

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	General Paediatrics (with the potential for Sub specialty exposure)
PLACE OF WORK:	Starship 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 outpatient care of children under General Paediatrics and any other specialties as organised prior to the start of the run. Involvement on the out of hours paediatric roster.
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	<ul style="list-style-type: none"> While on acute call the Paediatric Medical Registrar pager is 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 acute call Medical Registrar on duty . 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 acute 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. Responsibilities are for all in-patients and referrals to the general paediatric service. 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 acute pager.
Clinical Responsibility	<ul style="list-style-type: none"> During the day work is centred around the outpatient department, both at Starship Children's Hospital, Greenlane and other site where Central Patients are seen. This will involve General Paediatric Outpatient Clinics with the opportunity to also do clinics under supervision under some of the subspecialty teams. The registrar is responsible for liaising with the teams to organise their own outpatient schedule, prior to the start of the run. Not all subspecialties will be available at all times. It is expected that there will be upto 6 x3 hour clinics per week on average. Arrange appropriate investigations and ensure follow up of results for patients seen.

ADHB Paediatric General Outpatient Registrar Run Description – Expiry 11 December 2011
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Area	Responsibilities
	<ul style="list-style-type: none"> • Liase 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. • Ensure appropriate documentation is sent out to the family doctor and other involved health professionals. • These duties will be in conjunction with the consultant in charge of the clinic and run supervisor. The Registrar will discuss with the consultant as needed and over difficult diagnostic or management areas.

Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
0800			Update		
1030					
1230					Grand Round
1300	Out patient Clinics				
1600				Registrar teaching 1500 - 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 weekly tutorial and pathology session.

- General Paediatric Tutorial, Room 5.164, Thursday 1230-1330.
- Registrar Case Based Teaching Level 4 orthopaedic seminar room 1500 - 1600
- FRACP part 1 teaching, Level 1 Dept Paediatrics, Thursday 1500-1700

Section 3: Roster:

<i>Other Resident and Specialist Cover</i>
<ul style="list-style-type: none"> • The ordinary hours of work are 0800 – 1700 Monday to Friday. • The on-site long days are from 1700 - 2230 M – F and are rostered at a frequency of 1 in 8 • The on call off-site long days in summer are 1700 – 2230 and are rostered at a frequency of 2 in 8. • The night duty shifts are rostered at a frequency of 1 in 8. • Weekend day duties are rostered at a frequency of 1 in 8

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Section 4: Cover:

<i>Other Resident and Specialist Cover</i>
<ul style="list-style-type: none"> • No cover arranged for in hours duties as clinics will not be arranged for periods of absence. • During summer months, December to April, there are 5 General Paediatric Registrars and 2 House Officers. During the winter months there are 5 General Paediatric Registrars and 3 House Officers. • There are 12 sub-speciality Paediatric Registrars, a sub specialty reliever, and two advanced trainee posts. • There are 5 sub-speciality House Officers. One House Officer is assigned to Neurology, one to Endocrinology/ Renal/Immunology/Rheumatology, one to Gastroenterology/Infectious Diseases, one to Respiratory and one is assigned to Oncology. Consult Liaison and Whakaruruhau operate without house officers.

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<ul style="list-style-type: none"> • The Registrar will: • 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; 	<ul style="list-style-type: none"> • The service will provide, • 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.

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Section 6: Hours and Salary Category

Summer Roster

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	10.9	
All other unrostered hours	1.82	
Total hours per week	52.72	

Salary The salary for this attachment will be as detailed as a Category **D** run.

Extended Winter Roster

- Starting mid June until mid September (total 12 weeks) extra hours are rostered for the expected increased winter work load.
- Two registrars on-call from 1700 to 2300 during the week and 0800-2300 during the weekend. This is a total of 10 long days shifts during the week and 4 weekend shifts, shared between 13 registrars with the psychosocial and outpatient registrars covering one of the weekday shifts and some of the weekends..
- One extra registrar on for ward rounds 0800 to 1300 over the weekends.

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	45.0	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	9.96	
All other unrostered hours	3.0	
Total hours per week	57.96	

Salary The salary for this attachment will be as detailed as a Category **B** run. Hours and Salary to be confirmed by a run review.

Includes three hours rostered time within the roster for education.

Callbacks apart from weekend ward rounds are paid at a 4 hour minimum to a maximum of eight hours in any 8 hour period. These are paid as additional duties. Weekend ward rounds are calculated into the base salary as above.

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