

RUN DESCRIPTION

POSITION:	Registrar - Dialysis
DEPARTMENT:	Renal
PLACE OF WORK:	Auckland Hospital/ Greenlane Clinical Centre
RESPONSIBLE TO:	Clinical Director and Business Manager of Renal through a nominated Consultant
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Renal service
RUN RECOGNITION:	This run is recognised by the RACP as a training position for specialist qualification
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> • Manage the assessment and admission of dialysis patients under the care of his/her team. Undertake clinical responsibilities as directed by the Consultant. Also organise relevant investigations and ensure the results are followed up, sighted and signed; • Work closely with medical specialists in provision of assessment and investigations of new patients and follow-ups in outpatient clinics • Undertake diagnostic and treatment procedures appropriate to the subspecialty • Maintain a high standard of communication with patients, patients' families and staff; • Inform consultants of the status of patients especially if there is an unexpected event; • Attend hand-over, team and departmental meetings as required.
Admitting	<ul style="list-style-type: none"> • Assess and admit Renal patients referred by ED or from the community and other medical and medical subspecialty patients when required by the attached roster
Acute Call	<ul style="list-style-type: none"> • Provide advice to and liaise with GP's and other hospital medical staff on Renal matters; • Authorise patients to be transferred to and be seen by the Renal service when appropriate

Area	Responsibilities
Inpatients	<ul style="list-style-type: none"> • When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the Renal service is responsible on a frequency agreed with the clinical director; • Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary. • Ensure weekend plans for patient's management are documented in the notes; • When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review; • Complete documentation on Friday prior to known or likely weekend discharges.
Outpatients	<ul style="list-style-type: none"> • Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate • Communicate with referring person following patient attendance at clinics; • Arrange and perform outpatient investigations
Administration	<ul style="list-style-type: none"> • 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; • Be responsible for certifying death and complete appropriate documentation; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Dictate discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion; • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul style="list-style-type: none"> 1. <i>"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."</i> 2. <i>"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."</i>

Section 2: Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	ADU/DUA 11:00 Orange team meeting 11:30 Radiology Meeting	Orange team review clinic* ADU/DUA 1200 Journal Club	Nephrology Clinic (GCC) Carrington unit (Pt Chevalier) alternating weekly with Keruru unit (Glen Innes) 12.15 Registrar teaching 1 st and 3 rd Wed of month	ADU 09:00 Registrar Teaching (for renal house officers) 12:00 Grand Round	PDU/HHD Review Clinic GLCC Building 30
	13:00 Paper Round		13:00 Paper Round		13:00 Paper Round
p.m.	Long-term Dialysis clinic	ADU/DUA Registrar Teaching 2 nd & 4 th Tues of Month Educational Meeting (3 rd Tue of Month)	ADU/DUA	Nephrology Clinic (GCC) Carrington unit (Pt Chevalier) alternating weekly with Keruru unit (Glen Innes)	Admin time Research
16:00	Handover	Handover	Handover	Handover	Handover

Nephrology Clinic is either Wednesday or Thursday but not both days

* Occasionally Tuesday afternoon if doesn't clash with other duties

Section 3: Training and Education

Nature	Details
Protected Time	<p>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</p> <ul style="list-style-type: none"> • Orientation at the beginning of the run • Registrar/House Officer Teaching – 09:00 – 10:00 (Thursdays) • Education meeting 3rd Tuesday of month • Journal Club • Grand Round <p>Registrar teaching on Tuesdays/Wednesdays</p>
<p>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested.</p>	

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>Registrars will be required to work between 0800 and 1600 Monday to Friday inclusive and on rostered long days.</p> <p>Registrars also participate for the 6 months of their run in a Medical Subspecialty duty roster. The registrars will be required to work 2 sets of nights, Monday to Thursday and Friday to Sunday 2200-0800, during the 6 months of the run.</p> <p>When on night duty the registrar will be responsible for duties both in the Medical Specialities and General Medicine, these duties will be shared between the Medical Registrars on duty and will involve admissions and ward duties.</p>

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> • At the outset of the run meet with their designated consultant 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; 	<p><i>The service will provide;</i></p> <ul style="list-style-type: none"> • 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 three (3) months into 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

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	<ul style="list-style-type: none">The Service, together with RMO Support will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	13.99	
All other unrostered hours	6.19	
Total hours per week	60.18	

Salary The salary for this attachment is detailed to be a Category B