Te Whatu Ora
Health New Zealand

RMO Run Description

Position	**Registrar**
Service	Department of Anaesthesia and Pain Management, Wellington Hospital
Directorate	Surgery
District	Capital, Coast & Hutt Valley
Location	This position is expected to work from Wellington and Kenepuru Hospitals
Responsible to	Clinical Director and Supervisors of Training, Department of Anaesthesia and Pain Management, Wellington Hospital
Functional Relationships	Healthcare consumers, hospital and community based healthcare workers.
Primary Objective	Training towards Fellowship of the Australian and New Zealand College of Anaesthetists (ANZCA)
Run Recognition	This run is recognised for training with the Australian and New Zealand College of Anaesthetists
Run Period	12 months
Children's Act 2014	This position is classified as a children's worker, requiring a safety check including police vetting before commencing and every three years

Te Whatu Ora

The Health System in Aotearoa is entering a period of transformation as we implement the Pae Ora/Healthy Futures vision of a reformed system where people live longer in good health, have improved quality of life, and there is equity between all groups.

We want to build a healthcare system that works collectively and cohesively around a shared set of values and a culture that enables everyone to bring their best to work and feel proud when they go home to their whānau, friends and community. The reforms are expected to achieve five system shifts. These are:

1. The health system will reinforce Te Tiriti principles and obligations
2. All people will be able to access a comprehensive range of support in their local communities to help them stay well
3. Everyone will have equal access to high quality emergency and specialist care when they need it
4. Digital services will provide more people the care they need in their homes and communities
5. Health and care workers will be valued and well-trained for the future health system

The Vision, Mission and Values from our District

We bring forward and join our values within our district. These will change as we become a team of teams within Te Whatu Ora.

Hutt Valley

Vision:	Whanau Ora ki te Awakairangi: Healthy people, healthy families and healthy communities are so interlinked that it is impossible to identify which one comes first and then leads to another.
Mission:	Working together for health and wellbeing.
Ō mātou uara - Values:	Mahi Pai 'Can do': Mahi Tahi in Partnership: Mahi Tahi Te Atawhai Tonu Always caring and Mahi Rangatira being our Best

Capital and Coast:

Vision:	Keeping our community healthy and well
Mission:	Together, Improve the Health and Independence of the People of the District
Values:	Manaakitanga – Respect, caring, kindness Kotahitanga – Connection, unity, equity Rangatiratanga – Autonomy, integrity, excellence

Section 1: District Responsibility

The district leadership have collective accountability for leading with integrity and transparency a progressive, high performing organisation, aimed at improving the health and independence of the community we serve and achieving equitable outcomes for all. The leadership team are responsible for achieving this aim, aligned with our Region, within the available resources, through a skilled, empowered, motivated and supported workforce in line with government and HNZ policy.

RMO responsibilities in relation to Capital, Coast and Hutt Valley Organisational Objectives

- RMOs operate according to the Mission, Vision and Values of Capital, Coast and Hutt Valley
- RMOs provide patients with high quality care
- RMOs will work with colleagues to assist people achieve their optimum health
- RMOs will work co-operatively with other health professionals and staff working across the hospital and in community settings
- RMOs will support and comply with Capital, Coast and Hutt Valley Code of Conduct and all policies and procedures including health and safety requirements
- RMOs will help Capital, Coast and Hutt Valley to maintain a safe working environment for all staff
- RMOs will work in ways that enhance the efficiency and effectiveness of clinical and other Capital, Coast and Hutt Valley services
- RMOs will work in ways that make the most effective use of clinical supplies

