## CONTENTS OF DOCUMENT

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION &amp; SUMMARY</td>
<td>2</td>
</tr>
<tr>
<td>KEY TASKS &amp; EXPECTED OUTCOMES</td>
<td>3</td>
</tr>
<tr>
<td>BEHAVIOURAL COMPETENCIES</td>
<td>6</td>
</tr>
<tr>
<td>PERSON SPECIFICATION</td>
<td>7</td>
</tr>
<tr>
<td>DETAILED WORK PLAN</td>
<td>8</td>
</tr>
<tr>
<td>SPECIFIC FELLOWSHIPS</td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>11</td>
</tr>
<tr>
<td>Lower GI &amp; ERAS Anaesthesia</td>
<td>12</td>
</tr>
<tr>
<td>Medical Education</td>
<td>13</td>
</tr>
<tr>
<td>Perioperative Medicine</td>
<td>15</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>17</td>
</tr>
<tr>
<td>Regional Anaesthesia</td>
<td>18</td>
</tr>
<tr>
<td>Upper GI Anaesthesia</td>
<td>19</td>
</tr>
</tbody>
</table>
Anaesthesia Fellow

Position Description

Job Title: Anaesthesia Fellow

Department: Department of Anaesthesia & Perioperative Medicine

Location: Waitemata District Health Board

Reporting To: Clinical Director – Anaesthesia

Direct Reports: Anaesthesia Fellow Supervisor
Fellowship Lead Clinician

Remuneration: As per the Association of Salaried Medical Specialists (ASMS) multi-employer collective agreement (MECA)

Functional Relationships with:

Internal

- Clinical Director – Anaesthesia
- Anaesthesia Fellow Supervisor
- Fellowship Lead Clinician
- Anaesthesia Consultants
- Management staff
- Anaesthetic Technicians
- Theatre, PACU and Pain Team staff
- Booking and Scheduling staff
- Other specialty consultants and junior doctors
- Support services

External

- General practitioners
- Medical Council of New Zealand
- Patients and their families
- Other secondary and tertiary service units
- Health and Disability Commission

Summary of Duties: The duties will include the following:

- Provision of a high standard of clinical practice in the management and delivery of anaesthetic services for the people of the Waitemata District Health Board (WDHB) region
- Participating in outpatient clinics as agreed with the Clinical Director Anaesthesia.
- Participating 1 in 4 weekend call roster
- Post-operative assessment of patients on the acute pain round
- Participating in clinical research, clinical evaluation and quality assurance programmes as agreed with the Clinical Director Anaesthesia and Anaesthesia Fellow Supervisor
- Provision of teaching to Anaesthesia Registrars & SHOs, Medical Students, Anaesthetic Technicians, Perioperative Nurses and Midwives.
# Anaesthesia Fellow

