

POSITION DESCRIPTION

February 2022

This Position Description is a guide and will vary from time to time and between services and/or units to meet changing service needs

The Canterbury District Health Board is committed to the principles of the Treaty of Waitangi and the overarching objectives of the New Zealand health and disability strategies.

Organisational Vision

The CDHB's vision is to improve the health and well being of the people living in Canterbury.

Organisational Values

- Care & respect for others
- Integrity in all we do
- Responsibility for outcomes

POSITION TITLE:

Provisional Fellow / Medical Officer

REPORTS TO (Title):

Clinical Director Department of Anaesthesia

REPORTS ON A DAILY BASIS TO:

Duty Anaesthetist

PRINCIPAL OBJECTIVES

Provision of anaesthesia and anaesthesia related tasks and services

FUNCTIONAL RELATIONSHIPS:

(Who are the customer/consumers/patients)

INTERNALLY:

1	Clinical Director Anaesthesia
2	Medical Staff
3	Nursing and Allied Health Professionals
4	
5	

EXTERNALLY:

1	Patients and their families
2	Other clinicians
3	Referring agencies
4	Community groups
5	University and Christchurch School of Medicine staff

KEY PERFORMANCE OBJECTIVES:

Task	Anaesthesia for surgical and other procedural lists – assignment to rostered lists
Expected Result	<ol style="list-style-type: none"> 1. Conduct appropriate preoperative assessments and preparation of patients 2. Prepare and check anaesthesia equipment as necessary in association with the anaesthetic technician 3. Conduct or supervise anaesthesia 4. Organise and supervise immediate postoperative care in association with recovery ward staff 5. Conduct appropriate postoperative follow-up
Task	Duty Anaesthetist – see Department Guideline. The Duty Anaesthetist is based at Christchurch Hospital and carries the duty pager from 0800hrs
Expected Result	<ol style="list-style-type: none"> 1. Coordinating the day's anaesthesia services at all anaesthetising locations and for coordinating the Acute Pain Management Service 2. Providing supervision to registrars working alone 3. Handover of activities to the evening registrar at 1700hrs 4. The supervision of the on-call anaesthetic registrar until such time as an on-call specialist anaesthetist is available
Task	Obstetric Anaesthetist
Expected Result	<ol style="list-style-type: none"> 1. Responsible for supervision of anaesthesia and analgesia services in the labour ward. At the end of each shift all patients under the care of Department of Anaesthesia should be handed over to the oncoming anaesthetic registrar 2. The supervision of on-call anaesthetic registrar until such time as an on-call specialist anaesthetist is available 3. Handover from the night registrar occurs at 0800hrs and handover to the evening registrar occurs at 1700hrs
Task	Preadmission Clinic
Expected Result	<ol style="list-style-type: none"> 1. Preoperative assessment of elective surgical patients 2. Arrangement of required investigations and assessments by other specialists 3. Informing patient of proposed anaesthesia procedure, including the associated risks and obtaining appropriate consent 4. Liaison with anaesthetists and surgeons scheduled to manage the patient
Task	Available Anaesthetist
Expected Result	<ol style="list-style-type: none"> 1. This anaesthetist is not allocated specific tasks but must be available on site at Christchurch Hospital to assist the Duty Anaesthetist as required (see Department Guidelines)
Task	Rostered acute duties and call-back activities. (Together with other rostered members of the Department of Anaesthesia)

