HAWKE'S BAY District Health Board
Whakawāteatia

RUN DESCRIPTION

POSITION:	Intensive Care (ICU) Registrar
DEPARTMENT:	Medical – Intensive Care
PLACE OF WORK:	Hawke's Bay Hospital
RESPONSIBLE TO:	Clinical Director and Manager, through a nominated Consultant/Physician.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community-based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Intensive Care Service, including but not limited to those who are under the direct care of Intensive Care Services, require review by Intensive Care Services, deteriorate on the wards and are reviewed under the Patient at Risk Service and require either inter or intra hospital transportation that require the skills of an intensive care registrar.
RUN RECOGNITION:	College of Intensive Care Medicine Also accredited for training with RACP, ANZCA, ACEM and RNZCGP Division of Rural Hospital Medicine (RHM)
RUN PERIOD:	Variable 6 or 12 months

Section 1: Registrar's Responsibilities

Area	*Responsibilities*
General	**CLINICAL RESPONSIBILITIES** • The registrar is responsible for the day to day management of inpatients under the care of their designated Consultant. The management of all inpatients under the team's care will be reviewed formally, including all recent investigations, at least twice per day Monday through Sunday and more frequently if a clinical situation dictates • The Registrar will attend the Handover Meeting at 0800hrs and 2000hrs according to their roster pattern. • The Registrar will maintain the clinical record for each patient and oversee the institution of appropriate investigation of all patients under the care of their team. • All entries in the case noted will have a date and time recorded and be legibly signed. The Registrar will inform the designated Consultant of any problems relating to these patients.

Area	*Responsibilities*
	• The registrar will ensure that all shared care teams are appropriately informed of patients' progress as and when required, and will liaise with the shared care teams when they review the patients located in the Intensive Care unit on a daily basis • The registrar will ensure that all patients have a transfer of care summary completed, printed and signed for inclusion in the notes when a patient is transferred to the ward. The registrar will also ensure that a new drug chart is written and that a verbal handover of care will take place with the inpatient team at the time of transfer. • When patients are discharged from the hospital (either transferred to another hospital or if they are deceased) the registrar will ensure that they have a discharge summary completed to accompany the patient, copied to the general practitioner/specialist within 24 hours of discharge • When going off on duty the registrar will ensure that any patient whose condition is unstable or is of concern, is notified to the appropriate registrar and consultant at handover. • The registrar will participate in the teaching and training program as outlined by the supervisor of training. This may include but is not limited to clinical audit, weekly teaching responsibilities, case presentations, protocol development and attendance at Morbidity and Mortality Meetings. • Registrars rostered with a (1) designation to their shift pattern will, once all the clinical and clerical demands of the unit have been met, undertake self-directed learning and non-clinical duties for the duration of their shift. These registrars will remain available for the remainder of their shift should clinical or clerical demands require their attention. **TEAM DUTIES** Registrars are responsible to the duty intensive care specialist. • Registrars are required to attend all timetabled and rostered duties punctually. If they are unable to attend for any reason they are to notify the department as per departmental process as soon as they realise that they will not be able to attend. • At the start of each 6-month run the registrar must arrange a time to meet with the Supervisor of Training to advise the registrar of specific specialist preferences, discuss training, give feedback on progress and agree goals. Further meetings will likely occur at one month, three months and end of run but may occur more frequently if required. • Registrars will ensure that referring specialists are directly contacted regarding significant clinical events of their patients. • Registrars are responsible for following up the results of any investigations they or the team order. These need to be checked and 'Marked as Read (MAR)' on the computer system (ECA). The registrar should liaise with the consultant if an unexpected untoward result is given, or they have any concerns. There needs to be a clear handover of responsibility of outstanding results to the shared care team when the patient is discharged from intensive care services. Ideally all outstanding results or results of concern should be included in the transfer of care summary. • Registrars are expected to supervise and provide tuition to Trainee Interns in their clinical duties.
Acute admitting	**ACUTE DUTIES**: The 'Registrar is responsible to the Consultant on duty for the day.

