RUN DESCRIPTION

POSITION:	Obstetrics and Gynaecology Registrar
DEPARTMENT:	Communities, Women and Children
PLACE OF WORK:	Main duties to be performed on Hastings Campus at: Ata Rangi (Delivery Suite, Ward and Antenatal Clinic) Villa 4 Women's Outpatients, Surgical ward, Operating Theatre, Acute Admissions Unit, Emergency Department, Early Pregnancy Clinic, May attend outpatient clinics in peripheral units with in the DHB.
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 Obstetric and Gynaecological Service.
RUN RECOGNITION:	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RUN PERIOD:	Variable 6-12 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 the designated Consultant. The management of all inpatients under the team's care will be reviewed on a daily basis Monday through Friday. The Registrar is responsible for the assessment and treatment of patients referred to hospital acutely with Obstetric or gynaecological problems. These may be patients referred for admission on acute days or be patients who have previously been cared for by the team and whom the team has accepted for re-admission. Most re-admissions will be taken by the acute team on duty and transferred back on the next working day. The Registrar in conjunction with the House Officer will maintain the clinical record for each patient and oversee the institution on appropriate investigation of all acutely admitted patients. All entries in the case notes 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 shall participate in outpatient clinics They must dictate a letter to the General Practitioner on each occasion a patient is seen as an outpatients, and any concerns regarding the patient will be reviewed with the appropriate consultant prior to the preparation of this report. The Registrar shall attend theatre. The Registrar will ensure that when going off duty any patient whose condition is unstable or of concern, is notified to the appropriate Registrar at handover. When on acute call the Registrar will fulfil the same responsibilities for patients acutely admitted or transferred from other teams. The Registrar shall assist with consultations from other specialists and from General Practitioners in conjunction with their Consultant. Registrars are required to be familiar with and comply with established clinical protocols and pathways. Registrars are expected to attend the hand over meeting in Delivery Suite, daily promptly at 0800hrs Monday to Thursday and 0730 on Friday The Registrar will participate in Quality Assurance programmes such as Clinical Audits etc. The Registrar shall attend clinical meetings as identified on the relevant service schedule, including PMMRC (perinatal education meeting – this occurs afterhours 2 monthly), gynaecology oncology MDT (weekly) and colposcopy MDT (2 monthly), grand round TEAM DUTIES: • Registrars are responsible to the team consultant and the consultant on call if the team consultant is not working onsite in the DHB on that given day • Registrars are required to attend all timetabled and rostered duties punctually. Team inpatients need to be reviewed prior to outpatient duties commencing. • At the commencement and partway through each 6-month run the registrar must arrange a time to meet with the Team Specialist specifically to advise the registrar of specific specialist preferences, discuss training, give feedback on progress and agree goals. • Registrars will ensure that referring specialists/GPs are directly contacted regarding significant clinical events of their patients. • Registrars are responsible for following up the results of any investigations they order. These need to be checked and 'Marked as Read (MAR)' on the computer system (clinical portal). The registrar should liaise with the Consultant if an unexpected untoward result is given, or they have any concerns. • Registrars are expected to supervise and provide tuition to HOs and Trainee Interns in their clinical duties. • Registrars are responsible for ensuring that all patients on the operating lists they are rostered to have been comprehensively and appropriately prepared for theatre. It is expected that they meet these patients before surgery (this may be morning of surgery) and are involved with their postoperative care.

Area	*Responsibilities*
	• The Registrars are regarded as key members of the Service teams and as such are expected to make a wider contribution to the Service; eg attendance and participation in meetings, audit, teaching programs and administration. Registrar input into ongoing protocol development will be expected. In each 6 month period the registrar will be expected to complete a quality improvement project ie guideline review or audit • Registrars will be allocated clinical administrative jobs within the department to facilitate education and improvements these include organising teaching, PMMRC meeting, orientation, day to day rosters. Detailed descriptions of these roles will be provided with orientation and performance will be reviewed at supervisor assessments • While working in the Communities, Women and Children (Obstetrics), Surgical Services (Gynaecology), registrars may be requested to admit women for termination of pregnancy. Moral objections to involvement in this clinical work are respected. Medical staff who require the service to adjust duties in this regard are requested to signal this to their team consultant and the Clinical Director when commencing their employment in the service.
On call duties	**ACUTE DUTIES:** The Acute Registrar is responsible to the Consultant 'on-call' for the day. There is registrar cover of the service 24/7 with a on call and night roster The Acute registrar is expected to: Provide clinical assessment, observation, treatment and admission of acute gynaecology or maternity patient. It is expected that registrars assess patients comprehensively. If you are discussing a patient with a Consultant they will assume that you have taken a history and examined a patient yourself, and are not just relaying information from someone else. Please make it clear if you haven't seen and examined the patient yourself. Supervise the SHO who is reviewing women in the Early Pregnancy Clinic. The SHO must discuss the history, examination findings and investigations with the registrar to formulate an appropriate management plan for each woman they see liaise with consultant on call if unsure or concerned Follow the HBDHB clinical protocols/guidelines and DHB specific proforma and paper work. A list of key guidelines to be read and signed off that they have been read will be given and the orientation and expected to be completed in the first 2 weeks. Communicate with referring doctor/midwife regarding assessment and management plans. Communicate with Specialist and referring doctor or midwife regarding **all** admissions in a timely fashion. Supervise the on duty obstetric and gynaecology SHO in admissions and management of acute in-patients. Keep consultant informed. Consultants need to be involved in any decision to take a patient to theatre, and need to be informed when the case goes to theatre. Within their level of expertise teach and supervise SHO's simple surgical techniques eg. Evacuation of retained products of conception, Marsupialisation of Bartholins glands, Episiotomy/tear suturing Provide a comprehensive hand-over to the night duty Registrar Delivery Suite management takes precedence over other non-emergency duties. The Registrar must ensure that **all** acute admissions are seen promptly. Registrars may also be requested to be involved in consultation, assessment and ongoing care of patients under primary LMC care. When providing consultation, the Registrar is at all times to liaise closely with the Specialist on call, in a timely fashion.
Administration	Registrars are required to fully document patient care.

