Welcome to The University of Cape Town, Department of Anaesthesia and Perioperative Medicine at Groote Schuur Hospital.

We are a proud South African department, recognised internationally as a provider of excellent clinical service, training and research.
ACKNOWLEDGEMENTS

The Department extends its sincere gratitude to the everyone that contributed to the contents of this book.

- Mrs C Wyngaard – Programme/BookCompilation
- Administration Team
- Transformation Action Group (TAG)
- EXCO
EVALUATIONS ........................................................................................................................................................ 46

STAFF PERFORMANCE MANAGEMENT SYSTEM ............................................................................................... 46
REGISTRAR EVALUATIONS ........................................................................................................................................ 46

ACADEMIC REQUIREMENTS ....................................................................................................................................... 46

MMED RESEARCH .................................................................................................................................................... 47
PORTFOLIO .............................................................................................................................................................. 47
LOGBOOK .............................................................................................................................................................. 47

COLLEGE OF MEDICINE EXAMS ............................................................................................................................. 47

PROTECTED TEACHING TIME .................................................................................................................................. 47

DEPARTMENTAL ACADEMIC MEETINGS ..................................................................................................................... 48

AWARDS FOR EXCELLENCE ....................................................................................................................................... 48

LIBRARIES: ............................................................................................................................................................... 49

MEDICAL SCHOOL LIBRARY ...................................................................................................................................... 49
ONLINE LIBRARY ACCESS ......................................................................................................................................... 49

DEPARTMENT LIBRARY ................................................................................................................................................ 49
Overview of Airway Management at the UCT Department of Anaesthesia & Perioperative Medicine .......... 57
Airway Skills Laboratory .............................................................................................................................................. 57
Difficult Airway Equipment .................................................................................................................................... 57
Care and Cleaning of Equipment ............................................................................................................................ 58
Airway Research Opportunities ............................................................................................................................... 58
Thoracic Anaesthesia .................................................................................................................................................. 58
Airway & Thoracic Anaesthesia Fellowship ........................................................................................................... 58
Obstetric Airway Management Registry (ObAMR) ................................................................................................. 58

CARDIOTHORACIC ANAESTHESIA ............................................................................................................................... 61

OVERVIEW OF OUR TRAINING PROGRAMMES ....................................................................................................... 67

THE NAGIN PARBHOO HISTORY OF ANAESTHESIA MUSEUM .............................................................................. 74

GROOTE SCHUUR - THEATRE MANAGEMENT ........................................................................................................... 77
Nursing Manager ....................................................................................................................................................... 78

ABOUT SASA .............................................................................................................................................................. 79

MEDICO-LEGAL ............................................................................................................................................................ 84

MEDICAL PRACTICE INSURANCE .............................................................................................................................. 84

SOCIAL FUND ............................................................................................................................................................ 85
Dear Colleague

Welcome to the Department of Anaesthesia and Perioperative Medicine.

Our Department’s vision is to be a proud South African Department, recognised internationally as a provider of excellent clinical service, training and research.

I trust that this letter finds you mutually excited about your new employment in our department.

As you begin your Anaesthesia adventure, it is my hope that you will discover, as we have, that our members are a gracious, welcoming, and down-to-earth group of professionals devoted to supporting students and one another.

It is my sincere wish that you enjoy the time you spend as a member of the Department of Anaesthesia and Perioperative Medicine. If you have any questions or concerns, please feel free to contact or visit my office.

Yours sincerely,

Prof Justiaan Swanevelder
HOD Department of Anaesthesia & Perioperative Medicine
Groote Schuur and Red Cross Children’s War Memorial Hospitals
Faculty of Health Sciences
University of Cape Town.
Email: justiaan.swanevelder@uct.ac.za
The Department of Anaesthesia and Perioperative Medicine

Executive Committee Members

- **Professor Justiaan Swanevelder**
  Head of Department

- **Professor Bruce Biccard**
  2nd Chair & Research

- **Professor Ivan Joubert**
  Critical Care

- **Professor Romy Parker**
  PAIN Management Unit

- **Richard Llewellyn**
  Head of Clinical Services

- **Dr Revyl Haylett**
  Endocrine Anaesthesiologist

- **Marcin Nejthardt**
  Pre-Assessment Clinic & Staffing Portfolio

- **Dr Felipe Montoya - Pelaez**
  Cardiothoracic

- **Dr Dominique van Dyk**
  Mowbray Maternity Hospital

- **Dr Anthony Reed**
  New Somerset Hospital

- **Dr Graeme Wilson**
  Red Cross Hospital

- **Dr Shrikant Peters**
  Public Health Medicine Specialist
Department of Anaesthesia and Perioperative Medicine

Organogram

Head of Department
Professor

Second Chair
Professor

Research Unit

Pain Management Unit
Professor

Clinical services
HCU

HR and Administration
HCU

Intensive Care
HCU x 2

Cardiothoracic
Anaesthesia
HCU

Paediatrics
HCU

Clinics

Specialists

Registrars

Medical Officers

Interns

Chief
Scientific
Officer

Clinical
Researcher

Departmental
Administration
Administrative Officer
and Support Staff

© Western Cape Government 2012 | Department of Anaesthesia & Perioperative Medicine | GSH
Our Department is located within New Groote Schuur Hospital (See Map attached). Please enter the main entrance to the hospital “E” Floor. Walk down to the end of the “E” Floor. Turn left and proceed down the staircase to the “D” Floor. On “D” Floor turn immediately to your right D23 (see dolphins on the wall). D23 will be the first door on the right.

Address:
D23, Department of Anaesthesia and Perioperative Medicine, New Groote Schuur Hospital, Anzio Road, Observatory, Cape Town, 8001

Tips for your first day
On your first morning you will be allocated time to attend to administration responsibilities.

You will receive your phone call from the Department of Anaesthesia and Perioperative Medicine, the next contact you should have with GSH is an email from the Human Resources Department with copies of your contract, appointment letter and other documents.

You should also receive your first roster from the Department with time allocated on your first day for administration duties and orientation to the facility.

Please print out the attachments accompanying these emails and complete the forms that will need to be submitted before your first day – it will help smooth the process of completing your admin. (Personal details forms and a bank stamped form with your banking details for GSH HR will be required).

There will also be other documents that will need to be gathered for your first day. These include:
- Your banking details and tax reference number.
- Four certified copies of your identity document
- Three Certified copies of the identity documents of the people you wish to nominate as your pension beneficiaries.
- Two certified copies of your university degree
- One certified copy of your university transcript
- Three certified copies of your current HPCSA registration.

Meet Ms Jane Cookson at the entrance of D23 at 7h30. She will give a few forms to complete.
These include:

- A Speed dial application will be submitted at the telephone exchange. They take some time to get back to you, so just be patient.

- A parking form for an available parking area which will be submitted to Access Control at the GSH Old Main Building (OMB) – F49.

- An ID/Access card application needs to be completed – this goes to F49 for an ID card. The form needs to be signed off by the HOD and the Head of Security, Mr Nzuzu. You will have to go take a picture at F49 – OMB and collect the card the next day and then ask A/Prof Ross Hofmeyr or Jane Cookson to activate your card so that you can access the Department.

- At RXH (you can find HR in the building next to the Oncology wards), NSH or GSH Human Resources (H55 OMB), they will ask you for certified copies of your ID, qualifications, HPCSA registration and the signed COT contract with the roster; as well as the forms that they have sent to you via email. Remember to have your documents with you.

- HR will provide you with a contract to sign. Please ensure that the amount reflected on the contract is correct, especially if you have taken a transfer on a personal notch. Ask them for a copy as you will need to give copies of it to several people (Joy, Cheryl & Thobeka at Faculty of Health Sciences, UCT).

- You will also get a pension nomination form to fill in. This is in the event if something happens to you, they will know who will receive your pension pay-out. Please have certified copies of your ID and of those beneficiaries you will be nominating. Complete and submit.

- Then go to the **ID application unit (GSH OMB F49)** with your ID application. Submit the form and have your picture taken. Also, ask them for a parking disc – you will have to submit your vehicle registration number to do so. You may be allocated to P2, P1 or N Zone. Do not forget to collect your card the next day and submit your P4 parking application form once you have collected it from Access Control – F49. While waiting for your disc, you can park on P3 for approximately R24/day or purchase a monthly parking disc from the P4 parking office for N zone at approximately R60.00.

- Meet Mrs Joy Adams – in the adjoining office to Ms Cookson. She will also give you some documents to sign and complete.

- A Job Description.

- A (COT) commuted overtime contract that needs to be completed.

Once all the documents have been completed Joy or Jane will accompany you to Cheryl’s office.
Your Picture for Department

Dr Dee Batty

Dr Batty will arrange to take a photograph of you for the picture board at the entrance of the Department at a convenient time.

Please have a copy of your ID, Contract, Tax Reference number and banking details with you.

1. You need to complete a HR101 form for UCT Human Resources, please see link for the forms below:

   Website: [https://forms.uct.ac.za/](https://forms.uct.ac.za/)

   You will receive a HPCSA Board Approve Number from Cheryl, for e.g., C-39-01-01)

   Completion of HPCSA Form 9 (APPLICATION FOR REGISTRATION AS A REGISTRAR).

   **NB:** You need to complete and submit a new form by the end of January of each year.
University of Cape Town (UCT) online registration for your MMed

Open your web browser, Firefox/Chrome

- Type the following link or click on it in your web browser, http://applyonline.uct.ac.za/ to open.
- Click on the Postgraduate Admission and click for more info.
- Select the year you are applying for (It will always be the current year).
- Click to continue and if you are a first-time visitor to the UCT Online Application.
- Create a new account.
- A link will be sent to your email for verification, please verify your details.
- Sign in with your email address and password.
- Follow steps as prompted.

Programme of Study: Only select your first choice.
Level of Qualifications: Masters.
Faculty: Health Sciences.
Academic Qualifications: Master of Medicine (by clinical work and dissertation).
Specialisation or Major: Anaesthesia.

Directions from D23 to UCT Postgraduate Office at the Medical School, in Anzio Road:

When you leave the Department “D 23” turn left and walk straight across to the lifts outside of UCT Private (UCTPAH) entrance (green section). Take the lift down to the “B” Floor. Turn immediately to your right towards the security guard at the security gate (see carpark on the right). If you do not have an access card, ask the security guard to allow you to access to the undergraduate office at UCT. Walk over the bridge (Anzio Road). Take the staircase and go one floor down. You will see the library on the left and continue to the end of the corridor. Turn right and then left. As you enter the next building, pass the elevator up approximately 5 steps and turn left. Continue walking down the corridor to the end of the passage where you will see the Post Graduate Office on the right Room N2.19.1, Wernher & Beit Building North.

Ask for Mrs Thobeka Mngaza who is the Admin Assistant in the Postgraduate office (Tel: 021 406 7768, thobeka.mngaza@uct.ac.za).

Ask for Mrs Thobeka Mngaza (Tel: 021 406 7768).

You will receive assistance and advice from her, as well as a few forms.

For your application to be considered you must provide me with the documents listed below:
- Certified copy of ID
- Certified copy of the degree certificate
- Valid copy of the HPCSA membership card
- Hospital offer confirming your appointment as a Registrar
- Proof of having passed your primary exams with CMSA (if applicable)

Also, have your credit card with you to pay your fees. If not, you will have to do an EFT when possible and then you will have to give a copy to Thobeka.

Once you have completed the administration duties for the day, you will meet up with your mentor.
A warm welcome to our D23 Anaesthesia and Perioperative Medicine family and congratulations on your post! We are contacting you with some information and pointers, hopefully to make your transition easier.

We are a huge Department, but everyone is nice and very willing to give a helping hand when asked, so please do not feel shy to do so. Documents included are departmental assessment forms, handover protocol, epidural, airway equipment information and the latest on-call roster for main theatre.

We have a "Reg Buddy" programme with the aim to help new Registrars/MO’s to settle in, especially with regards to admin and finding your way around. This buddy will be your go to person for the first 6 months. Everyone that came in, usually took about 6-12 months to become familiar with the people and how the department operates.

Your Reg Buddy is:
Cell:
Email:

Warm regards,
Andy and Kirst
# Important Contact Numbers – HR and UCT Departments

## Groote Schuur Hospital (GSH)

<table>
<thead>
<tr>
<th>Name</th>
<th>Details</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switchboard</td>
<td></td>
<td>021 404 9111</td>
</tr>
<tr>
<td>Shrikant Peters</td>
<td>Medical Manager</td>
<td>SPD: 76307</td>
</tr>
<tr>
<td>Sherbanoe Enus-Taliep</td>
<td>Personnel Department</td>
<td>021 404 2041</td>
</tr>
<tr>
<td>Mercy Lazarus</td>
<td>Deputy Director</td>
<td>021 404 2306</td>
</tr>
<tr>
<td>Berenice Alexander</td>
<td>Assistant Director</td>
<td>021 404 2271</td>
</tr>
<tr>
<td>Delmare Bailey</td>
<td>Recruitment and Selection - People Management</td>
<td>021 404 2278</td>
</tr>
<tr>
<td>Avril Losper</td>
<td>People Practices and Administration - People Management</td>
<td>021 404 2280</td>
</tr>
<tr>
<td>Airpark</td>
<td>Parking</td>
<td>021 404 5127</td>
</tr>
<tr>
<td>Heart Museum</td>
<td>Bookings</td>
<td>021 404 1967</td>
</tr>
<tr>
<td>Deidre – Dr Patel’s Office</td>
<td>CEO</td>
<td>021 404 3262</td>
</tr>
<tr>
<td>Natalie – Dr Patel’s Office</td>
<td>Personal Assistant to Dr Bhavna Patel</td>
<td>021 404 3178</td>
</tr>
<tr>
<td>Johanna Joos</td>
<td>People Practices and Administration – People Management</td>
<td>021 404 6165</td>
</tr>
<tr>
<td>Lisa February – Dr Eick’s Office</td>
<td>Personal Assistant to Dr Bernadette Eick</td>
<td>021 404 6288</td>
</tr>
</tbody>
</table>

## New Somerset Hospital (NSH)

<table>
<thead>
<tr>
<th>Name</th>
<th>Details</th>
<th>Telephone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switchboard</td>
<td></td>
<td>021 402 6911</td>
</tr>
<tr>
<td>Beven Mashedi</td>
<td>Human Resources</td>
<td>021 402 6567</td>
</tr>
<tr>
<td>Zonwabili</td>
<td>Human Resources</td>
<td>021 402 6578</td>
</tr>
<tr>
<td>Nadine Wyngaard</td>
<td>Human Resources</td>
<td>021 402 6552</td>
</tr>
<tr>
<td>Slamdien</td>
<td>Human Resources</td>
<td>021 402 6580/6576</td>
</tr>
<tr>
<td>Vanessa</td>
<td>Human Resources</td>
<td>021 402 6581</td>
</tr>
</tbody>
</table>

## Red Cross War Memorial Children’s Hospital (RXH)

<table>
<thead>
<tr>
<th>Name</th>
<th>Details</th>
<th>Telephone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switchboard</td>
<td></td>
<td>021 658 5111</td>
</tr>
<tr>
<td>Tembi</td>
<td>Human Resources</td>
<td>021 658 5082</td>
</tr>
<tr>
<td>Zurina</td>
<td>Human Resources</td>
<td>021 658 5095</td>
</tr>
<tr>
<td>Bronwin</td>
<td>Human Resources</td>
<td>021 658 5476</td>
</tr>
<tr>
<td>Kwenyana</td>
<td>Human Resources</td>
<td>021 658 5390</td>
</tr>
<tr>
<td>Nadia</td>
<td>Human Resources</td>
<td>021 658 5405</td>
</tr>
<tr>
<td>Abieda</td>
<td>Human Resources</td>
<td>021 658 5701</td>
</tr>
<tr>
<td>Ellen/Anita</td>
<td>Human Resources</td>
<td>021 658 5383</td>
</tr>
</tbody>
</table>

## Mowbray Maternity Hospital (MMH)

<table>
<thead>
<tr>
<th>Name</th>
<th>Details</th>
<th>Telephone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switchboard</td>
<td></td>
<td>021 685 3026</td>
</tr>
<tr>
<td>Ricardo Petersen</td>
<td>Human Resources</td>
<td>021 659 4969</td>
</tr>
<tr>
<td>Ilhaam Willis</td>
<td>Human Resources</td>
<td>021 659 5910</td>
</tr>
<tr>
<td>Babalwa Peters</td>
<td>Human Resources</td>
<td>021 659 5544</td>
</tr>
</tbody>
</table>
## University of Cape Town (UCT)

<table>
<thead>
<tr>
<th>Name</th>
<th>Details</th>
<th>Telephone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switchboard</td>
<td></td>
<td>021 650 9111</td>
</tr>
<tr>
<td>Thobeka Mngaza</td>
<td>Postgraduate Office</td>
<td>021 404 7768</td>
</tr>
<tr>
<td>Adri Winckler</td>
<td>Postgraduate Office</td>
<td>021 404 6327</td>
</tr>
<tr>
<td>Feryal Adams</td>
<td>Human Resources</td>
<td>021 406 6002</td>
</tr>
<tr>
<td>FHS: UG Office</td>
<td>Undergraduate Office</td>
<td>021 406 6328</td>
</tr>
</tbody>
</table>
Departmental Staff Members

The UCT Department of Anaesthesia and Perioperative Medicine is a large Department consisting of 3 fulltime Professors, 2 Associated Professors, 1 Senior Research Scholar, 39 Specialists, 50 Registrars, 12 Medical Officers, and 10 – 15 Interns who rotate in the Department for 2 months at a time. The support staff consist of the 7 Administrative staff members, 8 Medical Technologists, 2 Nurses, and 1 Housekeeper. In addition to Groote Schuur Hospital (GSH), the Department provides anaesthetic services to Red Cross Children’s Hospital (RXH), Mowbray Maternity Hospital (MMH), New Somerset Hospital (NSH), Valkenberg Psychiatric Hospital (for ECT’s), Maitland Cottage Hospital (NCH) and on occasion to 2 Military Hospital.

Contact people include:
Academic matters: Profs J Swanevelder/B Biccard/Dr M Nejthardt
Staffing matters: Dr M Nejthardt
Leave, duties & rotations: Dr R Llewellyn
Research Portfolio: Prof B Biccard
Daily roster requests: Drs C Simons and R Haylett
Registrar affairs: Reg Reps – Drs A Heald and K Hood
Registrar calls co-ordinator: Drs M Crowther and C Pfister
Part 1 Coordinator: Dr K Bhagwan
Part 2 Coordinator: t.b.c
Intern Coordinators: Drs A de Vaal/K Bhagwan/K Bergh
A Moabelo/B Mashanda-Tafaune
Hospital admin queries: Ms J Adams (Tel: 021 404 5011)
Front desk: Ms J Cookson (Tel: 021 404 5001/3)
All other queries: Mrs C Wyngaard (Tel: 021 406 6143/404 5004)
Teaching, finance & research administration: Mrs Z Carlse (Tel: 021 650 6233)

The registrar representatives are elected annually and represent the registrars at the monthly management meetings attended by the consultants. Problems specifically relating to registrar issues can be discussed with your representative.

At reception, you will find a pigeonhole allocated to you. Letters or any form of correspondence for your attention will left for that will be allocated to you for communication purposes. Please check that your pigeonhole on a regular basis.

Opposite the Front desk, is the Research Hub and Laboratory facility. The lecture room is located behind the front desk.

