

RUN DESCRIPTION

POSITION:	Dental House Officer
DEPARTMENT/SERVICE:	Dental and Oral Health Service
PLACE OF WORK:	Location will vary as the House Surgeon will work between Wellington and Kenepuru Hospitals
RESPONSIBLE TO:	Clinical Leader Team Leader Kenepuru Practice Manager
FUNCTIONAL RELATIONSHIPS:	Clinical Leader Practice Manager Senior dental clinicians and consultants Oral and maxillofacial surgeons Junior dentists Dental technicians Dental auxiliary staff Public Health Dentist School Dental Service staff Dental reception staff Other Hospital Services Oral Health Service in other DHBs Private dental providers
PRIMARY OBJECTIVE:	The Dental House Officer is responsible for providing oral health services or to assist senior colleagues who are providing oral services. The services will include general dentistry, dentoalveolar surgery and relief of pain on an acute and routine basis. The patients may be medically compromised, intellectually, mentally or physically disabled, children enrolled in the School Dental Service,

	<p>adolescents as part of the Adolescent Service and low-income adults. These patients may be referred by a medical or dental provider or may be self-referred.</p> <p>The Dental House Officer may be rostered to work at both Kenepuru and Wellington sites.</p>
RUN RECOGNITION:	W.DEN.GEN.HO.001, 002,003 and 004
RUN PERIOD:	<p>RMO Collective Employment Contract</p> <p>12 month contract. Not recognised as a training position for specialist registration by the Dental Council of New Zealand</p>

Section 1: Organisational Overview

CCDHB's Mission, Vision and Values
<p>Our Mission: <i>Together, Improve the Health and Independence of the People of the District</i></p> <p>Our Vision: <i>Better Health and Independence for People, Families, and Communities</i></p> <p>Our Values:</p> <ul style="list-style-type: none">• <i>Innovation</i>• <i>Action</i>• <i>A focus on People and Patients</i>• <i>Living the Treaty</i>• <i>Professionalism through Leadership, Honesty, Integrity and Collaboration</i>• <i>Excellence through Effectiveness and Efficiency</i>
<p>As part of its overall employment strategy, CCDHB is committed to:</p> <ul style="list-style-type: none">• Supporting the principles of Equal Employment Opportunities through the provision and practice of equal access, consideration, and encouragement in the areas of employment, training, career development and promotion for all its employees.• Te Tiriti o Waitangi principles of partnership, participation, equity and protection by ensuring that guidelines for employment policies and procedures are implemented in a way that recognises Maori cultural practices.
RMO responsibilities in relation to CCDHB's Organisational Objectives
<ul style="list-style-type: none">• RMOs operate according to the Mission, Vision and Values of the DHB• RMOs provide patients with high quality care• RMOs will work with colleagues to assist people achieve their optimum health• RMOs will work co-operatively with other health professionals and staff working across the hospital and in community settings• RMOs will support and comply with CCDHB's Code of Conduct and all policies and procedures including health and safety requirements• RMOs will help CCDHB to maintain a safe working environment for all staff• RMOs will work in ways that enhance the efficiency and effectiveness of clinical and other DHB services• RMOs will work in ways that make the most effective use of clinical supplies

Section 2: RMO Clinical Responsibilities - General

Area	<i>Common Clinical Responsibilities for all RMOs</i>
General Clinical Responsibilities:	<ol style="list-style-type: none"> 1. Under the supervision of relevant clinician(s), a RMO's clinical responsibilities may include: <ol style="list-style-type: none"> i) Managing patients commensurate with and appropriate to skill level. ii) Assessing and admitting patients; organising relevant examinations and investigations; ensuring results are directed and actioned as required. iii) Obtaining informed consent from the patient or legal representative of a patient without duress. iv) Undertaking clinical responsibilities as directed. v) Maintaining a high standard of communication with patients, patients' families and staff. vi) Communicating effectively with patients and (as appropriate) their families/friends about patient's treatment. vii) Informing relevant clinician(s) of the status of patients especially if there is an unexpected event. viii) Liaising with other staff members, departments, and General Practitioners in the management of patients. ix) Ensuring required paperwork (e.g. patient records, referrals and discharge plans) is completed at the appropriate time and to the appropriate standard (i.e. in accordance with statutory requirements and professional standards). 2. Prompt attendance at ward rounds, outpatient clinics and theatre sessions and any other places of work that may be described in the relevant Run Description. 3. Prompt attendance at education sessions and other staff meetings that may occur. 4. Assessing and managing acute patients in the Emergency Department within agreed timeframes, where appropriate. 5. Responding promptly and effectively to emergency situations. 6. Responding promptly to concerns of patients and relatives about a patient's care and to act as their advocate when appropriate. 7. Maximising health promotion opportunities. 8. Ensure the dignity and humanitarian needs of the patient are met and the cultural needs are respected.

