

# RUN DESCRIPTION

|                                  |  |
|----------------------------------|--|
| <b>POSITION:</b>                 | Renal Registrar  |
| <b>DEPARTMENT:</b>               | Department of Renal Medicine   |
| <b>PLACE OF WORK:</b>            | Counties Manukau District Health Board including Middlemore Hospital and other related sites               |
| <b>RESPONSIBLE TO:</b>           | Service Manager and Clinical Head  |
| <b>FUNCTIONAL RELATIONSHIPS:</b> | Health care consumers<br>Hospital and community based health care workers                                  |
| <b>PRIMARY OBJECTIVE:</b>        | To facilitate the safe and effective management of patients under the care of Department of Renal Medicine |
| <b>RUN RECOGNITION:</b>          | This run is recognised by the RACP as a training position for specialist qualification                     |
| <b>RUN PERIOD:</b>               | 6 months   |

## Section 1: Registrar's Responsibilities

| <i>Area</i>            | <i>Responsibilities</i>  |
|------------------------|--|
| <b>Clinical Duties</b> | <ul style="list-style-type: none"> <li>• The Registrar will work under the supervision of the renal physicians. The Registrar's clinical work routine will include the following activities:               <ul style="list-style-type: none"> <li>- Daily ward rounds with appropriate consultant liaison on renal inpatients on Ward 1 and outlying Wards, Monday to Friday when on the Ward or Outlier Rotation</li> <li>- Daily ward rounds with appropriate consultant liaison on all consultations directed to the Department of Renal Medicine from other hospital departments when on the Consult Rotation</li> <li>- Ward duties with appropriate consultant liaison on renal inpatients Monday to Friday mostly when on Ward / Outlier Rotation but also relieving when on other rotations</li> <li>- Consult duties with appropriate consultant liaison on renal inpatients Monday to Friday mostly when on Consult Rotation but also relieving when on other rotations</li> <li>- 1 weekly transplant clinic, 2 weekly dialysis walk in clinics and research/audit activities when on the Transplant and Home Therapies Rotation</li> <li>- 2 sub-acute clinics per week when on the Outlier rotation</li> <li>- 1 weekly procedure session when on Transplant &amp; Home Therapies rotation</li> <li>- Insertion &amp; removal of central venous dialysis catheters, tunnelled or temporary outside dedicated procedure lists.</li> <li>- 1 weekly Nephrology clinic for all registrars at Manukau / Botany Downs</li> </ul> </li> </ul> |

| Area                  | Responsibilities   |
|-----------------------|--|
|                       | <p>Superclinics</p> <ul style="list-style-type: none"> <li>- 1 weekly meeting with the Renal Consultant to discuss patients seen in the Nephrology Outpatient Clinic</li> <li>- 1 weekly Dobutamine Stress Echocardiogram list when on Transplant Rotation.</li> <li>- Attending urgent clinical problems in dialysis units as required</li> <li>- Attending urgent clinical problems / reviews as required, of renal patients in Haematology / Oncology Day stay ward when on Outlier Rotation.</li> <li>- Assisting with the assessment / admission of Internal Medicine referrals in the Emergency Department or the Assessment and Discharge Unit during Renal on-call rostered duties, at the request of the Renal Consultant. This request may be made to the Renal Consultant from the Internal Medicine service in situations where there are more than 12 patient waiting and the B-call Internal Medicine Consultant has been already called in.</li> </ul> <ul style="list-style-type: none"> <li>• The Registrar will read and note the medical standard operating procedures manuals (SOPs) and will note and follow numerous other protocols relating to the work of the Department of Renal Medicine.</li> <li>• The Registrar will supervise the work of House Officers, with whom they will organise the investigation and management of inpatients under the care of the department, requesting assistance from the consultant when required. The Registrar is expected to ensure their patients are safely and efficiently handed over and to liaise with the other health professionals in the department to ensure the required level of coordinated care to the patients is achieved and maintained.</li> <li>• The Registrar will maintain a high standard of communication with patients, patients' families and staff. The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients.</li> <li>• Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> <li>• CMDHB Clinical Board policies are to be followed at all times.</li> </ul> |
| <b>Administration</b> | <ul style="list-style-type: none"> <li>• Each registrar will have a designated half-day with no clinical commitment to allow him/her to take part in research/audit activities as well as self-directed learning.</li> <li>• The Registrar will review the Electronic Discharge Summaries (EDS) prepared by the team House Officer, ensuring correct and complete communication regarding medications and dialysis prescriptions / goal weights for dialysis patients. The Registrar will send an amended EDS or dictate an additional letter to GPs after patients' discharge from hospital when complexity of diagnosis and management, or results of investigations makes this necessary.</li> <li>• The Registrar is responsible for the accuracy of the principal and secondary diagnoses and treatment / management and procedures performed as recorded on the EDS.</li> <li>• Legible signed and dated notes will be written in patient charts on assessment / admission, and whenever management changes are made. All documentation should comply with CMDHB Clinical Board documentation policy.</li> <li>• Legible signed and dated instructions (including drugs, IV fluids, dialysis prescriptions and nursing instructions) will be written in patient charts.</li> <li>• The Registrar is responsible for the completion of Inpatient Consultation Summaries for all consultations where there is follow-up by the department, or when complexity of diagnosis and management, or results of investigations makes this necessary.</li> <li>• The Registrar is responsible for the completion of Procedure Notes following surgical lists or procedures for which they are responsible.</li> </ul>  |

