

# **RUN DESCRIPTION**

| POSITION:                    | Registrar – Medical Services   |  |  |
|------------------------------|--|--|--|
| DEPARTMENT:                  | Medical Services   |  |  |
| PLACE OF WORK:               | Waitakere Hospital   |  |  |
| RESPONSIBLE TO:              | Clinical Director / Operations Manager, General Medicine & Assigned Team<br>Consultant   |  |  |
| FUNCTIONAL<br>RELATIONSHIPS: | <ul> <li>Medicine Clinical Leader Waitakere Hospital</li> <li>There are 10 General Medical Teams. 1 House Officer and 1 Registrar are attached to each Consultant Team.</li> <li>10 General Medicine Consultants and 1 ED/ADU Consultant</li> <li>10 General Medicine team Registrars, in 10 teams, 1 CCU Registrar, 1 Medical ED/ADU Registrar, 5 reliever/night reliever Registrars, 2 HOAS Registrars</li> <li>10 House Officers, 1 medical ED/ADU house officer, 4 reliever/night reliever House Officers, and the 3 HOAS House Officers.</li> <li>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.</li> </ul> |  |  |
| PRIMARY OBJECTIVE:           | To facilitate the management of patients in the care of the General Medicine service   |  |  |
| RUN RECOGNITION:             | That the run is accredited by the RACP for the training of basic and medical and advanced trainees.  |  |  |
| RUN PERIOD:                  | 6 months   |  |  |

## **Section 1: Responsibilities**

| Area                            | Responsibilities   |  |
|---------------------------------|--|--|
| Clinical Duties & Work Schedule | Responsible for the clinical assessment, investigation, diagnosis and treatment of patients admitted to the Medical Service under the supervision of the Consultant Physicians |  |
|                                 | During on call duties, receive general practice enquiries regarding admissions or management issues involving Medical patients.  |  |
|                                 | Be responsible for the assessment of patients to the Medical Service   |  |
|                                 | Facilitate safe and efficient management of patients under the care of Medical Services  |  |

| Area           | Responsibilities  |  |
|----------------|---|--|
|                | Keep the Specialist and team on call informed about acute admissions where appropriate, particularly in the case of seriously ill patients.   |  |
|                | Participate in and supervise the discharge process, particularly communication with General Practitioners.  |  |
|                | Complete a daily ward round in ordinary hours and when rostered on duty, in order oversee ongoing investigation and management of inpatients. The team hous officer will also participate in these ward rounds  |  |
|                | Ensure that in the event of a consultation being requested by another Service, the patient is seen and the on call Specialist made aware of any problems.   |  |
|                | Hold outpatient clinics weekly, during ordinary hours.  |  |
|                | Supervise House Officers attached to the team   |  |
|                | Supervise and assist House Officer as needed in Day Stay unit – prescribing/charting bloods/iron infusions and management of acute clinical situations. (B call team)   |  |
| 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;   |  |
|                | At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;   |  |
|                | Dictate 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> <li>"The practitioner who is providing treatment is responsible for obtaining informed<br/>consent beforehand for their patient. The Medical Council believes that the<br/>responsibility for obtaining consent always lies with the consultant – as the one<br/>performing the procedure, they must ensure the necessary information is<br/>communicated and discussed."</li> </ol> |  |
|                | <ol> <li>"Council believes that obtaining informed consent is a skill best learned by the<br/>house surgeon observing consultants and experienced registrars in the clinical<br/>setting. Probationers should not take informed consent where they do not feel<br/>competent to do so.</li> </ol>   |  |
|                | 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 acute admitting or attendance is required for an emergency) the following education opportunities:  |  |
|                | NSH Medical Journal Club Monday 1230 – 1315  |  |
|                | NSH Medical grand Round 1230 – 1330 Tuesday 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. |  |
|                | To attend other meetings/sessions as directed by the assigned consultant.  |  |
|                | Assist where agreed with house officer teaching programmes.  |  |

#### **Section 3: 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 are provided by the CCU Registrar and the ED/ADU Registrar, they will alternate long day Sunday admitting, to allow the medical team registrar to complete a post acute round.

All general medicine registrars will be allocated to a period of relief on a rotating basis. When rostered to relief the Registrar will provide cover for the duties of a Registrar on leave or nights across General Medicine or Medical Subspecialties.

#### **Section 4: Roster**

| Hours Of Work                    |   |
|----------------------------------|---|
| Ordinary Hours (Monday – Friday) | 0800 – 1600                               |
| Nights                           | 2200 – 0800                               |
| Long Days (Monday – Friday)      | 0800 – 2230                               |
| Saturday long day                | 0800 – 2230                               |
| Saturday short day               | 1200 - 2000 (winter) 1000 - 1800 (summer) |
| Sunday long day                  | 0800 – 2230                               |
| Sunday short day                 | 0800 - 1600                               |

The registrar will work 1:5 sets of nights, 1:3 weekends days and 1 long day per week (Monday –Friday)

Unrostered hours allow for an emergency at the end of the shift.

## **Section 5: Performance appraisal**

| Registrar   | Service   |
|---|---|
| The Registrar will:   | The service will provide:   |
| <ul> <li>Ensure they arrange a formal meeting with their<br/>supervising consultant to assess and discuss their<br/>performance at the beginning of the attachment,<br/>and again at two or three and four or six months,<br/>dependant on the run length.</li> </ul> | An initial meeting between the Consultant and<br>Registrar to discuss goals and expectations for the<br>run, review and assessment times, and one on one<br>teaching time.  |
| If deficiencies are identified, the Consultant will identify these with the Registrar who should  | An interim assessment report on the Registrar three     (3) months into the run, after discussion between the Registrar and the Consultant responsible for them;  |
| implement a corrective plan of action under the 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) | 21.2 | The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters. |
| All other unrostered hours                                    | 3.6  |   |
| Total hours per week  | 64.8 |   |

#### Salary

The Salary for this attachment will be as detailed in a Category B run.

The Reliever Registrar cover leave and night duties and perform the duties of the Registrar they are relieving for. The Salary for these particular duties will be as detailed in a Category A+ run.