"Mehemea ka moemoeā ahau
Ko au anake
Mehemea ka moemoeā e tātou, Ka taea e tātou"

"If I am to dream
I dream alone
If we all dream together
Then we will achieve."
Te Puea Herangi

Waikato District Health Board
Position Description

This position description will be used in conjunction with Section B

Job Title:	Registrar - Orthopaedics
Reports to:	Clinical Director
Professional links to:	Head of Professional Division The respective departmental Director of Education Director of Clinical Training
Delegation:	Nil
Responsible for: (Total number of staff)	Nil
Budget:	Nil
Job Purpose:	To manage patients within the designated departments commensurate with and appropriate to the skill level of the position. To maintain and extend the knowledge and skill base required for effective performance through attending ward rounds, journal clubs, other informal/ formal teaching, and an accredited vocational training pathway.
Direct Reports:	Nil
Date:	September 2017 v2

Vision (Te Matakite)
Healthy People. Excellent care.

Mission (Te Whakatakanga)
Enable us all to manage our health and wellbeing.
Provide excellent care through smarter, innovative delivery

Values
Theme "People at Heart" – Te iwi Ngakaunui

- Give and earn respect - Whakamana
- Listen to me; talk to me – Whakarongo
- Fair play – Mauri Pai
- Growing the good – Whakapakari
- Stronger together – Kotahitanga

Code of Conduct
The Waikato DHB's code of conduct incorporates the State Services standards of integrity and conduct and sets expectations relating to behaviour in the workplace.

INDIVIDUAL ACCOUNTABILITIES

- To deliver the accountabilities required of the Registrar including meeting the key performance indicators (KPIs) established annually with the line Manager.
- To adhere to professional requirements for development, and assume responsibility for personal development
- Awareness of personal limitations and consults with others and seeks advice when appropriate
- Take responsibility for the accuracy and completeness of reports, patient notes and other official documentation as required.
- Participates in training and education as stipulated by the relevant college and the Waikato DHB.
- Identify any learning needs and negotiates with management to attend appropriate education and training.
- Participate in own performance review quarterly
- Ethical standards and codes of conduct are complied with.
- Orientate, coach and provide feedback to year one House Officers
- Complete run performance reviews biannually
- Regularly attend House Officer and departmental training and education sessions
- Meet training obligations in a timely fashion.
- Ensure that all other additional duties are performed in an efficient manner, within a negotiated timeframe

- Supervision is a condition of registration for all new doctors in New Zealand
- Duties and responsibilities are outlined in Good medical practice. A guide for Doctors2 2002, available at: http://www.mcnz.org.nz/Resources/Standardsandguidelines/tabid/293/Default.aspx
  - Domains of competence
  - Clinical expertise
  - Communication
  - Collaboration
  - Management
  - Scholarship
  - Professionalism

TEAM RESPONSIBILITIES

Quality and Patient Safety collective responsibilities

- Be responsible for treating patients / service users with respect, dignity and compassion
- Be responsible to the line manager for the provision of quality services; quality improvement is part of this and a fundamental duty of all staff, whatever their grade, role, service or base
- Comply with DHB policies and procedures to ensure delivery of good quality care reporting risks to quality and safety to their line manager
- Identify areas for improvement in their day to day work and to act upon these when appropriate and/or bring these to the attention of their line manager, in order that appropriate action may be taken.
- Participate in on-going quality improvement activities throughout the year within their team, service, site or department.
- Raise concerns with their line manager, if there are quality or patient / service safety issues in their area

ORGANISATIONAL RESPONSIBILITIES

- Aligns with the Waikato DHB strategy.
- Being accountable for own work and provide a high quality service, and contributes to quality improvement and risk minimisation activities.
- Read and understand the organisations policies and procedures that have an impact on the role and maintaining understanding is based on the most current version. This includes but is not limited to Corporate Records Management policy, privacy, and information security policies.
- Follows established Health and Safety and other policies and procedures to ensure the safety of oneself and others
- Work in partnership with Māori patients and whānau to provide culturally responsive and appropriate care and support to improve health experience, outcomes and reduce health inequities.
- Knows department emergency response plan and participates in response as applicable to the role.

QUALIFICATIONS AND EXPERIENCE

Qualifications

- Registered Medical Practitioner (recognised by the New Zealand Medical Council – MCNZ), preferably from a New Zealand medical school
- A current practising certificate with one of the following Scopes of Practice: Provisional General/General or Special Purpose
- Current Advanced Cardiac Life Support certificate
- Participation in a recognised training programme

Desirable

- Previous work within the New Zealand health system.

