## **POSITION DESCRIPTION**



April 2023

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

Te Whatu Ora – Waitaha (Canterbury) is committed to the principles of the Treaty of Waitangi and the overarching objectives of the New Zealand health and disability strategies.

## **Organisational Vision**

Te Whatu Ora Waitaha's vision is to improve the health and wellbeing of the people living in Canterbury.

## **Organisational Values**

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

POSITION TITLE:	Specialist Anaesthetist
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)

#### INTERNALI Y.

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1	Clinical Director Anaesthesia		
2	Medical Staff		
3	Nursing, Midwifery and Allied Health Professionals		
4	Service Manager Anaesthesia		
5	Departments of Anaesthesia throughout Te Whatu Ora		
6	Administration Staff		

#### **EXTERNALLY:**

1	Patients and their family/whānau		
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 planned and acute care lists.

#### **Expected Result**

- 1. Conduct appropriate preoperative assessments and preparation of patients.
- 2. Prepare and check anaesthesia equipment as necessary in association with the anaesthesia assistant.
- 3. Provide professional clinical leadership in a collegial and collaborative manner with perioperative team members
- 4. Conduct and/or supervise anaesthesia.
- 5. Organise and supervise immediate postoperative care in association with PACU.
- 6. Conduct appropriate post-operative follow up

## Task Expected Result

## Duty Anaesthetist – see Department Guideline for detailed description

- Coordinate the day's anaesthesia services at all anaesthetizing locations.
- 2. Coordinate the Acute Pain Management Service.
- 3. Carry the duty phone and pager from 07450-1700hrs Weekdays.
- 4. Provide supervision to registrars working alone.
- 5. Handover of activities to the evening medical officer / registrar at 1700hrs.
- 6. Supervise the on-call anaesthetic registrar until such time as an on-call specialist anaesthetist is available.

## Task

## **Expected Result**

### **Acute Ward Anaesthetist**

- 1. Attend to outside theatre duties as directed by Duty Anaesthetist
- 2. Round with Acute Pain Management Service (APMS) Nurse to review patients who fulfil APMS review criteria
- 3. Modify analgesia regime as appropriate
- 4. Respond to requests to review acutely admitted patients with difficult to control pain
- 5. Liaise with domiciliary surgical or medial teams with respect to changes to pain management
- 6. Assist in facilitating placement of regional blockades for patients where clinically appropriate
- 7. Handover patients that require repeated review to the PM APMS nurse, duty anaesthetist or on-call registrar.

## **Expected Result**

#### Obstetric Anaesthetist

- 1. Supervision of anaesthesia and analgesia services in the Birthing Suite, Christchurch Women's Hospital.
- 2. At the end of each shift all patients under the care of Department of Anaesthesia should be handed over to the oncoming evening anaesthetic registrar at 1630hrs.
- 3. Supervision of the on-call anaesthetic registrar until such time as an on-call specialist anaesthetist is available.
- 4. Handover from the night registrar occurs at 0800hrs

#### Task

#### **Expected Result**

#### **Preadmission Clinic**

- 1. Preoperative assessment of elective surgical patients
- 2. Arrangement of required investigations and assessments by other specialties or services
- 3. Informing patient (and whānau as appropriate) of proposed anaesthesia procedure, including the associated risks and obtaining appropriate consent
- 4. Shared decision making as appropriate for those identified as high-risk patient population
- 5. Liaison with anaesthetists and surgeons scheduled to manage the patient
- 6. Review results of assessed patients and action as appropriate

#### Task

## **Expected Result**

## Available Anaesthetist ("Relief")

 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

#### Non-Rostered Non-Clinical Duties

## **Expected Result**

- Undertaking of non-clinical work for the service or DHB (including but not limited to; protocols/policies, clinical portfolio, clinics, teaching), or personal CME.
- 2. Expected hours per week is a percentage of individual's FTE
- 3. Management of time is the responsibility of the individual SMO outside of rostered clinical hours.

