Health New Zealand
Te Whatu Ora

RUN DESCRIPTION

POSITION:	**Senior House Officer (SHO)**
DEPARTMENT:	**Anaesthesia**
PLACE OF WORK:	**All WDHB facilities**
RESPONSIBLE TO:	**Director of Anaesthesia & OR's through the Clinical Director or a nominated Consultant.**
FUNCTIONAL RELATIONSHIPS:	**Healthcare consumer, Hospital and community-based healthcare workers**
PRIMARY OBJECTIVE:	**To facilitate the management of patients under the care of WDHB, including pre- and post-operatively.**
RUN RECOGNITION:	**This run is recognised by the Australian and New Zealand College of Anaesthetists as a training position for a specialist qualification**
RUN PERIOD:	**6 months**

Section 1: Responsibilities

Area	*Responsibilities*
Clinical Duties & Work Schedule	• All clinical duties to meet service requirements of the Department of Anaesthesia, and to meet training requirements for ANZCA, which include knowledge and skills in anaesthesia and sedation, regional anaesthesia, airway management, pain medicine, perioperative medicine, resuscitation, trauma and crisis management and quality and safety in patient care • The SHO Roster will be run by the SHO Roster Co-Coordinator, in concordance with the overall Departmental Roster. The roster will be MECA-compliant. • It is planned to make the weekly roster (or a draft of this), available/accessible 2-3 weeks in advance. This Roster will detail Acute/Elective lists as well as other obligations, e.g. teaching. Weekly allocations are made by the Supervisor of Training (SOT). Where possible, SHOs will be allocated to lists where the individuals' needs for teaching are met. Please discuss these with the SOT, the department secretary and the consultant responsible for rostering.

Area	*Responsibilities*
	• Supervision by a Consultant Anaesthetist is provided at all times. The level of supervision will vary in accordance with ANZCA guidelines (Appendix 1). The SHOs are immediately responsible to this consultant. • The provision of anaesthetic services and training will be in accordance with the relevant guidelines of the Australian and New Zealand College of Anaesthetists. • Particular attention should be paid to the ANZCA Policy Documents. • Where an SHO is assigned to a list, it will be expected that they perform the preoperative assessment and optimise the patient for anaesthesia, including premedication. They should discuss management with the supervising Consultant. • No patients should be cancelled without Consultant input. An anaesthetic plan should be made for all patients and discussed with the relevant Consultant. Where possible and where appropriate, SHOs shall also perform post-op visits. • The SHO must check all anaesthesia equipment prior to commencing a list. • The SHO is expected to keep a detailed and legible clinical record of all anaesthetics, which will go in the patient notes. • The SHO will also be expected to keep a Log Book of the cases in which they are involved. • The level of supervision required is dependent on the SHO's level of training and personal proficiency. This is detailed in Appendix 1.
Acute Call Duties	• The prime responsibility is the provision of an acute Anaesthetic Service but the supervising Anaesthetist may assign the SHO to other duties at his/her discretion. • These may include a morning round of all patients under the care of the Acute Pain Service, and provision of appropriate support to this service. The SHO should communicate with the Duty Specialist about cases as detailed in the College Guidelines (Appendix 1), and the NSH On Call guidelines (Appendix 2)

Area	*Responsibilities*
General Considerations	• Handover Policy - At the end of a rostered duty, all patients on the acute and elective list should be discussed and handed over. Handover of the care of an anaesthetised patient to another anaesthetic colleague should be discussed, where appropriate, with the Consultant Anaesthetist supervising at the time of the hand over. • Cancelled or Early Finish of Lists - The SHO must inform the supervising Anaesthetist and be available for reallocated duties. • Participation is expected in Quality Assurance and Educational activities as detailed in Section 5. • Further SHO responsibilities shall include such other duties as may be reasonably directed by the Clinical Director of the Department. • Where appropriate SHOs will assist in training of undergraduates, house surgeons, technicians, nurses, ambulance personnel, anaesthetic colleagues and other medical staff. • SHOs are expected to participate in the weekly exam-oriented tutorials and other city-wide meetings as appropriate. However, their first obligation is clinical and to the Department. • An Acute Pain Nurse attends the Acute Pain Round daily Monday to Friday (excluding public holidays) and some weekends. On normal workings days, a Consultant will also cover the Acute Pain Service. The SHO will be rostered to weekend Acute Pain Rounds under the supervision of the weekend Anaesthetic Fellow/Consultant Anaesthetist. • There is a separate handout on research for Registrars, please read this.
Department Staff Support	• SHOs are expected to be supportive of each other and the Department. This includes compliance with roster alterations for those sitting exams, help in teaching by more senior Registrars etc.They should also have a threshold of awareness for other problems with their colleagues e.g. stress, drug abuse, etc. and inform senior members of the Department as appropriate.

