

RUN DESCRIPTION

POSITION:	Dental House Officer
DEPARTMENT:	Auckland Regional Hospital & Specialist Dentistry (HSD) and Auckland Regional Oral and Maxillofacial Surgery (OMS)
PLACE OF WORK:	Auckland City Hospital, Greenlane Clinical Centre, Middlemore Hospital, Buckland Road Dental Centre and Regional Auckland Area including private provider sites and those under contract
RESPONSIBLE TO:	Service Clinical Director, through a nominated Consultant of HSD or OMS as rostered
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, hospital and community-based healthcare workers
PRIMARY OBJECTIVES:	<p>To support OMS registrars and consultants in ED, outpatient clinics, hospital wards and theatres in the delivery of high quality, comprehensive care to eligible patients who are under the care of OMS.</p> <p>To support the delivery of high quality, comprehensive dental care to eligible patients who are under the care of HSD. This will involve the delivery of care from hospital and community outpatient clinics, emergency departments, inpatient wards and operating rooms across the Auckland region.</p>
RUN PERIOD:	1 year

Overview

Dental House Officers (DHO) at Te Toka Tumai Auckland will work across both Auckland Regional Hospital & Specialist Dentistry (HSD) and Regional Auckland Oral and Maxillofacial Surgery (OMS).

This run description outlines the generic information in regards to the roster and pay category for the DHO with separate appendices that detail the different responsibilities, weekly schedules, training and cover arrangements for the DHO while working in HSD and OMS.

Section 1: Roster

Hours of Work

- Ordinary Hours, Monday – Friday 0700-1700 OMS and 0800-1700 HSD
- On Call Nights, Monday – Thursday 1600-0800 on call off site
- On Call Friday Ordinary hours as per OMS/HSD Run Description then on call off site from 1600-0800 the following day
- On Call weekend Short Day (Saturday and Sunday) 0700-1700
- On Call weekend Evening/Night shifts from Saturday 1700-0800 Sunday and Sunday 1700-0800 Monday
- From Monday – Friday a daily handover will occur between 1600-1700 hours in person at MMH. When rostered to Monday-Thursday on call nights the DHO/NTR will come in from home and report for handover at MMH between 1600-1700. If rostered to Friday on call, clinics will where possible be scheduled to end by 1500 to enable the DHO/NTR to attend in person handover at MMH. In the event an in person handover cannot occur, calls will be forwarded to the RMOs personal phone using the call forward function.

Saturday and Sunday handovers will occur in person at MMH circa 8am – please liaise with the Registrar on call to confirm. Note:

- DHO clinical commitment will finish by 1500, if not located at MMH, to enable travel to MMH and handover to commence on-call at 1600
- When on-call the DHO must be available to attend the hospital within 30 minutes

		New Roster Template : 1:7						
		M	T	W	T	F	S	S
After Hours	DHO 1						X	X
	DHO 2						SD	SD
	DHO 3						X	X
	DHO 4	N	N	N	N	X	X	X
	DHO 5						X	X
	DHO 6					N	NW	NW
	DHO 7	X	X				X	X
	DHO 8	R	R	R	R	R	R	R

Roster Key		
	Normal Day (OMS)	0700 - 1700
	Normal Day (HSD)	0800 - 1700
N	On Cal Nights Mon-Fri	1700 - 0800
NW	Weekend On Call Nights	1700 - 0800
SD	Weekend Short Day On Call	0700 - 1700
R	Relief	-
X	Rostered Day Off	-