## Position Description

<table>
<thead>
<tr>
<th>KEY TASKS</th>
<th>EXPECTED OUTCOMES</th>
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<tr>
<td>Assessment and treatment of patients at both inpatient and outpatient level.</td>
<td>• Provide anaesthetic care to patients in order to facilitate surgical and medical interventions.</td>
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<tr>
<td>Assessment, treatment and follow-up of elective and acute in-patients pain/anaesthesia requirements during their hospital stay.</td>
<td>• Undertake outpatient assessment and consultations.</td>
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<tr>
<td>Participating in clinical sessions (elective and acute) at all WDHB sites, including weekend sessions as allocated.</td>
<td>• Assessment of new and follow-up patients under the supervision of the Anaesthesia Coordinator.</td>
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<td>• Arrange for consultation from other medical specialists/special investigations where appropriate.</td>
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<td>• Work as a member of the multidisciplinary team.</td>
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<td></td>
<td>• Work with Anaesthesia Coordinator in the provision of pre and post-anaesthetic rounds, including some weekend work assessing patients post-operatively.</td>
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<td>• Attend acute pain rounds and provide telephone follow-up when required, including some weekend work.</td>
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<td></td>
<td>• Provide resuscitative and emergency care to patients when clinically appropriate.</td>
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<td>• Consult with patients and caregivers to explain any matters requiring their consent or queries about their treatment.</td>
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<td></td>
<td>• Maintain adequate documentation of patient notes and assessment notification to referral sources.</td>
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<td>• Ensure the provision of quality care; with all documentation consistent with policies.</td>
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<td>• Sight and action results of investigations before filing.</td>
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<td>• Liaise with other staff of Waitemata DHB to ensure appropriate continuity of care.</td>
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<td></td>
<td>• Be actively involved in administration of other treatment that is deemed appropriate for patients.</td>
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<td></td>
<td>• Provide assessment and advice to in-patient referrals as requested by other disciplines within the WDHB.</td>
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<td></td>
<td>• Comply with any special documentation/database entry as required by the Anaesthesia Clinical Director.</td>
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<tr>
<td>Extension of training and knowledge of the discipline of Anaesthesia.</td>
<td>• Attend regular supervised sessions with Consultant Anaesthetists.</td>
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<tr>
<td></td>
<td>• Participate in further CME activity; attend courses/undertake further study in Anaesthesia &amp; Perioperative Medicine.</td>
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<td></td>
<td>• Progression towards increasing independence in clinical practice</td>
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<td>• Achieving a level of practice equivalent to that of a consultant by the end of a 12-month attachment.</td>
</tr>
<tr>
<td>Patient information and informed consent</td>
<td>• Gives patients and their families a full explanation of all procedures and treatments</td>
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<td></td>
<td>• Obtains informed consent for all patients in accordance with the organisation’s policy for undertaking any operation or test of procedure</td>
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<tr>
<td>Staff and patient relations</td>
<td>• Acts in a manner consistent with a senior member of staff</td>
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<td></td>
<td>• Maintains effective interpersonal relationships with multidisciplinary staff, patients and relatives/whanau</td>
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<td></td>
<td>• Handles problems and complaints sensitively</td>
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<tr>
<td>Education and teaching of junior</td>
<td>• Provides clinical supervision and teaching for medical practice of patients and their families.</td>
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</tbody>
</table>
### Anaesthesia Fellow

**Position Description**

| Medical Staff and Other Professional Groups | Students, House Officers and Registrars

- Ensures the orientation, guidance, performance management and objective setting process and feedback to junior medical staff is consistent with good employer relations and Council standards
- Is available to junior medical staff for advice, supervision of procedures and urgent acute problems as appropriate
- Provides teaching or educational presentations for nurses, aesthetic technicians, midwives and other health professionals or groups with a general anaesthesiology interest as appropriate

| Maintenance of Adequate Record and Reports to Referring Doctors | Comprehensive, accurate and up-to-date medical records are maintained for all patients under Senior Medical Office care
- Medical records and discharge letters on inpatients as well as outpatient letters on patients seen by the Senior Medical Officer are completed and dispatched within organisational timeframes

| Professional Development Knowledge and Practice Updated and Maintained | Demonstrates evidence of continuing self-education through, for example, attendance at relevant courses/seminars/conferences; reading relevant literature
- Utilises appropriately annual entitlement of Continuing Medical Education Leave
- Attends and actively participates in local post-graduate medical education activities
- Participates in service credentialing and recommendations

| Participates in Quality Assurance Programmes | Attends and participates in regular departmental audit/peer-review activities, including morbidity/mortality reports
- Attends and participates in Quality Assurance activities
- Quality of written records meets specified standards
- Patient satisfaction is positive
- Peer review is favourable
- Meets with colleagues to discuss and record performance issues and professional/personal development, at least annually

| Actively Contribute to Continuous Quality Improvement Activities within the Service | Identifies improvement opportunities and notifies the Clinical Director of these
- Participates in the service’s quality and risk improvement and minimisation activities
- Provides good patient/client service and is responsive to patient/client requests or complaints
- Complies with standards and works to improve patient/client satisfaction. Identifies risks and notifies the Clinical Director of these
- Complies with WDHB Reportable Events policy and other policies and procedures
- Participates in departmental audits

| Management and Administration of | Attends departmental business meetings unless on
### Anaesthesia Fellow

