

## **RUN DESCRIPTION**

<b>POSITION:</b>	<b>Registrar – Renal</b>
<b>DEPARTMENT:</b>	Renal
<b>PLACE OF WORK:</b>	Waitemata District Health Board – North Shore Hospital and Waitakere Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director and Business Manager of Renal
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare Consumers, hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients in the care of the Renal service, and patients with renal problems admitted under other teams.
<b>RUN RECOGNITION:</b>	This run is recognised by the RACP as a training position for specialist qualification.
<b>RUN PERIOD:</b>	6 months

### **Section 1: Responsibilities**

<i>Area</i>	<i>Responsibilities</i>
Ward Referrals	<ul style="list-style-type: none"> <li>The registrar will be responsible for managing inpatients, ward referrals and consults within North Shore and Waitakere Hospitals. This will entail doing a ward round at North Shore Hospital on a daily basis (and triaging patients at Waitakere Hospital as required), as well as triaging and prioritising urgent calls. All cases will be discussed with the renal consultant who will accompany the registrar on his/ her round twice weekly. A ward review letter will be dictated on Concerto for all patients seen.</li> </ul>
Outpatients	<ul style="list-style-type: none"> <li>The registrar will undertake a nephrology clinic, transplant clinic, Home dialysis clinics and one hypertension clinic weekly. All of these will be under consultant supervision and provide the opportunity for case discussion and teaching.</li> <li>The registrar will cover the Community Dialysis Unit under consultant supervision.</li> <li>The registrar will provide cover for the North Shore dialysis unit.</li> </ul>
Dialysis Patients	<ul style="list-style-type: none"> <li>The registrar will do reviews on haemodialysis patients under consultant supervision. The registrar will do a haemodialysis ward round weekly. Patients will be discussed with their primary nephrologist or the on call nephrologist. There will be one nephrology clinic weekly under consultant supervision this provide the opportunity for case based discussion and teaching.</li> </ul>
Administration	<ul style="list-style-type: none"> <li>Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded;</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> <li>• Dictate ward reviews on Concerto on all inpatient referrals seen.</li> <li>• Dictate comprehensive clinic letters on all outpatients seen.</li> <li>• Dictate discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion;</li> <li>• Take responsibility for checking and acting on all laboratory results and other investigations the registrar has generated.</li> <li>• Make outpatient follow-up arrangements for inpatients seen as referrals who require ongoing renal follow up.</li> <li>• Be responsible for certifying death and complete appropriate documentation;</li> <li>• At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:             <ol style="list-style-type: none"> <li>1. “The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed.”</li> <li>2. “Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so.</li> </ol> </li> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty.</li> <li>• As an RMO working at WDHB you will be provided with a Concerto login and a WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.</li> </ul>

## Section 2: Weekly Schedule

Ward Registrar

	Monday	Tuesday	Wednesday	Thursday	Friday
0800-1200	Consultant Ward Round and consults	Ward round and consults	Ward round and consults 0900 MDT Meeting	Ward round and consults 1030-1100 ID meeting 1100-1200 Renal transplant meeting	MDT Meeting MDT Consultant Ward round and consults
1200-1700	1500-1700 Paper Round/ Ward Round	1200-1300 Auckland Renal Transplant Group meeting Week 1  1400-1500 Radiology meeting Week 2 and 4  1500- -1600 Journal club weekly  1600-1700 Renal Histopathology Week 1  1600-1700 Paper Round/ Ward Round	1500-1700 Paper Round/ Ward Round	12-1230 Renal Teaching  1500-1700 Paper Round/ Ward Round	1500-1700 Paper Round/ Ward Round

Outpatients Registrar

	Monday	Tuesday	Wednesday	Thursday	Friday
0800-1200	0800-1200 General Nephrology	0800-1200 CDC Dialysis and PD Unit 96 Apollo Drive	0800-1200 North Shore Dialysis Unit	0800-1100 Renal Transplant Clinic  1030-1100 ID meeting  1100-1200 Renal transplant meeting	0800-0830 MDT Meeting 0830-1200 MDT Ward round
1200-1700	1200-1300 HT meeting  1300-1700 HT Clinic	1200-1300 ARTG meeting Week 1  2-3pm Radiology meeting Week 2 and 4  1500-1600 Journal club  1600-1700 Renal Histopathology Week 1 only	1300-1700 General Nephrology	1200-1230 Teaching  1300-1700 CDC Dialysis and PD Unit 96 Apollo Drive	1300-1700  NS Dialysis Unit

Dialysis Registrar

	Monday	Tuesday	Wednesday	Thursday	Friday
0800-1200	North Shore Dialysis Unit	NS Dialysis Unit	0800-1200 Procedures Ward 2 and Radiology suite	North Shore Dialysis Unit  1030-1100 ID meeting  1100-1200 Renal transplant meeting	0800-0830 MDT Meeting 0830-1200 MDT Ward round
1200-1700	1200-1300 Vascular Radiology Meeting  North Shore Dialysis Unit	1200-1300 ARTG meeting Week 1 2-3pm Radiology Week 2 & 4 1500-1600 Journal club 1600-1700 Renal Histopathology Week 1	North Shore Dialysis Unit	1200-1230 Renal teaching  North Shore Dialysis Unit	General Nephrology

### Section 3: Training and Education

Nature	Details
Protected Time	<p><i>The following educational activities will be regarded as part of normal duties</i></p> <ul style="list-style-type: none"><li>- Orientation at the beginning of the run</li><li>- Vascular Radiology meeting 1200-1300 Mondays</li><li>- Grand Round 1230-1330 Tuesdays</li><li>- Auckland Renal Transplant Group 1200-1300 Tuesdays (Week 1 only)</li><li>- Renal journal club 1500-1600 Tuesday</li><li>- Renal histopathology meeting 1600-1700 Tuesday (Week 1 only)</li><li>- Infectious Disease 1030 – 1100 Thursday</li><li>- Renal transplant meeting 1100-1200 Thursday</li><li>- Renal RMO Teaching 120-1230 Thursday</li><li>- Friday morning MDT ward round</li></ul> <p><i>The registrar is expected to contribute to the education of nursing, technical staff and medical students when requested.</i></p>

### Section 4: Roster

Registrars will be required to work between 0800 and 1700 Monday to Friday inclusive.

- Day shifts Saturday and Sunday for the Renal Service 0800-1800 every 1 in 4 weekends
- Week day long days 0800 – 2200 (13 in 13 weeks)

The Renal Registrars will also contribute to a weekend general medical call roster along with other subspeciality registrars as below:

- Night shifts will occur on Friday/Saturday nights only: 2200 – 0830 approx 3 sets in 26 weeks
- Non-rostered hours allow for an emergency at the end of the shift.
- The Registrar will not be present during the day on the Friday before starting a night shift.

## Section 5: Performance Appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> <li>• Ensure they arrange a formal meeting with their supervising consultant to assess and discuss their performance at the beginning of the attachment, and again at three and six months.</li> <li>• If deficiencies are identified, the Consultant will identify these with the Registrar who should implement a corrective plan of action under the advice of their Consultant.</li> </ul>	<p><i>The service will provide:</i></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• an interim assessment report on the Registrar three (3) months into the run, after discussion between the Registrar and the Consultant responsible for them;</li> <li>• 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;</li> <li>• 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.</li> <li>• The Director of Basic Physician Training will be available to discuss problems and progress.</li> </ul>

## Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Ordinary Hours	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered Additional (inc. nights, weekends & long days)	15.09	
All other unrostered hours	2.12	
Total Hours	57.21	

### Salary

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