

## RUN DESCRIPTION

<b>POSITION:</b>	Medical Registrar
<b>DEPARTMENT:</b>	Hospital Group – Medical
<b>PLACE OF WORK:</b>	Hawke's Bay Hospital – may be required to attend outpatient clinics in peripheral units within Te Whatu Ora - ` Hawke's Bay catchment
<b>RESPONSIBLE TO:</b>	Medical Director, Medical HOD (head of department) and Service Director, through a nominated SMO (senior medical officer).
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumer and family/whanau Hospital and community-based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of the Medical Service.
<b>RUN RECOGNITION:</b>	Royal Australasian College of Physicians
<b>RUN PERIOD:</b>	Variable 4-12 months

### Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<p><b>CLINICAL RESPONSIBILITIES</b></p> <ul style="list-style-type: none"> <li>The registrar is responsible for the day-to-day management of inpatients under the care of their designated SMO. The management of all inpatients under the team's care will be reviewed on a daily basis Monday through Friday.</li> <li>The registrar is responsible for the assessment and treatment of patients referred to hospital acutely with medical problems when they are rostered on duty.</li> <li>The registrar will attend the Medical Handover Meeting at 0800hrs every day, if they have admitted patients over the previous 24hrs or their team is expecting to receive patient allocation.</li> <li>The registrar in conjunction with the house officer will maintain the clinical record for each patient and oversee the institution of appropriate investigation and treatment of all patients under the care of their team.</li> <li>All entries in the case noted will have a date and time recorded and be legibly signed. The registrar will inform the designated SMO of any concerns relating to these patients.</li> <li>The registrar will ensure that all patients have the discharge summary done and sent to the General Practitioner/SMO within 24 hours of discharge from the ward where possible.</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• The Registrar shall participate in outpatient clinics related to the consultant team for which he/she works. They will dictate a letter to the General Practitioner on each occasion a patient is seen as an outpatient, and any concerns regarding the patient will be reviewed with the appropriate SMO prior to preparation of this report.</li> <li>• The registrar will ensure that when going off duty any patient whose condition is unstable or of concern, is notified to the appropriate on call registrar at handover.</li> <li>• When on duty after 1600hrs and on weekends the registrar will fulfil the same responsibilities for patients acutely admitted or inpatients on medical wards.</li> <li>• The registrar shall assist with consultations from other services within the hospital and from General Practitioners in conjunction with their SMO.</li> <li>• The registrar shall attend clinical meetings including Case Presentations, Grand Round and Medical Audit Meeting and will be expected to contribute or present to these meetings as requested by their SMO.</li> </ul> <p><b>TEAM DUTIES</b></p> <ul style="list-style-type: none"> <li>• Registrars are responsible to the team SMO.</li> <li>• Registrars are required to attend all timetabled and rostered duties punctually.</li> <li>• At the commencement and partway through each run the registrar must arrange a time to meet with the SMO to discuss training, receive feedback on progress and agree goals.</li> <li>• Registrars will ensure that referring SMOs/GPs are directly contacted regarding significant clinical events of their patients.</li> <li>• Registrars are responsible for following up the results of any investigations they order. These need to be checked and 'Marked as Read' on the computer system (Clinical Portal). The registrar should liaise with the SMO if an unexpected result arises or they have any concerns.</li> <li>• Registrars are expected to supervise and provide tuition to house officers and trainee interns as well as other healthcare workers as able in their clinical duties</li> </ul>
<b>Acute Admitting</b>	<p><b>ACUTE DUTIES</b></p> <p>The 'on duty' registrar is responsible to the SMO 'on-call' for the day. Overlapping shifts provide a registrar 'on duty' for all acute medical work 24 hours per day, 7 days per week.</p> <p>The Acute Registrar is expected to:</p> <ul style="list-style-type: none"> <li>• Provide clinical assessment, observation, treatment and admission of acute medical patients. It is expected that registrars assess patients comprehensively. If you are discussing a patient with an SMO please make it clear if you haven't seen and examined the patient yourself.</li> <li>• Follow Te Whatu Ora - ` Hawke's Bay clinical protocols/guidelines (found at Our Hub online)</li> <li>• Communicate with referring team (within hospital) regarding assessment and management plans.</li> <li>• Supervise the on-duty medical house officers for admissions and management of acute in-patients.</li> <li>• Keep SMO informed of any patients of concern, HDU/ICU transfers and deaths.</li> <li>• Provide a comprehensive hand-over to the next on duty registrar.</li> <li>• The registrar must try to ensure that all acute admissions are seen promptly.</li> </ul>
<b>Administration</b>	<p><b>Registrars are required to fully document patient care:</b></p> <ul style="list-style-type: none"> <li>• All patients are to have current records of relevant clinical history, assessment, investigation, treatment and documented discharge planning.</li> <li>• Use telephone dictating system for clinic patients</li> <li>• All case notes entries are to be clearly legible, dated, timed and signed.</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>Documentation of the SMO involved in establishing the management plan</li> <li>Ensure discharge summaries are completed promptly and ideally <b>prior to discharge</b>.</li> </ul>

## 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 – 0900 Journal Club (Education Centre)
p.m.		1200 – 1300 Radiology Meeting (Radiology Meeting Room)  1300 - 1300 Registrar Case Presentation (Education Centre)	1230 – 1330 Grand Round (Education Centre)	1200 – 1300 Registrar Teaching Session (Villa 2)	1300 Physicians Meeting Audit Sessions (Villa 2)

### PROTECTED TIME

The registrar will participate in Quality Assurance programmes such as clinical audits etc.

