

**DEPARTMENT OF ANAESTHESIA AND PAIN MANAGEMENT**

**Anaesthesia Registrars**

# **Run Description**

## **1 (a) PLACE OF WORK**

Main duties to be performed in Main Operating Theatres, Perioperative Units and wards of Wellington Regional Hospital and Kenepuru Hospital. Duties also to cover Wellington Hospital Delivery Suite, , Intensive Care Unit, Radiotherapy (including brachytherapy), Gastroenterology, Emergency Department (Trauma Team calls), Pre Assessment Clinics, Wellington Chronic Pain Management Service, and Wellington Regional Centre for Simulation and Skills Education

## **(b) PERIOD COVERED**

Posts starting during the 2023 hospital training year. .

## **2 TRAINING POSTS**

All positions within the department are accredited for three years of training by the Australian and New Zealand College of Anaesthetists (ANZCA). They are part of the Central New Zealand Rotational Training Scheme that includes Capital and Coast District Health Board (CCDHB) (Wellington & Kenepuru), Hutt, Palmerston North, Hawke's Bay, Whanganui and Nelson hospitals. Most positions are part-funded by Health Workforce New Zealand (HWNZ) and as such all stipulations specified by the ANZCA and HWNZ with regard to supervision, assistance, equipment and other standards will be complied with. All Clinical Fundamentals and Specialised Study Units required for training towards FANZCA are available within the Central New Zealand Training Scheme. Although this run description applies to the Department of Anaesthesia and Pain Management at CCDHB, it is important to realise that the Training Scheme is Rotational, and registrars will be required to rotate to the Intensive Care Unit and to other hospitals during their training.

## **3 REPORTING LINES**

Responsible to:	Clinical Director / Service Leader:	Dr S Ure
	Deputy Clinical Director	Dr S Hart
	Supervisors of Training	Dr James McAlpine
		Dr Rachel Dempsey
		Dr Nicola Moore
		Dr Matt Levine

## **4 CLINICAL RESPONSIBILITIES and WORK SCHEDULES**

Clinical responsibilities include assessment of patients prior to anaesthesia and surgery, administration of anaesthesia, supervision of recovery from anaesthesia and involvement with postoperative care - particularly acute postoperative pain management. Adequate time will be provided for preoperative assessment of all patients and for postoperative visiting of in-patients. Experience will also be provided with aspects of chronic pain management.

Clinical standards are defined both by hospital policies and ANZCA documents. Clinical work will be supervised in accordance with ANZCA Handbook for Training and Accreditation.

## **5 PATIENT CARE and SERVICE DELIVERY RESPONSIBILITIES**

As in 4 above.

## **6 HEALTH PROMOTION FUNCTIONS**

Advice to patients on health maintenance to be given during pre-anaesthetic and post-anaesthetic consultations.

The training programme will cover the risk to anaesthetists of problems such as drug abuse, suicide, and the importance of appropriate stress management techniques and a well balanced lifestyle.

## **7 PROVISIONS FOR TRAINING and EDUCATION**

Provision is made for all training requirements for Diploma of FANZCA as well as ongoing education and development of skills. The following is a guide and allocated days and time frames may be adjusted at Department discretion:

- a) Reserved time during normal working week for tutorials and in-service education - minimum of four hours weekly:  
Primary examination prep on Thursday mornings  
Simulation training on Wednesday afternoons  
Distant final examination prep course on Thursday afternoons  
Near final examination prep course on Tuesday afternoons

- b) Supervised access to the Wellington Regional Centre for Simulation and Skills Education.

Those registrars who have passed the primary examination, and are not planning to sit the final examination within twelve months will be allocated to these training sessions for one half-day each per week, on Wednesday afternoons. All trainees will have additional access on an occasional basis. In addition, registrars are required to participate in an EMAC Course during their training.

- c) Bi-monthly departmental education sessions. These sessions include didactic presentations, journal club, and quality assurance sessions.
- d) Participation in and evaluation of research is considered an important aspect of registrar training and duties.