| Area | Responsibilities  |
|------|---|
|      | <ul style="list-style-type: none"> <li>• The Registrar is responsible for the completion of Death Certificates for patients who have been under their care, although this may be delegated to a House Officer.</li> <li>• The Registrar will be expected to participate in audit programmes within Department of Renal Medicine and, in particular, will be responsible for completion of a mortality audit form for each patient dying under their care and presenting this to the Consultant.</li> <li>• At Nephrology outpatient clinic, the Registrar will clerk patients as per recommendations of the Department of Renal Medicine and dictate letters to GPs (and other specialists where necessary).</li> <li>• The results of all investigations ordered on renal inpatients and consults will be sighted and signed electronically daily. The responsibility for results relating to patients may be shared with the team House Officer. The Registrar will refer results to the Consultant where there is uncertainty about their significance.</li> <li>• The Registrar is expected to attend the weekly Department of Renal Medicine Multi-disciplinary Meeting, weekly combined Radiological-Surgical meeting and monthly Renal Histopathology Meeting There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties).</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:             <ol style="list-style-type: none"> <li>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."</li> <li>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."</li> </ol> </li> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or, if after hours the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty</li> <li>• As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly</li> </ul> |

## Section 2: Weekly Training and Education

|             | Monday                | Tuesday  | Wednesday                              | Thursday           | Friday   |
|-------------|-----------------------|--|--|--------------------|--|
| <b>a.m.</b> | 0800 – Renal Handover |  | 0800 – Renal Advanced Trainee Teaching |                    | 0800 – Renal Handover                                    |
| <b>p.m.</b> |                       | 1230 – Renal Radiology Conference<br>Monthly M&M meeting<br>Monthly renal biopsy meeting |  | 1215 – Grand Round | 1300 – Renal CME<br>1400 – Renal Clinic Case discussions |

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

Other teaching is available depending on the sub-speciality of interest. Please refer to Southnet for days and times.

### Weekly Schedules:

The following are examples of the duties to be performed by each registrar. However, some of the duties may be changed.

#### Registrar on Ward Rotation

|           | Monday  | Tuesday                             | Wednesday   | Thursday   | Friday  |
|-----------|---|-------------------------------------|---|--|---|
| <b>AM</b> | Handover Meeting<br>Ward round & Duties<br>ID round | Ward round & Duties<br>Xray meeting | Ward MDT meeting<br>Ward round & Duties<br>ID round | Departmental MDT meeting<br>Ward round & Duties<br>Grand Round | Handover Meeting<br>Ward round & Duties<br>ID round |
| <b>PM</b> | Outpatient Clinic                                   | Ward duties                         | Designated time                                     | Ward duties<br>Consult duties<br>ED cover & GP calls           | Renal CME<br>Ward duties<br>Clinic case discussions |

#### Registrar on Consult Rotation

|           | Monday  | Tuesday   | Wednesday   | Thursday   | Friday  |
|-----------|---|---|---|--|---|
| <b>AM</b> | Handover Meeting<br>Consult round & duties<br>ED cover & GP calls | Consult round & duties<br>ED cover & GP calls<br>Xray meeting | Consult round & duties<br>ED cover & GP calls       | Departmental MDT meeting<br>Consult round & duties<br>ED cover & GP calls<br><br>Grand Round | Handover Meeting<br>Consult round & duties<br>ED cover & GP calls |
| <b>PM</b> | Consult duties<br>ED cover & GP calls                             | Designated time   | ED cover & GP calls<br>Consult duties<br>Ward cover | Outpatient Clinic  | Renal CME<br>Consult duties<br>Clinic case discussions            |

### Registrar on Outlier Rotation

|           | Monday   | Tuesday                                 | Wednesday                              | Thursday   | Friday  |
|-----------|--|---|--|--|---|
| <b>AM</b> | Handover Meeting<br>Ward round & duties<br>Subacute Clinic | Ward round & duties<br><br>Xray meeting | Ward round & duties<br>Subacute Clinic | Departmental MDT meeting<br>Ward round & duties<br><br>Grand Round | Handover Meeting<br>Ward round & duties                                       |
| <b>PM</b> | Ward duties<br>Home therapy cover                          | ED cover & GP calls<br>Consult duties   | Outpatient Clinic                      | Designated time  | Renal CME<br>Clinic case discussions<br>ED cover & GP calls<br>Consult duties |

