

RUN DESCRIPTION

POSITION:	Anaesthetic Registrar
DEPARTMENT:	Hospital Group - Surgical
PLACE OF WORK:	Hawke's Bay Hospital – may be required to attend outpatient clinics in peripheral units within the Health NZ Hawkes Bay catchment
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 anaesthetic service
RUN RECOGNITION:	Australian and New Zealand College of Anaesthetists College for Intensive Care Medicine Australasian College for Emergency Medicine HBDHB is recognised for 2 years of accredited anaesthesia training and 6 months intensive care training.
RUN PERIOD:	Variable 6-12 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	- Participation in an on-call roster providing out of hours cover for the Department of Anaesthesia. - Attend clinical meetings including morbidity and mortality meetings, continuing medical education meetings and journal clubs and will be expected to contribute or present to these meetings as requested by their consultant. - At the direction of the Clinical Director assist with operational research and audit in order to enhance the performance of the service.
Acute Admitting	- Attending trauma calls and assisting with acute resuscitation in the hospital. - Taking an active part in facilitating the Acute Pain Service and monitoring patients out of hours and at weekends.
On-Duty	- Pre-assessment of patients for anaesthesia and surgery, administration of anaesthesia, (both general and regional) supervision of recovery from anaesthesia and involvement with postoperative care particularly with the management of acute post operative pain. - The provision of epidural service to the Maternity Unit.

Area	Responsibilities
	The rostered registrar will attend the Obstetric Handover Meeting at 0800 each day and review and discuss and patients of concern with the on-call anaesthetist.
Administration	- Registrars are required to fully document patient care. - All patients are to have current records of relevant clinical history, clinical assessment investigations, treatment plan and documented discharge plan - Detailed documentation of surgical procedures. - Use telephone dictating system - All case notes entries are to be clearly legible, dated, timed and signed. - Documentation of the Specialist involved in establishing the management plan - Ensure discharge summaries are completed prior to discharge. - Certification of deceased as required by NZ Police.

Section 2: Training and Education

Note: dates and times for the sessions may change.

There is a minimum of 4 hours per week medical learning, which includes the weekly tutorial, journal club and pathology session.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.				Protected teaching time for registrars studying for Pt 1 exam. Other registrars will have alternative non-clinical time rostered if unable to attend.	
p.m.					

PROTECTED TIME:

Four hours of protected teaching and learning time is provided per week for full-time registrars. The department runs a dedicated part-one teaching program relevant to ANZCA and CICM primary examinations, registrars who require this teaching will be rostered out of theatre duties during this time. Those who have already completed these examinations will be assigned another time for self-directed study. Occasionally, due to acute service shortages or high demand for primary exam teaching, a registrar may be asked to cover the epidural service or acute pain round while attending teaching but will be compensated appropriately. If there is enough demand a part two examination program can be instituted.

The Registrar will participate in Quality Assurance programmes such as Clinical Audits etc.

The Registrar shall attend clinical meetings as identified on the relevant service schedule including monthly CME update and morbidity and mortality meetings.

Section 3: Roster

<i>Roster</i>		
Hours of Work		
Ordinary Hours:	Monday to Friday	0800 – 1730 (9.5 hrs)
Evening Shift:	Monday to Friday	1300 – 2300 (10 hrs)
Nights:	Monday to Friday	2030 – 0830 (12 hrs)
Weekend:	Saturday – Sunday	0800 – 2030 (12.5 hrs)
Weekend nights:	Saturday – Sunday	2000 – 0830 (12.5 hrs)
Half day:	Monday to Friday	(4.75 hrs)
Introductory training		
During the first 6 months of anaesthesia training the introductory trainee will work only during week days with 1:1 consultant supervision so these hours of work do not apply. This trainee will be paid category D.		
Planned Leave		
The department encourages registrars to apply for leave with as much notice as possible, preferably before the start of the run and before the roster is written. Notification of outcomes of leave requests will be given within 2/52 as per MECA. Leave is accommodated where possible but cannot be guaranteed. If leave needs confirmation (eg international flights, family weddings etc) discussion must be held with the Anaesthetic RMO leave coordinator and Anaesthetic Administration Coordinator in advance of making confirmed bookings.		
Unexpected leave		
If a registrar is unable to attend duties at short notice (eg. due to sickness) the registrar is required, as soon as the situation is apparent to leave a message with the Department, who will liaise with the clinical staff to help to arrange appropriate cover.		
Work Schedules		
The department is committed to where possible, tailoring the day-to-day clinical duties to the individual registrars needs and abilities, within the constraints of the department. The current after hours' template provides an indication of hours worked per week and guides run category and pay band. In order to accommodate and approve leave in a flexible way, especially around exams and the Christmas/summer period, there will be times when the after-hours pattern will deviate from the template. The total number of after-hours shifts over a 3 to 6-month period will remain the same and the pattern of shifts will comply with the RDA MECA. A lot more leave can be accommodated if we work in this fashion.		
Alterations		
Subject to agreement by the two thirds majority of RMOs, the Clinical Director and Supervisor of Training the above hours of work may be subject to alteration.		
Reliever		
There are two relief weeks within the roster template, this extra payment will be accommodated into the weekly salary of those participating in the after-hours roster.		
Timesheets		
Electronic timesheets must be authenticated through the Payroll system – PAL\$		

