Health New Zealand
Te Whatu Ora

BAKERFIELD ACCIDENT & MEDICAL

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Medical Centre/General Practice
PLACE OF WORK:	Bakerfield Medical and Urgent Care, 16a Bakerfield Place, Manukau, Auckland
RESPONSIBLE TO:	Clinical Supervisor for day-to-day supervision, clinical and training matters, Practice Manager of Bakerfield Accident and Medical for operational workplace matters and to the Director of Training for teaching material and oversight of learning and assessment.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, multidisciplinary healthcare teams, clinical and non-clinical staff, supervisors, and medical practitioners.
EMPLOYMENT RELATIONSIPS:	Employed by Counties Manukau District and on secondment for the duration of the clinical attachment
PRIMARY OBJECTIVE:	Involvement in the medical management of patients at the Bakerfield Medical and Urgent Care and the wider healthcare network, in a supportive and stimulating learning environment.
RUN RECOGNITION:	The clinical attachment offered by Bakerfield Medical and Urgent Care has been accredited by MCNZ as a Community Based Attachment. This run provides an opportunity to gain experience in a unique community healthcare environment within a supporting learning environment that will assist with meeting the MCNZ requirements for a community experience.
RUN PERIOD:	3 months

Background

This clinical attachment is designed to provide House Officers with hands-on experience and one-on-one teaching from a vocationally registered General Practitioner in a supportive and stimulating primary care environment. General learning experience provides an excellent foundation for all vocational pathways.

The training will provide a good foundation toward vocational pathways of Urgent Care, General Practice and General Medicine. 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 local area and gain a greater understanding of community practice and the issues facing General Practitioners and physicians working with patients of high complexity. The attachment will also provide an opportunity for the consolidation of clinical skills that will serve the House Officer in a future general scope of practice by providing a wide range of practical and clinical experience.

The key concepts of General Practice that will be applied during the training will include:

- Patient-centred care
- The broad scope of general practice and urgent care medicine.
- Working in a multidisciplinary environment across traditional boundaries
- Evidence-based practice within the constraints of the community

Bakerfield Medical and Urgent Care is a practice located in the heart of Manukau City which includes both a General Practice service with booked patient appointments as well as an urgent care service which runs for extended hours with no appointment required. The practice embraces health equity, cultural safety and cultural competency and believes a workforce that is diverse and inclusive means they are better positioned to understand and serve their community.

Section 1: Clinical Attachment

Learning Environment

Training will occur at Bakerfield Medical and Urgent Care at 16a Bakerfield Place, Manukau, Auckland practice within the Counties Manukau District catchment area.

The practice is typically open from 08:00 – 20:00 Monday to Friday. The House Officer's rostered hours are set out in Section 3.

Learning takes place in clinical and community settings with supervised patient care. The House Officer will work in an apprenticeship-style model, learning through observation, active participation, feedback, reflection and discussion with supervisors and other health professionals.
The learning environment will include:

- Clinical assessment and management of presentations
- Interactions with patients and whānau
- Working within a multidisciplinary team
- Developing an understanding of how care operates in the community setting
- Liaison with hospital and community services
- Regular supervision, feedback and mentoring
- Participation in education, peer review and quality improvement activities where appropriate

Supervision will ensure learning is objectives-based, targeted to the House Officer's learning needs, and supports safe practice in a community urgent care environment.

Orientation and Workplace Safety

At the beginning of the attachment, the House Officer will be allocated time to become familiar with:

- The practice environment
- Clinical systems and documentation requirements
- Escalation pathways

- Referral processes
- Health and safety requirements
- Local policies and procedures
- Cultural safety expectations
- Emergency procedures

Workplace safety requirements are the responsibility of the employer. The House Officer is expected to comply with the practice's safety standards and policies.

House Officer learning is supervised to ensure it is objectives driven, targeted to House Officer learning needs and includes an understanding of safe conduct in a community environment.

The House Officer will be allocated time to review and become familiar with the practice's safety standards which will be covered during the orientation period at the beginning of the attachment. Workplace safety issues are the responsibility of the providers and House Officers will conform to the practice's safety standards.