NOTE - On Call over a PH is for 24hrs 0800 - 0800

2024 DHO RUNS	8 wk rotation	8 wk rotation	8 wk rotation	8 wk rotation	8 wk rotation	8 wk rotation	2x 4 wk rotation	2x 4 wk rotation
Rotation Dates	HSD A	HSD B	HSD C	Rotator (AHOC cover)	OMS 2	OMS 1	OMS 3	Reliever (leave, RFD)
15/01 -26/01	Orientation timetable	Orientation timetable	Orientation timetable	Orientation timetable	RMO 8	RMO 1	Orientation timetable	Orientation timetable
29/01 - 23/02	RMO 2	RMO 6	RMO 3	RMO 7	RMO 8	RMO 1	RMO 4	RMO 5
26/02 - 22/03							RMO 5	RMO 4
25/03 - 19/04	RMO 5	RMO 2	RMO 4	RMO 3	RMO 8	RMO 1	RMO 6	RMO 7
22/04 - 17/05							RMO 7	RMO 6
20/05 - 14/06	RMO 3	RMO 5	RMO 6	RMO 4	RMO 8	RMO 1	RMO 7	RMO 2
17/06 - 12/07	RMO 7						RMO 2	RMO 3
15/07 - 09/08	RMO 4	RMO 3	RMO 5	RMO 2	RMO 8	RMO 1	RMO 7	RMO 6
12/08 - 06/09							RMO 6	RMO 7
09/09 - 04/10	RMO 3	RMO 7	RMO 2	RMO 6	RMO 8	RMO 1	RMO 4	RMO 5
07/10 - 01/11							RMO 5	RMO 4
04/11 - 29/11	RMO 6	RMO 4	RMO 3	RMO 5	RMO 8	RMO 1	RMO 7	RMO 2
02/12 - 20/12			RMO 7				RMO 2	RMO 3
23/12 - 03/01	Xmas timetable	Xmas timetable	Xmas timetable	Xmas timetable	Xmas timetable	Xmas timetable	Xmas timetable	Xmas timetable
06/01 - 10/01	RMO 6	RMO 4	RMO 3	RMO 5	RMO 8	RMO 1	RMO 2	RMO 7

Rotation placements may change or vary depending on each DHO's preference in areas that they would like to develop and gain further experience in.

DHO will rotate through OMS and HSD clinics in 8 week blocks. In addition, DHO will also rotate through the OMS 3 position (acute) and relief positions for 4 week blocks. Relievers will cover the duties of those on leave and the duties of those on nights. If not required for leave cover, relieving DHO will be rostered to report for duty shifts during the week (Monday-Friday day shifts).

Section 2: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.00	The Services, together with the RMO Support Unit will be responsible for the preparation of any Rosters. Call back shall be paid in addition
Rostered Additional Hours	6.43	
Unrostered Hours To be confirmed by a run review	2.22	
Total hours per week	48.65	

Salary The salary for this attachment will be as detailed as a Category E rotation. Note: Call back shall be paid in addition to the Category E salary.

When allocated to rotator/relief the House Officer will be paid a C run category.

Appendix 1 – Auckland Regional Oral and Maxillofacial Surgery (OMS)

Section 1: OMS House Officer’s Responsibilities

Area	Responsibilities
Clinical	<ul style="list-style-type: none"> ● Provide treatment and support for OMS patients under the direction and guidance of the OMS registrars and consultants, including: <ul style="list-style-type: none"> ● Outpatients in ED or clinic ● Inpatients on the ward ● Obtaining informed consent for all procedures. ● Arranging investigations, preadmission and surgical bookings as directed. <ul style="list-style-type: none"> ○ Ensuring follow-up of results of investigations. ○ Undertaking dental aspects of patient care as indicated or directed. ○ Recording every patient event on Concerto (MAXFAX data sheet) for purposes of audit. ○ Ensuring effective patient handover and transfer of care. ○ Undertaking inpatient discharge administration; discharge summary, prescription, review appointment ● Assisting in theatre as required. ● Participate in the on-call rota (as rostered). ● Attend ward rounds (as rostered). ● Seek advice whenever the complexity of the patient’s clinical situation is outside your scope or experience ● Understand and apply HSD infection prevention and control (IPC) policies and practices during all patient interactions and related activities, ensuring patient and staff safety and compliance with Dental Council NZ practice standards. ● Maintain comprehensive contemporaneous clinical records for all patient interactions using Te Toka Tumai patient information forms and platforms including <i>Titanium</i> and the <i>Regional Clinical Portal</i>. ● Maintain patient privacy and confidentiality in accordance with Te Toka Tumai procedures and policy. ● Ensure clinical practice is within the prescribed New Zealand Dental Council Scope(s) of practice. ● Comply with organisational policies and procedures and the Dental Council of New Zealand (DCNZ) Practice Standards. ● Keep OMS registrars and consultants informed of all changes in treatment of their patients, especially if there is an unexpected event. ● Participate in clinical audit. ● Undertake other duties at the discretion of the OMS registrars and consultants.
Quality and communication	<ul style="list-style-type: none"> ● Build relationships of trust and maintain high standards of communication with patients, guardians, patients’ families/whānau and staff on matters related to patients under the care of OMS. This includes timely and appropriate written communication (eg. clinic and discharge letters), as appropriate with referrers. ● Liaise with other staff members, departments, and General Medical and Dental Practitioners in the management of patients