Consultants’ offices are down either side of the central block. The central block consists of sleep-in quarters, the computer room, and the library. Behind this is Prof Justiaan Swanevelder’s office and the tearoom.
AFFILIATED CONSULTANTS/RESEARCHERS/FELLOWS /LOCUMS /SENIOR VISITORS

Robert Dyer
Peter Gordon
Margot Flint
Simphiwe Gumede

Ulla Plenge
Tory Madden
Katleho Limkatso
Jocelyn Park - Ross

Lina Hahnle
Ncumiso Msolo
Nonkoliseko Njobe
Robert Munsie

Linley Holmes
Caroline Roode
Lenor Naidoo
Julian Pamm

Esther Vernon
Gillian Bedwell
Mmpali Mokapela
Registrars and Supernumeraries

Jannes Badenhorst  
Dinell Behari  
Roxanne Burger  
Ryan Bennewith  
Adam Carpenter  
Aaron Chen  
Eden Chiu  
Laila Collier  
Yada Davids
Technologist

Zwe Gina
Grant Strathie
Themba Zungu
Claudine Van Heerden
Mandi Du Plessis
Thina Shozi
T.B.C
University of Cape Town and Western Cape Government at GSH and RXH
Administrative and Support Staff

Cheryl Wyngaard
Administrative Officer
UCT
Prof Swanevelder

Zelda Carol
Administrative Assistant and Finance
UCT
Prof Bicaard

Esmeralda Alexander
Senior Secretary
UCT

Joy Adams
Administrative Clerk
WCG

Simone Adams
Secretary
UCT

Jane Cookson
Administrative Clerk
WCG

Nicole Louw
General Assistant
WCG
ANAESTHETIC DEPARTMENT HAND-OVER PROTOCOL

In view of the current trend towards longer and longer surgical procedures, particularly in trauma patients in whom the modern concept is to complete all urgent surgery at one sitting, it is no longer feasible to expect an anaesthetist to complete every case upon which he embarks. Some form of protocol for the hand-over of these cases and of other emergencies from one anaesthetist to another is, therefore, becoming necessary. In any such hand-over the following basic principles must apply:

1. Meticulous notes must be kept by the initial anaesthetist and all relevant data must be passed on to the relieving anaesthetist to enable him to continue safe clinical management of the case.
2. All handovers are a matter of consultation and agreement between colleagues. No individual can be forced to accept a case with which he does not feel happy or which he does not feel competent to manage.
3. The initial anaesthetist must be present for an acceptable period while the relieving anaesthetist becomes familiar with the case. Only once the relieving anaesthetist is satisfied may the initial anaesthetist leave the theatre suite.
4. Medico legal responsibilities for individual actions remain with the individual, i.e., an individual is responsible for anything that may have happened to the patient up to and including the time of hand-over. Responsibility for subsequent events falls on the relieving anaesthetist unless those subsequent events are consequence of prior actions. The initial anaesthetist must remain available for both consultation and for call out should any further problems arise with his patients, which may have been the result of events, which occurred during his period of responsibility. It is the responsibility of the initial anaesthetist to ensure that his relieving colleague knows how he may be contacted.

The following rules must be observed:

A) Timing: Handovers will normally be made at the change of shift in the Trauma Unit or at the end of a normal day’s work where an emergency has been started on a routine list. To keep handovers to a minimum, it is recommended that the second anaesthetist should be contacted to start a case early if the case is due to commence within an hour of the expected hand-over period. Such arrangements should be by mutual consent between the doctors involved.

B) Records: Note-keeping, in all cases in which a hand-over is anticipated, must be meticulous and must include details of all drugs used and all patient events. Notes must include the condition of the patient at handover and the exact time at which the relieving anaesthetist assumed responsibility. Incomplete notes are the commonest cause of medico legal difficulties.

C) Agreement: Handovers are to be made by voluntary consent between colleagues and, where Registrars are handing over to Registrars, the on-call consultant must be notified but not necessarily present.

D) Hand-over Period: The initial anaesthetist must remain with the patient until such time as the relieving anaesthetist is fully satisfied with the condition of the patient and with his knowledge of relevant events. In any event, the initial anaesthetist must remain within the theatre complex for a period of 30 minutes following the arrival of the relieving anaesthetist to ensure completely smooth handovers. The initial anaesthetist need not remain in the theatre but must remain within the vicinity of the theatre and in theatre clothes.

E) Cold Cases: Cold cases will not be included in the hand-over protocol except in the most unusual of circumstances. Where a cold case is anticipated to be exceptionally long a team will be allocated to that list and that team will work in rota.
Groote Schuur Recovery Room Duties

Recovery Room duties start at 8h15. Please leave your name and contact number with the staff of the recovery area. Ideally write it on the white board behind the recovery desk yourself.

Please go to the office and do the daily checks of the electronic PCA pumps and the fridge drugs. There are tick sheets for this. Prepare any medications or PCA pumps that may be required for the day, if known. Your day ends at approximately 18h00 or when the last patient is discharged from the recovery area.

The acute pain service runs Monday afternoons through to Friday mornings. Morning rounds start at 8h30 & afternoon rounds start in D5 (Orthopaedic High Care) with the consultant scheduled to pain rounds and Sr Njobe. Please use the Acute Pain Service Registrar, to keep track of all the adjustments made to patient’s pain medications.

At 9h00 and in the afternoon, there is a round with a consultant and an intern in D22 PAHCU. You will be required to assist interns with the patients in the PAHCU as required.

You need to get a handover for each patient entering recovery from their respective anaesthetist and provide appropriate care while they are under care.

You must discharge patients to the ward when the meet the criteria as per the Standard Discharge Protocol found in the 2006 Practice Guidelines of the South African Society of Anaesthesiologists. Ensure that each patient has the appropriate medications prescribed from them.

Prepare PCA’s as required – add the patients’ details and locations in the APS jimmy book and on a list, which is to be left in Dr Alma de Vaal’s pigeonhole. If an electronic PCA is used, enter its location in the file and ensure that it eventually returns with its power cable to the recovery office. If PCA’s are needed, give the recovery staff the patient stickers and they will dispense the scheduled to you. The disposable PCA’s are easy to set up, just remember to flush the extension sets and align the syringe within the cartridge correctly before locking the device.

Occasionally, if an ICU bed is not ready or unavailable at the end of surgery, you may be required to monitor, ventilate, and treat that patient within the recovery room until a bed becomes available. There is one monitor which allows invasive and cardiac monitoring and ventilators can be arrange with the technician on duty.
The multi-disciplinary combined Intensive Care Units at Groote Schuur Hospital are jointly managed by the Division of Critical Care Medicine, headed by Prof Ivan Joubert, of the Department of Anaesthesia and Perioperative Medicine. The clinicians comprise four specialists in critical care medicine, pulmonary physicians, and anaesthetists, who together bring many decades of considerable clinical experience and skill in the management of severely and critically ill patients.

The ICUs comprise 22 adult beds with a variety of patient types including critically injured adult trauma (motor vehicle accidents, gunshots, and stabbings), organ transplantation recipients, cardiothoracic surgery patients, and a mix of medical, obstetric, and surgical cases with high anaesthetic risk. This multi-disciplinary facility provides a training platform for registrars in training in various disciplines, critical care nursing sisters, clinical technologists, and various other health professionals.
New Somerset Hospital

<table>
<thead>
<tr>
<th>Important Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency centre</td>
</tr>
<tr>
<td>Blood bank – GSH</td>
</tr>
<tr>
<td>Ambulance</td>
</tr>
<tr>
<td>Main theatre</td>
</tr>
<tr>
<td>Main theatre corridor</td>
</tr>
<tr>
<td>Obstetric Theatre</td>
</tr>
<tr>
<td>Labour ward</td>
</tr>
<tr>
<td>Porters</td>
</tr>
</tbody>
</table>

New Somerset Hospital Department of Anaesthesia and Perioperative Medicine has close links with GSH. Medical officers and Registrars work together to provide service to the community serviced by NSH.

New Somerset Hospital was the original academic hospital of the University of Cape Town (prior to 1937, when the Groote Schuur Hospital was built), situated in Green Point overlooking Cape Town harbour and the new Victoria and Alfred Waterfront.

Despite its name, the hospital opened its doors in 1864, replacing the original Somerset Hospital in Chiapinni Street, which has since been demolished. The new section was opened in 1976 and has taken over most services. The original building has been declared a national monument.

Anaesthesia staff consists of two fulltime consultants and three medical officers with two rotating registrars.

Anaesthesia is provided for general urology, orthopaedic, gynaecological, and obstetric surgery.
Red Cross War Memorial Children’s Hospital

Red Cross War Memorial Children’s Hospital is a tertiary paediatric hospital based in Cape Town, South Africa. The hospital was originally built as a memorial to soldiers lost in the Second World War. Since it first opened its doors in 1956, it has provided specialist care for children from all over South Africa and continues to receive referrals for tertiary paediatric services from other African countries.

The division of paediatric anaesthesia is extremely busy, with approximately 10,000 anaesthetics performed annually. Training in Paediatric Anaesthesia is offered across many specialties including cardiothoracic, liver and kidney transplantation, burns, neurosurgery, general surgery, orthopaedics, ophthalmology, ENT, urology, plastics, and paediatric sedation. In addition, we offer training opportunities for supernumerary fellows from within South Africa and overseas.

The hospital has 8 main operating theatres, a day surgery theatre and a trauma theatre. In addition, the Department also provides a service for radiology, cardiology, radiotherapy, chronic pain, and additional

---

**Important Numbers**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Centre</td>
<td>5075 / 5428</td>
</tr>
<tr>
<td>Blood Bank – RXH</td>
<td>5458</td>
</tr>
<tr>
<td>Main Theatre</td>
<td>021 658 5003 / 5105 (1) 5729 (2) 5728 (3) 5727 (4) 5726 (5) 5725 (6) 5724 (7) 5231 (8) 5250</td>
</tr>
<tr>
<td>Main Theatre Corridor</td>
<td>5105</td>
</tr>
<tr>
<td>Trauma Theatre</td>
<td>5200</td>
</tr>
<tr>
<td>Switchboard RXH</td>
<td>021 658 5111</td>
</tr>
<tr>
<td>Porters</td>
<td>5260</td>
</tr>
<tr>
<td>ICU</td>
<td>5103</td>
</tr>
<tr>
<td>Radiology</td>
<td>6524 / 4316</td>
</tr>
<tr>
<td>Main Theatre Tearoom</td>
<td>5712</td>
</tr>
<tr>
<td>Neonatal</td>
<td>5931</td>
</tr>
<tr>
<td>MRI</td>
<td>5422 / 5162</td>
</tr>
<tr>
<td>Anaesthetic Office / Tearoom</td>
<td>5183 / 5713 / 5730</td>
</tr>
</tbody>
</table>

Red Cross Children’s Hospital (RXH) Department of Anaesthesia and Perioperative Medicine has close links with GSH. Medical officers and Registrars work together to provide service to the community serviced by RXH.
operating lists at Maitland Cottage, where most of the elective paediatric orthopaedic surgery is performed.

There are currently 6 paediatric anaesthetists based permanently at Red Cross War Memorial Children’s Hospital, and in addition there are up to 3 rotating consultants and 7 registrars from the UCT department of anaesthesia. The Department is one of two Managing Emergencies in Paediatric Anaesthesia (MEPA) Centres in Africa and holds regular simulation-based training workshops in paediatric anaesthesia.
Mowbray Maternity Hospital

Address: 12 Hornsey Road, Mowbray

Useful telephone numbers

<table>
<thead>
<tr>
<th>Department</th>
<th>Number</th>
<th>Department</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>021 659 5558</td>
<td>Admission ward</td>
<td>021 659 5569</td>
</tr>
<tr>
<td>B Ward</td>
<td>021 659 5581 /021 659 5942</td>
<td>C Ward</td>
<td>021 659 5572</td>
</tr>
<tr>
<td>Neonatal ICU</td>
<td>021 659 5564</td>
<td>HCU</td>
<td>021 659 5565</td>
</tr>
<tr>
<td>Special Care</td>
<td>021 659 4945</td>
<td>First Stage</td>
<td>021 659 5573</td>
</tr>
<tr>
<td>Second Stage</td>
<td>021 659 5574</td>
<td>Drivers</td>
<td>021 659 5551</td>
</tr>
<tr>
<td>Recovery Room</td>
<td>021 659 4919</td>
<td>Main Theatre</td>
<td>021 659 4942</td>
</tr>
<tr>
<td>Theatre kitchen</td>
<td>021 659 5611 /2</td>
<td>Call room</td>
<td>021 659 4919</td>
</tr>
<tr>
<td>Blood Bank</td>
<td>021 659 6068 /9</td>
<td>Radiology</td>
<td>021 659 5571</td>
</tr>
<tr>
<td>Metro control (SPRINTT-</td>
<td>021 937 0300 – request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR transfers)</td>
<td>&quot;SPRINTT-OR&quot;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rosters

As per the GSH rosters, weekly day shifts are from 07h30 to 16h30. Weekly night shifts run from 16h30 to 07h30. Weekend changeover times are 07h30 and 18h30.

Staffing

During weekdays, a consultant and 2 medical officers/registrars cover the 2 operating theatres and the epidural service from 07h30-16h30. Under normal staffing conditions, one of the medical officers is supplied by Victoria Hospital and the other is a MMH COSMO. Additionally, from Monday to Thursday, a "late-stay" registrar works a shift from 12h30 to 19h00, thereby allowing the second theatre to continue functioning from 16h30 until 19h00 when needed. There are also Groote Schuur and Victoria Hospital interns and UCT medical students in their 4th and 6th years who are there to be trained in safe obstetric anaesthesia.

At night and over weekends, the GSH 1st call consultant provides consultant cover to the registrar on call.
Parking

There is parking at the front of the hospital and in the larger parking area behind the hospital. One is admitted to these parking areas by the security personnel upon production of a GSH staff card.

Set up

Labour ward and the theatres are located on the second floor. The theatre suite can be accessed via the labour ward passage, which is the correct route to access the change rooms, or via C ward.

The recovery area and holding areas are immediately adjacent to the 2 theatres. Both theatres are staffed until 16h30. Thereafter, Theatre 1 continues as an emergency theatre until the next morning. When operational needs and obstetric/nursing staffing allow, the second theatre continues working until 19h00, staffed by the "late-stayer".

Each theatre has its own dedicated fridge for drugs requiring refrigeration, and these include a bag of Intralipid for the treatment of LAST. Any scheduled drug must be requested from the nursing staff. Other medications and consumables are to be found on the anaesthetic trolley. The Storz CMAC video laryngoscope, which has a number 4 blade, is stored in Theatre 1.

The blood-gas analyser and emergency blood fridge (containing 4 units O-pos and 4 units O-neg packed red cells) are found in the common scrub area between the theatres. The Ranger blood warmer and its consumables are found in the equipment storeroom adjacent to the sister's office. A supply of freeze-dried plasma (FDP) is stocked in the anaesthetic trolley. Any other blood products must be ordered from the Blood Bank at GSH and the MMH driver dispatched to deliver samples and fetch products. At present, there is no dedicated ultrasound machine for point of care echocardiography and line insertion.

If a patient requires more intensive postoperative monitoring and care, she is admitted from Recovery to the Special Care unit within the C-ward. There is no capacity for postoperative ventilation, and any critically ill/ventilated patient needs to be transferred from theatre to the Maternity Centre/C27 ICU at GSH using the SPRINTT-OR team of advanced paramedics, after confirmation of an ICU bed and with the transfer record form completed.

On call issues

1) Remaining weekday electives at 16h30: After 16h30, emergency cases must be given priority over elective Caesar cases. The obstetric consultant on call should come to the booking board when he or she does the afternoon ward round, to see what operative cases are remaining. He or she may identify a few suitable elective cases that could be done prior to 10 pm if no emergencies intervene. For each emergency that is subsequently booked, one of these electives must be deferred until the next day.

2) After hours second theatre: On occasion, the obstetricians will request that a second emergency theatre be opened at night or over the weekend. This is in the situation of a dire obstetric emergency (e.g., severe foetal distress, placental abruption with a live baby, cord prolapse, uterine rupture) and when the case in the first theatre is not about to finish imminently. The obstetricians need to have discussed this with their obstetric consultant on call and to have ascertained whether there are nursing staff available. The anaesthetic registrar on call needs to contact the senior registrar on call at GSH, who is best placed to know whether there is anybody of the on-call team available and whom to send. If a second theatre is opened, the details need to be recorded in the "Second Theatre book" kept in Theatre 1.
Epidural service

The request for an epidural is generally made by the midwives or obstetricians. Epidurals are only inserted in the labour ward, not in any other patient care areas. There is a dedicated epidural cart in the labour ward, which is stocked with the epidural record book, epidural charts, consent forms, and consumables. It is important to achieve competence in the informed consent process, epidural insertion and epidural analgesia management during registrar time, and you are encouraged to seek epidural opportunities actively, particularly when allocated as the "late-stay registrar".

Assistance with maternal resuscitation

Any available member of the anaesthetic team is usually called upon to assist with resuscitation in the case of maternal collapse, both during and after hours. In these situations, the obstetricians value an anaesthetist's skill set, including advanced airway management skills and familiarity with ACLS protocols.

Other

There is a theatre staff tearoom at the back of the operating complex (with a fridge, kettle, and microwave). Lunch can be ordered from the hospital kitchen, and a trolley shop does the rounds from time to time.

The anaesthetic registrar on-call room is off the passage connecting the C ward and theatres. The key to the room is kept on the wall mounted IV holder near the clerks’ desk in Recovery. The on-call room has an ensuite bathroom with toilet, basin, and shower, as well as a telephone, reading lamp, kettle, and fridge. The room is serviced by the hospital’s cleaning staff daily during daytime hours.
How the roster works

You will see that the day-to-day cover as well as after hour cover is displayed on weekly anaesthetic department roster.

There will be half and full day shifts. If scheduled for a half day, changeover is by 12h30. If you are running late, please contact theatre to inform the senior person on duty so that they can make suitable arrangements. The person scheduled for night shift on a weekday (Monday to Friday), arrives at 16h30 and starts in the obstetrics theatre.

The person scheduled for weekday evening shifts (Monday to Friday) arrives at 16h00 and works in main theatre until midnight.
After midnight, the night shift person covers both obstetrics and main theatres.
On the weekends:

The **Somerset 1** people follow the same call schedule as for the Groote Schuur Hospital (GSH) weekend shifts, i.e., Friday night and Sunday day, Saturday day and Sunday night, or Saturday night. Shifts start and end at 7h30 and 18h30.

The **Somerset 2** person is scheduled to work on Saturday and Sunday days. These shifts also run from 7h30 to 18h30, however since the surgeons, orthopods and obstetricians do rounds in the mornings, there has been an *informal agreement* that the Somerset 2 person will be able to arrive at 9h00. This is with the proviso that if an emergency occurs, the Somerset 2 person will be available on site within 20 to 30 minutes. *Remember: this a a good-will gesture and may be revoked if people abuse it.* Please be flexible and available for an earlier start time in required.

**Parking**

Try and utilise the staff parking area in front of the Emergency Centre (EC). If full, there is additional parking on the side of the E.C. and in the visitor’s parking area.

**Set up**

Main theatre is situated on the second floor. There are 3 theatres (A, B & C) which run to 16h30 on weekdays, except on Fridays when there is only 1 theatre after 12h00.

Obstetrics theatre is normally on the third floor, and there is only one theatre. Currently with the renovations, obstetrics theatre is based on the fifth floor.

Anaesthetics call room is based in the Anaesthetics Office across the passage from Main theatre entrance. The key to this room is kept on a wooden key ring just on the inside of the main theatre complex. (See the coat hooks on your right as you enter main theatre).

Most theatre drugs are kept on the carts inside each theatre. The fridge drugs and extra medications in the red dot cupboard are in the clerks’ office.

There is a four bedded ICU based on ground floor for Medical and Surgical patients. Each bed has an associated ventilator if required. These patients are managed by the medics and surgeons. You may need to assist with patients requiring surgery.

There is a labour ward HCU to manage patients with more complex pregnancies and for post-anaestheia care if necessary. There are no ventilators available for this unit.

There is no on-site laboratory, but the NHLS is right next to the hospital and provides a 24-hour service, please connect to them via the switchboard.

**Blood products:** There is Emergency O positive and O negative packed cells and whole blood kept in the Emergency Centre and in the Labour Ward. For cross-matched blood, contact the GSH Blood Bank.
The Anaesthetics Department of Groote Schuur Hospital uses an online rota service called CLWRota. The system is internet based and you will need a personal login for access. Upon joining the department, you will receive an email from support@rotamap.net with the subject “CLWRota login details for Groote Schuur Hospital anaesthetics”. The email will provide you with a username and password.

CLWRota can also be accessed via https://gsh.clwrota.com or by using the mobile app. Information on how to download and configure the iOS and Android apps is available from <http://clwrota.com/apps/>. The application will ask for a server as well as a username and password (found in the email): Server: gsh.clwrota.com/app

**WEEKLY ROSTER**

Weekly roster is done by Dr Caroline Simons or Dr Revyl Haylett. The roster is available on a Friday afternoon for the following week. You can access the weekly roster via CLWRota.

**Weekly Special Requests**

Special requests for weekly roster allocations may be sent to requests.roster@gmail.com or written in “The Request Book” at the front desk only. No WhatsApp or private messages please. Requests must be submitted by 12h30 on Wednesday of the preceding week. Late requests will not be considered.

Requests for time out of theatre during the week e.g., for dental appointments may be made. Remember that most such appointments should be made in allocated out of theatre time unless there are exceptional circumstances.

**NOTE**: ‘No pre-med lists’ on Monday are reserved for those who have been on call over the weekend only. Even with this in mind, it is still not always possible to provide the whole weekend on-call team with no-premed lists on Monday.

**CALL ROSTER**

The ‘general GSH roster’ includes calls at GSH, MK, NSH and MMH. There are separate rosters for the Red Cross Hospital, ICU and Cardiothoracic rotations.

