RUN DESCRIPTION

POSITION:	House officer
DEPARTMENT:	Primary Care
PLACE OF WORK:	**Mangere Family Doctors** **215 Massey Road** **Mangere** **Phone: (09) 275 9977**
RESPONSIBLE TO:	Director of Primary Care (Dr Allan Moffitt) and Supervising GP (Dr Michael Wilson) at the relevant practice for all clinical & training matters.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based health care workers, Practice Manager, Practice Nurses and other Practice Staff
EMPLOYMENT RELATIONSHIPS:	Employed by CMDHB and on secondment for the duration of the run
PRIMARY OBJECTIVE:	Involvement in the medical management of patients at the GP practice in a learning environment
RUN RECOGNITION:	This run is recognised as a "C" Category run by the Medical Council. The GP practice is a college accredited practice.
RUN PERIOD:	This run description applies to runs of 3 months duration

Background:

This run was brought into existence as part of a pilot scheme to support house officers to get appropriate exposure to Primary Healthcare to assist them in making an informed decision about entering a GP training scheme, without having to leave the employment of the DHB to gain this experience.

To qualify for this run, the trainee must be:

- A graduate in medicine and surgery of a medical school recognised by the Medical Council of New Zealand
- Have registration with the MCNZ
- Undertaking their second or third postgraduate year of training or be a rural hospital doctor

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- A New Zealand citizen or have NZ residency
- Positively motivated to engage in a GP rotation.
- All trainees entered onto our programme are required to be a minimum 0.7 FTE.

Medical graduates who do not meet all the criteria may be considered on a case by case basis.

This GP attachment provide hands on experience and one with one teaching from an accredited GP teacher in a supportive and stimulating general practice environment.

For community related education we as an organisation have worked to develop education which is accessible to PHO's and NGO's within the district. We frequently offer links in many areas of our organisation to include the community in the work of CMDHB. Our community demographic demonstrates that the Counties Manukau population is high need being made up from 17% Maori and 21% Pacific people. The DHB with highest number of Maori and Pacific people in the country, matching this to the low numbers of existing GPs means that trainees will be exposed to good clinical experience.

The training that we propose is to provide a good foundation toward a vocational pathway of General Practice and is based on the series "A Curriculum for the Vocational Education of General Practitioners" (RNZCGP). Key to this is to expose the trainee to a range of environments where new skills can be learnt to satisfy the competencies of becoming a vocationally registered General Practitioner.

The run location is:

Mangere Family Doctors
Dr Michael Wilson
215 Massey Road
Mangere
Phone: (09) 275 9977
http://www.radiusmedical.co.nz/index.php/Mangere-Family-Doctors/

This practice is currently a member of TaPasefika Health Trust PHO. It is an accredited training practice with the RNZCGP and has the capacity for hosting a PGY2 trainee.

Dr Michael Wilson is responsible for trainees at Mangere Family Doctors. This is a very high needs practice with a diverse ethnic make up of predominantly Pacific people is. It is committed to Very Low Cost Access and has a reputation as a centre of excellence. This practice strongly supports a learning environment by supporting trainees to learn by doing and provides appropriate supervision. It has recently completed extensions and has become an ACC accredited Accident and Medical Clinic as an extension to the well established family practice. It is a busy practice with sufficient patient numbers to ensure that the House Officer will get good experience and also has several GP Registrar attachments who can support the House Officer in his/her learning needs.
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The placement of the trainees in a general practice run will provide an excellent general learning experience and will inform trainees' decision regarding future training in general practice as a vocational choice. Trainee 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. This will be useful whether or not the trainee opts to continue in the General Practice Training Programme. The attachment will also provide an opportunity for consolidation of clinical skills that will serve the trainee in a future general scope of practice by providing a wide range of practical and clinical experience.

The key concepts to general practice that will be applied during the training will include:

- Patient-centred care
- The generalism of general practice
- Evidence-based medicine

Performance Measures

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Objectives of the training programme

Objective:	Achieved by:
To experience and participate in general practice	Training Objectives (appendix 1)
To promote general practice as a viable and rewarding career option	Quality of the experience. Mentoring and clinician feedback/discussion
To take advantage of general practice settings to appreciate patient context	Supervisor and clinician feedback/discussion
To continue to acquire medical knowledge and expertise	Training Objectives (appendix 1)
To develop a sense of responsibility to patients, staff, and community	Peer review
To develop appropriate interpersonal and communication skills	RNZCGP GPEP1 trainee programme. We can also provide customised input to meet specific need for individuals as needed
To gain an understanding of relevant cultures including Maori and Pacific	Attend our in-house TiKanga Best Practice and our Pacific Cultural Competencies in Health Courses. Being exposed to the community of Counties Manukau with the exception of one practice are all in high need areas.
To develop collegial and peer associations and linkages	Included in orientation to this programme (appendix 2) Mentoring and support.