Section 2: RMO Clinical Responsibilities – General

Area	Common Clinical Responsibilities for all RMOs

General Clinical Responsibilities:	1. Under the supervision of relevant clinician(s), an RMO's clinical responsibilities may include: i) Managing patients commensurate with and appropriate to skill level. ii) Assessing and admitting patients; organising relevant examinations and investigations; ensuring results are directed and actioned as required; managing patient referrals; and day to day ward management of patients under the care of the team. iii) Obtaining informed consent from the patient or parent of a child, without duress. iv) Undertaking clinical responsibilities as directed. v) Reviewing patients on a daily basis as required (with the exception of unrostered weekends). vi) Maintaining a high standard of communication with patients, patients' families and staff. vii) Communicating effectively with patients and (as appropriate) their families/friends about patients' illness and treatment. viii) Informing relevant clinician(s) of the status of patients especially if there is an unexpected event. ix) Liaising with other staff members, departments, and General Practitioners in the management of patients. x) Ensuring required paperwork (e.g. patient records, referrals and discharge plans) is completed at the appropriate time and to the appropriate standard (i.e. in accordance with statutory requirements and professional standards). xi) Attending handover, team and departmental meetings as required. 2. Prompt attendance at ward rounds, outpatient clinics and theatre sessions and any other places of work that may be described in the relevant Run Description. 3. Prompt attendance at education sessions and other staff meetings that may occur. 4. Assessing and managing acute patients in the Emergency Department within agreed timeframes, where appropriate. 5. Responding promptly and effectively to emergency situations. 6. Responding promptly to concerns of patients and relatives about a patient's care and to act as their advocate when appropriate. 7. Maximising health promotion opportunities. 8. Ensure the dignity and humanitarian needs of the patient are met and the cultural needs are respected.
Clinical Responsibilities: Patient Notes	1. Patient notes will be fully completed to enable other staff to deliver appropriate care. 2. It is a legal requirement to document the treatment/findings. 3. Consultants and RMOs are responsible for recording all patient diagnosis and information relevant to the episode of care. 4. This process should involve: i) Assessment of daily progress including a minimum of once daily notation of treatment / progress in the patient notes. ii) Recording all investigations and treatments in the patient notes, including any alterations to patient management.

	iii) A documented discharge plan for all patients. iv) Prior to discharge, an electronic discharge summary sheet/discharge letter will be completed and a copy given to patient or the parents (and prescription as required). v) A copy of discharge summary sheet/discharge letter is to be sent to the patient's GP. vi) All diagnoses that were considered or treated and all procedures that were performed should be documented on the discharge summary. 5. Patient notes that have been completed by the medical staff will include a completed electronic discharge summary. 6. Patients should leave the hospital with a completed discharge summary. 7. Even in busy periods, it is expected that discharge documentation is completed within 3 working days.

Section 3: RMO Clinical Responsibilities – Specific

Area	RMO Clinical Responsibilities Specific to this Run
Specific Clinical Responsibilities: Anaesthesia and perioperative care	1. Clinical responsibilities will include: i) assessment of patients prior to anaesthesia and surgery ii) administration of anaesthesia iii) supervision of recovery from anaesthesia iv) involvement with postoperative care - particularly acute pain management This will typically be at Wellington Hospital, but at times will be at Kenepuru Hospital.
Specific Clinical Responsibilities: Standards	1. Clinical standards are defined both by hospital policies and ANZCA documents. 2. Clinical work will be supervised in accordance with ANZCA Handbook for Training and Accreditation.
Specific Clinical Responsibilities: Outside of the operating theatre	1. Registrars will at times be required to work in areas outside of the main operating theatres, including: i) Birthing Unit ii) Intensive Care Unit iii) Radiology iv) Radiotherapy (including brachytherapy) v) Emergency Department (Trauma team calls) vi) Pre-Anaesthesia Assessment Clinics, vii) Wellington Chronic Pain Management Service
Specific Clinical Responsibilities: **Birthing unit**	1. At all times there is a registrar primarily responsible for providing obstetric anaesthesia care (see Section 8 for shift details). 2. This person should be ordinarily located in the Birthing Unit and available as a first responder for urgent obstetric calls. 3. They will be responsible for receiving and subsequently providing a handover of relevant patients and their clinical details, as well as the obstetric anaesthesia phone.

