

POSITION:	Registrar
DEPARTMENT:	Paediatric Respiratory and Sleep Medicine
PLACE OF WORK:	Starship Hospital
RESPONSIBLE TO:	Clinical Director Medical Subspecialties, through a nominated Consultant.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Paediatric Respiratory 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>
Acute 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. Attend emergency calls alerted to by the Paediatric Resus pager.
Clinical Responsibility	<p>There are two paediatric respiratory registrars whose combined clinical responsibilities includes the assessment and management of respiratory inpatients, daystay patients, clinical consults and respiratory outpatients. The two registrars will work co-operatively to ensure clinical responsibilities are met in a safe and efficient manner. To assist this they are assigned different roles (Reg 1 and Reg 2) according to the schedule below, dividing up responsibilities. To facilitate learning and service demands individual registrars will be switched between the two roles during the course of the run. It is expected they will support one another in the conduct of duties depending on individual workloads.</p> <p>Duties and responsibilities will be carried out as part of a multi-disciplinary team. Registrars will supervise and support more junior medical staff and in turn be supervised and supported by senior medical staff. The registrar will support if the SHO needs to be absent to attend to immunology</p>

Area	Responsibilities
	<p>duties.</p> <p>Specific responsibilities / duties (depending on assigned roles):</p> <ul style="list-style-type: none"> • Carry and respond to the respiratory mobile phone. • Carry out comprehensive tertiary respiratory patient assessments including appropriate history taking, examination, formulation, investigation plans and management plans. • Regular, comprehensive and legible documentation including date, time and signature. Clinical notes for inpatients should be entered at least daily with clear clinical impressions and management plans. A succinct problem list should be maintained in the front of the notes. Growth charts must be updated at least weekly. • Liaison with supervising senior medical officers as appropriate. Inform the responsible SMO when a patient is admitted electively for a bronchoscopy or for initiation of CPAP/NIV. • Implement investigation and management plans. Ensure investigations are followed up and acted on. Ensure medication charts meet appropriate standards. • Perform required procedures as necessary and as within their competent scope of practice. • Communicate with patients and their families in an appropriate and effective manner to facilitate their understanding, aid appropriate ongoing management and address their concerns. • Liaise with other staff members, departments and health professionals in the management of patients. • Weekend plans are to be developed prior to the weekend to assist on call staff. • Assist with the weekly 'handover' sheet, an aid to the Monday handover, inpatient care and planned activities. • Complete discharge summaries and other documentation for all inpatient and day stay patients as per respiratory service and DHB policies. • Ensure follow up and community care arrangements are in place. • Prior to outpatient clinics, review the notes of those being newly referred or followed up and discuss with the supervising senior medical officer. Arrange any concurrent investigations (e.g. lung function) ahead of time as per prevailing practice. Liaise with the supervising senior medical officer about clinic patients during or after the clinic itself as appropriate / planned. Some respiratory clinics have specific pre/post clinic meetings to facilitate these activities.

Weekly Schedule

	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY		
	Reg 1	Reg 2	HO	Reg 1	Reg 2	HO	Reg 1	Reg 2	HO	Reg 1	Reg 2	HO	Reg 1	Reg 2	HO
8	SCH handover		Admin Immunology daystay	SCH handover	Admin		Starship Update			SCH handover	Admin Immunology daystay		SCH handover	Admin	
9	Team handover			BX Clinic	Registrar ward round & Inpatient Care & Admin (growth charts, etc)	CF clinic	Registrar ward round & Inpatient care	Update Growth Charts (HO will discharge sleep and post bronchoscopy patients)	Multi-disciplinary Team Meeting		SMO respiratory clinic (optional attendance)	Registrar ward round & Inpatient care			
10			Consultant ward round						Sleep medicine & inpatient consults	Consultant ward round					
11	Bx pre clinic meeting			Radiology meeting	Daystay Admissions for bronchoscopy list										
12															
13	CF pre clinic meeting		Inpatient care		SHO Teaching	Respiratory Academic Meeting	Respiratory Clinic	Inpatient care Admin (review next week)	Starship Grand Round						

14	Administration, Consultations, sleep admission(s) & clinic preparation time		Sleep medicine & inpatient consults	CF clinic meeting	Inpatient care				BRONCHOCOPY LIST
									Monthly sleep teleconference
									Inpatient care/consults
									Admin (handover sheet, weekend plans, etc)
15					Sleep medicine & inpatient consults				
16									
17									

Section 2: Training and Education

<i>Regular Teaching Sessions</i>			
Starship Update	Wednesday	0800 – 0900	
Registrar Teaching , Henley Room CEC	Every 4 weeks on	Wednesday	1300-1700
Respiratory team weekly education session	Wednesday	1300 – 1400	
Respiratory radiology conference	Thursday	1130 - 1230	
FRACP Teaching	Thursday	1500 – 1700	
Starship Grand Round	Friday	1300 – 1400	
Monthly Sleep teleconference	First Friday of the month	1400 – 1500 (non-daylight savings)	
Reg1, Reg2 and SHO “Lung function reporting/teaching”	Tuesday	1500 – 1600	
Reg 1 “Admin and Lung function reporting	Friday	0900-1100	

In addition, during the run the registrar may be expected to present at the house officer teaching programmes. House Officer teaching runs on Tuesdays between 1300-1400.

Section 3: Roster

<i>Hours of Work</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
• 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
• Winter roster: ward call shifts 1000-2230 at weekends		
Each Registrar contributing to the roster will be rostered to one to two sets of RDO’s not abutting a weekend free of duty per four month rotation. Registrars and service requirements will be taken into consideration. All Paediatric Registrars will be allocated two clinical administration days per four month rotation.		

Section 4: Cover

Other Resident and Specialist Cover

There are 13 subspeciality Paediatric Registrars

- 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

- 1 Child Protection Registrar
- 4 General Paediatric Registrars
- 1 Consult Liaison Registrar
- 1 Outpatient Clinic Registrar
- There are two General Paediatric House Officers December – May and there General Paediatric House Officer May – December.
- 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

<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 assigned supervisor 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 halfway through 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

Summer Roster

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

Average Working Hours - SToNZ Run Category (RDO's are observed)		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	14.70	
All other unrostered Hours To be confirmed by a run review	4.72	
Total Hours	57.82	

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

Where no weekday RDOs are observed, the following run category will apply:

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.
Rostered additional hours	14.70	
All other unrostered hours To be confirmed by a run review	4.72	
Total Hours	59.42	

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

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.

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1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

Average Working Hours - STONZ Run Category (RDO's are observed)		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	16.24	
All other unrostered Hours	3.00	
To be confirmed by a run review		
Total Hours	56.84	

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

Where no weekday RDOs are observed, the following run category will apply:

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.
Rostered additional hours	16.24	
All other unrostered hours	3.00	
To be confirmed by a run review		
Total Hours	59.24	

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