



RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Endocrinology
PLACE OF WORK:	Greenlane Clinical Centre and Auckland City Hospital
RESPONSIBLE TO:	Clinical Director Endocrinology
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of Endocrinology
RUN RECOGNITION:	This run is recognised by the RACP as a training position for specialist qualification in Internal Medicine (Endocrinology).
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>Assist with 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, ensure the results are followed up, sighted and signed;</p> <p>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;</p> <p>Work closely with medical specialists in provision of assessment and investigations of new patients and follow-ups in outpatient clinics</p> <p>Undertake clinical diagnostic and treatment procedures appropriate to the subspecialty</p> <p>Maintain a high standard of communication with patients, patients' families and staff;</p> <p>Inform Consultant of the status of patients especially if there is an unexpected event;</p> <p>Attend hand-over, team and departmental meetings as required.</p>

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Area	Responsibilities
On-Call	<p>ENDOCRINOLOGY</p> <p>When on call for endocrinology, be available on long-range locator to attend the hospital within 1 hour.</p> <p>Advise and liaise with GP's and other hospital medical staff on Endocrinology matters.</p> <p>Authorise patient to be transferred to and be seen by the Endocrinology service when appropriate.</p> <p>Give advice to and liaise with GP's and other hospital medical staff on endocrinology matters.</p> <p>SUB-SPECIALTY MEDICINE</p> <p>Review and manage all patients under a periodic sub-specialty roster as agreed to by the Clinical Director Endocrinology and the Clinical Director General Medicine.</p>
Inpatients	<p>ENDOCRINOLOGY</p> <p>Respond to inpatient consultant referrals and see in a timely fashion in collaboration with the rostered endocrinology consultant.</p> <p>Organise the weekly team radiology review and additional clinical review sessions as required by the clinical director.</p> <p>SUB-SPECIALTY MEDICINE ROSTER</p> <p>Take part in this roster as agreed between CD Endocrinology and General Medicine.</p>
Outpatients	<p>ENDOCRINOLOGY and DIABETES</p> <p>Assess both scheduled and urgent outpatient referrals in rostered clinics and discuss with consultant staff when necessary.</p> <p>Communicate with referring person following patient attendance at clinics;</p> <p>Arrange and perform outpatients investigations, diagnostic formulation and management plan.</p>
Administration	<p>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;</p> <p>Be responsible for certifying death and complete appropriate documentation.</p> <p>At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</p> <p>Dictate summaries on patients to General Practitioners following outpatient visits in a timely fashion.</p> <p>Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:</p> <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. <p>If absent due to unexpected circumstances (e.g. health, other), contact Team Support as</p>

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Area	Responsibilities
	well as the Consultant to which the registrar is clinically responsible in the absent duty. ENDOCRINOLOGY SUB-SPECIALTY DUTIES
	Trainees are expected to actively participate in a clinical or basic science research project or audit as well as contributing case presentations and project reviews in appropriate forums that include Grand Rounds, Departmental seminars and Endocrine and Diabetes special society meetings. The trainee will be expected to organise the scheduling and documentation of the Endocrine Subspecialty MDG meeting weekly. Also the trainee will be encouraged to explore additional clinical training in aspects of the subspecialty such as women's health, dysthyroid eye disease and become familiar with thyroid ultrasound, bone densitometry and therapeutic radioiodine treatment techniques and protocols.

Section 2: Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
	All Other times available for ward/admitting/rostered duties				
a.m.	IP and OP consultations at ACH / GCC as needed.	Diabetes OPC IP and OP consultations at ACH / GCC as needed.	Thyroid OPC	Radiology review, Endo J Club, Student presentations. Physician Rounds	IP and OP consultations at ACH / GCC as needed.
p.m.	Endo Review session > Endocrinology OPC	Diabetes meeting	Thyroid review Diabetes review session IP/OP consultations as required.	IP and OP consultations at ACH / GCC as needed.	Bone OPC Sub-spec Gen Med roster monthly.

NB times for Grand Round and other teaching are subject to change

Section 3: Training and Education

Nature	Details
<i>Protected Time</i>	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <p>Orientation at the beginning of the run</p> <p>Specialty training – #1 OPC instructor reviews (real-time clinics all patients as required), #2 Mon - Wed lunchtime review sessions, #3 Thursday morning radiology and clinical /seminar review, #4 Diabetes Journal Club #5 Consult, ward & telephone management reviews</p> <p><i>Timing of educational sessions is subject to change</i></p>

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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 shall also participate in a 104-week Medical Subspecialty duty roster. This roster is asymmetric and requires the registrar to work between the hours of 1700 and 2230 on average six times in 6 months. Night duties Friday and Saturday 2200-0800 for General Medicine on average 3 or 4 sets over six months. Weekend duties for General Medicine Saturday and Sunday 0800-1600 (0800-1200 ward cover, 1200-1600 assisting in APU) on average 3 or 4 sets over six months.

When on duty between 1700 and 2230 on the Subspecialty roster, registrars are responsible to their own service but also support the General Medical registrar in the Admission and Planning Unit, and from 1900 for Older Peoples Health.

Leave will be handled by non-scheduling of OP Clinics and consultants will cover OP and IP endocrine consultations.

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> • 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 • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; 	<p><i>The service will provide,</i></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.

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Section 6: Hours and Salary Category

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40.0	<ul style="list-style-type: none">The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (sub-specialty medical roster)	11.04	
All other unrostered hours	3.0	
Total hours per week	54.04	

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

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