**Position Description**

| the Anaesthesia and Perioperative Medicine service | planned and approved leave or otherwise indicated by the Clinical Director Anaesthesia  
- Attends regular meetings of the Service to collaborate with his/her colleagues and, as requested, with the Clinical Director  
- Utilises staff, technological, pharmaceutical and other publicly funded resources prudently and efficiently for cost effective patient care  
- Participates in monitoring resource allocation and decision making within the service  
- Participates in the development and updating of clinical management guidelines, including integrated clinical pathway |
| Clinical Leadership Responsibilities | - Teach vocational trainees as required  
- Supervise/teach junior medical and nursing staff |
| Treaty of Waitangi | - Demonstrates an understanding of the Principles of Te Tiriti o Waitangi and how these relate to the development and application of service specific initiatives for Maori  
- Understands the holistic approach to Maori health  
- Develops and plans strategies that are responsive to the health needs or Maori  
- Recognises and seeks counsel on the cultural requirements when dealing with Maori |
| To recognise individual responsibility for Workplace Health and Safety under the Health and Safety in Employment Act 1992 | - Company health and safety policies are read and understood and relevant procedures applied to their own work activities  
- Workplace hazards are identified and reported, including self-management of hazards where appropriate  
- Can identify health and safety representative for area |
Behavioural Competencies

Adheres to Waitemata District Health Boards 4 Organisational Values of:

Every single person matters, whether a patient / client, family member or a staff member

We see our work in health as a vocation and more than a job. We are aware of the suffering of these entrusted to our care. We are driven by a desire to relieve that suffering. This philosophy drives our caring approach and means we will strive to do everything we can to relieve suffering and promote wellness.

We need to be connected with our community. We need to be connected within our organisation – across disciplines and teams. This is to ensure care is seamless and integrated to achieve the best possible health outcomes for our patients/clients and their families.

We seek continuous improvement in everything we do. We will become the national leader in health care delivery.

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<thead>
<tr>
<th>Behavioural Competencies</th>
<th>Behaviour Demonstrated</th>
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<tr>
<td>Communicates and Works Co-operatively</td>
<td>Actively looks for ways to collaborate with and assist others to improve the experience of the healthcare workforce, patients &amp; their families and the community &amp; Iwi.</td>
</tr>
<tr>
<td>Is Committed to Learning</td>
<td>Proactively follows up development needs and learning opportunities for oneself and direct reports.</td>
</tr>
<tr>
<td>Is Transparent</td>
<td>Communicates openly and engages widely across the organisation.</td>
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<td></td>
<td>Enacts agreed decisions with integrity.</td>
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<tr>
<td>Is Customer Focused</td>
<td>Responds to people’s needs appropriately and with effective results</td>
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<td></td>
<td>Identifies opportunities for innovation and improvement</td>
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<tr>
<td>Works in Partnership to Reduce Inequality in Outcomes</td>
<td>Works in a way that:</td>
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<td></td>
<td>Demonstrates awareness of partnership obligations under the Treaty of Waitangi.</td>
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<td></td>
<td>Shows sensitivity to cultural complexity in the workforce and patient population.</td>
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<td></td>
<td>Ensures service provision that does not vary because of peoples' personal characteristics.</td>
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<tr>
<td>Improves health</td>
<td>Work practices show a concern for the promotion of health and well-being for self and others.</td>
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<tr>
<td>Prevents Harm</td>
<td>Follows policies and guidelines designed to prevent harm.</td>
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<td>Acts to ensure the safety of themselves and others.</td>
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</table>
**Anaesthesia Fellow**

**Position Description**

**Person Specification**

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<tr>
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<th>Minimum</th>
<th>Preferred</th>
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| **Qualification**    | • Qualified Medical Practitioner eligible for appropriate registration with Medical Council of New Zealand.  
                       • Minimum of four years training in Anaesthesia and Intensive Care, with at least three years in Clinical Anaesthesia. | • Vocational qualification in Anaesthesia  
                       • Five or more years post registration.  
                       • Four or more years’ experience in Clinical Anaesthesia  
                       • Special interest, skills or additional qualifications in subspecialty area. |
| **Skills, Knowledge & Behaviour** | • High standard of written and verbal communication.  
                       • Ability to work as integral member of multi-disciplinary team.  
                       • Able to maintain good professional relationships and be respectful of other team members’ skills.  
                       • A demonstrated belief in, and commitment to, promoting quality of life. | • A strong interest in research and education  
                       • A strong interest in personal professional development  
                       • A willingness to take on further roles within the team. |
| **Experience**       | • Broad understanding of the New Zealand health sector  
                       • Recognises the critical and key success factors in working in healthcare | • Detailed understanding of the New Zealand health sector reform and purchasing structure |

**VERIFICATION:**

Employee: ________________________________

Department Head: __________________________

Date: _________________________________
Detailed Work Plan

1. ROUTINE DAYTIME ACTIVITIES

Daytime services include the provision of anaesthesia and perioperative medical services in accordance with the schedule of elective and acute sessions within

- North Shore Hospital operating theatre suite
- Waitakere Hospital day-stay theatre suite
- Other sites in WDHB as allocated by the Clinical Director Anaesthesia

1.1 The Fellow will have a schedule that is agreed with the Clinical Director. The Fellow will be assigned to sessions and is required to attend as detailed in the departmental roster. Changes to the Fellow's current days of the week worked (and type of work during those days) will be made in agreement with the Clinical Director and Fellow Supervisor.

