



## **RUN DESCRIPTION**

|                                  |   |
|----------------------------------|---|
| <b>POSITION:</b>                 | Registrar   |
| <b>DEPARTMENT:</b>               | Emergency and Anaesthesia   |
| <b>PLACE OF WORK:</b>            | North Shore Hospital  |
| <b>RESPONSIBLE TO:</b>           | Emergency: Clinical Director and Manager, through a nominated Consultant<br>Anaesthesia: Director of Anaesthesia & OR's through the Clinical Director or a nominated Consultant   |
| <b>FUNCTIONAL RELATIONSHIPS:</b> | Healthcare consumer, Hospital and community based healthcare workers  |
| <b>PRIMARY OBJECTIVE:</b>        | Emergency: The provision of timely, appropriate and effective emergency medical care for patients attending the Emergency Department<br>Anaesthesia: To facilitate the management of patients under the care of WDHB, including pre- and post-operatively |
| <b>RUN RECOGNITION:</b>          | Medical Council & Australasian College for Emergency Medicine recognition   |
| <b>RUN PERIOD:</b>               | Six months  |

### **Section 1: Registrar's Responsibilities**

| <i>Area</i>    | <i>Responsibilities</i>  |
|----------------|--|
| <b>General</b> | <p>Emergency:</p> <ul style="list-style-type: none"> <li>The Registrar's primary role is the provision of timely, appropriate and effective emergency medical care for patients attending the Emergency Department.</li> </ul> <p>Anaesthesia:</p> <ul style="list-style-type: none"> <li>Clinical work involves Acute, Elective, General, Orthopaedic, Gynaecology, Urology, Obstetric and ENT anaesthesia including the Pain Service and Peri-operative Clinics. There is also a commitment to CME teaching and research expected from Registrars.</li> <li>The Registrar Roster will be run by the Registrar Roster Co-Coordinator, Dr Jennifer Fabling and run in concordance with the overall Departmental Roster. The roster will be RDA contract compliant.</li> <li>It is planned to make the weekly roster (or a draft of this), available/accessible 2-3 weeks in advance. This Roster will detail Acute/Elective lists as well as other obligations<br/>E.g. teaching.</li> </ul> |

| Area           | Responsibilities   |
|----------------|--|
|                | <ul style="list-style-type: none"> <li>• Supervision by a Consultant Anaesthetist is provided at all times. The level of supervision, (one to one, on the floor or on call) will vary. The Registrars are immediately responsible to this consultant. If not supervised on a one to one level, it is the responsibility of the Registrar to communicate with, and request the assistance of the consultant as is appropriate.</li> </ul> <p>Where possible, Registrars will be allocated to lists where the appropriate individual's needs for teaching are met. Please discuss these with the Supervisor of Training, the department secretary and the consultant responsible for rostering.</p> <ul style="list-style-type: none"> <li>• The provision of anaesthetic services and training will be in accordance with the relevant guidelines of the Australian and New Zealand College of Anaesthetists.</li> <li>• Particular attention should be paid to the following documents: <ul style="list-style-type: none"> <li>P7 Pre-anaesthetic consultation</li> <li>P3 Major Regional Anaesthesia</li> <li>P14 Guidelines for the Conduct of Epidural Analgesia in Obstetrics</li> <li>P20 Responsibility of the Anaesthetist in the Postoperative Period</li> <li>E3 The Supervision of Trainees</li> <li>E6 The Duties of an Anaesthetist</li> <li>E9 Clinical Review</li> <li>E13 Guidelines for the Provisional Fellowship Year (where applicable)</li> </ul> </li> <li>• Where a Registrar is assigned to a list, it will be expected that they perform the preoperative assessment and optimise the patient for anaesthesia, including premedication. They should discuss management with the supervising Consultant.</li> </ul> <p>No patients should be cancelled without Consultant input.<br/> An anaesthetic plan should be made for all patients and also where appropriate discussed with the appropriate Consultant.<br/> Where possible and where appropriate, Registrars shall also perform post-op visits.</p> <ul style="list-style-type: none"> <li>• The Registrar must check all anaesthesia equipment prior to commencing a list.</li> <li>• The Registrar is expected to keep a detailed and legible clinical record of all anaesthetics, which will go in the patient notes.</li> <li>• The Registrar will also be expected to keep a Log Book of the cases they are involved in.</li> </ul> |
| <b>On-Duty</b> | <p>Emergency and Anaesthesia:</p> <ul style="list-style-type: none"> <li>• The Registrar will assess, investigate, and undertake relevant further medical management of patients attending ED. This includes effective and appropriate liaison with other health providers to optimise patient management.</li> <li>• An Emergency Medicine consultant will be available for consultation at all times, generally in person from 0800h until 0100h; thereafter by phone.</li> <li>• The Registrar will, when possible, be available to offer advice and assistance to the House Officer working alongside in ED.</li> <li>• Routine duties are carried out in the ED.</li> <li>• Hours of duty are allocated according to a rostered shift system.</li> <li>• The Registrar shall be responsible for the appropriate "handing-over" (transfer of management) of any patients under their care to a doctor on the</li> </ul>  |

