

RUN DESCRIPTION

POSITION:	Registrar – Paediatrics and Neonatal Relief
DEPARTMENT:	Kidz First Children’s Hospital & Community Health
PLACE OF WORK:	Kidz First Children’s Hospital (Neonates, Paediatric Emergency and Inpatient Medical Care) and General Paediatric Outpatients
RESPONSIBLE TO:	General Manager, Kidz First , through the Clinical Director/Clinical Leader
FUNCTIONAL RELATIONSHIPS:	Health care consumers. Hospital and community based health care workers.
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of Kidz First and Neonatal Care.
RUN RECOGNITION	This run is recognised as a training position for specialist qualification by the RACP.
RUN PERIOD:	4 Months

Section 1: Registrar’s Responsibilities

Area	Responsibilities
General	<p>This registrar will provide cover for planned leave taken by the Paediatric Emergency and Neonatal Registrars. Duties will be the same as for the below registrars. The conditions under which relief shifts may be rostered are specific in the relevant sections of the Collective Employment Contract.</p> <p>Neonatal Unit:</p> <ul style="list-style-type: none"> ▪ The registrar will be responsible for the care of neonates at Middlemore Hospital in the Neonatal Unit (NNU), and some of those in the post natal wards, in delivery suite, and in the caesarean section theatre. ▪ On each day time rostered day, the registrar will attend the daily consultant ward round on NNU and be responsible for designated neonates in NNU. ▪ The registrar rostered on long day, weekend or night duty will attend 'at risk' deliveries (as defined in NNU/Obstetric guidelines) in delivery suite and the caesarean section theatre as notified or requested ▪ The registrar rostered on long day, weekend or night duty will be responsible for the assessment and management of sick infants seen in or referred from delivery suite or the caesarean section theatre; under the care of NNU or referred from the post natal wards; referred from other hospitals; or referred from the community ▪ When rostered on a normal day, the registrar may be required to attend deliveries or assess neonates if the registrar on long day is otherwise occupied ▪ The registrar may be required to accompany neonates being transported between

CMDHB Paediatric Relief Registrar Outpatients Run Description- Effective 12 December 2011

Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

Area	Responsibilities
	<p>institutions from time to time.</p> <ul style="list-style-type: none"> ▪ The on duty registrar will be available for consultations and advice requested by GPs, midwives or obstetricians. ▪ The registrar will liaise with other health care professionals as appropriate. ▪ Registrars have a responsibility to provide support and advice to parents. ▪ Clinical skills and judgement are expected to improve during the attachment. <p>Emergency and Inpatient Medical Care:</p> <ul style="list-style-type: none"> ▪ The registrar will provide care for paediatric medical inpatients. ▪ The registrar will assess and manage paediatric medical patients in the Paediatric Emergency Care Department Short Stay Unit ▪ The registrar will assess and manage paediatric medical patients, both referred and non-referred, in the Emergency Care Department. The registrar will not be expected to manage surgical or orthopaedic patients, although may be asked to provide specialised assistance with these patients in some circumstances (see below). ▪ The registrar will provide phone consultations for GPs and other health professionals who call Kidz First. ▪ The registrar will, on referral, assess and provide advice on paediatric patients in Emergency Care, Short Stay, Surgical floor, and ICU, who are under the care of other teams. ▪ The registrar will perform shift duties according to the schedule under 'Roster' below. ▪ The registrar will have a responsibility to provide support and advice to parents. ▪ The registrar will liaise with other health care professionals as appropriate. ▪ Clinical skills and judgement are expected to improve during the attachment. <p>General Paediatric Outpatients:</p> <ul style="list-style-type: none"> ▪ The registrar may be required to see paediatric outpatients at one of the SuperClinic/Outpatient sites. ▪ The registrar will liaise with other health care professionals as appropriate. ▪ The registrar will perform duties at the SuperClinic and community clinics as outlined below. ▪ The registrar will provide clinical support to the SuperClinic nursing staff. ▪ The registrar will have a responsibility to provide support and advice to parents. ▪ Clinical skills and judgement are expected to improve during the attachment. <p>Clinical Supervision – Emergency and Inpatient Medical Care</p> <ul style="list-style-type: none"> ▪ The registrar's work on the paediatric inpatient ward will be supervised by a consultant paediatrician, who will be on-site during normal working hours, and who will be either on-site or available by telephone, with the facility to be called back after hours. ▪ The registrar's work in the Paediatric Emergency Care Department and Short Stay Unit will be supervised by a consultant, designated as the "Consultant on for Paediatric

CMDHB Paediatric Relief Registrar Outpatients Run Description- Effective 12 December 2011

Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

Area	Responsibilities
	<p>Emergency Department”, who will be on site in the department from 0800-0100. The designated consultant will be a Paediatrician and/or an Emergency Physician. When the “Consultant on for Paediatric Emergency Department” is an Emergency Physician, there will always be a Paediatrician on call. Registrars are expected to discuss all patients with a consultant. The discussion may take place either at the time the patient is seen, or during the hand-over period at the end of the shift.</p> <ul style="list-style-type: none"> ▪ Between 1600 and 0800, the Registrar should discuss problematic patients with the paediatrician on call. The paediatrician on call will be available to consult on-site on request. All patients seen on the night shift should be discussed at the morning hand-over
Administration	<ul style="list-style-type: none"> ▪ The registrar will ensure there is a detailed handover at any change of duties. ▪ Appropriate written and dictated notes will be made whenever necessary. ▪ Registrars in the Emergency Care Department will be responsible for entering “Seen By Times” and for completing discharge summaries through the computerised Patient Tracking System. Training in the use of the computer and software will be given at the start of the run. ▪ The registrar will have responsibility for following up any investigations ordered, which includes electronic sign-off of results. ▪ Other administrative paperwork such as database maintenance or death certificates will be completed as required.

Section 2: Training and Education

Details

Each registrar will be assigned to a Consultant Supervisor, who will be their mentor for the duration of the run. The mentor will provide guidance and training through regular meetings and tutorials.

In accordance with the CTA requirements for basic physician trainees.

Ongoing education will be provided by consultants on the NNU, Paediatric Emergency and Inpatient Medical Care and General Paediatric Outpatients. Individualised educational objectives will be set for each registrar at the beginning of the run.

The registrar will have on average four hours each week to attend education sessions or follow up clinical cases in the library. The education sessions available are voluntary, and should be discussed with the registrar's mentor at the start of the run. Protected time for the sessions will be allowed, and covered with locum or paediatric consultant cover, depending on work-load. Sessions available for registrars include:

- Weekly Paediatric Teaching – **Kidz First** seminar room, 0815 Friday mornings.
- X-ray Conference - Middlemore Hospital
- **Kidz First** Grand Rounds.
- Paediatric Updates and Grand Round - Starship Children's Hospital.
- Neonatal Grand Round - Middlemore Hospital.
- Clinical supervision provided directly and indirectly through the Emergency Care Department and Paediatric Inpatient ward rounds.
- Teaching sessions run by Auckland University Department of Paediatrics for trainees sitting the FRACP exam - Thursday afternoon 3-5pm (linked by Videoconference to Kidz First Admin and Manukau SuperClinic)

The registrar will be expected to contribute to the training of allied medical staff.

Section 3: Roster

Roster

a] NNU:

There are two Neonatal registrars.

The roster is a six week cycle with two weekends per cycle, one included in the night duties. Registrars do night duty on a 2:6 roster (split nights 3 and 4).

Weekdays:

Normal day	0800 - 1600
Long day	0800 - 2230

Weekends and Public Holidays:

Long day	0800 - 2230
----------	-------------

Nights:

Nights	2200 - 0830
--------	-------------

b] Paediatric Emergency & Medical Care:

There are eight registrars on the Paediatric Acute Care, and Paediatric Inpatient ward roster, two Community Care Registrars and one Community Care Fellow, assisting at the Kidz First Children's Hospital outside of ordinary working hours.

A full shift roster has been introduced. At the request of registrars, this includes rotation through the inpatient ward, as well as the Emergency Care Department and Short Stay Unit.

The roster has been designed according the rules and guidelines for shift rosters contained in the current Collective Employment Contract.

Weekdays:

Normal day	0800 - 1630
Afternoons	1600 - 2400

Weekends and Public Holidays:

Long day	0800 - 2230
----------	-------------

Nights:

Nights	2200 - 0830
--------	-------------

Section 4: Cover

Other Resident and Specialist Cover

Absence from work due to sickness or annual leave will be covered by other medical staff within the service.

A maximum of 10 days leave may usually be taken in each four month period, unless otherwise agreed.

Section 5: Performance appraisal

Performance

Performance will be assessed by a nominated Paediatrician. Performance will be assessed based on the above criteria and other relevant performance measures which will be discussed at formal meetings held at a maximum of three monthly intervals. If deficiencies are identified during the attachment the paediatrician will bring these to the registrar's attention and discuss how they may be rectified.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	39	
All other unrostered hours	2	
Paid time for teaching	3	
Total hours per week	44	

Salary: The annual salary for this attachment will be as detailed in Category A i.e. two categories above the standard Category C.