**General roster information**

- The call roster runs on a 6-week cycle.
- You can expect about **nine calls per six-week cycle**, including **three working weekends**. Remember not to count cover call and NSH week of nights as calls. (See below for more detail)
- Weekend calls will be either:
  - Friday night and Sunday day
  - Saturday day and Sunday night
  - Saturday night.
- No anaesthetic call is longer than 16 hours (4H30pm to 07:30am) in duration and you will have an “out of theatre” day before and after your night shift.

**Call locations**

- GSH calls: SR calls are Senior Registrar calls done by the SR at GSH. The second Reg call is the person
working in GSH main theatre with the SR. For GSH calls, meet in Theatre 4

- MK calls are GSH Maternity calls.
- MMH calls cover Mowbray Maternity Hospital.
- NSH calls are at New Somerset Hospital.

Please make sure the sister in charge at GSH MK theatre has your contact details at the start of your shift.

Call Requests

Dr Crowther coordinates the ‘general GSH roster’ for registrars. Please email requests to crowther.marcelle86@gmail.com well in advance. Dr Crowther usually sends an email reminder when requests are due.

Registrars are allowed 5 requests (maximum 2 weekend requests) per 6-week roster cycle. Please be respectful of this and appreciate the difficulties of trying to accommodate and coordinate around 50 registrars and medical officers. Requests to be “on call” and requests to be “off” for particular dates are both counted as “requests”. Requesting a whole weekend off counts as 3 requests (i.e., you are requesting not to work 1. Fri night/ Sun Day, 2. Sat night, 3. Sat day/ Sun night). There may be times when you have more than 5 requests, please prioritize these and Dr Crowther will try to accommodate your requests appropriately.

Call swaps

Once the roster is drawn up, it may be very difficult to swop out. Dr Llewellyn must approve such swops.

NSH Week of Nights:

NSH night calls are extra cover at NSH from Mon to Fri, 16h00 to 00h00. This is basically just your daytime work shifted into the evening, so these do not count as calls per se but are on the roster for ease of administration. You will still cover your overtime excluding these shifts.

Cover calls for the weekends:

The cover call is an extra person who should be available for the whole of Saturday and Sunday in case someone on call that weekend falls ill. You must be contactable, but do not need to come in unless you are called. These do not count as a weekend call, and you should only be rostered for one or two cover calls per year.

Please note that the staff entrance at the front of the hospital below the anaesthetic department on A-level closes at 19h30. After this you will have to use the entrance at the trauma department. During your on-call you may park on the P4 deck in front of the trauma unit. Security will check your ID badge, check that your name appears on the on-call rota and ask you to sign in. You have to display your on-call car disc which you will get from Jane. Your car needs to be removed before 8:00 when the trauma day staff arrive.

LEAVE/ANNUAL LEAVE

You are entitled to 22 working days annual leave per year. If possible, leave must be taken in the contract year in which it is earned. Leave not used in a year must be taken by 30 June of the following year otherwise it will be forfeited.

Leave requests are submitted in October for the following year and order of request priority should be indicated. Any later requests made during the year should be submitted as soon as possible, as leave slots are limited. As a general rule, no more than 11 people are allowed to be on leave at any one time. To preserve a balance of staff, no more than 6 registrars may be off at the same time. Exceptions are the fortnight before the
written examinations when exam candidates have preference; and the week of the SASA Congress or Refresher Courses when persons attending the Congress or Course will have preference. When requesting one week of leave, you can only be guaranteed one weekend off. Please let Dr Crowther know which weekend you wish to be off.

Public holidays will be granted if they fall during a week in which you have taken leave. If the public holiday falls on the Monday after a week of leave or on a Friday before you take leave, you will not be guaranteed leave on the public holiday.

Leave allocations are displayed on the “Leave Board” at the front desk in Joy’s office.

EXAMINATION LEAVE:

Special leave will be allowed for examinations. One day preparation leave may be granted before an examination.

SPECIAL LEAVE:

Staff members may apply for up to 10 days of special leave per annum for the purpose of attending examinations, refresher courses or congresses. Special leave will be granted for such purposes provided that leave slots are available. Do not register for refresher courses without first ensuring that you have been granted leave. Special leave for longer periods may be allowed but will result in overtime payments being deducted.

A National Refresher Course for both Part I & II of the FCA (SA) exam is held annually in Cape Town or Johannesburg (usually in July). A Clinical Course aimed at preparing candidates for the Part II Clinical Examination is usually held in Tygerberg during March (1st semester) and in Durban during September (2nd semester).

SICK LEAVE:

You are entitled to 36 days of paid sick leave per three-year cycle. Please complete a sick leave form for each period of sick leave. If you are away for three or more days or sick on a Monday or Friday, then you are required to produce a medical certificate signed by a registered medical practitioner. If you take one day off as sick leave within 8 weeks of a previous sick leave day, you also need a sick certificate from a medical practitioner (“8-week rule”). Note that sickness extending over a weekend (i.e., Friday and Monday) counts as four days of leave and requires a doctor’s certificate.

If you are sick, please phone Jane at 7:00am and inform her as well as the consultant on call and the consultant covering you for the day.

GSH SPECIAL THEATRE AREAS AND ALLOCATIONS

EMERGENCY THEATRE

These are situated in main theatres on floor D – we usually use theatre 4. Handover from the day emergency team to the on-call team takes place at 16:30 at the emergency board outside theatre 4. In the mornings, the SR from night must hand over to the registrar coming on call at 07h30 the next morning at the emergency board.

During weekdays, cases booked on the emergency board will usually be seen and assessed by the Triage Registrar.
Hand Over Protocol

Emergency Cases, but not elective cases, may be handed over at change-over time according to the Department Change-over Protocol.

MK MATERNITY THEATRE

One consultant, one registrar and usually an intern form the daily anaesthesia staffing. There are two operating theatres. Currently, both obstetric anaesthesia and fertility work (ultrasound-guided ovum pickups) are done in these two theatres. Premeds for Monday must be done by the Sunday registrar on Sunday afternoon, so that any problems can be discussed with the consultant before Monday morning. From Monday to Thursday, the registrar allocated to MK for the day will see the premeds for the following day and discuss them with the consultant on for the next day. The unit deals with high-risk mothers and/or precious babies, so all elective patients warrant careful, timeous pre-op assessment. The fertility patients come in as day cases. A pink Lever arch folder on top of the drug cart in the first theatre contains copies of consultant pre-op assessments done on cardiac/unusual patients. The consultant’s opinion may give useful guidance should these patients be booked for theatre as emergency cases, particularly after hours.

The duties of the MK anaesthesia team extend to assisting with procedures and management in the MK high care unit (e.g., intubation, citing of central and arterial lines, adjustment of ventilator settings, assessment of readiness for extubating) as well as the provision of a labour ward epidural service.

There is no emergency blood in the MK block; any blood products must be collected from the Blood Bank in the main hospital. The porters tend to be slow; if blood products are required urgently, it is best to send an intern to fetch them.

The difficult airway trolley resides in the first theatre, and there is a Storz C-MAC video laryngoscope with size 3 and D-blades in the theatre. The Taurus blood warmer is to be found in the recovery area.

Fourth- and sixth-year medical students are allocated to the maternity theatre. The fourth years need teaching in important principles of obstetric anaesthesia and must observe obstetric spinal anaesthesia. The sixth years often come in the afternoon and ask to do cases. Please accommodate them where reasonable.

Useful phone numbers: Ext 6471 is the phone inside the first theatre, and 6072 is the phone at the theatre clerk’s desk.

TRAUMA UNIT (C6)

This is situated in C6 at the back of the trauma unit on C floor, just after you pass the resuscitation rooms. Usually, the first patient will be a mandible ORIF done by maxillo-facial, dental or plastic surgeons, while the trauma surgeons do their ward round. After their ward round, they will come to theatre to discuss and book additional cases. You are also expected to assist with complex resuscitations or difficult intubations in the Trauma Front Room although this does not happen often. Part of your duty is to check the two minor procedure rooms to ensure that the Boyle’s machines are in good working order.

Trauma theatre closes at 16h00 and leftover cases are then added to the emergency board. No long cases will be started after 15h00. On Fridays and during weekends all cases are done in main theatres. The abscess list is done in the minor procedure theatre on Wednesdays, and in main theatre on Fridays.

OUTPATIENT CLINIC (OG10 Theatre)

OG 10 is a day case theatre situated on G floor of the outpatient building. Outpatient Building is a separate
building to the right of the new hospital. Outpatients may be accessed from the outside or via a tunnel on C floor (ask your reg buddy to help you with directions.)

OG 10 is equipped with oxygen and nitrous oxide (no air). All patients are required to be ASA I or II and are day cases. Should you have any concerns please contact the consultant on call in main theatre.

RECOVERY

Recovery registrar should arrive at 08h30.

Responsibilities include:

• Care of patients in recovery. Help with problems arising in recovery should firstly be sought from the consultant responsible for the relevant list.
• Discharge of patients to the ward when they meet criteria as per the Standard Discharge Protocol found in the 2006 Practice Guidelines of the South African Society of Anaesthesiologists.
• Ensure that all patients have adequate post-op medication prescribed before they return to the wards.
• Attend the acute pain rounds starting in D5 (orthopaedic high care) at 08h30 (except Mondays) and 15h00 (except Fridays) - Set up PCA's for patients identified on these rounds.
• Assist the intern in the Post Anaesthetic High Care Unit (PAHCU) as required during the day. This will entail assessing patients in PAHCU with the intern at 09h00 and being present on the afternoon ward round with the consultant assigned to PAHCU for that day.

You are allowed to go on tea and lunch breaks as long as you leave your contact details with the recovery staff. Please make sure that they are able to contact you in case of emergency. On Fridays you may leave recovery at 17h00 with the permission of the consultant on call.

Your day ends when the last elective patient is discharged from recovery or at 18h00. When elective lists overrun i.e., end after 18h00, the patients will be recovered by the on-call team.

POSTOPERATIVE ANAESTHETIC HIGH CARE UNIT (PAHCU)

Admission policy:

• The PAHCU will admit patients on weekdays only. Cases will be admitted to the unit directly from theatre for a period of up to 24hrs.
• The unit closes on Friday at 09:00. All patients must be discharged to the ward by this time. Should a patient require referral to the ICU, he/she will be transferred to the ventilation bay in the recovery unit until a bed is made available in the ICU.
• Priority will be given to elective cases that would normally be referred to ICU for epidural care or close monitoring (e.g., uncomplicated carotid endarterectomies, obstructive sleep apnoea).
• No ventilated patients will be admitted to the unit.

Surgical lists that regularly refer cases (particularly those requiring epidural care) to the ICU shall have preference for admission to the PAHCU.

The designated lists are the following:

• Tuesday: Panieri, Urology
• Wednesday: Bornman, Goldberg
• Thursday: Vascular, Thoracics
Surgeons wanting a patient on their list to be considered for a high care bed should contact the anaesthetic consultant responsible for their list. He/she will then liaise with the consultant in charge of the unit for that day.

The surgical team remains responsible for the surgical care of the patient throughout their stay in the unit. A discharge ward round must be done by the team responsible for the case the morning after admission.

**Medical cover:**

Anaesthetic interns will rotate through PAHCU during their general rotation in the department of Anaesthesia.

The registrar assigned to the recovery unit will accompany the intern on a ward round starting at 09:00 but interns will provide 24 hours first contact medical cover for the unit. They will be responsible for clerking all patients admitted to the unit.

**Recovery registrar:**

In addition to his/her duties in the recovery area, the recovery registrar will provide senior cover to the intern assigned to the PAHCU.

**Consultant in charge of PAHCU for the day:**

- The consultant in charge of the unit for the day will be one of the consultants responsible for the priority lists referred to previously.
- This consultant will be designated on the weekly anaesthetic roster.
- This consultant will review patients booked on the major lists for the day and decide -in consultation with the consultant anaesthetists in charge of those lists- which patients will be admitted to the PAHCU.
- Priority will be given to patients who have had epidurals inserted followed by cases who require close monitoring but are inappropriate for ICU admission.
- The consultant on call will take over responsibility for the unit at 16:30 from the ‘designated’ consultant.

**On-call senior registrar**

- The on-call senior registrar shall provide cover for the intern from 16:30 onwards.
- Should the on-call senior registrar need advice he/she must contact the on-call consultant.

**Wards rounds**

- The recovery registrar, the intern on calls the previous night and the intern assigned to the unit for that day will round in the PAHCU starting at 09:00.
- This team will be responsible for the discharge of stable patients to the ward. Patients who would benefit from an extra day of analgesia care or who are deemed not suitable for immediate discharge should be discussed with the consultant assigned to the PAHCU for the day for a decision on further action (non-discharge, referral to ICU etc.).
- After the ward round the intern on call the previous night will be off duty. The incoming intern will be responsible for the clinical summary and discharge of patients referred back to the ward or to the ICU. He/she will then be available to clerk patients admitted from theatre as well as for the troubleshooting of any analgesia care problems that may arise in the unit.

**STANDBY TIME (OUT OF THEATRE TIME)**

Registrars may be offered a standby session if there is no on-call during a particular week. This standby is only
given if service provision allows. You must be contactable at all times during your standby session as you may have to cover theatres in cases of illness, extra lists etc. This time should be used for academic purposes – studying, research etc.

PRE-MEDS

If you are allocated to do an elective list the following day, it is your responsibility to see all the pre-meds the day before, including Sundays for the Monday list. Please try not to disturb patients during visiting hours which are from 19h00 to 20h00.

The exceptions for seeing premeds are:
- MK (seen by the day registrar there, Monday to Thursday, and by the Sunday registrar on the Sunday day)
- NSH (seen by day anaesthetic staff there during the week). For Monday lists, the registrar or MO on the list is responsible for seeing their own pre-meds on Sunday.
- MMH (seen on the day)
- Trauma (seen in theatre)
- Emergencies (seen by triage registrar or in theatre).

Once you have seen the patients, please discuss them with your consultant for the next day.

GSH EQUIPMENT

The anaesthetic equipment is maintained by A/Prof Ross Hofmeyr and Mr. Grant Strathie, one of the clinical technologists. The equipment is expensive: please take care of it at all times, particularly when used after-hours.

For further queries regarding theatre equipment please consult the theatre technicians. The technician roster and contact details are available in theatre.

NEW SOMERSET HOSPITAL

This hospital is located next to the Waterfront. Main theatre is on Level 2 and consists of 3 theatres. The obstetrics theatre is at the back of labour ward on Level 3.

NSH employs 5 medical officers and 3 registrars. There are 4 consultants here daily.

The weekly NSH roster is done by NSH and is not on CLW Rota.

During the week, 2 people are on call at NSH, one shift from 16:00 until 00:00 (late stay week of nights) in main theatre and the other 16:30 until 07:30 the next day. After 12pm with only 1 MO/Reg on site, the primary responsibility of the on-call person is obstetric emergencies. In the event of a surgical emergency downstairs, discuss doing the case with the SR at GSH to plan and mobilise people.

There is a coffee shop on the ground floor with great coffee and good quality sandwiches. There is a communal tearoom and kitchenette in main theatre for use by all theatre staff. Coffee/tea/milk is not provided so take your own supplies.

UCT PRIVATE ACADEMIC HOSPITAL

The UCT Private Academic Hospital is a private hospital owned jointly by UCT, Private Enterprise and Practitioners. The majority of cases in the hospital are cared for by UCT staff. The hospital pays for two anaesthetic registrars who are incorporated into the ICU Rotation. Registrars thus have an obligation to provide service in this area as determined by ICU staff.
STUDENTS AND INTERNS

Since GSH is a teaching hospital you will be expected to teach 4th and 6th year students, as well as interns. MMed students get a significant discount from their university fees for teaching. The medical students rotate in pairs and have a specific rota to follow so you should never have more than two students with you in theatre at a time. Both groups have logbooks to complete as part of their duly performed tasks for that year. All the students may be tutored in theatre at any time and on any anaesthetic topic, including anaesthetic equipment – this is at your discretion and may be guided by their questions or tutorial preparation. They are advised in their Orientation Day to make their block as interactive as possible.

4th Year Students

The 4th Year students need to acquire practical skills and so will need your help and guidance in performing the logbook tasks. You may sign their logbook if they have made a genuine effort to complete the task – the attempt does not have to be successful.

6th Year Students

The Sixth-Year students have a logbook of six tutorial topics to be discussed in theatre; and they have nine theatre sessions in which to complete the logbook. You only need to discuss one topic a day with them so check to make sure that someone else has not already given them a tutorial for the day; and the students must have already prepared the answers to these topic questions in written format. They also need to complete at least two anaesthetics from start to finish. They will need advice as to which cases on your list will be suitable for them to do. Please supervise them throughout the case, from preoperative assessment (done in the induction room) to the recovery room. They will have their own anaesthetic chart to complete for each case which will be submitted at the end of their block (you will keep your own official record which belongs to the hospital).

EVALUATIONS

STAFF PERFORMANCE MANAGEMENT SYSTEM

The Provincial Government of the Western Cape (PGWC) requires all doctors on the PGWC payroll to participate in the Staff Performance Management System (SPMS). Each cycle runs from 1st April to 31st March of the following year. Staff members are required to complete a Performance Agreement that must be signed and agreed to by both supervisor and employees. This includes an Individual Performance Plan and Development Plan for each cycle. A minimum of two formal review sessions will be held during each cycle. Ask your reg buddy or representative for a template of the SPMS document.

REGISTRAR EVALUATIONS

Ongoing evaluations are performed on all staff at the end of their rotations. This is done by senior members of the department. Feedback will be given to you at the SPMS evaluation sessions.

The first rotation for which you will need a formal assessment is likely to be Obstetrics or ICU. Please approach the clinical head of Obstetrics, Dr Dominique van Dyk (speed dial 76493), with your assessment form as the end of your rotation nears. ICU have a formal evaluation at the end of the rotation. The assessment after the RXH rotation should be completed by Dr Graeme Wilson or his designated deputy and after the cardiothoracic rotation by Dr Felipe Montoya-Pelaez.

ACADEMIC REQUIREMENTS

All registrars enrolled with UCT as MMed students must meet the requirements of the degree program. This includes passing the CMSA Part 1 and Part 2 examinations. Credits are given for the respective parts of the
MMed qualification. Completion of the MMed degree by submission of a thesis is compulsory for all registrars. MMed fees should be available on the UCT website with all the other fees.

Registrars will also be required by the CMSA to submit a portfolio of learning and a logbook of cases at the time of registration for the Part 2 examination.

**MMED RESEARCH**

Once appointed to a registrar post, the Department encourages the new registrars to start with their MMed as soon as possible. The Departmental Research Committee (DRC) meetings are held regularly, and attendance is compulsory until such time you have presented a feasible research idea, which has been signed off by the Head of the Department Research Committee. These meetings will familiarize you with the process, and the role players in research within the Department.

Research topics can be self-initiated or chosen from a list of existing ideas. You should make contact with the research support staff in the Research Hub (Margot Flint) on your arrival for assistance and direction on all aspects of your MMed.

To enhance your research experience, there are also various external resources available. The Clinical Research Centre (CRC) and the library present a number of courses throughout the year on basic research skills. Attendance is strongly recommended. You will be added to a MMed Dropbox which has a wealth of research related information including relevant contacts, instructions, and documents necessary for completion of your MMed.

The Research Team and the Research Hub within the Department was established to help you access the resources and skills necessary to complete your MMed.

**PORTFOLIO**

**FCA (SA) Portfolio of learning** can be found in the documents section of the College of Anaesthetists webpage. The portfolio should be filled in at the start of your registrar time and updated regularly. Please bring an electronic copy of your portfolio of learning to each departmental SPMS.

**LOGBOOK**

It is important to maintain a logbook of the cases you are doing during training. There are many different applications available to electronically record your cases. The Royal College of Anaesthetists in England has a useful program that can be downloaded free. The CMSA now recommends using LogBox, which is what most of the registrars are using currently.

**COLLEGE OF MEDICINE EXAMS**

These are written twice a year in February and July. You will be allowed one day study leave before the written and oral examination. Registrars are expected to write their Part I examination as soon as possible but within 18 months of starting as a registrar. Failure to complete this requirement will result in you being assessed as having made unsatisfactory academic progress. UCT may then refuse to re-register you as a student. If this happens, your contract with DOH will be terminated. Registrars are expected to complete the FCA (SA) examination within the 4-year appointment. You will also not be able to register as a specialist with the HPCSA until you have been awarded your MMed degree.

**PROTECTED TEACHING TIME**

During your registrar time you are allowed a single cycle of protected Part 1 and Part 2 teaching. Only registrars...
who are writing an examination in the next six months and who have not previously attended the course will be
 guarant eed to get time off to attend the tutorials. Once a registrar has registered for the course, attendance is
 compulsory as this is regarded as an allocated duty. Failure to attend course sessions will result in the privilege
 being withdrawn.

