Job Description, Person Specifications and Educational Goals

Updated 22 March 2015
The project acknowledges support from the following organisations
This document outlines the general job description and educational goals for the ZADP OOPT/E programme. It is complemented by each individual trainee’s unique and separate terms of reference and project plan, which will be agreed upon before pre-departure training commences.

The University Teaching Hospital (UTH) in Lusaka is host to the Medical School of the University of Zambia, and the only tertiary referral centre in the country serving a total population of 13.8 million people, with over 2 million people in its own catchment area, the capital city of Lusaka. UTH is the principle medical training institution in the country for Medical Students, Interns and Postgraduate Doctors. It also provides training for Nurses through the Nursing School located within the hospital grounds, as well as Clinical Officers in Anaesthesia through their college located at the Chainama Hill College Hospital.

UTH has approximately 1,655 beds and 250 baby cots. It provides a full range of primary, secondary and tertiary health and medical services on both an inpatient and outpatient basis. The Department of Anaesthesia currently consists of 4 trained specialists, 24 postgraduate degree students and a varying number of Anaesthetic Clinical Officers. The department of anaesthesia services a wide range of surgical specialities (Paediatrics and Neonates, Neurosurgery, General Surgery, ENT & Maxillofacial surgery, Orthopaedics, Urology, Obstetrics & Gynaecology) and provides support to the Adult Intensive Care Unit.

**Post Title**
Visiting Lecturer in Anaesthesia
(Referred to in this document as the ZADP trainee or UK trainee)

**Grade**
ST 5 +

**Hours per week**
7.30 am to 4.30 pm, Monday to Friday (45 hours per week)
(No on-call commitment. Courses may occasionally be delivered on weekends to minimally impact on service provision and achieve maximum local participation. Total number of hours worked per 4 week period will not exceed an average of 48 hours/week. The UK trainee will not work more than 1 in 6 weekends, or 4 weekends during the 6 month OOPT/E.)

**Accountable to**
Dr Feruza Ismailova - UTH Anaesthesia, Head of Department & line manager
Dr Dylan Bould - Director, Zambia Anaesthesia Development Programme
Prof John Kinnear - UK Head of Faculty MMed, Educational Supervisor
In-country member of MMed Faculty – Clinical Supervisor
Karin Pappenheim - Lead UK partner AAGBI
AAGBI International Relations Committee – Financial support
The Royal College of Anaesthetists (OOPT) and the GMC

*The project acknowledges support from the following organisations*
Key working relationships

All members of the UTH Anaesthetic Department & Theatres

MMed Faculty

MMed Students

Anaesthetic Clinical Officers & students

Mr Chipoya & Mr Banda, Clinical Officers’ Training Programme

UTH Department of Surgery

UTH Critical Care Unit

UTH Department of Obstetrics and Gynaecology

AAGBI Lifebox and WHO checklist projects

Tropical Health and Education Trust

General Duties

MMed Students:

Training Zambian anaesthetists is the ultimate goal. The post holder will through their continued presence and support, provide the MMed students with clinical supervision, and aim to enrich their professional and personal development – sharpening their skills, teaching new techniques and broadening their experiences to include research and audit.

Anaesthetic Department:

The focus will be on building long-term skills and capacity of health workers, and long term sustainability by creating and establishing systems for training and delivery of safe, quality anaesthesia. The ZADP trainees will work alongside local staff to develop the Zambian anaesthetic department’s processes in clinical governance. The post holder will develop best practice protocols and guidelines relevant to the specific environment, encourage and conduct locally targeted audit, quality improvement projects and research to this effect.

Equipment, Resources & Governance:

The trainee alongside local champions will coordinate equipment and drugs inventory and develop systems and processes to ensure the availability of essential equipment at the point of care (including anaesthetic equipment and theatre checklists). The trainees will evaluate and monitor the impact of the development programme on theatre efficiency, outcomes and patient safety, i.e. encourage reporting of serious untoward incident and “near miss” reporting systems and conduct root cause analyses where required, reporting back to all stakeholders (MMed Faculty, THET, AAGBI and the UTH Anaesthetic...
Department and Dr Feruza Ismailova). The trainees will collect perioperative data collection required to support these governance activities in anaesthesia.