| Area                  | Responsibilities  |
|-----------------------|---|
|                       | <p>next shift, including appropriate documentation.</p> <ul style="list-style-type: none"> <li>• Clinical skills, judgement and relevant knowledge are expected to improve during the run.</li> <li>• The Registrar is expected to take part in Clinical Audit/Quality Assurance programs within ED.</li> <li>• The Registrar is expected (in the course of their daily clinical work) to assist with the supervision/training of medical trainee interns and medical students.</li> </ul>  |
| <b>Administration</b> | <p>Emergency:</p> <p>The Registrar will maintain a satisfactory standard of documentation written on the appropriate ED charts with regard to every consultation and stage of patient management. This must also include the name of the Doctor, the time the patient is seen, the time of referral or discharge and the disposition of the patient using the appropriate documentation method (clinical notes and/or computer).</p> <ul style="list-style-type: none"> <li>• The Registrar will ensure that a copy of the clinical notes or discharge summary accompanies every patient on their discharge from the Department, and that relevant follow-up arrangements are made.</li> <li>• Where appropriate, the Registrar will provide a prescription for medication and/or relevant certificate regarding work fitness. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded.</li> <li>• The Registrar is responsible for the completion of relevant ACC documentation.</li> <li>• The Registrar is responsible for certifying death and completing appropriate documentation.</li> <li>• At the direction of the Clinical Director, the Registrar will assist with operational research and auditing in order to enhance the performance of the Service.</li> <li>• All medico-legal administrative activities will be carried out in consultation with the Clinical Head.</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul 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> </ul> </li> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or 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 WDHB you will be provided with a Concerto login and a WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.</li> </ul> <p>Anaesthesia:</p> <ul style="list-style-type: none"> <li>• The Registrar is expected to keep a detailed and legible clinical record of all anaesthetics, which will go in the patient notes.</li> <li>• The Registrar will also be expected to keep a Log Book of the cases they are involved in.</li> </ul> |

| <i>Area</i> | <i>Responsibilities</i>   |
|-------------|---|
|             | <ul style="list-style-type: none"> <li>Participation is expected in Quality Assurance and Educational activities</li> </ul> |

## Section 2: Training and Education

| <i>Area</i>                   | <i>Responsibilities</i>   |
|-------------------------------|---|
| <b>Training and education</b> | <p>Emergency:</p> <ul style="list-style-type: none"> <li>The Emergency Medicine consultants are committed to the provision of quality on floor teaching and supervision and are present in this capacity from 0800h to about 0100h, every day of the week and by telephone for all other times.</li> <li>There is a weekly departmental CME session held on Tuesday mornings which includes clinical skills and simulation training, scenario based teaching, radiology sessions, lectures, morbidity and mortality sessions and tutorials.</li> <li>There is a weekly regional teaching session for part one and fellowship exam preparation held on Tuesday afternoons.</li> <li>Time is specifically allocated for learning and teaching on the roster to optimize off floor learning opportunities. In addition there will be allocated teaching team over the 10 week cycle.</li> <li>The Director of Emergency Medicine Training (DEMT) is available to provide feedback and information on training.</li> </ul> <p>Anaesthesia:</p> <ul style="list-style-type: none"> <li>Trainees will be released for teaching on Tuesday afternoons</li> </ul> |

