# **RUN DESCRIPTION**



POSITION:	Registrar	
DEPARTMENT:	Anaesthesia and Pain Medicine	
PLACE OF WORK:	Counties Manukau Facilities Middlemore Hospital	
RESPONSIBLE TO:	Clinical Director and Manager, or through a nominated Consultant. t/Physician.	
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based healthcare workers.	
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Anaesthesia Service, including pre and post operatively.	
RUN RECOGNITION:	This run is recogniszed by the Australian and New Zealand College of Anaesthetists as a training position for specialist qualification.	
RUN PERIOD:	4 – 6 months	

# Section 1: Registrar's Responsibilities

Area	Responsibilities			
General	Clinical Responsibilities.			
	Primary responsibility is the provision of anaesthesia services within <a href="Counties Manukau CMDHB">Counties Manukau CMDHB</a> —facilities. There are two work sites, Middlemore (MMH) and Manukau Surgery Centre (MSC). O—There are separate rosters for out of hours work at <a href="each_the different-site">each_the different-site</a> is rostered separatelys. Routine weekday work may occur at either site, according to the roster.			
	The work schedule is allocated weekly on the departmental roster. This is usually available in draft form by Wednesday of the preceding week and in final form by the Friday of the preceding week.			

Area	Responsibilities			
	The provision of anaesthetic services and training will be in accordance with the relevant guidelines and policy documents of the Australian and New Zealand College of Anaesthetists.			
	Work schedule is allocated weekly on the departmental roster. This is usually available in draft form by Wednesday of the preceding week and in final form by the Friday of the preceding week.			
	<ul> <li>Anaesthesia services include:</li> <li>elective operating lists</li> <li>acute and '=acute arranged': operating lists</li> <li>obstetric anaesthesia</li> <li>acute pain service</li> <li>limited chronic and complex pain service</li> </ul>			
	<ul> <li>preoperative assessment clinic</li> <li>other "out of theatre" anaesthesia (eg_radiology, cardiac intervention unit) ECT, cardioversion, etc)</li> <li>cover Perioperative Care Unit (PCU) at MSC (a higher acuity postoperative care unit)</li> <li>Eemergency call assistance cover at MSC out of hours</li> </ul>			
	<ul> <li>Oether services as directed from time to time by the Clinical Head or Supervising Anaesthetist (eg assistance with iv cannulation/airway problems, etc, in wards).</li> </ul>			
	Registrars are responsible to the General Manager, Surgical and Ambulatory Care, via the Clinical Head, Department of Anaesthesia for clinical matters and the Unit Manager, Department of Anaesthesia for managerial matters.			
	If registrars are rostered to work in hours with a Consultant, that is their direct line of responsibility. If rostered to an acute theatre alone in hours their responsibility is to the Anaesthetic Supervisor. Out of hours their responsibility is to the First Call Consultant at MMH, and at MSC to the PCU Anaesthetist on call.			
	Clinical governance of the planned surgical ICU at MSC will rest with the Department of Intensive Care Medicine.			
	Registrars rostered to sessions alone have the following direct lines of responsibility.			
	At MMH Supervisor At MSC MSC Supervisor Obstetrics/LSCS Obstetric Anaesthetic Consultant if rostered, otherwise			
	MMH Supervisor			

Area	Responsibilities
	Preadmission Preadmission Consultant Out of Hours at MMH – 1 <sup>st</sup> Call Consultant
	at MSC – Anaesthesia (returns to theatre 2 <sup>nd</sup> Call Consultant.
	at MSC — PCU — PCU Anaesthetist on Call.
	Administrative Deenensibilities
<u>Administration</u>	Administrative Responsibilities
	Registrars are expected to:
	<ul> <li>Maintain a satisfactory standard of documentation in the files of patients. A correctly completed anaesthetic chart should be filled out for every anaesthetic.</li> </ul>
	Obtain informed consent for procedures within the framework of Medical Council guidelines.
	• If absent due to unexpected circumstances (e.g. health, other), contact the floor supervisor directly as well as the Consultant to which the registrar is clinically responsible. 'If absent due to unexpected circumstances (e.g. health, other), contact the Anaesthetic coordinator (SMO rostered to supervise the theatre block) directly. It would also be appreciated if they notified the Anaesthetic Consultant they are paired to work with that day if applicable'.
	RMOs are provided with a Counties Manukau email account which will be used for all work- related communication. It is the RMO's responsibility to ensure the account is checked regularly.

### **Section 2: Training and Education**

#### Attendance at orientation is mandatory.

All registrars have a minimum of one half day rostered to attend formal teaching sessions, usually Tuesday afternoons for pre Part 1 registrars and Wednesday mornings or afternoons for pre Part 2 registrars. Senior Registrars who have completed the ANZCA Final exam will be rostered to a half a day of non clinical or teaching. Registrars You—may also be rostered to sessions on Crisis Management and Simulator Training.

