



## RUN DESCRIPTION

<b>POSITION:</b>	Registrar
<b>DEPARTMENT:</b>	General Medicine
<b>PLACE OF WORK:</b>	Auckland City Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director and Business Manager of General Medicine, through a nominated Consultant.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumer, Hospital and community based healthcare workers
<b>RUN RECOGNITION:</b>	This run is recognised by the RACP as a training position for specialist qualification
<b>RUN PERIOD:</b>	4 or 6 months

### Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<p>Work closely with the team, provide supervision and share responsibilities where and when appropriate.</p> <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>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> <p>Assist with teaching of other team members including students and other healthcare professionals</p>

General Medicine Registrar Run Description - Effective 12 December 2011

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Area	Responsibilities
<b>Acute Call</b>	<p>Review and manage all referred patients to the General Medical Service</p> <p>Advise to and liaise with GP's and other hospital medical staff on medical matters;</p> <p>Be part of the acute cardiac resuscitation team</p> <p>Authorise patient to be transferred to and be seen by the Medical Subspecialty Service when appropriate</p>
<b>Inpatients</b>	<p>When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the service is responsible on a frequency agreed with the clinical director;</p> <p>Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary.</p> <p>Ensure weekend plans for patient's management are documented in the notes;</p> <p>When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review;</p> <p>Complete documentation on Friday prior to known or likely weekend discharges.</p>
<b>Outpatients</b>	<p>Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate</p> <p>Communicate with referring person following patient attendance at clinics;</p> <p>Arrange and perform outpatients investigations</p>
<b>Administration</b>	<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 discharge summaries on patients that are discharged by their team and letters 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"> <li>1. <i>"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."</i></li> <li>2. <i>"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."</i></li> </ol> <p>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>

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## Section 2: Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
	<b>All Other times available for ward/admitting/rostered duties</b>				
<b>a.m.</b>	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover 0830 – 0915 Dept of Medicine Training
<b>p.m.</b>			1300 – 1700 Medical Registrar Part 1 Teaching June – March	1200 – 1300 Grand round	1230 – 1315 Journal Club  15.30 Weekend Handover
Radiology conference (1hr) / ward teaching (1hr) and clinics (3 hrs) will vary by Medical Team Monthly QA Meetings –Fridays 08.30-09.30					

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

## Section 3: Cover

Other Resident and Specialist Cover
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Each week there will be four admitting teams. In general the Registrar and House Officer for an admitting team will spend the full duration of the week with their team working on the acute floor. This will include the admission of patients, post acutes and rounding on the patients on level 2.

Each day one admitting team will be assigned to the E call and will admit from 0830-1600. A post acute ward round will be undertaken if time permitting.

All other teams on the acute floor will undertake a post acute ward round at the beginning of the day and will then admit for the remainder of their shift.

The Registrar will then rotate to the wards for two weeks, during which time they will admit patients to the ward, complete a daily ward round (with the exception of weekends, unless otherwise rostered) and all other ward work as required.

Each week day one ward Registrar will be rostered to the WL call participating in acute call from 1600-2230 following completion of their ward duties 0800-1600.

A second ward Registrar will also be rostered to WLC call each week day. In summer the WLC call will be on call off site from 1600-2400. In winter this Registrar will be on site for the duration of the duty.

For the purpose of this roster the week will run from Thursday to Wednesday.

Each weekday morning following an admission period, patients remaining in ED, APU or on APU overflow ward will remain the responsibility of the acute team.

All patients otherwise admitted to the medical wards or the outlying non-medical wards will become the responsibility of the ward teams as assigned at handover.

