

**SHO RUN DESCRIPTION
ANAESTHESIA – CMDHB
ANZCA TRAINING JOB**

(Numbering as per RDA/DHB MECA 2005-2006)

10.1 This run description applies for the period December 2008 to December 2009, for Anaesthetic SHOs working at Counties Manukau District Health Board (CMDHB).

10.2 This DHB is recognised as a training institution by the Australian and New Zealand College of Anaesthetists. As such, the position is recognised as eligible for Basic Training Year One for Fellowship of the Australian and New Zealand College of Anaesthetists. Completion of this Fellowship leads to vocational registration in Anaesthesia under the HPCAA.

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). Out of hours work will be on the MMH site. 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
- preoperative assessment clinic
- other “out of theatre” anaesthesia (radiology, ECT, cardioversion etc)
- cover of the post-surgical Level 1 ICU 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 SHOs 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.

SHOs will be rostered to work with a Consultant or Fellow, who will be their direct line of responsibility.

10.5 Training and Education

All SHOs have a minimum of one half day rostered to attend formal teaching sessions. For the first 6 months of the run, this will be formal SHO teaching sessions on Thursday afternoons within the department. Following this the SHOs may choose to attend Part 1 Teaching on Tuesday afternoons, organised regionally.

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.

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10.6 No teaching of other staff is routinely expected as part of this role. Occasional teaching of other allied health professionals and medical students may occur from time to time in the working theatre environment.

10.7 Anaesthesia is the speciality roster being covered.

10.8 Should mutually agreed work in the Level 1 ICU at MSC be planned, cover from both Anaesthesia and Intensive Care specialists is possible.

10.9 Normal Hours of Work

Anaesthesia services are provided 24 hours a day, 7 days a week. Senior House Officers will be rostered in general as follows:

CYCLE	M	T	W	T	F	S	S
WEEK ONE	-	D	D	D	D	W	W
WEEK TWO	-	D	D	D	D	-	-
WEEK THREE	D	D	D	D	D		
WEEK FOUR	E	E	E	E	E	-	-

D = 0730 – 1730 (10 hrs)

W = 0800 – 2000 (12 hrs)

E = 1200 – 2000 (8 hrs)

Senior House Officers will not be rostered after 2000 hours.

The actual average weekly working hours are thus = 48.5. However this run is currently categorised as a shift roster and therefore remunerated at Category C (55 – 59 hrs per week) run.

10.10 Periods of leave will not be used to determine hours worked.

10.11 Rosters will not be rewritten unless there is a permanent change in the numbers of RMO's on the roster.

10.13 This run description will not be changed without the agreement of the RMO(s) concerned.

GENERAL CONSIDERATIONS

Cancelled, or early finish of lists - The House Officer must inform the supervising anaesthetist and be available for reallocated duties.

The SHO shall make themselves familiar with Department Guidelines and Protocols. These are available via Southnet on the Department Intranet site

Anaesthetic records of a high and legible standard must be kept.

A Training Portfolio must be kept, in accordance with College requirements.

MENTOR

The SHO will be asked choose a Mentor from the Senior Staff. This Mentor will assist with personal and professional development in a non-judgmental manner and should be chosen with this in mind. The SHO will notify the Clinical Head Of Department of the name of their chosen Mentor (remember to get their agreement) by the end of the third week of the run.

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ASSESSMENT OF WORK PERFORMANCE

Informal assessment of progress will be canvassed on a monthly basis at Departmental Senior Staff Meetings, the Senior House Officer will be notified of any serious concerns by the Supervisor of Training.

A formal assessment will be carried out in the middle and at the end of the run and this will be discussed with the Senior House Officer. Private discussions with Mentors will not be included in any formal assessment.