

# **RUN DESCRIPTION**

POSITION:	Registrar
DEPARTMENT:	Clinical Immunology
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Clinical Director and Business Manager of Clinical Immunology through a nominated Consultant
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of Clinical Immunology
RUN RECOGNITION:	This run is recognised by the RACP and RCPA as a training position for specialist
RUN PERIOD:	qualification  6 months
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## Section 1: Registrar's Responsibilities

Area	Responsibilities
General	<ul> <li>Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Consultant. Also organise relevant investigations and ensure the results are followed up, sighted and electronically signed;</li> </ul>
	<ul> <li>Responsible for patient referrals and day to day ward management of patients under their team's care, in consultation with others involved in the care of the patient where appropriate;</li> </ul>
	Work closely with medical specialists in provision of assessment and investigations of new patients and follow-ups in outpatient clinics
	Undertake diagnostic and treatment procedures appropriate to the subspecialty
	Maintain a high standard of communication with patients, patients' families and staff;
	Inform consultants of the status of patients especially if there is an unexpected event;
	Attend hand-over, team and departmental meetings as required.

ADHB Immunology Registrar Run Description – Effective 9 December 2013 Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

Admitting	Assess and admit Clinical Immunology patients referred by ED or from the community
	and other medical and medical subspecialty patients when required by the attached roster
On-Call	Provide advice to and liaise with GP's and other hospital medical staff on Clinical Immunology matters;
	Authorise patients to be transferred to and be seen by the Clinical Immunology service when appropriate
Inpatients	When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the team is responsible on a frequency agreed with the clinical director;
	Ensure x-rays are organised for weekly team radiology session;
	Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary.
	Ensure weekend plans for patient's management are documented in the notes;
	When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review;
	Complete documentation on Friday prior to known or likely weekend discharges.
Outpatients	Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate
	Communicate with referring person following patient attendance at clinics;
	Arrange and perform outpatient investigations
	<ul> <li>Regularly review immunodeficiency patients attending daystay for IVIG to ensure that there are no acute problems that the IVIG dose is adequate and that 6 monthly follow- up is organised.</li> </ul>
	Supervise Immunology Day Ward venom and drug desensitisation and food and drug challenges in association with an Immunology nurse and SMO.
Administration	<ul> <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> </ul>
	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:
	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."
	<ol><li>"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>

## **Section 2: Weekly Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday*
a.m.					
	Day Ward cover,	Day Ward	Day Ward	Day Ward	Medicine CME.
	(IVIG, challenge,	-		Phone calls	Day Ward
	immuno-therapy)	Inpatient referrals	Phone calls	Outpatient clinic	Vaccination clinic
	Phone calls		Inpatient referrals	(starts 10.30)	ACH every 3-4
	Outpatient clinic			Phone calls	weeks
	ACH			Grand rounds	Inpatient referrals
					Teaching
					Phone calls
p.m.					Day Ward cover
	Immunology CME	Day ward cover	Outpatient clinic	Outpatient clinic	
			ACH	ACH (1 in 4)	In patient
	Day Ward cover	Outpatient clinic	Phone calls	Phone calls	referrals
	Inpatient referrals	3 in 4		Day Ward	Phone calls
	Phone calls	Anaesthetic	Day Ward cover		
	Consultant	allergy clinic (1 in	Inpatient referrals	Inpatient	
	teaching	4)		referrals	
	(Rheum CME)				

<sup>\*</sup> Friday activities impacted by weekend roster

## **Section 3: Training and Education**

Nature	Details
Protected Time	The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)
	Orientation at the beginning of the run
	Clinical Immunology training – Monday 1300-1400 location TBA
	Grand Rounds – Thursday 1200-1300 Education Centre
	Rheumatology CME – Monday 1600-1800 (optional)
	General Medicine  Friday AM (optional)
	Case discussions Clinical Immunology – Monday PM, Friday AM     Timing of educational sessions is subject to change
The Registrar is exprequested	ected to contribute to the education of nursing, technical staff and medical staff when

#### **Section 4: Cover**

#### Other Resident and Specialist Cover

The registrar will be required to work between 0800 and 1700 Monday to Friday inclusive.

The Registrar also participates for the 6 months of their run in a medical Subspecialty duty roster. This roster is asymmetric and requires the registrar to work between the hours of 1600 and 2230 on average six times in six months. Night duties Friday and Saturday 2200-0800 and will be responsible for duties both in the Medical Specialities and General Medicine, these duties will be shared between the Medical Registrars on duty and will involve admissions and ward duties on average 3 or 4 sets over six months. Weekend duties for General Medicine Saturday and Sunday 1400-2200 on average 3 or 4 sets over six months.

When on duty between 1600 and 2230 on the Subspecialty roster, registrars are responsible to the subspecialties but also support the General Medical registrar in the Admission and Planning Unit and Older Peoples Health from 1900.

### **Section 5: Performance appraisal**

Registrar	Service
The Registrar will:	The service will provide,
At the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time	<ul> <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> </ul>
After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;	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.

### **Section 6: Hours and Salary Category**

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40.00	The Service, together with the RMO Support Unit will be responsible for the preparation of any
Rostered additional hours (inc. nights, weekends & long days)	10.93	Rosters.
All other unrostered hours	1.98	
Total hours per week	52.91	

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