Area	*Responsibilities*
	• All patients are to have current records of relevant clinical history, clinical assessment investigations, treatment plan and documented discharge plan • Detailed documentation of surgical procedures. • Use telephone dictating system • All case notes entries are to be clearly legible, dated, timed and signed. • Documentation of the Specialist involved in establishing the management plan • Ensure discharge summaries are completed ***prior to discharge***. • Chase results for designated team consultant and discuss these further with consultant if required

Section 2: Training and Education

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

There is a minimum of 4 hours per week medical learning, which includes the weekly tutorial, journal club and pathology session.

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
a.m.					0815-0915 Reg teaching
p.m.	1300-1600 Departmental teaching		1230-1330hrs Grand Round		

REGISTRAR TRAINING PROGRAMME

The Communities, Women and Children (Obstetrics) and Surgical Services (Gynaecology) at Hawkes Bay District Health Board is registered as a training centre for RANZCOG. When the senior registrar position is filled by a RANZCOG trainee, prospective approval must be obtained from the RANZCOG.

Hawkes Bay provides the Rural Attachment in the Programme. 3-4 of the registrar positions are recognised training positions for the ITP. The Service will however endeavour to ensure that all registrars get a broad training experience. It is anticipated that there will be a range of registrars employed at different levels of their training. Flexibility in rostering of the day to day work in the department will help to provide the appropriate experience that each individual registrar needs. To help us try to achieve this goal, registrars need to discuss their training needs with their consultants, and to raise any concerns they have in a timely fashion.

At times ITP trainees may need to be given priority to certain clinical duties, eg operating theatre, so that the department can fulfil its commitment to the RANZCOG training programme.

PROTECTED TIME:
The Registrar will participate in Quality Assurance programmes such as Clinical Audits etc on a 6 month basis
The registrars will complete and provide evidence of training in CTG (FSEP within the last 12/12) GAP training and the MEWs online tutorial within the first 4 weeks of the rotation and keep this updated annually.

Reserved time for tutorials and in-service education, audit, protocol meetings

- Bi Monthly Journal Club (held out of hours)
- Weekly gynae oncology MDT
- Peri-natal morbidity/mortality meeting four times a year
- Colposcopy meetings four times a year
- Grand Round Wednesdays 1230-1330hrs
- PROMPT training
- Breastfeeding education
- Friday morning video conferencing with Wellington registrar teaching

Departmental teaching on a Monday afternoon – this time is not rostered to clinical duties other than on call.
Registrars are expected to attend and to present topics as designated by the RMO in charge of teaching. If they cannot attend a session they are rostered to teach they must arrange cover .

ONGOING:

Ongoing education, development and maintenance of skills:

- Provision of supervision in Delivery Suite, Clinics and Theatre
- Specialist ward rounds – acute days, routine rounds
- In-theatre education (supervised lists)

Section 3: Roster

Roster

Hours of Work

Ordinary Hours	Monday to Thursday	0800-1600hrs
	Friday	0730 handover
Long days	Monday to Friday	1600-2300hrs
Weekends	Saturday + Sunday	0800-2300hrs
Nights	4/3 split	2230-0830hrs

Each registrar will provide cover out of 'ordinary hours of work' as per roster based on a 1:7 pattern.

Planned Leave

It would be greatly appreciated if leave can 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 both

- Leave a message with the RMO Unit (eText, email or x5808)
- Contact the 'on call' Registrar (by 0730 hours)
- The 'on call' registrar receiving the call is responsible for liaising with Senior Staff to arrange cover. This will be discussed at the 0800hrs ward round.

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.

Registrars will be allocated to work in a team with one or more Consultants.

