RUN DESCRIPTION

POSITION:	**Registrar**

DEPARTMENT:	Adult Emergency Department

PLACE OF WORK:	Auckland City Hospital

RESPONSIBLE TO:	Clinical Director and Manager, through a nominated Consultant/Physician.

FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers

PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Emergency Department.

RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

Area	*Responsibilities*
General	• Sixteen Registrar positions are available. • The registrar roster is a 26 week rotating roster working over a 24 hour period. • In the rare instance when ADHB declares a Major Incident, Registrars will be called to assist. This will be paid as additional duties and any subsequent shifts will be changed to ensure safe resumption of work after adequate rest and debriefing. During this time, Major Incident Protocols will be instigated.
	• Due to the unpredictable nature of Emergency work, detailed expectations cannot be given. However, there are a number of general comments. • All Registrars are expected to see patients in order of Triage priority as per the ACEM Triage Category. The exception is where a lower Triage category patient has waited an extended period and seeing this patient will not compromise the other patients in a higher category. Shorter or less complex patients may be seen out of order while awaiting investigations and management of other patients. • All Registrars are expected to see the whole range of Emergency presentations and not select patients they are comfortable with managing. Advice and assistance should be sought from the SMO or Fellow to assist in widening the Registrar's scope of practice. • Documentation on all patients should be completed in a timely fashion and must include all relevant information of history, examination, investigations, management and disposition. They may be handwritten and legible or completed electronically. All notes should be printed, signed, and dated. • All investigations ordered must be sighted, accepted and acted on. Any investigation ordered prior to seeing the patient (e.g. nurse ordered) must also be sighted, accepted

Area	*Responsibilities*
	and acted on even if the relevance is unclear. • Registrars are expected to participate in a number of procedures and a wide range of procedures. All procedures must be performed and documented using department guidelines and protocol. • The number of patients seen per shift is not strictly defined. It is expected the Registar will work efficiently but at a safe speed. As a guide, in general, unless working in Resus, it is expected that a Registrar should aim to be managing 1 patient per hour and may have 2-3 patients at varying stages of assessment and management at any one time.. • Registrars will be allocated to teams or areas base don the current model of care. Resus shifts will be evenly distributed. • All Registrars are expected to participate in resuscitation cases during their attachment and this is defined on the roster. Depending on their level of training, they will undertake different roles in the team led resuscitation. Senior Registrars are expected to lead Resuscitations at times. SMO guidance and support will be maintained. • By the end of the rotation, Registrars are expected to have advanced their knowledge and skills in Emergency Medicine. During the rotation if the Registrar feels this is not occurring, they must discuss it with an SMO of their choosing. They should be able to assess and manage all common emergency medicine presentations, understanding their limitations and have an approach to safely manage presentations they are unfamiliar with. • Patients should be managed from presentation to disposition. If there is doubt regarding discharge, this should be discussed with the Duty SMO or Senior Night Doctor. • Any patient requiring admission must be referred to the appropriate specialty in a professional manner. Any disputes should be directed to the SMO in charge or leading their team.. • All patients referred for outpatient clinics must be done so with the appropriate documentation and procedure. • Prior to discharge, all patients should receive a typed Discharge Summary (or hand written during computer failure). They should also receive education and any relevant patient information handouts and appropriate follow-up instructions. • All ACC patients must have ACC documentation completed.
On-Duty	**Shifts** • Registrars will work as part of the team. They will assess and manage patients and discuss any patients with their Team Leader (FACEM or Fellow or Senior Trainee) as required. A Team Leader will always be available for advice and guideance. • Each Registrar will be expected to pick up new patients, or any handed over by the Duty Senior Medical Officer (SMO). During the final hour it is not expected that any new patients will be picked up. This hour will be spent completing the management of current patients to the point of discharge or referral. If this cannot be completed in the allotted time, the SMO will reallocate these patients. **Night Senior Registrar** • On most shifts, there will be an SMO or Fellow in the department who will assume or delegate charge of the shift. On some occasions, a Senior Registrar may be medically in-charge of the department with the SMO contactable immediately by phone and be available for advice or attendance as required. • When in-charge, the Senior Registrar will supervise all House Surgeon cases, and Junior Registrar cases as required. **Breaks** • During each shift, a 30minute meal break should be taken and is paid. However, on some shifts this may need to be shortened due to the nature of emergency work. Other breaks

Area	*Responsibilities*
	will be made available as compensation. • The senior in charge must be aware when a meal break is being taken and only one Registrar can be off at any one time. **Handover** • A handover will occur at 0800,1600 and 2400. All outgoing and incoming shift Registrars are to attend..
Administration	• The Department will provide appropriate scrubs to be worn during the shift. Registrars must be changed and ready to start at the allocated shift time. Street clothing is not to be worn. • The Registrar is required to understand the location and availability of department equipment. It should be used and then returned to its designated position in a clean and working order. When performing procedures, all sharps must be disposed of and any contaminated material placed in the relevant bins and bags. • The department will provide reference texts and computer based material for use during the shift and for preparation for presentations. • The Department Administrator Assistant will provide administrative needs. • Formal communication will be by ADHB email, and each Registrar is expected to check their ADHB email at least weekly.
Leave	• Leave will be allocated on a first come, first serve basis ensuring all Registrars are treated evenly and fairly. Priority will be given to exam leave. • If you have not received a reply to your leave request within 14 days, you are requested to contact the Department Administration Assistant. • The Department Administration Assistant (or the SMO or Fellow In Charge during their absence) must be advised of any sick leave requests.

