



# RUN DESCRIPTION

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Medical Assessment Unit, General Medicine, Medical Services.
<b>PLACE OF WORK:</b>	Counties Manukau District including Middlemore Hospital and other related sites.
<b>RESPONSIBLE TO:</b>	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Heads - Acute Admitting.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers. Hospital and community based health care workers.
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of inpatients under the care of Medical Services.
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.
<b>RUN PERIOD:</b>	13 weeks

## Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Acute Admitting</b>	<ul style="list-style-type: none"> <li>The House Officer will attend acute and elective admissions to the Department, construct a problem list, request basic investigations, and initiate management in conjunction with a Medical Registrar, HMO or SMO.</li> <li>The House Officer will thus actively participate in the management of patients, following Consultant and Registrar advice. The House Officer is expected to liaise with the other health professionals in the unit to ensure the required level of co-ordinated care to the patients. House Officers are expected to ensure their patients are safely and efficiently handed over to a Medical Registrar involved in acute admitting at the end of their shift.</li> </ul>
<b>General</b>	<ul style="list-style-type: none"> <li>The House Officer will work with a General Medicine Registrar on the ward to admit both General Medicine patients and Subspecialty patients to the ward when rostered on call. The House Officer is also expected to perform ward calls on patients in their ward if on for General Medicine but across 3 wards if on call in the evening with the Subspecialty Registrar.</li> <li>The House Officer will maintain a high standard of communication with patients, patients' families and staff. The House Officer will confer with other clinical team members regarding discharge planning and progress of patients.</li> <li>Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> <li></li> <li>CMDHB Clinical Board policies are to be followed at all times.</li> </ul>

Area	Responsibilities
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. All documentation should comply with CMDHB Clinical Board documentation policy.</li> <li>• All instructions (including drugs, IV fluids and nursing instructions) will be accurately and legibly recorded and legibly signed.</li> <li>• Appropriate laboratory tests will be requested and results sighted and signed and reported to the Registrar/HMO if abnormal. Referrals will be made on request to other specialists/units, clearly stating the problem to be addressed.</li> <li>• For patients assessed and discharged home from Emergency Care, the House Officer must complete a comprehensive Electronic Discharge Summary, a prescription, and follow up appointment if required. Where early GP follow up is anticipated or the case is complicated the House Officer should ensure the GP is updated by telephone.</li> <li>• The House Officer may, at the Registrar's request, be responsible for completion of death certificates of patients who had been under their care.</li> <li>• There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). The House Officer will also attend morning and evening handover meetings.</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul style="list-style-type: none"> <li>1) "The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed."</li> <li>2) "Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so."</li> </ul> </li> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or, if after hours, the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty.</li> </ul> <p>As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.</p>

## Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>a.m.</b>	0800 – Medical Handover	0800 – Medical Handover  1145 – Radiology Conference	0800 – Medical Handover	0800 – Medical Handover  1145 – General Medicine Journal Club	0800 – Medical Handover
<b>p.m.</b>	1215 – SACS Lecture Series (every 4 <sup>th</sup> week)  1400 – House Officer Teaching			12.15 – Medical Grand Round	

Note: dates and times for the sessions above may change.

Other teaching is available depending on the sub-speciality of interest. Please refer to the intranet (Paanui) for days and times.

### *Education*

There will be a minimum of 3 hours educational sessions per week including the Monday afternoon teaching session. Occasionally, urgent medical commitments may interrupt these meetings.

### Section 3: Roster

<i>Roster</i>
<ul style="list-style-type: none"><li>• Up to 4 long days in 4 weeks Monday to Friday 0800-2230</li><li>• 1 in 4 weekends 1x 0800-2230, 1 x 0800-1600</li><li>• Up to 14 nights in 13 weeks * 2200-0800</li><li>• Monday to Friday 0800-1600</li></ul>
<b>Nights</b> <p>There will be a consistent workload for minimum staffing levels of 3 House Officers rostered to night duty to cover for General Medicine, Medical Specialties, AT&amp;R and Mental Health Services.</p>
<b>Weekday Long Days</b> <p>There will be a consistent workload for minimum staffing levels of 8 House Officers rostered to weekday long days (Monday-Friday).</p>
<b>Weekends</b> <p>A consistent workload for minimum staffing levels of 6 House Officers rostered to weekend long and short days Saturday and Sunday. This is inclusive of the medical specialty house officer weekend long and short days.</p> <p>Please note – within the published roster/roster template there are additional long days and weekends rostered. This is to provide buffer for both planned and un-planned leave and these shifts are over and above the minimum staffing levels outlined above. Cross cover payments would not apply where the additional/buffer shifts are not filled as these shifts are above minimum staffing levels. House Officers will be assigned a home team and supervisor, however, are allocated to the Medicine service as a whole, with workload reviewed regularly and shared across the division.</p> <p>During an after hours shift, the participants on this run will contribute to an after hours team. The house officers will work generically across General Surgery, Orthopaedics, Plastic Surgery, and General Medicine, Medical Specialties and Mental Health Services over this time, however will work in their designated service wherever possible. House Officers will assist with admitting when ward duties are complete.</p> <p>*First year house surgeons (class 1 and 2 probationers) shall not do night shifts in first six months of employment, unless they have completed a general medical run in which circumstance they will not be rostered onto nights for the first three months of employment.</p>

### Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>From 8am to 8pm Monday to Friday a supervising Consultant is based in Medical Assessment Unit. The on-call Consultant is available to come back to the hospital if required from 4pm to 8am the following day.</p>

## Section 5: Performance appraisal

<i>Registrar</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 identified 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 (6) 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 an agreed 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>• For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## 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 hours 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 are week day RDOs as part of the roster

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

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 hours 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 are week day RDOs as part of the roster

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

Average Working Hours - STONZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours (Mon-Fri)	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-3.81	
Rostered Additional (inc. nights, weekends & long days)	16.47	
All other unrostered Hours Run Review Completed April 2026	2.57	
<b>Total Hours</b>	<b>55.23</b>	

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

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

<i>Average Working Hours - SToNZ Run Category</i> (RDO's are worked)		Service Commitments
Ordinary Hours	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered Additional (inc. nights, weekends & long days)	16.47	
All other unrostered hours To be confirmed by a run review	2.57	
<b>Total Hours</b>	<b>59.04</b>	

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