## Section 3: Cover

| <i>Other Resident and Specialist Cover</i>   |
|--|
| <ul style="list-style-type: none"> <li>There will be 2 Emergency Medicine Registrars in the Service that are on the mixed Emergency and Anaesthesia Registrar roster.</li> </ul> <p>Emergency:</p> <ul style="list-style-type: none"> <li>There will be an Emergency Medicine Consultant present on the floor between the hours of 0800h to 0100h every day of the week and by telephone for all other times.</li> </ul> <p>Anaesthesia:</p> <ul style="list-style-type: none"> <li>ED trainees will be under direct supervision at all times</li> </ul> |

## Section 4: Roster

### Hours of Work

|      | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday                     |             |
|------|--------|---------|-----------|----------|--------|----------|----------------------------|-------------|
| Week |        |         |           |          |        |          |                            | Hours       |
| 1    | Anaes  | Anaes   | x         | x        | ED - D | ED - D   | ED - D                     | 46          |
| 2    | ED - D | x       | Anaes     | Anaes    | Anaes  | x        | x                          | 34          |
| 3    | Anaes  | Anaes   | x         | x        | ED - M | ED - M   | ED - M                     | 46          |
| 4    | ED - M | x       | Anaes     | Anaes    | Anaes  | x        | x                          | 34          |
| 5    | Anaes  | Anaes   | x         | x        | ED - A | ED - A   | ED - A                     | 46          |
| 6    | ED - A | x       | Anaes     | Anaes    | Anaes  | x        | x                          | 34          |
| 7    | Anaes  | Anaes   | x         | x        | ED - C | ED - C   | ED - C                     | 46          |
| 8    | ED - C | z       | z         | z        | Anaes  | x        | x                          | 18          |
| 9    | Anaes  | Anaes   | x         | x        | ED - N | ED - N   | ED - N                     | 46          |
| 10   | ED - N | z       | z         | z        | Anaes  | x        | x                          | 18          |
|      |        |         |           |          |        |          | <b>Average Total Hours</b> | <b>36.8</b> |

| Key:   |                            |             |        |
|--------|----------------------------|-------------|--------|
| ED - D | ED Day Shift               | 0800 - 1800 | 10 hrs |
| ED - M | ED Midday Shift            | 1100 - 2100 | 10 hrs |
| ED - A | ED Afternoon Shift         | 1500 - 0100 | 10 hrs |
| ED - C | ED Casino Shift            | 1900 - 0500 | 10 hrs |
| ED - N | ED Night Shift             | 2300 - 0900 | 10 hrs |
| Anaes  | Anaesthetic Day            | 0730 - 1730 | 10 hrs |
| x      | Rostered Day Off           | -           | -      |
| z      | Sleep Day Following Nights | -           | -      |

- Annual leave, study leave and any other planned leave will be covered within the department by the "Relieving Registrars" as part of their rostered duties, the Reliever taking over the set shifts for the Registrar who is taking leave.
- All roster changes /swaps must be documented on the appropriate form and given to the roster coordinator who will change the master roster.
- Teaching will be held every Tuesday to which Registrars are encouraged to attend.

## Section 5: Performance appraisal

| <i>Registrar</i>   | <i>Service</i>  |
|--|---|
| <p>The Registrar will:</p> <ul style="list-style-type: none"> <li>• Ensure they arrange a formal meeting with their supervising consultant to assess and discuss their performance at the beginning of the attachment, and again at three and six months.</li> <li>• If deficiencies are identified, the Consultant will identify these with the Registrar who should implement a corrective plan of action under the advice of their Consultant.</li> <li>• Ensure they also arrange a formal meeting with the Director of Emergency Medicine (DEMT) to obtain feedback and complete their College training forms.</li> </ul> | <p>The Service will provide:</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 three (3) months 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> <li>• The Director of Emergency Medicine Training (DEMT) is also available to discuss progress and provide feedback to the Registrar. The DEMT will provide feedback to the college and is responsible for signing off on all College training forms.</li> </ul> |

## Section 6: Hours and Salary Category

| <i>Average Working Hours</i> |      | <i>Service Commitments</i> |
|------------------------------|------|----------------------------|
| Basic hours<br>(Mon-Fri)     | 36.8 |                            |
| All other unrostered hours   | 3.0  |                            |
| Total hours per week         | 39.8 |                            |

**Salary:** The salary for this attachment is estimated to be a Category F, however as per clause 8.1.5 of the RMO MECA a minimum of a Category C run will apply and will be remunerated as a Category B.