

Paculty of Health Sciences

University of Pretoria

Information and Welcome Booklet

for Anaesthesia Registrars and

Medical officers

Letter from head of department

Dear Colleague

It is with great pleasure that I welcome you to the Department of Anaesthesiology at Steve Biko Academic Hospital. I look forward to watching you develop into the highest calibre of clinician, well-equipped with the experience and training that you gain from our institution.

I hope this document gives you clarity into what we have to offer and what is expected of you during your training with us. Should you have any questions feel free to approach any members of our team, my door is always open should you need me.

Best wishes on your new endeavour,

Prof Sandra Spijkerman



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1. Abbreviations

DA	Diploma in Anaesthesia	
FCA	Fellowship in the College of Anaesthesia	
ID	ID Identification Document	
КРТН	Kalafong Provincial Tertiary Hospital	
MMed Masters in Medicine		
MO Medical Officer		
NHRD	National Health Research Database	
SBAH	SBAH Steve Biko Academic Hospital	
UP	University of Pretoria	

2. Who's who?

2.1. Steve Biko Academic Hospital

Position	Individual	Contact details				
Head of Department	Prof S Spijkerman	083 650 6425				
		# 51795				
		sandra.spijkerman@up.ac.za				
Consultant	Prof T Dippenaar	082 409 2928				
		# 51325				
Consultant	Dr G Siyaka	078 055 3251				
		# 52443				
Consultant	Dr M Kalipa	076 559 2615				
		# 52656				
Consultant	Dr A Latusek	082 574 2617				
		# 52929				
Consultant	Dr A Morosi	078 511 0593				
		# 53249				
Consultant	Dr N Mlabateki	082 805 5857				
		# 51532				
Consultant	Dr S Schoeler	082 925 4498				
		# 53689				
Consultant	Dr C Naidoo	084 359 2800				
		# 53248				
Sessional Consultant	Dr E Kuun	082 414 7061				
		# 53123				
Sessional Consultant	Dr Sebola	082 530 0026				
Sessional Consultant	Dr D Motsoane	079 034 0651				
Sessional Consultant – Cardiac theatre	Dr N Matlala	082 927 2941				
		# 51485				
Sessional Consultant – Cardiac theatre	Dr Shabalala	073 384 3401				
		# 53088				
		nlhakanipho.shabalala@up.ac.za				
Sessional Consultant – Cardiac theatre	Dr W Mahlongo	072 368 0866				

2.2. Kalafong Hospital

Position	Individual	Contact details		
Head of Department	Dr M Mbeki	072 464 8989		
		motselisi.mbeki@up.ac.za		
Consultant	Prof A Alberts	083 253 5256		
Consultant	Dr M Voigt	082 324 3544		
		mariana.voigt@up.ac.za		
Consultant	Dr D van der Merwe	083 457 5422		
		dawid.vandermerwe@up.ac.za		
Consultant	Dr S Madonsela	071 865 4496		
Consultant	Dr T Thlake	079 308 3337		
Sessional Consultant	Dr N Mdzinwa	071 851 4102		

3. University of Pretoria

3.1. Initial registration

Registration with the University is required upon the commencement of your position. You are required to register for the Masters in Medicine (Anaesthesia) degree - M. Med (Anaes). You are subject to the rules and regulations outlined by the University and the Faculty of Health Sciences handbook. Registration is to be renewed on an annual basis. To complete your initial registration, you must contact the university directly. Currently, Ms. Wellman is handling this process, although this may change in the future. Her contact details are as follows:

Tel: +27 (0)12 356 3062

Email: annette.welman@up.ac.za

A registration fee is required for initial registration. Subsequent annual registration can be completed online via the student portal. Registration and student fees will be provided by the University of Pretoria, and your student account will be accessible through the online student centre.

Several documents and information are required by the University to process your registration. The information required includes:

- Full name and surname
- ID number
- Contact information
- Student number (This only applies if you were a previous student at the University of Pretoria. If you were not a student at the University of Pretoria you will be allocated a student number)

The required documents that must be submitted:

- Successful completion letter of FCA 1
- Successful completion of Diploma in Anaesthesia (DA) if applicable
- Appointment letter by the hospital you are appointed at
- UP registrar form signed by the HOD See Appendixes

Once you are registered at the University you will have to go the BMS building on medical campus to get a student card.