Health leadership capabilities and competencies – staff, no delegation. Waikato DHB values are included as a drop down with competency (22)
Maximising contribution (national leadership framework be a values leader) • Models and adheres to the DHBs values, vision, and code of conduct (22) DHB Values • Provides safe and quality service delivery for patients/ clients/ customers (15) • Completes work within required timeframes (62)
Developing self and others (national leadership framework engages others). • Seeks opportunities to continuously improve, and works to learn and grow (54)
Building relationships (national leadership framework develop coalitions) • Maintains effective relationships patients/ clients/ consumers/customers, and with peers and the employer, and encourages collaboration and effective group interactions (42)
Achieving results (national leadership framework leading care) • Is open to learning new things and picks up technical skills in a reasonable timeframe (61) • Is action oriented and undertakes duties with professionalism and enthusiasm (1)
Leading change (national leadership framework mobilise system improvements) • Looks for opportunities to improve processes and uses logic and analysis to review information in order to make sound decisions (14)

The numbers in brackets are only applicable to current staff who have a career and development plan.

SCOPE OF POSITION

Relationships

Internal

- Service / department team
- Specialist Medical Staff,
- Managers of Units
- Hospital and community based healthcare workers
- Appropriate / designated HR Practitioners
- RMO Unit
- Director of Clinical Training
- Healthcare consumers

External

- General Practitioners
- New Zealand Medical Council
- Primary Health Providers

WORK ENVIRONMENT AND WORK FUNCTION / ACTIVITY

Work environment:

- Works **indoors** in hospital wards, operating theatres, clinics and offices within hospitals, and specialist clinics
- Works in adequately **lit, heated, ventilated and clean, well maintained and sterile** workspaces with special lighting and equipment in operating theatres relevant to the surgical speciality.
- Works with blood and possibly **contaminated** items.

Work function/activity:

- **Sedentary to light** physical demand.
- **Sits** during consultations and when writing patient notes.
- Frequently **stands** for long periods of time to conduct surgical procedures.
- **Walks** frequently to check and prepare equipment, examine patients, case notes and medical images.
- **Lifting, stretching and reaching** is not a significant component of the job but may be required for some surgical procedures and when undertaking physical examinations.
- **Repetitive hand and finger movements** will be required for some surgical procedures and when using a computer or writing.
- There will be frequent use of **surgical and medical equipment** and materials including medicines, operating tables, computers, monitoring screens, medical dressings, surgical equipment, instruments, surgical clothing, sterilising materials and other medical equipment.

Mental skills necessary include a high level of cognitive functioning with medical, surgical, assessment, diagnostic, communication, interpersonal, organisational, problem solving and decision-making capabilities. Source: www.acc.co.nz

Other requirements

- Works ordinary hours, on call and after hours' rosters.
- New Zealand full driver's license

DECLARATION

I certify that I have read this position description and reasonably believe that I understand the requirements of the position. I understand that:

a) this position description may be amended by the employer following reasonable notice to me
b) I may be asked to perform other duties as reasonably required by the employer in accordance with the conditions of the position.

Position description title: **ORTHOPAEDICS – REGISTRAR**

Position holder's name: ……..

Position holder's signature: ……..

Manager's name: ……..

Manager's signature: ……..

Date of signing: ……..

SECTION B – DESCRIPTION OF CLINICAL ATTACHMENT – REGISTRAR, ORTHOPAEDICS

JOB TITLE:	**REGISTRAR**
DEPARTMENT:	Orthopaedics
REPORTS TO:	Clinical Director, Orthopaedics
KEY RELATIONSHIPS WITH:	➢ Healthcare consumers ➢ Specialist medical staff and clinical unit leader for clinical and professional matters ➢ Business / Departmental Manager ➢ Hospital and community health care workers ➢ Clinical unit administrators - for administrative matters ➢ RMO Unit staff
PRIMARY OBJECTIVE:	To manage patients within the orthopaedic unit, commensurate with and appropriate to their skill level.
CLINICAL ATTACHMENT:	Recognised as a Category 'D' attachment by the Medical Council of New Zealand (MCNZ) [**PLEASE NOTE**: this categorisation refers to the level of supervision provided to the registrar- this is NOT the pay category for this clinical attachment]

