

## **REGISTRAR RUN DESCRIPTION ANAESTHESIA – CMDHB – ANZCA TRAINING JOB**

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*(Numbering as per RDA/DHB MECA 2006 – 2006)*

**10.1** This run description applies for the period June 2007 to December 2007, for Anaesthetic Registrars working at Counties Manukau District Health Board (CMDHB).

**10.2** This run is recognised for Anaesthetic training by the Australian and New Zealand College of Anaesthetists.

### **10.3 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.

Out of hours rosters are detailed in 10.7 below.

Anaesthesia services include

- elective operating lists
- acute and “acute arranged: operating lists
- obstetric anaesthesia
- acute pain service
- limited chronic pain service
- preoperative assessment clinic
- other “out of theatre” anaesthesia (radiology, ECT, cardioversion, etc)
- cover of Post Surgical ICU at MSC
- cover of planned Level 1 Post Surgical ICU at MSC – when this opens
- emergency call cover at MSC
- 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).

**10.4** 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.

If registrars are rostered to work with a Consultant, that is their direct line of responsibility.

Clinical governance of the planned surgical ICU at MSC will rest with the Department of Intensive Care Medicine.

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 MMH Supervisor
- Preadmission            Preadmission Consultant
- Out of Hours             at MMH – 1<sup>st</sup> Call Consultant  
   at MSC – Anaesthesia (returns to theatre) 2<sup>nd</sup> Call Consultant.  
   at MSC – Post Surgical ICU –Specialist Consultant  
   (may be Anaesthetist or Intensivist).

## 10.5 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 afternoons for pre Part 2 registrars. You will also be rostered to sessions on Crisis Management and Simulator Training.

Attendance at other departmental educational sessions is expected, including monthly all day education meetings, local 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.

**10.6** 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.

## 10.7 Rosters

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, one registrar is 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 – 2130 (13.5 hours)
Nights	2100 – 0830 (11.5 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.

**10.8** Other resident and specialist cover may be provided by Anaesthetic Fellows and Intensive Care Specialists from time to time.

### **10.9 Expected average hours of work.**

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

Average rostered hours are expected to be 50 – 54 hours weekly.

Thus, the run is paid at Category B, incorporating the extra steps for shift work. Should average rostered hours fall below 50 per week this may be reviewed.

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.