3.2. Subsequent registration after your 1st registration

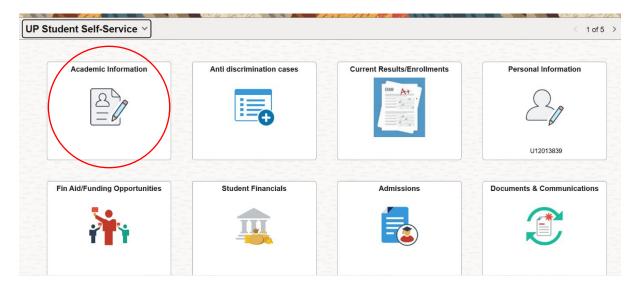
Step 1: Log onto your student portal



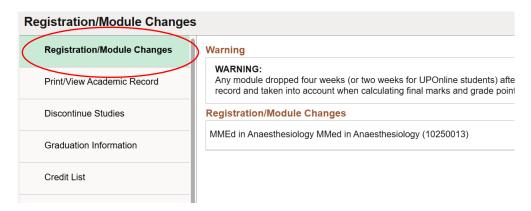
Step 2: Select student portal



Step 3: Select Academic Information



Step 4: Select Registration/ Module Changes



Step 5: Follow the prompts and register

4. HPCSA

You are required to submit a Form 9 to the HPCSA on a yearly basis. You will be allocated a "P number" which will be your training number while you are doing your registrar time.

This form needs to be signed by your base hospital's HOD as well as the CEO/ clinical manager of your base hospital. Once these two individuals have signed the document, it must be signed by the University of Pretoria's Dean. The University of Pretoria's anaesthesia departmental secretary (Ms H Steyn) will be able to assist you with this part by sending the form to the Deans office. Ms H Steyn will then submit an electronic copy of this form to the relevant HPCSA personal. Once this is completed, submit the hard copy to the HPCSA officers.

5. Hospital administration and HR related aspects

There are several administrative tasks that must be completed when you commence your post. Normally you will be allocated an "Administrative Day" so you can complete these tasks.

5.1. Access cards

SBAH – you will be required to get an access card. Access card can be acquired on level 2.

KPTH – you will be required to get an access card. Access card can be acquired at the security offices.

5.2. Switch board

You are required to get a hash/speed dial at both Steve Biko Academic Hospital as well as Kalafong Hospital. Visit switch board for this.

5.3. Parking

Parking discs must be applied for in order to gain access to parking at the two hospitals.

At SBAH park discs can be applied for on level 2 at the parking office.

At KPTH parking dices can be applied for at FMU. The Kalafong anaesthesia secretary, Sophie Campbell, can assist you with this and how to go about this.

5.4. HR documentation

HR will require you to fill in several documents. These documents will be provided to you by the HR department.

Please ensure your overtime form is signed by your base hospital's HOD and attach a copy of the call roster.

6. Departmental administration

Please submit the following documents to the departmental secretary:

- Copy of ID document
- Copy of your MBChB
- Copy of your latest HPCSA practitioner registration NOTE: this will have to be submitted yearly.

7. SASA membership

The department pays for this membership. Please go to www.sasaweb.com

- Go to "New Members" and complete the information asked (you do not have to join a special interest group for now)
- Use the following MP number as sponsors: Prof S Spijkerman MP0543055

8. Academic Programme

Attendance of all academic activities is compulsory. Please ensure you attend.