Weekday overnight patients will be allocated to teams at morning handover  
Weekend overnight patients will be distributed to the post take teams

### ***Other Resident and Specialist Cover***

The Medical Subspecialty registrars will assist the General Medical Registrars as follows:

- Participate in a medical subspecialty duty roster between the hours of 5pm and 10pm approximately once every 28 days, and between the hours of 10pm and 8am for one period of 5 consecutive nights and one period of 2 consecutive nights approximately once every 6 months.
- When on duty between 5pm and 10pm 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 AED
- When on night duty the subspecialty registrar
  - Coordinates the activities of the medical house officers;
  - Covers Clinical Haematology, Dermatology, Diabetes, Gastroenterology/Hepatology, Infectious Diseases, Immunology, Oncology, Neurology, Older People's Health, Renal, Respiratory, and Rheumatology inpatients; and
  - Support the General Medical Registrar in the Admission and Planning Unit and AED and, if time permits, the General Medical wards

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## Section 4: Roster

<i>Roster</i>		
<b>Hours of Work</b>		
Ordinary Hours	Monday to Friday	0800-1600 hrs
Acute Long Day (AL)	Monday to Sunday	0800-2230 hrs
Ward and Acute Call Long Day(WL)	Monday to Friday	0800-2230 hrs
Ward and Acute Call Long Day(WLc)	Monday to Friday	0800-2400 hrs
Acute Call (A)	Monday to Sunday	0800-1600 hrs
Normal Day (6)	Monday to Friday	0800-1600 hrs or 1000-1600 hrs
Night Duty	Sunday to Thursday	2200-0800 hrs
<p>The after hours roster will be split into a Summer and Winter roster. The Summer roster is expected to commence in mid December and operate through to approximately mid June of each year. The Winter roster is expected to commence in mid June and operate to approximately mid December of each year.</p> <p><b>Summer</b></p> <p>In Summer there will be 2 Registrars rostered to acutes on site until 2230 hrs. The 3<sup>rd</sup> Registrar will be on site until 1600 and will then be rostered on call off site from 1600-2400(Ac). Dependent on the workload in ED and APU the Registrar may be called back to the workplace to assist. This will be at the discretion of the SMO on call.</p> <p>If the Registrar on call is required to return to the work place and work past 2230 hours they will not be required to attend the work place the following day until 1000 hours to allow for adequate rest between periods of duty. If this occurs the Registrar will need to ensure the on call SMO is notified and a handover is made to the night Registrar prior to the end of their shift.</p> <p>There will be one Registrar rostered on a night duty each day from 2200-0800.</p> <p><b>Winter</b></p> <p>In Winter all 3 Registrars rostered to acutes are required to be on site for the duration of their duty. 2 of the Registrars will be rostered until 2230hrs. The 3<sup>rd</sup> Registrar will be rostered until 2400 hrs (Ac). The Registrar rostered until 2400 hrs will not be required to attend the workplace until 1000 hrs the following day to allow for adequate rest between periods of duty.</p> <p>There will be one Registrar rostered on a night duty each day from 2200-0800.</p> <p>Each Registrar will be allocated to a period of relief for up to a maximum of 9 weeks on a rotating basis during each the 6 month rotation. When rostered to relief the Registrar will provide cover for the duties of a Registrar on leave or nights across General Medicine or the Medical Subspecialties.</p>		

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## Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <p>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</p> <p>after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</p>	<p><i>The service will provide,</i></p> <p>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.</p> <p>an interim assessment report on the Registrar two or three months into the run, after discussion between the Registrar and the Consultant responsible for them;</p> <p>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;</p> <p>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.</p>

## Section 6: Hours and Salary Category

### Summer Roster

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40.0</p> <p>Rostered additional hours (inc. nights, weekends &amp; long days) 15.17</p> <p>All other unrostered hours 4.31</p> <p>Total hours per week 59.48</p>	<ul style="list-style-type: none"> <li>The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.</li> </ul>

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

Any on call or call back duties will be remunerated in addition to the above run category as per the rates outlined in the NZRDA MECA.

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**Winter Roster**

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	<ul style="list-style-type: none"><li>The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.</li></ul>
Rostered additional hours (inc. nights, weekends & long days)	16.79	
All other unrostered hours	4.31	
Total hours per week	61.10	

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

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