Section 2: Training and Education

Training and Education
• The Registrars are expected to attend organsied teaching on Tuesday • A wide range of planned teaching is provided and includes; Department CME, Part 1, Intermediate and Part 2 ACEM Teaching. Weely Simulations also occur. • Small group and individual training is provided as required or requested. • On-floor teaching is provided as well as WBA assessments when requested. • 4 hours is added into the hour's calculation for teaching. All Registrars are required to attend departmental CME. • Registrars will be allocated CME topics for research and presentation at department and hospital meetings. Presentations should be of a high and professional standard which includes presentation style and content. These will be graded and will be reflected in the end of run assessment.

Section 3: Cover

Other Resident and Specialist Cover
• ED Registrars are not required to work or cover in other parts of the hospital or provide escort for inter-hospital transport.

Section 4: Performance Appraisal

Performance Appraisal
• Each Registrar can request a mentor. • The DEMT will conduct a mid-run assessment and complete the required documentation. If any issues arise during the Registrar's run, they will be advised, and a process of remediation and education will follow.

Section 5: Roster

Roster

Shifts

- Morning Shift (M) 0800-1800
- Overlap Shift (O) 1200-2200
- Afternoon Shift (A) 1600-0100
- Night Shift (N) 2230-0830
- Relief Shift (R)

The roster is an agreed roster and cycles through agreed patterns to provide 24/7 department cover.

Weekends

- Weekends are rostered as 2 on and 2 off.
- Weekends are either preceded by 2 days off before and after

Relief (R) Shifts

- R shifts are used to cover leave and may be converted to M, O, A or N.
- They may be moved to any weekday for weekday R shifts or in the weekend if shown on the roster as a weekend R shift.
- Rostering of R shifts will be in compliance with the SECA rules.
- If more than one shift type is worked, an adequate break will occur between shifts as detailed in the SECA.
- If no one is on leave, the Department Administration Assistant will allocate morning or afternoon shifts.
- In general, notice of the relief shifts to be worked will be at least 2 weeks in advance. However, if a RMO requires urgent leave, they may be asked to change shifts at short notice, as long as the above rules are maintained and all parties agree.

ED Registrar Roster (27 week pattern)

	1st Set of 9 Registrars						
	M	T	W	Th	F	Sa	Su
Week 1		T	A	A	A		
Week 2	A	A			N	N	N
Week 3	x	x	x			A	A
Week 4	A			M	M		
Week 5	N	N	N	N	x	x	x
Week 6	R	T	R			M	M
Week 7	O			R	R	R	R
Week 8			O	O	O		
Week 9	M	T	M	M			
Week 10		T	A	A	A		
Week 11	O	A			N	N	N
Week 12	x	x	x		M	A	A
Week 13			M	M	M		
Week 14	N	N	N	N	x	x	x
Week 15	R	R	R			M	M
Week 16	M	T				R	R
Week 17			R	R	R		
Week 18		T	O	O	O		
Week 19		T	A	A	A		
Week 20	A	A			N	N	N
Week 21	x	x	x			A	A
Week 22	A			M	M		
Week 23	N	N	N	N	x	x	x
Week 24	R	T	R			M	M
Week 25	O			R	R	R	R
Week 26			O	O	O		

	2nd Set of 9 Registrars						
	M	T	W	Th	F	Sa	Su
Week 1		T	A	A	A		
Week 2	O	A			N	N	N
Week 3	x	x	x		M	A	A
Week 4			M	M	M		
Week 5	N	N	N	N	x	x	x
Week 6	R	R	R			M	M
Week 7	M	T				R	R
Week 8			R	R	R		
Week 9		T	O	O	O		
Week 10		T	A	A	A		
Week 11	A	A			N	N	N
Week 12	x	x	x			A	A
Week 13	A			M	M		
Week 14	N	N	N	N	x	x	x
Week 15	R	T	R			M	M
Week 16	O			R	R	R	R
Week 17			O	O	O		
Week 18	M	T	M	M			
Week 19		T	A	A	A		
Week 20	O	A			N	N	N
Week 21	x	x	x		M	A	A
Week 22			M	M	M		
Week 23	N	N	N	N	x	x	x
Week 24	R	R	R			M	M
Week 25	M	T				R	R
Week 26			R	R	R		

Roster Key		
Code	Description	Hours
OT	Anaesthesia 0730 - 1630	9hrs
M	0800-1800	10hrs
O	1200-2200	10hrs
A	1600-0100	9hrs
N	2230-0830	10hrs
T	0800-1600	8hrs
R	Relief	TBC
Ori	Orientation	8 hrs

*The R week may have reduced hours, but the maximum number is used in the average calculation.
+This M shift is converted to Teaching if teaching is scheduled.

Section 6: Hours and Salary Category

Average Working Hours		*Service Commitments*
Basic hours	39.00	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
All other unrostered hours Confirmed by Run Review – June 2024	5.96	
Total hours per week	44.96	

Salary The salary for this run is estimated to be a category F, however, as this is a shift roster it will be remunerated as a category C. Registrars will be paid as A run category when allocated to relief.