Section 2: Training and Education

Nature	*Details*
College Training Positions	• There are five SHO positions comprising a mix of Introductory Training and pre-training positions.
Protected Time	• Auckland Regional Rotation Part 1 long course teaching is held on Tuesday afternoons (which includes SHOs who are in Introductory Training). Teaching for SHOs in their first 6-month rotation is held on Thursday afternoons. SHOs are expected to attend the appropriate teaching and will be released from clinical duties at a reasonable time to allow for lunch, travel and parking.
North Shore Hospital Education	• A Registrar/SHO teaching session is occasionally held in the Anaesthetic Department on alternate Tuesdays from 0730 to 0815 hours. SHOs should endeavour to attend. This session should take priority over preoperative assessment, so if possible, arrange to see patients preoperatively before or after teaching, or liaise with the consultant covering the list. • Friday morning Departmental Meetings are held every week from 0730h to 0830h, on a variety of topics related to anaesthesia. SHOs maybe rostered to present at one of these meetings. • Morbidity and Mortality Meetings are held every second week from 0730h to 0800hon 3 selected weekday mornings. SHOs should attend if available and become involved in the discussion. • Journal Clubs are held on alternate Thursday mornings from 0730h to 0800h. A Consultant and a Registrar/SHO will be rostered to present at these sessions. • Half a day of regional anaesthesia teaching is held monthly. SHOs are expected to attend these teaching sessions
Senior House Officers	• SHOs are employed by the department with the aim of providing further experience to those with little or no previous experience. These trainees will be supervised closely until it is felt that they are capable of performing registrar duties. For most, this will be a period of one year. Usually, they will not be able to move beyond level 1-2 supervision for obstetric cases until they are BTY 2. The after-hours roster will be similar to that of the registrars, but without night shifts. • Formal assessments will be undertaken as per ANZCA guidelines. • Responsibilities should otherwise be assumed to be the same as those of the registrars. • Progression from SHO to registrar should not be assumed to be automatic. This will depend on satisfactory clinical performance

Section 3: Roster

Hours Of Work - Ordinary hours:

- The standard working day will be 10 hours, from 0730 to 1730 hours.
- The afternoon shift will be 10 hours, from 1230 to 2230.
- The weekend day shift will be 13 hours, from 0730 to 2030
- There are 5 additional non-rostered hours per week, to account for list overruns, and pre- and post-op patient assessments. This is to be confirmed by a run review.

M	T	W	T	F	S	S
A	A	A	A	A	-	-
D	D	D	D	D	-	-
D	D	D	D	D	-	-
D	D	-	-	D	WD	WD
-	D	D	D	D	-	-

KEY	
D	0730-1730
A	1230-2230
WD	0730-2030

Section 4: Cover

Nature	*Details*
Annual & Education leave	• Leave will be granted by the consensus of the Supervisor of training, the anaesthetist in charge of rostering and the Head of Department The order of leave priority is exam leave highest, then course leave, then general study leave and annual leave. This is based on the Auckland-wide leave guidelines, which take precedence over the guidelines below. • Rostered leave will be covered internally. For emergency/sick leave, cover will be an internal or external locum. • Study leave will only be granted on production of a Medical Education Leave Record from previous appointments showing study leave already taken. • Leave during the month prior to the College exams will be reserved for exam candidates in the first instance
Sick Leave	If you feel unable to come to work because of illness, please let the Anaesthetic co-ordinator, on-call consultant or the consultant supervising your list, know before 0730h. Messages left with nursing staff or administrative staff are not acceptable. Ensure that you have spoken with the consultant personally.
General	There is a consistent workload Monday to Friday (ordinary hours) for no less than 4 Senior House Officers and daily staffing numbers will be maintained at this level. Only where numbers fall below that level will cover or additional remuneration be provided. • If you anticipate being off work for more than one day, please let the department secretary know. This is to ensure that arrangements for cover can be made. • Please ensure that a leave form is completed as soon as you return to work. • During the absence of an SHO on sick leave, it may become necessary to reallocate after-hours duties.

