

# RUN DESCRIPTION

<b>POSITION:</b>	Relief House Officer
<b>DEPARTMENT:</b>	General Medicine, Medical Services, and Psychiatry.
<b>PLACE OF WORK:</b>	Counties Manukau District Health Board including Middlemore Hospital and other related sites.
<b>RESPONSIBLE TO:</b>	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers. Hospital and community based health care workers.
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of inpatients under the care of Medical Services. To provide relief cover for House Officers in the Medical Services.
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.
<b>RUN PERIOD:</b>	13 weeks

## Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties</b>	<ul style="list-style-type: none"> <li>The House Officer reliever covers all the clinical and administrative duties of the House Officer they are relieving.</li> <li>The House Officer is expected to attend the Division of Medicine's weekly clinical meeting. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties).</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:               <ol style="list-style-type: none"> <li>"The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed."</li> <li>"Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so."</li> </ol> </li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or, if after hours, the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty.</li> <li>• As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.</li> </ul>

## Section 2: Training and Education

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>a.m.</b>	0800 – Medical Handover	0800 – Medical Handover  1145 – Radiology Conference	0800 – Medical Handover	0800 – Medical Handover  1145 – General Medicine Journal Club	0800 – Medical Handover
<b>p.m.</b>	1215 – SACS Lecture Series (every 4 <sup>th</sup> week)  1400 – House Officer Teaching			12.15 – Medical Grand Round	

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

Other teaching is available depending on the sub-speciality of interest. Please refer to the intranet (Paanui) for days and times.

<i>Education</i>
There will be a minimum of 3 hours educational sessions per week including medical ward rounds and Monday afternoon teaching sessions. Occasionally, urgent medical commitments may interrupt these meetings.

### Section 3: Roster

<i>Roster</i>
<p>Relievers will provide relief for leave, nights, sleep days and rostered days off. When they are not rostered to cover these shifts they will be rostered to Relief.</p>

### Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care. The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.</p> <p>While relieving you may be asked to relieve for General Medicine, Medical specialties, and Psychiatry as directed by the RMO unit/Service.</p> <p>During an after hours shift, the participants on this run will contribute to an after hours team. The house officers will work generically across Mental Health Services for Older People (Ward 35), General Surgery, Orthopaedics, Plastic Surgery, and General Medicine and Medical Specialties over this time, however will work in their designated service wherever possible. House Officers will assist with admitting when ward duties are complete.</p>

### Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• At the outset of the run meet with their designated Clinical supervisor to discuss their learning objectives and expectations for the run, review and assessment times, and one on one teaching time.</li> <li>• After any assessment that identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor.</li> </ul>	<p>The service will ensure:</p> <ul style="list-style-type: none"> <li>• An initial meeting between the Clinical Supervisor and House Officer to discuss learning objectives and expectations for the run, review and assessment times, and one on one teaching time;</li> <li>• A mid-run meeting and assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor responsible for them;</li> <li>• The opportunity to discuss any deficiencies identified during the attachment. The Clinical Supervisor responsible for the House Officer will bring these to the House Officer’s attention, and discuss and implement an agreed plan of action to correct them;</li> <li>• An end of run meeting and final assessment report on the House Officer, a copy of which is to be sighted and signed by the House Officer.</li> <li>• For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 6: Hours and Salary Category

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

Average Working Hours - STONZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours (Mon-Fri)	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-3.94	
Rostered Additional (inc. nights, weekends & long days)	14.64	
All other unrostered Hours	6.24	
<b>Total Hours</b>	<b>56.94</b>	

**Salary:** The salary for this attachment is detailed as a **Category D** run, however will be remunerated at a **category A** as per clause 12.1.3 of the RMO SToNZ MECA.

Average Working Hours - SToNZ 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.
Rostered Additional (inc. nights, weekends & long days)	14.64	
All other unrostered hours	6.24	
<b>Total Hours</b>	<b>60.88</b>	

**Salary:** The salary for this attachment is detailed as a **Category B** run, however will be remunerated at a **category A+** as per clause 12.1.3 of the RMO SToNZ MECA.