



RUN DESCRIPTION

POSITION:	Registrar – Transplant
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

Area	Responsibilities
General	<ul style="list-style-type: none"> • Work closely with the team’s House Officer, provide supervision and share responsibilities where and when appropriate. • Manage the assessment and admission of acute and elective 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; • Responsible for patient referrals and day to day ward management of patients under their team’s care, in consultation with others involved in the care of the patient where appropriate; • 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;

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Area	Responsibilities
	<ul style="list-style-type: none"> 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
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. "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." 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."

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Section 2: Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0830	Reg Tx Round	Reg Tx Round	Reg Tx Round	Reg Tx Round	Reg Tx Round
a.m.		09:00 Live Donor Pre-admissions (GCC)	Nephrology Clinic (GCC)	09:00 Registrar Teaching	
	10:30 Consultant Tx Ward Round	10:30 Consultant Tx Ward Round	10:30 Consultant Tx Ward Round	10:30 Consultant Tx Ward Round	10:30 Consultant Tx Ward Round
	12:00 Radiology Meeting	12:00 Journal Club		12:00 Grand Round	12:30 Tx Biopsy Meeting
	13:00 Paper Round	13:00 Paper Round	13:00 Paper Round	13:00 Paper Round	13:00 Paper Round
p.m.		Registrar Teaching 2nd & 4th Tues of Month Educational Meeting (3rd Tue of Month)		Nephrology Clinic (GCC)	
16:00	Handover	Handover	Handover	Handover	Handover

* Nephrology Clinic is either Wednesday or Thursday but not both days

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>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested.</p>	

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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 104-week medical Subspecialty duty roster. This roster is asymmetric and requires the Renal registrars to work 26 nights in 4 sets of 5 weeknights and 3 sets of 2 weekend nights over the 104 weeks of the roster. This means that the registrars will be required to work an average of 6.5 nights during the 6 months of the run.</p> <p>When on duty between 5pm and 11pm on the Subspecialty roster, registrars are responsible to the subspecialty services however are also required to support the General Medical registrar in the Admission and Planning Unit and to cover Older Peoples Health from 7pm.</p> <p>When on night duty the registrar</p> <ul style="list-style-type: none"> • Coordinates the activities of the medical House Officers; • Covers Clinical Haematology, Dermatology, Diabetes, Gastroenterology/Hepatology, Immunology, Infectious Diseases, Oncology, Neurology, Older People's Health, Renal, Respiratory, and Rheumatology inpatients (Note: some of these services have few, if any inpatients); and • Supports the General Medical Registrar in the Admission and Planning Unit and if time permits, the General Medical wards

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.

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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)	10	
All other unrostered hours	2	
Total hours per week	52	

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