

RUN DESCRIPTION

POSITION:	Registrar – Medical Reliever
DEPARTMENT:	Department of Medicine
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Clinical Director Medicine, Service Manager Medical Services.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	<ul style="list-style-type: none"> To facilitate the management of inpatients under the care of Medical Services. To provide leave, RDO and night relief cover for registrars working in the Medical 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	<p>Responsible for the clinical assessment, investigation, diagnosis and treatment of patients under the Medical Consultants.</p> <ul style="list-style-type: none"> To facilitate the safe and efficient management of patients in the care of the Medical Service under the supervision of the Consultant. The registrar will attend rostered outpatient clinics and will endeavour to see outpatients at their scheduled appointment time. Clinics will be conducted during ordinary hours under the supervision of the consultants, outpatients not previously seen in the department, or who are to be discharged, will be discussed with a Consultant Physician when possible. Be responsible for the admission, assessment and care of patients in the team, under the supervision of the Consultant. Keep the Specialist and team on call informed about acute admissions where appropriate, particularly in the case of seriously ill patients. Carry out, with the House Officer a daily ward round in ordinary hours, and when rostered on duty, in order to oversee ongoing investigation and management of the

Area	Responsibilities
	<p>inpatients.</p> <ul style="list-style-type: none"> • To receive general practice enquiries regarding admissions or management issues involving medical patients. • To participate in research projects within the department of Medicine. • To participate in clinical audit within the department.
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; • 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 from 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: <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. • 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. <p>As an RMO working at WDHB you will be provided with a Clinical Portal 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.</p>

Section 2: Training and Education

Nature	Details
Protected Time	<p>The Registrar will attend weekly (unless attendance is required for an emergency) the:</p> <ul style="list-style-type: none"> • NSH/WTH Medical Journal Club Thursday 0800 -0830 in ADU Handover Room– • NSH General Medicine Radiology meeting 2nd and 4th Tuesdays, 1130-1230 • Medical Grand Round 1230 – 1330 Whenua Pupuke. • 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 facilities are available at both North Shore and Waitakere Hospitals and the expectation is that Registrar's preparing for the FRACP will attend. • Assist when agreed with junior medical staff teaching programmes. • Registrars may be requested to present case summaries and topic reviews.

Section 3: Roster

Hours of Work
<p>Ordinary hours:</p> <p>08:00 - 16:00 Monday to Friday Ordinary Hours 08:00 - 22:30 Acute Admitting Long Day 08:00 - 16:00 Post-Acute Ward Rounds 22:00 - 08:00 Night shifts 08:00 - 16:00 Day shifts Saturday or Sunday 08:00 – 22:30 Day shifts Saturday or Sunday 0800 – 1400 E2 Sunday Shift 0800 – 1400 E3 Sunday Shift</p> <p>Overnight from 2200 – 0800 there will be a consistent workload across the WDHB General Medicine and Medical Specialties:</p> <ul style="list-style-type: none">• A consistent workload for 2 Registrars overnight 2200 – 0800 Monday – Thursday for 15 weeks per run over summer• A consistent workload for 3 Registrars overnight 2200 – 0800 Monday – Thursday for 11 weeks per run over winter• A consistent workload for 3 Registrars overnight 2200 – 0800 Friday – Sunday all year <p>Staffing levels for weekday long days and weekends do not vary in summer and winter and will instead remain consistent across the year.</p>

Section 4: Cover

Other Resident and Specialist Cover
<p>Relievers will be allocated to cover the duties of the Registrars on leave, nights, sleeps and RDOs across General Medicine or Medical Subspecialties.</p> <ul style="list-style-type: none">• Registrars on call will be admitting patients and carrying phones and pagers as required by the service.• Additional out of hours cover is provided by the Medical Specialty and ED/ADU Registrars.• Un-rostered hours allow for an emergency at the end of the shift.• The Registrar will not be present during the day on the Friday before starting a night shift• After hours the Registrars will be responsible for patients under the care of the Division of Medicine and Health of Older People Services.• Ward 12 (Kingsley Mortimer unit) cover: Medically related concerns after hours – on call mental health house officer reviews first and then refers to on call house officer or registrar as required.• Un-rostered hours allow for an emergency at the end of the shift.• After hours the Registrars will be responsible for patients under the care of the Division of Medicine and Health of Older People Services.

Section 5: Performance appraisal

Registrar	Service
<p>The Registrar will:</p> <ul style="list-style-type: none"> • 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 two or three and four or six months, dependant on the run period. • 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. 	<p>The service will provide:</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. • The Director of Basic Physician Training will be available to discuss problems and progress.

Section 6: Hours and Salary Category

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below

Average Working Hours (RDOs are observed)	Service Commitments
Basic hours	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
40.0	
RDO Hours_	
-3.60	
Rostered additional hours (inc. nights, weekends & long days)	
13.21	
All other unrostered hours	2.53
Total hours per week	52.14

Salary: The Salary for this attachment will be as detailed as a Category A run.

Average Working Hours (Not observing RDOs)		Service Commitments
Basic hours	40.0	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	13.21	
All other unrostered hours	2.53	
Total hours per week	55.74	

Salary: The Salary for this attachment will be as detailed as a Category A run.