Area	*Responsibilities*
	The registrar is expected to: • Provide clinical assessment, observation, treatment and admission of, but not limited to, all patients under the care of Intensive Care Services, those patients referred to intensive care services for assessment, and patients who trigger a review as part of the Patient at Risk Service. It is expected that registrars assess patients comprehensively and report their findings to the on-duty consultant. • Follow the Hawkes Bay DHB clinical protocols/guidelines • All referrals to Intensive Care Services will be through the Duty Intensive Care Specialist (not the registrar). The registrar will be directed to review patients, as appropriate, by the Duty Intensive Care specialist. • Communicate with referring clinician regarding assessment and management plans. • All admissions to the Intensive Care Service will be as per the Intensive Care Admission and Discharge Policy, and at the direction of the Duty Intensive Care Physician. • Keep consultant informed in a timely manner. • Provide a comprehensive hand-over to the night duty Registrar at 2000hrs • The Registrar must ensure that **all** admissions are seen promptly, and will be present when a patient is transferred to the Intensive Care Unit from another service (eg theatre) in order to receive clinical handover.
Administration	Registrars are required to fully document patient care. • All patients are to have current records of relevant clinical history, clinical assessment investigations, treatment plan and documented discharge plan • Detailed documentation of all procedure • Use telephone dictating system as required • All case notes entries are to be clearly legible, dated, timed and signed. All other relevant documentation within the Intensive Care is to be completed in a timely manner • Documentation of the consultant involved in establishing the management plan • Ensure discharge and transfer of care summaries are completed ***prior to discharge***.

Section 2: Training and Education

Note: dates and times for the sessions above may change.

There is a minimum of 4 hours per week medical learning, which includes the weekly topic of the week, attendance at morbidity and mortality meetings, case base discussions and other education sessions. The registrars are required to participate in the teaching roster, including ten-minute teaching and participation on the SLACK platform. Some of the education time is in the form of self-directed learning during the (1) designated shifts. Additional teaching responsibilities, such as journal club, study days, trainee intern teaching may also be allocated during the run.

SMO led bedside teaching will occur every day according to the topic of the week or based on the case mix on the unit.

Registrars, where possible, are encouraged to attend ED simulation teaching, anaesthesia teaching, and at least once during their rotation cultural training with the Maori Health Unit. Registrars are not expected to take Medical Education Leave in order to attend these, and they are considered to be part of the provided training and education provided by the department. However, attendance is dependent on the clinical demands of the unit on the specific day.

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
a.m.	Xray meeting	Morbidity and Mortality Meeting	Engaging Effectively with Maori	Anaesthesia teaching	
p.m.		ED teaching	Grand Round	Case Based Discussions	

PROTECTED TIME:
The Registrar will participate in Quality Assurance programmes such as Clinical Audits.

The Registrar shall attend clinical meetings as identified on the relevant service schedule, including Grand Round, individual team X-ray and interdepartmental meetings including Trauma meetings and morbidity and Mortality Meetings.

ONGOING:
Ongoing education, development and maintenance of skills:

- Provision of supervision in wards, clinics and Theatre
- Specialist ward rounds – acute days, routine rounds

Section 3: Roster

Average Weekly Hours:

Weekly Hours	= hours over 8 weeks
Short Days	= hours over 8weeks
Long Days	= hours over 8 weeks
Weekend Hours	= hours over 8 weeks
Nights	= hours over 8 weeks

Total: hours over 8 weeks [E]

CATEGORY C
(49.48hrs) (UNROSTERED HOURS: 10.42hrs)
(5 long days + 3 weekends + 7-night duties + 5 evening duties on a 10-week roster template pattern)

Planned Leave
Leave should be applied for with as much notice as possible, preferably before the start of the run and before the roster is written. Notification of whether leave has been approved will be given within 2/52 as per MECA

Unexpected leave
If a registrar is unable to attend duties at short notice (eg. due to sickness) the registrar is required, as soon as the situation is apparent to:

- Notify the RMO Unit (eText, email or x 5808)
- Contact the 'on call' Registrar (by 0730 hours) or the duty Intensive Care Consultant.
- The 'on call' registrar receiving the call is responsible for liaising with Senior Staff to enable cover to be expedited. This will be discussed @ the next available opportunity, depending on the urgency of required cover.

