

# RUN DESCRIPTION

<b>POSITION:</b>	House Officer – Public Health Medicine
<b>DEPARTMENT:</b>	Planning, Funding and Outcomes Joint team across Waitemata DHB and Auckland DHB, based at Waitemata DHB
<b>PLACE OF WORK:</b>	Waitemata DHB Planning, Funding and Outcomes Team offices Level 1, 15 Shea Tce, Takapuna
<b>RESPONSIBLE TO:</b>	Clinical Director, Health Gain Team Workplace Supervisor (Training) and Workplace Trainers (Projects)
<b>FUNCTIONAL RELATIONSHIPS:</b>	The House Officer will be working as part of the Planning, Funding and Outcomes Team and is expected to maintain functional relationships with: <ul style="list-style-type: none"> <li>• Director Health Outcomes and Director Funding</li> <li>• Clinical Director, Health Gain Team</li> <li>• Other Health Gain Team members</li> <li>• Health Intelligence Team analysts</li> <li>• Members of Funding and Development teams</li> <li>• Other hospital clinicians and staff as applicable</li> </ul>
<b>EMPLOYMENT RELATIONSHIPS:</b>	Employed by Waitemata DHB
<b>PRIMARY OBJECTIVE:</b>	Assisting with evaluation activities/Service review, Updating the Health Needs Assessments, Literature review, and Developing analysis to answer specific Health questions.
<b>RUN RECOGNITION:</b>	The run has been accredited by MCNZ as a community based attachment.
<b>RUN PERIOD:</b>	3 months

## Background:

The Health Gain Team provides public health leadership and technical expertise in key projects and work programmes within the DHB and in particular to the Planning, Funding and Outcomes (PFO) Unit, to ensure they take a population health approach in service planning and funding. This involves a combination of population, equity and evidence-based approaches. The Planning, Funding and Outcomes (PFO) Unit is responsible for administering the annual budget allocated to Waitemata and Auckland DHBs by the Ministry of Health. The DHB funds a wide range of providers for services, projects and programmes, which contributes to the health and wellbeing of our districts' populations. These include:

- Primary Health Organisations (PHOs)
- Non-governmental Organisations (NGOs) e.g. The National Heart Foundation
- Secondary services provided by our own hospitals and community facilities
- Regional services provided for the greater Auckland population e.g. child disability and school dental services provided by Waitemata DHB to the Auckland Region DHBs

- Tertiary specialist services provided by other DHBs e.g. radiotherapy services provided by Auckland DHB to Waitemata DHB.

This clinical attachment is designed to support House Officers to gain insights into how Funding and Planning occurs at a DHB level from a population health perspective. It provides an opportunity to experience how the Health Gain Team contributes evidence and expertise into the strategic decision making for the DHB including equity considerations. This may assist the House Officer in making an informed decision about a future career in Public Health, particularly in Public Health Physician Training. If the House Officer chooses to continue in secondary or primary care this foundation will give them a much clearer understanding of broader health system delivery

This attachment will provide hands on experience and one-to-one teaching from practitioners vocationally registered in the scope of Public Health Medicine in a supportive and stimulating environment.

The training will provide a good foundation toward vocational pathways of Public Health Medicine, General Practice or General Medicine. The key to this is to expose the House Officer to a range of environments where new skills can be learnt to gain the basic competencies towards these vocations.

The House Officer will be immersed in the cultural diversity within the region and gain a greater understanding of practice at the interface between hospital and community settings and the issues facing physicians working with patients of high complexity. The attachment will also provide an opportunity for consolidation of clinical, research and project skills that will serve the House Officer in a future general scope of practice by providing a wide range of practical experiences.