- e) Registrars and SHOs are required to participate in the department's QA program including a range of audits and regular meetings for clinical review. Approval has been granted by the Ministry of Health for confidentiality of all department QA activities under the provisions of the Healthcare Practitioners Competency Assurance Act 2003.
- f) Study Leave: As provided for in the Collective Employment Agreement or Individual Employment Agreement.

### **8 PROVISION FOR IN-TRAINING ASSESSMENT and PERFORMANCE APPRAISAL**

Ongoing in-training assessment and performance appraisal of all registrars is required by ANZCA and CCDHB. These are undertaken for different purposes. The former is related to training and the latter is part of normal employment practice.

The ANZCA requirement for Workplace Based Assessments (WBAs) will be undertaken by Specialist Anaesthetists and Provisional Fellows. The Supervisors of Training will use the information provided by the WBAs together with informal and survey monkey feedback from SMO supervisors within the department to perform a Clinical Placement Review with the registrar at the end of each six month period, and Core Unit Review at the end of each core unit. These will be entered into the Trainee Portfolio System. The report will be confidential to the trainee, the Supervisors of Training and ANZCA, and will be available for inspection by other parties only with the written approval of the registrar.

The CCDHB requirement for performance appraisal, as part of normal employment processes, will be undertaken by the Supervisors of Training on behalf of the Clinical Director, with a copy of that report being provided to the RMO Unit.

The ANZCA training regulations require trainees to develop and maintain an electronic portfolio (Trainee Portfolio System) recording their progress through the Volumes of Practice (VOP) and Workplace Based Assessments (WBA) required for training. All trainees must be aware of, and comply with their responsibilities for satisfactory completion of training under regulation 37.

### **9 RESPONSIBILITIES FOR TRAINING and PROFESSIONAL DEVELOPMENT OF OTHER STAFF**

Registrars will participate in education of other staff as determined by the Clinical Director:

- teaching medical students and trainee interns
- teaching house surgeons
- teaching anaesthetic technicians
- teaching nursing staff

This may involve teaching during the management of cases in theatre as well as the delivery of occasional tutorials and lectures.

### **10 DESCRIPTION OF SPECIALTIES and SUBSPECIALTY ROSTERS**

The registrar year will be divided into runs of 3months (cardiothoracic and neurosurgical runs) or 2 months (all others) duration. During each run, registrars will be attached predominantly to either a sub-specialty or to a general sphere of practice. To facilitate the Volume of Practice (VOP) required for the Clinical Fundamentals (CF) and Specialised Study

Units (SSU) for training, the number of subspecialty clinical sessions may need to be adjusted at times. The specialty areas include:

General	Urology	Gynaecology
Obstetrics	Pre-assessment	Paediatrics
Neurosurgery	ENT	Acute Pain Management
Vascular	Cardiothoracic	Chronic Pain Management
Interventional Radiology	Brachytherapy	ECT

There will also be rotations to Intensive Care (6 months) and to Hutt Hospital (6 or 12 months), the latter providing plastics and maxillofacial anaesthesia experience (in addition to a range of other subspecialties).

## 11 OTHER RESIDENT AND SPECIALIST COVER

The department's senior medical staff comprises approximately 60 vocationally registered specialists. At any one time there are 20 registrars in basic, advanced or provisional fellowship training working on the RMO rosters within the department, up to 3 provisional fellows working on the SMO roster, and 3 Senior House Officers and one PGY2 house officer. Occasionally there may be additional overseas trained doctors working as supernumerary registrars.

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

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

In addition, there is a specialist or provisional fellow on duty supervising main theatre, each weekday evening 1700 – 2200, and Saturday 0730 – 1730.

## 12 HOURS OF WORK

### A Normal Working Day / Evening Rostered Duties

- ordinary 40 hours Monday to Friday: 0800-1600
- on-duty : Monday to Friday: 0730-1730

### B After Hours Rostered Duties

These responsibilities are shared amongst a group of twenty full time equivalent registrars, four of whom are defined as relieving registrars. If the SHOs in the department have at least six months experience in clinical anaesthesia and have satisfactorily completed their Initial Assessment of Anaesthetic Competence, they will join this roster, but will not undertake overnight duties or obstetric duties. CICM trainees, Basic Trainees within their first year of training and any RMO who is not yet accredited to work on Delivery Suite will not undertake obstetric duties.