Expected Result	<ol style="list-style-type: none"> 1. Providing care for acute patients presenting for anaesthesia 2. Providing care for patients under the care of the Acute Pain Management Service 3. Responsible for patients under the care of other services that require assistance with resuscitation and inner hospital transport 4. Responsible for anaesthesia and analgesia for obstetric patients 5. The Medical Officer may be responsible for the supervision of anaesthesia RMOs whilst on call and will themselves be supervised by one of the specialists on call 6. When on call for the hospital, the on-call anaesthetist is required to remain immediately contactable and to be able to attend the hospital within 20 minutes
Task	The Medical Officer will be part of the specialist on-call team
Expected Result	<ol style="list-style-type: none"> 1. The Medical Officer will work 3 evening acute sessions in one week and 2 evening acute sessions in another week instead of a daytime session 2. Medical officers will be expected to work an additional 8 weekend sessions per year of which 2 must be public holidays. Christmas, New Year and Easter must be filled prior to other public holidays. No more than 2 public holiday weekend day sessions may be worked during one weekend to limit fatigue.
Task	The Medical Officer may be asked from time to time to do additional periods of on-call in order to maintain an appropriate service
Expected Result	<ol style="list-style-type: none"> 1. These will be remunerated separately
Task	The Medical Officer may be asked on occasions to provide on-site cover where registrars are not able to be rostered or become unavailable at short notice
Expected Result	<ol style="list-style-type: none"> 1. Any additional hours worked will be paid at the applicable hourly rate 2. Leave that includes a rostered week of evening work or a weekend is approved only if the anaesthetist arranges a swap with a colleague
Task	Supervision of anaesthetic registrars and senior house officers
Expected Result	<ol style="list-style-type: none"> 1. Medical Officers are responsible for the supervision of registrars and SHOs in accordance with College and Department guidelines
Task	Administration
Expected Result	<ol style="list-style-type: none"> 1. Regular attendance and participation in Department Meetings 2. Preparation of clinical guidelines, protocols and information for patients 3. Involvement in CDHB committees 4. Involvement in service planning and development 5. Performance of other administrative duties as agreed from time to time with the Clinical Director
Task	Teaching
Expected Result	<ol style="list-style-type: none"> 1. In-theatre teaching of anaesthetic registrars, SHOs, anaesthetic technicians and trainee interns 2. Occasional tutorials to junior medical officers, nursing staff, allied health workers and senior medical officers 3. Conduct regular tutorials as per schedule: <ul style="list-style-type: none"> • Anaesthetic technicians • Anaesthetic registrars and SHOs

Task	Continuing Medical Education (CME) - Satisfy the CME component of a CPD programme approved by NZMC. This will include any or all of the following:
Expected Result	<ol style="list-style-type: none"> 1. Attendance at CPD sessions organised by the Department 2. Attendance at other CPD sessions 3. Journal reading 4. Attendance at approved conferences and courses
Task	Quality Assurance
Expected Result	<ol style="list-style-type: none"> 1. Assistance in collecting data for QA purposes
Task	Research Activities
Expected Result	<ol style="list-style-type: none"> 1. Biomedical research is a core activity of the Department. Although standard non-clinical hours are intended to be used for these activities, additional time may be available for biomedical research activities by agreement with the Clinical Director where the extent of research activities justifies this.

HOURS OF WORK:

Where possible, Medical Officers will be rostered according to a 5-week repeating pattern (see below). In some circumstances it may be necessary to reduce this to a 4-week rotation.

The Medical Officer will work 46.28 hours per week on average. The Medical Officer will be rostered to work 5 evening periods starting at 1700hrs on Monday to Friday in each five-week period. (Three in week 1 and two in week 2). The Medical Officer is present on-site until 0100hrs. The average expected hours of work are eight hours per evening.

The other weeks will comprise:

1. Seven or eight elective half-day lists, two of which will be conducted in conjunction with a specialist anaesthetist in an agreed area of interest. The lists conducted in conjunction with a specialist will total ten over a five-week cycle worked.
2. A non-clinical half day session with duties to be agreed with the Clinical Director.
3. Teaching of registrars and SHOs may also be scheduled.

The Medical Officers may by consensus agree to organise cover for the evening shifts using a different roster to the one detailed here, provided this meets the service requirements of the Department. Any alternate roster should be presented through the Fellow (Medical Officer) Representative to the Clinical Director or rostering team.

Service Provision over Weekends and Public Holidays

Weekend day session hours will be 0800 – 1800 hrs

Shifts should be selected from available gaps on the master weekend roster once this has been made available.

