Position Description

House Officer – Medicine; Surgery; Orthopaedics; Paediatrics; O & G; Psychiatry & Relief

Report To: Medical Director
            Clinical Supervisor
            Chief Operating Officer
            Chief Executive Officer

Liaise with: Medical Staffing Unit
            Duty Managers
            Business Unit Leaders
            All Wards and Departments

Primary Purpose

To deliver high quality medical care for the BOPDHB.

Health and Safety

You are expected to have a practical understanding of the Health and Safety in Employment Act 1992 and comply with all BOPDHB policies and protocols.

There are 13 House Officer/SHO positions at Whakatane Hospital. These runs are recognised by the Medical Council of New Zealand as being suitable for probationary registrants.

The Bay of Plenty District Health Board

Vision: Healthy, thriving communities
Mission: Enabling communities to achieve good health and independence and ensure access to high quality services.
Values:   C Compassion
         A Attitude
         R Responsiveness
         E Excellence

- Ordinary Hours
  - Normal working hours are 08:00 - 16:00.
  - It is expected that routine ward responsibilities are met by the end of ordinary hours.
  - Handover occurs daily from
• Handover will occur in the Emergency Department. Handover procedure is defined in the Handover policy. All house officers with issues to handover are expected to attend these sessions to do so.

• After Hours Duties

All RMO's employed as a House Officer participate in the weekday evening duty and weekend duty roster. You can expect to work:

- Weekends
  - 3-4 rostered weekends per 13 week quarter. This is inclusive of periods of night duty.
  - First year house officers are not rostered night duties until the completion of 6 months service.
  - Rostered Weekends – 2 x RMOs rostered. Rostered hours are:
    - 08:00 – 23:00 (long day)
    - 08:00 – 16:00 (short day)
  - Each RMO is rostered one long day shift and one short day shift per rostered weekend.

- Weekday Evenings (Long days)
  - In addition to working normal hours: Monday - Friday 16:00 - 23:00.
  - No more than 2 x Long Days or periods of rostered on call per 7 days.

- Nights
  - Seven consecutive nights on duty from Friday - Thursday inclusive (22:30 - 08:30).

- Public Holiday
  - Shifts for all RMO duties are as per weekend rosters.

• After Hours responsibilities:

During after hours time, the house officer on duty is a member of the acute team, which consists of the ED MOSS or senior doctor, the ED SHO, and the after hours house officer. In addition, the after hours duty manager provides oversight of the entire hospital and where needs exist. Together, this team is responsible for organizing and providing acute care for all patients in the hospital. Each member has different baseline responsibilities, but the entire team is intended to be flexible to cover all areas of the hospital as necessary by acuity.

- Baseline after hours RMO responsibilities
  - Calls for routine and acute issues arising on all wards and ICUs, including psychiatry.
- Psychiatric medical clearance exams and admissions in the psychiatric ward.
- Review and clerking when necessary of transfers back from outside hospitals.
- Occasional assistance in theatre when necessary for caesarian sections.
- Assistance in the Emergency Department either for increasing patient volume or increasing patient acuity. This does not mean for overload conditions only, merely the balance of acuity being higher in the ED than the wards at that particular time. The assessment of need in the ED will be made by the ED MOSS and communicated to the duty manager for comparison to need in the rest of the hospital. The duty manager will then be responsible for communicating with the after hours house officer where he or she is needed and expected.
- When not actively engaged with acute issues elsewhere, the after hours house officer is expected to check in regularly with the ED to assist with any patients are waiting to be seen or other opportunities to help or learn are present.

  o Weekend-specific RMO additional responsibilities:-

  - Long day RMO
    - Cover Medical & ICU Ward Rounds
    - Assume standard after hours responsibilities as above upon completion of rounds and tasks arising thereof.

  - Short day RMO
    - Cover Surgical specialties & Paediatric Ward Rounds
    - Upon completion of rounds and tasks arising thereof, present to the ED for work for the remainder of the shift. It is expected that the ward rounds and tasks should be completed by mid to late morning. Any delays to this should be discussed with the after hours manager and ED MOSS.

Clinical Responsibilities:-

Surgical Runs

- To attend acute and elective admissions of the surgical service. To take patient history, examine, construct a problem list and request basic examinations. Clinical management plans will be instituted as directed by the nominated Consultant and/or Medical Officer.