The registrar shall attend clinical and educational meetings as identified on the relevant service schedule.

### ONGOING

Ongoing education, development and maintenance of skills:

- Provision of supervision by an SMO on ward rounds and in clinics
- Provision of supervision for practical skills by an experienced operator

## Section 3: Roster

<i>Roster</i>		
<b>Hours of Work</b>		
Ordinary Hours	Monday to Friday	0800-1600hrs
Long Days	Monday to Sunday	1100-2300hrs
Evening	Monday to Sunday	1600-2400hrs
AAU Evening	Monday to Friday	1600-2400hrs
Weekend Days	Saturday + Sunday	0800-2000hrs
Nights	4/3 split	2230-0830hrs
<p>Each registrar will provide cover out of ‘ordinary hours of work’ as per roster.</p>		
<b>Planned Leave</b>		
<p>Leave needs to 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 two weeks as per MECA</p>		
<b>Unexpected leave</b>		
<p>If a registrar is unable to attend duties at short notice (e.g., due to sickness) the registrar is required, as soon as the situation is apparent, to leave a message with the RMO Unit (e-text or email, or otherwise by ringing x5808). A coordinator will liaise with the HOD to help arrange appropriate cover.</p>		
<b>Rostered Days Off [RDOs]</b>		
<p>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 Te Whatu Ora - ` Hawke’s Bay MECA; a pay deduction applies.</p>		
<p>The registrar rostered to medical weekend days and long days will have the following Thursday / Friday rostered days off. Registrars rostered to medical weekend evenings will have the following Monday / Tuesday rostered days off.</p>		
<p>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).</p>		
<p>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).</p>		

## Section 4: Cover

### *Other Resident and Specialist Cover*

The acute medical service is covered by 9 teams staffed by 16 SMOs, 23 Registrars and 10 house officers.

A round of each team's patients is undertaken every weekday. These are consultant led 3-4 days and junior staff the other day(s).

There is always a rostered-on call SMO. In addition, there are emergency physicians on site or on duty, and 24-hour cover of intensive care by specialists or ICU registrars on site.

There are 10 separate runs covered by this description.

- Cardiology
- Respiratory
- Endocrinology
- B2 General Medicine
- A2 General Medicine
- AAU
- Renal
- Gastroenterology
- AT&R (Rehabilitation)
- Relief

Registrars usually rotate between teams for 4-month attachments. Runs of 6 and 12 months are available, depending on circumstances.

Registrars are required to provide consultation for medical cases in other services within Hawkes Bay District Health Board.

Registrars are responsible to liaise with their designated SMO during normal hours or the 'on-call' SMO out of normal hours.

SMOs want and expect to be contacted if you have any concerns about a clinical situation. They are required to attend at any time if requested by the registrar.

Registrars are to call the consultant for assistance if a heavy workload causes delays in assessment of acute patients.

This run is recognised as a training position towards vocational basic training with RACP for a maximum of 2 years. Runs may qualify for 1 year of advanced training depending on the requirements of senior registrars and their supervising training committees.

## Section 5: Performance appraisal

### *Registrar*

Performance reviews are done every 3 - 6 months. All SMOs are involved in the review. Feedback to registrars is given by the Director of Training +/- the Clinical Unit Leader +/- HOD

- The registrar may meet with the Director of Training at the start of run to identify goals and discuss responsibilities.
- For trainees enrolled in RACP programme this should be documented using the online supervisor's reports and they should keep a record of their training as required by the College.
- Registrars not enrolled with the RACP 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

### *Registrar*

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 Professional Development Plan (it is understood that a ‘Career Development Plan’ would fulfil the same function)
- 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.

Serious problems with clinical performance will be managed as follows:

- Trainees enrolled in the RACP 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 (human resources) 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 Doctors’ 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:

Te Whatu Ora - ` Hawke’s Bay 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

**It is the individual’s responsibility to maintain and complete these assessments and reporting requirements in a timely manner.**

## Section 6: Hours and Salary Category

Average Working Hours - RDA Run Category (RDO's are worked)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-2.09	
Rostered Additional (inc. nights, weekends & long days)	9.22	
All other unrostered hours	10.42	
<b>Total Hours</b>	<b>57.55</b>	

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

## Our Vision and Values

*Te hauora o te Matau-ā-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**  
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.

**RARANGATE 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.