Section 5: Performance appraisal

SHO	*Service*
Quantitative The SHO falls under the umbrella of the Departmental Morbidity & Mortality Programme. **Qualitative** The SHO will participate in Departmental Quality Assurance/Educational activities, and in particular, participate in the weekly Morbidity & Mortality Meetings and Educational Meetings. The SHO is required to progress through the training pathway, meeting ANZCA and local training requirements.	The Supervisor of Training (SOT) will arrange a meeting with each SHO at the start of the run to develop a training plan for the run. This includes a self – assessment by the SHO. A mid-run assessment will also take place to highlight any issues that need to be addressed in the remainder of the run. The Clinical Performance Review (CPR) will be carried out by the SOT at the end of the run, after discussion of each SHO's progress at a Departmental level. Both ANZCA and ARRMOS assessment forms will be completed and discussed with the SHO.

Section 6: Hours and Salary Category

Average Working Hours		*Service Commitments*
Basic hours	40	The Service will be responsible for the preparation of rosters.
Rostered additional hours (inc. nights, weekends & long days)	16.58	
Non-worked day	-4.80	
All other unrostered hours	5	
To be confirmed by a run review		
Total hours per week	56.78	

Salary

The salary for this attachment is calculated as a Category **C** run, until confirmed by a run review.
The salary for this attachment will be remunerated as a Category **C** to acknowledge the leave cover arrangements (see cover section).

Appendix 1

The Supervision of SHOs in Anaesthesia

All aspects of Supervision follow the requirements described within the ANZCA Anaesthesia Training Program Handbook, December 2025 v2.12

The following may supervise ANZCA trainees' clinical work:

• Anaesthetists who hold a FANZCA.

• Anaesthetists employed as specialists in ANZCA-approved training settings, who hold a specialist qualification in anaesthesia and are a specialist registered with Ahpra, or a medical practitioner vocationally registered with the MCNZ in anaesthesia.

• Any specialist international medical graduate (SIMG) assessed under regulation 23 who is appointed to a senior staff or a provisional fellowship post by an ANZCA accredited training settings must be holding a qualification that is:

- Substantially comparable to FANZCA, or
- Partially comparable to a FANZCA and was assessed as required to undertake a SIMG Performance Assessment. (Noting that the regulation (23) changed on 3 April 2017, with significant implications for the above, and that the interview outcome is documented in the Report 1 to the Australian Medical Council (in Australia), or ANZCA written confirmation to applicants (in New Zealand) regarding progression to FANZCA.)

2.5.2. Supervision levels

ANZCA recognises four levels of supervision:

Level 1 – the ability to intervene immediately

Requires the supervisor to be:

• Exclusively available to that trainee, with no other duties, and immediately able to provide assistance or assume direct patient care.
• Usually present, remains physically close so able to attend and intervene within 1-2 minutes if briefly absent.
• Fully aware of the details of the case or procedure and the anaesthesia plan, its progress and the dynamic situation.

Requires the trainee to:

• Negotiate with the supervisor what role they will have in the case.
• Know the location of the supervisor and how to get their immediate help.
• Only undertake significant interventions with the supervisor's knowledge.

All trainees must be supervised at level 1 in any area in which they are unfamiliar. Trainees in introductory training must be supervised at level 1 until they have successfully completed the multiple choice questions assessment (MCQA), the specified emergency scenarios (SES), and all workplace-based assessments

Level 2 – the ability to intervene quickly

Requires the supervisor to be:

• Available without delay, undertaking other duties only if it is anticipated that they can be immediately abandoned.
• In relatively close proximity so can attend and intervene within 5 minutes.
• Fully aware of the details of the case or procedure and the anaesthesia plan.
• Level 2 supervision can be provided to one or two trainees.

Requires the trainee to:

- Know how to contact the supervisor for assistance or advice.
- Be able to initiate management of a complication or change in patient condition.
- Be aware of their limitations and the need for help.

Level 3 – available on site

Requires the supervisor to be:

- Available to a trainee after only a short delay and always available for consultation.
- Within the same institution so no travel is required to attend and intervene.
- May be unaware of the case or procedure.
- Level 3 supervision can be provided to more than 1 trainee.

Requires the trainee to:

- Know who the supervisor is and how to contact them.
- Know how to manage a complication or change in patient condition and be able to commence and continue treatment until help arrives.
- Recognise patient, anaesthetic and surgical factors that increase risk to inform decisions about planning and the need for help.

Level 4 – available off-site

Requires the supervisor to be:

- Always available for consultation and free of commitments that would prevent their attendance if needed.
- Exclusively on call for the institution and able to attend within a reasonable travel time, (usually 30mins, dependent on local guidelines).
- May be unaware of the case or procedure.

Requires the trainee to:

- Know who the supervisor is and how to contact them.
- Be able to manage a complication or change in patient condition, direct others to assist if needed, and continue until the issue is resolved or supervisor help is provided.
- Be able to accurately anticipate risk or deterioration.