Tutorials are held in the GSH Department of Anaesthesia:
• Part II FCA course  Friday morning  08h00 to 13h30
• Part I FCA course  Wednesday afternoon  14h00 to 17h00

Registrars will be allowed to attend one six-month course before each part of the examinations according to the
 following priority:
• Priority I  writing exams in next 6 months.
• Priority II  writing exams in next 12 months
• Priority III  already had one session of tutorials.

DEPARTMENTAL ACADEMIC MEETINGS

There is a Weekly Academic Calendar for the department. Friday afternoon is our Grand Round/ Morbidity and
 Mortality Meeting held at GSH D23 lecture theatre.

• 15h00 - 17h00    Grand Round (Academic Program)

All members of the Department who are not in theatre or on leave are required to attend or join virtually via
 MS teams or zoom.

Failure to attend the meeting for other than work-related reasons is regarded as absence without leave and
 subject to disciplinary action.

You are required to present at the Academic Meeting once a year on a date and topic of your choice. Currently
 Dr Adalbert Ernst coordinates this. If you are unable to present on your chosen day, then it is your duty to swap
 your presentation day with another registrar.

AWARDS FOR EXCELLENCE

Several annual awards are presented to Registrars for academic excellence:

• The **3M Award** (a cardiology stethoscope) to a registrar in the final year for academic excellence and
  contribution to the department.
• The **Augoustides Prize** to the best registrar in cardiothoracic anaesthesia.
• The **Tom Ruttmann ICU Prize** to the best registrar in ICU.
• The **Paediatric Anaesthesia** award to the best registrar in paediatric anaesthesia.
• The **Jack Abelson Award** for the most meritorious article published by a postgraduate student.
• Both Scientific and Review Articles will be considered.
• Best registrar in **Obstetric Anaesthesia**

Two Registrar Prizes are awarded annually at the S.A. Society of Anaesthesiologists Congress: one for
 communication skills and one for the best scientific paper. Registrars submitting entries for these prizes have
 their registration fees for the Congress waived and may also apply for financial assistance to attend the
 Congress.
LIBRARIES:

MEDICAL SCHOOL LIBRARY

The Medical School Library may be used by all staff members and is accessed using your UCT card. Details for new members can be obtained from the enquiry counter. 3161.

Online Library Access
The UCT Medical School Library website can be accessed via http://www.medical.lib.uct.ac.za/. Numerous Electronic Journals and electronic textbooks are available. For access from off campus, login using the “off-campus login” link with your UCT email address (UCT student number@myuct.ac.za) and UCT password.

DEPARTMENT LIBRARY

This is for your use. Please do not remove books, journals, and tape/slide lectures from the library without writing down the details on the form provided. Certain reference books are kept in the storeroom adjacent to Cheryl Wyngaard’s office.

These must not leave the Department and must be signed out.
Research

The Department of Anaesthesia and Perioperative Medicine has a strong, nationally, and internationally recognised standing in the various fields of clinical research, with a strong aim to contribute towards improved patient outcomes. The Department consists of numerous research areas, for example: perioperative medicine; paediatric anaesthesia; patient blood management; pain; obstetric anaesthesia; airway management; education and stimulation; cardiac anaesthesia etc.

The research group is led by Professor Bruce Biccard, Second Chair and Head of the Departmental Research Committee (DRC). One of the group’s focus points, are the MMed registrar projects, aiming to guide, educate and assist the registrars on the research process.

The Department collaborates with several international institutes and networks as a participating site in clinical trials. Examples include the Population Health Research Institute, McMaster University, Canada; Queen Mary University, London; Royal Melbourne Hospital, Australia and the Australian and New Zealand College of Anaesthetists (ANZCA) Clinical Trials Network.

The aim of the research group is to ensure that the Department of Anaesthesia and Perioperative Medicine continues to be a highly respected sector of the University of Cape Town’s Faculty of Health Sciences, with the goal to ensure that the Department’s research projects aim to contribute towards improved patient outcomes.

Omitted Publications

All Departmental publications must be sent to Zelda timeously, for Prof Biccard, to review and sign it off.

The Departmental Chairpersons are politely requesting you to familiarise yourself with the rules and regulations of the research outputs or submission. This includes original research articles, original research letters, and review articles that had undergone peer review prior to publication. This will help the Department to fast-track all research projects or activities happening within the Anaesthetic Department.
Annual Research Day Planning Guide for Consultant’s

Speaker/MC

- Arrange external sponsorship for Catering Expenditure (refreshments, lunch, teatime, cocktail function.
- Arrange the Research Day programme and publication list.
- Try to do it timeously so Zelda has time for any additional publications to be added.
- Liaise with someone in the Department (A/Prof Ross Hofmeyr or Dr Adalbert Ernst) or ICTS Health Sciences person (Paul) to assist with the setup for presentations so that the meeting can run entirely off the podium in the Lecture Room
- Set up a ZOOM Link and ensure that it gets send to invited guests, colleagues in the Department to join virtually if they cannot attend the meeting.
- Ask Cheryl/Esmeralda to liaise with someone to assist with arrangement for crockery, coffee machines, tablecloths and catering two months in advance.
- Always confirm, who will speak in person, and who will speak remotely, so that Dr Adalbert Ernst has a roster to work from
- Please could you organise that the speakers, all provide their Presentations need to be submitted by at least the Wednesday (48 Hours before the meeting)
- Ensure that the programme and ZOOM link gets circulated on the Monday before the Research Day
- Ask someone to assist to assist with set up in the Seminar Room a Day before the meeting
- And that the programme has been printed.

On Research Day

Equipment Master Class: Please ask Ross, Adalbert to meet you (possible Speaker/MC) at 8am, so that they could give a tutorial on the cameras, sound etc, to ensure that system is set up correctly before the meeting starts

Podium computer: Login for the broadcast ZOOM, share the display screen

We hope you enjoy planning for our Departmental Research Day in November.
New Consultant’s joining the Department

- The grant of up to R20,000 aims to initiate new staff member’s research at UCT and is awarded once only in an applicant’s UCT career.
- New UCT permanent academic staff members (including joint staff but excluding registrars) in the Health Sciences, EBE, Humanities, CHED, Law, and Commerce Faculties are eligible to apply. New academic staff members from the Faculty of Sciences are not eligible to apply because the URC provides a contribution to the faculty’s launching grants.
- **Deadlines:** All applicants received by the Research Office by the 25th of the month will receive an outcome by the 5th of the following month. Applications received after the 25th of the month will only be processed 30 days later, with the following month’s applications. For example, if the application is received on 23 March, the outcome will only be received by 5 May.
- Please note that the Start-Up grant must be applied within the six months of employment appointment date.

All applications **MUST BE TYPED** and supported quotations for items requested in the budget section.

Please forward applications to the Manager: Research Support Services, Research Office, Research and Innovation, 2 Rhodes Avenue, Mowbray OR via email: researchfunding@uct.ac.za (NOT both).

Website: [https: www.uct.ac.za/main/research/awards](https: www.uct.ac.za/main/research/awards)
Your Research Project in four steps

Step 1: Plan your application and find funding
Use the Research Support Hub to find UCT – endorsed funding opportunities that match your research project.

Step 2: Develop and submit your proposal
With the help of UCT’s team, develop your research proposal with all necessary documentation and submit a comprehensive, compelling application for funding.

Step 3: Manage your awarded research project
Get help with managing of funds awarded to your research project, assuring the integrity of your research, and handling your research data.

Step 4: Promote your research outputs
Get assistance with publishing your research and increasing the visibility of your work.

Website: https://www.researchsupport.uct.ac.za/
Acute Pain Round’s Team Members:
1) Alma de Vaal
2) Michelle Casey
3) Felipe Montoya
4) Rowan Duys
5) Adalbert Ernst
6) Kamal Bhagwan
7) Kobus Berg
8) Marcin Nejthardt
9) Caroline Simons
The round occurs twice daily at 09h00 and 15h00, except for Monday mornings and Friday afternoons.

Please utilise the APS registrars jimmy book, which should be kept on the desk in the recovery Office, to keep track of where the patients are and what we have done for them.

The focus is on postoperative patients using advances pain management techniques such as epidural, wound or perineural catheters and patient-controlled analgesia pumps.

Chronic Pain Management Clinic

The Chronic Pain Management Unit at Groote Schuur Hospital is an Interdisciplinary clinic whose goal is to provide comprehensive chronic pain assessment and multi-modal treatment and recommendations by a group of medical health practitioners which include Anaesthetists, Physiotherapists and Psychologists.

We provide cost – effective and thorough care, with our goal being able to work with patients to restore them to their maximum functionality. One unique component of our program is a planned outpatient, group-based, Chronic Pain Management Program. Through this program, patients will become active participants in their own care. Patient education regarding diagnosis, treatment and self-management strategies will become an essential part of our treatment plan.

The Centre for Pain Management at Groote Schuur Hospital only accepts patients on referral (ideally from a specialist) in whom a working diagnosis has been made.

Referrals are via this form: Click here to download the referral form
We have successfully appointed Mr Katleho Limakatso. He has been awarded many accolades, prizes, and rewards during this period. Mr Limakatso is in his third year of the PhD qualification within the Department. Katleho has been supervising candidates with their MMED projects.

He supervises between 14 and 20 students every year who are enrolled in our Postgraduate Diploma (PGDip) in Interdisciplinary Pain Management. He also supervises two specialising doctors who are enrolled in their Master’s in Medicine (MMed) degree.

Katleho received funding in support of his application for an Early Career Conference Grant. The funding enabled him to attend the “Pain Science in Motion” Conference held in Savona, Italy.

Attending this conference afforded him the opportunity to present his work on an international platform. Furthermore, exposure at this level provided him with an opportunity to establish relationships with world-renowned pain specialists’ colleagues and network with fellow PhD researchers.

He is involved in several pain education programmes in South Africa, and upon his return, I believe that the Department, students, and colleagues would greatly benefit from his knowledge gained at this international conference. He will have the opportunity to share this knowledge with fellow members via national and international lectures, workshops, and publications.

Katleho has exceptional skill in research, teaching and clinical practice. His knowledge, experience and teaching skills are invaluable to the education of both undergraduate and post graduate students. Katleho plays a key role in training of students and specializing medical doctors. This year, he has also published several research papers.
Overview of Airway Management at the UCT Department of Anaesthesia & Perioperative Medicine

The discipline of airway management is crucial to our daily function as anaesthesiologists, and it is incumbent upon us to have the highest levels of skill and proficiency. Fortunately, we are privileged to be at the intersection of high-quality healthcare and anaesthesia training, and a challenging diversity and intensity of pathology, allowing many opportunities for acquiring skill and experience. Over the years, the UCT Department of Anaesthesia & Perioperative Medicine has built up our facilities for airway management, and we now have some of the most comprehensive and extensive equipment and facilities in the country, if not the continent. We are also the home to Africa’s first Fellowship in Airway and Thoracic Anaesthesia, supported by an educational grant from Karl Storz.

At the current time, the Airway Lead for the Department is Prof Ross Hofmeyr (speed dial 77392; ross.hofmeyr@uct.ac.za). Please feel free to raise any questions or concerns with him. A more comprehensive document describing the airway portfolio in detail, and in particular the equipment, is available - please ask for it and read carefully.

A large resource of airway management educational material endorsed and supported by the Department is available online at www.OpenAirway.org. Contact Prof Hofmeyr to add you to the Airway WhatsApp group used to keep track of the equipment location and use.

Airway Skills Laboratory

The UCT Airway Skills Laboratory is located within our Department in D23, Groote Schuur Hospital. It is the door opposite the entrance of the JC office and can be opened using your GSH access card. You are free to make use of the ASL at any time. Inside you will find airway manikins, non-anatomical trainers, a simulation manikin, open tubs of equipment for practice, and closed/stored equipment for courses. Please ask before opening any boxes or removing items, but you are welcome to use the open equipment to practice at any time.

Difficult Airway Equipment

All operating theatres should always have standard airway equipment. Additional supplies and devices for difficult airways are found on the various difficult airway carts. Video laryngoscopes and flexible/fibreoptic scopes are available in all areas except small outlying theatres, but portable equipment is available on request. We have several HFNC/THRIVE devices dedicated for difficult airway and perioperative use.
Care and Cleaning of Equipment

Our equipment is precious, as it is expensive, often fragile, and essential for providing both advanced patient care, but also training opportunities for our future specialists. For instance, a flexible scope cost around R200 000 to replace, and even a simple VL blade is currently over R35 000. In all instances, treat the equipment with utmost care, and if in any doubt, please ask. During the day, the clinical technologists are always on hand to assist (and should be called early), and if you are unsure what to do, as a senior colleague. General principles of care apply to all equipment. Always post a message on the WhatsApp group when using items, so that they can be located in an emergency and usage tracked. Check before starting that equipment is clean and tidy, and report if this is not the case. When moving then carts or carrying equipment, make sure that cables (especially fibreoptic light guides) are not hanging, and take care going through doors not to bump or catch the equipment on edges. Avoid drops or bumps. Keep IV fluids and blood away from the electronic equipment. Please consult the full Airway Portfolio Information Document for complete information on care and cleaning. If you are in doubt as to how to clean an item safely, please ask!

Airway Research Opportunities

Our Department has a proud history of airway research, and there are continuously studies underway. This is a field which is particularly well-suited for MMed projects, and there are usually several 'parked' projects waiting for an enthusiastic registrar. Of course, this does not exclude you from coming forward with good ideas! Several airway MMed's have been awarded distinctions from the University and have been published in local and international journals.

Thoracic Anaesthesia

UCT has a vibrant Cardiothoracic Surgery and Anaesthesia programme, with cases underway daily at Groote Schuur and Red Cross. Included within this are active lung transplantation services, a tracheal/large airway interventional team performing endoscopic procedures and tracheal resection/reconstruction, and thoracic surgery for both malignant and inflammatory lung disease. All registrars train in Thoracic Anaesthesia as part of their cardiothoracic rotation but have other ample opportunities to learn thoracic skills in trauma and emergency surgery. Numerous research opportunities exist for enthusiastic individuals, as well as the prospect for acquiring advanced skills as part of the Fellowship (see below).

Airway & Thoracic Anaesthesia Fellowship

The UCT-Storz African Fellowship in Airway & Thoracic Anaesthesia was created in 2015 as a collaboration between the University of Cape Town, and the Western Cape Department of Health, facilitated by an educational grant from Karl Storz GmBH. It is aimed at increasing the capabilities and capacities of African clinicians in the synergistic fields of airway management and thoracic anaesthesia, and has three fundamental aims:

- Clinical service delivery and experience for the Fellow, as well as clinical training,
- Research within the fields, and
- Outreach, education, and development of training material

Prof Hofmeyr served as the inaugural Fellow to establish and develop the program, and now coordinates the program. Self-funded candidates can apply for observer ships of up to 3 months, or 6-12-month Fellowships, and a funded position is available for African. It is expected that successful applicants will undertake or participate in a research study in pursuit of an appropriate higher qualification (MMed, MPhil or PhD) during their Fellowship.

Obstetric Airway Management Registry (ObAMR)

Since late 2018, we have been striving to document airway management practices and events for all patients having a GA between 20 weeks gestation and 7 days postpartum. These cases are logged in an electronic registry (ObAMR) using your smartphone. The registry is being used for ongoing quality control and research, with at least 4 MMed projects at the time of writing. We request that you continue capturing any cases you perform, using the QR code or URL links in the operating theatres, or by navigating to
Welcome to Simulation for learning in our Department

Simulation is an exciting educational tool for students and practitioners from all levels and all disciplines. During your registrar programme you will have multiple opportunities to learn through simulation. We also run a simulation faculty development programme if you’re interested in learning how to use simulation to teach and transform healthcare.

We will ALWAYS use simulation as a tool for learning, and NEVER for testing your competence. It is almost impossible to understand how someone will perform in a real clinical environment, by assessing their performance in a simulated environment. The sim team is very committed to this mind-set.

Rebecca Gray runs the Medical Emergencies in Paediatric Anaesthesia programme, and you are strongly encouraged to attend this very powerful programme at least once during your training.

During your SR rotation, you will have a thoracic day that will include some part-task training, and some sims, and a trauma day that will have a similar format.

We are hoping to find a way to squeeze an obstetric anaesthesia emergencies day and a vascular and neuro emergencies day into your packed reg programme. All possible logistical solutions welcomed.

During your ICU rotations, as things stand, Project Team Care (a Quality Improvement programme we run) and the sim team will run an airway and resus related learning programme for an hour every Tuesday. The learning outcomes for the sessions are:

1. Intro to intubation, VL skills & the physiologically difficult airway
2. Tracheostomy emergencies
3. Cardiac Arrest care (ALS)
4. Patient handovers
5. Approach to the hypoxic ventilated patient
6. Approach to the hemodynamically unstable patient

We will also see you once a month at NSH for a typical anaesthesia emergency.

Looking forward to learning with all of you. We are also always open to feedback and would like the programme to speak to your needs, so tell us where we can improve.
Anaesthetic Pre-Assessment Clinic

Elective cases with a lead time of at least 2 weeks prior to surgery may be discussed telephonically with any one of the anaesthesia consultants who run the clinic (Marcin Nejthardt, Matthew Gibbs, Ettienne Coetzee, Christella Alphonsus or Caroline Simons). The cases are generally referred by surgical consultants or registrars.

The clinic is currently held in D6 on Wednesday mornings. It is predominantly an anaesthesia consultant-led clinic. Interns are allocated to assist. If the rostering consultant has capacity, they will allocate an anaesthetic registrar to the clinic.

If elective cases need to be seen urgently or are in-hospital cases and are likely to be operated within the week, then the most appropriate anaesthetic consult strategy would be as follows:

- Identify the consultant (or registrar) scheduled for that list – theatre allocations are generally completed by Thursday so it would be most be prudent for the allocated anaesthetic team to become involved in the assessment of that particular case.

- If the theatre allocations are not available then the next port of call is the anaesthetist covering that surgical discipline for the day i.e., if urology have a referral and they have a theatre slate that day, the anaesthetic team covering urology on that day should do the consult.

The final port of call for elective referrals is the consultant on call for the day.
Cardiothoracic Anaesthesia

The UCT Department of Anaesthesia and Perioperative Medicine at Groote Schuur and the Red Cross War Memorial Children’s Hospitals provide a 24-hour dedicated anaesthesia service to the Department of Cardiothoracic Surgery.

Although every medical student knows that Professor Christiaan Barnard performed the first heart transplant at Groote Schuur Hospital, Professor Ozinski was the first anaesthetist to anaesthetise a patient for a heart transplant.

We are proud to build on this unique foundation and today, we provide an anaesthetic service for 300 adults cardiac and 300 paediatric cardiac cases per year.

Surgery includes complex paediatric cases, grown-up congenital heart disease, rheumatic heart disease, ischaemic heart disease, degenerative heart disease, minimally invasive repair and replacement of heart valves, trans-aortic valve replacements and transapical valve replacements (called TAVI’S) and heart transplants, in fact, the entire spectrum of cardiac surgery.

Exiting opportunities also exist for research into the development of less invasive procedures – a field that is of great relevance to the Third World. We also work with cardiologists in the field of electrophysiology, pacemaker insertion and extraction.

Our Head of Department is a world authority on cardiac anaesthesia, and we have a dedicated team of adult and paediatric anaesthetists who are skilled not only in cardiac anaesthesia but also in peri-operative echocardiography.

The anaesthetic department runs three "hands-on" trans-oesophageal echocardiography courses a year, an annual thoracic "hands-on course" as well as multiple "Point of Care" (focused assessed trans-thoracic echocardiography, or "FATE" courses) every year. We have a dedicated team who co-ordinate these courses. Within the Department there is free access to a Heart works Simulator as well as an extensive library and a data base of video clips of interesting cases.

In addition, there are weekly tutorials addressing most aspects of cardiothoracic anaesthesia as well as echocardiography ward rounds that everyone is welcome to attend.

Trainees in our department spend three months in cardiothoracic anaesthesia and are also be exposed to major vascular surgery and many aspects of echocardiography. This is a challenging rotation, but all trainees enjoy it despite the long hours and difficult work.
The aim of this unit is to primarily admit cases from theatre that are presently referred to ICU for post-operative analgesia care and/or close monitoring.

**Clinical governance**

Responsibility for PAHCU rests exclusively with the Department of Anaesthesia and Perioperative Medicine and Theatre Management.

- **Unit Head:** Prof J Swanevelder
- **Responsible Clinician:** Dr LF Montoya–Pelaez
- **Clinical Manager:** Dr Shrikant Peters

**Admission Policy**

- The PAHCU will admit patients on from Monday to Friday. Cases will only be admitted to the unit directly from theatre for a period of at least 24 hours.