Key elements of the academic programme are the following:

- Morning meetings "M&M meetings"
 - Every morning at 07:00 at the respective hospitals.
 - A hand over is done from the night team, and important pending cases are handed over to the oncoming day team.
 - NOTE: if there is cases on going from the night shift, the day team is to go directly to those respective theatres and take over the case.
 - The consultant that was on call for that night will do an morning academic lecture of their choice.
- Weekly Friday academic meeting seminar
 - o This is held at Steve Biko Academic Hospital at 14:00 in the departmental lecture hall.
 - o Topics are allocated at the beginning of the semester.
 - o Registrars are allocated a slot over the year to present a topic or their M.Med topic.
 - It is the responsibility of the registrars to be adequately prepared for this presentation.
 Please contact your allocated supervisor in a timely manner and well in advance so that you can work together to cover the topic appropriately.
 - This meeting is compulsory for all trainees, with the exception of the on-call teams, post-call teams or teams running emergency lists.
 - o Link: https://eu.bbcollab.com/guest/6de7506b3fa244f88832943c6ca05a23

BFC – Dr Kalipa

- Breakfast club, also referred to as BFC, is run by one of the senior consultants Dr Kalipa
- BFC is designed for individuals preparing for FCA 2, though participation is open to all.
- o BFC is held from around 6:15 to 7:00
- Topics are reviewed, and strategies for effectively addressing short-answer questions are provided.
- The days BFC will take place will be communicated to the registrar group by a representative the day before.

• Coffee Club – Dr Naidoo

- o Coffee Club is done on alternate days with BFC.
- It is held at the same time as BFC.
- This session is intended to prepare you for the FCA 2 orals, though all are welcome to attend.

DA tutorials

- Tutorials for candidates preparing for their DA are also conducted within the department.
- o It is co-ordinator by Dr Mbeki.
- To be added to the relevant group and participate in the tutorials, please contact Dr Mbeki directly or speak to the Class Rep for the year.

FCA1 tutorials

- Tutorials are held for candidates who are wanting to write their FCA part 1.
- It is co-ordinator by Dr Shabalala
- To be added to the relevant group and participate in the tutorials, please contact Dr Shabalala or speak to the Class Rep for the year.

9. Recommended Textbooks

Please be advised that the list provided is not comprehensive. The full list of prescribed textbooks for each exam is available on the College of Medicine of South Africa website. This is intended as a general guide.

9.1. Diploma in Anaesthesia - DA

- Morgan GE, Mikhail MS, Murray MJ. Clinical anaesthesiology. 5th ed. MacGraw Hill Companies.
 2013
- Allman KG, Wilson IH. Oxford handbook of anaesthesia. 4th ed. New York, Oxford University Press; 2016

9.2. FCA 1

- Power I, Kam P. Principles of physiology for the anaesthetist. 3rd ed. Philadelphia, CRC Press; 2015.
- Chambers D, Huang C, Matthews G. Basic physiology for anaesthetists. London, Cambridge University Press; 2015.
- Davis PD, Kenny GN. Basic physics and measurement in anaesthesia. Elsevier; 2003.
- Milner A, Welch E, editors. Applied pharmacology in anaesthesiology and critical care. 2nd ed.
 Milner and Welch; 2020

9.3. FCA 2

- Gropper MA, Cohen NH, Eriksson LI, Fleisher LA, Leslie K, Weiner-Kronish JP, editors. Miller's anaesthesia. 9th Ed. Philadelphia: Elsevier, 2020.
- Barash PG, Cullen BF, Stoelting RK, Cahalan MK, Stock MC, Ortega R, et al. Clinical anaesthesia. 8th ed. Philadelphia, Wolters Kluwer; 2017.
- Hines RL, Jones SB. Stoelting's anaesthesia and co-existing disease.8th ed. Philadelphia, Elsevier, 2021.

9.4. Research for MMed

 Aldous C, Rheeder P, Esterhuizen T. Writing your first clinical research protocol. Pretoria: Juta Academic Books, 2018.

10. Rotations

The registrar program spans 48 months, with 12 to 18 months of training to be completed at Kalafong Provincial Tertiary Hospital (KPTH). At Steve Biko Academic Hospital (SBAH), registrars are assigned monthly rotations, which include both junior and senior rotations. During each rotation, registrars are expected to handle lists relevant to that specific rotation, although they may also be allocated to other discipline lists as needed. Senior rotations at SBAH must be completed 6 months prior to the conclusion of the registrar's 48-month term. Please note, this timeline is based on the registrar's start date, not the anticipated final examination date.