## Section 1: Clinical Attachment

### Objectives of the training programme

KEY TASKS	EXPECTED OUTCOMES
Assist with evaluation activities or Service reviews	Develop knowledge of processes including planning the evaluation or Service Review, defining the purpose, identifying the boundaries, negotiating with key stakeholders,
Assist with updating the Health Needs Assessments	Includes knowledge of : population or community definition, scoping the assessment, identifying suitable data sources, interpreting related policy documents, using suitable
Under the supervision complete identified special project tasks.	Completion of required project activities or outputs for example literature review, contribution to business case development.
Provide public health and clinical input into key special projects.	Influence DHB decision making on identified special projects in order to improve health outcomes.
Statutory & Treaty of Waitangi obligations	Ensures the professional and political integrity of Waitemata DHB by carrying out all functions in compliance of the Treaty of Waitangi and by demonstrating a serious commitment to keeping the Treaty alive.  Shows sensitivity to cultural complexity in the workforce and patient population

<p>To recognise Individual Responsibility for Workplace Health and Safety under the Health and Safety in Employment Act 1992</p>	<p>Company health and safety policies are read and understood and relevant procedures applied to their own work activities</p> <p>Workplace hazards are identified and reported, including self management of hazards where appropriate</p> <p>Can identify health and safety representative for area</p>
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### Behavioural Competencies

Behavioural Competencies	Behaviour Demonstrated
<b>Communicates and Works Co-operatively</b>	<ul style="list-style-type: none"> <li>Actively looks for ways to collaborate with and assist others to improve the experience of the healthcare workforce, patients &amp; their families and the community &amp; Iwi.</li> </ul>
<b>Is Committed to Learning</b>	<ul style="list-style-type: none"> <li>Proactively follows up development needs and learning opportunities for oneself and direct reports.</li> </ul>
<b>Is Transparent</b>	<ul style="list-style-type: none"> <li>Communicates openly and engages widely across the organisation.</li> <li>Enacts agreed decisions with integrity.</li> </ul>
<b>Is Customer Focused</b>	<ul style="list-style-type: none"> <li>Responds to peoples needs appropriately and with effective results</li> <li>Identifies opportunities for innovation and improvement</li> </ul>
<b>Works in Partnership to Reduce Inequality in Outcomes</b>	<p>Works in a way that:</p> <ul style="list-style-type: none"> <li>Demonstrates awareness of partnership obligations under the Treaty of Waitangi.</li> <li>Shows sensitivity to cultural complexity in the workforce and patient population.</li> <li>Ensures service provision that does not vary because of peoples' personal characteristics.</li> </ul>
<b>Improves health</b>	<ul style="list-style-type: none"> <li>Work practices show a concern for the promotion of health and well-being for self and others.</li> </ul>
<b>Prevents Harm</b>	<ul style="list-style-type: none"> <li>Follows policies and guidelines designed to prevent harm.</li> <li>Acts to ensure the safety of themselves and others.</li> </ul>

### Clinical Supervision

An experienced Vocationally Registered Senior Medical Officer will be allocated to each House Officer as their primary supervisor and will provide close clinical supervision, support and mentoring. The primary supervisor or an alternate clinical supervisor will be available on site where the House Officer is required to work or be placed at all times.

At PGY 2 level House Officers will require a high degree of supervision and support. Clinical supervision will be provided by the supervisor. This is to ensure that the House Officer is exposed to a training environment that enables successful completion of their desirable skills list, throughout the run. In this model support/feedback and mentoring is offered.

The supervisors will accept responsibility for direct supervision on a day-to-day basis for the learning needs and the provision of clinical care during the attachment.