Specific Clinical Responsibilities: **After hours work in Main Operating Theatres**	1. After hours work for those responsible for the main operating theatres may include: i) providing anaesthesia for over-running elective cases ii) providing anaesthesia care for acute cases (including preoperative assessment and postoperative care) in the operating theatres or other locations iii) attendance at trauma team calls in the emergency department iv) taking acute theatre bookings v) providing acute pain management care or advice vi) handing over the Duty Anaesthetist phone along with relevant clinical information

Section 4: RMO Administrative Responsibilities

Area	Relevant information and RMO Responsibilities
Administration: Annual (and Study) Leave	1. Consistent with the goals of maintaining a healthy and safe workforce, CCDHB encourages all RMO to utilise their annual (and study) leave entitlement. 2. To enable RMOs to take their annual (and study) leave, the DHB has established a number of "planned leave reliever" positions across the organisation in accordance with MECA expectations. 3. To enable your leave request to be considered as effectively and efficiently as possible, RMOs should: a) Either apply for leave via the Staff Kiosk if the leave being applied for occurs during the period of your current run b) Or if the leave being applied for falls outside your current run, then complete an annual leave form and deliver or email this to your respective RMO Coordinator 4. You will then be advised of the leave decision made by the Service Leader/Clinical Leader/Department. To ensure that the process of applying for leave works as effectively as possible, it is important that RMOs submit an application as soon as they can. RMO's are therefore strongly encouraged to apply for annual and study leave prior to the start of the run so that appropriate cover can be considered (i.e. as soon as their allocation is confirmed).
Administration: Sick Leave	1. An RMO who is unfit for duty due to illness must notify the RMO Coordinator in all instances. 2. Sick leave must be applied for through their RMO Coordinator as soon as practical once the RMO returns to work, via the Staff Kiosk.
Administration: Time Sheets	1. RMOs are to authenticate their shifts on their individual payroll kiosk account. 2. All call-back claims also need to be authenticated as part of this process. 3. This is required to be completed fortnightly by Sunday evening at the completion of each pay period.

Administration: Roster Changes	1. RMOs seeking any changes to their roster must discuss these with their RMO Coordinator. 2. It is necessary for the RMO Coordinator to ensure all potential roster changes are feasible as well as MECA compliant.
Administration: Trainee Portfolio System	1. ANZCA trainees are required to keep their Trainee Portfolio System up to date. 2. All trainees must be aware of, and comply with their responsibilities for satisfactory completion of training under ANZCA's Regulation 37 - Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum.

Section 5: Training and Education

Area	Responsibility
General	1. Attendance and participation as appropriate in orientation sessions, ward in-service training programmes, educational sessions, department seminars and other staff meetings. 2. Meet all training and development requirements.
Education and training of others	1. Actively contribute to the education of trainee interns, medical students and other health care professionals in training who have been assigned to your team. 2. Teach other health care workers as requested.
Educational/Staff Development Opportunities specific to the Run	1. Departmental inservice days, incorporating quality assurance, journal club and didactic teaching sessions – bimonthly, all day 2. Registrars will be able to attend one of the following teaching streams each week, determined in consultation with their Supervisor of Training, taking into account their level of training, educational needs, and proximity to exams: i) Primary examination tutorials – Thursday mornings ii) Simulation education sessions – Wednesday afternoons iii) Distant final examination tutorials – Tuesday mornings iv) Near final examination tutorials – Tuesday afternoons

Section 6: Performance Appraisal

1. At the beginning of the run, the RMO and their clinical supervisor are to agree goals and expectations for the run, review and assessment times and one on one teaching times.
2. This process is to occur in person between the RMO and their clinical supervisor, and where relevant (i.e. PGY1 and PGY2), using ePort.
3. Halfway through and at the end of a run, the clinic supervisor will initiate a formal review of the RMO's performance.
4. A Performance Appraisal Form will be completed by the appropriate clinical supervisor at mid-term and by the end of the run for all RMOs except PGY1 and PGY2.