Objectives of the training programme

Objective	Achieved by
To experience and participate in primary care within General Practice.	Exposure to a highly functioning general practice environment
To promote General Practice as a viable and rewarding career option	Quality of experience. Mentoring and clinician feedback/discussion Working within a team
To appreciate patient context through Exposure to General Practice.	Supervisor and clinician feedback/discussion Interactions with patients and whānau Interactions with other health professionals
To continue to acquire medical knowledge and expertise and to develop new clinical skills	Training objectives Exposure to the vast range of healthcare needs present in a generalist setting Mentoring and clinician feedback/discussion Exposure to primary care specific education and training
To develop a sense of responsibility to patients, staff and community	Participation in peer review Exposure to practice culture and philosophy of care Development of trusted relationships with patients and whānau
To develop appropriate interpersonal and communication skills	Customised input to meet the individual's specific needs Feedback from supervisor and peers Exposure to primary care specific education and training
To gain an understanding of relevant cultures including Māori, Pacific and Asian	Attending the Cultural Competencies in Health courses. Completing CALD-1 e-learning. Being exposed to the community of the Counties Manukau district Exposure to practice staff, culture and philosophy of

To develop collegial and peer associations and linkages	Included in orientation to this programme Mentoring and support. Participation in GP and/or Urgent Care peer review group Attendance at GPEP1 or Urgent Care education sessions

Specific Training Requirements

During the attachment, the House Officer is expected to participate actively in the clinical work of the General Practice under supervision.

The House Officer may gain exposure to a broad range of presentations, including:

Acute illness	Women's health
Undifferentiated illness	Child health
Long Term Conditions	Care for the elderly
Prevention and health promotion	Mental health and addiction (acute and chronic)
Self-management support	Musculoskeletal (acute and chronic)
Social complexity	Minor Surgeries
Obstetrics: early pregnancy through to post-natal care	

The House Officer will gain experience in the assessment, initial management, follow-up and referral of patients.

Supervision

House Officers will work in a supervised learning capacity. Each House Officer will be allocated a primary clinical supervisor, who will be an experienced Fellow of the Royal New Zealand College of General Practitioners or the Royal New Zealand College of Urgent Care.

The primary supervisor, or an alternate clinical supervisor, will be available to provide day-to-day clinical supervision, feedback, support and mentoring. Clinical supervisors retain responsibility for patient care and will ensure supervision is appropriate to the House Officer's level of experience.

The clinical supervisor will:

- Create and maintain a suitable learning environment
- Act as a mentor for the House Officer
- Ensure appropriate opportunities for clinical skill development
- Provide supervision appropriate to the House Officer's level of experience
- Provide guidance on clinical assessment, management and referral decisions
- Support culturally safe and appropriate care
- Provide feedback to the House Officer during the attachment
- Liaise with other day-to-day clinical supervisors to inform ePort assessments
- Liaise with the Prevocational Educational Supervisor and/or Director of Clinical Training, or delegate, as needed
- Arrange alternative supervision during any periods of absence
- Provide required assessment information to the employing District via RMO Workforce Operations at the end of the placement

Section 2: House Officer Responsibilities

Area	Responsibilities
General	• Understand the workplace policies and culture of the named General practice and set goals for practice within this framework • 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 that patient. 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. • Maintain a high standard of communication with patients, patients' families and whānau • Maintain a high standard of communication with hospital and community health professionals and other staff. • Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.
Administration	• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name legibly recorded • Participate in research and audit as agreed with training supervisor

Clinical	• To attend handover on all relevant rostered days
	• Under the supervision of the primary GP clinical supervisor or delegate, to be responsible for the assessment and management of patients attending for care (whether in person, online or at home) in line with the service timeframes
	• Undertake diagnostic and treatment procedures
	• Develop, and implement management plans for patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team
	• Monitor and review management plans in accordance with changes in the clinical condition of patients
	• To maintain an accurate and legible clinical record for each patient, including:
	  ○ History, examination, diagnosis, problem list and plan
	  ○ Update clinical records as often as indicated by the patient's condition.
	  ○ All entries recorded with the time and date, signature, name and contact details.
	• To facilitate safe and efficient management of patients in the care of the GP service. This includes:
	  ○ maintaining timely reviews of patients, particularly post diagnostic tests
	  ○ documentation of comprehensive management plans
	  ○ communication with relevant family, whanau and colleagues
	  ○ liaison with other services as required inc. referral
	• To keep the primary GP clinical supervisor informed about problems as they arise, especially when/if the patient is seriously ill, causing significant concern or if there is an unexpected event
	• To participate in follow up related to hospital attendance or admission

Area	Responsibilities
	• To co-ordinate patients care through liaison with other services in a timely manner

Section 3: Weekly Schedule

The House Officer's ordinary hours of work are Monday – Friday between 0800 and 1630. This includes a 30-minute unpaid lunch break, which may be taken away from the community provider.

