Waitemata District Health Board
Best Care for Everyone

RUN DESCRIPTION

POSITION:	**Registrar**
DEPARTMENT:	Anaesthesia
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Director of Anaesthesia & OR's through the Clinical Director or a nominated Consultant.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of WDHB, including pre- and post-operatively.
RUN RECOGNITION:	This run is recognised by the Australian and New Zealand College of Anaesthetists and College of Intensive Care Medicine as a training position for specialist qualification
RUN PERIOD:	12 Months

Section 1: Responsibilities

Area	*Responsibilities*
Clinical Duties & Work Schedule	• 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. • 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. • 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 E.g. teaching. • 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.

Area	*Responsibilities*
	Where possible, Registrars will be allocated to lists where the appropriate individual's needs for teaching are met. Please discuss these with the Consultants responsible for the Roster, Dr James Woodlfine and Dr Fiona Russell and the Supervisor of Training. • The provision of anaesthetic services and training will be in accordance with the relevant guidelines of the Australian and New Zealand College of Anaesthetists. • Particular attention should be paid to the following documents: P7 Pre-anaesthetic consultation P3 Major Regional Anaesthesia P14 Guidelines for the Conduct of Epidural Analgesia in Obstetrics P20 Responsibility of the Anaesthetist in the Postoperative Period E3 The Supervision of Trainees E6 The Duties of an Anaesthetist E9 Clinical Review E13 Guidelines for the Provisional Fellowship Year (where applicable) • 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. No patients should be cancelled without Consultant input. An anaesthetic plan should be made for all patients and also where appropriate discussed with the appropriate Consultant. Where possible and where appropriate, Registrars shall also perform post-op visits. • The Registrar must check all anaesthesia equipment prior to commencing a list. • The Registrar is expected to keep a detailed and legible clinical record of all anaesthetics, which will go in the patient notes. • The Registrar will also be expected to keep a Log Book of the cases they are involved in. • The level of supervision required is dependent on the Registrars level of training and personal proficiency. This is detailed in Appendix 1.
Acute Call Duties	• The prime responsibility is the provision of an Acute Anaesthetic Service but the supervising Anaesthetist may assign the Registrar to other duties at his/her discretion. • The Registrar will conduct a morning round of all patients under the care of the Acute Pain Service, and will provide appropriate support to this service. If this function can not be fulfilled the Supervising Anaesthetist should be informed. • Where possible, all acute cases should be seen/assessed by an Anaesthetist on the ward before coming to Theatre. The Registrar should communicate with the Duty Specialist about cases as detailed in the College Guidelines (Appendix 1), and the NSH On Call guidelines (Appendix)
Additional Out-of-	The Registrar will conduct a morning round of all patients under the care of the Acute

Area	*Responsibilities*
Hours Acute Call Duties	Pain Service, and will provide appropriate support to this service. If this function can not be fulfilled the On-Call Consultant should be informed. If there are acute cases waiting, the Registrar and the On-Call Consultant should arrange to start both the Pain Round and Acutes, depending on the obstetric workload. The weekend On-Call Registrar will also be rostered to the Friday morning pain round so as to be familiar with the weekend acute pain workload.
Obstetric Out of Hours Duties	• From 1700 until 0800 the registrar will take the first call on phone 3533 direct dial. Registrars will be involved in the cases if they are not otherwise disposed and the case is interesting from an educational perspective, or they have minimal obstetric experience. • There may be occasions prior to 2200 in the evenings and at weekends where an experienced registrar on-call who is free to attend an epidural or LSCS request. It would be acceptable for the registrar to do the case if no other cases are booked on the acute board to be done within the next hour and no outstanding pain or ward calls. • If between 2200 until 0800, if the registrar is not likely to be able to respond to the obstetric request for an epidural in 30 minutes they must call the consultant to attend. LSCS will fit around the other booked acute cases, unless the clinical urgency demands the opening of a second theatre, in which case the consultant will be called in. • The consultant should attend all LSCS cases for registrars in BTY1 and those with minimal obstetric experience. Junior registrars should speak with a consultant if they are having difficulty placing an epidural or getting it to work satisfactorily. The consultant on-call will need to contact the registrar on-call to obtain an idea of their level of experience.
General Considerations	• Hand over Policy - At the end of a rostered duty, all patients on the acute and elective list should be discussed and handed over. Hand over of the care of an anaesthetised patient to another Registrar should be discussed, where appropriate, with the Consultant Anaesthetist supervising at the time of the hand over. • Cancelled or Early Finish of Lists - The Registrar must inform the supervising Anaesthetist and be available for reallocated duties. • Participation is expected in Quality Assurance and Educational activities as detailed in Section 5. • Further Registrar responsibilities shall include such other duties as may be reasonably directed by the Chairman of the Department. • Where appropriate Registrars will assist in training of undergraduates, house surgeons, technicians, nurses, ambulance personnel, anaesthetic colleagues and other medical staff. • Registrars are expected to participate in the weekly exam oriented tutorials and other city-wide meeting as appropriate. However, their first obligation is clinical and to the Department. • The Acute Pain Round will be attended daily, including most weekends by an Acute Pain Nurse. On normal workings days, a Consultant will also cover the Acute Pain. A Registrar may also be rostered on these rounds, and may replace the Consultant