## Expected result:

#### Rostered acute duties and call-back activities

Rostered duty shift work outside standard working hours

## General principles:

- 1. Providing appropriate support for the other rostered on-site SMO's, Medical Officers, Registrars, and SHOs
- 2. Providing care for acute patients presenting for anaesthesia in theatre or in a remote location
- 3. Providing care for patients under the care of the Acute Pain Management Service
- Responsible for patients under the care of other services that require assistance with resuscitation, airway emergencies and intra-hospital transport
- 5. Responsible for anaesthesia and analgesia for obstetric patients
- 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

#### **Details:**

The specialist anaesthetists have a collective responsibility to provide a 24-hour acute service. There is significant review being undertaken of the current call rosters and anticipated to change in the future. Currently, on-call duties are arranged as follows:

#### Weeknight General/Obstetric Call

- There are a minimum of 32 people in this roster.
- General and obstetric call is 1700-0800hrs
- It is divided into eight cells grouped into two cells per weekday night (Monday to Thursday)
- Rostering pattern alternates between two cell groups per fortnight day.
- Each cell has four SMOs in it who rotates through 1<sup>st</sup>, obstetric call, 1<sup>st</sup> relief, 2<sup>nd</sup> relief.
- Planned leave and other absences notified in advance are covered within the group initially.
- Friday nights are covered by the General/Obstetric call group

## Weekend General/Obstetric Call

- First General call is divided into two shifts; 0800-1800hrs and 1800-0800hrs.
- Obstetric call is for 24 hours 0800-0800hrs.
- Cardiac call doubles as second general call from 0800hrs Saturday to 0800hrs Monday.

# Expected Result continued

## Weeknight and Weekend Paediatric and Cardiac Call

- Paediatric and Cardiac call is organised using a minimum of 7 people for each roster with the exact roster being determined by the members of the roster.
- Rostering and covering of the roster is internally covered by each subspecialty group.
- Weeknight call (Monday- Thursday) hours are 1700-0800hrs
- Weekend call involves Friday 1700hrs to Monday 0800hrs (or divided internally within the group).
- Cardiac call doubles as second general call from Saturday 0800hrs to Monday 0800hrs.

#### Senior SMO Roster (see Description for details)

- The staff participating in this roster are the Provisional Fellows (Medical Officers) and the Specialist Anaesthetists who no longer participate in a sub-speciality or general call roster.
- Provides cover for acute/emergency work only
- The frequency is six weekend day shifts (0800-1800) per calendar year (or pro-rata)
- Rostering is self-managed as per rules outlined in the agreed guidelines

#### **Public Holidays**

- Rostering will follow weekend patterns shift patterns that occur midweek and for three-day weekends
- Christmas and Easter Rostering (Four-day weekends)
  - Cardiac and second call are not combined
  - General/Obstetric will have four people rostered to include a second call and rotate through the required call commitments

#### Additional unplanned absentee cover

Cover for unexpected and unplanned absences will be remunerated at agreed additional session rates. Public holidays will also accrue a day in lieu.

Supervision of Medical Officers, Anaesthetic Registrars and Senior House Officer (SHO)

## **Expected Result**

 Specialist anaesthetists are responsible for the supervision of Medical Officers, Registrars and SHOs in accordance with College and Department Guidelines.

#### Task

Provision of anaesthesia services at all Te Whatu Ora Waitaha sites/facilities as rostered. Specialist Anaesthetists will provide clinical services and support at appropriate Te Whatu Ora Waitaha sites including:

### **Expected Result**

- Christchurch Hospital
- Women's and Day Surgery Hospital
- Burwood Hospital
- Hillmorton Hospital
- Approved and accredited outplaced hospital settings

#### Task

#### Administration

#### **Expected Result**

- 1. Regular attendance and participation in Department Meetings.
- 2. Preparation of clinical guidelines, protocols and information for patients and Department.
- 3. Involvement in Te Whatu Ora Waitaha committees.
- 4. Involvement in service planning and development.
- 5. Leadership roles for specific clinical anaesthesia groups.
- 6. Performance of other administrative duties as agreed from time to time with the Clinical Director.

