POSITION:	**Registrar / Senior House Officer**
DEPARTMENT:	Anaesthesia
PLACE OF WORK:	All WDHB facilities
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 as a training position for specialist qualification
RUN PERIOD:	6 months

Section 1: Responsibilities

Area	*Responsibilities*
Clinical Duties & Work Schedule	*All clinical duties to meet service requirements of the Department of Anaesthesia, and to meet training requirements for ANZCA which includes knowledge and skills in anaesthesia and sedation, regional anaesthesia, airway management, pain medicine, perioperative medicine, resuscitation, trauma and crisis management and quality and safety in patient care.* • 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 MECA 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. Where possible, Registrars will be allocated to lists where the appropriate individual's

Area	*Responsibilities*
	needs for teaching are met. Please discuss these with the Supervisor of Training, the department secretary and the consultant responsible for rostering. • 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 ANZCA Policy Documents. • 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. • These may include a morning round of all patients under the care of the Acute Pain Service, and provision of appropriate support to this service. 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)
Obstetric Out of Hours Duties	• Overnight from 2200h until 0800h, if the registrar is not likely to be able to respond to the obstetric request for an epidural within 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 to attend.. • 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 duty for acute 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.

Area	*Responsibilities*
	• 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. • An Acute Pain Nurse attends the Acute Pain Round daily, including most weekends. On normal workings days, a Consultant will also cover the Acute Pain Service. A Registrar may also be rostered on these rounds, and may replace the Consultant if they are senior and familiar with Acute Pain issues. 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.
Department Staff Support	• 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 2: Training and Education

Nature	*Details*
College Training Positions	• There are eleven Registrar posts, all of which are training positions. There are five SHO positions. Due to shortages in the Auckland Regional Training Programme, some of these registrar posts may not be filled. • The training posts are recognised for training during all years, to a maximum of 2 years duration.
Protected Time	• Auckland Regional Rotation Part 1 long course teaching is held on Tuesday afternoons. Part 2 long course teaching is held on Wednesdays. SHO teaching is held on Thursday afternoons. Registrars and SHOs are expected to attend the appropriate teaching and will be released from clinical duties at a reasonable time to allow for lunch, travel and parking.
North Shore Hospital Education	• A Registrar teaching session is held in the Anaesthetic Department on alternate Tuesdays from 0730 to 0815 hours. Registrars should endeavour to attend (including the night Registrar). This session should take priority over preoperative assessment, so if possible arrange to see patients preoperatively before or after teaching, or liaise with the consultant covering the list.

Nature	*Details*
	• Friday morning Departmental Meetings are held every week from 0730h to 0830h, on a variety of topics related to anaesthesia. Registrars will be rostered to present at one of these meetings • Morbidity and Mortality Meetings are held on every second week from 0730h to 0800h 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 0730h to 0800h. A Consultant and a Registrar will be rostered to present at these sessions.
Senior House Officers	• As stated above. Consultant supervisor is Marlin De Silva. These trainees are employed by the department with the aim of providing further experience to those with little or no previous experience. These trainees will be supervised closely until it is felt that they are capable of performing registrar duties. For most, this will be a period of one year. Usually, they will not be able to move beyond level 1-2 supervision for obstetric cases, until they are BTY 2. The after-hours roster will be similar to that of the registrars. They will be placed on nights when it is felt that this will be of educational benefit to them, and their level of practice is sufficient. This will always involve being doubled up with an experienced registrar and the allocated night shifts must not be swapped. • Formal assessments will be undertaken as per ANZCA guidelines. • Responsibilities should otherwise be assumed to be the same as that of the registrars. • Progression from SHO to registrar should not be assumed to be automatic. This will depend on satisfactory clinical performance

Section 3: 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 13 hours, from 07300 to 2030
- The weekend night shift will be 12.0 hours, from 2000 to 0800
- The Friday morning shift is 0730 until 1300, but is paid as 8 hours
- There are additional non-rostered hours per week, to account for, list overruns, and pre- and post-op patient assessments.

Section 4: Cover

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 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. This is based on the Auckland wide leave guidelines, which take precedence over the guidelines below. • 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. • The Department will attempt to find both internal and external locum cover, if the leave requirement is in excess of two registrars away at one time. • 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 0730h. Messages left with nursing staff or administrative staff are not acceptable. Ensure that you have spoken with the consultant personally. Text messages are not appropriate. • If you anticipate being off work for more than one day, please let the department secretary know. This is to ensure that arrangements for cover can be made.

Nature	*Details*
	• 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 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 Clinical Performance Review (CPR) will be carried out by the SOT at the end of the run, after discussion of each Registrar's progress at a Departmental Meeting. Both ANZCA and ARRMOS assessment forms will be completed and discussed with the Registrar.

Section 6: Hours and Salary Category

Average Working Hours		*Service Commitments*
Basic hours	40	The Service will be responsible for the preparation of rosters.
Rostered additional hours (inc. nights, weekends & long days)	7.7	
All other unrostered hours	3.03	
Total hours per week	50.73	

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.

All aspects of Supervision follow the requirements described within the ANZCA Handbook for Training, March 2021 v2.4

Categories of Supervision:

There are four such categories, viz.:

1. Supervisor rostered to one theatre and available to intervene immediately.

2. Supervisor is available, to intervene quickly; either in the Operating Suite or the Hospital, but is not rostered exclusively to the registrar's theatre.

3. Supervisor is available on site.

4. 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:

Table 2.5.4 Supervision levels

	Introductory training before IAAC	IT following completion of IAAC	Basic training	Advanced training
Level 1 and 2	100% Level 1	Minimum 50%	Minimum 50%	Minimum 30%
Level 4		Maximum 10%	Maximum 20%	Maximum 40%
Emergency workload*	15 – 30%	25 – 50%	25 – 50%	25 – 50%

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

Specialist on-site:

- 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 1 *&* *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 e.g. failed or difficult intubation.
- Specialist should be informed about any case where the Registrar feels they are under undue pressure to perform e.g. 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.