Attendance at other departmental educational sessions is expected, including departmental education meetings, departmental morbidity and mortality meetings, local and city-wide CME meetings, etc.

Other rostered teaching sessions may occur from time to time as departmental resources allow. <del>Venues for all the above sessions vary across the city.</del>

Teaching in theatre should occur when registrars are doubled up with consultants. Registrars must ensure they are aware of the patients on a list. Registrars You-must know how to look up scheduled lists using Concerto. Both preoperative assessment and post operative review is expected, as this forms a vital part of the training experience. Work at MSC provides experience in elective pre-anaesthetic assessment and post surgical care.

Registrars may be expected to participate in the training and education of <u>medical and allied health students</u>, as <u>well as other allied health staff members (nursing, technicians etc).</u>), and may be asked to supervise less experienced anaesthetic trainees (eg SHO's, junior registrars) according to their level of experience.

\_Medical and other allied health students are attached to the department from time to time, and registrars may be asked to contribute to their teaching.

#### **Section 3: Roster**

#### Roster

Out of hours work occurs on both the MMH and MSC site. Weekend work patterns and shifts apply on Public Holidays. Shift hours for the two sites are as follows:

#### **MMH**

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Days Monday – Friday (D)
                                                  0730 – 1730 (10 hours)
Evenings Monday – Friday (L)
                                                         -<mark>1200 – 2200<del>30</del> (10 -5</mark>
Nights Monday – Thursday Friday Thursday
    -2145<del>200</del> - 0800<del>3000</del> (10.255 hours)
Nights Friday (NF)
                                                   2145 – 0830 (10.75 hours)
                                            2200
                                                   0830 (10.5 hours)
Nights Friday
Weekend/Public Holiday Days (DW)
                                                         -080800 - 2030 (12.52.5)
Weekend/Public Holiday Nights (NS)
                                                          -2000 - 08330 (12.5.5)
hours)
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At all times, two registrars are rostered to weekday evenings, (or two to weekend days) and and two to nights and weekend days. 15-30 minutes handover time is included in all rostered hours.

#### **MSC**

Days Monday – Friday (D)	0730 – 1730 (10 hours)
Long Days (Y)	0 <u>80</u> 800 – 2030 (1 <u>2.5</u> <del>2.5</del> hours)
Nights (Z)	-2000 – 08 <mark>33</mark> 0 (1 <u>2.5</u> 3.5 hours)

At all times, one registrar is rostered on <u>a</u> long days and one on nights. The long day registrar will commonly be rostered to the preoperative anaesthetic clinic in the mornings, and to an elective teaching list in the afternoons, though this is not always the case.

**NB:** Registrars rostered to "Days"\_at both sites may be required to work at either MMH or MSC, depending on clinical load, and teaching requirements and short notice changes to site of work may occur from time to time.

Cover for leave outside the roster is provided within the registrar body by the payment of additional duties at the standard registrar additional duties rate agreed between CMDHB and the RDA.

Locum cover may also be utilised from time to time on a voluntary basis.