1.2 One full-time equivalent (1 FTE) contract consists of 8 sessions, each lasting 5 hours (0730-1230 and 1230-1730), over 4 days per week. This will be made up of 7 clinical sessions and 1 administrative session, unless indicated otherwise in the individual fellowship description.

1.3 Each morning (0730-1230) and afternoon (1230-1730) session is deemed to average five hours inclusive of all associated activities (as listed below), when averaged over a roster cycle.

For anaesthesia, this includes:
- preoperative assessment and premedication of patients.
- administration of anaesthesia in the operating theatre and in remote sites as required
- supervision of patients in the recovery room and participation in their postoperative management (in consultation with other health professionals as required)
- postoperative review of patients in the ward where appropriate
- triage, assessment and management of patients presenting for surgery, including consults in the preoperative anaesthetic clinic
- assessment, management and review of patients on the acute pain round
- acute services as listed in 1.5
- any associated documentation

1.4 All-day elective anaesthesia lists equate to two sessions and include the associated activities detailed in 1.3.

1.5 Acute services include the following:
- provision of anaesthesia for all specialties, as directed by the Anaesthetic Coordinator
- supervision of anaesthetic related problems in postoperative patients
- assistance in daily pain round as directed by the Anaesthesia Coordinator
- analgesia services and expertise for all patients, including obstetrics
- coordination and assistance of anaesthetic services in the operating suite
- assistance with procedures for vascular access
- assistance with airway emergencies when requested by other specialties
- assistance with emergency and resuscitative care as appropriate
- assistance with transporting the critically ill to or from North Shore or Waitakere Hospital
1.6 Waitakere Hospital obstetric day (0700-1900) is deemed as working 3 sessions. This includes:

- anaesthesia for elective and acute caesarean sections.
- anaesthetic assessment of obstetric patients
- epidural analgesia and other pain management interventions
- assessment and management of unwell women (in consultation with other health professionals as required)
- assistance with procedures for vascular access by other specialties
- assistance with airway emergencies when requested by other specialties
- assistance with emergency and resuscitative care as appropriate

2. CANCELLATION OF ROUTINE ACTIVITIES

In the event of a scheduled session being cancelled, the anaesthetist will discuss with the Anaesthesia Coordinator for possible reallocation.

3. ROSTERED WEEKEND SHIFTS

3.1 All Fellows are expected to participate in the weekend roster for the Pain round and the Acute theatres (0800-1800, Saturday and Sunday). Frequency of allocation is 1 in 4 weekends on average. This may be subject to change in the event of an increase or decrease in fellow staffing levels.

3.2 Fellows are expected to internally cover any leave or absence, shared with Anaesthesia MOSS’s.

3.3 Fellows may be allocated to acute sessions, elective weekend lists, the acute pain round, obstetric anaesthesia cover, or any other service deemed appropriate by the Anaesthesia Coordinator.

3.4 On occasion, Fellows may be requested to support junior trainees on their first night shifts (2200-0800 on weekdays, 2000-0800 on weekends). Remuneration for these duties will be in addition to their normal salary.

3.5 Fellows may be asked to perform registrar after-hours duties (evenings or night-shifts) to cover unplanned registrar absences if these are not able to be covered from the existing registrar pool. Remuneration would be at the prevailing MOSS/Fellow locum rate.

4. ALLOCATION OF LEAVE

Six weeks application for all leave in writing to allow appropriate allocation of scheduled work. The application form will be given to the Leave Officer, who will check with the roster writer that the leave can be covered.

Any substitutions for routine work will require the agreement of the Clinical Director. The substitution must be arranged by the person rostered for that session and must be undertaken by another employed specialist or fellow if appropriate.
5. SHORT NOTICE LEAVE

Employees can provide short notice advice that they will not be available for a scheduled session.

Short notice leave needs to be notified by calling the Anaesthesia Coordinator and a message left on the department secretary's phone message system.

