

RUN DESCRIPTION

POSITION:	Registrar	
DEPARTMENT:	Anaesthesia	
PLACE OF WORK:	Middlemore Hospital	
RESPONSIBLE TO:	Clinical Director and Manager, through a nominated Consultant/Physician.	
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers	
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Anaesthesia Service.	
RUN RECOGNITION:	This run is recognized 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 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.	
	Anaesthesia services include	

Area		Responsibilities		
	elective operating lists			
	 acute and "acute arranged: operating lists 			
	 obstetric anaesthesia 			
	-			
	limited chronic pain service			
	preoperative asset sther "out of			
	cardioversion, etc	theatre" anaesthesia (radiology, ECT,		
	_	ve Care Unit (PCU) at MSC (a higher acuity		
	postoperative car			
	emergency call co	,		
		s directed from time to time by the Clinical		
		ising Anaesthetist (eg assistance with iv		
	cannulation/airwa	y problems, etc, in wards).		
	Registrars are responsible	e 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 registrary are restored to	work with a Consultant that is their direct		
	If registrars are rostered to work with a Consultant, that is their direct line of responsibility.			
	01			
	Department of Intensive Ca	planned surgical ICU at MSC will rest with the re Medicine.		
	Degistrary restored to appaigns along have the following direct lines of			
	Registrars rostered to sessions alone have the following direct lines of responsibility.			
	At MMH	MMH Supervisor		
	At MSC	MSC Supervisor		
	 Obstetrics/LSCS 	Obstetric Anaesthetic Consultant if		
	rostered, otherwise			
	December 1	MMH Supervisor		
	PreadmissionOut of Hours	Preadmission Consultant at MMH – 1 st Call Consultant		
	• Out of Hours	at MSC – Anaesthesia (returns to theatre		
		2 nd Call Consultant.		
		at MSC – PCU –PCU Anaesthetist on Call.		

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 Heliday Days)
 0800 (2020 (13.5 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

Registrar	Service
The Registrar will:	The service will provide,
 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 	 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
 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 	 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
nominee.	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
	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

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 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.