The Medical School of UNZA and the UTH:

The UK trainee will foster mutual trust, respect, and solidarity, enhancing skills and knowledge in anaesthesia beyond the MMed programme, by delivering training and mentoring to a wider group of healthcare workers to include anaesthetic clinical officers and resident staff. They will aim to improve standards of practice and staff morale across the spectrum of anaesthetic practitioners.

Activities will include:

- Monthly Journal Club meetings
- Monthly Morbidity and Mortality meetings
- Bi-weekly workshops / lectures / case based discussions to support training and education of Clinical Officers
- Deliver training sessions to include all anaesthetic practitioners
- Implement checklists/guidelines and perform impact assessment and audit on compliance
- Coordinating and assisting with the SAFE Obs, SAFE Paeds, Primary Trauma Course and WHO theatre checklist / Lifebox training courses, in collaboration with the AAGBI, to be delivered to the UTH
- Anaesthetic/ICU Data collection.
- Quality Improvement Projects

**OOPT/E Educational Programme**

Dr Dylan Bould (Director of ZADP) will be the Educational Supervisor for the post, recognised by the Royal College of Anaesthetists for training in anaesthesia under the 2010 Curriculum should the trainee wish to take the post as an OOPT. The post holder will receive pre-departure orientation and training, a period of local induction supervised by a UK anaesthetist familiar with the local environment and practice of anaesthesia.

The trainee will receive regular appraisal and feedback:

1. Assessment and Appraisal following the local induction period (after 2 – 4 weeks)
2. Mid-term appraisal

The project acknowledges support from the following organisations
3. Final appraisal at 6 months and feedback to the Royal College of Anaesthetists and the AAGBI
4. Interim appraisal to be arranged by trainee, Dylan Bould or Prof Kinnear as required, should any difficulties or problems arise.

Trainees will have the opportunity to take part in anaesthetic practice appropriate to a developing world context, initially under close supervision. The emphasis will be on teaching and learning techniques which maximise patient safety in a resource poor setting. They will become experienced in the relevant anaesthetic techniques and practices suited to the local environment of a developing country’s healthcare system. They will maintain their logbooks and complete Directly Observed Procedures (DOPS), Anaesthetic Clinical Evaluation (A-CEX), Anaesthetic List Management Tool (ALMAT), Case Based Discussions (CBD) and Multisource Feedback (MSF) as per the curriculum requirements. The 6 month OOPT will form part of their modular training according to the 2010 Curriculum Annex D (section 13.7, Anaesthesia in developing countries) and Annex G (teaching and training, audit and management).

Trainees will also develop problem-solving skills and the ability to think creatively, improving their awareness and understanding of developing health systems. The trainee will develop communication, leadership and team working skills, in addition to the rich cultural and personal experience of travel.

At the end of the 6 month placement, the trainee will:
- Have undertaken teaching and training to personnel from diverse cultural, linguistic and educational backgrounds.
- Have experienced working and living in a multi-cultural and, frequently, multi-lingual environment and will have developed an approach to planning and practice which emphasises effective communication and team management.
- Be able to provide safe anaesthesia in a challenging environment with limited resources to a wide variety of patients, including those with extreme and very advanced pathology.
- Have enhanced his/her experience and competence in the fields of paediatrics, obstetrics, trauma, emergency and critical care medicine.
- Have gained broad management experience, including managing change and service development.
- Audit local processes and develop locally relevant hospital guidelines.

On return to the UK, the trainee will provide the MMed Faculty and all stakeholders of the Zambia Anaesthesia Development Project with:

A written report of the experience including a description of how the objectives were achieved;
A report from the educational supervisor;
An appraisal report;

The project acknowledges support from the following organisations
A log book maintained to the same standard as that required during training in the UK;
A record of the assessments of skills as required by the GMC, including DOPS, A-CEX, ALMAT, CBD and MSF;
Evidence of teaching medical and paramedical staff and students;
Results of audit/quality improvement and research performed;
Evidence of the newly developed guidelines / protocols; and
Impact studies following the implementation of these guidelines/protocols.