The Clinical Director will be notified and the no-show will not be counted towards the session total and will need to be made up at some other time, except for those related to illness or bereavement.

6. CONTINUING MEDICAL EDUCATION

Fellows are required to participate in the following activities:

- Attendance at the department business meeting, as indicated by the Clinical Director
- Departmental weekly meetings (morbidity-mortality reviews, journal club)
- Personal literature review
- Emergency Management of Anaesthetic Crises (EMAC) course – if not attended in previous 3 years
- Evidence of participation in a CPD programme as mandated by the Medical Council of New Zealand

For each morbidity & mortality meeting, an Anaesthesia Fellow is required to note down a summary of the discussion. The fellows shall decide amongst themselves a system to allocate this task for each meeting.

Funding and leave for CME activities is provided for in the Association of Salaried Medical Specialists (ASMS) multi-employer collective agreement (MECA). This is only available for contracts longer than 6 months.

7. EDUCATIONAL ROLE

- Participate in professional education activity for medical students, house officers, registrars, technicians and other health professional groups
- Supervision of vocational trainees and house officers
- College assessment activities
Anaesthesia Fellow

Position Description

General Fellowship

Duration: 6 months

Aims & Objectives:
- To gain a broad exposure to clinical practice in anaesthesia, perioperative medicine and pain medicine
- To develop further proficiency in general aspects of clinical anaesthesia, perioperative medicine and pain medicine
- To progress towards increased independence in clinical practice

Weekly Sessions: While every effort will be made to ensure fellows are allocated to relevant sessions, this may not always be possible due to service requirements or when certain resources are unavailable.

- Clinical Anaesthesia – 7 sessions
- Non-clinical / Administrative – 1 session

Responsibilities:
- Maintenance of a logbook to document caseload and variety. This should be presented for regular review to the Fellow Supervisor.

CME Requirements:
- All fellows would be expected to contribute to departmental audit, research and/or measures for quality improvement. A research project in a relevant area may be allocated to the fellow on commencement of duties.
Lower GI & ERAS Anaesthesia Fellowship

Duration: 6 months

Aims & Objectives:
- To develop a broad exposure to the practice of anaesthesia for lower GI surgery and related procedures
- To gain an understanding of the components of enhanced recovery after surgery (ERAS) pathways, namely preoperative assessment, preoperative care in hospital, intraoperative care including anaesthetic factors, and postoperative care.
- To gain an understanding of the benefits of and evidence for ERAS pathways
- To develop further proficiency in anaesthesia for colorectal surgery, including thoracic epidural anaesthesia

Weekly Sessions:
- While every effort will be made to ensure fellows are allocated to sessions relevant to their subspecialty, this may not always be possible due to service requirements or when certain resources are unavailable.
  - Clinical Anaesthesia – 7 sessions
  - Non-clinical / Administrative – 1 session
  - 4-5 clinical sessions per week on average would comprise of colorectal surgical lists utilising local ERAS protocols.

Responsibilities:
- Maintenance of a logbook to document colorectal and ERAS cases, including follow-up of patients when necessary. This should be presented for regular review to the Lead Clinician(s) for the fellowship.

CME Requirements:
- All fellows would be expected to contribute to departmental audit, research and/or measures for quality improvement. A research project in a relevant area may be allocated to the fellow on commencement of duties.
Medical Education Fellowship

Duration : 12 months

Aims & Objectives
- To develop skills and gain proficiency in teaching for the health sciences
- To gain experience in various modalities of teaching, including high-fidelity simulation
- To gain proficiency in describing and interpreting literature relevant to medical education
- To develop skills which enable self-analysis of teaching activities
- To develop skills which allow for provision of feedback to learners
- To develop basic skills in curriculum design and application of assessment principles in medical education

Weekly Sessions : While every effort will be made to ensure fellows are allocated to sessions relevant to their subspecialty, this may not always be possible due to service requirements or when certain resources are unavailable.

