

RUN DESCRIPTION

POSITION:	Registrar - Te Puaruruhau
DEPARTMENT:	Te Puaruruhau
PLACE OF WORK:	Auckland City 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 Te Puaruruhau Service.
RUN RECOGNITION:	This run is recognised by the Royal Australasian College of Physicians
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
On Call Responsibility	<ul style="list-style-type: none"> • 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. • The acute call Medical Registrar will take GP calls for advice and/or admission. They will notify ED if there is concern regarding the severity of the condition of the child.

<p>Clinical Responsibility</p>	<ul style="list-style-type: none"> • Responsibilities include patients under the care of and referrals to Te Puaruruhau. After one month, the registrar will share the roster for the Te Puaruruhau on-call cellphone during normal working hours. • It is expected that the registrar will: • Work in a consultative manner as part of a multi-disciplinary team. • Work towards a bicultural model of practice. • Provide medical assessments of children and young people identified as being at risk of neglect, emotional, physical or sexual abuse. Outpatients will be seen at their scheduled appointment times, and acute referrals as organised in consultation with the Paediatrician on duty. • All outpatients must be discussed with a Te Puaruruhau consultant before they leave the Starship, and physically reviewed by the consultant if there are any physical findings which are abnormal or of uncertain significance. • All inpatient referrals must be seen jointly with a Te Puaruruhau consultant, who will also write in the notes. • For the above patients arrange appropriate investigations, implement management and treatment, and ensure follow up of results and progress. • Write legible notes in patients charts. Management changes will be documented. Entries must be dated, signed and have a legible printed name accompanying the signature. • Follow Te Puaruruhau procedure for the management of clinical records. • Co-ordinate the management of in-patients with whom Te Puaruruhau is involved, review them daily and discuss with a Te Puaruruhau consultant daily. • Formulate and document weekend plans for inpatients. Patients will be handed over prior to leave or night duty, and at the end of the run. For inpatients, it is expected that the Te Puaruruhau consultant responsible for the patient will also hand over personally to the Te Puaruruhau consultant on call. • Perform required procedures as necessary. • Liaise with other staff members, departments and health professionals in the management of patients. Participate in liaison with statutory agencies such as the Police and Oranga Tamariki. • Communicate with patients and their families about their concerns and facilitate their understanding of the medical issues involved. • Attend whanau hui or Family Group Conference as required. • Give evidence in court if required. All deposition statements or briefs of evidence must be reviewed with a Te Puaruruhau consultant before they are signed by the Registrar. It is expected that a Te Puaruruhau consultant will also be summoned if the evidence of an “expert witness” is required. • On completion of medical assessment or discharge from hospital, ensure that appropriate follow up is in place, including written information where appropriate. A written medical report will be dictated within ten working days, and forwarded to the appropriate health professionals and statutory agencies. All medical reports will be counter-signed by the consultant Paediatrician who saw the child or with whom the child was discussed. • All the above duties will be in conjunction with the Te Puaruruhau team. The Registrar will discuss all patients with the consultant.
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Section 2: Training and Education

<i>Training and Education</i>					
	Monday	Tuesday	Wednesday	Thursday	Friday
0800	Case Allocation	Case Allocation	Update 0800-0900	Case Allocation	Case Allocation
0830	Inter-Agency Referral Meeting (PIRM)	Inter-Agency Referral Meeting (PIRM)		Inter-Agency Referral Meeting (PIRM)	Inter-Agency Referral Meeting (PIRM)
0900			Sexual Health Clinic	Peer Review of all cases	
1000					
1100					
1200			Business Meeting (every 2 weeks)	Journal Club	Grand Round 1300-1400
1230					
1500				FRACP Teaching 1500-1700	

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

- There is a minimum of 3 hours per week medical learning, which includes the journal club, registrar teaching, Update, Grand Round and tutorials.
- Paediatric Update Wednesday 0800 – 0900, Level 3 Lab Plus building
- Te Puaruruhau peer review, Thursday 0900 – 1200, Kereru Room, 3.26
- Te Puaruruhau Journal Club, Thursday 1200 – 1300, Kereru Room, 3.26
- Registrar Teaching, Henley Room, CEC every 4 weeks on Wednesday 1300 – 1700
- FRACP Part One Teaching, Thursday 1500-1700, Clinical Education Centre, Level 5, Auckland City Hospital
- Grand Round Friday 1300 – 1400, Rangitoto Room, Level 3 Lab Plus building
- Bicultural workshops (ADHB, through Learning and Development website)
- Weekly one-hour tutorial when available or scheduled community visit
- DSAC Basic and / or Advanced training course in the medical examination of the sexually abused child, if scheduled during the attachment
- Starship Three Day Workshop “Assessment of Physical Abuse in Children”, if scheduled during the attachment

Section 3: Roster

<i>Roster</i>		
The hours of work of the Paediatric Registrars are as follows:		
• Ordinary hours	Monday to Friday	0800 - 1700
• Long days on site	Monday to Friday	0800 - 2230
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• 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
• 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.		
• All Paediatric Registrars will be allocated two clinical administration days per four month rotation.		

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
There are 13 subspecialty Paediatric Registrars
<ul style="list-style-type: none">• 3 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• 1 Rehab Registrar
There is also:
<ul style="list-style-type: none">• 1 Child Protection Registrar• 4 General Paediatric Registrars• 1 Consult Liaison Registrar• 1 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.• Cover for sickness is provided by the short notice reliever (when available), or by the payment of additional duties or cross cover (as per the collective agreement.)

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will:</p> <ul style="list-style-type: none"> • 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; 	<p>The service will provide:</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 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 - SToNZ Run Category (not observing RDO's)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	-1.60	
Rostered additional hours	14.70	
All other unrostered hours	TBC	
Total Hours	53.10	

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

Total hours fall above mid-range of the salary band, therefore the category will be renumerated as a Category C until a run review can be completed to confirm the unrostered hours.

Extended Winter Roster

- Starting May until October (13 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 and 0800- 2230 during the weekend.
 - One extra registrar will also be rostered on duty for ward rounds 1000 to 2230 over the weekend.

Average Working Hours - SToNZ Run Category (not observing RDO's)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	-2.40	
Rostered additional hours	16.24	
All other unrostered hours	TBC	
Total Hours	53.84	

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

Total hours fall above mid-range of the salary band, therefore the category will be renumerated as a Category C until a run review can be completed to confirm the unrostered hours.