KEY TASK	***PERFORMANCE STANDARD***
CLINICAL DUTIES	☐ Be responsible to the admitting consultant (where appropriate) for the supervision of admissions and discharges, investigatory procedures, changes in treatment and all similar matters. ☐ Registrars work under delegated responsibilities to the supervising 'on call' consultant – The policy: **"Senior Medical Officer (SMO) and Resident Medical Officers (RMOs) Responsibilities and the Limits of Delegation of Responsibilities to RMOs" [see Appendix 1]** guides this relationship**.** ☐ Notify consultants of acute admissions: - serious illness/injury as soon as practicable - less serious at a mutually agreed time with the consultant ☐ Assist in theatre for elective and acute cases. ☐ Attend scheduled ward rounds in ordinary hours. ☐ Review the status and treatment of patients located in ICU and HDU at least on a daily basis. ☐ Attend orthopaedic outpatient clinics. ☐ Be available for discussion on possible admissions with the referring doctor by telephone and ensure that admission or some other mutually satisfactory arrangement is agreed ☐ Participate in surgery, after hour's duty roster and provide on-going clinical management of patients within the unit.

- ☐ Prepare and present audit figures on a monthly basis where the HHS has a section 68 declaration under the Medical Practitioners Act 1995.

EDUCATION:

Attend and participate in academic and clinical teaching sessions for registrars as scheduled.

- **Grand Round** each Thursday from 1230-1330hrs.
- **X-ray/clinical** meetings Monday and Tuesday: 0800-0900 hours.
- **Teaching** sessions held Monday and Wednesday: 1030-1100hrs and Friday 1000-1030 hrs.
- **Trauma Meeting** each weekday morning 0730-0800

ADMINISTRATION

Ensure clinical notes have a brief description of any operative procedures and post-operative instructions before the patient leaves theatre.

- ☐ Discharge letters are dictated / completed within seven days of discharge or as soon as possible.
- ☐ Act as a resource for house officers.
- ☐ Participate in multi-disciplinary teaching sessions for other employees as appropriate (e.g. nurses).

There are 11 consultants and 12 registrars on this run. Each team has one house officer and one registrar attached. There is a relief registrar.

The teams are:
O'Meeghan/Deverall/Baker
Patel/Hong/Donovan/Wotherspoon
Choy/Strick/Mak
Willoughby/Hardy/McChesney

ASSESSMENT:

The registrar is to meet with their consultants at start of their run and team attachments to identify goals and discuss responsibilities.

Registrars enrolled in the College programme will keep a record of their training as required by the College. This is the responsibility of the trainee with oversight from their designated educational supervisor and the Director of Training.

Registrars not enrolled with the College 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 "bpac^{nz} 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 fulfill 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 clinical attachment), and make a plan to correct or improve performance.

Serious problems with clinical performance will be managed as follows;

i) Trainees enrolled in the SET programme: concerns will be identified by the supervising consultant to:
   a. the trainee's educational supervisor and
   b. the business manager to ensure that all local HR policies and frameworks are adhered to.

ii) Non-trainees will be identified by the supervising consultant to:
   a. the department's clinical leader and
   b. 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:
https://intranet.sharepoint.waikato.health.govt.nz/RefDocs/RMOs/SUPERVISOR%20REPORT-CAREER%20PLAN%20-%20NT%20REGISTRARS.pdf
Waikato DHB has developed a document to help the registrar determine their career plans and options:
https://intranet.sharepoint.waikato.health.govt.nz/RefDocs/RMOs/Career%20Planning.pdf

Copies of all assessments should be forwarded to Human resources by the surgical services unit's PA for filing

It is the individual registrar's responsibility to maintain and complete these assessment and reporting requirements in a timely manner.

ROSTER - HOURS OF WORK:

Ordinary hours are:-

Monday to Friday: 0730 – 1700hrs (excluding public holidays)

One registrar works as a rotator and one as a reliever

After Hours Roster:

a) Monday to Friday: 1700 - 2230hrs 'on duty'
   (The registrar may be rostered to work 11 long days in a 13 week period)

b) Saturday/Sunday/Public Holidays: 0800 - 2230hrs.
   (The registrar may be rostered to work three weekends in a 13 week period)

c) Weekend ward rounds – the registrar may be required to work up to 7 [two hour] weekend ward rounds in a 13 week period.

d) Nights - Friday to Thursday: 2230 - 0830hrs
(except that on Mondays and Tuesdays the registrar is required to attend the clinical meeting and therefore finishes duty at 0930 hours).
(The registrar may be rostered to work 2.16weeks of night duties in a 13 week period).)

