

# Te Whatu Ora

Health New Zealand

Te Matau a Māui Hawke's Bay

## RUN DESCRIPTION

|                                  |   |
|----------------------------------|---|
| <b>POSITION:</b>                 | Emergency Medicine (ED) House Officer   |
| <b>DEPARTMENT:</b>               | Hospital Group – Medical  |
| <b>PLACE OF WORK:</b>            | Hawke's Bay Hospital – may be required to attend outpatient clinics in peripheral units within Te Whatu Ora - ` Hawke's Bay catchment |
| <b>RESPONSIBLE TO:</b>           | Clinical Director and Manager, through a nominated Consultant/Physician   |
| <b>FUNCTIONAL RELATIONSHIPS:</b> | Healthcare consumer, Hospital and community-based healthcare workers  |
| <b>PRIMARY OBJECTIVE:</b>        | To facilitate the management of patients under the care of the Emergency Medicine service.  |
| <b>RUN RECOGNITION:</b>          | Medical Council of New Zealand  |
| <b>RUN PERIOD:</b>               | 13 Weeks  |

### Section 1: House Officer's Responsibilities

| Area           | Responsibilities  |
|----------------|---|
| <b>General</b> | <p><b>CLINICAL RESPONSIBILITIES</b></p> <ul style="list-style-type: none"> <li>To undertake investigations which may be helpful in formulating a diagnosis.</li> <li>To review any concerns about treatment or diagnosis with ED Consultant, resident medical staff or Clinical Director.</li> <li>To relieve acute pain or distress where possible.</li> <li>To manage and treat the patient according to best clinical practice possible.</li> <li>To record the relevant patient history, physical signs including vital signs, level of consciousness and results of investigations.</li> <li>To record either a definitive or differential diagnosis.</li> <li>To notify nursing staff of any important instructions regarding patient management (e.g., fracture clinic appointments, follow ups).</li> <li>To record all medications dosages and treatments. Complete and issue prescription for patient as required. All entries must be dated and signed (including time seen).</li> <li>Refer patient back to their named General Practitioner for follow-up where appropriate.</li> <li>To adhere to professional development requirements and assume responsibility for personal development. This includes completion of the e-port requirements as outlined by the Medical Council of New Zealand (MCNZ)</li> <li>Awareness of personal limitations and consults with others and seeks advice when appropriate</li> </ul> |

| Area                   | Responsibilities  |
|------------------------|---|
|                        | <ul style="list-style-type: none"> <li>• Take responsibility for the accuracy and completeness of reports, patient notes and other official documentation as required.</li> <li>• Identify any learning needs and discuss appropriate education and training with the Clinical Supervisor or Pre-Vocational Educational Supervisor (PES)</li> <li>• Ensure ethical standards and codes of conduct are complied with.</li> <li>• Complete rotation performance reviews quarterly</li> <li>• Regularly attend House Officer and departmental training and education sessions</li> <li>• Meet training obligations in a timely fashion.</li> <li>• Ensure that all other additional duties are performed in an efficient manner, within a negotiated timeframe</li> </ul> <p><b>Prevocational education, training and supervision</b></p> <p><a href="#">Intern Requirements for pre-vocational medical training</a> published by the Medical Council of New Zealand lists the standards for training, education and supervision arrangements for PGY 1 &amp; 2s.</p> <p>Areas of professionalism</p> <ul style="list-style-type: none"> <li>• Caring for patients</li> <li>• Respecting patients</li> <li>• Working in partnership with patients and colleagues</li> <li>• Acting honestly and ethically</li> <li>• Accepting the obligation to maintain and improve standards</li> </ul> <p>The standards for professionalism are explained in the Medical Council of New Zealand publication <a href="#">Good medical practice</a>.</p> |
| <b>Acute Admitting</b> |   |
| <b>On-Duty</b>         |   |
| <b>Administration</b>  | <p>House Officers are required to fully document patient care.</p> <ul style="list-style-type: none"> <li>• All patients are to have current records of relevant clinical history, clinical assessment investigations, treatment plan and documented discharge plan</li> <li>• Detailed documentation of surgical procedures.</li> <li>• Use telephone dictating system</li> <li>• All case notes entries are to be clearly legible, dated, timed and signed.</li> <li>• Documentation of the Specialist involved in establishing the management plan</li> <li>• Ensure discharge summaries are completed <b>prior to discharge</b>.</li> </ul>   |

## Section 2: Training and Education

Note: dates and times for the sessions above may change.

