



RUN DESCRIPTION

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| POSITION: | Registrar |
| DEPARTMENT: | Infectious Diseases |
| PLACE OF WORK: | Auckland Hospital/ Greenlane Clinical Centre |
| RESPONSIBLE TO: | Clinical Director and Business Manager of Infectious Diseases 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 the Infectious Diseases service |
| RUN RECOGNITION: | This run is recognised by the RACP as a training position for specialist qualification |
| RUN PERIOD: | 6 months |

Section 1: Registrar's Responsibilities

| <i>Area</i> | <i>Responsibilities</i> |
|----------------|---|
| General | <ul style="list-style-type: none"> • 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 signed; • 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; • 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. |

Infectious Diseases Registrar Run Description, Effective 12 December 2011
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| Area | Responsibilities |
|-----------------------|--|
| Admitting | <ul style="list-style-type: none"> Assess and admit Infectious Diseases patients referred by ED or from the community and other medical and medical subspecialty patients when required by the attached roster |
| On-Call | <ul style="list-style-type: none"> Provide advice to and liaise with GP's and other hospital medical staff on Infectious Diseases matters; Authorise patients to be transferred to and be seen by the Infectious Diseases service when appropriate |
| Inpatients | <ul style="list-style-type: none"> When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the Infectious Diseases service is responsible on a frequency agreed with the clinical director; 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 | <ul style="list-style-type: none"> 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 |
| 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; 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: <ol style="list-style-type: none"> <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> <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> |

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Section 2: Weekly Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------|--|-------------------------|--|--|---|
| a.m. | 8.30 ID journal club Ward work and consults | Ward rounds Reg 1 and 2 | 08:15 Weekly HIV meeting Ward work and consults | OPIVA clinic (Reg 1) | 08:00 Liver meeting (Reg2) Ward rounds Reg 1 and 2 11.30 Micro plate round (30 mins) |
| p.m. | Ward work and consults 13:30 Registrar teaching | Ward rounds Reg 1 and 2 | 13:00 HIV journal club 14:00 X-ray conference 15:00 OPIVA meeting 16:00 ID teaching | 12:00 Grand Round Outpatient Clinic (Reg 2) | 12:45 Haematology meeting (Reg 2) 13:00 Renal meeting (Reg 1) Ward rounds Reg 1 and 2 |

Section 3: Training and Education

| Nature | Details |
|---|---|
| Protected Time | <p>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</p> <ul style="list-style-type: none"> • Orientation at the beginning of the run • Speciality training – ID Journal Club, registrar teaching, HIV journal club, ID teaching, Grand Round |
| <p><i>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested</i></p> | |

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Section 4: Cover:

Other Resident and Specialist Cover

There are 2 registrars on the run. The registrars share call duties with the consultants.

Registrars also participate for the 6 months of their run in a 104-week Medical Subspecialty duty roster. This roster is asymmetric and requires the registrars to work between the hours of 5pm and 11pm on average eight times in six months, and to work 26 nights in 4 sets of 5 weeknights and 3 sets of 2 weekend nights over the 104 weeks of the roster. This means that the registrars will be required to work an average of 6.5 nights during the 6 months of the run.

When registrars are rostered on call off site during the weekend, they are required to attend a ward round from 8am – 12pm on both Saturday and Sunday and then be available on call off site from 12pm – 10pm. The registrars are not entitled to claim a call back payment for the ward round as this is included in the calculation of total rostered hours for the run.

When on duty between 5pm and 11pm 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 also cover Older Peoples Health from 7pm.

When on night duty the registrar

- Coordinates the activities of the medical house officers;
- Covers Clinical Haematology, Dermatology, Diabetes, Gastroenterology/Hepatology, Immunology, Infectious Diseases, Oncology, Neurology, Older People's Health, Renal, Respiratory, and Rheumatology inpatients (Note: some of these services have few, if any inpatients); and
- Supports the General Medical Registrar in the Admission and Planning Unit and if time permits, the General Medical wards

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 | <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 (inc. nights, weekends & long days) | 8.2 | |
| All other unrostered hours | 2 | |
| Weekend ward round | 4.8 | |
| Total hours per week | 56 | |

Salary The salary for this attachment will be as detailed as a Category **C** run category