

## Run Description

# Health New Zealand | Te Whatu Ora

<b>Position</b>	Anaesthesia Registrar
<b>Department</b>	Anaesthesia
<b>Place of work</b>	Nelson Hospital
<b>Responsible to</b>	Service Manager ED, Orthopaedics & RMOs
<b>Functional relationships</b>	Service Manager Surgical & Perioperative Services Clinical Leader Health care consumers Hospital and community-based health care workers RMO Unit
<b>Primary objective</b>	To facilitate the management of patients under the care of the Anaesthetic Senior Medical Officers
<b>Run recognition</b>	This run is recognised by ANZCA as being a suitable run towards training
<b>Run period</b>	52 weeks

### Section 1: Registrar's/House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical responsibilities</b>	<ul style="list-style-type: none"> <li>• Pre-operative assessment of elective surgical patients. Registrars are expected to work closely with medical specialists and surgeons in the provision of assessment and investigations of new patients and follow-ups in outpatients as appropriate</li> <li>• Provision of appropriate anaesthesia for elective and acute patients under the direct or indirect supervision of an anaesthesia consultant</li> <li>• Responsible for post-operative visits as deemed necessary</li> <li>• Undertake diagnostic and treatment procedures appropriate to the subspeciality</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• Maintain a high standard of communication with patients, patients' families and staff</li> <li>• Inform consultants of the status of patients especially if there is an unexpected event</li> <li>• Attend handovers, team and departmental meetings as required</li> <li>• Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate</li> <li>• Communicate with referring person following patient attendance at clinics</li> <li>• Arrange outpatient investigations and follow up on results of special investigations ordered</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in patient notes. All prescriptions and notes are to be signed and with a printed name. An anaesthetic record which meets ANZCA standards (documented in ANZCA professional standard PS06) should be completed for every anaesthetic</li> <li>• Where appropriate the certification of death and completion of the appropriate documentation</li> <li>• Obtain informed consent for procedures within the framework of the medical Council guidelines which state:               <ol style="list-style-type: none"> <li>1. <i>“The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed.”</i></li> <li>2. <i>“Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Practitioners should not take informed consent where they do not feel competent to do so.”</i></li> </ol> </li> </ul>
<b>Quality improvements</b>	<ul style="list-style-type: none"> <li>• At the direction of the Clinical Director, assist with operational research &amp; audit to enhance the performance of the Service.</li> </ul>
<b>After hours clinical responsibilities</b>	<ul style="list-style-type: none"> <li>• Trainees will participate in a rotating roster covering a 24-hour period.</li> <li>• Trainees will always be appropriately supervised by the SMO on call.</li> </ul>

## Section 2: Training and Education

<i>Training and Education</i>
<p>The following activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster).</p> <ul style="list-style-type: none"> <li>• Orientation at the beginning of the run</li> </ul>

- Introductory trainees: one ½ day per week protected teaching – typically Wed am (IT teaching)
- Part 1 candidates: one ½ day per week protected teaching – typically Thurs pm (Part 1 teaching)
- Part 2 candidates: one ½ day per week protected teaching time (Part 2 teaching)
- Senior registrars (post part 2): one ½ day per week non-clinical time
- Departmental education sessions
- Ground Round – typically 1 hour on a Tues

The registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested, and in an ad hoc fashion where appropriate in the operating room or PACU.

### Section 3: Cover

#### *Resident and Specialist Cover*

The entire medical team consists of:

- 15 Senior Medical Officers
- Up to 6 RMOs; working towards a complement of 6 Registrars, but providing for up to 3 SHOs at any one time in the interim

SMOs cover leave.

All reasonable attempts to grant leave requests will be made. Order of priority will be given to sick leave / parental leave / bereavement leave > exam-related leave > annual leave.

### Section 4: Weekly Schedule

#### *Work Schedule*

The weekly schedule will be provided by the service on a regular basis once Registrar availability has been determined. This is to allow for changes in Registrar availability so as to accommodate RMO requests and levels.

### Section 5: Roster

#### *Roster*

#### **Hours of work**

The hours of work will be as follows:

- |                                     |                   |
|-------------------------------------|-------------------|
| • Ordinary Days - Monday – Friday   | 8.00am to 6.00pm  |
| • Weekend duties                    | 8.00am to 10.00pm |
| • Evening                           | 1.00pm to 10.00pm |
| • Night duties                      | 9.30pm to 8.00am  |
| • Public Holidays – same as weekend | 8.00am to 10.00pm |

The on-site roster is attached.

## Section 6: Performance appraisal

<i>Performance appraisal</i>	
<p>The registrar will:</p> <ul style="list-style-type: none"> <li>• At the outset of the run meet with their Supervisor of Training to discuss goals and expectations for the run, review and assessment times, and one on one teaching time</li> <li>• Every 6 months an interim review will be conducted</li> <li>• At the end of a training block a final review will be conducted</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Supervisor of Training and if necessary, the Clinical Director or their nominee</li> <li>• The trainee is responsible for organising a date for each of the scheduled reviews.</li> </ul>	<p>The Service will provide:</p> <ul style="list-style-type: none"> <li>• An initial meeting between the Supervisor of Training and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time</li> <li>• An interim assessment report on the registrar midway into the run, may be required, after discussion between the Registrar and the Supervisor of training responsible for them</li> <li>• The opportunity to discuss any deficiencies identified during the attachment. The Supervisor of training responsible for the registrar will bring these to the Registrars attention, and discuss and implement a plan of action to correct them</li> <li>• A final assessment report on the registrar at the end of the run, a copy of which is to be sighted and signed by the registrar</li> <li>• A Mentor may be assigned as required to allow another means of communication and advocacy</li> </ul>

On-site Roster

Anaesthetic Registrars On-site Roster 2026 (replacing On-call Roster)								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Week								
1	N	N	N	N	off	off	off	
2	A	A	A	off	N	N	N	
3	off	off	off	A	A	off	off	
4	P	P	P	P	P	off	off	
5	A	A	A	off	off	Wkd	Wkd	
6	off	off	A	A	A	off	off	
7	A	A	A	A	A	off	off	