



COUNTIES  
MANUKAU  
HEALTH

## RUN DESCRIPTION

<b>POSITION:</b>	Registrar
<b>DEPARTMENT:</b>	Anaesthesia
<b>PLACE OF WORK:</b>	Middlemore Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director and Manager, through a nominated Consultant/Physician.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumer, Hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of the Anaesthesia Service.
<b>RUN RECOGNITION:</b>	This run is recognized by the Australian and New Zealand College of Anaesthetists as a training position for specialist qualification
<b>RUN PERIOD:</b>	4 – 6 months

### Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<p><b>Clinical Responsibilities.</b></p> <p>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.</p> <p>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> <p>Anaesthesia services include</p>

Area	Responsibilities				
	<ul style="list-style-type: none"> <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 pain service</li> <li>• preoperative assessment clinic</li> <li>• other “out of theatre” anaesthesia (radiology, ECT, cardioversion, etc)</li> <li>• cover Perioperative Care Unit (PCU) at MSC (a higher acuity postoperative care unit)</li> <li>• emergency call cover at MSC</li> <li>• other 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> <p>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.</p> <p>If registrars are rostered to work with a Consultant, that is their direct line of responsibility.</p> <p>Clinical governance of the planned surgical ICU at MSC will rest with the Department of Intensive Care Medicine.</p> <p>Registrars rostered to sessions alone have the following direct lines of responsibility.</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• At MMH</li> <li>• At MSC</li> <li>• Obstetrics/LSCS rostered, otherwise</li> </ul> </td> <td style="vertical-align: top;"> <p>MMH Supervisor</p> <p>MSC Supervisor</p> <p>Obstetric Anaesthetic Consultant if</p> </td> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Preadmission</li> <li>• Out of Hours</li> </ul> </td> <td style="vertical-align: top;"> <p>MMH Supervisor</p> <p>Preadmission Consultant</p> <p>at MMH – 1<sup>st</sup> Call Consultant</p> <p>at MSC – Anaesthesia (returns to theatre 2<sup>nd</sup> Call Consultant.</p> <p>at MSC – PCU –PCU Anaesthetist on Call.</p> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• At MMH</li> <li>• At MSC</li> <li>• Obstetrics/LSCS rostered, otherwise</li> </ul>	<p>MMH Supervisor</p> <p>MSC Supervisor</p> <p>Obstetric Anaesthetic Consultant if</p>	<ul style="list-style-type: none"> <li>• Preadmission</li> <li>• Out of Hours</li> </ul>	<p>MMH Supervisor</p> <p>Preadmission Consultant</p> <p>at MMH – 1<sup>st</sup> Call Consultant</p> <p>at MSC – Anaesthesia (returns to theatre 2<sup>nd</sup> Call Consultant.</p> <p>at MSC – PCU –PCU Anaesthetist on Call.</p>
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## Section 2: Training and Education

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. 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. Venues for all the above sessions vary across the city.

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.

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.

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

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 (13.5 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 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.

#### Section 4: Cover:

##### *Other Resident and Specialist Cover*

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

#### Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will:</p> <ul style="list-style-type: none"><li>• at 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><li>• 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.</li></ul>	<p>The service will provide,</p> <ul style="list-style-type: none"><li>• an 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</li><li>• an interim assessment report on the Registrar midway into the run, may be required, after discussion between the Registrar and the Supervisor of Training responsible for them</li><li>• the 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 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 (Mon-Fri)	40.00	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	13.79	
All other unrostered hours		
Total hours per week	53.79	

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**.