Junior rotations include:

- Trauma surgery Orthopaedics and trauma surgery
- Major surgery
- Urogynaecological surgery
- Head and Neck surgery Ophthalmology, ENT, Maxillo-facial surgery
- Remote Anaesthesia Dental hospital, ERCP, MRI, cath lab
- Obstetrics

ICU rotations consist of a minimum of 3 months, with at least 1 month at each of the following:

- Kalafong High Care and ICU
- SBAH 4.9 Surgical ICU
- SBAH 6.7 Medical ICU

Senior rotations include:

- Cardiac Surgery
- Cardiothoracic
- Thoracic Surgery
- Vascular Surgery
- Paediatric Surgery
- Neurosurgery
- Pain rotation

KPTH does not separate registrars into specific rotations as will be done at SBAH. While at KPTH you will receive a weekly roster with an allocation of which theatre you are in.

Interhospital rotations is arranged by Dr Voigt and the senior rotations are arranged by Dr Kalipa.

11. MMed

The MMed is a mandatory requirement for completing your specialization in anaesthesiology. The pace at which you progress through your MMed depends entirely on you. It is your responsibility to take ownership of this process.

To begin, you need to select a topic for your MMed. This can be done by consulting with other registrars, observing different aspects in the department or theatre, or discussing ideas with consultants.

Next, approach a consultant to see if they are willing to supervise your research. If you encounter difficulty in finding a supervisor, reach out to Prof, who can help facilitate this process.

Once you have a topic and a supervisor, the next step is to write a PICO statement. This statement should then be submitted to the department for assessment. The department will evaluate the viability and feasibility of your proposed study. Please note that, currently, the university does not permit randomized controlled trials.

A PICO statement consists of the following:

- Population
- Intervention
- Comparison
- Outcome

Begin your PICO statement with a brief introduction explaining why you wish to conduct this study. Include a concise literature review, highlighting key evidence and facts that support your research topic. Note that the PICO statement should not be a full literature review but rather a summary of the most important and relevant information. Your PICO statement should be approximately 1 to 2 pages in length.

Once submitted, the department will provide feedback on the viability and feasibility of your proposed study. For certain studies, you may be required to present a PowerPoint presentation during a Friday academic session. However, studies where the involvement of registrars and medical officers will impact results through a presentation before data collection will not require this step.

Once you receive approval from the department, you can begin writing your protocol. Be sure to follow the layout provided in the prescribed textbook, see prescribe textbooks section. Collaborate closely with your supervisor to refine your protocol and further develop your research topic.

11.1. TNM process and MMed committee process

After your protocol is finalized, you will need to apply for TNM. Note that TNM is considered special leave, so be sure to confirm with the leave roster to ensure there are available slots for your requested leave. The special leave documentation should be submitted and carried out as applicable. For more details on TNM dates and additional information, refer to: https://www.up.ac.za/faculty-of-health-sciences/article/15920/applied-research-methods-tnm.

Once you have completed TNM, you must submit your protocol to the MMed committee for assessment and approval. The committee meets on specific dates, so be sure to check the university's website for the relevant schedule. The MMed committee may request revisions to your protocol before granting approval, or it may approve your protocol without any changes. If revisions are requested, make the necessary adjustments and resubmit your protocol. Always communicate with your supervisor for assistance if you need to make adjustments.