- Clinical Anaesthesia – 6 sessions
- Teaching / Non-clinical / Administrative – 2 sessions

Teaching sessions will be organised in advance and allocated to the fellow, to allow for sufficient time for preparation. The fellow may apply for special leave (Leave With Pay) if more than 2 sessions in a particular week are required for teaching commitments. In addition to in-theatre teaching with anaesthesia trainees and medical students, teaching activities may include the following:

- Small-group tutorials (medical students, anaesthesia trainees, anaesthetic technician trainees)
- Lectures (medical students, anaesthesia trainees, nurses, midwives)
- Practical skills teaching (medical students, anaesthesia trainees)
- High-fidelity simulation (anaesthesia trainees)
- Examining in formal mock viva sessions
- Other education activities as allocated by the Lead Clinician

Responsibilities
- Organisation of regular fortnightly Registrar teaching, with input from the Supervisor of Training.
- Ensuring adequate organization and preparation of content for teaching activities
- Maintaining a mechanism for feedback to be given by learners if one does not exist for a particular teaching session
- Arranging for a selection of teaching activities to be observed by a peer or supervisor in order to receive feedback on teaching practice
- Organising a formal mock viva session for anaesthesia trainees sitting the ANZCA Primary Examination (twice a year)
- Maintenance of a teaching portfolio to document teaching activities, including a section on reflective experience. This should be presented for regular review to the Lead Clinician(s) for the fellowship.
- Regular review of medical education and anaesthesia scientific journals in order to update the medical education resources website
CME Requirements

- Participation in a programme to gain a formal qualification in medical education at a certificate level, such as those offered by the University of Auckland or University of Dundee. Fellows with an existing qualification at a certificate level will be encouraged to pursue a diploma. The cost of the course including associated travel/accommodation will be reimbursed from the fellow’s CME fund.
- Completion of a simulation instructors’ course if not already completed. An acceptable course would be the NZ Simulation Instructors Course held in Wellington early each year.
- Completion of the ANZCA Emergency Management of Anaesthetic Crises (EMAC) course if not already completed
- The fellow will undertake to join a professional organization related to medical education and be encouraged to attend its scientific meeting.
- All fellows would be expected to contribute to departmental audit, research and/or measures for quality improvement. A research project in a relevant area may be allocated to the fellow on commencement of duties.
Perioperative Medicine Fellowship

Duration : 12 months

Aims & Objectives
• To develop further proficiency in the assessment of patients with a wide range of medical conditions undergoing surgical procedures of varying levels of risk, including rational use of cardiopulmonary exercise testing (CPET)
• To develop further proficiency in instituting appropriate preoperative management plans in order to optimise patients' medical conditions prior to surgery
• To develop skills in performing reviews of complex patients post-operatively and working in consult with the primary team to recommend changes in management as necessary
• To consolidate scientific knowledge required to achieve excellent evidence-based clinical practice in the field of perioperative medicine

Weekly Sessions :
While every effort will be made to ensure fellows are allocated to sessions relevant to their subspecialty, this may not always be possible due to service requirements or when certain resources are unavailable.

- Clinical Anaesthesia – 3 sessions
- Preoperative Anaesthetic Clinic – 2 sessions
- Acute Pain Round – 1 session
- Cardiopulmonary Exercise Testing (CPET) – 1 session
- Non-clinical / Administrative – 1 session

The fellow will receive exposure to theatre lists likely to contain ASA III and above patients or lists with major surgical cases. These include major orthopaedic surgery, complex general surgery, invasive urological procedures including nephrectomies, complex endocrine surgery, and pacemaker insertions.

Responsibilities
• Maintenance of a perioperative medicine logbook to document follow-up of ASA III and above patients (or those with compelling perioperative issues) seen by fellow in Preoperative Anaesthetic Clinic or similar patients allocated on theatre lists
  - Patients would ideally be followed-up during post-operative period, with acknowledgement that post-hospital discharge follow-up may be appropriate and unavoidable in some cases
  - This should be presented for regular review to the Lead Clinician(s) for the fellowship.

• Review of patients referred to Anaesthetic Service when requested by Anaesthetic Coordinator if following conditions are met:
  - The case to be reviewed is of sufficient complexity to justify the fellow's involvement
  - The fellow is on duty at the time
  - Clinical duties are not interrupted during vital periods of patient care
  - Another clinician is available as a reliever if deemed necessary
CME Requirements

- The fellow will be expected to register for the Perioperative Medicine Short Course run by Alfred Hospital. The cost of the course including associated travel/accommodation will be reimbursed from the fellow’s CME fund.
- The fellow will undertake to join a professional organization related to perioperative medicine and be encouraged to attend its scientific meeting. The Perioperative Medicine SIG would an appropriate entity to fulfil this requirement.
- All fellows would be expected to contribute to departmental audit, research and/or measures for quality improvement. A research project in a relevant area may be allocated to the fellow on commencement of duties.
Pain Medicine Fellowship