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> • Be aware of diversity and function effectively and respectfully when working with and treating people of different cultures. Culture is not restricted to ethnicity, but also includes (and is not limited to) gender, spiritual beliefs, sexual orientation, lifestyle, beliefs, age, social status or perceived economic worth. • Have an understanding of and apply the principles of the Treaty of Waitangi. • Actively engage with, and where appropriate initiate, clinical audit, service improvement and research projects. • Attend and participate in clinical and non-clinical meetings as directed. • Strive for continuing improvement in all aspects of work.
Professional	<ul style="list-style-type: none"> • Maintain the highest standards of professional conduct in relation to patients, staff and the general public. • Work in a team-based manner with PPC's (Patient Pathway Co-ordinators) to ensure timely care and effective communication with patients and their whānau • Conduct team huddle meetings with clinical staff prior to the commencement of clinical sessions and when otherwise indicated. • Identify own training and development needs to meet personal development requirements and Dental Council NZ practitioner requirements. • Actively engage in professional development and education activities including 'in- service' programmes as available across. • Maintain currency in all relevant ADHB mandatory training. • Model behaviours that demonstrate ADHB values • Understand patient acceptance criteria, level of service available and discharge criteria and work within these constraints. • Demonstrate and promote a proactive commitment to workplace safety and health. • Understand and actively engage in workplace health and safety policies and procedures including the individual responsibilities under the Health and Safety at Work Act 2015. • Identify, mitigate and promptly report failures or risks to patients including in relation to infection prevention and control. • Understand and apply the ADHB 'Code' system for managing incidents and in particular the management of a medical emergency. • Ensure incidents are managed and reported in accordance with ADHB policies and procedures

Section 2: OMS Weekly Schedules (Indicative)

DHO rotate through HSD and OMS runs that will be 8 weeks for the first five cycles followed by one 10 week cycle that includes Christmas / New Year fortnights.

OMS HO

- based at MMH but roams
- attend wards, clinics and theatres including GCC and ACH
- share acute (ED) cover
- attend DHO weekly teaching
- option to attend OMS fortnightly teaching

OMS HO		Monday	Tuesday	Wednesday	Thursday	Friday
WEEK A	Morning	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic
	Afternoon	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	Non-clinical - Education & OMS SCD / BM meeting	OMS RMO training	MMH Acutes/ OR/Ward/Clinic
WEEK B	Morning	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic
	Afternoon	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	Non-clinical - Education & OMS SCD / BM meeting	MMH Acutes/ OR/Ward/Clinic	OMS RMO training
WEEK C	Morning	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic
	Afternoon	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	Non-clinical - Education & OMS SCD / BM meeting	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic
WEEK D	Morning	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic
	Afternoon	MMH Acutes/ OR/Ward/Clinic	MMH Acutes/ OR/Ward/Clinic	Non-clinical - Education & OMS SCD / BM meeting	MMH Acutes/ OR/Ward/Clinic	OMS RMO Training