Work Schedules
The department is committed to where possible, tailoring the day to day clinical duties to the individual registrars needs and abilities, within the constraints of the department.

Rostered Days Off [RDOs]
The roster is a shift roster. Expected duties are outlined in the roster template.

Commented [DC1]: This will need to be updated as I don't know the frequency or the category

Commented [JL2R1]: I will ask Vicki to complete this section

Section 4: Cover:

The Intensive Care Unit is covered by eight Specialists and ten Registrars. 1. Work closely with the team, provide supervision and share responsibilities where and when appropriate. 2. Assist with the assessment and admission of patients under the care of the department. Undertake clinical responsibilities as directed by the Consultant, also organise relevant investigations, ensure the results are followed up, sighted and signed. 3. Maintain a high standard of communication with patients, patients' families and staff. 4. Specialists want and expect to be in attendance if there is any concerns about a clinical situation. They will attend at ANY TIME if requested to by the ICU registrar. 5. The Registrar is required to CALL FOR CONSULTANT SUPPORT IMMEDIATELY • When there is an 'at risk' situation, including a rapidly deteriorating patient, whether in the intensive care unit or elsewhere in the hospital • When the work volume is excessive • If there is any situation of conflict that cannot be immediately resolved • Whenever in need. 6. Attend handover, team and departmental meetings as required. 7. Assist with teaching other team members including students and other healthcare professionals. 8. The results of all investigations will be signed, actioned appropriate before they are filed in the patients notes. 9. The Registrar should at all times be supervised to a level appropriate to their skill and experience and should freely seek advice from their senior colleagues on management patients. The Supervisor of Training and/or the Head of Department should be approached about any difficulties they may be experiencing. 10. Obtain informed consent for procedures within the framework of the Medical Council guidelines. 11. This run is recognised as a training position towards vocational training with CICM.

Section 5: Performance appraisal

Registrar	*Service*
Performance reviews are done every 3 - 6 months. All consultants are involved in the reviews and feedback to registrars is given by the Supervisor of Training. The Head of Department and other senior staff may be involved as required • The registrar may meet with the Supervisor of Training at the start of run to identify goals and discuss responsibilities. • For trainees enrolled in CICM, RACP, ACEM, ANZCA training programme this should be documented using the on-line supervisor's reports and they should keep a record of their training as required by the College.	The service will provide: • An initial meeting between the Supervisor of Training and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time. This will occur at one week with a follow up meeting at one month • An interim assessment report on the Registrar three months into the run, after discussion between the Registrar and the Supervisor of Training responsible for them • The opportunity to discuss any deficiencies identified during the attachment. The Supervisor of Training responsible for the Registrar will bring these to the Registrar's attention, and discuss and