### **Weekdays:**

Each weekday evening three registrars are on duty, one with primary responsibility for main theatres and co-coordinating pain management services (Evening 1600-2400); another for obstetrics (E<sub>obs</sub> 1200-2130); and a third to provide support for either of the others (long day 0730-2130).

### **Evening duty 1600–2400** on rotating basis as a shift in a block of 2 or 3 weekday evenings

**Duties:** Provision of after hours anaesthesia services for emergency surgery in Wellington Hospital main operating theatres. At the discretion of the co-ordinating specialist anaesthetist it may be necessary to provide anaesthesia services for over-running elective cases.  
Provision of back up obstetric anaesthesia services e.g. simultaneous second emergency Caesarean section.  
Participation in Trauma Team responses.  
Evaluation of in-patients prior to elective or acute surgery, if required.  
Carry the Duty Anaesthetist phone when the specialist is not on site.  
Receive and subsequently provide a handover of the acute work schedule with relevant clinical details, and acute pain list, when Duty Anaesthetist Cell Phone is handed over at 1700 and 2200.  
Other appropriate duties as required by the responsible specialist anaesthetist.

### **Evening duty Obstetrics (E<sub>obs</sub>) 1200-2130** on a rotating basis as a shift in a block of 2 or 3 weekday evenings.

**Duties:** This person should ordinarily be located in Delivery Suite, and always be available as first responder for urgent obstetric calls.

### **Long day (LD) 0730-2130** on a rotating basis

**Duties:** To provide support to either 1 or 2 as above.

### **Nights:**

Night duty is worked on a rotating basis as blocks of three or four consecutive nights, 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.

**Duties 1:** Provision of after-hours anaesthesia services for emergency surgery in Wellington Hospital. At the discretion of the co-ordinating specialist anaesthetist it may be necessary to provide anaesthesia services for over-running elective cases.  
Participation in Trauma Team responses.  
Carry Duty Anaesthetist phone, and co-ordinate response to acute pain calls if unable to attend in person.

Receive and subsequently provide a handover of acute pain patients, and the acute work schedule with relevant clinical details, when Duty

Anaesthetist phone is handed over at the beginning and end of the shift.  
Provision of back up assistance for N2 registrar if not busy in main theatre.  
Evaluation of in-patients prior to elective or acute surgery, if required.  
Other appropriate duties as required by the responsible specialist anaesthetist.

**Duties 2:** This person should ordinarily be located in Delivery Suite, and always be available as first responder for urgent obstetric calls.  
Receive and subsequently provide a handover of obstetric patients with relevant clinical details, when obstetric anaesthesia phone is handed over at the beginning and end of the shift.  
Provision of back up assistance for N1 registrar if not busy in Delivery Suite.

### **Saturdays, Sundays and Public Holidays**

**Daytime:** Three registrars are on duty for a long day, each day.

<b>Main theatre</b>	0730-2130 (duties as for Evening shift above)
<b>Delivery suite</b>	0730-2130 (duties as for E <sub>obs</sub> above)
<b>Main theatre</b>	0830-2230 (duties as for Long Day above)

**Night-time:** Two registrars on duty at night (N1 and N2 as above).

### **13. SALARY CATEGORY**

Ordinary hours	40
Rostered overtime	11
<u>Non-rostered overtime</u>	<u>3</u>
<b>Total</b>	<b>54</b>

Average rostered hours within band 50-54.9 hours per week, as rotating shifts, paid as category B according to MECA clause 12.1.2.

Four registrars will be designated as relievers, paid 2 categories above this (i.e A+).

### **14. ALTERATIONS**

Subject to agreement by a two thirds majority of RMOs, the Clinical Director and the Supervisors of Training the above hours of work may be subject to alteration.