Scope of Practice and Responsibility

Trainees are reminded to adhere to the GMC guidelines on “Good Practice” and only engage in the practice of anaesthesia where and when they feel appropriately skilled and experienced to do so, taking into account patient factors, environmental factors, patient safety and risk at all times. When faced with a case or situation beyond their own competence they are to inform the Head of Department, Dr Feruza Ismailova, Academic Lead Dr TBA or visiting UK Consultant member of the MMed Faculty immediately. If they are not contactable, trainees are to ensure the most senior local anaesthetist available is informed and that all reasonable efforts are made to hand the case over to an appropriately skilled member of staff of the UTH.

Annual Leave, Study Leave and Sick/Compassionate Leave

Trainees will be entitled to 15 days of annual leave. Application for annual leave will need to be submitted and agreed in advance by Prof Kinnear and Dr Ismailova and should fit in with the planned schedule for the MMed Programme and planned courses. Although this may not always be possible, we strongly urge trainees to submit their annual leave applications before or within 1 month of commencing their post.

Trainees are entitled to 5 days study leave during the 6 month placement, applications for study leave need to be submitted to Dr Dylan Bould and Dr Ismailova at least 6 weeks in advance and will be subject to approval.

Trainees are entitled to 5 days self certified sick leave, after which a doctor’s certificate will be required.

Compassionate leave will be at the discretion of Dr Dylan Bould and Dr Ismailova.

Logistics and pre-departure arrangements

The trainee will be supported in establishing communication with the hospital to be visited and will have a clear idea of what can be achieved during their time there. ZADP faculty can provide advise about
flights, visas, travel immunisations, insurance and health advice – but ultimate responsibility lies with the selected candidate.

**Communication**

The OOPT doctor will be issued with a local mobile phone and dongle for mobile internet connectivity, and receive an allowance towards communications expenses.

Dr Bould (ZADP director) will liaise via Skype with the ZADP trainee 6-8 weekly or as necessary. The ZADP faculty members are available for telephonic support or advice.

**Accommodation**

Suitable accommodation has been secured on behalf of the trainees, which they are at liberty to decline the use of should they wish to make their own arrangements.

**Health and Safety**

Trainees are reminded of their responsibility to take care of their own personal safety and others whilst at work.

**Infection Prevention and Decontamination of Equipment**

Trainees are reminded of their responsibility to adhere to UTH and Departmental Infection Prevention Policies, including policies for the cleaning and decontamination of equipment, in order to protect their own health and that of other employees, visitors and patients.

**Child Protection/Safeguarding**

In providing services to patients and children, trainees are reminded of their responsibility to adhere to UTH and Departmental Child Protection and Safeguarding policies, including pre-employment checks.

**Confidentiality**

Trainees are reminded of the need to treat all information, particularly photographic, clinical and management information, as confidential.

Any employee who willfully disregards UTH and Departmental policies may be liable to serious disciplinary action including dismissal. Trainees are reminded to refer to the OOPT Programme’s Rules of Conduct.

This job description will be reviewed yearly as part of the bi-annual individual performance reviews, to ensure that it reflects the responsibilities of the post. No interim changes will be made without full consultation with the post holders.
Dr Dylan Bould, Director of the Zambia Anaesthesia Development Project
Terms of Reference, job description and educational goals:

Dr ZADP registrar

1. Induction

Dr ZADP registrar’s formal 2 week induction will take place in the 1st 2 weeks of her post and will be conducted by Dr. TBA, visiting MMed Faculty, in Month Year (exact dates to be confirmed).

Dr TBA will complete a “sign off” on key clinical competencies and basic knowledge of the structure and working practices within the departments of surgery and anaesthesia at the UTH (see Induction WPBA). He will ensure Dr ZADP registrar is introduced to all of the persons described in the “key working relationships” section of the job description.

2. Clinical and Educational responsibilities:

- Clinical / supervision sessions: Monday to Friday mornings will be spent in theatres.
  
  (Educational goals mapped to Module in Anaesthesia in Developing Countries – see ZADP OOPT programme outline)

- Teaching: up to 2 afternoon sessions per week will be devoted to teaching of MMed students and interested members of the department, alongside the MMed Faculty. Of these, 1 teaching session per month will be devoted to Journal Club, 1 teaching session per month will be devoted to Departmental meetings. Formal, structured feedback must be collected and attendance records kept for all sessions delivered.