Medical Officers will be expected to work any additional 8 weekend sessions per year of which 2 must be public holidays. Christmas, New Year and Easter must be filled prior to other public holidays. No more than 2 public holiday weekend day sessions may be worked during one weekend to limit fatigue

JOB SIZING:

This position is job sized at 1.157 FTE which means that the average number of hours required to complete your agreed duties and responsibilities is a minimum of 46.28 hours per week.

The average number of hours for rostered after-hours on-call duties as part of the job size is 7.63 hours per week. These hours are paid at time (this is included within the base salary) and a half (calculated at half of your ordinary hourly rate).

Week One

Three evenings of eight hours

Two elective lists of five hours

One non-clinical session of four hours

Week Two

Two evenings of eight hours

Four elective lists of five hours

One non-clinical session of four hours

Week Three

Seven elective lists of five hours

One teaching session of four hours

Week Four

Eight elective lists of five hours

One non-clinical session of four hours

Week Five (This week would be omitted in the event of a 4-week rotation).

Eight elective lists of five hours

One non-clinical session of four hours

PLUS

Saturday or Sunday Shift (0800-1800) (8 per year)

Unrostered non-clinical of three hours per week

Minimum Total Average**= 46.28 hours****Current Work Pattern**

	Monday	Tuesday	Wednesday	Thursday	Friday	Hours
Week 1	AD	E	E	E	OFF	38
Week 2	E	OFF	AD	AD	E	40
Week 3	OFF	AD	SHO / PRN List	AD	AD	39
Week 4	AD	AD	OFF	AD	AD	44
Week 5	AD	AD	AD	OFF	AD	44
Average						41.2

General Provisions:

All planned leave (annual leave, continuing medical education leave) will be arranged well in advance with the Clinical Director (or representative) to facilitate the appropriate allocation of scheduled work.

Reasons for leave at short notice include, but are not limited to:

- Illness
- To receive medical treatment that was unplanned
- Family bereavement
- Urgent family or personal problems
- Where there has been an insufficient rest period due to on call/out-of-hours work and therefore clinical safety may become affected.

In each case these short notice periods of leave must be discussed with the Clinical Director representative.

QUALIFICATIONS & EXPERIENCE:**Essential**

- FANZCA Part Two examination or an acceptable alternative qualification relevant to the position
- For ANZCA trainees, completion of all ANZCA requirements for the commencement of a Provisional Fellowship year
- For non-ANZCA trainees, completion of at least four years of training at the equivalent of registrar level
- Current Annual Practicing Certificate
- Medical Indemnity Insurance

Desirable

- Be able to work under pressure and prioritise a heavy clinical workload
- Have excellent written and oral communication skills
- Demonstrate a team approach to work and a collaborative working relationship with management

PERSONAL ATTRIBUTES:**Key**

- Have an empathy with patients, the general public and staff at all levels
- Be an innovative thinker, who can adapt to changes in medical practice
- Be committed to their personal and professional development and to the provision of patient-focused services
- Accepts responsibility for actions
- Ability to 'work together' in a truthful and helpful manner.

HEALTH & SAFETY:

- Observe all Canterbury DHB safe work procedures and instructions
- Ensure your own safety and that of others
- Report any hazards or potential hazard immediately
- Use all protective equipment and wear protective clothing provided
- Make unsafe work situations safe or, if they cannot, inform your supervisor or manager
- Co-operate with the monitoring of workplace hazards and employee's health
- Ensure that all accidents or incidents are promptly reported to your manager
- Report early any pain or discomfort
- Take an active role in the Canterbury DHB's rehabilitation plan, to ensure an early and durable return to work
- Seek advice from your manager if you are unsure of any work practice

QUALITY:

Every staff member within CDHB is responsible for ensuring a quality service is provided in their area of expertise. All staff are to be involved in quality activities and should identify areas of improvement. All staff are to be familiar with and apply the appropriate organisational and divisional policies and procedures.

The intent of this position description is to provide a representative summary of the major duties and responsibilities performed by staff in this job classification. Staff members may be requested to perform job related tasks other than those specified.