



## **RUN DESCRIPTION**

<b>POSITION:</b>	Registrar
<b>DEPARTMENT:</b>	Older Adults and Home Health Service (OAHH)
<b>PLACE OF WORK:</b>	Waitakere Hospital
<b>RESPONSIBLE TO:</b>	Assigned Consultant, Clinical Director and Service Manager AT&R within the Older Adults and Home Health Department.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Consultants and registrars in the Older Adults and Home Health service, Medical Service and others as required. Other members of the multidisciplinary team. Patients and family/whanau
<b>PRIMARY OBJECTIVE:</b>	<ul style="list-style-type: none"> <li>To provide assessment, treatment, and rehabilitation of patients under the care of the Older Adults and Home Health Service, appropriate to the Registrar's level of experience.</li> <li>To provide support and supervision for House Physicians</li> </ul>
<b>RUN RECOGNITION:</b>	This run is accredited by the RACP for training in general medicine and geriatric medicine.
<b>RUN PERIOD:</b>	26 weeks

### **Section 1: Responsibilities**

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties & Work Schedule	<ul style="list-style-type: none"> <li>To undertake ward rounds and clinics with allocated consultants/s and attend multidisciplinary meetings with other health professionals involved with patient management and discharge planning.</li> <li>Closely monitor medically unstable patients and ensure appropriate handover occurs to the on-call house physician, registrar, and consultant.</li> <li>Attend family meetings arranged for the patients under your care.</li> <li>Communicate effectively with members of the interdisciplinary team to ensure optimal patient outcomes and timely discharge.</li> <li>Supervise the duties of the allocated house physician/s to ensure that management decisions made about patients are carried out according to best practice principles and guidelines.</li> <li>Daily liaison with house physicians and to be available for consultation if required.</li> <li>Undertake outpatient clinics.</li> </ul>

	<ul style="list-style-type: none"> <li>• Undertake domiciliary visits. (usually only Advanced Trainees)</li> <li>• Undertake acute ward assessments, as per roster.</li> <li>• Be available to receive general practice enquiries regarding admissions or management issues involving older people.</li> <li>• Monitor discharge letters produced by the House Officers to ensure they are an accurate and timely record of care.</li> <li>• Ensure regular case notes are written in a problem orientated manner, when patients are assessed and/or management changes made.</li> <li>• Monitor acceptance of team results by the House Officer to ensure this occurs in a timely and safe manner.</li> </ul> <p>Organise and participate in the weekly educational programme of the unit and, when required to do so, take responsibility for a presentation.</p> <p>Presentation, as rostered, to Grand Round.</p>
Research	<p>Research opportunities may be available in consultation with the Clinical Director and Professor of Geriatric Medicine. Participation in clinical audit is encouraged.</p>
Administration	<ul style="list-style-type: none"> <li>• 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;</li> <li>• Be responsible for certifying death and complete appropriate documentation;</li> <li>• At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</li> <li>• Dictate letters to General Practitioners following outpatient visits in a timely fashion;</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <li>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."</li> <li>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.</li> </ol> </li> <li>• 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.</li> <li>• 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.</li> </ul>

## Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
<b>Protected Time</b>	<p>The Registrar will attend weekly (unless attendance is required for an emergency) the:</p> <ul style="list-style-type: none"> <li>• Medical Grand Round (1230 – 1330 Tuesdays, Conference Room 1.)</li> <li>• Prepare, if applicable, for the written and clinical FRACP. Teaching is held between 1300 – 1600 on Wednesdays at North Shore Hospital ( and occasionally Auckland). Video conference facilities are available at both North Shore and Waitakere Hospitals and the expectation is that Registrars preparing for the FRACP will attend.</li> <li>• Attend the unit's Morbidity and Mortality meetings and present where requested.</li> <li>• Trainees in Geriatric Medicine are encouraged to attend the monthly Regional Geriatricians Journal Club and regular Geriatric Advanced Trainee teaching.</li> <li>• Assist with junior medical staff teaching programmes.</li> <li>• Registrars may be requested to present case summaries and topic reviews.</li> </ul>

## Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>There are five registrars employed in AT&amp;R, Waitemata Health, two at Waitakere Hospital and three at North Shore Hospital. The registrars provide after hours cover for all A T&amp; R wards until 2000 weekdays and 1600 weekends, after which time cover for the service is provided by the General and Subspecialty Medicine Registrars.</p> <p>On weekends rostered to cover AT&amp;R wards during the day the registrar is expected to do ward rounds on both sites, liaising with the House Physician on duty about the care of unwell patients.</p> <p>When the Registrar is rostered onto night duty they will be responsible for the patients under the care of the Division of Medicine and Health of Older Adult Services. This will occur a maximum of 2 weeks per rotation.</p> <p>The consultant on call must be contacted if there are problems of any kind with which the registrar needs assistance.</p>

## Section 4: Roster

<p><b>Hours Of Work</b></p> <p>Ordinary hours:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">• Ordinary Hours (Monday to Friday)</td> <td style="text-align: right;">0800 - 1600</td> </tr> <tr> <td>• Weekend days (Saturday and Sunday)</td> <td style="text-align: right;">0800 - 1600</td> </tr> <tr> <td>• Long Days</td> <td style="text-align: right;">0800 - 2000</td> </tr> <tr> <td>• Nights (Friday and Saturday)</td> <td style="text-align: right;">2200 - 0800</td> </tr> </table> <p>The registrar will work 1:6 sets of Friday and Saturday Nights, 1:6 sets of weekend days and 1 long day per week.</p> <p>Cover for annual leave, sickness or special leave will be covered by the Medical Relief Registrars, in consultation with the Clinical Director. Leave will not be unreasonably withheld, provided safety and service commitments are not compromised.</p>	• Ordinary Hours (Monday to Friday)	0800 - 1600	• Weekend days (Saturday and Sunday)	0800 - 1600	• Long Days	0800 - 2000	• Nights (Friday and Saturday)	2200 - 0800
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## Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"><li>• 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.</li><li>• If deficiencies are identified, the Consultant will identify these with the Registrar who should implement a corrective plan of action under the advice of their Consultant.</li></ul>	<p><i>The service will provide:</i></p> <ul style="list-style-type: none"><li>• 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.</li><li>• An interim assessment report on the Registrar three (3) months into the run, after discussion between the Registrar and the Consultant responsible for them;</li><li>• 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;</li><li>• 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.</li><li>• The Director of Basic Physician Training will be available to discuss problems and progress.</li><li>• Advanced Trainees in Geriatric Medicine will be provided with all reasonable opportunities to fulfil training requirements.</li></ul>

## Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
Basic hours (Mon – Fri 0800 – 1600) 40.0	The Service, together with RMO Support will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days) 9.3	
All other unrostered hours 3.8	
Total hours per week 53.1	

**Salary:** The Salary for this attachment will be as detailed in a Category D.