Te Whatu Ora
Health New Zealand
Te Matau a Māui Hawke's Bay

RUN DESCRIPTION

POSITION:	Obstetrics and Gynaecology (O&G) House Officer
DEPARTMENT:	Whanau & Communities
PLACE OF WORK:	Hawke's Bay Hospital – may be required to attend outpatient clinics in peripheral units within Te Whatu Ora - Health New Zealand, Te Matau a Māui, Hawke's Bay catchment
RESPONSIBLE TO:	Clinical Director and Manager, through a nominated Consultant/Physician.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community-based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Obstetrics and Gynaecology Service.
RUN RECOGNITION:	Medical Council of New Zealand
RUN PERIOD:	13 Weeks

Section 1: House Officer's Responsibilities

Area	*Responsibilities*
General	**CLINICAL RESPONSIBILITIES** • Admissions, assessment and management of obstetric and gynaecological acute patients • Inpatient care of gynaecology and obstetric in-patients – antenatal, delivery suite and postnatal • Prompt attendance at rostered antenatal clinics, gynaecology clinics and theatre sessions • Assistance in operating theatre with acute and elective cases • Clinical audit • Clinical administration • HO are required to be familiar with and comply with established clinical protocols, guidelines and pathways. • All HO are expected to attend the daily hand-over meeting in Delivery Suite promptly at 0800 **INDIVIDUAL ACCOUNTABILITIES** • 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)

Area	*Responsibilities*
	• Awareness of personal limitations and consults with others and seeks advice when appropriate. • Take responsibility for the accuracy and completeness of reports, patient notes and other official documentation as required. • Identify any learning needs and discuss appropriate education and training with the Clinical Supervisor or Pre-Vocational Educational Supervisor (PES) • Participate in own performance review quarterly • Ethical standards and codes of conduct are complied with. • Complete rotation performance reviews quarterly • Regularly attend House Officer and departmental training and education sessions • Meet training obligations in a timely fashion. • Ensure that all other additional duties are performed in an efficient manner, within a negotiated timeframe **Prevocational education, training and supervision** Intern Requirements for pre-vocational medical training published by the Medical Council of New Zealand lists the standards for training, education and supervision arrangements for PGY 1 & 2s. Areas of professionalism • Caring for patients • Respecting patients • Working in partnership with patients and colleagues • Acting honestly and ethically • Accepting the obligation to maintain and improve standards The standards for professionalism are explained in the Medical Council of New Zealand publication Good medical practice **TEAM DUTIES** • House Officers are required to attend all timetabled and rostered duties and are responsible to the team Specialists, and their registrar. They are expected to be on time. • House Officers need to ensure that their specialists patients are comprehensively and appropriately pre admitted for surgery, including reviewing case notes, establishing that nothing has changed since the decision for the procedure was made, following up on investigations ordered since last being reviewed, ensuring the patient has a comprehensive understanding of the procedure, and what to expect post operatively, that she has a full history and examination documented in her patient record, including drug chart, and that the results of any investigations arranged by the House Officer at the pre admission clinics are followed up on. They should consult with their registrar and consultant if in any doubt about any aspect of this process. • At the commencement of each 3-month run the HO must arrange a time to meet with their Team Specialist to advise the House Officer of specific specialist preferences, discuss training, give feedback on progress and agree goals. • House Officer will ensure that referring specialists/LMCs/GPs are directly contacted regarding significant clinical events of their patients. • House Officers are responsible for following up the results of any investigations they order. These need to be checked and 'Marked as Read' on the computer system (ECA). In some areas there will be no paper copies of investigations sent out. The House Officer should liaise with their Registrar or Specialist if an unexpected untoward result is given, or they have any concerns. • House Officers are expected to supervise and provide tuition to Trainee Interns and occasionally medical students in their clinical duties.

Area	*Responsibilities*
	• House Officer are regarded as key members of the Service teams, and as such expected to make wider contribution to the Service; eg attendance and participation in meetings, audit, teaching programs and administration. HOs input into ongoing protocol development will be expected. • While working in the Women's, Child and Health Continuum (Obstetrics), Elective and Acute Continuum (Gynaecology), HO may be requested to admit women for termination of pregnancy. Moral objections to involvement in this clinical work are respected. Medical staff who require the service to adjust duties in this regard are requested to signal this to their team consultant and the Clinical Director when commencing their employment in the service.
On Duty	
Administration	Registrars are required to fully document patient care. • All patients are to have current records of relevant clinical history, clinical assessment investigations, treatment plan and documented discharge plan • Detailed documentation of surgical procedures. • Use telephone dictating system • All case notes entries are to be clearly legible, dated, timed and signed. • Documentation of the Specialist involved in establishing the management plan • Ensure discharge summaries are completed ***prior to discharge.***

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.		1300-1400 RMO Tutorials	1233-1300hrs Grand Round		1300-1400 RMO Tutorials

- House officers are required to attend those teaching sessions required by the Medical Council of New Zealand.
- House officer teaching programme [as organised by the DMT / PES team].
- Weekly CTC meeting
- Monthly specialist teaching session
- Monthly journal club (last Friday in month 1300-1400hrs)
- Fortnightly MDT meeting with Histopathology and Radiology
- Peri-natal morbidity/mortality meeting four times a year
- Colposcopy meetings four times a year

Section 3: Roster

Roster

Hours of Work

Ordinary Hours	Monday to Friday	0800-1600hrs
Long days	Monday to Friday	1600-2300hrs
Weekends	Saturday + Sunday	0800-2300hrs
Nights	4/3 split	2230-0830hrs

Each House Officer will provide cover out of 'ordinary hours of work' as per roster based on a 1:7 pattern.