- The unit closes on Saturday. All patients must be discharged to the ward by 10:00am. Should a patient be referred to ICU, he/she will be transferred to the ventilation bay in the recovery unit until a bed is made available in the ICU.
The UCT medical students rotate through anaesthesia during their 4th and 6th year. Dr Adalbert Ernst is the overall and 4th year course convenor and I oversee the 6th year course.

The 6th year students rotate through anaesthesia for 2 weeks in a shared 4-week rotation with forensic medicine. The 6th year course provides them with the opportunity to put together all of the theory and part-task learning that they completed in their 4th year. During their anaesthesia rotation they will spend time in theatre where most of their learning happens and so all members of our department are involved in student teaching. They also have online modules to complete as well as airway skills training and in-theatre simulations.

Thank you in advance for all of your efforts to teach and inspire our students.

Please feel free to contact me if you have any queries or concerns around student teaching or if you would like to get more involved in student teaching in any way.

Registrar Call Roster

The registrar call roster runs in a 6-week cycle.

I am responsible for allocating all registrar calls except for ICU (Prof Ivan Joubert) and Red Cross Hospital (Dr Karmen Kemp).

I will send out an email every 6 weeks asking for roster requests. While we do our best to accommodate all reasonable requests it may not always be possible depending on staffing/leave etc so please prioritize your requests.

Warm Regards,

Dr Jessica Purcell – Jones
Undergraduate Anaesthesia Programme: Year 4 MBChB

The Department teaches two courses to undergraduate medical students in their fourth and sixth years respectively, as part of their training towards the MBChB degree offered by the University of Cape Town. I convene the fourth-year course and represent the department in undergraduate matters with the Faculty of Health Sciences, while Dr Brigid Brennan oversees the final year course.

Anaesthesia Part 1, taught in fourth year, is the foundational course and consists of a four-week rotation which comprises clinical time in theatre and formal academic activities in the form of tutorials, workshops, and simulation sessions. In theatre, students shadow anaesthetists in groups of two where they are required to either perform or observe certain skills under supervision, as outlined in a logbook. The core academic concepts have been distilled into ten online modules which students follow in a structured format. Contact sessions comprise five seminars using standardised paper cases on key topics, a pain management workshop, an airway skills workshop, and a simulation workshop, taught chiefly by myself, my colleagues in the Pain Management Unit and dedicated part-time tutors.

Medical officers, registrars, and consultants are all involved in clinical teaching of students and are expected to assist undergraduates in understanding the key concepts of anaesthesia relevant to their training, as well as model safe clinical practice, situational awareness, communication skills and teamwork. Most of the formal teaching is done by the conveners and dedicated tutors, but interested registrars and consultants are always welcome to assist in this regard.

Departmental Academic Programme

The Department’s formal academic programme centres around the Friday Afternoon Grand Rounds meeting, which runs over two hours, is CPD-accredited, and usually includes three speakers per session. All clinical staff (registrars, consultants, and medical officers) are expected to give one talk of 25-30 minutes on a relevant topic of their choosing per year. Speakers sign up on a date of their choice, and the roster for a given year is usually finalised by November of the preceding year. In addition, we regularly feature invited speakers. Since the COVID-19 pandemic, we have also been streaming the talks via ZOOM but still present via the Seminar Room (although speakers may present remotely). A weekly Academic Calendar is distributed which also includes details of the relevant academic programmes for Critical Care, Paediatric Anaesthesia, and the Part 1 and Part 2 internal training programmes. From February to November, the first Friday of each month is usually the Morbidity and Mortality meeting although these have not been held as official Grand Rounds since the outbreak of the COVID-19 pandemic.
A six-month intensive course for candidates registered for the Part 1 (Primary Examination for the Fellowship of the College of Anaesthetists or FCA) is held on **Wednesdays from 13h00 - 16h00**. A wide variety of key topics in Physics, Pharmacology and Physiology are covered.

Prospective candidates from other institutions are welcome to attend the tutorials.

**Venue:** Departmental Library, D23, GSH

**Course Convener:** Dr Kamal Bhagwan

Prior to their examination, all departmental candidates for the FCA Part 2 undergo an intensive 6-month preparatory course consisting of the following components:

**Formal Lectures:** Fridays from 07h30 to 13h00 in the Departmental Library

**Clinical Mock Examinations / Paper Cases:** Fridays from 07h30 to 08h50 [see departmental noticeboard for details]

**A mock written examination** 4-6 weeks before the written Part 2 College Examination

**Course Convener:** Dr t.b.c
The 8-week rotation aims to ensure our intern colleagues are confident and capable to, independently, perform anaesthesia for an ASA 1 patient booked for a minor surgical procedure.

We facilitate a wide exposure to ensure all the HPCSA logbook requirements are achieved. When signed off for the rotation, an intern would have participated in a minimum of 80 cases. They are required to record 40 supervised intubations (including rapid sequence) and 10 spinal anaesthetics. The majority of interns exceed these numbers.

The formal teaching starts on day 1 as a full Orientation Day dedicated to refreshing basic anaesthesia and introducing the areas of training for the rotation. There is a focus on Obstetric Anaesthesia as it is possible to have to perform, with little supervision, during Community Service. Additionally, time is spent on Neuraxial Anaesthesia, Perioperative Pain Management, Airway Training and Post Anaesthetic High Care Unit.

Additionally, we introduce the departmental and theatre functioning and complete all relevant rotation administrative tasks (call rosters etc).

Continuous assessments for each intern are provided through invaluable feedback from registrars and consultants.

There is a formal midblock test as well as a final written examination.

Towards the end of the block, it is mandatory that each intern successfully performs a clinical assessment supervised by a consultant. This ensures the intern can independently performed a low risk, basic anaesthesia on a healthy patient.

A highlight of the rotation is a morning for simulation teaching in a theatre. Utilising an electronic mannikin, anaesthetic emergencies scenarios are created wherein which interns are grouped to partake. This is a fantastic opportunity to ensure vital teaching goals (including human factors) are covered in an engaging, interactive session. Having each completed the Bristol Advanced Simulators Instructors Masterclass, we feel this form of teaching has added greatly to our impact as educators.

We believe our programme is not only designed to ensure the intern meets the HPCSA requirements, but they gain sufficient confidence, knowledge, and transferable skills for their junior medical careers.

While we do not endeavour to train each intern to be an anaesthetist, we are proud that we may inspire their earliest interest in our chosen discipline.
Academic Overview

Overview of Our Training Programmes

Anaesthesia forms part of the core curriculum for the degree MBChB and consists of a clinical rotation and formal lectures in undergraduate students' fourth year of study.

Postgraduate training

- Specialist training consists of a four-year structured clinical programme in anaesthesia, with tuition in preparation for the Part 1 and Part 2 examinations for the Fellowship of the College of Anaesthetists (FCA). In addition, all registrars must complete a research project for the requirements of the degree of Master of Medicine (MMed) in Anaesthesia awarded by the University of Cape Town.
- In addition, the department offers courses in preparation for the Diploma in Anaesthesia (DA) of the Colleges of Medicine
- An annual intensive week-long refresher course is hosted in May / June alternating every two years between the Part 1 and Part 2 FCA examinations.
- The department offers regular courses including regional anaesthesia workshops, training in transoesophageal echocardiography (TOE) for both registrars and registered specialists.

The Department offers a one-year full-time or two-year part-time postgraduate diploma in Interdisciplinary Pain Management. The course uses a blended learning approach with contact sessions and online learning, commencing in January of each year. It is open to all healthcare professionals with a minimum of a 4-year degree and covers a wide range of topics aimed to upskill healthcare professionals in the management of complex pain conditions.

The program consists of 7 modules:

- Introduction to postgraduate studies
- Clinical research methods
- The multidimensional nature of pain
- Neuroanatomy and neurophysiology of nociception and pain
- Assessment and measurement of pain and its effects
- Interdisciplinary pain management
- Pain management in complex conditions
Our Department undertakes to produce an annual national refresher course, aimed at (but not exclusively for) candidates intending to sit the College of Anaesthetists fellowship exams. We do this in conjunction with UW in Gauteng and will alternate Part 1 and 2 topics with them: for two years consecutively, we will produce a Part 1 refresher course and Gauteng, a Part 2 refresher course, and then we swap.

As well as being a course intended to provide exam candidates with lectures and notes and SBAs on various exam topics, it is also seen as a showcase for our department where every member of the consultant body, honorary lecturers, some affiliates and (usually) an invited guest speaker gets an opportunity to produce academic content for the course.

The format of the course has, due to the global pandemic, changed from face-to-face lectures and workshops to remote, online teaching.

The proceeds of the course from the registration fees of the delegates, are divided between departmental educational and travel funds to provide support and subsidisation of permanent consultant members of the department wishing, for example, to travel to national and international courses and congresses.
Advanced Focus Assessed Transthoracic Echocardiography

Advanced Focus Assessed Transthoracic Echocardiography (FATE) is aimed at providing advanced echocardiographic skills (comprehensive imaging and Doppler echocardiography) for the non-cardiologist to perform point-of-care cardiopulmonary evaluation and subsequently, optimisation of emergent cardiac and respiratory conditions.

This is an Advanced FATE workshop aimed at physicians from all specialities e.g.: Anaesthesiologists, intensivists, emergency physicians, internal medicine physicians and surgeons requiring time-sensitive information regarding patient care.

In addition to the hands-on training session, participants will be required to complete an 8-hour e-learning component. The unique USabcd.org interactive e-learning provides the theoretical basis for the practical component. The e-learning covers equipment and skills, extended imaging views, basic Doppler, Doppler for the assessment of pressure, cardiac output, and diastolic function. All e-learning modules must be completed prior to the hands-on workshop.

There will also be an assessment to evaluate participants ability to gain advanced FATE views and perform measurements.

Course Content

The following topics will be covered in the workshop in groups of 4-5 participants with live models:

- Repetition of the content of the basic FATE workshop
- Extended 2-dimensional imaging views
- Basic Doppler ultrasound principals
- Advanced Doppler ultrasound for pressure estimation, cardiac output estimation and assessment of diastolic function (Continuous/Pulse wave doppler)
- Advanced clinical scenario training

Pre-course qualifications: Participation in a Basic Cardiac Ultrasound (FATE) course or similar is required for this course.

A Certificate of Attendance and CPD points will be issued to participants of the course.
Transoesophageal Echocardiography (TOE)

Since 2012 the department has held 26 TOE courses and trained over two hundred Anaesthetists, Cardiac surgeons, and Cardiologists in adult TOE.

We have had participants from Namibia, Zimbabwe, Ethiopia, Kenya, Argentina, Belgium, and the Netherlands to name a few.

The course is a mixture of in-theatre training, didactic lectures, and discussions. We cover the entire syllabus and yet no two courses are the same. All the teachers have accreditation in Adult TOE.

Because it is hands-on, we limit the number of participants to eight people. We therefor unfortunately have quite a waiting list as word has spread that this course is invaluable for anyone hoping to do cardiac anaesthesia.
Over the past 10 years Prof Dyer has contributed to establish our Department, Mowbray Maternity Hospital, and the GSH MK High Care Labour Ward/Unit as truly international players in the Peri-operative/Peri-labour Obstetric field.

His research output and international scientific publications have escalated impressively. In this process he has always been taking young colleagues and registrars with him, developing them as young researchers and authors. On national and international level, Prof Dyer has been involved in setting practice guidelines, to ensure better outcomes for patients in both the developing and developed World.

Prof Dyer is a NRF B2 rated researcher and remains a full working member of our Department for the foreseeable future. The UCT Vice-Chancellor and Dean of the Health Sciences Faculty have bestowed Prof Dyer with probably one of the biggest awards any UCT academic can dream of. Because of his academic contributions over the years, and for what he is still going to do to help develop our young researchers, Prof Dyer has received the honor of a Senior Research Scholarship for at least 3 years which was renewed for the 2nd time in 2021. This is a compliment only a few colleagues in our faculty have received over the past many years. That means as an Emeritus Professor he is employed in our Department and will actively be participating in our development and guidance.
Our **Vision** is to build transformation into the fabric of the Department of Anaesthesia and Perioperative Medicine so that it becomes an *organic* part of our practice. We want to see **ongoing** transformation as an intentional, prioritised, and rigorous part of our agendas.

To achieve our vision, we aim to critically examine historic and current structures that are obstructing transformation or enabling inequality of any kind, through exploring their causes and then making **recommendations** for altering or completely dismantling these. Additionally, we aim to work towards creating a departmental culture that does not tolerate any expressions of prejudice or inequalities, be these written, spoken or in attitude or orientation toward others with differing identities.

The vision of the TAG of the Department of Anaesthesia and Perioperative Medicine is to facilitate the transformation process by embedding transformation in all activities of the department. The TAG aims to create an environment to allow the exchange of ideas, address and find solutions aimed at transformation. We challenge ourselves to bridge the gap, identify limitations and find ways to improve transformation and the current scenarios.
DEPARTMENT OF ANAESTHESIA AND PERIOPERATIVE MEDICINE TRANSFORMATION GOALS

Goals which inform the vision and mission of the TAG.

The TAG will specifically focus on transformation, equity and social responsiveness issues pertaining to Department and Faculty. The TAG will develop and promote the Department as a diverse, inclusive, and transparent environment that invests in all its people. A Department that develops new thinking about our African heritage and advances the betterment of all its members. The TAG will analyse shortfalls and find solutions to bridge the gaps to facilitate transformation within the Department.

The Vision and Mission statements of the Department are aligned to the Transformation Equity Committee (TEC) of the Faculty of Health Sciences. TAG will follow the EE Policy of the University and the Western Cape Provincial Government.

PURPOSE OF THE TAG
Regularly review the department’s policies and procedures related to transformation and social responsiveness. Promote diversity and inclusivity in the Department. Contribute to the active development of transformation role models. Contribute to the development of leaders and promote succession planning with the intention to transform the department at every level. Promote education and empowerment of all staff. To address issues of transformation and advise HOD and EXCO.
The museum housed in the University of Cape Town (UCT) Department of Anaesthesia boasts the finest collection of early anaesthesia apparatus in Africa, with artefacts dating back to 1847 – only one year after the historic first public demonstration by Morton of the efficacy of ether to provide anaesthesia in Boston in October 1846. The museum is acknowledged as the official South African Society of Anaesthesiology (SASA) Museum and has a section devoted to the History of the Society, including a display dedicated to the successful hosting by SASA of the 14th World Congress of Anaesthesiology in Cape Town in 2008.

Artefacts include:

Anaesthetic and Analgesia delivery systems designed by: Murphy (1847), Esmarch (1877), Shimmelbusch (1897), Hewitt (1901), Vernon Harcourt (1901), Ombrédanne (1908), Boyle (1917-1933), Junkers (1867) & later modifications, Shipway (1916), Pinson’s ‘ether bomb’ (1926), McKesson (1920 & 1930), De Caux (1930), King Thermanester (1936).

A large collection of vaporizers including the Copper Kettle, Rowbotham inhaler, Fluotecs’ Mark 1-6, Goldman’s vinesthene and halothane vaporizers & the Dräger Vapor Halothan vaporizer (1960).

A collection of ventilators including examples of a Bird Mark 1, 2, 3, 4, 7, 7a, 8; Manley; Cyclator; Dräger Iron Lung model E52, and an Emerson Cuirass ventilator.
Battlefield resuscitators including a Krieselman resuscitator (1943), and a USSR model manufactured in 1963 and a Ambubag made for use in chemical warfare. Anaesthetic machines and monitors used at Groote Schuur Hospital between 1940 and 1984.

A recent discovery was the presence in the museum of a prototype “LMA” developed by Beverly Leech in Canada in 1936.

Anaesthetic equipment designed by South African anaesthetists - including the Taurus Blood warmer named after Professor Bull, the Cape Town and Stellenbosch breathing circuits for paediatric anaesthesia.

The Samson neonatal resuscitator, Humphrey ADE breathing system, and the Miller Maxima breathing system.

History of the Collection

The collection began in earnest in 1956 when the then Head of the University of Cape Town (UCT) Department, Dr CS Jones, together with the first archivist and founder member of the SA Society of Anaesthetists (SASA) Dr Jack Abelsohn realized that they possessed early anaesthesia equipment worthy of preserving’ The following year Dr Lindsay van der Spuy donated a considerable amount of equipment of historical interest, much of it the property of two early anaesthetic pioneers in S.A. viz. the first ‘specialist anaesthetist’ in South Africa, Dr Bampfylde Daniel, and Dr Royden Muir who emigrated to Cape Town from New Zealand after WW1. Both practitioners taught anaesthesia to medical students at UCT. After Arthur Bull became Head of Department in 1969, the equipment that had been collected was mounted, catalogued, and displayed in showcases in the Department of Anaesthesia at the UCT Medical School. Professor Bull’s successor, Professor Gaisford Harrison continued the search for historic equipment and in in 1987 appointed the then SASA Archivist, Dr Naginal Parbhoo as Honorary Curator of the Museum. Dr Parbhoo visited many hospitals in the Cape seeking out more items of anaesthetic interest. In 1993 after the appointment of Professor Michael James as HOD and the move to the new Groote Schuur Hospital, Nagin designed and sought sponsorship for manufacture of eight oak and glass display cabinets in which the bulk of the collection was housed. In recognition of his efforts, Professor James named the museum the Nagin Parbhoo History of Anaesthesia Museum.

In 2009 Dr Parbhoo died after a long fight with leukaemia and Associate Professor Peter Gordon was appointed Honorary SASA Archivist and Honorary Curator of the Museum. Under his leadership many new items have been acquired, and the number of display cabinets has been doubled.

Outreach

Valkenberg Psychiatric Hospital, Observatory.
2 Military Hospital, Wynberg; (2 registrars)
Maitland Cottage Hospital, Newlands; (1 session for paediatric orthopaedics).
Hope Street Dental Clinic: daily sessions (1 registrar)
Outreach to various hospitals in the Western Cape Metropole, including False Bay, Atlantis and Vredenburg

Clinical Achievements

Ongoing flexible Departmental support for Emergency Board overflow and challenges
Dealing with urgent surgical waiting list patients and challenges from the Provincial platform inflexible manner
Ongoing support for sustainability of Operation Flamingo and Operation Smile
Ongoing support for sustainability of Hope Street Dental Surgical Program
Ongoing monthly participation and support for Vredenburg ENT project
Ongoing support for development of Cardiac Surgery TAVI Program
Ongoing support for the development of Congenital Cardiology and Surgery Program – both at RXWMCH and GSH
Ongoing provision of additional Anaesthesia capacity to Cardiothoracic Surgery and patients on their surgical waiting lists. Over the past six months around 16 additional patients were put through cardiac surgery without anaesthesia funding.
Successfully establishing a sustainable Cardiothoracic Anaesthesia Fellowship (unfunded – self funded) in its third year presently. Lining up colleagues to follow. This adds to clinical service delivery in the field of Cardiothoracic - Surgery.
Ongoing support for the development and sustainability of Radio - oncology Program
Ongoing support for development and sustainability of General Surgery Endoscopy, and Pulmonology Bronchoscopy Programs.
Ongoing flexible support for sustainability of Orthopaedic Program and overflow/ waiting lists of other specialties.
Establishing a sustainable high – end Pain Management Unit, linking up with Neurosciences Institute (Romy Parker)
Perioperative Outcomes Program which applies to the provincial, national, continental, and worldwide platforms. Affecting service and outcomes on grassroots level, as well as elevating the status of our institutions.
(Bruce Biccard and Perioperative Research program with other disciplines)
Establishing a world – class Airway management Program together with ENT support affecting day – to – day patient care (Ross Hofmeyr, Darleen Lubbe and Shazia Peer)
A Nurse – Undergraduate – and – Postgraduate hospital and Provincial Teaching program on Resuscitation, Critical Incidents and Outcomes. Global Surgery in process (rowan Duys in collaboration with Clinical skills Laboratory). This directly raises the level of education in our Hospitals and patient outcomes.
Establishing Neuro – anaesthesia Program to support neurosurgery.
Developing Bariatric Surgery Program – combined project with General Surgery (Heather Bogod) and ICU across GSH and NSH
Developing Patient Blood Management Program - combined project with Prof Vernon Louw (Haematology) – benefit patients and service, preventing complications, optimizing outcomes, and saving money
Instrumental in ECMO service and Program - 100% support from department
Supporting Bloemfontein/ UFS Paediatric – congenital Cardiothoracic Surgical Program in low period of their challenged service. One week outreach
Support West coast Surgical – Endoscopy Outreach Project (Paul Goldberg) with 2 Anaesthetists last year and 3 Anaesthetists in 2018 for a one-week period.
Effectively managing a family friendly environment with space for female doctors and family development.
Maternity leave is effectively supported and absorbed by colleagues in our department.
Dr. Shrikant Peters is the Medical Manager of Main Theatre, Anaesthesia and Critical Care at Groote Schuur.