The House Officer will work directly with a clinical supervisor. Clinical supervisors will have responsibility for the House Officer's patients and will:

- create and maintain a suitable individual learning environment for the House Officer
- act as a mentor for the House Officer
- make sure that a wide range of opportunities for clinical skill development is available to the House Officer
- ensure that the House Officer has a level of supervision appropriate to his/her skill level
- provide guidance to the House Officer on the development of clinical strategies, knowledge, and skills objectives
- provide guidance and advice to House Officers regarding the cultural appropriateness of care provided
- Usually not have more than one House Officer House Officer under their supervision
- provide a report to the DHB which employs the House Officer via the NRA at the end of the placement
- arrange for alternative supervisor to cover any periods of absence

## Expected Outcomes

- House Officers will gain meaningful experience of integrated practice, and be more aware of the public health/hospital/community interface, and interface between health professionals in the Waitemata DHB.
- House Officers will provide a report of their experience to their employing hospital on completion of the placement. Copies of this report will also go to Waitemata DHB and the Northern Regional Alliance.
- It is anticipated these positions will be recognised as rewarding and that public health and general medicine can be viable career options.

## Section 2: House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"> <li>• Work in a manner that demonstrates an awareness of and sensitivity to cultural diversity and the impact that may have on health goals unique to the communities This requires an understanding of Māori health goals and working in accordance with the principles of the Treaty of Waitangi. It also requires an understanding of the different health needs of other minority ethnic groups, including needs that may be specific to Pacific Island and Asian peoples.</li> <li>• Maintain a high standard of communication with patients, patients’ families and whānau.</li> <li>• Maintain a high standard of communication with hospital and community health professionals and other staff.</li> <li>• Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Participate in research and audit as agreed with training supervisor.</li> <li>• Provide a report of their experience to the their employing DHB on completion of the placement.</li> </ul>
<b>Service work</b>	<ul style="list-style-type: none"> <li>• Range of service work opportunitites including:               <ul style="list-style-type: none"> <li>➤ Board or Committee papers</li> <li>➤ Business case development</li> <li>➤ Service review</li> <li>➤ Audit, research and evaluation</li> <li>➤ Quantitative and/ or qualitative analysis</li> <li>➤ Evidence summaries and advice</li> <li>➤ Police and programme development</li> <li>➤ Contracting</li> </ul> </li> </ul>

### Section 3: Training and Education

<i>Nature</i>	<i>Detail</i>
Formal and Informal Education Sessions	<ul style="list-style-type: none"> <li>• CEO Lecture series</li> <li>• Planning, Funding and Outcomes Lunchtime seminars</li> <li>• Hospital Grand Rounds</li> <li>• Peer Group attendance</li> <li>• 1:1 sessions with Health Gain Team members and wider DHB Public Health Physicians</li> <li>• DHB and ad hoc workshops</li> </ul>
Training and Development of Other Staff	The House Officer will present their current or recent work at one of the appropriate forums to share the learning with the wider Planning, Funding and Outcomes team
Protected Training Time	Protected training time of 2 hours per week will be allocated for CPE, professional self-development, medical learning and to attend teaching sessions with training supervisor, and relevant teaching rounds.

### Section 4: Roster/Cover

<i>Roster/Cover</i>
<p>There is one House Officer on this run and there is an experienced Vocationally Registered SMO on site during these hours and assigned to the House Officer to provide supervision.</p> <p><b>Hours of Work</b></p> <p>The ordinary hours of work are 0900-1730 Monday to Friday including a 30 minute unpaid lunch break which can be taken away from the provider.</p> <p>During the ordinary hours the house officer will be allocated to non-clinical activities. Timetabling of sessions with the supervisor, non-clinical activities and protected training time may be subject to change.</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 identifies 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 (<b>6</b>) 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 a 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>• End of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 6: Leave

<i>House officer</i>	<i>Service/Waitemata DHB</i>
<p>The House officer will:</p> <ul style="list-style-type: none"> <li>• Apply for leave as soon as possible; this leave will be covered by other practitioners</li> <li>• Submit their application for leave to the via the Electronic Leave Kiosk or RMO Support Unit for processing.</li> </ul>	<p>The service will:</p> <ul style="list-style-type: none"> <li>• Arrange cover for leave.</li> </ul>

## Section 7: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	0	
All other unrostered hours	0	
Total hours per week	40	

**Salary:** The salary for this attachment will be as detailed in a F Category run