There is a minimum of 2 hours per week medical learning, which includes the weekly tutorial, journal club and pathology session.

|   | Monday | Tuesday | Wednesday                 | Thursday               | Friday |
|---|--------|---------|---------------------------|------------------------|--------|
|   |        |         |                           |                        |        |
| a.m.  |        |         |                           |                        |        |
|   |        |         |                           |                        |        |
| p.m.  |        |         | 1230 Hospital Grand Round | House Officer Teaching |        |
| House Officers are required to attend those teaching sessions required by the Medical Council of New Zealand. |        |         |                           |                        |        |

## Section 3: Roster

| <i>Roster</i>   |
|---|
| <p><b>Hours of Work</b></p> <p>The Emergency Medicine department works on shift rosters:</p> <p>'D' (Day) shift                0800-1800hrs</p> <p>'E' (Evening) shift            1400–2400hrs</p> <p>'M' (Middle) shift            1200-2000hrs</p> <p>'N' (night) shift               2230-0830hrs</p> <p><b>Planned Leave</b></p> <p>It would be greatly appreciated if leave can be applied for with as much notice as possible, preferably before the start of the run and before the roster is written. Notification of whether leave has been approved will be given within 2/52 as per MECA</p> <p><b>Unexpected leave</b></p> <p>If a house officer is unable to attend duties at short notice (e.g., due to sickness) the house officer is required, as soon as the situation is apparent to message the RMO Unit (e-text, email or x5808), who will liaise with the clinical staff to help to arrange appropriate cover.</p> <p><b>Work Schedules</b></p> <p>The department is committed to where possible, tailoring the day-to-day clinical duties to the individual House Officers needs and abilities, within the constraints of the department.</p> <p>House Officers will be allocated to work in a team with one or more Consultants and the Consultants' HO.</p> <p>The teams will usually change quarterly. Run change-over occurs on the third Monday of January + April + July + October.</p> |

## Section 4: Cover

| <i>Other Resident and Specialist Cover</i>   |
|--|
| <p>The ED service is covered by 8.5 Specialists 14 Registrars and eight House Officers.</p> <p>Each day there are always at Specialist on duty, a 'D' shift + 2 x Registrars working 'E' shift +2 x Registrars working 'L' shift and 1 x Registrar working the 'N' shift.</p> <p>The HOs are rostered so that one is rostered to:</p> <p>'Day' shift [D] = 0800-1800hrs (1 x House Officer per day)<br/> 'Middle' shift [M] = 1200-2200hrs (1 x House Officer per day)<br/> 'Evening' shift [E] = 1400 – 2400hrs (1-2 x House Officers per day)<br/> 'Night' shift [N] = 2215-0815hrs (1 x House Officer per night)</p> <ul style="list-style-type: none"> <li>• There is always a consultant, a registrar and a house officer on duty 24/7.</li> <li>• Specialists want and expect to be in attendance if you have any concerns about a clinical situation. They are required to attend at ANY TIME if requested by the registrar.</li> <li>• The House Officer is required to CALL FOR REGISTRAR SUPPORT IMMEDIATELY (if the Registrar is not present for any reason, the House Officer should call for the Specialist) <ul style="list-style-type: none"> <li>○ When there is an 'at risk' situation</li> <li>○ When the work volume is excessive</li> <li>○ Whenever in need!</li> </ul> </li> </ul> |

## Section 5: Performance appraisal

| <i>House Officer</i>  | <i>Service</i>                   |
|---|----------------------------------|
| <p><b>FOR INTERNS WHO HAVE GRADUATED FROM A NEW ZEALAND MEDICAL SCHOOL OR NZREX DOCTORS</b></p> <p>Interns must work in accredited clinical attachments under the supervision of a prevocational educational supervisor (PES). Prevocational medical training requires Te Whatu Ora - ` Hawke's Bay to deliver a two-year intern training programme with specific requirements for postgraduate year 1 (PGY1 house officers) and postgraduate year 2 (PGY2 house officers).</p> <p>The MCNZ introduced the <a href="#">'New Zealand Curriculum Framework'</a> (NZCF) in 2015 – this requires that the house officers record their learning, have their progress tracked, create and update their 'Professional Development Plan' (PDP), record 'continued professional development' (CPD) activities plus complete their assessments through an e-portfolio system known as 'ePort'.</p> <p>The NZCF outlines the learning outcomes – underpinned by the concepts of patient safety and personal development - to be substantively completed in PGY1 and by the end of PGY2. These learning outcomes are to be achieved through clinical attachments, educational programmes and individual learning.</p> | <p>The service will provide,</p> |