He graduated with an MBChB from UCT in 2010 and a BA PPE from UNISA in 2014. After working at the Addington/Mahatma Gandhi Hospital Complex in Durban for Medical Internship, Eerste River District Hospital for Community Service, and at Hillbrow and surrounding CHC’s as a Medical Officer in Johannesburg, he enrolled and completed Registrarship in Public Health Medicine.

He is responsible for the operational and corporate functioning of both Main Theatre Complex and Consolidated Critical Care, and when on call for management, functions as the Acting CEO of the Hospital. As a Public Health Medicine Specialist, he has specific interest in Quality Improvement.

Dr. Peters strives to cultivate productive working relationships between members of the Department of Anaesthesia and those in transversal services in the Hospital, including Human Resources, Finance, Supply Chain Management, Engineering, and Information Management, as well as Nursing and other Clinical Departments in the Hospital.

To do so, he chairs the Theatre Management Committee, the Main Theatre and Critical Care Business Management Unit meetings, and the Theatre Combined Operational Meetings. He also has transversal responsibilities for Information Management and Infection Prevention & Control.

His office can be found in the Main Theatre Complex in D Floor and can be contacted as below. His secretary can also be contacted at Violantia.Green@WesternCape.Gov.Za or 021 404 3169.
About SASA

History

The South African Society of Anaesthesiologists (SASA) has been in existence for nearly 75 years. It has a rich history that SASA is proud to share.

SASA is dedicated to the furtherance of the discipline of Anaesthesia at both Academic and Clinical level.

THE NAGIN PARBHOO HISTORY OF ANAESTHESIA MUSEUM

The museum housed in the University of Cape Town (UCT) Department of Anaesthesia boasts the finest collection of early anaesthesia apparatus in Africa with artefacts dating back to 1847 – only one year after the historic first public demonstration by Morton of the efficacy of ether to provide anaesthesia in Boston in October 1846.

SASA’S MISSION

Leading the science and practice of safe anaesthesia at the highest standard and ensuring the sustainability of anaesthesiology services.

WHY BE A MEMBER?

SASA is the only South African society that represents the interests of anaesthesiologists in both the private and public sector.

We have partnered with Wolters Kluwer to bring you access to UpToDate at an exclusive member rate! UpToDate® is the evidence-based, physician-authored resource trusted by clinicians worldwide for fast and reliable clinical answers. UpToDate is the only clinical decision support resource associated with improved outcomes -- more than 80 research studies demonstrate its impact on improved patient care and hospital performance.

Using UpToDate at the point of care is like having a world-renowned colleague by your side—an expert deeply knowledgeable about the latest medical advances across 25 clinical specialties, always willing to provide answers to your clinical questions.

As an additional perk you can earn CME/CE/CPD credits when you research a question on UpToDate.

Click here to take advantage of the special SASA member offer.

UpToDate is accredited and recognized as a continuing education resource by colleges, associations, and authorities from around the world. Visit https://www.uptodate.com/home/cmececpd-accreditations for a full list of accrediting bodies.

Savings only on annual or longer subscriptions and based on subscription type (quoted savings are on regular new and renew subscriber rates). SASA member prices are reflected in the UpToDate storefront when you are signed in to the SASA website with your membership login. Applicable taxes may apply.

New special savings on UpToDate for SASA Members.

We have teamed up with Wolters Kluwer Clinical Effectiveness to provide SASA members with UpToDate® access at an exclusive member rate! Our partnership allows you to take advantage of exclusive member savings on the annual (and longer) UpToDate subscription.
UpToDate incorporates the latest medical findings, the best available evidence, and practical recommendations for patient care — so whatever your clinical question, the answers you need will be quick and easy to find.

As a SASA member, you can subscribe to UpToDate at these special rates:

- **Professional Members**: SAVE 15% off regular subscriber rates.
- **Trainee Members**: SAVE 20% off regular subscriber rates.

The fastest and most reliable way to access the latest clinical content from your smartphone or tablet regardless of Wi-Fi or network connection.

**SAVE 15% off** on **UpToDate Advanced™**: which includes UpToDate® Pathways and Lab Interpretation™. Streamline care and improve patient outcomes with an interactive clinical decision-making resource.

**Click here to take advantage of the special SASA offer today!**

UpToDate is accredited and recognized as a continuing education resource by colleges, associations and authorities from around the world. Visit [https://www.uptodate.com/home/cmececpd-accreditations](https://www.uptodate.com/home/cmececpd-accreditations) for a full list of accrediting bodies.

Savings only on annual or longer subscriptions and based on subscription type (quoted savings are on regular new and renew subscriber rates). SASA member prices are reflected in the UpToDate storefront when you are signed in to the SASA website with your membership login. Applicable taxes may apply. Proof of trainee status is required for all resident and student orders. An individual subscription to UpToDate is required to upgrade and add Mobile Complete and UpToDate Advanced.

Copying, Scanning, Printing

You need to a user code to use the Departmental copier, printing, and scanning facilities. A/Prof Hofmeyr or Esmeralda will allocate a user code to you.
The Departmental machines’ name is RICOH Aficio MP 2352 PCL6
Cost: 70c per page and it is only charged at the end of November each year.

Copying of documents (RICOH Aficio MP 2352 PCL6):
• Select the copy function.
• Enter your four-digit user code.
• Place documents face up.
• Select size.
• Press copy.

Scanning of documents (RICOH Aficio MP 2352 PCL6):
• Select the scanning function.
• Enter your four-digit user code.
• Place documents face up.
• Press scan.

Printing of documents from your computer:
• Select Printer (RICOH Aficio MP 2352 PCL6)
• Select printer properties.
• Go to detailed settings.
• Select job setup.
• Enter your four-digit user code.
• Select Ok and print
• Do not forget to remove your code once printing has been completed.

Login Guide for Departmental Computers:
• Google Chrome, internet Explorer (Safari on iMac):
• Username: Enter your UCT student number @uct.ac.za
• Password: Enter your UCT Password
• Type in user on the next screen
• You can proceed.
• Do not forget to logoff when completed with your work.
Wi-Fi:
Wireless networking, or Wi-Fi, uses radio waves to connect network devices (phones, laptops, etc.) to wireless access points.

Eduroam is the secure wireless service available across all UCT campuses and at other eduroam-affiliated institutions worldwide.

You can set up your eduroam connection either automatically (using a configuration tool) or manually.

Visitors that do not come from eduroam participating institutions can get Wi-Fi access through the UCT Guest Wi-Fi service.

Instructions may vary slightly, depending on your version of mobile:
• Turn your device’s Wi-Fi On.
• Access your device’s Settings > Wi-Fi.
• Select the eduroam wireless service.
• Identity: username@wf.uct.ac.za (where “username” is your student or staff number)
• Anonymous identity: leave this field blank.
• Password: UCT network password
• Tap Connect (or OK).

Contacting: UCT - ICTS:
• Dial 4500
• Select option 1 for assistance.
• Email us at icts-helpdesk@uct.ac.za
• password change

Manage your password:
Use the Password Self-Service tool to manage your UCT network password. Changes are reflected instantly, and you do not need to contact IT support to change or reset your password.
If you forget your password, reset it using a one-time password (OTP) token that will be sent to your mobile phone or alternate email address.

NOTE:
You can only receive an OTP if you set up your contact information on the system.

Navigate to Password Self-Service:
• Log on using your UCT Username and Current Password.
• Read the privacy statement and if you agree, select I Agree and click Continue.
• On the contact information page:
• Enter your mobile number and alternate email address, then click Update.
• Either confirm the update or Go Back and enter different information.
• When you are done, select Change Password.
• Proceed to change your password.

Enter your mobile number when updating your details. This allows the system to send you a password token should you ever forget your password.
If you choose not to supply a mobile number, then, when you need to reset your password, the password token will be sent to your alternate email address.

If you do not provide any alternate contact information, you will not be able to use the “Forgot password” option and will need to contact the IT Helpdesk.
Update my contact details.
BASO3 Form: Application for registration of Third-Party Identification and Access to UCT resources

Medical Officers joining the Department:

Cheryl will advise when access is needed.

Download the form from the UCT website.
http://forms.uct.ac.za/
Scroll down.
Select BASO3
Save form.
ID/Passport required.
Submit the completed form to Associate Professor Ross Hofmeyr who is the Systems Administrator.

Please note:

If the application is for more than one person, the personal details of each person must be submitted on a separate form.

The Department/organisational details are mandatory.

All third parties will be issued with a unique third-party number for network access, if applicable.
It is important that the user change the password provided by the 3rd party administrator.
Go to the UCT self-service on the website.
https://password.uct.ac.za/sspr/private/login

Departmental Security:

It is your responsibility to ensure that you always lock your locker.
It is important that the front door to the Department is properly closed.

MEDICO-LEGAL

All Affidavits or Statements emanating from the department must be discussed with Profs Swanevelder or Biccard or Dr Llewellyn prior to submission to the Medico-legal Office.

All adverse events that do not lead to a requirement for an affidavit or statement must still be reported to Profs Swanevelder or Biccard or Dr Llewellyn or in the case of Red Cross, to Dr Wilson.

MEDICAL PRACTICE INSURANCE

Registrars are advised to take out Medical Insurance with the Medical Protection Society or similar organization. Although PGWC provides financial cover for disasters, this does not extend to good quality medico-legal advice or assistance. Registrars do not need additional insurance cover for private practice cases done at GSH, RXH or UCT PAH.
SOCIAL FUND

You will be expected to pay an annual fee of R250 into the Department Social Fund. This money is used to send flowers to colleagues who are sick or who have had a baby, as well as for social events. Annual Fees are payable to Dr Tessa Biesman-Simons.

Coffee Fund:

You are welcome to join the tea and coffee club. However, this is not compulsory.

See breakdown below:

- Milk contribution – R90 per month if making use of own coffee/tea:
- Ordinary tea/coffee (incl. Sugar and milk):
- R200,00 per month – R1 200, 00 (covering 6 months) = R10, 00 per day
- R200, 00 divided by 20 working days = R10,00

Staff members normally get billed every x 6 months: January to June and July to December of each year. A/Prof Hofmeyr will provide the records for printing normally towards the end of the year.

Bank Account Details:
Account Name: Department of Anaesthesia
Bank: Standard
Branch: Mowbray
Account No: 273788272
Branch Code: 024909

NB: Kindly remember to forward a copy of the payment to Esmeralda for record keeping.
Annexures

Annexure A: UCT HR101 (Personal details form) - to be completed for Cheryl – UCT HR
Annexure B: HPCSA Form 9 (Application for registration as a Registrar) – Cheryl – UCT PG Office
Annexure C: Performance Agreement (Department of Health) – Joy – WCG HR
Annexure D: Registrar Assessment Form – Joy – WCG HR
Annexures

1. Annexure A: UCT HR101 (Personal details form) – To be completed for Cheryl – UCT HR
2. Annexure B: HPCSA Form 9 (Application for registration as a Registrar) – Cheryl – UCT PG Office/HPCSA
3. Annexure C: Performance Agreement (Department of Health) – Joy – WCG HR
4. Annexure D: Registrar Assessment Form – Joy - WCG HR
Before you begin

- The latest version of this form must be downloaded from the UCT forms website: [http://www.forms.uct.ac.za/forms.htm](http://www.forms.uct.ac.za/forms.htm)
- This form is completed by an employee for new appointments and re-appointments with a break in service. If completing for the first time, complete the entire form. It is not necessary to complete the HR101 form for re-appointments with no break in service and no change in details.
- This form is also completed by an employee when they wish to change their personal details, e.g. address, banking details. In this case, complete the Event section, the first seven fields under Personal details, other relevant sections and sign under Certification.

**UCT Employee privacy statement**

*When you work at UCT, we collect and use your information to manage our relationship in terms of your employment contract, to run the business of the University, and to comply with legal obligations. We may share your information with service providers we trust. Our service providers help us to communicate with you, ensure your health and safety on campus and manage operations. For more information about how the University of Cape Town uses personal information, visit our Privacy Notice.*

---

### Event

<table>
<thead>
<tr>
<th>New personal details</th>
<th>Change of personal details</th>
</tr>
</thead>
<tbody>
<tr>
<td>If change of personal details, effective from? (DD MM YYYY)</td>
<td></td>
</tr>
</tbody>
</table>

### Personal details

<table>
<thead>
<tr>
<th>Department</th>
<th>Staff number (if previously employed at UCT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Last name (Surname)</td>
</tr>
<tr>
<td></td>
<td>Previous last name / surname (if applicable)</td>
</tr>
<tr>
<td>First name/s</td>
<td>Nickname / Known as (used to create email address for T1, T2 and permanent staff)</td>
</tr>
</tbody>
</table>

**Note:** Nickname/Known as: This field should be completed when a staff member commonly uses a name other than his/her given first name - for example, abbreviations like Lungi instead of Lungile or Chris instead of Christopher. This preferred name will be used in the creation of a UCT email address – chris.thompson@uct.ac.za - and may be used for other purposes in future.

<table>
<thead>
<tr>
<th>Identity or passport number (attach photocopy)</th>
<th>Birth date (DD MM YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If passport, country of issue (attach photocopy of relevant work, study, refugee or permanent residence permit/s)

<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Family details

(If more than six children, please attach their details in the format given below on a separate sheet of paper)

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Date of marriage / change of marital status (DD MM YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member</td>
<td>Last Name (Surname) First Name/s Date of Birth (DDMMYYYY) Gender (M / F)</td>
</tr>
<tr>
<td>Spouse / Partner</td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
</tr>
<tr>
<td>Child 6</td>
<td></td>
</tr>
</tbody>
</table>

### Additional personal details

<table>
<thead>
<tr>
<th>Home Language</th>
<th>Afrikaans</th>
<th>English</th>
<th>Ndebele</th>
<th>Northern Sotho</th>
<th>Southern Sotho</th>
<th>Swati</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tsonga</td>
<td>Tswana</td>
<td>Venda</td>
<td>Xhosa</td>
<td>Zulu</td>
<td></td>
</tr>
</tbody>
</table>

| UCT Student number (if applicable) |  |
### Employment equity details

**Request for race, gender & disability categories used for statutory and UCT internal reporting purposes**

<table>
<thead>
<tr>
<th>Last name (Surname)</th>
<th>First name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Only for South African citizens: Race / ethnic origin**

<table>
<thead>
<tr>
<th>Race / ethnic origin</th>
<th>African</th>
<th>Coloured</th>
<th>Indian</th>
<th>White</th>
<th>Other</th>
<th>Not declared</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note**

**Disability declaration:** Employment Equity legislation defines people with disabilities as people who have a long-term or recurring physical, mental, intellectual or sensory impairment which, in the interaction with various barriers, may substantially limit their prospects of entry into, or advancement in, employment and ‘persons with disabilities’ has a corresponding meaning”.

E.g. a person who has cerebral palsy or epilepsy, who is applying for a position as an accountant may qualify as a person with a disability, while a person who has a broken ankle who uses crutches temporarily and is applying for a position as an accountant may not qualify as disabled. Or a person with an office job who has an arthritic knee means that the person may not be able to walk the distances they used to, this may be inconvenient, but it does not qualify as a disability. Likewise, wearing spectacles or contact lenses does not render you visually impaired. A person is visually impaired if, despite correction by means of glasses, contact lenses etc., his/her ability to perform tasks or participate in activities is significantly compromised by insufficient visual acuity). Should you have any queries or concerns regarding your disability declaration, please contact the Disability Service (Edwina Ghall at edwina.ghall@uct.ac.za, 021 650 5089, Steve Biko Students’ Union Level 6 or the HR Business Partner for your area.

**Note**

By completing this section, you grant permission for the information to be shared with the relevant UCT support services departments to further assess and verify the requested reasonable accommodation.

**Do you have an impairment as defined above?**

- Yes
- No

**If yes, what is the duration of the impairment?**

- Temporary (shorter than 12 months)
- Long-term (12 months or longer)
- Recurring (happens on a frequent basis)

**If yes, do you anticipate that you would require reasonable accommodation?**

- Yes
- No

**If yes, please contact the Disability Services and indicate the type of impairment as listed below**

- Visually impaired
- Hearing impaired
- Learning disability
- Speech impaired
- Physically impaired
- Other

### Address details

**Permanent residential address**

<table>
<thead>
<tr>
<th>Unit / flat / complex number</th>
<th>Complex / flat name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>House number</th>
<th>Street name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suburb</th>
<th>City</th>
<th>Postal code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Emergency contact details

**Title**

<table>
<thead>
<tr>
<th>First name/s</th>
<th>Last name (Surname)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit / flat / complex number</th>
<th>Complex / flat name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>House number</th>
<th>Street name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suburb</th>
<th>City</th>
<th>Postal code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Personal contact details

<table>
<thead>
<tr>
<th>Own cell phone number</th>
<th>Own private email address (Not a UCT email address, for IRP5 purposes)</th>
</tr>
</thead>
</table>
Pay information (If you are a WCG/NHLS joint staff member, please do not complete this section)

<table>
<thead>
<tr>
<th>Last name (Surname)</th>
<th>First name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Branch code</th>
<th>Branch name</th>
<th>Bank name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Account number (Attach acceptable proof, see Notes below for details)</th>
<th>Account type (credit cards may NOT be used)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current  Savings  Transmission</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of bank account holder</th>
<th>Account holder relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Own  Joint  3rd party</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tax reference number (starts with 0, 1, 2 or 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Notes**
- **Bank account:** Please attach your bank statement (stamped by the bank) or a letter from the bank verifying your account details. For third party bank accounts, in addition to the bank statement or account details letter as explained above, please attach a letter from the account holder verifying the staff member is authorised to use the bank account.
- **Tax reference number:** If you do not declare your tax reference number you will not be paid. If you have worked before, please contact SARS (0800 00 72 77) for your tax reference number. If you don’t have a tax reference number, please complete this form in full with your permanent residential address. If you are in a UCT residence, please supply your home address. On receipt of this form UCT will make application for a tax number on your behalf.

**UCT sole employer declaration**

<table>
<thead>
<tr>
<th>Do you work for less than 22 hours per week?</th>
<th>If yes, is UCT your sole employer or only source of income?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No (skip to Qualifications)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No (skip to Qualifications)</td>
</tr>
</tbody>
</table>

Please sign declaration below only if UCT is your sole employer and you work less than 22 hours per week.

I declare that UCT is, and will be, my ONLY employer for the period from ______ to ______

If, for any reason, UCT should cease to be my sole employer, I confirm that I will advise the University in writing of my change in circumstances.

Employee’s signature  Date

**Qualifications** (If you have a tertiary qualification, select highest qualification obtained)

<table>
<thead>
<tr>
<th>From a university</th>
<th>From a technikon</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG Diploma/Cert.</td>
<td>National Certificate</td>
</tr>
<tr>
<td>PG Bach. Degree</td>
<td>Nat. Higher Certificate</td>
</tr>
<tr>
<td>Gen 1st Bach. Degree</td>
<td>National Diploma</td>
</tr>
<tr>
<td>Prof 1st Bach. Degree</td>
<td>BTech degree</td>
</tr>
<tr>
<td>Honours Degree</td>
<td>National Higher Diploma</td>
</tr>
<tr>
<td>Masters Degree</td>
<td>Masters Dip in Tech</td>
</tr>
<tr>
<td>PG Diploma/Cert.</td>
<td>MTech degree</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>Laureatus in Tech</td>
</tr>
</tbody>
</table>

**Certification**

I certify that all information on this form is true and correct.

Employee’s signature  Date

**Attachments**

- Photocopy of identity or passport document.
- If no South African identity document, photocopy of work, study, refugee or permanent residence permit.
- Acceptable proof of bank account details (bank statement stamped by bank or account verification letter from bank, if third party account then also letter of authorisation from account holder).