#### Task

## Teaching

#### **Expected Result**

- In-theatre teaching of anaesthetic medical officers, registrars, SHOs, anaesthetic assistants, trainee interns and other health professionals.
- 2. Occasional tutorials to junior medical officers, nursing staff, allied health workers and senior medical officers.
- 3. Conduct regular tutorials as agreed with the Clinical Director for:
  - Anaesthetic technicians
  - Anaesthetic registrars and SHOs.

#### Continuing Medical Education (CME)

#### **Expected Result**

Satisfy the CME component of a CPD program approved by NZMC and/or ANZCA. This includes (but not limited to);

- 1. Practice evaluation
  - a. Peer Review
  - b. Clinical audit
  - c. M&M Meetings
  - d. Reviewing patient pathways
- 2. Knowledge and Skills
  - a. Learning sessions
  - b. Journal Reading
  - c. Simulation and problem-based learning
  - d. Conferences
  - e. Teaching
- 3. Emergency Responses

## Task

## **Quality Assurance and Quality Improvement**

## **Expected Result**

- 1. Assistance in collecting data for QA purposes
- 2. Contribute to departmental quality improvement activities and initiatives
- 3. Involvement in credentialing activities

#### Task

## **Specific Department Functions**

## **Expected Result**

- Specialist anaesthetists carry out various specific administration and organisational functions. Where applicable, these duties are outlined in Te Whatu Ora Waitaha Policies or ANZCA College Guidelines e.g.: Supervisor of Training, Quality Assurance Officer. Other duties will have specific objectives agreed with the Clinical Director.
- 2. The anaesthetist will undertake other duties as reasonably requested by the Clinical Director of Anaesthesia, Service Manager or the General Manager Medical Surgical (Christchurch Hospital).
- 3. Specific leadership and non-clinical duties will be accommodated by the allocation of non-clinical time.

## **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 employees 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 Te Whatu Ora Waitaha 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

## **HOURS OF WORK**

Activity	Expected hours
Session	AM Approximately 0800-1300
NB. Variability may be encountered due to list/task demands	PM Approximately 1300-1800
Weekday Call – All groups	1700-0800
Weekend Call - General	Day 0800-1800
	Night 1800-0800
Weekend Call - Obstetric	0800-0800
Weekend Call – Cardiac/Paediatric	0800-0800
Non-rostered non-clinical time	Hours as %age of FTE per week (self-managed)

Availability Allowance	Rate
General Call	7%
Paediatric Call	7%
Cardiac Call	8.5%
Senior SMO	2%

#### **General Provisions:**

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

Reasons for leave at short notice include:

- Illness
- Family bereavement
- Urgent family or personal problems
- Involvement in a medical procedure that was either unplanned or for reasons beyond their control, did not finish at the planned time
- Involvement in call back work immediately preceding a routine session, where the extent of the work would compromise clinical safety

In each case these short notice periods of leave must be discussed with the Clinical Director or Service Manager

## **Limitations of Authority**

Situations with resource or financial implications for the Department are discussed and agreed with the Clinical Director and Service manager

Issues with direct impact on Te Whatu Ora Waitaha are communicated to the Clinical Director and Service Manager

#### **QUALIFICATIONS & EXPERIENCE:**

#### Essential

- A post graduate qualification recognised by the Medical Council of New Zealand for vocational registration as a Specialist Anaesthetist.
- Current Annual Practicing Certificate.
- Medical Malpractice 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.

#### **Performance Objectives:**

## Clinical Anaesthesia

- 1. Appropriate preoperative assessment of all patients prior to anaesthesia.
- 2. To behave in a professional manner and to respond appropriately to complaints from patients, relatives or other health care providers.
- 3. Performance of duties in a timely manner and in accordance with agreed work schedules and rosters.
- 4. To be readily contactable while on-call and to respond within an acceptable time frame.

## **Continuing Medical Education**

- 1. Regular participation and presentations at CME sessions organized by the Department.
- 2. Maintenance of resuscitation skills.
- 3. Participation in a continuing medical education programme that satisfies the requirements of the Medical Council of New Zealand.

## Safety

1. Participation in training sessions that relate to patient and staff safety.

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.