



RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	A+ Links Home and Older People's Health
PLACE OF WORK:	Auckland City Hospital/Greenlane Clinical Centre
RESPONSIBLE TO:	Clinical Director through a nominated Consultant Physician
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of A+ Links Home and Older People's Health
RUN RECOGNITION:	This run is recognised by the RACP as a training position for specialist qualification
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> • Work closely with the team's house officer, provide supervision and share responsibilities where appropriate. • Manage 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 and ensure the results are followed up, sighted and signed; • 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; • Work closely with medical and nursing staff in provision of assessment and investigations of new patients and follow-ups in outpatient clinics • Undertake diagnostic and treatment procedures appropriate to the service. • Maintain a high standard of communication with patients, patients' families and staff; • Inform consultants of the status of patients especially if there is an unexpected event; • Hand-over patient management at end of day to on-call medical staff.

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<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> Attend team and departmental meetings as required.
Admitting	<ul style="list-style-type: none"> Assess and admit Older People's Health patients referred by ED or from the community and other medical and medical subspecialty patients when required by the attached roster
On-Call	<ul style="list-style-type: none"> When on call be available on long –range locator and or mobile phone to attend the hospital within 30 minutes. On weekend days review selected Older Peoples Health and orthopaedic inpatients daily (by ward round) See and manage patients presenting to the ward acutely for assessment. Discuss with the on duty acute call house officer all acute admissions/assessments performed by the house officer. Provide advice to and liaise with GP's and other hospital medical staff on Older Peoples Health matters; Authorise patients to be transferred to and be seen by the Older Peoples Health service when appropriate
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 team is responsible on at least a daily basis when rostered to be at work; Ensure x-rays are organised for weekly team radiology session; Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary. Ensure weekend plans for patients' management are documented in the notes; When not on duty inform the on-duty medical staff about patients whose condition requires monitoring and review; Complete documentation on Friday prior to known or likely weekend discharges. Perform timely inpatient Older Peoples Health consultations to other teams including APU.
Outpatients	<ul style="list-style-type: none"> Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate. Communicate with referring person following patient attendance at clinics; Arrange and perform outpatient investigations Discuss all outpatient consultations with a consultant and document this in the patient letter Undertake one session of domiciliary visiting per month and discuss outcome and documentation with the appropriate consultant.
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 (This may be delegated to the House Officer); At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;

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Area	Responsibilities
	<ul style="list-style-type: none"> • Dictate or write discharge summaries on patients that are discharged by their team 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."

Section 2: 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> <ul style="list-style-type: none"> • Orientation at the beginning of the run • Physicians Grand round each Thursday 12pm to 1pm • Weekly unit teaching seminars Monday 12:30-1:30pm • Teaching sessions on Wednesday 1pm to 5pm for FRACP examination (if appropriate) • Advanced trainees – four hours per week as required for pursuing advanced education, including advanced training sessions, project work, and journal club. <p><i>Timing of educational sessions is subject to change</i></p>
<p><i>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested.</i></p>	

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Section 3: Cover:

<i>Other Resident and Specialist Cover</i>
<p>There are four registrars on the run and eight house officers plus one night reliever. Consultants are available by telephone and telepage and can attend the hospital within 30 minutes.</p> <p>The registrar will be required to work between 0800 and 1600 Monday to Friday inclusive. There will be one Registrar rostered on a long day from Monday to Friday specifically to cover Older People's Health. From Monday to Friday the Registrar on a long day will be required to work on duty 0800 – 1900. On Saturday and Sunday the Registrar will be required to work a 1 in 4 weekend long day on duty onsite between the hours of 0800 and 1600 and on call offsite between the hours of 1600 and 2200. The on call offsite will be remunerated as per clause 11 of the NZRDA RMO MECA.</p> <p>The registrars also participate for the 6 months of the run in a 104-week Medical Subspecialty duty roster. This roster is asymmetric and requires the registrar to work between the hours of 5pm and 10:30 pm on average eight times in six months and to work 23 nights in 3 sets of 5 weeknights and 4 sets of 2 weekend nights over the 104 weeks of the roster between 10pm and 8:30am. This means that the registrars will be required to work an average of 5.75 nights during the 6 months of the run.</p> <p>When on night duty the registrar</p> <ul style="list-style-type: none"> • Coordinates the activities of the medical house officers; • Covers Clinical Haematology, Dermatology, Diabetes, Gastroenterology/Hepatology, Immunology, Infectious Diseases, Oncology, Neurology, Older People's Health, Renal, Respiratory, and Rheumatology inpatients (Note: some of these services have few, if any inpatients); and • Supports the General Medical Registrar in the Admission and Planning Unit and if time permits, the General Medical wards <p>When on duty between 5pm and 11pm on the Subspecialty roster, registrars are responsible to the subspecialty services but will support the General Medical registrar in the Admission and Planning Unit whenever clinically possible.</p>

Section 4: 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.

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Section 5: 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 RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	8.24	
All other unrostered hours	4.77	
Total hours per week	53.01	

Salary: The salary for this attachment will be as detailed as a Category **D** run to be confirmed by a run review.

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