Position Description

House Officer

Report To: Medical Director
          Chief Executive Officer
          Chief Operating Officer
          Clinical team leaders

Liaise with: Medical Staffing Unit
             Business Unit Managers
             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.

The Medical and Surgical House Officer runs are recognised by the Medical Council of New Zealand as being suitable for probationary registrants.

Ordinary Hours

Normal working hours are 08:00 - 16:00 - Medical
                      07:30 - 16:00 - Surgical/Orthopaedics

The District Health Board's fundamental purpose it to work within the resources allocated to it to improve, promote and protect the health of the whole population within its district, and to promote the independence of people with disabilities.

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
After Hours Duties

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

**Weekends:** 3 weekends per 13 week quarter (inclusive of night duties if applicable)

**Medical:** No more than 2 x Long Day or 2 x Ward Call Day (15 hours) per 7 days

**Surgical:** No more than 2 x Long Day (15 hours) or 2 x Ward Call Day (12 hours) per 7 days (includes Orthopaedics)

Weekday Evening Duties

Medical and Surgical Long Days:
In addition to working normal hours: Monday - Friday 16:00 - 23:00 hours,

RMO's working Medical and Surgical Long Days are responsible for all medical and surgical acute admissions and cover team S1-S8 (Surgical) and M1-M9 (Medical) as detailed on Emergency Duty Roster. In addition, the Surgical RMO covers Ward Calls from 20:00 -23:00.

Medical and Surgical Ward Calls:
In addition to normal working hours: Monday - Friday 16:00 - 20:00 (Surgical) and 16:00 - 23:00 (Medical).

RMO's working Medical and Surgical Ward Call are responsible for all medical and surgical ward patients and cover wards 1 (Surgical patients only) 3, 4, & 8 (Surgical); and Medical cover wards 5, 6, 7, ATR & Mental Health Unit (for medical assessment/treatment only)

Mental Health Services for Older People

The HO is responsible for attending to the medical needs of the patients only. If you are contacted after hours and the patient's symptom presentation is related to a mental health condition – this includes patients living with dementia who are experiencing behavioural or psychological symptoms that require review - the staff are to contact the On Call Psychiatric Registrar.

Weekend Duty

2nd year House Officers – Rostered 1 weekend per quarter to ED (13:00 – 21:30) (first 6 months of the RMO Year)

1st year House Officers - - Rostered 1 weekend per quarter to ED (13:00 – 21:30) (2nd 6 months of the RMO Year)

Saturday & Sunday

1. Surgical Duty: The RMO shall cover Surgical Ward Round and then acute admissions. From 12:00 - 23:00 covers acute admissions and Surgical/Gynae Ward calls.

2. Surgical Ward Call: The RMO shall covers acute admissions and Surgical/Gynae ward calls between 8:00-12:00 and is then responsible for following up blood tests from Wards 3, 4 & 8.
3. Medical Duty: The RMO shall cover Medical Ward Round from 08:00 - 12:00. From 12:00 - 23:00 covers acute admissions and Medical Ward calls. Neither Medical House Officer is required to participate in the Cardiology post-acute Ward Round during weekends.

4. Medical Ward Call: The RMO shall covers acute admissions and Medical ward calls between 8:00-12:00 and is then responsible for following up blood tests from Wards 5, 6, 7, ATR and Mental Health Unit (for medical assessment/treatment only).

5. Emergency Services Duty: One RMO per weekend from the general roster takes part in one of the Emergency service shifts. This is usually 13:00 - 21:00. This 8 hour duty can be flexible by negotiation with the Clinical Director of ED. 1st year House Officers do not participate in the weekend ED rotation during their first six months of service.

Night Duty

First year house officers are not rostered night duties until the completion of 6 months service.

1 x 4 roster night duties (Mon – Thurs and/or 1 x 3 roster night duties (Fri – Sun). (When rostered Fri- Sun, two rostered days off follow the completed night period).

This duty covers admissions, Inpatient duties and Emergency Department support at the request of the after hours manager.

Night duty staffing comprises of one House Officer one Medical Registrar, one Paediatric House Officer, Surgical or Orthopaedic Registrar, one Anaesthetic Registrar and one SHO or RMO in Emergency. There is an expectation that the House Officer will provide “back-up” to the ED RMO during night duty however, the main priority when rostered night duty is to cover the inpatient wards.

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

Relief Runs (Category A)

- There are 5 relievers allocated to Medical and Surgical Runs. Emergency and Paediatrics have their own dedicated relievers however on occasions, the general Medical and general Surgical relief team provides short term cover.

- One Reliever provides night duty cover; four Relievers provide cover for annual leave, study leave and sick leave.

- 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.

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 Registrar.

- To be available for scheduled ward rounds performed by the Consultant and/or Registrar 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 authorise (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.

• To attend Surgical treatment and teaching sessions as appropriate.

Medical 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 and/or Registrar.

• To be available for scheduled ward rounds performed by the Consultant and/or Registrar 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 authorise (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.