		Week 1							Week 2						
Placement		**M**	**T**	**W**	**T**	**F**	**S**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**S**
Bakerfield Medical	**RMO 1**						X	X						X	X
Bakerfield Medical	**RMO 2**						X	X						X	X

KEY	
	Normal Day 08:00 - 16:30
X	Off Duty

Appointment Duration

Appointment duration for House Officers will initially be no shorter than 30 minutes to allow time for learning, reflection and clarification of plans with the Clinical Supervisor. Shortening of the appointment duration would only occur in the second half of the run by agreement between the on-site supervisor, House Officer and the Director of Clinical Training (or delegate).

Clinical and Non-Clinical Activities

During the attachment, the House Officer will be allocated a range of clinical and non-clinical activities.
These activities may include (but not limited to):

Clinical Activities	Non-Clinical Activities
• Patient assessment, diagnosis, investigation and management. • Clinical documentation and administration related to patient care. • Discussion of cases with other clinicians both ad-hoc and as part of multidisciplinary meetings • Review of investigations • Arranging acute admission to hospital • Referring to specialist advice and management, both private and public • Engagement with whanau and/or other carers • Clinical audit and quality assurance activities	• Theoretical learning sessions • Supervision sessions • Teaching (including preparation time and preparation of educational resources) • Networking with colleagues • Practice administration • General reading or research • Planning meetings • Preparation of clinical resources • Visits to other community services for a broader understanding of the primary healthcare environment

• Case conferences and reviews • Telephone and other ad hoc consultations, • Preparation of clinical reports.	

Section 4: Cover and Leave

There are up to three House Officers on this run and there is an experienced GP or Urgent Care Physician available on-site during all hours that the House Officer is required to work.

Cover for planned or unplanned leave is provided by the community provider.

House Officer	Community Provider
The House Officer will: • Apply for leave as soon as possible; this leave will be covered by other GPs in the practice. • Submit their application for leave to the RMO Support for processing.	The Community Provider will. • Arrange cover for leave once the Counties Manukau District has confirmed that the leave request has been approved.

Section 5: Training and Education

Protected Training Time

Protected training time of 3 hours per week will be allocated for CME, professional self- development, medical learning and to attend teaching sessions with training supervisor, and relevant peer review group meetings. Times and venues for these are as per the roster.
In addition to the protected training time outlined above:

- The House Officer is expected to contribute to the education of nursing, technical and medical staff where appropriate, including case presentations and shared learning activities.
- The House Officer will have the opportunity to participate in a quality improvement activity during the attachment. This may include:
    - An audit of clinical practice
    - A project that supports the aspirations or goals of the practice
    - Involvement in practice teaching
    - Review of clinical pathways or resources
- Attendance at PGY2 protected teaching workshop days will be arranged through RMO Support and the Medical Education and Training Unit where applicable.

Section 6: Performance appraisal

House Officer	Community Provider

The House Officer will:
• At the outset of the run meet with their designated supervisor to discuss goals and expectations for the run, review and assessment times.
• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor.
	The Community Provider will ensure:
	• 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;
	• 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.
	  • 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;
	  • 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
	  • For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.

Section 7: Hours and Salary Category

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40	The Service, together with RMO Support will be responsible for the preparation of any rosters.
Rostered additional hours (inc. nights, weekends & long days)	0	
All other unrostered hours	TBC	
Total hours per week	40	

Salary: The salary for this attachment will be as detailed as a F run category.

Total hours of work fall below the middle of the salary band, therefore run will be remunerated as a category F until a run review can be complete to confirm the unrostered hours and run category.