The registrar will be rostered to attend their own specialist's clinical sessions – theatre lists, antenatal, gynaecology and colposcopy clinics where possible. If they are rostered 'on duty' for the day, this takes priority over other clinical sessions. It is important to note that 3-4 positions are recognized as training positions for the RANZCOG ITP, and that priority must at times be given to ITP trainees so that their training requirements can be met. This is especially true of allocation of theatre sessions. Any concerns must be bought to the attention of the head of the department.

Rostered Days Off [RDOs]

Where a registrar is rostered to weekend duties they are entitled to a rostered day off for each weekend day worked as per 'Schedule 10' of the NZRDA DHB MECA, a pay deduction applies. For the registrars rostered to on call weekends the rostered days off will be Thursday / Friday (following weekend worked)

RDOs will be noted as such within the established roster pattern, and will be notionally applicable in the first instance to the RMO rostered for the relevant weekend duty (duties).

If the rostered RMO does not actually work the particular rostered weekend duty (duties) for any reason, then unless otherwise formally advised by the service (or unless an application for paid or unpaid leave is approved), they will be required to report for ordinary duty (duties) on the day(s) that would otherwise have been a RDO(s). That RDO may instead be observed by the RMO who actually worked the relevant weekend duty (duties).

Section 4: Cover:

Other Resident and Specialist Cover

The O&G service is covered by seven Specialists, eight Registrars and eight House Officers.
 	
There is always a Specialist, a Registrar and House Officer 'on duty' 24/7.
 	
• Specialists are rostered to be 'on call'. They will do an acute ward round in the morning. They are available immediately by mobile phone and can at all times attend within 20 minutes.
 	
• House Officers are appointed within the service to cover specific areas of caret. The expectation is that there will be a House Officer working with the registrar on call
 	
• Registrars are responsible to liaise with the 'on-call' Consultant. It is expected that specialists will be advised of all admissions in a timely manner, and that they will be consulted when assessing complex patients. Consultant are to be consulted when the on-duty registrar is making a decision about taking a patient to theatre, and when they go to theatre.
 	
• Consultants want and expect to be in attendance if you have any concerns about a clinical situation. They are required to attend at ANY TIME if requested by the registrar. The consultant must be contacted as per the HBDHB when to call a consultant flowchart
 	
• The Registrar is required to CALL FOR SPECIALIST SUPPORT IMMEDIATELY –
  • When there is an 'at risk' situation
  • When the work volume is excessive
  • Whenever in need!
 	
• Registrars are to call the consultant for assistance if a heavy workload causes delays in assessment of acute patients.

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 supervising consultant. • The registrar may meet with their supervisor of Training at the start of the run to identify goals and discuss responsibilities and ensure orientation documentation is and checklist are completed. • For trainees enrolled in RANZCOG's ITP 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. • Registrars not enrolled with the ITP programme 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" at recertification time [when their Annual Practising Certificate is due for renewal]; through this programme they will be required to complete:	A designated supervisor of training for each registrar and non-training registrars For non-training registrars a Professional Development Plan must be completed and agreed to and remedial actions arranged if this is not met • 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 make a plan to correct or improve performance.

Registrar	*Service*
It is the individual registrar's responsibility to maintain and complete these assessments and reporting requirements in a timely manner.	Serious problems with clinical performance will be managed as follows: • Trainees enrolled in the ITP programme: concerns will be identified by the supervising consultant 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 to the RMO Unit for filing

Section 6: Hours and Salary Category

RDA MECA

HOURS OF WORK	
Average Weekly Hours: Weekly Hours = 37.71 hours over 7 weeks Long Days = 5.00 hours over 7 weeks Weekend Hours = 4.28 hours over 7 weeks Nights = 10.00 hours over 7 weeks **Total: 56.99 hours over 7 weeks [C]** **CATEGORY B** **56.99hrs) (UNROSTERED HOURS: 7.91hrs)** **(5 long days + 1 weekend + 7 night duties on a seven 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. **COVER FOR LEAVE** Cover for leave is provided by the Leave Reliever(s).	**Normal Days**: Mon – Thurs 0800hrs – 1600hrs Fri 0730 start for hand over **Long Days**: Mon – Fri 1600hrs - 23000hrs **Weekends:** Sat + Sun: 0800 – 2300hrs **Nights**: 2230 – 0830hrs **Timesheets** Electronic timesheets must be authenticated through the Payroll system – PAL$

SToNZ MECA

Average Working Hours - STONZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours (Mon-Fri)	40	The RMO unit prepares, updates and distributes the on call roster and is responsible for the management of leave requests and reliever or locum cover The Service, together with the designated RMOs will be responsible for the preparation of the daily duties roster which is published on ECA and emailed to staff in advance.
RDO Hours	-4.00	
Rostered Additional (inc. nights, weekends & long days)	19.81	
All other unrostered Hours	1.57	
Total Hours	**57.38**	

Salary: **The salary for this attachment will be detailed as a** Category B **run.**

OURHEALTH
HAWKE'S BAY
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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.