- To be available for scheduled ward rounds performed by the Consultant and/or MO during normal working hours.

- To attend pre-admission clinics for the nominated Consultant’s elective patients. To take a history, examine and arrange pre-operative investigations as required.

- To assist in scheduled theatre sessions as required by the Consultant.
• To write legible notes in the patients chart on and during admission, whenever management changes are made.

• To order appropriate laboratory tests as required

• To read and authorize (sign) hard copy of patient laboratory and X-Ray results on a daily basis.

• On discharge of the patient, discharge summary and prescription (if required), to be completed at the time of discharge.

Medical/Paediatric Runs:

• To attend acute and elective admissions of the medical service. To take patient history, examine, construct a problem list and request basic examinations. Clinical management plans will be instituted as directed by the nominated Consultant or Hospitalist.

• To be available for scheduled ward rounds performed by the Consultant or Hospitalist during normal working hours.

• To write legible notes in the patients chart on and during admission, whenever management changes are made.

• To order appropriate laboratory tests as required

• To read and authorize (sign) hard copy of patient laboratory and X-Ray results on a daily basis.

• On discharge of the patient, discharge summary and prescription (if required), to be completed at the time of discharge

Psychiatry:

• As per the direction of the Clinical Leader – Mental Health Services

Relief Run:

Relievers will be notified of 28 days in advance of any long day or weekend adjustments to their after hour roster, otherwise after hours duty allocation will be as per the quarterly roster.

Educational Responsibilities:

• Monday is Ortho and Radiology Teaching (alternate weeks) 1200-1300
• Tuesday is Medicine Journal Club: 1200-1300
• Wednesday is House Officer teaching: 1200-1300
• Thursday is Grand Round: 1200-1300

Friday is Medicine case presentation or last Friday of month is surgical x-ray conference, both 1200-1300
Cross Cover:

Covering runs where no reliever has been appointed will attract the "Additional Duty" payment, provided such cover is requested by the Manager, or delegate, responsible for the RMOs.

Expected Hours of Work:

<table>
<thead>
<tr>
<th>Type</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Hours</td>
<td>40</td>
</tr>
<tr>
<td>Rostered Evenings, nights &amp; W/end hours</td>
<td>14</td>
</tr>
<tr>
<td>Unrostered hours</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total hours per week:</strong></td>
<td>57 (average)</td>
</tr>
</tbody>
</table>

Salary:

Category C
Category A (relief runs)

Appendix 1:

<table>
<thead>
<tr>
<th>Run Number</th>
<th>Run Title</th>
<th>Med Council Category</th>
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</thead>
<tbody>
<tr>
<td>0236</td>
<td>General Medicine</td>
<td>A</td>
</tr>
<tr>
<td>0237</td>
<td>General Medicine</td>
<td>A</td>
</tr>
<tr>
<td>1330</td>
<td>General Medicine</td>
<td>A</td>
</tr>
<tr>
<td>0717</td>
<td>General Medicine</td>
<td>A</td>
</tr>
<tr>
<td>0238</td>
<td>Paediatrics</td>
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<tr>
<td>0239</td>
<td>Psychiatry</td>
<td>B</td>
</tr>
<tr>
<td>0243</td>
<td>Night Relief</td>
<td>B</td>
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<tr>
<td>0720</td>
<td>Relief</td>
<td>B</td>
</tr>
<tr>
<td>0240</td>
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</tr>
<tr>
<td>0242</td>
<td>General Surgery</td>
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</tr>
<tr>
<td>0241</td>
<td>Orthopaedics</td>
<td>A</td>
</tr>
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</table>
HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT 2003
1. You are required to maintain your current competency based practicing certificate
2. You must notify Manager of any changes to scope or conditions on practice (determined by Regulatory Authority)
3. You must complete the requirements of any competency programme
4. You must notify employer of concerns relating to the risk of harm to the public of another health practitioner practicing below the required standard of competence.
5. Know the provisions of the HPCAA as the governing legislation

HEALTH AND SAFETY
You are expected to meet the health and safety requirements set out in BOPDHB policies and protocols and any other requirements set out in the Health and Safety in Employment Act 1992.

TREATY OF WAITANGI/CULTURAL COMPETENCIES
BOPDHB is committed to the principles of the Treaty of Waitangi

The Bay of Plenty District Health Board is a smokefree environment