• To attend Grand Round Tuesday (12:30 - 13:30) and Medical Tuesday meetings (8:00 - 9:00) as appropriate.

Emergency Runs:

• To undertake investigations that may be helpful in formulating a diagnosis.

• To review any concerns about treatment or diagnosis with MOSS, resident medical staff, or Clinical Director.

• To relieve acute pain or distress where possible.

• To manage and treat the patient according to best clinical practice possible.

• To record the relevant patient history, physical signs including vital signs, level of consciousness and results of investigations.

• To record either a definitive or differential diagnosis.
• To notify nursing staff of any important instructions regarding patient management (e.g. fracture clinic appointments).

• To record all medications dosages and treatments. Complete and issue prescription for patient as required.

• Refer patient back to their named General Practitioner for follow-up where appropriate.

Educational Responsibilities:

In addition to Service-based educational and teaching sessions, the RMO is required to attend Grand Round Teaching (Tuesdays 12:00 – 13:00), Dedicated Training Sessions (Thursdays 12:15 – 13:15) and Radiology Teaching (Wednesdays 12:00 – 13:00).

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:

House Officers (Medical)

<table>
<thead>
<tr>
<th>Hours Type</th>
<th>Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Hours</td>
<td>40 per week (except when on nights) 08:00 - 16:00</td>
</tr>
<tr>
<td>Evening - Medical Long Day</td>
<td>7 hours per week (one evening duty per week)</td>
</tr>
<tr>
<td>Or Medical Ward Call</td>
<td></td>
</tr>
<tr>
<td>Unrostered hours</td>
<td>3 hours per week</td>
</tr>
<tr>
<td>Nights</td>
<td>2-3 weeks of nights per year</td>
</tr>
<tr>
<td>Weekends</td>
<td>10 weekends per year (excluding night weekends)</td>
</tr>
</tbody>
</table>

House Officers (Surgical)

<table>
<thead>
<tr>
<th>Hours Type</th>
<th>Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Hours</td>
<td>42.5 per week (except when on nights) 07:30 - 16:00</td>
</tr>
<tr>
<td>Evening - Surgical Long Day</td>
<td>7 hours per week (one evening duty per week)</td>
</tr>
<tr>
<td>or</td>
<td></td>
</tr>
<tr>
<td>Surgical Ward Call</td>
<td>4 hours per week</td>
</tr>
<tr>
<td>Unrostered hours</td>
<td>3 hours per week</td>
</tr>
<tr>
<td>Nights</td>
<td>2-3 weeks of nights per year</td>
</tr>
<tr>
<td>Weekends</td>
<td>10 weekends per year (excluding night weekends)</td>
</tr>
</tbody>
</table>

Run Category - Medical

<table>
<thead>
<tr>
<th>Hours Type</th>
<th>Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Hours</td>
<td>40</td>
</tr>
<tr>
<td>Rostered Evening and Weekend Hours</td>
<td>12.7 (annual average)</td>
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<tr>
<td>Unrostered hours</td>
<td>3</td>
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</tbody>
</table>

Hours per week 55.7 Category C

Run Category - Surgical

<table>
<thead>
<tr>
<th>Hours Type</th>
<th>Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Hours</td>
<td>42.5</td>
</tr>
<tr>
<td>Rostered Evening and Weekend Hours</td>
<td>9.9 (annual average)</td>
</tr>
<tr>
<td>Unrostered hours</td>
<td>3</td>
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Hours per week 55.4 Category C
<table>
<thead>
<tr>
<th>Run Title</th>
<th>MCNZ Category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Runs</strong></td>
<td></td>
</tr>
<tr>
<td>Green 1, 2 &amp; 3</td>
<td>A</td>
</tr>
<tr>
<td>Blue 1, 2 &amp; 3</td>
<td>A</td>
</tr>
<tr>
<td>Red 1, 2 &amp; 3</td>
<td>A</td>
</tr>
<tr>
<td>Cardiology (2)</td>
<td>B</td>
</tr>
<tr>
<td>Health in Aging (includes Stroke Unit)</td>
<td>B</td>
</tr>
<tr>
<td>Oncology</td>
<td>B</td>
</tr>
<tr>
<td><strong>Surgical Runs</strong></td>
<td></td>
</tr>
<tr>
<td>Kumar/Rossaak – Gen Surg upper GI</td>
<td>A</td>
</tr>
<tr>
<td>Thwaite/Morgan – Gen Surg/Vascular</td>
<td>A</td>
</tr>
<tr>
<td>Ansell/Omundsen – Gen Surg/Colorectal</td>
<td>A</td>
</tr>
<tr>
<td>Chin/Smith – Gen Surg/Breast &amp; upper GI</td>
<td>A</td>
</tr>
<tr>
<td>Urology/ENT</td>
<td>B</td>
</tr>
<tr>
<td>Orthopaedic (4)</td>
<td>B</td>
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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.
6.

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*