11.2. Ethics submission

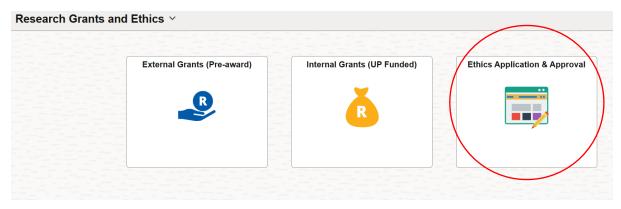
After receiving approval from the MMed committee, the next step is to submit your protocol to the Ethics Committee. Follow the steps outlined below:

Step 1: Go to your student centre

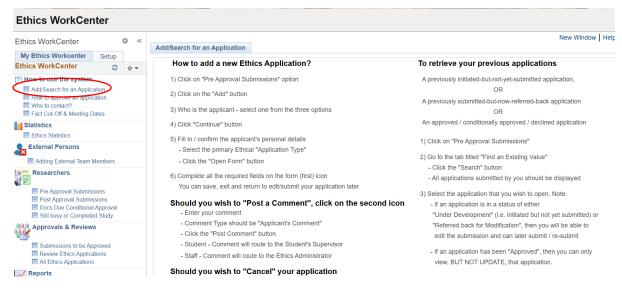
Step 2: select the drop down box and select "Research Grants and Ethics"



Step 3: select "Ethics Application & Approval"



Step 4: Select "Add/Search for an Application" and follow the information to submit.



The Ethics Committee meets on specific dates, so be sure to check the university's website for the relevant schedule.

11.3. National Health Research Database (NHRD) submission

Once you have received approval from the Ethics Committee, you must submit your protocol, the MMed approval letter, and the Ethics approval letter to the National Health Research Database (NHRD). To do this, visit the NHRD homepage, register, follow the instructions, and submit the required documents. Feedback from the NHRD typically takes about 6 weeks.

Once you receive approval from the NHRD, you may begin data collection.

11.4. Statistician

Statisticians are available through the University of Pretoria. For more information on how to get in touch with the allocated UP statistician for the anaesthesiology department, contact Hettie.

If you choose to use an external statistician, you may do so at your own financial expense.

11.5. Write up

Once you have completed your data collection and received the data analysis from your statistician, you are required to prepare a write-up. Your write-up should follow the format specified by UP. For the most recent layout and guidelines, contact Hettie.

12. Day to day expectations

12.1. Daily duties

- Following the morning academic meeting, which typically concludes at 7:30, theatres should be prepared. Preparation should occur between 7:30 and 8:00.
- Theatre starting/cutting time is at 08:00.
- Elective cases expected to take longer than one hour should not be started after 15:00. Any
 concerns regarding this should be addressed with the consultant on floor.
- On Fridays, no elective cases are started after 12:00 to allow trainees to attend the Friday Academic meeting
- If your elective list ends (patient pushed out of theatre) at or after 00:00, arrangements will be made for you to have the following day off. Please inform the consultant on call by 22:00 if you anticipate finishing after 00:00, so appropriate arrangements can be made.
- If you perform an emergency case during your elective list, please notify the registrar working in Theatre 7. This will allow for necessary arrangements to ensure the on-call team can take over if the case extends past 16:00.
- Communication is key between all doctors in the department so please ensure that you communicate early and promptly to prevent any deals or problems.

12.2. Pre-operative assessments ("Pre-meds")

- Premeds are to be done the day before the elective surgery, this includes Sundays and Public Holidays.
- Interns are encouraged to assist with premeds as part of their anaesthetic training. They
 should be given patients suitable for their level of expertise. They are not expected to do all of
 the premeds, they are there to learn from you as the registrar/MO on how to assess patients
 in the pre-operative period. The premeds remain the responsibility of the Registrar/MO on the
 list.
- If you are paired with another registrar/MO on a list, the most senior doctor should discuss the premeds with the consultant. The arrangement between the two doctors on the list with regards to who does the premed itself is at your own discretion.
- Premed discussions are made telephonically or in-person with the relevant consultant, WhatsApp messages or voice notes are not acceptable.
- NOTE: At KPTH premeds are to be documented in the patient's brown file.

12.3. Consultations

- Surgical departments may consultant anaesthesia to assess a patient pre-operatively.
- At SBAH, consults are typically allocated based on your current rotation. However, this does
 not preclude you from receiving consults outside of your rotation. Consults are intended to
 support your learning, and the consultant allocating the consult may assign cases they believe
 will contribute to your academic development.
- At KPTH, if sufficient registrars/MOs are available for the day, one doctor may be assigned to handle all consultations. If no specific doctor is allocated for consults, the consultant on duty will assign consults to a registrar/MO.
- Consults should be addressed as they are issued and discussed with the consultant who
 assigned the consult, unless otherwise specified. As a registrar/MO, you are expected to assess
 the patient and develop a plan to present to the consultant. The consultant will review the
 plan and make any necessary adjustments. Once finalized, the plan must be communicated to
 the relevant surgical discipline.