Section 3: OMS Training and Education

Area	House Officer Responsibility	Service Responsibility
General	<ul style="list-style-type: none"> Through example and supervision, actively contribute to the education of healthcare professionals regarding principles, knowledge and clinical skills relevant to the practice of dentistry. May be requested to teach other health care workers. Work toward publishing research project findings, case reports or service related material. 	<ul style="list-style-type: none"> OMS service specific teaching (10 hours) early in the attachment HSD continuing professional development programme equating to a minimum of 2 hours education per week (1st year DHOs) OMS continuing professional development programme equating to a minimum of 2 hours education per fortnight (2nd Year DHOs)

Section 4: OMS Cover:

<i>Other Resident and Specialist Cover</i>
<p>There are three training registrars and one non-training registrars supporting OMS activities including on-call.</p> <p>The 1x OMS Dental NTR and 1x OMS Dental NTR Locum (15/01/2024 for six months) will combine with and the 6 Dental HOs to provide after-hours on call cover from 1600-0800 during the week and from 0800-0800 on Saturday/Sundays and Public Holidays (there are 8 RMOs that will participate in this roster). At any one time one DHOs will be on relief.</p> <p>If you feel unable to come to work because of illness, please phone the Business Manager during the day (between 7am – 5pm) or if calling after hours regarding an after-hours shift please contact the on-call Registrar.</p>

Section 5: OMS Performance appraisal

<i>House Officer</i>	<i>Service</i>
The OMS House Officer's performance will be supervised and appraised by the OMS SCD.	
<p>The House Officer will:</p> <ul style="list-style-type: none"> • At the outset of the run meet the OMS SCD or delegated SMO to discuss expectations for the run. • After any assessment that identifies deficiencies, implement a development plan of action in consultation with the SCD or SMO delegated 	<p>The service will provide:</p> <ul style="list-style-type: none"> • An initial meeting SCD and House Officer to discuss goals and expectations for the run. • An informal assessment re progress will occur approx. 6 weeks into the run • A final assessment report on the House Officer at the end of the run, a copy of which is to be sighted and signed by the House Officer.

Appendix 2 – Hospital & Specialist Dentistry (HSD) Section 1: HSD

House Officer’s Responsibilities

Area	Responsibilities
<p>Clinical</p>	<ul style="list-style-type: none"> • To provide dental treatment and support for HSD patients under the direction and guidance of senior dentists and Consultants, including: <ul style="list-style-type: none"> ○ Provide individualised ‘prevention focused’ dental care to assigned patients including: initial assessments, development of diagnoses, problem lists and management plans, provide clinical care, undertake review and recall (when indicated). ○ Provide care to patients presenting for relief of pain only clinics. ○ Review and provide care for inpatients (as rostered). ○ Obtain informed consent for all procedures. ○ Assess patients assigned by the admitting senior dentist or consultant and undertake pre-admission processes and dental assessment for acute and elective patients. ○ Organise diagnostic investigations and imaging in support of clinical activities, ensure the results are reviewed, accepted and follow-up actions are taken in a timely fashion (in consultation with the responsible senior dentist or consultant) ○ Ensure detailed patient care treatment plans are in place to support the timely care of patients. ○ Liaise as needed with hospital and community medical and dental practitioners and ancillary hospital staff in the management of patients, including community stakeholders (for example, Auckland Regional Dental Services). ○ Ensure effective patient handover and transfer of care. ○ Undertake (as directed) inpatient discharge administration including providing inpatients on discharge a clinical summary, prescription and follow-up appointment if so required in a timely manner. ○ Attend operating rooms (as rostered) to assist with the delivery of care. • Participate in the on-call rota (as rostered). • Carry out ward rounds (as rostered) and complete clinical records and follow up appointments as required. • Seek guidance and support where the complexity of the patient’s clinical situation is outside the scope or experience of the house officer or where the needs of the patient would be better served with such guidance. • Understand and apply HSD infection prevention and control (IPC) policies and practices during all patient interactions and related activities, ensuring patient and staff safety and compliance with Dental Council NZ practice standards. • Maintain comprehensive contemporaneous clinical records for all patient interactions using Te Toka Tumai patient information forms and platforms including <i>Titanium</i> and the <i>Regional Clinical Portal</i>. • Maintain patient privacy and confidentiality in accordance with Te Toka Tumai procedures and policy. • Ensure clinical practice is maintained within the prescribed New Zealand Dental Council Scope(s) of practice for which she/he is registered. Comply with organisational policies and procedures and the Dental Council of New Zealand (DCNZ) Practice Standards. • To keep senior dentists and Consultants informed of all changes in treatment of their

