

## **Job Description for General Paediatrician with an interest in Paediatric Nephrology (version 1 – March 2013).**

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Role(s): Develop a lead role in the DGH setting (secondary care) for nephrourology liaison between tertiary services and primary care.

To lead on local and network guideline development and sharing (educational role).

To take on responsibility for repatriation of patients who have been in tertiary centre/shared care and enable (under supervision) treatment (where possible) closer to patients home/family.

To take on responsibility for review of investigations and results generated by shared care clinics.

Allow over time and with experience improved patient pathways in terms of need for tertiary referrals ie. Manage locally (where appropriate) with discussion and under supervision eg. Nephrotic syndrome, stable CKD.

Develop local expertise (multidisciplinary) in managing children and young people with acute and chronic kidney diseases in line with regional and national guidelines.

Need to have Trust agreed (contract/job plan) designation of clinical time allocated in PA's per week (suggested at 0.125 for DGH General Paediatrician) [locally negotiable but should plan for network agreed guidance depending on workload).

Consultant with an interest – experience gained via shared care clinics and where possible by secondment to tertiary centre if to develop SPIN post(s) for the future.

May or may not be SPIN role depending on prior experience and level of interest.

Aim to be the point of reference for local discussion of who to refer and when ie. Thresholds/main point of referral/screening of referrals to shared clinics ("gatekeeper" where applicable). Example is MCUG as an investigation – where, when and who.

Encouraged to participate in research projects applicable to clinical experience of the centre (as PI/or part of tertiary team).

Encouraged to add renal training and participation in education for PDP and CPD – to show evidence of this in appraisal and for revalidation – (need to

agree on optimum amount in terms of CPD where possible and agree this with RCPCH/BAPN).

Encouraged to offer careers advice for paediatricians considering 'interest' role in the future.

Promote and contribute to the update of the network as an evolving entity.

These are initial thoughts and we should discuss how formal some of this needs to be ie. Essential/desirable and try to agree on what might or might not work from a contract vs. service delivery vs. experience point of view.