- At SBAH consults must be logged on Centricity and a print out put into the patients file. Please ensure all details of the patient are included as well as the necessary clinical and surgical information.
- At KPTH consult must be written on the consultation form and photocopied. The original goes in the patients brown file and the photocopy goes into the red clip file in the department.

13. Call Roster

13.1. SBAH

Requests are to be made before the 7th of the preceding month, by email to Dr N Mlabateki - nolut@icloud.com. Requests will be addressed to the best of the department's ability; however, they cannot be guaranteed. Requests should be ideally limited to one request per month.

If any swaps are made between trainees, the experience balance of the on-call team must be maintained. If uncertain, please contact the Call-Roster consultants for guidance. Swaps must be approved by Dr N Mlabateki.

If you are unable to cover a call, you should first attempt to swap it or find a replacement. If all options are exhausted, contact the Call-Roster consultants for assistance. As a last resort, the Standby person may be approached to then do the call.

Standby calls are allocated, please ensure that you are available on your standby day and that you can be at the hospital within 60minutes.

On Call Housekeeping and rules:

- All communication goes through the 1st-on call. This is the person who liaises with the consultant should there be any problems.
- The three trainees function as a team on-call. Typically, the allocation is as follows:
 - o 1st: theatre 7 emergencies
 - o 2nd: theatre 6 orthopaedics
 - o 3rd: theatre 21 obstetrics
- Junior registrars are expected to help in theatre 7 and 6, and senior registrars are expected to
 assist the juniors. Each call brings different patient pathology and surgical procedures, which
 changes the risk profile of the cases in any of the three theatres. Registrars must therefore
 work together and be dynamic. The 1st on call is assigned the leadership role and is allowed to
 delegate and make changes as the situation arise.

13.2. KPTH

Requests are to be made before the 7th of the preceding month, by email to Dr van der Merwe - dawid.vandermerwe@up.ac.za. As with SBAH, requests will be addressed to the best of the department's ability; however, they cannot be guaranteed. Requests should be ideally limited to one request per month.

Swaps are to go via Dr van der Merwe.

On Call Housekeeping and rules:

- As with SBAH, All communication goes through the 1st-on call. This is the person who liaises with the consultant should there be any problems.
- Depending on staffing there is either 2 or 3 people on call.
 - 1st on call: will do general emergencies (In the case of 2 people on call they will also do orthopaedic cases if time allows)
 - o 2nd on call: will do orthopaedics
 - o 3rd on call: will do obstetrics
- As with SBAH, Registrars/Mos are to report to the 1st on call in order to learn and assist.

14. Leave

14.1. Annual and special leave

Leave slots are allocated on a first-come, first-served basis, with exceptions during exam periods, Refresher and Clinical Courses, and the recess period (typically 16 December – 15 January). This system ensures that all candidates have access to the necessary study leave.

To book leave, an email must first be sent to confirm availability. Only after receiving confirmation should a Z1(a) form be submitted. Your name will be added to the departmental leave roster once a signed Z1(a) form is received. Leave should be taken from a Monday to Friday (i.e. over a full week period).

Please ensure that your leave application is done at the correct hospital. For annual leave this is the hospital at which you will be rotating during the proposed time of leave. Special leave must be applied for at your base hospital, regardless of where you will be at the time.

Annual leave is not permitted during the following rotations: ICU, cardiac, thoracic surgery, vascular surgery, or pain management. It is your responsibility to ensure your leave does not coincide with these rotations.

All annual and special leave forms must be submitted prior to the start of your leave. Special leave applications should be made at least one month in advance for local leave, and three months in advance for international leave.