Area	<i>Common Clinical Responsibilities for all RMOs</i>
Clinical	1. Patient notes will be fully completed to enable other staff to deliver

Responsibilities: Patient Notes	<p>appropriate care.</p> <ol style="list-style-type: none"> 2. It is a legal requirement to document the treatment/findings. 3. Consultants and RMOs are responsible for recording all patient diagnosis and information relevant to the episode of care. 4. Recording all investigations and treatments in the patient notes, (either Dental software, hospital electronic records, or hospital written notes) including any alterations to patient management. 5. A documented discharge plan for all admitted and day-case patients before they leave the hospital, which includes all diagnoses and procedures that were performed.
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Section 3: RMO Clinical Responsibilities - Specific

Area	<i>RMO Clinical Responsibilities Specific to this Run</i>
Specific Clinical Responsibilities:	<ul style="list-style-type: none">•Provide appropriate high-quality general dental clinical services for allocated patients. It is expected that services will be provided to a standard which achieves a high level of oral health consistent with the specific needs of the patient.
Specific Clinical Responsibilities:	<ul style="list-style-type: none">•Consulting and coordinating with medical and dental colleagues in the managing of dental patient care as appropriate
Specific Clinical Responsibilities:	<ul style="list-style-type: none">•Ensure clinical records are maintained consistent with best-practice principles.
Specific Clinical Responsibilities:	<ul style="list-style-type: none">•Contribute to the development and promotion of a Service culture which facilitates collegial team interactions with a focus on the patient. To embrace change and the opportunities it brings.

Section 4: RMO Administrative Responsibilities

Area	Relevant information and RMO Responsibilities
Administration: Annual (and Study) Leave	<ol style="list-style-type: none"> 1. Consistent with the goals of maintaining a healthy and safe workforce, CCDHB encourages all RMO to utilise their annual (and study) leave entitlement. 2. To enable your leave request to be considered as effectively and efficiently as possible, RMOs should: <ol style="list-style-type: none"> a) <u>Either</u> apply for leave via the Staff Kiosk if the leave being applied for occurs during the period of your current run b) <u>Or</u> if the leave being applied for falls outside your current run, then complete an annual leave form and deliver or email this to your respective RMO Coordinator 3. You will then be advised of the leave decision made by the Service Leader/Clinical Leader/Department. 4. To ensure that the process of applying for leave works as effectively as possible, it is important that RMOs submit an application as soon as they can. RMO's are therefore strongly encouraged to apply for annual and study leave prior to the start of the run so that appropriate cover can be considered (i.e. as soon as their allocation is confirmed).
Administration: Sick Leave	<ol style="list-style-type: none"> 1. An RMO who is unfit for duty due to illness must notify the Practice Manager. 2. Sick leave must be applied for through the Staff Kiosk by the RMO or the Practice Manager if staff member is away for an extended period.
Administration: Time Sheets	<ol style="list-style-type: none"> 1. RMOs are to authenticate their shifts on their individual payroll kiosk account, including diagnosis and outcome codes for all patients. 2. All call-back claims also need to be authenticated as part of this process. 3. This is required to be completed fortnightly by Sunday evening at the completion of each pay period.
Administration: Roster Changes	<ol style="list-style-type: none"> 1. RMOs seeking any changes to their roster must discuss these with their Practice Manager. 2. It is necessary for the Practice Manager to ensure all potential roster changes are feasible as well as MECA compliant.

Section 5: Training and Education

<i>Area</i>	<i>Responsibility</i>
General	<ol style="list-style-type: none"> Attendance and participation as appropriate in orientation sessions, ward in-service training programmes, educational sessions, department seminars and other staff meetings. Meet all training and development requirements.
Education and training of others	<ol style="list-style-type: none"> Actively contribute to the education of trainee interns, medical and dental students and other health care professionals in training who have been assigned to your team. Teach other health care workers as requested.
Educational/Staff Development Opportunities specific to the Run	<p>General provisions</p> <p><u>Training and education</u></p> <p>Dental in- Service training 4hrs 8- Weekly</p> <p>Venue: Kenepuru/ Wellington = 30 minutes Per Week</p> <p>Service training to include presentations from staff outside of the department and staff within the service to present a chosen topic.</p> <p>Grand Round- Thursdays 1200-1300</p> <p>----</p> <p>Clinical meeting 1hr Various Weekly</p> <p>Continuing dental education for recent graduates</p> <p>First year Dental House Officers are strongly encouraged to attend the Recent Graduate Development programme coordinated by the New Zealand Dental Association. Seminars are usually held in the evening, once monthly.</p> <p>Dental house Officer are also encouraged to join the NZDA Wellington Branch who hold meetings monthly.</p> <p>Performance appraisal</p> <p>A performance appraisal will be completed at 6 months and on completion of 12 months employment. The appraisal will be completed in conjunction with a Senior Dentist from within the Department</p>

Section 6: Performance Appraisal

1. At the beginning of the run, the RMO and their clinical supervisor are to agree goals and expectations for the run, review and assessment times and one on one teaching times.
2. Halfway through and at the end of a run, the clinical supervisor will initiate a formal review of the RMO's performance.
3. A Performance Appraisal Form will be completed by the appropriate clinical supervisor at mid term and by the end of the run for all RMOs except PGY1 and PGY2.
4. The Performance Appraisal Form will be discussed with the RMO and is to be signed/commented upon by the RMO before being returned to the RMO Unit by the specified date.
5. After any assessment that identifies deficiencies, develop and implement a corrective plan of action in consultation with your clinical supervisor.

Section 7: Cover

This run is normally covered by four Dental House Officers.

HO.001, 002,003 and 004

Section 8: Hours and Salary Category

Hours of work

Ordinary hours	Monday – Friday	0800 –1600	8 hours
Rostered Overtime	Monday- Friday	1600- 1630	2.5 hours
On call-carries on call phone.	Friday-Friday 1/4	1630-0800	
Total			42.50 hours

Salary

Category F

Expected Average Hours per Week

Ordinary Hours	40
Rostered Overtime	2.5
Unrostered Overtime	Nil
Unrostered Ordinary Hours	Nil
TOTAL	42.50
Category	F