5. The Performance Appraisal Form will be discussed with the RMO and is to be signed/commented upon by the RMO before being returned to the RMO Unit by the specified date, or through ePort where appropriate.
6. After any assessment that identifies deficiencies, develop and implement a corrective plan of action in consultation with your clinical supervisor.
7. The ANZCA requirement for Workplace Based Assessments (WBAs) will be undertaken by Specialist Anaesthetists and Provisional Fellows.
8. The Supervisors of Training will use the information provided by the WBAs, along with other information, to perform a Clinical Placement Review with the registrar at the end of each six month period, and a Core Unit Review at the end of each core unit.

Section 7: Cover

The Department of Anaesthesia and Pain Management is staffed by over 70 SMOs. At any time there are typically 3 provisional fellows on the SMO roster, 20 registrars/provisional fellows on the RMO roster, 3 senior house officers, and 1 house officer.

After hours there are always 4 designated SMOs on call for:

- General anaesthesia and pain management
- Obstetric anaesthesia
- Cardiothoracic anaesthesia
- Paediatric anaesthesia

In addition, there is an SMO or provisional fellow on duty until 2200 weekdays, Saturdays 0730-1730, and Sundays 1000-1500.

Section 8: Hours and Salary Category

Normal working day:

- Ordinary hours 0800-1600
- On duty 0730-1730

After hours rostered duties:

Weekdays:

Each weekday evening there are three registrars on duty – two based primarily in the main operating theatres, and one based primarily in the birthing unit.

- Long day (main OT) 1730-2130
- Evening (main OT) 1600-2400
- Evening (obstetric) 1200-2130

Long days are worked on a rotating basis, and follow on from a normal day of work (ie on duty 0730-1730, then continuing with the long day until 2130).

Evening (main) shifts are worked on a rotating basis in a block of 2 or 3 weekday evenings.

Evening (obstetric) shifts are worked on a rotating basis in a block of 2 or 3 weekday evenings. Registrars will typically be allocated to a theatre list (or other location) from 1200-1630, then report to the birthing unit for the evening until the end of their shift.

Weekends and Public Holidays:

Daytime: three registrars are on duty for a long day, each day - two based primarily in the main operating theatres (0730-2130 and 0830-2230), and one based primarily in the birthing unit (0730-2130).

Nights (weekdays and weekends/public holidays):

Night shifts are worked on a rotating basis as blocks of three or four consecutive nights from 2100-0800. Registrars are rostered off duty for a minimum of 48 hours before and after any block of night duty. Every night two registrars are on duty, one with primary responsibility to main theatre, and one with primary responsibility for the obstetric service.

Note that while a registrar's primary responsibility may be for either main theatre or the birthing unit, all registrars on duty at a given time are expected to work as a team and help out in other locations as the workload in their primary location allows.

Also note that due to the rotating shift nature of the roster, registrars are paid 2 categories higher than expected for the number of hours worked as per the NZRDA and STONZ collective agreements ie expected hours are 54/week which would be pay category D, but paid as category B. We do not have specifically designated relievers, instead reliever pay is evenly distributed among those working on the after-hours roster.

Expected Average Hours per Week

Ordinary 40 Hours	40
Less RDO Hours	0
Rostered Additional Hours	11
Unrostered Hours	3
TOTAL	54
Category	**B**

Ma tini, ma mano, ka rapa te whai
By joining together we will succeed

Te Whatu Ora is committed to Te Tiriti o Waitangi principles of partnership, participation, equity and protection by ensuring that guidelines for employment policies and procedures are implemented in a way that recognises Māori cultural practices.

We are committed to supporting the principles of Equal Employment Opportunities (EEO) through the provision and practice of equal access, consideration, and encouragement in the areas of employment, training, career development and promotion for all its employees.