



RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Mental Health Services – Community MHSOP (Care Team)
PLACE OF WORK:	ADHB Mental Health units and hospitals (to cover liaison) and the Central Auckland community
RESPONSIBLE TO:	Director of ADHB Mental Health Services (level 2); and services Clinical Director (level 3) and the supervising Psychiatrist for clinical matters. The Unit Manager for administrative matters. The Coordinator of Registrar Training for training matters.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers including General Practitioners
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Mental Health Service
RUN RECOGNITION:	This run is recognised by the RANZCP 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 patients referred to the service. This Psychiatric assessment includes relevant assessment of physical health issues. • Undertake general clinical responsibilities as directed by the supervising Psychiatrist and organise relevant investigations, ensure the results are followed up, sighted and signed; • Responsible for day to day management of patients, in consultation with others involved in the care of the patient (Multi disciplinary team); • Develop and implement treatment plans in collaboration with the patient, family or whanau and the referring agency; • Monitor and review treatment plans in accordance with changes in the clinical condition of patients; • Undertake diagnostic and treatment procedures appropriate to the service; • Participate in regular reviews of all patients under the care of the clinical team in

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Area	Responsibilities
	<p>conjunction with the multidisciplinary team;</p> <ul style="list-style-type: none"> • Maintain a high standard of communication with patients, patients' families/whanau and staff; • Work closely with the team's House Officer (where present) , provide supervision and share responsibilities where and when appropriate in conjunction with the supervising Psychiatrist. • Inform consultants of the status of patients especially if there is an unexpected event; • Attend hand-over, team and departmental meetings as required.
On-Duty/Call	<ul style="list-style-type: none"> • The Registrar will be rostered on either "A" or "B" evening duty, "A/N", "B/N", "N" or "8/N" Night duty, on the Auckland Healthcare Mental Health Service roster. <p>"A" Long Day The "A" Registrar sees all patients from the North East CMHC's area, whether inpatient (Te Whetu Tawera, Fraser McDonald Unit, Child & Family Unit) or Emergency Department ACH, Liaison services ACH, MHSOP. Any "out of area" patient North or West of ADHB boundary and the Buchanan Clinic. The Registrar is on duty and based at Auckland City Hospital.</p> <p>"B" Long Day The "B" Registrar sees all patients from the South West CMHC's area, whether inpatient (Te Whetu Tawera, Fraser McDonald Unit, Child & Family Unit) or Emergency Department ACH, Liaison Services ACH, MHSOP. Any "out of area" patient South of ADHB boundary. The Registrar is on duty and based at Auckland City Hospital.</p> <p>"A/N" On Friday and Saturday the "A/N" Registrar sees all patients from the North East CMHC's area, whether inpatient (Te Whetu Tawera, Fraser McDonald Unit, Child & Family Unit) or Emergency Department ACH, Liaison services ACH, MHSOP. Any "out of area" patient North or West of ADHB boundary and the Buchanan Clinic. The Registrar is on duty and based at Auckland City Hospital.</p> <p>"B/N" On Friday and Saturday the "B/N" Registrar sees all patients from the South West CMHC's area, whether inpatient (Te Whetu Tawera, Fraser McDonald Unit, Child & Family Unit) or Emergency Department ACH, Liaison Services ACH, MHSOP. Any "out of area" patient South of ADHB boundary. The Registrar is on duty and based at Auckland City Hospital.</p> <p>"N" From Sunday to Thursday the Registrar rostered on "N" will cover the duties for both the "A/N" and the "B/N" Registrar. The registrar is on duty and based at Auckland City Hospital.</p> <p>"8/N" On Call From Sunday to Thursday, the Registrar rostered on "8/N" will be available on call off site as a back up to the "N" Registrar and able to attend calls within 1 hour. If they required to work overnight they are entitled to a sleep day 0830-1630 the following day. If they are not required to come into work overnight then the Registrar is required to be at work from 0830-1430.</p> <p>Patients presenting of no fixed abode will alternate between Registrars.</p> <ul style="list-style-type: none"> • Provide assessment and review of patients presenting to and currently within the services. Discuss functions in relation to the Mental Health Act with the on-call

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Area	Responsibilities
	<p>Psychiatrist with the involvement of the Director of Area Mental Health Service if necessary.</p> <ul style="list-style-type: none"> • Provide advice to and liaise with GP's and other hospital medical staff on Mental Health Services matters; • Authorise patients to be transferred to and be seen by to the Mental Health Services service when appropriate; • Cooperate and support the other Registrar on call by sharing workload when it is uneven and busy; • Discuss new assessments, admissions and clinical problems with the on-call Psychiatrist; • At weekends and public holidays, provide adequate handover to incoming Registrars in relation to matters arising on call. A daily ward round will be conducted in conjunction with the on-call psychiatrist at Te Whetu Tawera on weekends and public holidays.
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 service is responsible on a frequency agreed with the services Clinical Director; • Ensure relevant documents, e.g. discharge summary, medication record 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
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients, including rationale for assessment and treatment plans and review of those plans. 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 Director of Mental Health or services Clinical Director, assist with operational research in order to enhance the performance of the Service; • Write 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"> 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> 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>

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Section 2: Training and Education

Nature	Details
Protected Time	<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> <ul style="list-style-type: none"> • Orientation at the beginning of the run • First year Registrars will attend the Registrar teaching programme as scheduled by the Regional Training Coordinator on Wednesday. • Second and third year Registrars will attend the Registrar teaching programme as scheduled by the Regional Training Coordinator on Thursday. • Fourth and subsequent year Registrars will attend the Registrar teaching programme as scheduled by the Regional Training Coordinator on Thursday. • Other service and unit based education sessions will be attended as scheduled, including 12.30 Monday - Grand Round. • The Registrar will attend at least 1 hour of individual supervision (2 hours if first year trainee) each week with the supervising Psychiatrist, at a time to be arranged with the Psychiatrist. • The Registrar will attend weekly meetings with the Training Facilitator or Director at 0830 Fridays. • At least 4 hours of supervision of clinical practice will be provided each week.
<p><i>The Registrar is expected to provide education and/or training for staff of other disciplines in relation to aspects of medical/psychiatric assessment and treatment, within the service setting.</i></p>	

Section 3: Cover:

- There are 15 registrars that sit on the roster. The after hours (long days, weekends, and nights) are shared at a frequency of 1 in 15.
- The registrars will work one or more period of nights during the run.

<i>Other Resident and Specialist Cover</i>
<p>Clinical attachments are to multidisciplinary teams which may include a House Officer, Trainee Intern and medical student(s).</p>

Section 4: 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; and with the Training Facilitator as appropriate. 	<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.

Section 5: Hours and Salary Category

- Ordinary hours of work are normally 40 hours per week (Monday - Friday 0830 - 1630).
- Additional rostered hours are from 1630 – 2300 weekdays and 0830 to 2300 at weekends and public holidays. There is allowance for handover from 2230 to 2300 hours.
- Night duty is from 2230 to 0830 hours. Night duties are worked in separate periods of two and five nights.

<i>Average Working Hours</i>		<i>Service Commitments</i>
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 (inc. nights, weekends & long days)	14.2	
All other unrostered hours	3	
Total hours per week	57.2	

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

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