

RUN DESCRIPTION

POSITION:	Registrar – Renal & Rheumatology		
DEPARTMENT:	Paediatric Renal and Rheumatology		
PLACE OF WORK:	Auckland City Hospital – Starship Children's 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 Paediatric Renal and Rheumatology Services		
RUN RECOGNITION:	This run is recognised by the Royal Australasian College of Physicians.		
RUN PERIOD:	6 months		

Section 1: Registrar's Responsibilities

Area	Responsibilities
Acute Call Responsibility	 While on call the acute Paediatric Medical Registrar phone and Paediatric Resus pager are held. The Medical Registrar on acute call is available to advise on children in CED. The decision to admit a child is made by the Medical Registrar on acute call. On hand over of admissions from the emergency department, full and appropriate clinical notes and the ongoing management are the responsibilities of the medical registrar on call. If a child is referred to the Medical registrar on acute call from CED and the Registrar feels that admission is not appropriate they will review the child in CED and suggest an alternative plan with the CED staff. Review of medical admissions to PICU.
Clinical Responsibility	 Responsibilities include all patients under and referrals to the Paediatric Renal & Rheumatology services. The division between Renal & Rheumatology is set at 0.8 and 0.2 respectively Daily ward rounds and reviewing the above patients. Attend outpatient clinics – General Nephrology clinic 2 to 3 times per month Attend end stage and Renal Transplant clinic at least 2 to 3 times during the 4 month rotation to learn aspects of dialysis and renal transplant care
	 Implement management and treatment for the above patients. Arrange appropriate investigations and ensure follow up of results. Legible notes are to be written in patients charts on a daily basis and when management changes are made. Entries must be dated, signed and have a legible printed name accompanying the signature. Weekend plans will be formulated and in place. Perform required procedures as necessary. Liaise with other staff members, departments and health professionals in the management of patients. Communicate with patients and their families about their concerns and facilitate their understanding of the medical issues involved. On discharge ensure appropriate follow up is in place, including a written discharge summary. This will be completed within a reasonable period of time and forwarded to the appropriate health professionals including the family doctor. Consult on inpatient referrals to the renal service as deemed appropriate by the on call consultant. All the above duties will be in conjunction with junior house staff and the consultant responsible for that patient. Where appropriate the registrar will supervise junior staff and help them with problems as needed. The Registrar will discuss with the consultant as needed and over difficult diagnostic or management areas.

Section 2: Training and Education

Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
0800	Handover	Handover	Update 0800-0900	Handover	Handover
0900	Renal	Transplant	Combined	Renal PUT	0830 Renal
	Transplant	and Dialysis	Renalteam	clinic-q2	consultant
	clinic	clinic	ward round	weekly	hand over
1000	Rheumatology		Ward round		Renal
	team meeting				consultant
					ward round
1100	Renal ward				Renal teaching
	round		VirtualMDM		
			clinic and		
			complex		
			Uroradiology		
1230		Journal club	Registrar		
		(monthly)	Teaching		
		1230-1330	1230-1330		
1300		Seminar	Renal Clinic		Grand Round
		(monthly)			1300-1400
		1400-1600			
1500		Biopsy			
		meeting			
1600				FRACP part 1	
				Teaching1500-	
1700				1700	

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

There is a minimum of 2 hours per week medical learning, which includes the following:

- Renal Team Teaching, Level 6 Tutorial Room, Friday 1100-1200.
- Registrar Teaching, Henley Room CEC every 4 weeks on Wednesday 1300-1700
- FRACP part 1 teaching (for written exam candidates), Thursday 1500-1700
- Renal Journal Club, 3rd Tuesday of each month 1230-1330
- Renal Seminar/audit 4th Tuesday of each month 1400-1600

Section 3: Roster

Roster			
The hours of work of the Paediatric Reg	strars are as follows:		
 Ordinary hours 	Monday to Friday	0800 - 1700	
 Long days on site 	Monday to Friday	0800 - 2230	
 Long days on call off site 	Monday to Friday	1700 - 2230	
Night Duty	Monday to Sunday	2200 - 0800	
 Weekend ward round on site 	Saturday and Sunday	0800 – 1700	
 Weekend ward round on call off site (following ward round) 	Saturday and Sunday	1700 – 2230	
 Weekend long day on site 	Saturday and Sunday	0800 – 2230	
 Clinical Administration day 	Monday to Friday	0800 - 1700	
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• Winter roster: ward call shifts 1000-2230 at weekends

Each Registrar contributing to the roster will be rostered up to two sets of RDO's not abutting a weekend free of duty per four month rotation.

Section 4: Cover

Other Resident and Specialist Cover

There are 11 subspecialty Paediatric Registrars:

- 2 Cardiology Registrars
- 2 Respiratory Registrars
- 2 Oncology Registrars
- 1 Endocrinology Registrar
- 1 Gastroenterology Registrar
- 1 Neurology Registrar
- 1 Infectious Diseases/Immunology Registrar
- 1 Renal Registrar
- There is one Child Protection Registrar, four General Paediatric Registrars, one Consult Liaison Registrar and one Outpatient Clinic Registrar
- There are six Paediatric Registrar Relievers who will cover the duties of the Registrars on leave, night duties, sleep days rostered days off (RDO) and clinical administration days.

Section 5: Performance appraisal

Registrar	Service
 At the outset of the run meet with their assigned supervisor/s to discuss goals and expectations for the run, review and assessment times, and one on one teaching time After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; 	 An initial meeting between the Consultant and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time. An interim assessment report on the Registrar halfway through the run, after discussion between the Registrar and the Consultant responsible for them; The opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Registrar will bring these to the Registrar's attention, and discuss and 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.

Section 6: Hours and Salary Category

Summer Roster

Average Working Hours		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
Rostered additional hours	14.36	
All other unrostered hours	3.26	
Total Hours	57.62	

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

Extended Winter Roster

- Starting mid-July until mid-October (12 weeks total) extra hours are rostered for the expected increased winter work load.
- During winter there will be two registrars on duty to cover acute call from 1700 to 2230 during the week
- One extra registrar will also be rostered on duty for ward rounds 1000 to 2230 over the weekend.

Average Working Hours		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
Rostered additional hours	15.85	
All other unrostered hours	3.93	
Total Hours	59.78	

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