House Officer Job Description

Whilst each department and specialty you work under as a House Officer within Te Whatu Ora | Health New Zealand will have a specific Run Description (Job Description), these are the general skills and competencies expected by House Officers to be able to do, to function and perform. It is normally expected that House Officers can complete these skills on commencing PGY1 and become more proficient over the course of PGY1/2.

Position:	House Officer within Te Whatu Ora | Health NZ
Department:	As outlined by each Run Allocation/Run Description
Place of Work:	Hospital and Community Placements
Responsible to:	A House Officer or House Surgeon is responsible to their clinical team (Registrars, Fellows, Consultants) and then to their Clinical Director and Service Manager of the relevant department.
Functional relationships:	Healthcare consumer, Hospital and community-based healthcare workers, including (but not limited to) Nursing staff and Allied Health (Physiotherapists, Occupational therapists, Social Workers, Hospital Aides), RMOs (Junior and Senior), SMOs, RMO Units and Service Managers
Primary objective:	Facilitate the management of patients under the care of the department/team rostered.
Run recognition:	Each clinical attachment will have its own run description outlining the accreditation for pre-vocational training through MCNZ
Run period:	Run length varies from 12-24 weeks

Section 1: House Officer Responsibilities

Area	Responsibilities
Hours	Working hours as described in the individual run description. Hours can range from 40-60+ hours and include weekend, evening/duty shifts and night work. Paid as per the relevant collective agreement and salary step which is based on the hours worked. Minimum break entitlements and hour limits (**see specific union information**).
Scope of care and Supervision	Scope of care In hours: House Officers are responsible for the care of patients under the care of their team/department/ward as set out in the run description. Out-of-hours: A House Officers individual scope of care may broaden to include patients outside of the care of their in-hour clinical responsibilities.

	Direct clinical supervision is always available and provided by senior colleagues (RMO's or SMO's). Clinical judgement needs to be exercised when treating patients and escalated appropriately. Although House Officers may care for patients independently, direct line of responsibility falls on the admitting SMO or SMO on call. Uncertainty in decision making is expected to be escalated to more senior team RMO or SMO. <u>Supervision (in hours)</u> House Officers are supervised during hours through their clinical team (Registrar/Fellow/SMO) <u>Clinical supervision (out of hours)</u> As mentioned above, out of hours House Officers may find their scope of care widens to include patients not part of their usual in hours clinical responsibilities. Supervision out of hours includes senior colleagues (RMO's and SMO's) most appropriate to the patient. This will often be on call staff members that you have not worked with before.
Training and Education	<u>Prevocational training</u> ▪ House Officers yet to complete 24 months of accredited clinical placements are supervised in their training by the MCNZ. ▪ Training during this period will be supervised by an individual Prevocational Educational Supervisor appointed at the beginning of PGY1 and a Clinical supervisor (often an SMO you are directly clinical responsible to) during each clinical placement. ▪ Further details regarding training requirements are outlined in the MCNZ prevocational framework and electronic portfolio (ePort). <u>Education</u> ▪ Formal and informal teaching arrangements ▪ Formal PGY1 teaching (a part of ePort requirements) ▪ Informal on the job ▪ Examples: Journal club, M&M's, simulation training etc
Clinical duties	P<u>rescribing</u> ▪ Full prescribing abilities, including controlled drugs ▪ Intravenous fluid prescribing, including intravenous electrolyte replacement and TPN <u>Order and interpret routine inpatient investigations</u> (under supervision), examples including: ▪ Blood tests ▪ ABGs ▪ ECGs ▪ X-rays, CT, MRI

	<u>Procedural skills</u> ▪ Intravenous cannulation and venipuncture ▪ Arterial blood gas ▪ Place local anesthetic ▪ Suture simple wounds <u>Sign-off</u> ▪ Expected review +/- sign off on routine laboratory and radiology investigations – escalating significant results in a timely manner (reports signed for are actioned e.g. low K+, appropriate supplementation charted) <u>Referrals</u> ▪ Make both inpatient and outpatient referrals for patients <u>Review and treat deteriorating patients</u> ▪ Reviewing unwell patients, creating treatment plans and escalating deterioration to senior colleague ▪ Recognise and manage the signs and symptoms of a dying patient under supervision
Other duties and Responsibilities	Awareness of all patients under the care of the inpatient team. Utilise hospital protocols where appropriate. <u>Communication</u> ▪ Involving communicating of information regarding diagnosis, investigations, management and treatment with patients and their families ▪ Communication with other inpatient doctors, nursing staff and allied health staff ▪ Clear and timely communication is an important aspect of working in a team (both with senior colleagues and allied health staff) ▪ Handover of patient care and requests are a crucial aspect requiring communication of pertinent information ▪ Examples of communication and handover frameworks include the ISBAR technique (Introduction, Situation, Background, Assessment and Request) <u>Teamwork</u> ▪ Most runs will involve working in a team-based structure with several senior and junior colleagues (including medical students) <u>Teaching</u> ▪ Teaching (both of colleagues and medical students) occurs in both formal and informal settings <u>Organisation and prioritisation</u> ▪ Prioritisation and organisation of clinical duties and tasks required to achieve optimal patient care

	<u>Informed consent</u> ▪ Where appropriate house officers may gain informed consent for certain procedures under the MCNZ guideline with the guidance and supervision of senior staff
Administration	<u>Documentation</u> ▪ Adequate and legible documentation in accordance with each hospital's requirement for ward rounds and whenever management changes are made. All documentation should be dated with the time and signed with name, title and contact details <u>Discharges</u> ▪ Providing patients with electronic discharge summary paperwork, appropriate discharge scripts and follow-up appointments

This document has been developed by doctors for internal reference and educational purposes. Its primary aim is to provide a general guide to the expected responsibilities, skills, and competencies of House Officers within Te Whatu Ora | Health New Zealand. It is not an official employment contract, legal job description, or a substitute for formal employment documentation. For specific employment terms and conditions, please refer to your run description, employment agreement, and the relevant collective agreement.