Te Whatu Ora
Health New Zealand

RUN DESCRIPTION

POSITION:	**HOUSE OFFICER**
DEPARTMENT:	Haematology
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Clinical Director and Manager, Haematology through a nominated Consultant/Physician.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Haematology Service. After hours this includes the facilitation of the management of patients under the auspices of the after hours team (General Medicine, Medical Specialties, Older People's Health and Mental Health Services).
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
RUN PERIOD:	3 months

Section 1: House Officer's Responsibilities

Area	*Responsibilities*
General	• Facilitate the management of inpatients commensurate with and appropriate to the house officer's skill level; • Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Registrar or Consultant, also organise relevant investigations, ensure the results are followed up, sighted and signed; • Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis (with the exception of unrostered weekends); • Maintain a high standard of communication with patients, patients' families and staff; • Inform registrars/consultants of the status of patients especially if there is an unexpected event; • Liaise with other staff members, departments, and General Practitioners in the management of in-patients; • Communicate with patients and (as appropriate) their families about patients' illness and treatment • Prepare required paperwork every day prior to known or likely weekend discharges.

Area	*Responsibilities*
	• Attend handover, Team and departmental meetings as required. • Between the hours of 2200 - 0800an "after hours team" is in operation. During this period of time House Officers work generically across General Medicine, Medical Specialties, Older People's Health and Mental Health Services on a "first past the post system". • House Officers will be assigned a home team and supervisor, however are allocated to the Medicine service as a whole, with workload reviewed daily and shared across the House Officer positions.
Acute admitting	• Assess patients assigned by the admitting Registrar. Take a history, perform an examination then formulate and initiate a management plan in consultation with the Registrar or Consultant; • Respond to referrals by other health professionals to assess and treat inpatients under the care of other medical teams, services or after hours team as per the attached roster.
On-Duty	• When on duty, be at the recognised workplace for the purpose of carrying out house officer duties.
Administration	• Be responsible for the accuracy and completeness of reports, patient notes and other official documentation written by the house officer. Ensure legible notes are written in patient charts at all times. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • Provide patients on their discharge from the Service with a clinical summary, prescription and follow-up appointment if so required; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: 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."* 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."*

Section 2: Training and Education

Area	*House Officer Responsibility*	*Service Responsibility*
General	• Through example and supervision, actively contribute to the education of trainee interns, medical students and other healthcare professionals in training assigned to their team; • May be requested to teach other health care workers. • Ensure their consultant/s are advised of other clinical teaching times e.g. Clinical Skills Courses etc.	• Provide every opportunity to attend the House Officer Teaching programme each Tuesday from 1400 to 1700, and for their locators to be held on their respective home wards or by CETU during this time;

Section 3: Cover

- There are 3 house officers on this run
- The House officer will work rostered duty hours as in the attached roster.
- The House officer will work two or more period of nights during the run.
- Leave cover is provided by the medical relief pool
- There are 2 rotator relievers on the roster providing cover for RDO and Nights

Other Resident and Specialist Cover
The Haematology House Officers will combine with Gastroenterology, Respiratory, Renal, Neurology, Rehab and Oncology House Officers to provide cover for the medical specialty and Ward 51 services outside the hours of 0800 – 1600 Monday to Friday in accordance with the attached roster. Between the hours of 1600-2200 Monday – Friday and 0800-2200 Saturday and Sunday the House Officer will be rostered to either Medical Specialties and Medical Admitting Between the hours of 2200-0800 the on duty acute call house officer will work as a member of the after hours team, covering General Medicine, Medical Specialties and Mental Health (this includes the Te Whetu Tawera and Fraser MacDonald units) in accordance with the attached roster.

Section 4: Roster

Ordinary hours of work	Monday to Friday	0800 – 1600
Weekends	Saturday and Sunday	0800 – 2200
Nights	Monday to Sunday	2200 - 0800

The after hour duties will be rostered at the following frequencies;

- Weekday Long Days - maximum of 1 long day per week
- Weekend Duties (LW) 1:14

The night frequency has been calculated to reflect the average of how often a set of nights will be worked per RMO on the roster.

Section 5 : Performance appraisal

House Officer	*Service*
The House Officer will: • At the outset of the run, meet with their designated Clinical Supervisor to discuss goals and expectations for the run, review and assessment times, and teaching. • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor	The service will provide, • An initial meeting between the Clinical Supervisor and House Officer to discuss goals and expectations for the run, review and assessment times, and teaching. • An interim assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor. • 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; • 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. • For PGY1 and PGY2 House Officers, end of run

House Officer	*Service*
	meetings and assessments will be documented electronically via e-port. 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.

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:

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	-1.14	
Rostered Additional (inc. nights, weekends & long days)	11.29	
All other unrostered Hours To be confirmed by a run review	TBC	
Total Hours (Run Review completed 19/12/2025)	**50.15**	

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:

Average Working Hours - SToNZ Run Category (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)	11.29	
All other unrostered hours	5.68	
Total Hours (Run Review completed 19/12/2025)	**56.97**	

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