Planned Leave

Cover for planned leave is provided by the reliever.

Please apply for leave as soon as you know when you would like it. In general leave will not be granted for more than one House Officer and one registrar at a time, but please discuss any requests on a case by case basis with the Head of Department as the clinical workload varies considerably and we try to accommodate leave requests where at all possible. Additional duties may be paid or locums employed at the discretion of the RMO Unit and HoD.

Unexpected Leave

If a HO is unable to attend duties at short notice (e.g., due to sickness) the HO is required, as soon as the situation is apparent, to both

- Contact the 'on call' Registrar (by 0730 hours)
- The 'on call' Registrar receiving the call is responsible for liaising with Senior Staff to enable cover to be expedited. This will be discussed at the 0800-ward round.

Work Schedules

- There are eight House officers employed.
- Seven House Officers will be allocated to work with a Specialist, the eighth is a reliever position
- Registrars will be allocated to work in a team with one or more Specialists and the Specialists House officer.
- The House Officer will be rostered to attend their own specialists clinical sessions – theatre lists, antenatal, gynaecology and colposcopy clinics where possible. If they are rostered on duty for the day this takes priority over other clinical sessions.
- The teams will usually change after 3/12.

Rostered Days Off [RDOs]

Where a house officer is rostered to weekend duties they are entitled to a rostered day off for each weekend day worked as per 'Schedule 10' of the NZRDA Te Whatu Ora - Health New Zealand, Te Matau a Māui, Hawke's Bay MECA, a pay deduction applies. For the house officers rostered to surgical weekends the rostered days off will be Thursday / Friday (following weekend worked)

RDOs will be noted as such within the established roster pattern, and will be notionally applicable in the first instance to the RMO rostered for the relevant weekend duty (duties).

If the rostered RMO does not actually work the particular rostered weekend duty (duties) for any reason, then unless otherwise formally advised by the service (or unless an application for paid or unpaid leave is approved), they will be required to report for ordinary duty (duties) on the day(s) that would otherwise have been an RDO(s). That RDO may instead be observed by the RMO who actually worked the relevant weekend duty (duties).

Section 4: Cover

Other Resident and Specialist Cover

The O+G service is covered by seven specialists, eight registrars and eight house officers.
 	
There is always a Specialist, a Registrar and House Officer 'on duty' 24/7.
• Specialists are rostered to be 'on call'. They will do an acute ward round in the morning. They are available immediately by mobile phone and can at all times attend within 20 minutes.
• House Officers are appointed within the service and are attached to a Specialist. The expectation is that there will be a House Officer working with the registrar 'on duty' 0800–2300hrs, and then a House Officer on night duty 2030-0830hrs.
• House Officers are responsible to liaise with their registrar. It is expected that Registrars, and where needed, Specialists will be advised of all admissions in a timely manner, and that they will be consulted when assessing complex patients. Specialists are to be consulted when the 'on-duty' House Officer and Registrar is making a decision about taking a patient to theatre, and when they go to theatre.
• 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.
• The House Officer is required to CALL FOR REGISTRAR SUPPORT IMMEDIATELY –
  ○ When there is an 'at risk' situation
  ○ When the work volume is excessive
  ○ Whenever in need!

Section 5: Performance appraisal

House Officer	*Service*
Interns must work in accredited clinical attachments under the supervision of a prevocational educational supervisor (PES). Prevocational medical training requires Te Whatu Ora - Health New Zealand, Te Matau a Māui, 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). The MCNZ introduced the 'New Zealand Curriculum Framework' (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'. 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. 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;	•

House Officer	*Service*
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. 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. 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. 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. 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. **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** **FOR INTERNATIONAL MEDICAL GRADUATES AND ALL SENIOR HOUSE OFFICERS** The house officer is to meet with their clinical supervisor at start of the clinical attachment to identify goals and discuss responsibilities. 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	

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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: • a Professional Development Plan (it is understood that a • 'Career Development Plan' would fulfil the same function) • 20 hours of medical education • 10 hours of peer review • Participate in clinical audit • The required number of meetings with the nominated collegial relationship provider (six in the first year and four in subsequent years) 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. 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: **It is the individual registrar's responsibility to maintain and complete these assessments and reporting requirements in a timely manner.**	

Section 6: Hours and Salary Category

Average Working Hours - RDA Run Category (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	-2.00	
Rostered Additional (inc. nights, weekends & long days)	16.99	
All other unrostered hours	7.91	
Total Hours	**62.90**	

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