Please keep a record of all leave taken, as salary slips may not always reflect accurate leave balances. If you have any questions, contact HR to confirm your remaining leave days. Note that excessive leave submissions may result in salary penalties.

Family responsibility for a sick child or death in the family must be accompanied by the relevant supporting documentation

Contact details for leave requests:

- SBAH <u>sbahleave@gmail.com</u>
- KPTH Mariana.Voigt@up.ac.za

14.2. Sick Leave

All sick leave forms must be submitted immediately on return to work with accompanying doctors letter.

14.3. Maternity and paternity leave

Maternity leave comprises four consecutive calendar months to commence any time from four weeks before the expected due date or from a date which the attending medical practitioner certifies necessary. Please inform your base hospital as soon as possible to plan for leave. A medical certificate and Z1a form are required in advance as well as a document signed at HR to terminate overtime commitments for the duration of the maternity leave. After delivery a copy of the birth certificate must be submitted and overtime forms re-signed.

Paternity leave comprises three working days per calendar year. We still await confirmation from HR on policy change to 10 days. A birth certificate needs to be submitted along with Z1a form.

Family responsibility leave, such as a illness of a family member or funeral, requires proof to be submitted with the Z1a.

15. WhatsApp Groups

Please reach out to the Class Representative for the year to be added to the necessary groups. It is expected that general courtesy and professionalism are upheld across all social platforms.

Theatre Lists SBAH	This group is used to post the daily allocations.							
	This will include the consultant floor allocations as well as the registrar/MO allocation.							
	If an emergency theatre is still running at 07:00 on weekdays, it is made known on this group so the appropriate team can take over							
Anaesthesia SBAH	This is a SBAH Anaesthetic Dept social platform on which birthday messages and other-work-related information may be shared.							
SBAH Equipment	This group is aimed at ensuring that equipment's where abouts is available to prevent delay in trying to find an item.							
	Please post on the group when taking a piece of equipment (e.g. "Ultrasound to theatre 6") and when returning the equipment to the storeroom.							
UP Registrar and MO	This is a group where registrars and MO's can communicate information							
	that is unrelated to consultants.							
FCA2	This is a group where BFC and Coffee club days and times will be allocated							
КРТН	This is a group for when you rotate at KPTH							
	You will only be added to this group when you are rotating at Kalafong							

16. SBAH theatres

LEVEL 4 THEATRES	
1: Arthroplasty	Sister in charge: Sr Lekalakala
2: Neurosurgery	Anaesthetics: Nurse Lerato Mgiba and
3: Emergency	Sr Phillipine Seema
4: Spine Surgery	
5: Orthopaedics	
6: Orthopaedics	
7: Emergency	
LEVEL 6 THEATRES	
8: Cardiac Catheterization Lab	Sister in charge: Sr Mpahlele
9: Cardiac Catheterization Lab	Anaesthetics: Nurse Liefie Malefane and Nurse
10: Cardiac	Mashudu
11: Thoracic	
12: Ophthalmology	
13: Ear nose and throat	
14: General Surgery / Vascular	
15: General Surgery	
LEVEL 8 THEATRES	
16: Interventional Radiology	Sister in charge: Sr Selowa
17: Paediatric surgery	Anaesthetics: Nurse Zandi
18: Gynaecology	All stock and logistics: Nurse Paulina
19: Urology Scope	
20: Open Urology	
21: Obstetrics	