Section 4: Cover

<i>Other Resident and Specialist Cover</i>	
• Senior staff comprises 25 Anaesthetists • RMO's – Ten Registrars and one Introductory Trainee • Registrar acute cover is averaged on a one in nine to one in ten (1:9- 1:10) basis. • There is always a rostered-on call consultant anaesthetist, the registrar must contact the relevant specialist at the start of each elective and acute shift.	

Section 5: Performance appraisal

Performance reviews are done every 3 - 6 months. All consultants are involved in the reviews and formal feedback to registrars is given by the Supervisor of Training +/- Head of Department (HoD)

- The registrar will meet with the Supervisor of Training at the start of run to identify goals and discuss responsibilities.
- For ANZCA trainees this should be documented using the online supervisor's reports and they should keep a record of their training as required by the College.
- Registrars not enrolled on the ANZCA training programme will maintain a record of their training. All Registrars who are registered under the general scope of practice who are not on a vocational training programme will be required to join the "bpacnz Recertification Programme" at recertification time [when their practising certificate is due for renewal]; through this programme they will be required to complete:
 - a Professional Development Plan (it is understood that a 'Career Development Plan' would fulfil the same function)
 - 20 hours of CME
 - 10 hours of Peer review
 - a Clinical Audit
 - The required number of meetings with the nominated Collegial Relationship Provider (six in the first year and four in subsequent years)

Please note that whether the Registrar is on a vocational training programme or is a non-trainee, if any deficiencies are identified during the clinical attachment, the supervising consultant will discuss these with the Registrar at the time (preferably no later than two thirds of the way through the run), and make a plan to correct or improve performance.

Serious problems with clinical performance will be managed as follows:

- ANZCA Trainees concerns will be identified by the supervising consultant to the trainee's educational supervisor and the service director to ensure that all local HR policies and frameworks are adhered to.
- Non-trainees will be identified by the supervising consultant to:
 - the head of department and/or Supervisor of training and
 - the service director to ensure that all local HR policies and frameworks are adhered to.

The Health Workforce New Zealand (HWNZ) and the Resident Doctor's' Association (RDA) have worked together to produce career planning forms (CDPF) and Vocational Career Design guidelines. A supervision report form is required to be completed at the end of each clinical attachment:

Hawkes Bay DHB has developed a document to help the registrar determine their career plans and options:

Copies of all assessments should be forwarded to Human Resources for filing

It is the individual registrar's responsibility to maintain and complete these assessments and reporting requirements in a timely manner.

Section 6: Hours and Salary Category

Average Working Hrs – STONZ Run Category (RDO's are worked)		Service Commitments
Ordinary hours (Mon-Fri)	40.00	The Service will be responsible for the preparation of any rosters.
Rostered Additional hrs	18.25	
All other Unrostered hours	5.18	
Total hours:	63.43	

Salary: The salary for this attachment will be detailed as a **Category B** run.



HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

Our Vision

Te hauora o te Matau-a-Māui: Healthy Hawke's Bay

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.

Our Values

HE KAUANUANU RESPECT

Showing **respect** for each other, our staff, patients and consumers. This means I actively seek to understand what matters to you.

RARANGA TE TIRA PARTNERSHIP

Working together in **partnership** across the community. This means I will work with you and your whānau on what matters to you.

ĀKINA IMPROVEMENT

Continuous **improvement** in everything we do. This means that I actively seek to improve my service.

TAUWHIRO CARE

Delivering high quality **care** to patients and consumers. This means I show empathy and treat you with care, compassion and dignity.