	<p>allocated patients, especially if there is an unexpected event.</p> <ul style="list-style-type: none"> • To participate in clinical audit and assist in the direction and management of patient services. • To undertake other duties at the discretion of the senior dentists and Consultants.
<p>Quality and communication</p>	<ul style="list-style-type: none"> • Build relationships of trust and maintain high standards of communication with patients, guardians, patients' families/whānau and staff on matters related to patients under the care of HSD. This includes timely and appropriate written communication (eg. clinic and discharge letters), as appropriate with referrers. • Liaise with other staff members, departments, and General Medical and Dental Practitioners in the management of patients • Be aware of diversity and function effectively and respectfully when working with and treating people of different cultures. Culture is not restricted to ethnicity, but also includes (and is not limited to) gender, spiritual beliefs, sexual orientation, lifestyle, beliefs, age, social status or perceived economic worth. • Have an understanding of and apply the principles of the Treaty of Waitangi. • Actively engage with, and where appropriate initiate, clinical audit, service improvement and research projects. • Attend and participate in clinical and non-clinical meetings as directed. • Contribute to the administrative and management aspects of HSD activities. • Strive for continuing improvement in all aspects of work.
<p>Professional</p>	<ul style="list-style-type: none"> • Maintenance of the highest standards of professional conduct in relation to patients, staff and the general public. • Work in a team-based manner with assigned dental assistant and scheduler to ensure high quality care and communication with patients and their whānau • Conduct team huddle meetings with clinical staff prior to the commencement of clinical sessions and when otherwise indicated. • Identify own training and development needs to meet personal development requirements and Dental Council NZ practitioner requirements. • Actively engage in HSD professional development and education activities including 'in- service' programmes. • Maintain currency in all relevant Te Toka Tumai mandatory training. • Model behaviours that demonstrate Te Toka Tumai values • Understand patient acceptance criteria, level of service available and discharge criteria and work within these constraints. • Demonstrate and promote a proactive commitment to workplace safety and health. • Understand and actively engage in workplace health and safety policies and procedures including the individual responsibilities under the Health and Safety at Work Act 2015. • Identify, mitigate and promptly report failures or risks to patients including in relation to infection prevention and control. • Understand and apply the Te Toka Tumai 'Code' system for managing incidents and in particular the management of a medical emergency. • Ensure incidents are managed and reported in accordance with Te Toka Tumai policies and procedures

Section 2: HSD Weekly Schedules (Indicative)

DHO rotate through HSD and OMS runs (after a 2 week orientation period) in five -8 week cycles followed by one 10 week cycle which includes the Christmas / New Year 2 week off-roster period. Duties may involve working across multiple sites including but not limited to Te Toka Tumai Auckland, Counties Manukau and Waitemata Districts facilities including provider facilities that may be under contract. Outpatient clinics involve working independently. Time will be allocated to assist with clinical administration at the discretion of the Service; this will reflect the level of clinical activity undertaken. There may be opportunities provided for DHOs to attend theatre periodically during each run.

