

RUN DESCRIPTION

POSITION:	House Officer (HO)
DEPARTMENT:	Obstetrics and Gynaecology - Women's Health
RESPONSIBLE TO:	General Manager Women's Health and the Clinical Director of Obstetrics and Gynaecology.
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE: Secondary:	To facilitate the management of inpatients under the care of the service. To provide basic training in Obstetrics and Gynaecology.
RUN RECOGNITION:	This run is recognised as a training position for the Diploma in Obstetrics and Gynaecology
RUN PERIOD:	6 or 3 Months

Section 1: Senior House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>Clinical Duties:</p> <ul style="list-style-type: none"> • Follow the HO roster for hours worked and after-hours duties. • Follow the daily timetable for rostered duties. The HO reports clinically to the supervising Registrar or Consultant rostered with them for the session. • Ensure complete hand-over of unfinished work, or patients that need review, or patients who are of concern at the end of each shift to the on-coming HO, or registrar or Consultant, as appropriate. • Duties include: <ul style="list-style-type: none"> ○ Routine ward work, including attending patients urgently as requested by nursing, midwifery or other medical staff from Women's Health. ○ Postnatal ward rounds ○ Attending acute admissions in emergency care (EC) in close liaison with the gynaecology registrar. On discussion, this will include assessing the patients' problems and initiating or reviewing investigations and management plans ○ Gynaecology ward round with the acute gynaecology team of the day ○ Pre-admission clinics, working in close liaison with the clinic nurse and the surgeon responsible for the list. ○ Rostered antenatal and gynaecology clinics with the Registrar or Consultant ○ Theatre assistant, including elective and urgent caesarean sections. ○ Other training opportunities / clinical duties as they arise and directed by the supervising Registrar/ Consultant
Administration	<ul style="list-style-type: none"> • Legible notes will be written at all times, dated, timed and signed along with the personal stamp including the MCNZ registration number and a contact phone number. This includes inpatient notes in outpatient clinics, on admission, daily ward rounds and

<i>Area</i>	<i>Responsibilities</i>
	<p>particularly whenever management changes are made.</p> <ul style="list-style-type: none"> • On discharge, an electronic discharge summary should be completed for all gynaecology patients and complicated postnatal patients. Ideally these should be completed before the patient goes home. If the HO is at all unsure what to write they should contact the supervising Registrar or Consultant. They should ensure that all investigations have been requested, that a prescription is written, if required, and follow-up arrangements have been made. • A letter will be written to the patient's GP after each Gynaecology outpatient visit and at their first Antenatal visit. This is usually the responsibility of the Registrar or Consultant. If the HO is requested to dictate such a letter it should be checked by the responsible registrar/ Consultant. • RMOs are expected to familiarise themselves with all patient record systems used for their patient group in the DHB. In Maternity this includes Badgernet (however systems may change in future), and to document all information within the system for patients registered in Badgernet (or in future replacement systems). This will include clinic letters, admission notes, discharge summaries and intrapartum care and procedures.

Section 2: Training and Education

<i>Details</i>
<p>There will be normally a 2-3 hour education session each week specifically for HOs in O&G. Diagnosis and treatment of common O&G problems will be discussed. HO will be expected to take part in presentations to lead these discussions. HO are invited to join the Wednesday morning departmental clinical/ education meetings; a list is provided in advance by one of the senior registrars.</p> <p>Research is not applicable to this post; however, an audit topic for a 6 month run is expected.</p>

Section 3: Roster

<i>Roster</i>								
<p>There are 8 House Officers employed on the roster, plus 1 Reliever. 1 position is reserved for a first year House Officer and will be rostered duties in line with their experience.</p> <p>The ordinary hours of work will be 8 hours per day between 08.00 and 16.00 Monday to Friday.</p> <p>After hours are shared equally at a frequency of 1:7 over the run. The position reserved for a first year House Officer is excluded from this and will be rostered to 1 weekday long day per week.</p> <p>Two Registrars and an SMO will be resident in the hospital at all times. They should be consulted when there are any concerns and following review of patients in Emergency Care before admission or discharge.</p> <p>Average weekly hours of work:</p> <p>Week days:</p> <table> <tr> <td>Normal hours</td> <td>0800 – 1600</td> </tr> <tr> <td>Long Day</td> <td>0800 – 2230</td> </tr> </table> <p>Weekends:</p> <table> <tr> <td>Long day</td> <td>0800 – 2230</td> </tr> </table> <p>Nights:</p> <table> <tr> <td>Nights</td> <td>2200 – 0800</td> </tr> </table>	Normal hours	0800 – 1600	Long Day	0800 – 2230	Long day	0800 – 2230	Nights	2200 – 0800
Normal hours	0800 – 1600							
Long Day	0800 – 2230							
Long day	0800 – 2230							
Nights	2200 – 0800							

Section 4: Cover

Other Resident and Specialist Cover

In general, no more than 1.5 weeks of annual leave should be taken in a 3-month period. No more than one HO should be on leave at any time except in exceptional circumstances as approved by the General Manager and Clinical Director, Women's Health.

All requests for educational leave are subject to approval by their Clinical Director and to authorisation by the General Manager of Women's Health. Applications for education leave must be submitted well in advance to facilitate cover arrangements.

Section 5: Performance appraisal

Performance

Performance will be assessed by Senior Medical Staff of the Department and a report forwarded to the Intern Supervisor after discussion with the HO. If deficiencies are identified during the attachment, the Consultant to whom the HO is responsible will bring these to the HO's attention and discuss how they may be corrected.

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 hour's 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 is week day RDOs as part of the roster

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

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	
RDO Hours	- 4	
Rostered additional hours (inc. nights, weekends & long days)	18.43	
All other unrostered hours	2.00	
Total hours per week	56.43	

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

Where no weekday RDOs are observed, the following run category will apply:

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	
Rostered additional hours (inc. nights, weekends & long days)	18.43	
All other unrostered hours	2.00	
Total hours per week	60.43	

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