOGY SUB-SPECIALTY DUTIES</p>
	<p>Trainees are expected to actively participate in a clinical or basic science research project or audit as well as contributing case presentations and project reviews in appropriate forums that include Grand Rounds, Departmental seminars and Endocrine and Diabetes special society meetings. The trainee will be expected to organise with Team Support the rostering of the weekly Endocrine Journal Club and Seminars in conjunction with the CD or other consultant. . Also the trainee will be encouraged to explore additional clinical training in aspects of the subspecialty such as women's health, dysthyroid eye disease and become familiar with thyroid ultrasound, bone densitometry and therapeutic radioiodine treatment techniques and protocols.</p>

Section 2: Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
	All Other times available for ward/admitting/rostered duties				
a.m.	IP and OP consultations at ACH / GCC as needed.	Diabetes OPC IP and OP consultations at ACH / GCC as needed. Fortnightly diabetes clinic	Thyroid OPC	Radiology review, Endo J Club, Physician Rounds	0745 ORL MDP meeting 8 th Floor Conf Room Support Building ACH. IP and OP consultations at ACH / GCC as needed.
p.m.	Endo Review session with students > Endocrinology OPC	Diabetes meeting Occasional combined thyroid eye clinics.	Thyroid review with student presentations IP/OP consultations as required.	IP and OP consultations at ACH / GCC as needed.	Bone OPC Sub-spec Gen Med roster monthly.

NB times for Grand Round and other teaching are subject to change

Section 3: Training and Education

Nature	Details
<i>Protected Time</i>	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <p>Orientation at the beginning of the run</p> <p>Specialty training – #1 OPC instructor reviews (real-time clinics all patients as required), #2 Mon - Wed lunchtime review sessions, #3 Thursday morning radiology and clinical /seminar review, #4 Diabetes Journal Club #5 Consult, ward & telephone management reviews</p> <p><i>Timing of educational sessions is subject to change</i></p>

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Section 4: Cover:

Other Resident and Specialist Cover

The registrar will be required to work between 0800 and 1700 Monday to Friday inclusive.

The Registrar also participates for the 6 months of their run in a medical Subspecialty duty roster. . This roster requires the registrar to work between the hours of 1700 and 2230 on average six times in 6 months. Night duties Friday and Saturday 2200-0800 and will be responsible for duties both in the Medical Specialities and General Medicine, these duties will be shared between the Medical Registrars on duty and will involve admissions and ward duties on average 3 or 4 sets over six months. Weekend duties for General Medicine Saturday and Sunday 1400-2200 on average 3 or 4 sets over six months.

When on duty between 1700 and 2230 on the Subspecialty roster, support the General Medical registrar in the Admission and Planning Unit, and from 1900 for Older Peoples Health.

You must discuss your intention to take leave during the rotation with the Clinical Director in the first instance. Registrar cover is not always available, clinics need to be cancelled and consultants may need to provide registrar cover including holding the on call Endo Cellphone.

Leave will be handled by non-scheduling of OP Clinics and consultants will cover OP and IP endocrine consultations if there is no suitable registrar cover. By arrangement with the Clinical Director Diabetes and the registrar concerned, the Diabetes Registrar may take Endo Cellphone calls.

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<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 one on one teaching time • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with 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.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.0	<ul style="list-style-type: none">The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (sub-specialty medical roster)	11.67	
All other unrostered hours	6.72	
Total hours per week	58.39	

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