**Submitting the form**

<table>
<thead>
<tr>
<th>If…</th>
<th>then submit the form to…</th>
<th>to reach HR Administration…</th>
</tr>
</thead>
<tbody>
<tr>
<td>an appointment</td>
<td>your Departmental Administrator or the HR Appointments Office (depending on the route for a particular appointment)</td>
<td>with the associated Appointment form (HR100a/b/c/d).</td>
</tr>
<tr>
<td>a change in personal details</td>
<td>your HR Administrator, either in Bremner or, in the case of Health Sciences and Humanities, the relevant Faculty Office.</td>
<td>by the 3rd day of the month in which the change is to be made.</td>
</tr>
</tbody>
</table>

**Office use**

<table>
<thead>
<tr>
<th>HR Administrator</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPLICATION FOR REGISTRATION
AS A REGISTRAR / SUBSPECIALITY TRAINEE

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU

Please PRINT and return the FORM to:
The Registrar, PO Box 205, Pretoria 0001
553 Madiba Street, Arcadia, Pretoria 0083

FOR OFFICE
USE ONLY

RECEIVED ON:

CAPTURED ON:

DATE:

VERIFIED BY:

DATE:

A. PERSONAL PARTICULARS

HPCSA Registration Number:

I, (Dr, Mr, Mrs, Miss) ___________________________ Surname:

Maiden name (if applicable):

First names:

Identity No.:

Postal address:

Postal code:

Residential address:

Postal code:

Tel (H):

(W):

Cell:

Fax:

Email:

* Marital Status: Divorced Married Single

* Race: Asian African Coloured White

Country of origin:

Hereby apply for registration / continuation of registration as a Registrar / Subspeciality Trainee

HPCSA Registration Number: .................................................. Date of First Registration: ..................................................

Basic qualification: ............................................................... Year obtained: ............................................................... 

University at which currently enrolled for postgraduate study:

Speciality for which enrolled: ............................................................... 

Subspeciality for which enrolled: ............................................................... 

Name of Teaching / Satellite Department / Hospital: ............................................................... 

Name of Teaching unit / Satellite teaching Unit:

Academic department: ............................................................... 

Board approved post number: ............................................................... 

Date of commencement of Registrar / Subspeciality Trainee course: ............................................................... 

Current Year of Study: ............................................................... 

SIGNATURE: ............................................................... DATE: ............................................................... 

REGISTRAR / SUBSPECIALITY TRAINEE

SIGNATURE: Dean/Head of School DATE

SIGNATURE: HOD/HO Unit DATE

SIGNATURE: Medical Superintendent DATE

I certify that the application meets the requirements as outlined and that I have verified the application:

Registration Officer: ............................................................... Signature: ............................................................... Date: ............................................................... 

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.
BAS03 - Application for the registration of Third Party identification and associated access to UCT resources

Please note:
- If the application is for more than one person, the personal details of each person must be submitted on a separate form. The department/organisational details are mandatory.
- See page 3 for conditions governing the issuing of third party identification and access control cards and visitor cards.
- See BAS03 form help document, for assistance with completing this form.

Purpose: Use this form when you want to register a new third party and apply for access to UCT resources.
All third parties will be issued with a unique third party number to be used for their access card, network and/or e-mail account access, if applicable.

Send this form to your departmental administrator/Third Party System user, or to Access Control:
Note: Access Control will only renew or edit third parties on presentation of a completed BAS06 form and in an emergency.

Properties and Services Maintenance Building, Room no.2.01, Upper Campus, Rondebosch
Phone: (021) 650 1199

<table>
<thead>
<tr>
<th>Dates of access requested*</th>
<th>Note: Enter start and end dates.</th>
<th>Access start date</th>
<th>Access end date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sponsoring UCT department/ organisational unit details</th>
<th>Department/Organisational Unit name*</th>
<th>Organisational Unit code</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail address*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal details</th>
<th>First name*</th>
<th>Surname*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initials*</td>
<td>Preferred name</td>
<td></td>
</tr>
<tr>
<td>Title (i.e. Prof/Dr/Mr/Mrs/Miss/Ms):</td>
<td>ID type (ID Document/Passport)*</td>
<td></td>
</tr>
<tr>
<td>Issuing authority (RSA Government, U.K, USA)*</td>
<td>ID No.*</td>
<td></td>
</tr>
<tr>
<td>Telephone no.</td>
<td>Cell phone no.</td>
<td></td>
</tr>
<tr>
<td>Postal / Physical address *</td>
<td>E-mail address</td>
<td></td>
</tr>
<tr>
<td>Fax no.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have ever been a UCT employee, please enter your staff number

<table>
<thead>
<tr>
<th>Representing… (details of affiliation e.g. company details)</th>
<th>Affiliation/employer name *</th>
<th>Cell phone no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal / Physical address *</td>
<td>Telephone no.</td>
<td>Postal code</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access required to...</td>
<td>( * = Required Fields)</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>Physical access *</td>
<td>Yes ☐ No ☐ Building / door</td>
<td></td>
</tr>
<tr>
<td>Network *</td>
<td>Yes ☐ No ☐ E-mail Yes ☐ No ☐ Internet Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Library *</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Online learning *</td>
<td>Yes ☐ No ☐ Online learning type Student ☐ Staff ☐</td>
<td></td>
</tr>
<tr>
<td>Parking *</td>
<td>Yes ☐ No ☐ Parking area Parking type (Student/Yellow/Red)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role and reason for visit</th>
<th>( * = Required Fields)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role *</td>
<td>Contract staff/ Consultant ☐ Library subscriber ☐ Visiting academic ☐</td>
</tr>
<tr>
<td>(tick one)</td>
<td>Visiting student ☐ Residence guest ☐ Member of council ☐</td>
</tr>
<tr>
<td></td>
<td>Conference attendee ☐ Short course attendee ☐ Family of UCT staff living in UCT accommodation ☐</td>
</tr>
<tr>
<td></td>
<td>Other (please specify) ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please note:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The details of the sponsoring department will be printed on the access card. Examples are:</td>
</tr>
<tr>
<td>• PGWC-GSH: for PGWC staff on the GSH establishment who work at UCT and need a UCT identification/access control card.</td>
</tr>
<tr>
<td>• Visitor: for a person who is a visitor to a department/faculty who is not paid by UCT as a visiting staff member during this period.</td>
</tr>
</tbody>
</table>

Building access is controlled independently. The HOD or Building Curator will independently request that a named holder of a UCT Third Party identification card be granted controlled access to specific buildings or rooms, if appropriate and necessary.

<table>
<thead>
<tr>
<th>Third Party Card applicant agreement</th>
<th>( * = Required Fields)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I hereby acknowledge that the card to be issued to me will remain the property of UCT and that I am responsible for returning it to UCT on expiry of my period of affiliation.&quot;</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Third Party card applicant * Date *

<table>
<thead>
<tr>
<th>UCT Sponsoring department approval</th>
<th>( * = Required Fields)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of HOD/Dean/Director *</td>
<td>Signature * Date *</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY (to be completed by the Issuing Officer, Access Control Services):

<table>
<thead>
<tr>
<th>Card Issue approved</th>
<th>Yes ☐ No ☐ Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card Issued</td>
<td>Yes ☐ No ☐ Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

24 March 2015
Conditions governing the issuing of third party identification and access control cards and visitor cards

1. THIRD-PARTY IDENTIFICATION AND ACCESS CONTROL

All third parties working at UCT permanently or temporarily (if for periods of 2 weeks or more), and if supported by one of the following: the head of department (academic departments); the director / head of department (administrative and support departments); must be issued with THIRD PARTY IDENTIFICATION and ACCESS CONTROL CARDS.

These cards serve three distinct purposes:
1) identification,
2) where authorised, access to an access-controlled building, and
3) where authorised, library borrowing-privileges and access.

Examples of third parties would be:
- employees of contractors undertaking outsourced functions (e.g. catering, campus security, cleaning, grounds);
- employees of agencies such as the NRF and MRC who work at UCT on secondment, sometimes of a long-term nature;
- independent contractors.
- PGWC-GSH-staff, not on the Joint Staff, (but not JMS-PGWC staff who are, by definition because they are Joint Staff, UCT staff and who thus will get UCT staff cards);
- consultants; and
- medium- to long-term visitors who are neither staff (whether honorary or remunerated) nor students.
- commercial tenants leasing University premises for private use.

Please note:
- Rights of Access to a specific building will be at the discretion of the department sponsoring the individual third party. A person working on long-term secondment to UCT would ordinarily enjoy the same access rights as others in the department concerned.
- The Access Control Admin office (in Basement, Robert Leslie Social Science Building, Upper Campus) will grant access rights ONLY on submission of an application for the registration of Third Party identification and associated access to UCT resources form completed by both the applicant and the sponsoring department
- Honorary Staff, who have been formally appointed as such, are not third parties.
- The identity card remains the property of the University of Cape Town and maybe withdrawn at any time without prior notification given.
- Identification cards must be carried at all times.

2. VISITORS CARDS

- Visitors cards must be issued to all third parties working at UCT permanently or temporarily (if for periods of 2 weeks or less), and if supported by one of the following: the head of department (academic departments); the director / head of department (administrative and support departments).
- Two plain visitor cards will be issued on application to each department.
- Additional cards to a maximum of five may be issued where there is motivation in writing from the HOD, or Head of support services.
- The department to which they are issued must control the use of these visitor cards.
- These cards will allow access, as requested, to the facilities of the department to which they are issued. These cards will thus be equivalent to sets of keys to the front door. We suggest that each department keep a register, and obtain signatures when such cards are issued and returned.
- Loss of any visitor card must be reported to the Access Control Office immediately so that access rights linked to that card can be cancelled.

Queries to be directed to our Access Control Services offices at any time during normal office hours. Our contact number is: (021) 650 1199

These steps are towards a safer studying, working and living environment.
I, the undersigned (INITIALS AND SURNAME)

PERSAL NO.

POSITION HELD

INSTITUTION / DIRECTORATE

PLEASE COMPLETE BOTH PART A AND PART B OF THE DECLARATION

PART A: RWOEE DECLARATION

I hereby declare that I have been informed of the content of Circular H138/2017 dated 18 October 2017 regarding Remunerative Work Outside the Employee’s Employment (RWOEE) and I am aware that non-compliance could lead to disciplinary measures. I further declare that:

(Mark the applicable blocks with an X)

☐ I am a member of a company/closed corporation. However, I do not receive any remuneration, allowance or a reward in connection with the performance of work outside the public service. I have completed an application for Remunerative Work Outside the Employee’s Employment (Annexure B).

☐ I do participate in Remunerated Work Outside the Employee’s Employment. I have completed an application for Remunerative Work Outside the Employee’s Employment (Annexure B).

☐ I do not participate in Remunerated Work Outside the Employee’s Employment.

PART B: ORGAN OF STATE DECLARATION

I hereby declare that I have been informed of the content of Circular H139/2017 dated 18 October 2017 regarding Organ of State and I am aware that non-compliance could lead to disciplinary measures. I further declare that:

(Mark the applicable blocks with an X)

☐ I do not conduct business with an organ of state.

☐ I do conduct business with an organ of state or am a director of a company who conducts business with an organ of state. I have completed the form for the Disclosure by an Employee Conducting Business With an Organ of State (Annexure C).

I hereby declare that the information is complete and correct to the best of my knowledge. I also understand that it is binding on my conscience.

SIGNATURE OF EMPLOYEE: _________________________________ DATE: _________________
# A. JOB INFORMATION SUMMARY

<table>
<thead>
<tr>
<th>Name and Surname</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Job title of post</td>
<td>Registrar</td>
</tr>
<tr>
<td>Minimum qualification required</td>
<td>Registration as a medical practitioner</td>
</tr>
<tr>
<td><strong>Motivation for minimum qualification required</strong></td>
<td>The incumbent must have completed internship and community service and manage patients</td>
</tr>
<tr>
<td>Current qualification of incumbent</td>
<td></td>
</tr>
<tr>
<td><strong>Job title of incumbent</strong></td>
<td></td>
</tr>
<tr>
<td>CORE</td>
<td>Medical Science and Health</td>
</tr>
<tr>
<td>Salary level</td>
<td>12</td>
</tr>
<tr>
<td><strong>Salary level of incumbent</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of appointment/promotion into post</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of promotion into current rank</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Institution</strong></td>
<td>Groote Schuur Hospital, Cape Town</td>
</tr>
<tr>
<td><strong>Component</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reports to</strong></td>
<td>Specialists</td>
</tr>
</tbody>
</table>

**Organogram**

```
CHIEF DIRECTOR
   
HEAD OF DEPARTMENT
   
HEAD OF DIVISION
   
SPECIALIST / SUBSPECIALIST

REGISTRAR
```
B. JOB PURPOSE

Describe in short the purpose of the job. No more than two sentences. The description of the purpose should include such key words as who, where, why, what and how

To learn the art and skills required to become a specialists anaesthesiologist, to provide safe anaesthesia and perioperative care to patients, to assist in the running of the anaesthetic and intensive care services in the hospitals serviced by the department, participate in departmental meetings, research projects and in the training of junior colleagues and undergraduate students in anaesthesia, airway management and CPR.

C. POST DIMENSIONS

<table>
<thead>
<tr>
<th>Personnel expenses</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
</tr>
<tr>
<td>Livestock</td>
<td></td>
</tr>
<tr>
<td>Clients</td>
<td></td>
</tr>
</tbody>
</table>
### D. DESCRIPTION OF JOB

<table>
<thead>
<tr>
<th>KPA</th>
<th>OUTPUT</th>
<th>ACTIVITIES</th>
<th>WEIGHT OF OUTPUT</th>
<th>STANDARD</th>
<th>EVIDENCE</th>
<th>COMPETENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>The final product or main objective to of a job achieved against one or more outputs without which results cannot be achieved</td>
<td>Describe the sub results in order to achieve the KRA. Limit the outputs to as few as possible</td>
<td>Describe the activities in order to achieve the output</td>
<td>Indicate the weight of each output. All outputs together should not weigh more than a total of 100%</td>
<td>Describe legislation, protocols, policy, directives, minimum requirements, set parameters and rules that govern or define the output. Describe the criteria according to which the output must conform</td>
<td>Describe how you would prove that the output has been achieved. What would exist because it has been achieved. The evidence must be tangible</td>
<td>Describe the knowledge, skill and behaviour necessary in order to achieve the output</td>
</tr>
</tbody>
</table>

**KRA - 1**

**Clinical Knowledge**

- Provision of safe anaesthetic care to patients.
- Emergency and after hour call cover.
- Intensive Care Therapy

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of patients pre-operatively</td>
<td>Administering safe anaesthesia</td>
<td>cancellations for anaesthesia</td>
<td>ICU management</td>
<td>Guidelines of SA Soc. Of Anaesthesiologists</td>
<td>Satisfactory evaluation by supervisors</td>
<td>Knowledge of physiology pharmacology &amp; physics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospital protocols</td>
<td>Satisfactory SPMS evaluation</td>
<td>Knowledge of medical &amp; Surgical conditions and relevance to anaesthetic &amp; ICU practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HPSCA Ethical standards</td>
<td>High standard of medical record keeping</td>
<td>Knowledge and practical skills for safe regional &amp; general anaesthesia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAMA Ethical guidelines</td>
<td>Satisfied patients</td>
<td>Knowledge &amp; appropriate use of equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA – 2</td>
<td>Clinical Assessment</td>
<td>Pre op assessment of patients &amp; advice to surgeons re work up.</td>
<td>Safe transfer of patients</td>
<td>30 %</td>
<td>Hospital ethics committee</td>
<td>Satisfactory evaluation by supervisors</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------</td>
<td>----------------------------------------------------------------</td>
<td>--------------------------</td>
<td>-------</td>
<td>--------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post-operative analgesia &amp; recovery of patients from anaesthesia</td>
<td>Minimal time wasted between theatre cases</td>
<td></td>
<td>International norms</td>
<td>Satisfactory SPMS evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Minimal</td>
<td></td>
<td>Department protocols approved by HOD</td>
<td>High standard of medical record keeping</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Satisfied patients</td>
</tr>
<tr>
<td>KRA – 3</td>
<td>Technical Skills</td>
<td>Learn the art and science of anaesthesia practice &amp; ICU Medicine</td>
<td>In theatre training</td>
<td>10%</td>
<td>Hospital protocols</td>
<td>Satisfactory evaluation by specialists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Earn clinical skills required by anaesthetist</td>
<td>Participate in formal FCA Part 1 and 2 Teaching programme</td>
<td></td>
<td>HPSCA Ethical standards</td>
<td>Satisfactory examination results of learners</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Student evaluation of teachers</td>
</tr>
<tr>
<td>KRA - 4</td>
<td>Teaching and training</td>
<td>Attend tutorials</td>
<td>Make presentations at departmental audit &amp; M &amp; M meeting</td>
<td>10%</td>
<td>HPCSA requirements</td>
<td>Satisfactory evaluation by specialists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assist with training of interns, medical students, nursing staff &amp; paramedics</td>
<td>Attend courses aimed at improving skills &amp; preparing for FCA</td>
<td></td>
<td>College of Anaesthetists requirements</td>
<td>Satisfactory examination results of learners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Education of public</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA - 5 Management &amp; Innovation</td>
<td>Supervision in theatre / ICU</td>
<td>Supervision in theatre and ICU</td>
<td>HPCSAs regulations</td>
<td>Knowledge of HPCSAs Requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------</td>
<td>--------------------------------</td>
<td>--------------------</td>
<td>---------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective leadership &amp;</td>
<td>Optimal usage of theatre</td>
<td>Peer review</td>
<td>Effective leadership &amp; communication skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>interpersonal skills</td>
<td>time</td>
<td>Hospital protocols</td>
<td>Knowledge of literature, research methodology, statistics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance appraisals/assessments</td>
<td>Good communication between anaesthetists, surgeons, clinical technologists &amp; nurses</td>
<td>Department protocols</td>
<td>Knowledge of ethics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of theatre lists especially after hours</td>
<td>Engage in quality control &amp; observance of safe practice guidelines in theatre/ ICU</td>
<td>Guidelines of SA Society of Anaesthesiologists</td>
<td>Knowledge of HPCSAs Regulations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety of personnel and patients</td>
<td></td>
<td>Hospital ethics committees</td>
<td>Peer review of articles for presentation or publication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td></td>
<td>PAWC Regulations</td>
<td>Participation in research projects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Input at meetings</td>
<td></td>
<td></td>
<td>Knowledge of relevant protocols</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KRA - 6 Research &amp; Professional development</th>
<th>Involvement in research/ audits relating to anaesthesia, intensive care and pain management</th>
<th>Participate in research gathering data and Attendance at academic meetings, Refresher courses, congresses</th>
<th>UCT Research &amp; Ethics committee approval of protocols</th>
<th>Knowledge of HPCSAs Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and practical skills for safe regional &amp; general anaesthesia</td>
<td>Knowledge of literature, research methodology, statistics</td>
<td>Peer review of articles for presentation or publication</td>
<td>Knowledge of ethics</td>
<td></td>
</tr>
<tr>
<td>Knowledge &amp;</td>
<td>Knowledge of ethics</td>
<td>Participation in research projects</td>
<td>Knowledge of ethics</td>
<td></td>
</tr>
</tbody>
</table>

| | | | Satisfactory reports from junior staff | Satisfactory reports |
| | | | Meeting deadlines | Ensuring that Hospital safety policies are upheld |
| | | | | | Knowledge of relevant protocols |
| | | | | | | Knowledge of HPCSAs Regulations |
| | | | | | | Effective leadership & communication skills |
| | | | | | | Interpersonal skills |
| | | | | | | Knowledge of relevant protocols |
| appropriate use of equipment | guidelines | National/ International/ Local congresses |
E. INHERENT REQUIREMENTS OF THE JOB

1. Registration as a Medical Practitioner.
2. Willingness to cover after hour calls
3. Willingness to travel to other hospitals serviced by the Department of Anaesthesia
4. Possession of valid driving licences
5. Good interpersonal and communication skills
6. Ability to work under pressure and maintain a high standard of professionalism
7. Ability and willingness to supervise junior staff

F. MEDICAL TESTING

In cases where specific health or physical attributes are essential for the performance of the job, the Minister of Labour must be approached for the necessary exemption. If exemption is obtained, such requirements should clearly be stated in the job description and advertised as such.

Health requirements should relate to the inherent requirement of the job. No pre employment testing (health questionnaire, medical testing, medical reports etc) should be undertaken should the inherent requirement of the job not require health/physical attributes.