17. Appendixes

17.1. DEPARTMENT ANAESTHESIOLOGY INFO SHEET

TRAINING HOSPITAL			
At which hospital have you been appointed			
PERSONAI	. INFORMATION		
SURNAME			
FULL NAMES			
NAME CALLED BY			
DATE OF BIRTH			
ID NUMBER			
NAME OF PARTNER OR OTHER FAMILY MEMBER			
CONTACT DETAILS OF PARTNER OR OTHER FAMILY			
MEMBER			
ADDRESS/ADRES			
STREET			
POSTAL			
E-MAIL ADDRESS			
HOME TELEPHONE			
CELL PHONE NUMBER			
SHORT DIAL NR			
ACADEMIC	CINFORMATION		
MP NUMBER			
POST AND DATE OF APPOINTMENT			
INTERNSHIP COMPLETED (PLACE & YEAR)			
COMMUNITY SERVICE COMPLETED			
(PLACE & YEAR)			
HPCSA TRAINING NUMBER (REGISTRARS ONLY)			
·	TIONS OBTAINED		
MBCHB QUALIFICATION (INSTITUTION & YEAR			
OBTAINED)			
DA (SA) (YEAR OBTAINED)			
MMED (INSTITUTION AND YEAR OBTAINED)			
FCA (SA) (YEAR OBTAINED)			
ANY OTHER QUALIFICATIONS			
(TYPE/YEAR/INSTITUTION)			



STEVE BIKO ACADEMIC HOSPITAL

TO	· HUMA	N RESO	URCE	DFPA	RTMENT
		14 1120	CINCL		

IMPLEMENTATION OF STOP ORDER FOR PARKING BAY

I the undersigned have been granted parking and hereby give my consent to the salary office for the monthly deduction of:

For open Pa	arking R80	
For Under F	Roof Parking	R100
1.1.	Title	: Prof / Dr / Mr / Ms / Mrs
1.2.	Surname and Initials	:
1.3.	Persal Number	:
1.4.	Department/Section	:
1.5.		:
1.6.	Parking Area	:
1.7.		:
1.8.	Car Make & Colour	:
1.9.	Rank	:
1.10.	With effect from (Date)	:
	ion will only be made if you	in. Incomplete forms will not be submitted. ur application has been approved and have received a
SIGNATUR	E OF APPLICANT:	
DATE:		



APPLICATION FOR REGISTRATION AS A REGISTRAR / SUBSPECIALITY TRAINEE

Form 9

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION Please PRINT and return the FORM to: The Registrar, PO Box 205, Pretoria 0001 553 Vermeulen Street, Arcadia, Pretoria 0083					
PERSONAL PARTICULARS	Received on				
I, (Dr, Mr, Mrs, Miss)Surname:					
Maiden name (if applicable):	CAPTURED				
First names: Identity No.:	OAI TORED				
Postal address:					
Postal code:	DATE				
D-:1-#-1-11					
Residential address: Postal code:					
	VERIFIED				
Cell: Fax:					
Email:	DATE				
* Marital Status: Divorced Married Single Gender: Male Female					
* Race: Asian Coloured White Country of origin:	_				
Hereby apply for registration / continuation of registration as a Registrar / Subspeciality Trainee					
HPCSA Registration Number:					
Basic qualification: Year obtained:					
University at which currently enrolled for postgraduate study:					
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					
ORIGINAL OFFICIAL DA					
INSTITUTION)N				
Signature: Dean/Head of School Date					
Signature HODALO Heit					
Signature: HOD/HO Unit					
Signature: Medical Superintendent					
* Please complete for statistical purposes.					

NB: Please note that the Council, in the normal course of its duties, reserves the right to divide information in your personal file to other parties.

A.	TO BE COMPLETED BY THE CANDIDATE									
	Student number									
	Year of study in MMed								_	
	L									
	I hereby declare th	nat I								
	am working as a Registrar in the Department of									
	HPCSA Post number: P									
		_								
	Date of appointment		Υ	Υ	Υ	Y	М	М	D	D
	Date of completion									
	Date of completion									
D	CONFIRMED BY THE HEAD OF DEPARTMENT:	٠								
ь.										
	I hereby confirm that the above-mentioned information is	s cor	rect							
			•••••					DEP/		
										ATE

It is the responsibility of the student to ensure that he/she registers with the HPCSA EVERY YEAR (Form 9) for the duration of his/her studies.

HEADS OF DEPARTMENTS ARE REQUESTED TO CHECK THE POST NUMBER AND DATE OF APPOINTMENT. IF THERE IS ANY DISCREPENCY REGARDING THE DATE AND POST NUMBER, THE INFORMATION GIVEN IN "A" ABOVE, ON THE FIRST FORM WILL BE REGARDED AS CORRECT.