Area	*Responsibilities*
	if they are senior and familiar with Acute Pain issues. Diane Alessi is the Acute Pain Nurse Specialist attached to the service. The Acute Pain Service has a hand out regarding Registrar responsibilities, please read this. • There is a separate handout on research for Registrars, please read this.

Section 2: Training and Education

Nature	*Details*
College Training Positions	• There is one Registrar position for an Anaesthesia ICU Trainee
Protected Time	• Auckland Regional Rotation Part 1 long course teaching is held on Tuesday afternoons at 1400 at Auckland Hospital Department of Anaesthesia. Part 2 long course teaching is held on Wednesday afternoons at 1345 at the Auckland University Anaesthesia Faculty at the Mercy Hospital site, Epsom. • ICU registrars who currently attending, or planning to attend any regional ICU training for upcoming exams will be supported.
North Shore Hospital Education	• An Interesting and Difficult Cases Registrar teaching session is held in the Anaesthetic Department on alternate Tuesdays from 0730 to 0815 hours. The consultant taking the session will present a case, while trainees are also expected to present cases for discussion. Registrars should endeavour to attend (including the night Registrar). This session should take priority over pre-op assessment, so if possible arrange to see patients preoperatively before or after teaching, or liaise with the consultant covering the list. • Friday morning Departmental Meetings are held every week on a variety of topics related to anaesthesia, from 0730 to 0830 hours. Registrars will be rostered to present at one of these meetings • Morbidity and Mortality Meetings are held on every second week from 0730 to 0815 hours on Tuesday and Thursday morning, and Registrars should attend if available and become involved in the discussion. • Journal Clubs are held on alternate Thursday mornings from 0730 to 0815 hours. A Consultant and a Registrar will be rostered to present at these sessions.

Section 2: Leave

Nature	*Details*
Annual & Education leave	• Leave will be granted by the consensus of the Supervisor of training, the anaesthetist in charge of rostering and the Head of Department • Leave will be restricted to no more than two registrars at a time. If more than two apply at the same time, leave granted would be based upon on a ranking of leave priority and who applied earliest. The order of leave priority is exam leave highest, then course leave, then general study leave and annual leave.

Nature	*Details*
	• The RDA contract allows for up to 6 weeks medical education leave in any year. If more than two registrars are sitting exams in any single 6-month NSH rotation, this will place a large strain on the leave allocations for that run. Please note that the RDA contract states that the employer will base any approval of medical education leave on adequate cover being maintained and will take reasonable steps to provide cover. • The RDA contract states that applications for medical leave must be submitted at least three months in advance. • During the 6 months at NSH, registrars may take no more than half their annual leave entitlement unless a special arrangement has been made with the Department. Taking leave transferred from another hospital or accumulated leave must be arranged prior to commencement of the run. Approval of more than 20 days leave consecutively within one run would be unusual. • Study leave will only be granted on production of a Medical Education Leave Record from previous registrar appointments showing study leave already taken. • Leave during the month prior to the College exams will be reserved for exam candidates in the first instance
Sick Leave	• If you feel unable to come to work because of illness, please let the on call consultant or the consultant supervising your list know before 0730. Messages left with nursing staff or administrative staff is not acceptable. • If you anticipate being off work for more than one day, please let the Roster co-ordinators Dr. Lance Nicolson in the first instance. Dr. James Woodfine, Dr Michele Atkins and Dr Henry Yong should be notified if Dr. Lance Nicholson is not available. This is to ensure that arrangements for cover can be made. • Please ensure that a leave form is completed as soon as you return to work. • During the absence of a registrar on sick leave it may become necessary to reallocate after hours duties.

