Health New Zealand
Te Whatu Ora

Botany Medical & Urgent Care

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	General Practice
PLACE OF WORK:	Botany Medical and Urgent Care, 2 Market Square, East Tamaki, Auckland, 2013
RESPONSIBLE TO:	Clinical Supervisor for day-to-day supervision
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, multidisciplinary healthcare teams, clinical and non-clinical staff, supervisors, and medical practitioners.
EMPLOYMENT RELATIONSIPS:	Employed by Counties Manukau Health and on secondment for the duration of the clinical attachment
PRIMARY OBJECTIVE:	Involvement in the medical management of patients at Botany Medical & Urgent Care in a supportive and stimulating learning environment
RUN RECOGNITION:	This clinical attachment provides experience in a general practice setting and has been accredited by the Medical Council of New Zealand as a community-based attachment.
RUN PERIOD:	3 Months

Background

This attachment provides House Officers with supervised experience in general practice. The practice provides exposure to a broad range of acute, chronic, and preventive healthcare presentations within a community setting.

Multiple doctors are available on-site at any one time, creating excellent opportunities for supervision, teaching, and clinical discussion.

Key learning areas include:

- Patient-centred and culturally safe care
- Acute medical presentations and injuries
- Chest pain assessment and clinical pathways

- Safe referral and escalation pathways
- Learning within a highly supportive teaching environment with readily available senior clinical support

Section 1: Clinical Attachment

Training will occur at Botany Medical & Urgent Care, 37 Parkway Drive, East Tamaki, Auckland, a General Practice clinic within the Counties Manukau Health catchment area.

The practice is typically open from 0800 to 1700, Monday to Friday and 0900 to 1600, Saturday. The House Officer's rostered hours are set out in Section 3.

Learning Environment

Learning will occur in clinical and community settings through supervised involvement in 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 during the orientation period, the House Officer will be allocated time to become familiar with the practice's safety standards, including:

- 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 host provider. 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.

Objectives of the Training Programme

Objective	*Achieved by*
To experience and participate in primary care within a General Practice.	• Training objectives • Exposure to a highly functioning primary care environment • Supervised clinical work
To promote General Practice as a viable and rewarding career option	• Quality of the 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 Waitemata district • Exposure to practice staff, culture and philosophy of care • Interactions with patients and whānau

To develop collegial and peer associations and linkages	• Included in orientation to this programme • Mentoring and support. • Participation in General Practice peer review group • Attendance at GPEP1 or Primary 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
- Undifferentiated illness
- Long Term Conditions
- Prevention and health promotion
- Self-management support
- Social complexity
- Obstetrics: early pregnancy through to post-natal care
- Women's health
- Child health
- Care for the elderly
- Mental health and addiction (acute and chronic)
- Musculoskeletal (acute and chronic)
- Minor Surgeries

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.

The primary supervisor, or an alternate clinical supervisor, will be available onsite to provide day-to-day clinical supervision, feedback, support and mentoring. Supervisors will ensure that the House Officer has supervision appropriate to their level of experience and that learning is objectives-based and targeted to the House Officer's learning needs.

The day-to-day 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	The House Officer will: • Understand and work within the policies, procedures and culture of the practice. • Set learning goals for the attachment in discussion with the clinical supervisor • Work in a manner that demonstrates awareness of, and sensitivity to, cultural diversity • Practise in a way that supports Māori health goals and reflects the principles of Te Tiriti o Waitangi • Recognise the different health needs of minority ethnic groups, including Pacific and Asian peoples • Maintain high standards of communication with patients, families and whānau • Maintain high standards of communication with hospital, community and urgent care colleagues • Attend relevant clinical meetings, multidisciplinary discussions and education sessions as rostered or agreed
Administration	The House Officer will: • Maintain a satisfactory standard of clinical documentation • Ensure prescriptions and clinical notes are signed, dated and include a legible printed name • Participate in research, audit or quality improvement activities as agreed with the clinical supervisor • Provide feedback on their placement experience to the employing District at the end of the attachment, with copies to the host practice and RMO Workforce Operations as required
Clinical	Under the supervision of the primary clinical supervisor or delegate, the House Officer will: • Attend handover or start-of-day clinical briefing on relevant rostered days • Assess and manage patients attending for care, whether in person, online or in other approved models of care • Undertake diagnostic and treatment procedures • Develop management plans in collaboration with patients, whānau and other members of the multidisciplinary team • Review investigation results in a timely manner • Monitor and review management plans in response to changes in clinical condition • Liaise with hospital and community services as required • Arrange acute referral or admission to hospital where clinically indicated • Participate in follow-up related to hospital attendance or admission where appropriate

