



RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Respiratory
PLACE OF WORK:	Auckland Hospital
RESPONSIBLE TO:	Clinical Director and Business Manager of Respiratory, through a nominated Consultant.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Respiratory service,
RUN RECOGNITION:	This run is recognised by the Royal Australasian College of Physicians 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 and when 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, 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 consultants in provision of assessment and investigations of new patients and follow-ups in outpatient clinics • Undertake diagnostic and treatment procedures appropriate to the subspecialty

Area	Responsibilities
	<ul style="list-style-type: none"> • 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; • Attend hand-over, team and departmental meetings as required.
Admitting	<ul style="list-style-type: none"> • Assess and admit Respiratory patients referred by ED or from the community
On-Call	<ul style="list-style-type: none"> • When on call be available on long range locator to attend the hospital within 1 hour. • Provide advice to and liaise with GP's and other hospital medical staff on Respiratory matters; • Authorise patients to be transferred to and be seen by Respiratory service when appropriate • Provide an inpatient consultation service and advice in conjunction with the supervising SMO with follow-up as required
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 Respiratory service is responsible on a frequency agreed with the clinical director; • Present patients to the relevant multi-disciplinary meetings and ensure appropriate referrals and follow-up arrangements are made. • 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 patient's management are documented in the notes; • When not on duty on Friday evening or the weekend, 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.
Outpatients	<ul style="list-style-type: none"> • Assess and manage patients referred to outpatient clinics and run the clinics under supervision of senior staff where appropriate • Arrange and perform outpatient investigations • Communicate with referring person following patient attendance at clinics •
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; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Complete discharge summaries on patients that are discharged by their team (in conjunction with the team house officer) and letters to General Practitioners following outpatient visits in a timely fashion; • Accept and / or escalate test results to the relevant SMO in the electronic medical record in an appropriate and timely manner (in conjunction with other team members) • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 1. <i>"The practitioner who is providing treatment is responsible for obtaining informed consent</i>

Area	Responsibilities
	<p>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.”</p> <p>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.</p>

Section 2: Weekly Schedule

Schedules are variable. There are no fixed six-monthly timetables, but the following schedules are indicative of the types of work registrars can expect. Schedules will be changed to suit registrar training requirements and the needs of the service.

Reg 1 –Ward: General / LTx / CF

Monday	Tuesday	Wednesday	Thursday	Friday
TMDM	Reg Ward Round (acute admissions)	Admin Project (HO WR)	Consultant WR	Reg WR (acute admitting)
Consultant WR				
Ward cover	Ward/Admin	Referrals / acute admitting	Meetings	Reg Teaching Admin

Reg 2 – Ward: General / Tb / NIV

Monday	Tuesday	Wednesday	Thursday	Friday
TMDM	Consultant WR	Reg WR (Acute admissions)	(HO WR) Acute admissions	Consultant WR
Reg WR				
Referrals / APU cover	Ward	Admin	Meetings	Reg Teaching Admin

Reg 3 - Clinic / Tb / RAC

Monday	Tuesday	Wednesday	Thursday	Friday
TMDM	Bronchoscopy	TB Assessment Clinic	TB Clinic	OSA Clinic
Admin Project				
Exercise test supervision Rapid access Clinic	Referrals / acute admitting	Exercise Test Supervision Sleep Reporting	Meetings	Reg Teaching Admin

Reg 4 – Clinic

Monday	Tuesday	Wednesday	Thursday	Friday
TMDM	ILD (SDB/MLW)	Bronchoscopy	Sleep reporting	OSA Clinic
APU cover / acute referrals				

COPD clinic	Exercise Test Supervision Physiology Reporting	OPCC	Meetings	Reg Teaching Admin
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Section 3: Training and Education

Nature	Details
Protected Time	<p>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</p> <ul style="list-style-type: none"> • Orientation at the beginning of the run • Thursday afternoon academic session • Sleep meeting Thursday morning • Registrar teaching Friday afternoon <p>Timing of educational sessions is subject to change</p>
<p>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested.</p>	

Section 4: Cover

Other Resident and Specialist Cover
<p>(a) 4 registrars</p> <p>(b) The number of Respiratory house officers working on the roster is 2, but house officer night duty is shared with other subspecialty house officers, so there will always be a house officer on duty.</p> <p>(c) Consultants will be available on call to attend the workplace if necessary on the following basis: available by telephone, cellphone or telepager and can attend the hospital within 30 minutes.</p> <p>On call responsibilities for Respiratory will be 1:4.</p> <p>When rostered on a Respiratory long day Monday to Friday the Registrar will be on site between the hours of 0800 – 1700. The Registrar will then be available on call between the hours of 1700 – 2230.</p> <p>When rostered on a Respiratory long day Saturday to Sunday the Registrar will be on site between the hours of 0800 – 1600 to complete a weekend ward round and will then be available on call between the hours of 1600 – 2230.</p> <p>Registrars also participate for the 6 months of their run in a medical Subspecialty duty roster. The registrars will be required to work an average of 10-12 nights during the 6 months of the run.</p> <p>When on duty between 5pm and 11pm on the Subspecialty roster, registrars are responsible to their own service but also support the General Medical registrar in the Admission and Planning Unit and cover Older Peoples Health from 7pm.</p> <p>When on night duty the registrar 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.</p>

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)	40.00	<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 (inc. nights & Weekday long days)	14.25	
All other unrostered hours	2.26	
Total hours per week	56.51	

Salary: The salary for this attachment is estimated to be a Category **C** which will be effective from 08/12/2014.

On-call call back duties will be remunerated in addition to the run category as per the NZRDA MECA unless otherwise agreed with the Registrars.