Section 3: Support

Area	*Responsibilities*
Department Staff	Registrars are expected to be supportive of each other and the Department. This includes compliance with Roster alterations for those sitting exams, help in teaching by more senior Registrars etc. They should also have a threshold of awareness for other problems with their colleagues e.g. stress, drug abuse, etc. and inform senior members of the Department as appropriate.

Section 4: Roster

Hours Of Work

Ordinary hours:

- The standard working day will be 10 hours, from 0730 to 1730 hours.
- The afternoon shift will be 10 hours, from 1230 to 2230.
- The weekday night shift will be 10 hours, from 2200 to 0800
- The weekend day shift will be 12.5 hours, from 0800 to 2030
- The weekend night shift will be 11.5 hours, from 2000 to 0830
- The Friday morning shift is 0730 until 1300, but is paid as 8 hours as per RDA contract.
- There are 5 additional non-rostered hours per week, to account for acute session hand-overs, list overruns, and pre- and post-op patient assessments.

Section 5: Performance appraisal

Registrar	*Service*
Quantitative The Registrar falls under the umbrella of the Departmental Morbidity & Mortality Programme. **Qualitative** The Registrar will participate in Departmental Quality Assurance/Educational activities, and in particular participate in the weekly Morbidity & Mortality Meetings and Educational Meetings. The Registrar is required to pass the primary ANZCA examination before the end of their second year of approved training as set down in the local training guidelines. The Registrar is required to pass the final ANZCA examination before the end of their fourth year of training as set down in local training requirements.	The Supervisor of Training (SOT) will arrange a meeting with each Registrar at the start of the run, to develop training plan for the run. This includes a self – assessment by the Registrar. A mid-run assessment will also take place to highlight any issues that need to be addressed in the remainder of the run. The Internal Training Assessment (ITA) will be carried out by the SOT at the end of the run, after discussion of each of each Registrar's progress at a Departmental Meeting. Both ANZCA and RMO Support assessment forms will be completed and discussed with the Registrar.

Section 6: Hours and Salary Category

Average Working Hours		*Service Commitments*
Basic hours	40.0	The Service will be responsible for the preparation of rosters.
Rostered additional hours (inc. nights, weekends & long days)	10.0	
All other unrostered hours	0.0	
Total hours per week	50.0	

Salary

The salary for this attachment is calculated as a Category **D** run, however the service will remunerate at a B category to compensate for the shift nature of the roster.

Appendix 1

The Supervision of Registrars in Anaesthesia

SUPERVISION IS DEFINED AS BEING PERFORMED BY ANY PERSON WHO POSSESSES THE F.A.N.Z.C.A. OR A QUALIFICATION ACCEPTABLE TO THE BOARD OF A.N.Z.C.A.

Categories of Supervision:

There are three such categories, viz.:

- Supervisor rostered to one theatre and available at all times to that theatre.
- Supervisor is available, either in the Operating Suite or the Hospital, but is not rostered exclusively to the registrar's theatre.
- Supervisor is not in the Hospital, but is on call within reasonable travelling time and is exclusively rostered for the period in question. (This category applies mainly to out of hours cases.) Consultation must be available at all times.

Note: In the above, the term "theatre" includes any anaesthetising location in the hospital, such as X-ray, Delivery Suite, etc.

Minimum Supervision Levels:

General

- In order to ensure adequate supervision of registrars, the Department will employ at least one full time equivalent (F.T.E.) Specialist Anaesthetist for each registrar, and there will be no more than one non-Specialist Anaesthetist (including Registrars & SHO's) for each F.T.E. specialist anaesthetist employed.
- Supervision at category 1 level may be appropriate at any stage of training and should be encouraged since it can be used for teaching on the job and coaching in technique.
- Supervision at category 1 level should average at least 25% of the work done by registrars.
- On average, of all the work done by registrars, no more than 30% should be out of hours work supervised at category 3 level.
- For balanced training there should be at least 25% and no more than 50% of out of hours when viewed over the first four years of training.
- At any stage of training a consultant must attend the anaesthetic whenever the registrar requests assistance, conversely at any stage of training the consultant may attend the anaesthetic if this is deemed desirable.

