

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Women's Health Anaesthesia
PLACE OF WORK:	Auckland City Hospital Level 9 Operating Rooms
RESPONSIBLE TO:	Director of Anaesthesia & Operating Rooms through the Service Clinical Director or nominated Consultant
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, patients, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the pre-operative and post-operative management of patients under the care of the Women's Health Department of Anaesthesia, ADHB.
RUN RECOGNITION:	This run is recognised by the Australian and New Zealand College of Anaesthetists as a training position for specialist qualification
RUN DURATION	4, 8 or 12 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> • Pre-operative assessment of elective surgical patients • Provision of appropriate anaesthesia for elective and acute patients under the direct or indirect supervision of the Anaesthesia Co-ordinator or Consultant anaesthetist on-call. This includes Endoscopy, Radiology, Maternity Complex Care Area, Labour and Birthing suite and other Women's Health wards, High dependency areas, Emergency Department, and Intensive Care services (CVICU and DCCM). • The Registrar will be expected to work in operating rooms across Auckland City Hospital and the Greenlane Clinical Centre short stay surgical unit, though their primary base will be the Women's Health Department of Anaesthesia at Auckland City Hospital. • Post-operative visits as deemed necessary • Work closely with medical specialists and surgeons in provision of assessment and investigations of new patients and follow-ups in outpatient clinics, both in-person and via telehealth.

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> • Undertake diagnostic and treatment procedures appropriate to the subspecialty • Maintain a high standard of communication with patients, patients' families and staff • Inform consultants of the status of patients as per departmental guidelines, especially if there is an unexpected event. All ASA 3-5 patients should be discussed with a consultant. • Attend hand-over, team and departmental meetings as required
Outpatients	<ul style="list-style-type: none"> • Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate • Communicate with referring person following patient attendance at clinics. • Arrange outpatient investigations and ensure these are appropriately followed up
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded. An anaesthetic chart should be fully completed for every anaesthetic, and an epidural chart fully completed for every labour epidural insertion. • At the direction of the Service Clinical Director, assist with operational research & audit in order to enhance the performance of the Service • Obtain informed consent for procedures within the framework of the Medical Council. • If absent due to unexpected circumstances (e.g. health, other), contact the department secretary as well as the Consultant to which the registrar is clinically responsible in the absent duty • As an RMO working at ADHB you will be provided with a login for the Regional Clinical Portal, and an ADHB email account which will be used for all work related communication. It is your responsibility to ensure you check both these accounts regularly.

Section 2: Training and Education

<i>Training and Education</i>	
Protected Time	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <p>Orientation at the beginning of the run</p> <p>Part 1 candidates: one 1/2 day per week protected teaching (Part 1 course)</p> <p>Part 2 candidates: one 1/2 day per week protected teaching (Part 2 course)</p> <p>Post Part 2 candidates: one 1/2 day per week non-clinical time</p> <p>Level 9 Registrars also participate in weekly didactic obstetric anaesthesia teaching as well as departmental case conference/morbidity and mortality meetings.</p>
<p><i>The Registrar is expected to contribute to the education of nursing, anaesthetic technician staff and other medical staff when requested</i></p>	

Section 3: Roster

<i>Roster</i>
<p>Registrars' normal hours of work are 0730-1730hrs. The Registrar will participate in the level 9 Anaesthesia after-hours roster, as per the template below, with prospective cover. This includes one long day once per week, from 0730-2230, with the following day Monday-Thursday being a short day (0730-1300). A weekend duty is comprised of two long days, 0730-2230. There are no long days worked either side of the weekend. Rarely a registrar will be required to stay after 2230hrs due to emergency case over-runs and there are a number of unrostered hours included in the run category to account for this. The night shifts run from 2200-0800 and are worked in a set of three or four with rostered recovery days off before and afterwards.</p> <p>The anaesthesia fellow contributes to one long day per week within this roster.</p>

Section 4: Cover

Other Resident and Specialist Cover

The roster will be provided 4 weeks in advance of the commencement of the run. At any one time it will only normally be possible to provide cover for two registrars on leave of all types, including study and annual leave. To ensure all registrars are able to take leave, no more than 15 days of leave (of all types) and no more than 10 consecutive days of leave are usually permitted per 4 month period (pro rated for less than full time registrars). The department will, however, try to accommodate requests above these limits, taking into account the service requirements and the effect on other staff.

The Registrar may be required to assist outside of their home area (Women's Health operating rooms and post-anaesthesia care unit, Labour and Birthing suite, Maternity Complex Care Area and Women's Health wards), and they may also request assistance from other ADHB registrars where appropriate.. The areas that they may be asked to facilitate in include but are not limited to; the Endoscopy Unit, Radiology, Emergency Department, the Coronary Care Unit, Level 8, Level 4 and Starship Operating rooms, High dependency areas, and Intensive Care services (CVICU and DCCM).

Section 5: Performance Appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> • At the outset of the run meet with their Supervisor of Training (SOT) to discuss goals and expectations for the run, review and assessment times, and one on one teaching time • The registrar will ensure their Training Portfolio System documents are prepared prior to the initial meeting with the SOT • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Supervisor of Training and if necessary the Service Clinical Director or their nominee • Provide feedback to the SOT on the educational experience of the run 	<p><i>The service will provide,</i></p> <ul style="list-style-type: none"> • 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 • An interim mid-run assessment report on the Registrar by mutual arrangement between the Registrar and the Supervisor of Training (and only if needed) • 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 • A Mentor will be assigned to allow another means of communication and advocacy

ANAESTHETIC ROSTER PLAN FOR OPERATING ROOMS Level 9

	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Fellow (every week)
MON	N	D	D	X	D	X	D	LD
TUE	N	LD	D	X	D	D	D	SD
WED	N	SD	D	LD	D	D	D	D
THU	N	D	X	SD	D	D	LD	D
FRI	X	D	N	D	X	LD	SD	D
SAT	X	X	N	X	LD	X	X	X
SUN	X	X	N	X	LD	X	X	X

KEY			
D	Day Shift	07:30 - 17:30	10
SD	Short Day Shift	07:30 - 13:00	5.5
LD	Long Day Shift	07:30 - 22:30	15
N	Night Shift	22:00 - 08:00	10

Section 6: Hours and Salary Category

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekday long days)	9.50	
All other unrostered hours	TBC	
Total hours per week	49.50	

Anaesthesia rosters are recognized as regular shift work runs, and hence paid 2 categories above their average hours worked.

Salary: The salary for this attachment is detailed to be a **D** category; paid at a category B.

PLEASE NOTE: Total hours fall above the middle of the salary band therefore the run will be remunerated as a B run category until the unrostered hours can be confirmed by a run review.