Te Whatu Ora Health New Zealand

RUN DESCRIPTION

| POSITION: | Senior House Officer | |
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| DEPARTMENT: | Obstetrics & Gynaecology | |
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| PLACE OF WORK: | Auckland City Hospital | |
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| RESPONSIBLE TO: | General Manager of National Women's Health, through a nominated Consultant. | |
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| FUNCTIONAL RELATIONSHIPS: | Healthcare consumer, Hospital and community based healthcare workers | |
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| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of the National Women's Health Service. | |
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| RUN PERIOD: | 3 months | |

Section 1: House Officer's Responsibilities

| Area | Responsibilities | |
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| General | • The Senior House Officer will function as an important part of the clinical team lead by a Team Leader. Clinical responsibility will be to the Senior Medical Officers of that team through the team's Registrars; as well as to those of other teams with which the Senior House Officer may be rostered from time to time. | |
| | • The Senior House Officer will attend acute and elective admissions to the department, construct a problem list and request basic investigations and discuss management plans with the Registrar/ Specialist | |
| | Inpatients will be attended daily on week days and the Senior House Officer will be available for ward rounds performed by the Consultant and/ or Registrar (unless detained by a clinical emergency). The Senior House Officer will be available to attend patients at the request of the nursing staff within the hours rostered | |
| | • The Senior House Officer will ensure hand-over of any relevant patient problems to the On Call team House Officer/Senior House Officer at the change of duty. The Senior House Officer will ensure handover of patients back to their original team after the post-acute ward round following the Senior House Officer's On Call day. | |
| | • The Senior House Officer will attend the Labour and Birth Unit and Women's Assessment unit when rostered and admit patients and attend to any problems as requested by the Registrar and/ or Midwifery staff and will be responsible for updating the Electronic Whiteboard for handover. | |
| | • The Senior House Officer will attend outpatient Antenatal and Gynaecology Clinics as indicated by their Daily Schedules. (Promptly and for the duration thereof), to assess patient problems and initiate or review management plans and investigations in consultation with the Registrar/ Specialist. | |

| Area | Responsibilities | | |
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| | Gynaecological oncology surgery patients may be seen in the Pre-admission Clinic. The Senior House Officer will assist in Theatre when requested by the Registrar/ Specialist or when indicated by the Daily Schedule. The Senior House Officer is expected to assist at caesarean sections unless required urgently elsewhere in the service. | | |
| Administration | Legible notes will be written in patient charts in outpatient clinics, on admission, daily and whenever management changes are made | | |
| | On discharge, the Senior House Officer will complete an electronic discharge summary promptly for all gynaecology patients before discharge and will assist the Registrar with the completion of the electronic discharge for antenatal and complicated postnatal patients being discharged. Patients will receive a copy of the clinical summary at discharge, ± prescription and/ or follow up appointment if required. | | |
| | A letter will be dictated to the patient's GP after each Gynaecological outpatient visit and at their first Antenatal visit, and at any antenatal visit documentation will be sent to the referring practitioner and LMC (If not the referrer). The Senior House Officer will be responsible to ensure signoff of all outstanding Radiology and Lab results for their team in collaboration with the Registrars and Ukana Officers in their team. | | |
| | House Officers in their team. | | |

Section 2: Training and Education

| Details | | | |
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| There will be a minimum of 2 hours of education per week including ward meetings, Departmental CME, Perinatal Mortality, Maternal morbidity, and CTG Meetings. Diagnosis and treatment of common O&G problems will be discussed. | | | |
| • The Senior House Officer should attend FRANZCOG teaching when their clinical duties allow. | | | |
| • The Senior House Officer is strongly encouraged to take part in departmental research and audits during their rotation. | | | |
| • Where appropriate and under supervision the Senior House Officer will be provided with opportunities to undertake Registrar duties to assist in their training and development. | | | |
| Although a non-training position, the Senior House Officer will be allocated a training supervisor from with the department for the duration of their run. The Senior House Officer should liaise with this supervisor regarding training requirements, appropriate courses and educational activities they should participate in. | | | |
| • BFHI training must be completed by all health professionals working in Women's Health during the run, if not previously undertaken and up to date. | | | |

- Details
- The ordinary hours of work will be 8 hours per day between 0800 and 1600 Monday to Friday. Night duties run from 2200 to 0800. After hours long day duties run from 1600 to 2230.
- Two to Three House Officers/Senior House Officers can be approved leave at any time, in exceptional circumstances this may increase, as approved by Women's health and General Manager and/or delegated Operations Manager..
- Cover for annual leave will be negotiated prior to leave being approved.
- All requests for educational leave are subject to approval by the Service 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.
- The Chief Resident Officer in conjunction with the Service Clinical Directors for Womens Health will determine the daily and weekly schedule for the Senior House Officer, balancing service need with the individual's development and training needs.

Section 4: Cover:

Other Resident and Specialist Cover

• There are a minimum of 16 House Officers employed on this roster. This includes 8 House officers team positions, 2 Senior House Officer positions, 2 rotators and 4 relievers

All House Officers are employed to the O&G department as a whole with workload reviewed daily and shared across the House Officer positions. In distributing the workload both patient safety and the safety and experience of the RMO will be considered, with the intent to smooth patient load and avoid excess work load for individuals.

- Two Registrars will be resident in the hospital at all times with two Consultants always available on call to attend the hospital if requested (in the hospital from 0800-1700 weekdays, and on call-back at all other times). The Department employs two leave relievers to cover short notice and planned leave. Annual leave cover is arranged on a 'first come first served' basis and applications for annual leave should be submitted as early as possible. Short-term sick absence is covered within the Department or by the reliever ifavailable.
- The main role of the reliever is to cover the duties of the House Officer or Senior House Officer taking planned leave.
- The department employs two rotators to cover planned gaps in the roster (such as Nights, Sleep Days, Rostered Days Off, and planned leave). They are considered relievers for the purpose of salary
- Out of hours cover:
 - Between the hours of 1600 and 2200 there will be two house officers on duty
 - Between the hours of 2200 and 0800 there is one house officer on duty
 - On Saturdays and Sundays and Public Holidays, between the hours of 0800 and 1600 there will be 3 house officers on duty, each covering one of WAU/Gynae, DU/Obstetrics, and Postnates

| Senior House Officer | Service |
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| The Senior House Officer will: | The service will provide, |
| • At the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching | • An initial meeting between the Consultant and Senior House Officer to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; |
| time; After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant. | An interim assessment report on the Senior House Officer six (6) weeks into the run, after discussion between the Senior House Officer and the Consultant responsible for them; |
| | • The opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Senior House Officer will bring these to the Senior House Officer's attention, and discuss and implement a plan of action to correct them; |
| | A final assessment report on the Senior House Officer at the end of the run, a copy of which is to be sighted and signed by the Senior House Officer. |

Section 6: Hours and Salary Category

| Average Working Hours | | Service Commitments |
|----------------------------|-------|---|
| Ordinary Hours | 40.00 | The Service, together with the RMO Unit will be responsible for the preparation of any Rosters. |
| RDO Hours | -4.00 | |
| Rostered additional hours | 17.41 | |
| All other unrostered hours | ТВС | |
| Total Hours | 53.41 | |

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

 \rightarrow The reliever positions are classified as a Category A for salary purposes.

Total hours fall above the middle of the salary band therefore run will be remunerated as a C Category until the unrostered hours can be confirmed by a run review.