

Run Description

Health New Zealand | Te Whatu Ora

Position	Registrar – General Medicine
Department	General Medicine
Place of work	Nelson Hospital
Responsible to	Service Manager ED, Orthopaedics & RMO
Clinically responsible to	Clinical Supervisor
Functional relationships	Healthcare consumers Hospital and community-based healthcare workers RMO Unit Service Manager Medical Services
Primary objective	To provide medical services to patients referred for general medical services across the elective and acute spectrum in consultation with the responsible clinician and other members of the service delivery team.
Run recognition	This run is recognised as a training position for General Medicine for RACP.
Run period	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> Participate in a multi-disciplinary team providing care to patients within the Nelson Region. Some involvement in the care of patients in Marlborough is also required. Advise, lead and assist Trainee Interns, House Officers and Senior House Officers. Provide teaching sessions to the Trainee Interns and the House Officers and on occasion wider clinical teams.

	<ul style="list-style-type: none"> • Other reasonable duties as negotiated with your Manager and supervising Consultants.
Acute admitting	<ul style="list-style-type: none"> • Respond, in collaboration with other Registrar/s to all acute calls by answering phone calls and/or attending an acute patient in a timeframe which is appropriate according to the degree of acuity, and if this is not possible arrange for the covering Consultant to assist. • When rostered on acute call the Registrar, oversees all acute admissions and works in tandem with the Consultant involved.
On-Duty	<ul style="list-style-type: none"> • Take responsibility for designated patients as directed by the Consultant in charge. • Ensure the 'Problem List' for inpatients is up to date. • Undertake ward rounds. • Attend outpatient clinics for post discharge follow up and/or subspecialty clinics related to the consultant team inclusive of draft dictated correspondence to GPs. • Attend daily handover meetings between shifts • Work closely with nurse specialists and other multidisciplinary team members e.g. diabetes, respiratory and cardiac rehabilitation and heart function congestive heart failure nurses. • When going off duty, ensure a handover of any patients whose condition is unstable or of concern is given to the Registrar coming on duty. Such handover, whether verbal or written, must be sufficiently detailed to enable seamless continuity of care.
Administration	<ul style="list-style-type: none"> • Complete clinical information for coding purposes within 48 hours of discharge. • Ensure discharge summaries are completed on discharge and in addition complex patients have typed written letters. • Participate in and produce clinical quality audits and other clinical projects. • Supervise and provide leadership to the team house surgeon/s. This will include; routine admissions, pre-admissions, and appropriate investigations.

Section 2: Training and Education

Consultants teach RMOs during the day-to-day work activities. In addition to this, four hours of rostered duty per week are allowed for medical learning not directly derived from clinical work. Such learning includes department tutorials, self-directed study, hospital medical meetings, grand rounds, Intern Supervisor sessions and peer presentations. Although structured sessions are provided for House Surgeons and for Registrars undergoing basic and advanced training towards vocational registration, RMOs must themselves ensure that they utilise their entitlement.

The Registrar is expected to:

- attend the weekly radiology meeting
- participate and present in the monthly physicians' meetings
- actively undertake clinical and other quality audits
- establish a clinical project for the term of the run
- attend the weekly Physicians' meeting and is encouraged to promote quality improvement initiatives.

The collective agreement also provides for paid medical education leave. Three months' notice is required for requests for such leave. If it is not possible to provide three months' notice (for example a new event is scheduled to occur less than 3 months in the future), requests will be considered and approval will not be unreasonably withheld.

Not all sessions have a routine schedule, and those that are scheduled may change date/time.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.			30 mins Radiology teaching		
p.m.		1 hour Registrar teaching or Ground Round			

The registrar is expected to advise, lead and assist, and provide teaching sessions, to Trainee Interns, House Officers and Senior House Officers.

Section 3: Roster

<i>Roster</i>	
Hours of work	
Ordinary Hours Monday to Friday	8.00am to 4.00pm
One Long Day per week	4.00pm to 10.00pm
Evening Shift	2.30pm to 10.30pm
Nights	9.45pm to 8.15am
Weekends	8.00am to 10.00pm
The roster is provided as a separate attachment.	

Section 4: Cover

Other Resident and Specialist Cover

The roster contains 4 weeks of rotational relief for General Medicine Registrars within each 12 week period. While on rotating relief, Registrars will cover planned absences – primarily RDOs and sleep recovery days.

The minimum number of Registrars is 1 Registrar per General Medicine team for day shifts and 2 Registrars across all of General Medicine for after-hours shifts. When annual leave or an unplanned/short-notice absence reduces Registrar numbers below 1 per team for a day/ordinary hours shift or below 2 for an after-hours shift (Long Day, Evening, Night or Weekend), a dedicated reliever will cover the shift. In the event that no dedicated reliever is available but cover is required for a shift (i.e. the General Medicine team is otherwise down to fewer than 1 Registrar per team for a day shift, 2 for all General Medicine for an after-hours shift), Registrars are entitled to payment for cross-cover. Registrars are not entitled to cross-cover payment if, in order to manage workload effectively across the General Medicine service, they are assigned for a rostered shift to a different group of patients from their usual one, but are not filling in for an absence which has reduced Registrar numbers below the minimums specified.

Section 5: Hours and Salary Category

<i>Average Working Hours - STONZ Run Category (RDO's are worked)</i>	<i>Service Commitments</i>
Ordinary Hours	The service, together with the RMO Unit will be responsible for the preparation of any rosters.
Rostered Additional (inc. nights, weekends & long days)	
All other unrostered hours	
Total Hours	

Salary: The salary for this attachment will be detailed as a Category C run. Dedicated Relievers will be paid at two categories above the category associated with average hours (that is, they will be paid at Category A). General Medicine Registrars also receive payment at two categories above (i.e. will be paid at Category A), for the period of the roster that they are undertaking rotational relief.

This position description is intended as an insight to the main tasks and responsibilities required in the role and is not intended to be exhaustive. It may be subject to change, in consultation with the job holder.

**The reference to salary band in this position description is for internal benchmarking and role sizing purposes only. The salary band designation does not form a term or condition of employment and may be changed by the employer at any time. In accepting a Health NZ employment agreement you acknowledge and accept this. Changes to the salary band will not affect an employee's current salary or remuneration.*