# **ANAESTHESIA ROSTER FOR COUNTIES MANUKAAU**

Week	Mon	Tues	Weds	<u>Thur</u>	<u>Fri</u>	Sat	Sun
1	<u>L</u>	<u>L</u>	<u>L</u>	<u>.</u>	NE	<u>NS</u>	<u>NS</u>
<u>2</u>	<u>.</u>	<u>.</u>	<u>.<del>D</del></u>	D	D	<u>.</u>	<u>.</u>
<u>3</u>	<u>D</u>	<u>D</u>	<mark>YÐ</mark>	<u>D</u>	<u>D</u>	<u>.</u>	<u>.</u>
4	NW	NW	NW	NW	<u>-</u>	<u>.</u>	<u>.</u>
<u>5</u>	<u>D</u>	<u>D</u>	D <sub>:</sub>	<u>D</u>	<u>.<del>D</del></u>	<u>DW</u>	<u>DW</u>
<u>6</u>	÷	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>-</u>	<u>-</u>
<u>7</u>	<u>Z</u>	<u>Z</u>	<u>Z</u>	<u>Z</u>	÷	<u>.</u>	<u>.</u>
<u>8</u>	<u>D</u>	<u>D</u>	<u>D</u>	±	<u>Y</u>	<u>Y</u>	<u>Y</u>
9	÷	<u>D</u>	<u>D</u>	<u>L</u>	<u>L</u>	<u>.</u>	<u>-</u>
<u>10</u>	<u>D</u>	<u>Y</u>	<u>D</u>	<u>D</u>	<u>D</u>	÷	÷
<u>11</u>	<u>Y</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	÷	<u>-</u>
<u>12</u>	<u>L</u>	<u>L</u>	<u>L</u>	<u>.</u>	NF	<u>NS</u>	<u>NS</u>
<u>13</u>	÷	÷	<u>.D</u>	<u>D</u>	<u>D</u>	<u>.</u>	<u>-</u>
<u>14</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>.</u>	<u>-</u>
<u>15</u>	NW	<u>NW</u>	<u>NW</u>	NW	<u>-</u>	<u>.</u>	_
<u>16</u>	<u>D</u>	D	<u>D</u> :	<u>D</u>	<u>.</u>	<u>DW</u>	DW
<u>17</u>	<u>-</u>	<u>D</u>	<u>D¥</u>	<u>D</u>	<u>D</u>	<u>.</u>	÷
<u>18</u>	<u>D</u>	D	<u>D</u>	<u>Y</u>	<u>D</u>	<u>.</u>	<u>.</u>
<u>19</u>	D	<u>D</u>	<u>D</u>	<u>.</u>	<u>Z</u>	<u>Z</u>	<u>Z</u>
<u>20</u>	<u>.</u>	<u>-</u>	D	<u>D</u>	D	<u>.</u>	<u>-</u>
<u>21</u>	D	D	D	<u>L</u>	L	<u>.</u>	<u>.</u>

SHIFT KEY				
Shift Label Timing		<u>Hours</u>		
NW_(M-T⊨)	214 <del>20</del> 50- 0800 <del>30</del>	<u>10.25</u> 5		
NFS (S-S)	2145 <u>000-</u> 0830 <u>30</u>	10.75 <del>12.5</del>		
<u>NS</u>	2000-0830	<u>12.5</u>		
<u>Z</u>	<u>2000-08</u> 30 <u>30</u>	<u>12.5<del>.5</del></u>		
<u>D</u>	0730-1730	<u>10</u>		
<u>L</u>	<u>1200-220030</u>	<u>10.5</u>		
<u>Y</u>	<u>080</u> 800-2030	<u>12.5<del>2.5</del></u>		
DW	<u>08080</u> 0-2030	<u>12.5<del>2.5</del></u>		

<u>.                                    </u>

#### Section 4: Cover:

## Other Resident and Specialist Cover

Applications for leave will be processed in line with the relevant SECA. Applications for leave received and accepted prior to roster publication will be accommodated via the capacity for leave to be taken from shifts not directly required for service provision, thereby specific leave cover not required.

Cover for late notice leave not accommodated in the published roster is provided by the registrar body on a voluntary basis. This will be paid as additional duties at the standard registrar additional duties rate agreed between Counties Manukau and the relevant union.

Other resident and specialist cover may be provided by Anaesthetic Fellows or Specialists from time to time.

## **Section 5: Performance appraisal**

Registrar

<u> </u>	
The Registrar will:	The service will <u>facilitate: provide</u> ,
<ul> <li>Aat the outset of the run meet with their Supervisor of Training to discuss goals and expectations for the run, review and assessment times, and one on one teaching time</li> </ul>	<u>Aan initial meeting between the Supervisor of Training and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time</u>
•	<ul> <li>Aan interim assessment report on the</li> </ul>

- In the event of an after any
   assessment that identifies
   deficiencies, implement a corrective
   plan of action in consultation with
   their Supervisor of Training and if
   necessary the Clinical Director or
   their nominee.
- Provide feedback to the SOT on the educational experience of the run
- Comply with the requirements of the ANZCA training program, including timely data entry into the ANZCA
- Tthe opportunity to discuss any deficiencies identified during the attachment. The Supervisor of Training responsible for the Registrar will bring these to the Registrar's attention, and

Registrar midway into the run, may be

required, after discussion between the

Registrar and the Supervisor of Training

Service

 <u>Aa</u> final assessment report on the Registrar at the end of the run., a copy

to correct them

discuss and implement a plan of action

Registrar	Service
Training Portfolio System or equivalent.	of which is to be sighted and signed by the Registrar  •
	The opportunity to select and utilise a mentor as an additional form of advocacy and support



## **Section 6: Hours and Salary Category**

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40.00	The Service, together with the RMO Support Unit will be responsible for the preparation of
Rostered additional hours (inc. nights, weekends & long days)	13.79 9.93	any Rosters.
All other unrostered hours		
Total hours per week	<del>53.79</del>	
	49.93	

Anaesthesia rosters are recognised as regular shift work runs, and hence paid 2 categories above their average hours worked.

Salary: The salary for this attachment is detailed at a category **D**; paid at a category B.