- Governance / Development projects: 2 afternoon sessions per week will be devoted to the ZADP projects. Once a month, the ZADP/development project session will be devoted to an Anaesthetic Department Morbidity and Mortality meeting, chaired by Dr Feruza Ismailova, with the agenda set and proceedings guided by Dr (ZADP Trainee). Formal, structured feedback must be collected and attendance records kept for all meetings held.

- Clinical officers teaching / support: Every second Friday will be devoted to a 2 hour Q&A session, workshop teaching or CBD’s with Clinical Officers. The OOPT trainee will agree the dates in advance with Mr Chipoya and Mr Banda, it will be the clinical officer’s teaching programme managers’ responsibility to advertise the dates to the students and ensure good attendance. Formal and structured feedback will be collected and attendance registers signed for all sessions held by the OOPT trainee.
- Dr (ZADP Trainee) will conduct surveys and receive feedback on the impact and support of the ZADP.

- Dr (ZADP Trainee) will keep a comprehensive logbook of her clinical and teaching activities and complete all the required WPBA as per the module in the 2010 Curriculum for training in Anaesthesia.

3. Projects:
- Locally relevant protocol- to be determined based on local prioritise.

- Data collection: serious untoward incidents and near misses in anaesthesia- to be reported on monthly at M&M meetings, and root cause analyses conducted where deemed necessary.

- Clinical Quality Improvement / Patient safety project: Dr (ZADP Trainee) to produce project proposal or protocol for the project with outline of the Aims, outcomes, outputs and activities of the project within 6 weeks of commencing her post. This project will undergo interim review at Dr (ZADP Trainee)’s midterm appraisal.

- Dr (ZADP Trainee) will coordinate and organise the Lifebox/WHO Surgical safety courses and SAFE Obstetric Anaesthesia courses in conjunction with Lifebox implementation manager at the AAGBI.

4. Appraisal
- Induction and sign off - by Dr TBA Month Year

- Midterm appraisal - by Dr TBA Month Year

- Final appraisal - by Dr TBA Month Year

Final appraisal will include:
- End of placement report

- Summary of end of placement report to IRC (AAGBI) and RCOA training committee

- Logbook summarised

- CEX / DOPS / CBD complete

- Article in draft format for publication in Anaesthesia News

The project acknowledges support from the following organisations
Minutes signed as correct:

Dr Dylan Bould

Dr (ZADP Trainee)

Person Specifications For ZADP

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<thead>
<tr>
<th>Professional Qualifications</th>
<th>Essential Criteria</th>
<th>Desirable Criteria</th>
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<tbody>
<tr>
<td>Full UK GMC registration</td>
<td>Academic distinction or Prizes.</td>
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<tr>
<td>FRCA or equivalent</td>
<td>ST6 or above at start of programme</td>
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<tr>
<td>Specialty Trainee ST5 or above at start of programme</td>
<td>Attended Course on anaesthesia in developing countries, eg Bristol or Kampala</td>
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<td>Must have completed higher Units of Training in Obstetrics, paediatrics and trauma at start of programme</td>
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| Clinical Experience          | Comprehensive training and clinical experience in anaesthesia equivalent to specialty level |
|------------------------------| Developing World Experience |

| Clinical Skills              | Ability to organise and independently manage the |
|------------------------------| ALS |

The project acknowledges support from the following organisations:

1. THET
2. UKaid
3. The Royal College of Anaesthetists
| **Audit Management & IT** | Evidence of contribution to effective clinical audit and clinical risk management.  
Evidence of understanding of the role of clinical management. | Experience in clinical guideline development.  
Formal management training or qualification.  
Evidence of effective leadership. |
| **Research. Teaching skill & experience** | Understanding of the principles and applications of clinical research.  
Experience of teaching and training. | Evidence of original research.  
Publications in peer reviewed literature.  
Teaching qualification. |
| **Leadership / Management skills** | Good Communication & Interpersonal skills;  
Accountability;  
Staff Management;  
Knowledge of Finance/Budgets |  |