SALARY:

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a) An 'additional duties' sheet is to be completed for all times worked outside rostered hours.

b) **Average Weekly Hours:**

Weekly Hours = 47.50 hours over 26 weeks
Long Days = 4.65 hours over 26 weeks
Weekend Hours = 4.81 hours over 26 weeks
Weekend Ward Rounds = 1.00 hours over 26 weeks
Nights = 11.63 hours over 26 weeks
Total: = 69.59 hours over 26 weeks

PAY CATEGORY A

(69.59hrs)

LEAVE:

Is the responsibility of the employer and is provided by a reliever or internal cover is arranged. Any statutory holidays worked should be claimed for on a leave form so time may be credited to your leave entitlement.

APPENDIX 1

POLICY

Senior Medical Officer (SMO) and Resident Medical Officers (RMOs) Responsibilities and the Limits of Delegation of Responsibilities to RMOs

Policy Responsibilities and Authorisation

Department Responsible for Policy	Clinical Services
Position Responsible for Policy	Chief Medical Officer
Document Owner Name	Dr Paul Reeve
Sponsor Title	Chief Medical Officer
Sponsor Name	Dr Tom Watson
Target Audience	SMOs and RMOs
Committee Approved	Policy Committee
Date Approved	
Committee Endorsed	Board of Clinical Governance
Date Endorsed	
Authorised	Chief Executive
Date Endorsed	
Disclaimer: This document has been developed by Waikato District Health Board specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at their own risk and Waikato District Health Board assumes no responsibility whatsoever.	

Policy Review History

Version	Updated by	Date Updated	Summary of Changes
02	Dr Paul Reeve	27 July 2016	Combining SMO and RMO responsibilities and the limits of delegation of responsible to RMOs in one document (this now replaces 2172)

Senior Medical Officer (SMO) and Resident Medical Officers (RMOs) Responsibilities and the Limits of Delegation of Responsibilities to RMOs

Contents

1. Purpose and Scope

This policy outlines the responsibilities that a Senior Medical Officer (SMO) has for their patients and for referrals and what responsibility can be delegated to Resident Medical Officers (RMOs).

This policy also outlines when and how the SMO is to be contacted regarding a patient for whom they are the responsible SMO and for patients referred to them or their service.

This policy is deemed to apply to all RMOs unless there are specific instructions to the contrary in the department they are working.

2. Principles of delegated responsibility

The SMO is ultimately responsible for all patients seen or admitted by their RMOs and the SMO remains accountable for the decisions and actions of their RMOs.

RMOs work under delegated responsibility and have a professional responsibility to remain within their area of competence and to seek assistance from their SMO when required.

The SMO must ensure they are kept reasonably informed regarding the condition of their patients and must ensure they, or another SMO, are always available to give assistance to their RMOs.

Some SMO responsibilities **cannot** be delegated to RMOs. These include:

- Reviewing all new patients within 24 hours of admission.
- Reviewing all inpatients at least twice a week.
- Reviewing all High Dependency Unit (HDU) patients on a daily basis (or more frequently if clinically required).
- Reviewing patients on day 1 post major or emergency surgery.
- Reviewing and acknowledging histology results.
- Obtaining consent if the RMO is not competent to obtain it.
- Discussing complex cases with the coroner.
- Writing coroner's reports unless the coroner has specifically requested a report from a RMO.
- Open disclosure of serious adverse events.
- Review of patients when a SMO opinion has been requested by another SMO.
- Responsibility for complex cases requiring multi-speciality input (see Section 5).
- Clinical handover of patient care when the responsible SMO is on leave or at conference.

3. RMOs must contact the responsible SMO regarding patients they see or admit in the following circumstances and SMOs must ensure that they are available to respond

- Any patient who is seriously ill or sufficiently ill to require admission to the Intensive Care Unit (ICU), or HDU, or the Low Stimulus Area (LSA) in Mental Health.
- Any patient who requires acute transfer to another service or hospital.
- Any acutely ill patient transferred to Waikato Hospital.
- Any patient for whom the diagnosis or management is unclear; and for whom a delay of management until the next ward round would be inappropriate.
- Any patient who deteriorates unexpectedly.
- Any acutely unwell or unstable patient who requires more than a brief stay in the Resuscitation area in the Emergency Department (ED).
- Before making the decision to take a patient to theatre or for an invasive procedure.
- If requested by the nurse in charge of the ward at the time, or a clinical resource nurse.
- If a patient has a complication following a procedure with which the RMO is unfamiliar.
- To discuss all new admissions, referrals or patients discharged from ED at the end of their duty.
- Any unexpected death.
- Any death that may need to be reported to the coroner, before it is reported.