Registrar	*Service*
• Registrars not enrolled with the above programmes will maintain a record of their training. All Registrars who are registered under the general scope of practice who are not on a vocational training programme will be required to join the "bpacnz Recertification Programme". Through this programme they will be required to complete: ◦ a Professional/Career Development Plan ◦ 20 hours of CME ◦ 10 hours of Peer review ◦ a Clinical Audit ◦ the required number of meetings with the nominated Collegial Relationship Provider (six in the first year and four in subsequent years) Please note that whether the Registrar is on a vocational training programme or is a non-trainee, if any deficiencies are identified during the clinical attachment, the supervising consultant will discuss these with the Registrar at the time (preferably no later than two thirds of the way through the run), and plan to correct or improve performance. Serious problems with clinical performance will be managed as follows: • Trainees enrolled in the CICM and other training programmes: concerns identified by the supervising consultant will be notified to the trainee's educational supervisor and the business manager to ensure that all local HR policies and frameworks are adhered to. • Non-trainees will be identified by the supervising consultant to: ◦ the department's clinical leader and ◦ the business manager to ensure that all local HR policies and frameworks are adhered to. The Health Workforce New Zealand (HWNZ) and the Resident Doctor's' Association (RDA) have worked together to produce career planning forms (CDPF) and Vocational Career Design guidelines. A supervision report form is required to be completed at the end of each clinical attachment: Hawkes Bay DHB has developed a document to help the registrar determine their career plans and options: Copies of all assessments should be forwarded the departmental secretary and Supervisor of Training, as required **It is the individual registrar's responsibility to maintain and complete these assessments and reporting requirements in a timely manner and to ensure that these are completed and submitted before the deadline. The registrar needs to ensure**	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 • A Mentor will be assigned to allow another means of communication and advocacy

Registrar	*Service*
that a meeting is organised with the Supervisor of Training to ensure that any required documentation is completed within the expected time frames.	

Section 6: Hours and Salary Category – Choose relevant option

RDA MECA

Average Weekly Hours: Weekly Hours = hours over 8 weeks Short Days = hours over 8weeks Long Days = hours over 8 weeks Weekend Hours = hours over 8 weeks Nights = hours over 8 weeks **Total:** hours over 8 weeks [E] **CATEGORY C** **(49.48hrs) (UNROSTERED HOURS: 10.42hrs)** **(5 long days + 3 weekends + 7-night duties + 5 evening duties on a 10-week roster template pattern)** **RELIEVER** This run has a designated reliever who provides cover for planned and short notice cover. The reliever is paid two categories higher than the sized run category, so they are paid at the A+1**. The expectation is that the reliever will be available to work five shifts, should they not be allocated to other duties.** **COVER FOR LEAVE** Cover for leave is provided by the Leave Reliever(s).	**TIMESHEETS** Electronic timesheets must be authenticated through the Payroll system – PAL$

Commented [DC3]: This will need to be updated by RMO unit. Sorry I don't know the averages

Commented [JL4R3]: I will ask Vicki to complete this section

Commented [DC5]: I agree – this needs to probably be looked at by Vicki

Essentially in a 10 week cycle they will cover (in total)
1 week of relief
7 D shifts
7 D1 shifts
5 D2 shifts
7 N shifts
7 N1 shifts

They will cover 4 weekends in a 10 week cycle unless required to cover a weekend as part of their relief week in which case this will then be 5

SToNZ MECA

Average Working Hours - SToNZ Run Category (RDO's are worked)		Service Commitments
Ordinary Hours	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered Additional (inc. nights, weekends & long days)	19.81	
All other unrostered hours	1.57	
Total Hours	**61.38**	

Salary: **The salary for this attachment will be detailed as a** Category B **run. The registrars are paid for hours worked. Whilst the shifts designated as (1) on the roster may include some unstructured non-clinical time, the expectation is that the registrar should be available should clinical duties require it. Any hours worked in excess of rostered hours will be remunerated according to the**

additional duties schedule and not as a call back. There is no call back system as part of this roster.

OURHEALTH
HAWKE'S BAY
Whakawāteatia

Our Vision and Values

Te hauora o te Matau-a-Māui: Healthy Hawke's Bay

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT
Showing ***respect*** for each other, our staff, patients and consumers. This means I actively seek to understand what matters to you.

ĀKINA IMPROVEMENT
Continuous ***improvement*** in everything we do. This means that I actively seek to improve my service.

RARANGA TE TIRA PARTNERSHIP
Working together in ***partnership*** across the community. This means I will work with you and your whānau on what matters to you.

TAUWHIRO CARE
Delivering high quality ***care*** to patients and consumers. This means I show empathy and treat you with care, compassion and dignity.