HSD A	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Clinical support / OR / Outpatient clinic / Ward round	Clinical support / OR / Outpatient clinic / Ward round	Clinical support / OR / Outpatient clinic / Ward round	Clinical support / OR / Outpatient clinic / Ward round	Clinical support / OR / Outpatient clinic / Ward round
Afternoon	Clinical support / OR / Outpatient clinic / Ward round	Clinical support / OR / Outpatient clinic / Ward round	Non clinical, Educaiton & Admin	Clinical support / OR / Outpatient clinic / Ward round	Clinical support / OR / Outpatient clinic / Ward round

HSD B	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Outpatient support	Outpatient clinic	CS / Outpatient clinic (Alternate Weeks)	Outpatient clinic / Assist in theatre (1:4) / Non Clinical education (1:4)	H&N MDM
Afternoon	Outpatient clinic	Ward round	Non-clinical - Education & Admin / Assist in theatre (1:4)	Clinical session / Outpatient Clinic (1:4)	Outpatient support Ward round as required

HSD C	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Outpatient clinic	Outpatient clinic	Outpatient clinic	Outpatient clinic	Outpatient clinic
Afternoon	Ward Round	clinical session	Non-clinical - Education & Admin*	Ward Round	Outpatient clinic

Hospital & Specialist Dentistry

Section 3: HSD Training and Education

<i>Area</i>	<i>House Officer Responsibility</i>	<i>Service Responsibility</i>
<p>General</p>	<ul style="list-style-type: none"> • Through example and supervision, actively contribute to the education of healthcare professionals regarding principles, knowledge and clinical skills relevant to the practice of dentistry. • May be requested to teach other health care workers. • Presentations and case studies to professional and interest groups when appropriate <ul style="list-style-type: none"> ○ Actively participate in education sessions within HSD including the delivery of presentations as directed. ○ Present to local dentists at the Auckland Dental Association meetings when appropriate ○ Present at the annual New Zealand Society of Hospital & Community Dentistry conference when appropriate ○ For new graduates registration and participation in an appropriate mentoring programme, such as the New Zealand Dental Association Graduate Professional Development Programme • Work toward publishing research project findings, case reports or service-related material 	<ul style="list-style-type: none"> • HSD service specific teaching (10 hours) early in the attachment • HSD continuing professional development programme equating to a minimum of 2 hours education per week

Section 4: HSD Cover:

<i>Other Resident and Specialist Cover</i>
<ul style="list-style-type: none"> ○ There are three accredited Registrar’s and one OMS NTR supporting OMS activities including on-call. ○ HSD senior dentists and Consultants will normally be available in the workplace during normal rostered clinics or will available by mobile phone and email to provide assistance. The number of DHO working on the roster will vary according to Service runs. <p>There will be one DHO rostered on call between the hours from 1600-0800 during the week Monday to Friday. There will be one DHO rostered on call between the hours of 0800 and 1700 for each day of the weekend Saturday/Sundays and Public Holidays. These duties will be detailed in the HSD/OMS DHO Roster (there are 12 RMOs that will participate in this roster). At any one time two DHOs will be on relief.</p> <p>If you feel unable to come to work because of illness, please phone the team leader during the day (between 7am – 5pm) or if calling after hours regarding an after-hours shift please contact the on call Registrar.</p>

Section 5: Performance appraisal

<i>Dental House Officer</i>	<i>Service</i>
<p>The DHO performance will be supervised and appraised regularly primarily by the supervising senior dentist/consultant on a rotational basis. This may include (but is not limited to) formal discussion and objective setting, informal (formative) feedback on an on-going basis and periodic formal DHO and Consultant jointly-led review.</p>	
<p>The House Officer will:</p> <ul style="list-style-type: none"> • At the outset of the run meet with their designated senior dentist/consultant to discuss goals and expectations for the run, review and assessment times, and one-on- one coaching time; • After any assessment that identifies deficiencies, implement a development plan of action in consultation with the senior dentist/Consultant. 	<p>The service will provide,</p> <ul style="list-style-type: none"> • An initial meeting between the senior dentist/Consultant and DHO to discuss goals and expectations for the run, review and assessment times, and one-on-one coaching time; • An interim assessment report on the DHO four (4) weeks into the run, after discussion between the House Officer and the senior dentist/Consultant responsible for them; • The opportunity to discuss any development requirements identified during the attachment. The senior dentist / Consultant responsible for the DHO will bring these to the DHO’s attention, and discuss and implement a plan of action to address them; • A final assessment report on the DHO at the end of the run, a copy of which is to be sighted and signed by the DHO.