Area	Responsibilities

	• Keep the clinical supervisor informed about problems as they arise, especially where a patient is seriously ill, causing significant concern, or there has been an unexpected event
	• Maintain an accurate and legible clinical record for each patient, including:
	  ○ History
	  ○ Examination findings
	  ○ Diagnosis or problem list
	  ○ Management plan
	  ○ Investigation results and follow-up
	  ○ Referrals or escalation
	  ○ Communication with patient, whānau and other clinicians
	  ○ Date, time, signature, printed name and contact details
	• Clinical records must be updated as often as indicated by the patient's condition.

Safe and Efficient Patient Management	To support safe and efficient care, the House Officer will: • Ensure timely review of patients, particularly following diagnostic tests • Documentation of comprehensive management plans • Timely communication with relevant family, whānau, carers and colleagues where appropriate • Liaison with other services including referral or escalation • Timely coordination of care across corrections, community and hospital services

Section 3: Hours and Roster

The House Officer's ordinary hours of work are Monday - Friday 0800 - 1700.

This includes a 30-minute unpaid lunch break, which may be taken away from the community provider.

There is no requirement to work statutory holidays within the community setting during this attachment.

		Week 1							Week 2						
Placement	**RMO Name**	**M**	**T**	**W**	**T**	**F**	**S**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**S**
Botany Medical & Urgent Care							x	x						x	x

Shift	Hours
	Normal Day 0800 - 1700
x	Rostered Day Off

Additional duties shifts will come up within the hospital setting from time to time and House Officer may be offered the option to work these shifts also. Any additional duties worked within the hospital setting will be remunerated at appropriate additional duties rates.

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

Section 4: Training and Education:

Protected Training Time

There will be two hours of protected training time per week which will transition to three hours per week, phased in over the term of the 2026-2028 collective agreement. Protected training time per week will be allocated to continuing medical education, professional self-development, medical learning, teaching sessions with the training supervisor, and relevant peer-review group meetings. The times and venues will be specified on the roster, and these activities will take place during the House Officer's rostered duties.

Attendance at PGY2 protected teaching workshop days will be arranged through RMO unit and the Medical Education and Training Unit where applicable.

In addition, the House Officer may be expected to:

- Contribute to the education of nursing, technical and medical staff where appropriate

- Participate in case presentations or shared learning activities
- Participate in an audit, quality improvement activity or review of clinical pathways/resources where agreed with the clinical supervisor

Section 5: Cover and Leave

There will be one House Officer on this run. Cover for planned or unplanned leave is provided by the community provider.

House Officer	*Community Provider*
The House Officer will: • Apply for leave as early as possible • Submit leave applications via the RMO Leave Kiosk for processing • Notify the host provider of approved leave in accordance with local processes • Follow the appropriate sick leave notification process for unplanned leave (contact the RMO Workforce Unit)	The Community Provider will. • Facilitate leave cover arrangements upon confirmation of leave approval from the RMO Workforce.

Section 6: Performance Appraisal

House Officer	*Community Provider*
The House Officer will: • 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. • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor. • Arrange beginning, middle and end of run meetings with their clinical supervisor	The Community Provider will ensure: • An initial meeting between the Clinical Supervisor and House Officer to confirm learning objectives, expectations, assessment timelines, and one-to-one teaching arrangements. • A mid-run review and assessment at six (6) weeks, following discussion between the House Officer and Clinical Supervisor. • Any performance concerns are identified, discussed with the House Officer, and addressed through an agreed improvement plan. • An end-of-run meeting and final assessment, which will be reviewed and signed by the House Officer. • PGY1 and PGY2 end-of-run assessments are completed and documented electronically via ePort.

Section 7: Hours and Salary Category

Average Working Hours		*Service Commitments*
Basic hours (Mon-Fri)	40	The Service, together with RMO Workforce will be responsible for the preparation of any rosters.
Rostered additional hours	2.5	
All other unrostered hours *(To be confirmed by a run review)*	TBC	
Total hours	42.50	

Salary: The salary for this run will be detailed as E category run

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