G. CAREER PATHING

PROMOTION TO THE NEXT HIGHER POST.
Specialist once training completed

H. AGREEMENT

<table>
<thead>
<tr>
<th>Agreement</th>
<th>This job description has been consulted and agreed to between the relevant parties.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Signature</td>
</tr>
<tr>
<td>Direct supervisor/manager</td>
<td>Signature</td>
</tr>
<tr>
<td>Higher level supervisor</td>
<td>Signature</td>
</tr>
</tbody>
</table>
DEPARTMENT OF HEALTH: PROVINCIAL ADMINISTRATION WESTERN CAPE

STAFF PERFORMANCE MANAGEMENT SYSTEM

PERFORMANCE CYCLE: 1 April 2021 – 31 March 2022

PERFORMANCE AGREEMENT

INCLUSIVE OF ANNEXURES
A. Individual Performance and Development Plan (IPDP)
B. Quarterly performance review instrument
C. Annual performance appraisal instrument

FOR

NAME:

PERSAL NUMBER:

ID NUMBER:

JOB TITLE/RANK:

DATE OF ENTRY INTO RANK:

SALARY LEVEL:

PROBATION: Yes/ No
PARTICULARS OF PERFORMANCE REVIEWS

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>FIRST QUARTER REVIEW</th>
<th>SECOND QUARTER REVIEW</th>
<th>THIRD QUARTER REVIEW</th>
<th>FOURTH QUARTER REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERIOD</td>
<td>01/04/21 to 30/06/21</td>
<td>01/07/21 to 31/09/21</td>
<td>01/10/21 to 31/12/21</td>
<td>01/01/22 to 31/03/22</td>
</tr>
<tr>
<td>DATE OF REVIEW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AGREEMENT OF THE INDIVIDUAL PERFORMANCE AND DEVELOPMENT PLAN

JOBHOLDER

Signature: Jobholder

Date:

SUPERVISOR

Signature: Supervisor

Date:

HEAD OF COMPONENT (LEVEL 8 OR HIGHER)

Signature: Head of Component

Date

*Comments by any of the parties are to be made on a separate sheet (keep for record purposes)*
## PERFORMANCE PLAN

<table>
<thead>
<tr>
<th>KEY RESULT AREAS (KRA’s)</th>
<th>PERFORMANCE OUTPUTS</th>
<th>PERFORMANCE STANDARDS/MEASURES</th>
<th>GENERIC ASSESSMENT FACTORS (GAF’s)</th>
<th>WEIGHT OF KRA</th>
<th>TARGET DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A critical area in which an employee must perform to enable the component to function efficiently and effectively)</td>
<td>(What should be the result/output that would indicate that the key result (KRA’s) had been achieved successfully. Focus on results and not inputs/activities)</td>
<td>(What requirements, e.g. quality/quantity, legal requirements etc. should the result meet to be successfully achieved) / (The comparison of actual performance with standards to determine if goals are being accomplished)</td>
<td>(GAF’s can be used as a tool to assist with the assessment of the employee, but must be identified, discussed and agreed to with the employee on which GAF’s will be applicable to each KRA.)</td>
<td>(Each individual KRA must be weighted in relation to it’s importance. The total weight of all KRA should be 100%) (Reflects the importance of the individual KPA)</td>
<td>(Indicates a commitment date for the completion of the Output)</td>
</tr>
</tbody>
</table>

KRA 1 – Clinical Knowledge  
30%

KRA 2 – Clinical Assessment  
30%

KRA 3 – Technical Skills  
10%

KRA 4 – Teaching & Training  
10%

KRA 5 – Management & Innovation  
10%

KRA 6 – Research & Development  
10%
**DEVELOPMENT PLAN**

<table>
<thead>
<tr>
<th>Key Skills required</th>
<th>Training/development programme identified</th>
<th>Target date</th>
<th>Resources</th>
<th>Desired outcome for</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Indicate what knowledge, skills and competencies are required by the employee in order to successfully achieve the desired results. 15 GAF’s to be used to identify development areas)</td>
<td>(Identify internal and external occupational development programmes which would aid in the attainment of the required skills)</td>
<td>(Indicates a commitment date for the development programme)</td>
<td>(Allocate resources, especially for external service providers to the development programme)</td>
<td>(Career Management is where the employee’s personal goals and the department’s goals meet)</td>
</tr>
<tr>
<td>KRA 1 – Clinical Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA 2 – Clinical Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA 3 – Technical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA 4 – Teaching &amp; Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA 5 – Management &amp; Innovation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA 6 – Research &amp; Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# QUARTERLY PERFORMANCE REVIEW INSTRUMENT

<table>
<thead>
<tr>
<th>FIRST QUARTER</th>
<th>KEY RESULT AREA</th>
<th>PRELIMINARY REVIEW</th>
<th>ASSUMPTIONS/BARRIERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Provide a brief description of the KRA as indicated on individual performance plan)</td>
<td>(Provide a brief description of the employee’s progress. Comments must be supported by evidence)</td>
<td>(It is assumed that the KRA’s are adaptable/flexible due to unexpected circumstances. Examples are budget constraints, re-prioritizing of departmental/institutional/unit goals and/or objectives and circumstances beyond the control of the employee and manager).</td>
</tr>
<tr>
<td></td>
<td>KRA 1 – Clinical Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KRA 2 – Clinical Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KRA 3 – Technical Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KRA 4 – Teaching and Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KRA 5 – Management and Innovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KRA 6 – Research and Development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**JOBHOLDER**

Signature: Jobholder  
Date:___

**SUPERVISOR**

Signature: Supervisor  
Date:___
<table>
<thead>
<tr>
<th>KEY RESULT AREAS</th>
<th>PRELIMINARY REVIEW</th>
<th>ASSUMPTIONS/BARRIERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Provide a brief description of the KRA indicated on individual performance plan)</td>
<td>(Provide a brief description of the employee’s progress. Comments must be supported by evidence)</td>
<td>(It is assumed that the KRA’s are adaptable/flexible due to unexpected circumstances. Examples are budget constraints, re-prioritizing of departmental/ institutional/unit goals and/or objectives and circumstances beyond the control of the employee and manager).</td>
</tr>
</tbody>
</table>

KRA 1 – Clinical Knowledge  
KRA 2 – Clinical Assessment  
KRA 3 – Technical Skills  
KRA 4 – Teaching and Training  
KRA 5 – Management and Innovation  
KRA 6 – Research and Development

<table>
<thead>
<tr>
<th>JOBHOLDER</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: Jobholder</td>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

<p>| SUPERVISOR                                      |                                                                                   |                                                                                                                                                    |
| Signature: Supervisor                          | Date:                                                                             |                                                                                                                                                    |</p>
<table>
<thead>
<tr>
<th>THIRD QUARTER</th>
<th>From……1 October 2021………………to……31 December 2021………………</th>
</tr>
</thead>
</table>
| **KEY RESULT AREAS**  
(Provide a brief description of the KRA as indicated on individual performance plan) | **PRELIMINARY REVIEW**  
(Provide a brief description of the employee’s progress. Comments must be supported by evidence) | **ASSUMPTIONS/BARRIERS**  
(It is assumed that the KRA’s are adaptable/flexible due to unexpected circumstances. Examples are budget constraints, re-prioritizing of departmental/ institutional/unit goals and/or objectives and circumstances beyond the control of the employee and manager). |
| KRA 1 – Clinical Knowledge  
KRA 2 – Clinical Assessment  
KRA 3 – Technical Skills  
KRA 4 – Teaching and Training  
KRA 5 – Management and Innovation  
KRA 6 – Research and Development | | |
<p>| <strong>JOBHOLDER</strong> | | |
| Signature: Jobholder | Date: | |
| <strong>SUPERVISOR</strong> | | |
| Signature: Supervisor | Date: | |</p>
<table>
<thead>
<tr>
<th>KEY RESULT AREAS</th>
<th>PRELIMINARY REVIEW</th>
<th>ASSUMPTIONS/BARRIERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Provide a brief description of the KRA as indicated on individual performance plan)</td>
<td>(Provide a brief description of the employee’s progress. Comments must be supported by evidence)</td>
<td>(It is assumed that the KRA’s are adaptable/flexible due to unexpected circumstances. Examples are budget constraints, re-prioritizing of departmental/ institutional/unit goals and/or objectives and circumstances beyond the control of the employee and manager).</td>
</tr>
<tr>
<td>KRA 1 – Clinical Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA 2 – Clinical Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA 3 – Technical Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA 4 – Teaching and Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA 5 – Management and Innovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRA 6 – Research and Development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JOBHOLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: Jobholder Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPERVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: Supervisor Date:</td>
</tr>
</tbody>
</table>
# ANNUAL APPRAISAL INSTRUMENT: SPMS Level 1-12 (Amended 1 April 2018)

<table>
<thead>
<tr>
<th>KEY RESULT AREA</th>
<th>RATING</th>
<th>WEIGHT</th>
<th>TOTAL PER RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>KRA 1 – Clinical knowledge</td>
<td></td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>KRA 2 – Clinical Assessment</td>
<td></td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>KRA 3 – Technical skills</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>KRA 4 – Teaching &amp; Training</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>KRA 5 – Management &amp; Innovation</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>KRA 6 – Research &amp; Development</td>
<td></td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SUM:**

<table>
<thead>
<tr>
<th>CALCULATION</th>
<th>CALCULATED PERCENTAGE</th>
<th>PERFORMANCE GRADE <em>(mark with an X)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____/3</td>
<td>_____%</td>
<td>Not effective 0 – 66%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partially effective 67 – 99%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fully effective 100 – 119%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Highly effective 120 – 133%</td>
</tr>
</tbody>
</table>

**JOBHOLDER**

Signature: Jobholder
Date:

**SUPERVISOR**

Signature: Supervisor
Date

**HEAD OF COMPONENT**

Signature: Head of Component
Date
**PERFORMANCE RATING KEY SCALE: SPMS Level 1-12**  
* (Amended 1 April 2018)

<table>
<thead>
<tr>
<th>RATING</th>
<th>CATEGORY AND SCORE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| 1      | **Not Effective**  
(Less than or equal to 66%) | Performance does not meet the expected standard for the job. The assessment indicates that the jobholder has achieved less than fully effective results against all or almost all of the performance criteria and indicators as specified in the Performance Agreement. |
| 2      | **Partially effective**  
(67% - 99%) | Performance meets some of the standards expected for the job. The assessment indicates that the jobholder has achieved less than fully effective results (partially achieved) against more than half of the performance criteria and indicators as specified in the Performance Agreement. |
| 3      | **Fully effective**  
(100% - 119%) | Performance fully meets the standard expected in all areas of the job. The assessment indicates that the jobholder has achieved as minimum effective results against all of the performance criteria and indicators as specified in the Performance Agreement. |
| 4      | **Highly effective**  
(120% - 133%) | Performance far exceeds the standard expected of a jobholder at this level. The assessment indicates that the jobholder has achieved better than fully effective results against most of the performance criteria indicators as specified in the PA and maintained this in all areas of responsibility throughout the performance cycle. |
### EXAMPLE OF ANNUAL PERFORMANCE ASSESSMENT: CALCULATION OF RATING:

<table>
<thead>
<tr>
<th>KEY RESULT AREA (KRA)</th>
<th>WEIGHTING (%)</th>
<th>RATING (1-5)</th>
<th>TOTAL SCORE (Rating x Weight)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KRA 1 – Clinical knowledge</td>
<td>30</td>
<td></td>
<td>120</td>
</tr>
<tr>
<td>KRA 2 – Clinical Assessment</td>
<td>30</td>
<td></td>
<td>120</td>
</tr>
<tr>
<td>KRA 3 – Technical skills</td>
<td>10</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>KRA 4 – Teaching &amp; Training</td>
<td>10</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>KRA 5 – Management &amp; Innovation</td>
<td>10</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>KRA 6 – Research &amp; Development</td>
<td>10</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td><strong>TOTAL KRA</strong></td>
<td><strong>100 %</strong></td>
<td></td>
<td><strong>400</strong></td>
</tr>
</tbody>
</table>

Sum of Total Score: 360

\[
*3 \quad = \quad \text{Overall Total Score: 120\% (Performance Highly effective)}
\]

*REASON FOR DIVIDING BY 3: A TOTAL OF 400 (Max point allocation) DIVIDED BY 3 = 133\% (Max percentage)*

<table>
<thead>
<tr>
<th>STANDARD RATING SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highly effective</strong> (120 - 133%)</td>
</tr>
<tr>
<td><strong>Fully effective</strong> (100 - 119%)</td>
</tr>
<tr>
<td><strong>Partially effective</strong> (67 - 99%)</td>
</tr>
<tr>
<td><strong>Not effective</strong> (33 - 66%)</td>
</tr>
</tbody>
</table>
CONTRACT TO PARTICIPATE IN THE COMMUTED OVERTIME SYSTEM FOR MEDICAL AND DENTAL PERSONNEL

CONDITIONS

1. This contract is only applicable to full-time medical and dental practitioners, employed by the provincial health department, who perform clinical, patient related work on an organised basis.

2. STANDARD OVERTIME REMUNERATION

2.1 GROUP 1

Individuals who do not participate in the commuted overtime remuneration system but perform clinical, patient related work in excess of 40 hours per week which is less than 5 hours overtime per week may submit claims for overtime remuneration in terms of the measures and criteria contained in Resolution 3 of 1999 as well as the Provincial Government: Western Cape (PGWC) Collective Agreement P6 of 2002. (Copies of the aforementioned documentation can be obtained from staff offices). The standard overtime application form and time sheets must be completed on a monthly basis and forwarded to the head of institution via the clinical head of department or supervisor of the individual.

2.2 GROUP 4

Individuals who participate in the commuted overtime system in Group 3 (as indicated in paragraph 3.2 below) but who perform necessary overtime duties in excess of 20 hours per week, may claim for hours worked in excess of 20 hours per week to a maximum of 32 hours per week. Claims for every hour worked in excess of 20 hours per week to a maximum of 32 hours per week will be dealt with in terms of the measures and criteria contained in Resolution 3 of 1999 and the PGWC Collective Agreement P6 of 2002. The maximum of 32 hours may only be exceeded in exceptional, fully motivated circumstances. The usual application forms and time sheets must be completed on a monthly basis and forwarded to the head of the institution via the clinical head of department or supervisor of the individual.

3. COMMUTED OVERTIME SYSTEM

The contract is based on a uniform system of commuted overtime for certain minimum hours worked, in excess of 40 hours per week. Payment according to this system is limited to a commuted rate equivalent to 8, 12 or 16 hours overtime at 4/3 x basic salary for the commuted overtime system. The attached schedules reflect the applicable rates payable. The categories for commuted overtime remuneration are as follows:
3.1 **GROUP 2**

5 to 12 hours per week (average of not less than 8 hours per week) commuted overtime remuneration at a commuted rate equivalent to 8 hours per week.

3.2 **GROUP 3**

13 to 20 hours per week (average of not less than 16 hours per week) commuted overtime remuneration at a commuted rate equivalent to 16 hours per week.

3.3 **GROUP 4**

Post classes Head Clinical Unit and Head Clinical Department commuted overtime remuneration at a commuted rate equivalent to 12 hours per week.

3.4 **Occupational class: Manager: Medical Services**

3.4.1 Manager: Medical Services commuted overtime remuneration at a commuted rate equivalent to 8 hours per week.

3.4.2 Manager: Medical Services commuted overtime remuneration at a commuted rate equivalent to 16 hours per week.

4. Commuted overtime remuneration is payable to medical and dental personnel who participate in the commuted overtime system during their annual (vacation) leave within each calendar year (i.e. from 1 January of a year to 31 December of that year) on the following basis:

4.1 22 working days in respect of employees with less than 10 years’ service;

4.2 30 working days in respect of employees with more than 10 years’ service;

Should any individual not be able to utilise such leave during a specific year, the leave may be carried over to the next year on condition that the leave is utilised within the first six months of that year (i.e. before 30 June).

5. Commuted overtime remuneration is not payable during sabbatical leave and in respect of absence on leave without pay, on special leave or maternity leave. The commuted overtime rate will be reduced accordingly should such absences occur during a month.

6. Commuted overtime will not be paid during periods of sick leave, family responsibility leave and special leave for study purposes (prep and exam) in cases where the individual due to his/her absence on such leave is not in a position to fulfill his/her commuted overtime contractual obligation (i.e. the hours overtime contracted for) during a specific month. In such instances the commuted overtime rate must be reduced on a pro-rata basis. Carry-over of rostered after-hour commitments to another month is not allowed.

7. No deduction of commuted overtime must take place in cases where an individual for the reasons as set out hereunder is able to fulfill his/her commuted overtime contractual obligation during that specific month:

7.1 With regard to periods of sick leave, family responsibility leave and special leave for study purposes (prep and exam) where an individual is absent on the day(s) where he/she is not rostered to perform after-hour duties;

7.2 With regards to periods of sick leave, family responsibility leave and special leave for study purposes (prep and exam) where the individual is rostered to perform after-hours duties, but is able to meet his/her after-hour commitment by interchanging (swopping) his/her after-hour
duties with other doctors/dentists in that specific month. This arrangement must be approved by the supervisor (clinical manager).

8. Certain periods of “on call/standby” may be classified as commuted overtime and will be taken into account in calculating the number of hours of commuted overtime rendered in accordance with Circular H157/2011.

9. Time spent on teaching and research may be included in the fulfillment of the normal 40 hour week to a maximum of 14 hours per week i.e. 33% of the 40 hours may be utilised for teaching, training and research, but may not be included in overtime calculations.

10. If the needs of a clinical department/institution do not require that medical/dental staff perform regular overtime duties, individuals who wish to participate in the commuted overtime system can make up the requisite time in other clinical departments in the same institution or in another provincial health facility. In such cases there must be mutual agreement and arrangements in this regard between the heads of both clinical departments/institutions involved.

**AGREEMENT**

**INDICATE WITH X IN APPROPRIATE**

i) [ ] I agree to perform the standard 40 hour workweek and not to participate in the commuted overtime system. I accept that I will not be entitled to claim payment of the commuted overtime allowance although I may be called on to perform sporadic overtime, in which case payment may be claimed as provided for in Resolution 3 of 1999.

ii) [ ] I accept that I am obliged to be on call/standby and need not necessarily be at the facility all the time but must be available to attend to emergency cases or respond to being called out. I accept that payment will be made on a claim basis for actual hours performed up to a maximum of 4 hours, as provided for in paragraph 2 (Group 1) above.

iii) [ ] I agree to participate in the commuted overtime system as indicated in paragraph 3 above. My choice is indicated with a X in the appropriate Group 2 (paragraph 3.1) [ ] Group indicated in paragraph 3.3 [ ] Group 3 (paragraph 3.2) [ ] Group indicated in paragraph 3.4.1 [ ] Group 3.4.2 [ ]

iv) [ ] I am willing to work additional overtime for remuneration as provided for in paragraph 2.2 above (Group 4). I accept that only actual hours performed in excess of 20 hours overtime to a maximum of 32 hours per week will be remunerated in terms of Resolution 3 of 1999 on an individual claim basis, subject to prior approval of the delegated authority. I accept that I may only claim for overtime remuneration in excess of 32 hours per week in exceptional cases such as due to a severe shortage of staff or in a crisis situation.
v) My average duties (including commuted overtime) per week, excluding on call duties, are made up as follows:

<table>
<thead>
<tr>
<th></th>
<th>Own clinical department/area (1)</th>
<th>Other clinical department/area (2)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical patient related hours including commuted overtime</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal teaching and research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remunerative Work outside the Public Service</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OVERTIME DUTIES RENDERED AT OTHER INSTITUTION(S)**

| Clinical patient related hours |                    |

**GRAND TOTAL**

**NOTES:**

1. own clinical department/area is the component at your own institution where most of your time is spent (e.g. internal medicine)
2. other clinical department/area is the component/s at your own institution where the rest of the time is spent (e.g. gynecology)
3. time spent on call/standby may be reflected in the section below

| Average hours spent “on call”/standby (for record purposes only) | (3) |

vi) I undertake to assist my clinical department/area in meeting its overtime commitments which includes being on call (standby) as scheduled.

vii) Any other remunerative work which I perform will not interfere with my commitment to the hospital/clinic for the services described above and will not take place during the hours I am required for duties as agreed in this contract. I understand that any such remunerative work must be approved by the head of the institution/region where I am employed.

viii) Three month’s written notice must be given by either party, if they wish to withdraw from or cancel this agreement.

ix) I accept that I may be excluded from further participation in the dispensation in the event of any unreasonable refusal or failure on my part to perform overtime duties. I undertake to ensure that services rendered during any period of overtime duties will comply with acceptable quality standards.

x) I accept that the present commuted overtime system is subject to revision at a national level from time to time.

xi) I understand that the Western Cape Department of Health reserves the right to claim back any monies which are incorrectly paid or which cannot be justified by periodic audit.

Signature of Applicant

Date
APPROVALS

*1. I have reviewed the needs of the department and certify that with effect from.................................. it is necessary for Dr ......................................... to work ........ hours overtime as stated (Group ....... ). I accept responsibility for ensuring that the applicant meets the terms of the contract.

Signature: Head of Clinical Department (1) Date

Signature: Executive Head Date

Signature: Senior Manager Medical Services (where applicable) Date

2. I have reviewed the needs of the clinical department/institution and certify that with effect from............................... it is necessary for Dr ................................................ to work ........ hours overtime as stated (Group....... ). I accept responsibility for ensuring that the applicant meets the terms of the contract.

APPROVED/NOT APPROVED

Signature: Head of Institution (1) Date

Signature: Head of Institution (2) Date
(where applicable, i.e. cases where applicant renders overtime duties at other institution)

/HD4eng

* To be completed in respect of Academic Institutions and Regional hospitals (where applicable)