It is expected that all inpatients are seen each weekday by a RMO, and that the responsible SMO informed of any significant change in the patient's condition.

On the weekend and out of hours, the on-call SMO is responsible for all inpatients admitted under their speciality or seen by their on-call RMOs. Every patient should have a weekend plan documented in the notes, and the on-call SMO should be informed of any deviation from that plan.

4. Involvement of SMOs in ward referrals

A ward referral is defined in this policy as one clinical team asking another clinical team to assess a patient on a ward and contribute to their inpatient management.

While many phone calls between RMOs regarding inpatients under another team are simply asking for general advice and are not actually referrals, even when providing advice, the RMO is still acting under delegated authority and the SMO should be informed if appropriate.

A RMO of the team receiving the referral should see the patient in a timeframe consistent with the clinical urgency, and then discuss the matter with their supervising SMO.

The SMO should be informed of any opinion their RMO has given, and decide if that is appropriate. The SMO will decide if they need to see the patient themselves.

The SMO initiating the referral should always be informed of the outcomes of the referral. Any urgent action that is required must be communicated verbally to the referring SMO/team.

Only a SMO can make a decision that a ward referral requested by a SMO is inappropriate. In this situation, the SMO of the team receiving the referral request should provide advice to the referring team; this could include an offer of an outpatient clinic appointment or other recommendation.

A direct SMO to SMO discussion is the best way to address any issues or in difficult cases.

The following must always be documented in the clinical notes by the referring team:

- the name of the SMO making the referral
- the expectations that the referring SMO/team have of the SMO/team referred to,
- a summary of the clinical details, and
- the contact details of the referring doctor.

The team who respond must clearly document their opinion and answer any specific questions.

Any urgent action that is required must be communicated verbally to the referring SMO or team.

Disagreements between SMOs must be escalated immediately to their Clinical Directors (CD) and, if necessary, the Clinical Unit Leader (CUL), Service Head or Chief Medical Advisor (CMA).

5. Complex cases requiring input from multiple specialities

- Early SMO to SMO communication should be established to delineate the responsibilities and expectations of the different services involved in patient care. This cannot be delegated to RMOs.
- For ICU cases, the responsible ICU SMO will coordinate care.
- While a patient is in the ED Resuscitation, the ED SMO will coordinate care until there is an agreed designated team who will take primary responsibility. This should be agreed in a timely way.
- For trauma cases, the Trauma Director will coordinate care (see the **Trauma Protocol**).
- In non-trauma cases, it must be agreed which SMO and team will take primary responsibility and for what. The responsibilities of the other services should be agreed and understood.
- The SMO with the primary responsibility may change over time but must always be clear.
- If there is any disagreement over the most appropriate service and SMO to take primary responsibility, there should be a SMO to SMO discussion, if necessary escalated as noted above.
- For patients in the HDU, the SMO identified as the primary SMO responsible for the patient's care is responsible for coordinating all care provided to that patient.
- The SMO primarily responsible for patient care should be documented in the patient's clinical notes. This SMO is also responsible for coordinating all care provided to that patient.

6. Patients in the Emergency Department and Emergency Department referrals

Refer to the **Speciality Referral Guidelines** which outlines the responsibilities of RMOs referred patients by the ED and the need to immediately escalate issues to their SMO to deal with at the SMO to SMO level and if needed at a CD to CD, or CUL to CUL level or to the CMA.

7. Audit Indicators

Compliance with this Policy will be monitored by incident reporting and mortality reviews.

8. Associated Documents

Waikato DHB Specialty Referral Guidelines (**5295**)
Waikato DHB Trauma Protocol (**1538**)
Waikato DHB Electronic Results Acknowledgement: The responsibility of the Senior Medical Officer and the delegation of the responsibly to Resident Medical Officer (**1452**)
Waikato DHB Clinical Records Management (**0182**)
Waikato DHB Deceased (Care of) policy (**0133**)
Waikato DHB Admission, Discharge and Transfer (**1848)**
Resuscitation Policy

APPENDIX 2

'End of Clinical Attachment' assessment form

F:\Standard Forms-Templates\For