Learning will be facilitated through the creation of a planned and managed learning environment achieved through interactions between the trainee and patients, interactions with other health professionals in the local area, and includes support and guidance to ensure that learning occurs, and that a representative experience is obtained. The run will provide the opportunity for attachment to other community provided services (allied health, district nursing etc) to give the trainee a broad understanding of primary health care.

Learning Environment

Training will occur in the above named general practices within CMDHB. The learning will take place in clinical and community settings within these services.

Training is on an apprenticeship basis, and much learning is by example. The example set by the general practitioners and other staff in the practice strongly influences the quality of the learning experience. This requires both good role modelling by the supervisor and active participation by the trainee, with constructive feedback given to the trainee. It is essentially a 'hands-on' placement where the trainee is expected to contribute to the work of the practice.

Training will be aided by the use of technology such as Telepaeds (video conferencing) to ensure that the trainees can be included in otherwise difficult to access expertise.

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Clinical Placements (as per named above)
The general requirement's for placements is to ensure a range of relevant experience.

Supervision will ensure that trainees' learning is objectives-based, targeted to trainees' learning needs, and that there is application of the principles of cultural appropriateness to practice.

Workplace safety issues are the responsibility of the providers and trainees will conform to all practice safety standards.

Specific Training Requirements
During this period of training the following situations or cases will normally be expected to present in a general practice. It is expected that the trainee will experience at least 30% of these cases or situations during the course of the placement:

- Diabetes
- Venous ulcer
- Lacerations
- Arterial Fibrillation
- Stroke
- Temporal Arthritis
- Congestive cardiac failure
- Atrial septal defect
- Transient ischaemic attacks due to carotid stenosis
- Hypertension
- Thyrotoxicosis
- Osteoporosis
- Asthma
- Haematemesis
- Hypercholesterolaemia
- Hypothyroidism
- Osteomyelitis
- Myocardial infarction
- Unstable angina
- Fractures
- Epilepsy
- Bipolar depression
- Suicide attempt
- Parkinson's disease
- Dysmenorrhoea
- Oral contraception
- Prostatism
- Changing medication due to Pharmac initiatives
- Insomnia
- Perforated ear drum
- Middle ear grommet tubes
- Injury to acromioclavicular joint
- Migraine headaches
- Cervical smear
- Depression
- Rheumatic valve disease
- Infectious mononucleosis
- Tonsillitis

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Supervision and guidance will be provided for the following skills list:

- Small lesion removal
- Suturing
- Anterior nasal pack insertion
- Rhinoscopy
- Application of liquid nitrogen
- Auditory canal irrigation
- Bandaging a limb
- Blood glucose determination
- Cervical smears
- 12 lead ECG
- IV cannulation
- Joint aspiration
- Metered dose inhaler technique
- Ophthalmic minor procedures
- Casting
- Point of care urinalysis
- Proctoscopy
- Tympanometry
- Venous blood sampling
- Wound care
- Communication Skills, including CBT and motivational Interviewing for brief opportunistic interventions

Content will include:

- Acting as an advocate
- Working in a team
- Demographics of CMDHB populations.
- Safety – Airway – Breathing – Circulation – Disability/deformity –

Environment

- Triage, the co-ordination of urgent transfer and confronting fallibility in emergency situations
- Personal management skills
- Impacts of legislation
- Skills in the use of technology – xray machines, reading films, ECGs, obstetric monitoring equipment
- Aspects of living in a multi-cultural community

Clinical Supervision

At PGY 2/3 level we believe our trainees will require more supervision and support. Clinical supervision will be provided by the preceptor, Dr Michael Wilson. The Director Primary Care, Dr Allan Moffitt, will provide mentoring and in addition, the Educational Supervisor (Mr Wilbur Farmilo's) will maintain an overview. This is to ensure that the RMO is getting exposed to a training environment that enables successful completion of their desirable skills list, throughout the year. In this model support/feedback and mentoring is offered to the trainee on a monthly basis.

The preceptor clinical supervisor will accept responsibility for direct supervision on a day-to-day basis for the learning needs and the provision of clinical care during the attachment.

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The trainee will work directly with the clinical supervisor. Clinical supervisors will have responsibility for the trainee's patients and will:

- Create and maintain a suitable individual learning environment for the trainee
- Act as a mentor for the trainee
- Make sure that a wide range of opportunities for clinical skill development is available to the trainee
- Ensure that the trainee has a level of supervision appropriate to his/her skill level
- Provide guidance to the trainee on the development of clinical strategies, knowledge, and skills objectives
- Provide guidance and advice to trainees regarding the cultural appropriateness of care provided
- Usually not have more than one House Officer trainee under their supervision
- Provide a report to the DHB which employs the trainee and the CTA at the end of the placement
- Arrange for alternative supervisor to cover any periods of absence

Programme Coordination

A co-ordinator will:

- Liaise with the practices and DHB administration
- Regularly evaluate trainees' training and visit each trainee at least once during a placement
- Monitor supervision, experience gained, and allocation of duties for Trainees and facilitate such changes as may be necessary.