Duration : 6 months

Aims & Objectives
• To develop a broad exposure to the practice of pain medicine
• To develop further proficiency in the assessment and management of acute postoperative pain
• To gain proficiency in the assessment and management of chronic non-cancer pain
• To gain exposure to the multidisciplinary treatment of chronic pain

Weekly Sessions : While every effort will be made to ensure fellows are allocated to sessions relevant to their subspecialty, this may not always be possible due to service requirements or when certain resources are unavailable.
• Acute Pain Round – 2 sessions
• Chronic Pain Clinic – 2 sessions
• Clinical Anaesthesia – 3 sessions
• Non-clinical / Administrative – 1 session

Responsibilities
• Maintenance of a learning portfolio to document management of 15 key cases, comprising 10 acute and 5 chronic pain cases. Portfolio should include a section on reflective learning for each case. This should be presented for regular review to the Lead Clinician(s) for the fellowship.

CME Requirements
• All fellows would be expected to contribute to departmental audit, research and/or measures for quality improvement. A research project in a relevant area may be allocated to the fellow on commencement of duties.
• NOTE: This position is not accredited for FPMANZCA training
Regional Anaesthesia Fellowship

Duration : 6 months

Aims & Objectives
- To develop a broad exposure to the practice of regional anaesthesia
- To gain proficiency in neuraxial anaesthesia, upper extremity nerve blocks, lower extremity nerve blocks and truncal blockade
- To gain proficiency in nerve localisation techniques, including use of ultrasound guidance, nerve stimulation and anatomical landmarks
- To demonstrate rational and safe use of regional anaesthesia including management of complications and emergencies

Weekly Sessions : While every effort will be made to ensure fellows are allocated to sessions relevant to their subspecialty, this may not always be possible due to service requirements or when certain resources are unavailable.
- Clinical Anaesthesia – 7 sessions
- Non-clinical / Administrative – 1 session
- 4-5 clinical sessions per week on average would comprise of orthopaedic lists where regional techniques are likely to be utilised.

Responsibilities
- Maintenance of a regional anaesthesia logbook to document performance of procedures and follow-up of patients. This may involve telephone follow-up out-of-hours.
- Presentation of logbook to the Lead Clinician(s) for regular review, to ensure sufficient breadth of experience in regional techniques.
- Assessment using a standardised DOPS form for each of the following regional techniques (minimum of 1 assessment for each):
  o Single-shot interscalene block
  o Continuous infusion catheter interscalene block
  o Single-shot infraclavicular block
  o Continuous infusion catheter femoral nerve block
  o Single-shot sciatic nerve block
  o Single-shot saphenous nerve block
  o Ankle block

CME Requirements
- The fellow will undertake to join a professional organisation related to regional anaesthesia and be encouraged attend its scientific meeting.
- All fellows would be expected to contribute to departmental audit, research and/or measures for quality improvement. A research project in a relevant area may be allocated to the fellow on commencement of duties.
Upper GI Anaesthesia Fellowship

Duration: 6 months

Aims & Objectives:
- To develop a broad exposure to the practice of anaesthesia for upper GI surgery and related procedures including endoscopic procedures requiring anaesthetic input
- To gain an understanding of the principles of anaesthesia for bariatric surgery including relevant perioperative issues
- To develop proficiency in anaesthesia for liver surgery (excluding transplants)
- To gain an understanding of the factors affecting anaesthesia for ERCP including potential complications

Weekly Sessions:
- While every effort will be made to ensure fellows are allocated to sessions relevant to their subspecialty, this may not always be possible due to service requirements or when certain resources are unavailable.
  - Clinical Anaesthesia – 7 sessions
  - Non-clinical / Administrative – 1 session

4-5 clinical sessions per week on average would comprise of upper GI surgical lists including liver resections, bariatric surgery and ERCP.

Responsibilities:
- Maintenance of a logbook to document upper GI cases, including follow-up of patients when necessary.
- Presentation of logbook to the Lead Clinician(s) for regular review, to ensure sufficient breadth of experience in upper GI anaesthesia.

CME Requirements:
- All fellows would be expected to contribute to departmental audit, research and/or measures for quality improvement. A research project in a relevant area may be allocated to the fellow on commencement of duties.