Registrars in their first year exposed to anaesthesia

- Supervision at category 1 level should be provided for all cases for an initial period varying in length according to previous anaesthetic experience and the development of skills and judgement.
- Supervision at category 1 and 2 levels should be provided for most of the in hours cases for the rest of the year.

- After the first initial period (2.2.1) the consultant on call should be notified of all cases and at least 25% of the out of hours cases done in the first year should be supervised at category 1 level. The consultant should attend for all anaesthetics for conditions such as the following:

- Patients requiring major resuscitation

- Patients with serious medical illness

- Debilitated patients

- Children under the age of six years

- Surgery which poses special problems for the Anaesthetist

- Any other high risk patients

- Any patients whom the trainee does not feel competent to handle.

Registrar in their second year exposed to anaesthesia

- Supervision at category 1 should be provided for about half the in hours case load.

- Supervision at category 1 and 2 levels should be provided for at least 20% of the out of hours cases load.

- The consultant should be advised of all young children, all seriously ill patients, or those posing special problems for the anaesthetist.

Registrar in their third year exposed to anaesthesia

- Supervision at category 2 level may be appropriate for many of the in hours cases except where new disciplines such as Obstetrics or Paediatrics are being encountered. In the new disciplines category 1 supervision is normally appropriate.

- For out of hours work, the consultant should be advised of all young children, all seriously ill patients, or those posing special problems for the anaesthetist.

- It should be the consultant's decision whether to attend the anaesthetic or not, but he should attend if the registrar feels he/she needs assistance.

Registrar in their fourth and fifth year exposed to anaesthesia

- Supervision at category 2 is appropriate for all work previously encountered but it may still be necessary for supervision to be at category 1 level for new disciplines.

- For out of hours work, consultation can be at the discretion of the registrar, except in clinical situations encountered for the first time where consultation is essential.

Appendix 2

North Shore Registrar Guidelines Regarding Out of Hours Specialist Assistance

Below are guidelines developed for North Shore Hospital regarding situations when a Registrar should seek Specialist assistance out-of-hours. It may be either in the form of a discussion via phone, or may require the Specialist to be present on site for certain procedures.

Basic Training Year 1 (second 6 months)

Specialist on-site:

- All pregnant patients, including LSCS
- Patients requiring major resuscitation
- Patients with serious medical illnesses (ASA3-5)
- Debilitated patients
- Patients under 10 years of age
- Patients having surgery which poses anaesthetic problems
- Potential difficult airway
- The above include:
  Major surgery (laparotomies, active haemorrhage, trauma/ICU cases/potential admissions).
- Patients which the trainee does not feel happy anaesthetising

Specialist to be informed about the following:

- All patients.

Basic Training Year 2

Specialist on-site:

- All GA LSCS (where possible delay induction until specialist arrives)
- Potential difficult airways
- ASA 4 and 5 patients
- Major surgery (laparotomies, active haemorrhage, trauma)
- ICU cases/potential admissions.

Specialist to be informed about the following:

- All ASA 3 patients
- All young children

Advanced Training Year 2

Specialist on site:

- All ASA 4 and 5 patients having major surgery (laparotomies, active haemorrhage, trauma)

Specialist should be informed about the following:

- GA LSCS
- Potential difficult airway,
- ICU cases/potential admissions,
- ASA 3 patients having major surgery (laparotomies, active haemorrhage, trauma)
- All young children

Advanced Training Year 3

Specialist on-site if required.
Specialist should be informed about the following:

- All ASA 5 cases
- All ASA 4 patients having major surgery (laparotomies, active haemorrhage, trauma)
- ICU admissions

General guidelines for all levels of trainees:

- Specialist should be informed about any cases where the registrar has no previous experience of handling alone and unsupervised.
- Specialist should be informed, and may need to be on site for any cases where the registrar has concerns about providing optimal anaesthetic care while alone and unsupervised.
- Specialist should be debriefed of any critical incidents occurring on their call, irrespective of the outcome eg failed or difficult intubation.
- Specialist should be informed about any case where the Registrar feels they are under undue pressure to perform eg from fatigue, from non-anaesthetic colleagues

Please remember that Specialists do want to know about potential difficult cases that occur on their call. A call in the night is more desirable professionally and medico-legally than finding out about these cases and any complications for the first time a few days after the on-call.