### Registrar on Home Therapies and Transplant Rotation

|           | Monday  | Tuesday   | Wednesday            | Thursday                         | Friday  |
|-----------|---|---|----------------------|----------------------------------|---|
| <b>AM</b> | Handover Meeting<br>Procedure List<br>Home therapies<br>Cover | PD walk-in clinic<br>Home therapies cover<br><br>Xray meeting | Designated time      | Transplant Clinic<br>Grand Round | Handover Meeting<br>PD walk-in clinic<br>Home therapies cover |
| <b>PM</b> | Outpatient Clinic   | Home therapies cover  | Home therapies cover | DSE List                         | Renal CME<br>Home therapies cover<br>Clinic case discussions  |

#### *Education*

Through example and supervision the Registrar will actively contribute to the education of House Officers. The Registrar may be required to participate in the education of other junior medical staff in the hospital and also may be involved in the teaching of nursing, technical staff and medical students.

The Registrar is also expected to present at CME meetings, journal club, other Nephrology meetings and Department of Medicine Grand rounds.

The run includes a minimum of 4 hours of educational sessions per week, including:

- Thursday lunch-time Middlemore Grand round
- Friday afternoon clinical case discussionsessions. Weekly CME, monthly morbidity and mortality and monthly histopathology meetings
- Designated half day for self-directed learning or research activities
- Other Renal department academic activities

If a Registrar is post FRACP Part 1, their medical education time may be devoted to an appropriate research project or quality assurance project as agreed with the supervising consultant.

#### *Research*

A clinical research project may be undertaken during the attachment subject to approval by the Clinical Head and Service Manager of Renal Medicine. Quality improvement activities, such as clinical audit, are also encouraged.

### Section 3: Roster

| <i>Roster</i>  |
|--|
| <ul style="list-style-type: none"> <li>• 5 long days in 5 weeks: 08:00 – 22:30</li> <li>• 1 in 5 weekends (Saturday: 08:00-22:30; Sunday: 08:00-16:00)</li> <li>• Weekend Nights Friday – Sunday 2200-0800</li> <li>• Monday to Friday: 08:00 – 16:00</li> </ul> <p>Across the CMDHB General Medicine and Medical Specialties services there will be:</p> <ul style="list-style-type: none"> <li>• A consistent workload for 2 Registrars overnight (2200-0800). At times there may be a 3<sup>rd</sup> night Registrar rostered, however, this is currently a supernumerary shift and may only be filled where cover permits</li> <li>• In addition there is 1 Registrar rostered to 1600 – 0000 daily in Medical Assessment Unit, who may remain on site until 0400 at the latest to support workload requirements, this is accounted for within the on-call component of the run description.</li> <li>• A consistent workload for 6 Registrars rostered to weekday long days (Monday-Friday).</li> <li>• A consistent workload for the following weekend shifts.             <ul style="list-style-type: none"> <li>○ 6x Saturday long days</li> <li>○ 5x Saturday short days</li> <li>○ 5x Sunday long days</li> <li>○ 6x Sunday short days.</li> <li>○ At times an additional Registrar may be rostered to the weekend, however, this is currently a supernumerary shift and may only be filled where cover permits.</li> </ul> </li> <li>• This excludes Cardiology and Renal service long days and weekends</li> </ul> |

### Section 4: Cover

| <i>Other Resident and Specialist Cover</i>  |
|---|
| <p>From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care.<br/>           The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.<br/>           A Renal Consultant is available if required 24/7.</p> |

### Section 5: Performance appraisal

| <i>Registrar</i>   | <i>Service</i>   |
|--|--|
| <p><i>The Registrar will;</i></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• Ensure a mid run assessment is completed after discussion between the Registrar and the consultant responsible for them;</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</li> <li>• Sight and sign the final assessment report provided by the service.</li> </ul> | <p><i>The service will provide;</i></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• An interim assessment report on the Registrar six (6) weeks into the run, after discussion between the Registrar and the Consultant responsible for them;</li> <li>• 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;</li> <li>• 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.</li> </ul> |

## Section 6: Hours and Salary Category

| <i>Average Working Hours</i>                                     |       | <i>Service Commitments</i>  |
|--|-------|---|
| Basic hours<br>(Mon-Fri)   | 40.0  | The Service will be responsible for the preparation of any Rosters. |
| Rostered additional hours<br>(inc. nights, weekends & long days) | 12.49 |   |
| All other unrostered hours<br>(to be confirmed by a run review)  | 7.53  |   |
| Total hours per week   | 60.02 |   |

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