

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Anaesthesia – ICU Trainee
PLACE OF WORK:	Counties Manukau District Health Board
RESPONSIBLE TO:	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.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	Supernumerary position for ICU Trainees needing a 12 month training experience in Anaesthesia as part of their vocational pathway. To facilitate the management of patients under the care of CMDHB, including pre- and post-operatively.
RUN RECOGNITION:	This run is recognised by the Australian and New Zealand College of Anaesthetists.
RUN PERIOD:	12 months, December 2009 to December 2010

Section 1: Registrar's Responsibilities

Area	Responsibilities
General	<ul style="list-style-type: none"> Primary Responsibility is the provision of anaesthesia services within CMDHB facilities. There are two work sites, Middlemore (MMH) and Manukau Surgery Centre (MSC). There are separate rosters for out of hours work at the different sites. Routine weekday work may occur at either site, according to the roster. 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. <p>Anaesthesia Services include:</p> <ul style="list-style-type: none"> Elective operating lists. Acute and acute arranged: operating lists. Obstetric anaesthesia Acute Pain Service Burns chronic pain service. Preoperative assessment clinic. Other "out of theatre" anaesthesia (radiology, ECT, cardioversion, etc). Cover of Level 1 Post Surgical ICU (MICU) at MSC. Perioperative care unit at MSC (a post operative care unit for higher acuity patients) Emergency call cover at MSC. Other services as directed from time to time by the Clinical Head or Supervising

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<i>Area</i>	<i>Responsibilities</i>
	Anaesthetist (eg assistance with iv cannulation/airway problems, etc, in wards).
	<p>The Registrar is 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.</p> <p>If the Registrar is rostered to work with a Consultant, that is their direct line of responsibility.</p>

Section 2: Training and Education

<i>Details</i>
<p>All registrars have a minimum of one half day rostered to attend formal teaching sessions. You will also be rostered to sessions on Crisis Management and Simulator Training.</p> <p>Attendance at other departmental educational sessions is expected, including monthly all day education meetings, local morbidity and mortality meetings, local and city-wide CME meetings, etc.</p> <p>Other rostered teaching sessions may occur from time to time as departmental resources allow. Venues for all the above sessions vary across the city.</p> <p>Teaching in theatre should occur when registrars are doubled up with consultants. Registrars must ensure they are aware of the patients on a list. You must know how to look up schedule 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.</p> <p>Registrars may be expected to participate in the training and education of other allied health staff (nursing, technicians etc), and may be asked to supervise less experienced anaesthetic Trainees (eg SHO's, junior registrars) according to their level of experience.</p> <p>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.</p>

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Section 3: Roster

Roster

The registrar will be required to work as a supernumerary to the 2 Anaesthetic Registrars when rostered on the acute roster at MMH. Sometimes he/she will be rostered to provide cover for MICU at MSC.

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

Days Monday – Friday	0730 – 1730 (10 hours)
Evenings Monday – Friday	1200 – 2230 (10.5 hours)
Nights Monday – Thursday	2200 – 0800 (10 hours)
Nights Friday	2200 – 0830 (10.5 hours)
Weekend/Public Holiday Days	0800 – 2030 (12.5 hours)
Weekend/Public Holiday Nights	2000 – 0830 (12.5 hours)

At all times, two registrars are rostered to weekday evenings, and two to nights and weekend days. 30 minutes handover time is included in all rostered hours.

MSC

Days Monday – Friday	0730 – 1730 (10 hours)
Long Days	0800 – 2030 (12.5 hours)
Nights	2000 – 0830 (12.5 hours)

At all times, one registrar is rostered on 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.

Section 4: Cover

Other Resident and Specialist Cover

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

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Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	
Rostered additional hours (inc. nights, weekends & long days)	8.1	
All other unrostered hours	2.0	
Total hours per week	50.1	

Salary: The salary for this attachment calculates to a Category **D** run; however the run will be paid at a Category **B**, incorporating the extra steps for shift work.

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