The co-ordinator can be based within a hospital or a general practice, and may arrange and co-ordinate training placements for more than one hospital or general practice.

Expected Outcomes

Trainees will gain meaningful experience of general practice, and be more aware of the general practitioner/hospital interface, and interface between health professionals in the CMDHB.

Trainees will have contributed to the work of the general practice during their placement. Trainees will provide a report of their experience to their employing hospital on completion of the placement. Copies of this report will also go to the host practice, programme co-ordinator and ARRMOS.

The trainee will have been involved in at least 30% of the situations or cases as documented above.

These general practice positions will be recognised as a rewarding and viable career option.

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Section 1: House officer Responsibilities

Area	Responsibilities
General	Understand the philosophy and objectives of the named GP 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. Work closely with members of the multidisciplinary team in provision of assessments for out-patients, at the named GP practice. Work closely with members of the multidisciplinary team in provision of assessments, including investigations, for patients referred to named GP practice. Develop, and implement management plans for out patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team Undertake diagnostic and treatment procedures appropriate to the subspecialty Monitor and review management plans in accordance with changes in the clinical condition of patients 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. Inform named supervisor in GP practice of the status of patients especially if there is an unexpected event 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

Section 2: Weekly Schedule

A full time house officer will work 40 ordinary hours per week being eight hour shifts between the hours of 0800 and 1700, which will include a 1 hour unpaid lunch break. There is consultant/vocationally registered GP presence during these hours.

In addition, the house officer will participate in one late night per week (1700 – 2200) and an average of 1:4 eight hour shift (between the hours of 0800 Saturday to 0800 Monday)

During these hours the house officer will be allocated to clinical activities, non clinical activities and two hours per week of protected training time. Timetabling of session with the preceptor, clinical activities, non clinical activities and protected training time may be subject to change. Clinical activities may include time consulting patients, reading letters relating to a patient's care, and writing patient referral letters, multi-disciplinary meetings, audit and quality assurance activities, case conferences and reviews, telephone and other ad hoc consultations, community health promotion activities, discussions and meetings with care givers and patients' families, preparation of clinical reports.

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Non - clinical activities may include specific learning sessions, teaching – (including preparation time), networking with colleagues at the practice, educational or personal supervision, service or practice administration, general reading or research, planning meetings, preparation of educational resources, preparation of clinical resources and time spent visiting other community services for the broader understanding of the primary health care environment.

Section 3: Cover

There is one house officer on this run and there is an experienced GP available on-site during all hours that the house officer is required to work.

Section 4: Training and Education

Nature	Details
Protected Training Time	Protected training time of 2 hours per week will be allocated for CPE, professional self development, medical learning and to attend teaching sessions with training supervisor, and relevant grand rounds.
The House officer is expected to contribute to the education of nursing, technical staff and medical staff when requested	

Section 5: Performance appraisal

House officer	Practice
The House officer will: at the outset of the run meet with their supervising consultant or designated consultant if supervising consultant is not available 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 supervising consultant or designated consultant if supervising consultant is not available	The Practice will provide a suitable work and training environment that will foster excellence in patient care and support high quality education. An initial meeting between the supervising consultant (or designated GP if supervising consultant is not available) and house officer will be arranged to discuss goals and expectations for the run, review and assessment times. An interim assessment report will be provided midway through the run (after six weeks), after discussion between the house officer and the supervising consultant (or designated GP if supervising consultant is not available). A final assessment report will be provided at the end of the run, a copy of which is to be sighted and signed by the house officer. The opportunity to discuss any deficiencies identified during the attachment will be available at any time. The supervising consultant (or designated GP if supervising consultant is not available) in conjunction with the House officer will discuss and implement a plan of action to correct identified deficiencies.

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Section 6: Leave

House officer	Practice
The House officer will: apply for annual leave as soon as possible, this leave will be covered by other GP's in the practice. apply to both the GP practice, the Director of Primary Care and ARRMOS advise the programme co-ordinator of any approved leave	The Practice will arrange for cover for reasonable periods of leave requested and ensure that CMDHB is notified of any absences so that CMDHB payroll can be informed.

Section 7: Hours and Salary Category

Average Working Hours		*Service Commitments*
Basic hours (Mon-Fri)	40	
Additional rostered hours	6.5	
Unrostered hours	2	
Weekend hours	2	
Total hours	**50.5**	

This run will be remunerated at **Category D** on the RMO scale as per the RDA MECA.

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