

RUN DESCRIPTION

Best Care for Everyone

POSITION:	Registrar – Medical, Emergency Department (ED)/Assessment and Diagnostic Unit(ADU)		
DEPARTMENT:	General Medicine, based in ED/ADU (KareKare)		
PLACE OF WORK:	Waitakere Hospital		
RESPONSIBLE TO:	Clinical Director / Operations Manager, General Medicine & Assigned Team Consultant Physician		
FUNCTIONAL RELATIONSHIPS:	 There are 10 General Medical Teams. 1 House Officer and 1 Registrar are attached to each Consultant Team. 10 General Medicine Consultants and 1 ED/ADU Consultant 10 General Medicine team Registrars, in 10 teams, 1 CCU Registrar, 1 Medical ED/ADU Registrar, 5 reliever/night reliever Registrars, 2 HOAS Registrars 10 House Officers, 1 medical ED/ADU house officer, 5 reliever/night reliever House Officers, and the 3 HOAS House Officers. Additional out of hours cover is provided by the Speciality and ED/ADU Registrars/House Officers to help with acute admitting on evenings/weekends. The Older Adults registrars participate in the night roster. Emergency Department consultants/MOSS/Registrars/House Officers 		
PRIMARY OBJECTIVE:	To facilitate the management of patients in the ED/ADU (KareKare)		

RUN RECOGNITION:	The run is accredited by the Royal Australasian College of Physicians for the training of basic Medical Registrar trainees.
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RUN PERIOD:	26 weeks

Section 1: Responsibilities

Area	Responsibilities	
Clinical Duties & Work Schedule	Ladmitted to the Medical Service Under the subervision of the Consultants	
	 To receive general practice enquiries regarding admissions or management issues involving Medical patients. 	
	• Be responsible for the assessment of patients in line with the service time frames admitted to the Medical Service under the supervision of the Consultant Physicians.	
	 To facilitate the safe and efficient management of patients in the care of the Medical Service under the supervision of the Consultants. This includes: 	

Area	Responsibilities
	a) maintaining timely reviews of patients, particularly post diagnostic tests
	b) documentation of comprehensive management plans
	Keep the Consultant informed about acute admissions where the patient is seriously ill or causing significant concern:
	a) during normal working hours – Acute & General Physician, ED/ADU or Consultant Physician on call
	b) after hours – Consultant Physician on call.
	• Participate in daily acute and follow up clinics in ADU to facilitate discharge with certainty of follow up
	• Participate in the discharge process, particularly communication with the General Practitioners.
	• Ensure that in the event of a consultation being requested by another Service, the patient is seen and the on call consultant made aware of any problems
	• To provide supervision of the medical house officer attached to ED/ADU (where applicable).
	To participate in research projects and clinical audit within the department
	• Any other duties that may be required in the interests of the department, such as organising clinics and lunchtime presentations.
	Registrars may be requested to present case summaries and topic reviews.
	• Participate in weekend and rostered night call in the acute medical wards as per the attached template roster.
Administration	 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;
	• Participate in research projects and clinical audit within the department at the direction of the Acute and General Medicine Physician based in ED/ADU. This may include operational research in order to enhance the performance of the Service as requested by the Clinical Director.
	 Dictate discharge summaries on patients that are discharged in ED/ADU 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:
	 "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."
	 "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.
	• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty.
	 As an RMO working at WDHB you will be provided with a Concerto login and a WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.

Section 2: Training and Education

Nature	Details
Protected Time	The Registrar will attend weekly (unless attendance is required for an emergency) the:
	WTH Medical Journal Club Monday 1230 – 1315
	WTH Medical grand Round 1230 – 1330 Conference Room 1.
	 Preparation for the written and clinical FRACP. The teaching is held between 1300 – 1600 on Wednesdays at North Shore Hospital (and occasionally Auckland). Video conference facilitates are available at both North Shore and Waitakere Hospitals and the expectation is that Registrar's preparing for the FRACP will attend.
	Participate in clinical audit within the Department.
	 Assist when required with jun ior medical staff teaching programmes.
	Registrars present case summaries and topic reviews on a regular basis.
	• To attend other meetings/sessions as directed by the senior medical staff.

Section 3: Roster

Hours Of Work		
Ordinary Hours (Monday – Friday) Friday and Saturday Nights	0800 – 1600 2200 - 0800	
The ED/ADU Medical Registrar will work 1:3 sets of Friday and Saturday night duty to assist in covering General Medicine.		
Out of hours cover for ED/ADU is provided by RMO's on the General Medical roster.		

Section 4: Cover

Other Resident and Specialist Cover

After hours the Registrars will be responsible for patients under the care of the Division of Medicine and Health of Older People Services.

Additional out of hours cover is provided by the General Medicine Registrars

Section 5: Performance appraisal

Registrar	Service
The Registrar will:	The service will provide:
• Ensure they arrange a formal meeting with their supervising consultant to assess and discuss their performance at the beginning of the attachment, and again at three and six months.	 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.
• If deficiencies are identified, the Consultant will identify these with the Registrar who should implement a corrective plan of action under the	 An interim assessment report on the Registrar three (3) months into the run, after discussion between the Registrar and the Consultant responsible for them;
advice of their Consultant.	• 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.
	 The Director of Basic Physician Training will be available to discuss problems and progress.

Section 6: Hours and Salary Category

Average Working Hours		Service Commitments
Basic hours	40.0	
Rostered additional hours (inc. nights, weekends & long days)	6.7	
All other unrostered hours	1.02	
Total hours per week	47.72	

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