As trainees progress through the core units, it is important to encourage greater levels of independent practice i.e. at supervision levels 3 and 4. Where there is concern about trainee performance the supervisor of training must advise the head of department on appropriate levels of supervision.
Supervision levels, consultation and attendance by consultants must also comply with local training setting's guidelines.

2.5.5.Supervision levels for amount of experience in clinical anaesthesia

Trainees must be encouraged to seek advice and/or assistance as early as possible whenever they are concerned about a patient's condition or their ability to manage a particular ANZCA Anaesthesia Training Program Handbook v2.12 December 2025 23 clinical situation. Trainees must also adhere to local training settings guidelines regarding supervision and notification of consultants. During any stage of training, trainees must advise their supervisor of any seriously ill patients, any patients posing special problems for anaesthesia, and all unfamiliar clinical situations. A supervisor must attend in person whenever a trainee requests them to be present.

Training level alone may not be a good indicator of the level of supervision required. The appropriate level of supervision a trainee requires will depend on their prior experience, skill level in the area of practice they are undertaking and the location of the care being undertaken. The overall standard of supervision however must be consistently applied at all times

First and second years of supervised clinical experience

Introductory training must be supervised at level 1 until the multiple choice question assessment (MCQA), specified emergency scenarios (SES) and all workplace-based assessments (WBAs) are successfully completed.

After the initial period of level 1 supervision, the supervisor should in general be notified of all cases.

After 12 months of supervised clinical experience, it may be appropriate for trainees to undertake uncomplicated cases without discussing the case with their supervisor, although this must be in accordance with local training setting guidelines.
The supervisor should attend in the following situations:
• Patients requiring major resuscitation.
• Patients with serious medical illness.
• Non-obstetric procedures on pregnant patients.
• Surgery that poses special anaesthesia problems.
• Any patient who has a potential or known difficult airway.
• Any other high-risk patient.
• Any clinical situation with which the trainee is unfamiliar.

Minimum Supervision Levels:

Table 2.5.3 Supervision levels

	Introductory training before MCQA, SES and WBAs	IT following completion of MCQA, SES and WBAs	Basic training	Advanced training
Level 1 and 2	100% Level 1	Minimum 50%	Minimum 50%	Minimum 30%
Level 4		Maximum 10%	Maximum 20%	Maximum 40%
Emergency workload*	15 – 30%	25 – 50%	25 – 50%	25 – 50%

Note: All percentages in the above table relate to percentage of hours worked.

Appendix 2

North Shore Trainee Guidelines Regarding Out of Hours Specialist Assistance

Below are guidelines developed for North Shore Hospital regarding situations when a Registrar should seek Specialist assistance out-of-hours. It may be either in the form of a discussion via phone,or may require the Specialist to be present on site for certain procedures.

Basic Training Year 1

Specialist on-site:

- All patients.

Basic Training Year 2

Specialist on-site:

- All GA LSCS (where possible, delay induction until specialist arrives)
- Potential difficult airways
- ASA 4 and 5 patients
- Major surgery (laparotomies, active haemorrhage, trauma)
- ICU cases/potential admissions.

Specialist to be informed about the following:
- All ASA 3 patients
- All young children

Advanced Training Year 1 *&* *2*

Specialist on site:
- All ASA 4 and 5 patients having major surgery (laparotomies, active haemorrhage, trauma)

Specialist should be informed about the following:
- GA LSCS
- Potential difficult airway,
- ICU cases/potential admissions,
- ASA 3 patients having major surgery (laparotomies, active haemorrhage, trauma)
- All young children

Advanced Training Year 3

Specialist on-site if required.
Specialist should be informed about the following:

- All ASA 5 cases
- All ASA 4 patients having major surgery (laparotomies, active haemorrhage, trauma)
- ICU admissions

General guidelines for all levels of trainees:

- Specialist should be informed about any cases where the SHO has no previous experience of handling alone and unsupervised.
- Specialist should be informed, and may need to be on site for any cases where the SHO has concerns about providing optimal anaesthetic care while alone and unsupervised.
- Specialist should be debriefed of any critical incidents occurring on their call, irrespective of the outcome e.g. failed or difficult intubation.
- Specialist should be informed about any case where the SHO feels they are under undue pressure to perform e.g. from fatigue, from non-anaesthetic colleagues

Please remember that Specialists do want to know about potential difficult cases that occur on their call. A call in the night is more desirable professionally and medico-legally than finding out about these cases and any complications for the first time a few days after the on-call.