| House Officer  | Service |
|--|---------|
| <p>Additionally, every intern is required to complete one clinical attachment in a community-based setting over the course of their PGY1 and PGY2 intern years; therefore, as a year one house officer you may be rotated into a community placement and this may require daily travel or a relocation for the duration of the clinical attachment; in such situations, reimbursements can be claimed as per the relevant clauses in the RDA MECA.</p> <p>Year two interns are required to establish an acceptable PDP for PGY2, to be completed during PGY2. The PDP will be reviewed and endorsed as appropriate by the advisory panel at the time they consider recommending registration in a general scope of practice.</p> <p>When an intern is approved registration in a general scope of practice an endorsement related to completing a PDP will be included on their practising certificate for the PGY2 year, under the competence provision of the HPCAA.</p> <p>At the end of PGY2, interns must demonstrate through the information in their e-Port that they have met the prevocational training requirements and achieved their PDP goals. The prevocational educational supervisor will then recommend the intern's endorsement be removed from their practising certificate as part of the practising certificate renewal process.</p> <p>Year two house officers will meet with their educational supervisor at the beginning of the year and after each clinical attachment and will meet with their clinical supervisor on the clinical attachment at the beginning, mid-way through and at the end of the clinical attachment. It is important that the quarterly assessments are completed within two weeks of finishing a clinical attachment.</p> <p><b><i>It is the individual house officer's responsibility to meet all "e-Port" assessment deadlines and to have completed all documentation to allow both their clinical supervisor(s) and PES sufficient time to fulfil their assessment and reporting duties in the e-portfolio system</i></b></p> <p><b>FOR INTERNATIONAL MEDICAL GRADUATES AND ALL SENIOR HOUSE OFFICERS</b></p> <p>The house officer is to meet with their clinical supervisor at start of the clinical attachment to identify goals and discuss responsibilities.</p> |         |

| <i>House Officer</i>   | <i>Service</i> |
|--|----------------|
| <p>Performance is assessed by the designated clinical supervisor the house officer is working for and in accordance with the MCNZ's supervision and reporting requirements</p> <p>All house officers who are registered under the general scope of practice and who are not on a vocational training programme will be required to join the "bpacnz Recertification Programme" at recertification time [when their Practising Certificate is due for renewal]; through this programme they will be required to complete:</p> <ul style="list-style-type: none"> <li>• a Professional Development Plan (it is understood that a 'Career Development Plan' would fulfil the same function)</li> <li>• 20 hours of medical education</li> <li>• 10 hours of peer review</li> <li>• Participate in clinical audit</li> <li>• The required number of meetings with the nominated collegial relationship provider (six in the first year and four in subsequent years)</li> </ul> <p>Please note that if any deficiencies are identified during the clinical attachment, the clinical supervisor, and where appropriate, along with the house officer's assigned PES, will discuss these with the house officer at the time (preferably no later than two thirds of the way through the clinical attachment), and make a plan to correct or improve performance.</p> <p>The Health Workforce New Zealand (HWNZ) and the Resident Doctor's' Association (RDA) have worked together to produce career planning forms (CDPF) and Vocational Career Design guidelines. A supervision report form is required to be completed at the end of each clinical attachment:</p> <p><b>It is the individual house officer's responsibility to maintain and complete these assessments and reporting requirements in a timely manner.</b></p> |                |

## Section 6: Hours and Salary Category

| Average Working Hours - RDA Run Category<br>(RDO's are worked) |              | Service Commitments  |
|--|--------------|--|
| Ordinary Hours   | 40.00        | The Service, together with the RMO Support will be responsible for the preparation of any Rosters. |
| RDO Hours  | -0.62        |  |
| Rostered Additional (inc. nights, weekends & long days)        | 7.75         |  |
| All other unrostered hours                                     | 1.00         |  |
| <b>Total Hours</b>   | <b>51.13</b> |  |

Salary: The salary for this attachment will be detailed as a **Category C** run.

## Our Vision and Values

*Te hauora o te Matau-ā-Māui: Healthy Hawke's Bay*  
Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.



**HE KAUANUANU RESPECT**  
Showing *respect* for each other, our staff, patients and consumers. This means I actively seek to understand what matters to you.

**ĀKINA IMPROVEMENT**  
Continuous *improvement* in everything we do. This means that I actively seek to improve my service.

**RARANGATE TIRA PARTNERSHIP**  
Working together in *partnership* across the community. This means I will work with you and your whānau on what matters to you.

**TAUWHIRO CARE**  
Delivering high quality *care* to patients and consumers. This means I show empathy and treat you with care, compassion and dignity.