

Position Description

Position	Prevocational Education Supervisor (Senior Medical Officer)
Team / Service	Resident Medical Officer Support Service (RMOSS)
Group	Hospital Operations
District	Capital, Coast & Hutt Valley and Wairarapa Districts
Responsible to	Director of Clinical Training
Children's Act 2014	This position is classified as a children's worker, requiring a safety check including police vetting before commencing and every three years
Location	This position is expected to work from [list the campus(es), hospital(s), or description such as, "multiple locations across the district"]

Te Whatu Ora

The Health System in Aotearoa is entering a period of transformation as we implement the Pae Ora/Healthy Futures vision of a reformed system where people live longer in good health, have improved quality of life, and there is equity between all groups.

We want to build a healthcare system that works collectively and cohesively around a shared set of values and a culture that enables everyone to bring their best to work and feel proud when they go home to their whānau, friends and community. The reforms are expected to achieve five system shifts. These are:

1. The health system will reinforce Te Tiriti principles and obligations
2. All people will be able to access a comprehensive range of support in their local communities to help them stay well
3. Everyone will have equal access to high quality emergency and specialist care when they need it
4. Digital services will provide more people the care they need in their homes and communities
5. Health and care workers will be valued and well-trained for the future health system

Context

Capital, Coast & Hutt Valley district provides hospital and health services in primary, secondary and tertiary healthcare to a total population base of approximately 445,000 citizens.

We are accountable for meeting the needs of and improving health outcomes for all the constituent populations of our district, and the region more broadly. Together we:

- provide secondary and tertiary, medical and surgical hospital services alongside community based health care
- fund local health providers and work collaboratively with the community to create and support multiple health education initiatives and projects within the region
- deliver health services directly as well as contracting external providers
- provide local, sub-regional, regional and national health services as well as community-based health, rehabilitation and support services.

The majority of the district's population live in Wellington and Lower Hutt. The Māori and Pacific populations of Lower Hutt and Wellington are proportionally similar, with the largest Pacific population in the region in Porirua. Kapiti and Upper Hutt have similar numbers of Māori and Pacific people. Most people are enrolled with a GP near their place of residence, so the increasing focus on community-based healthcare is expected to lead to better health outcomes for these population groups. Hutt Hospital provides secondary and some tertiary, medical and surgical hospital services alongside community based health care from its main facility in Lower Hutt City. In addition to funding local health providers and working collaboratively with the community to create and support multiple health education initiatives and projects, Hutt Hospital is the centre for five tertiary regional and sub-regional services - Plastics, Maxillofacial and Burns Services; Rheumatology; Dental Services; Regional Public Health; and Regional (Breast and Cervical) Screening Services.

Wellington Regional Hospital in Newtown is the region's main tertiary hospital with services such as complex specialist and acute procedures, intensive care, cardiac surgery, cancer care, neurosurgery and renal care. The hospital is the key tertiary referral centre for the lower half of the North Island and the upper half of the South Island.

Te Wao Nui, the Child Health Service for the Wellington Region and Central New Zealand based in the new purpose built children's hospital on the Wellington Regional Hospital campus, supports babies to adolescents with medical conditions or who may need paediatric surgery. It provides both hospital and outpatient services.

Women's Health Services provide tertiary level maternity care in Wellington and Hutt Regional Hospitals and a Primary Birthing Unit in Kenepuru. The provision of services from Women's Health encompass community-based primary LMC care and breastfeeding support, and tertiary level obstetrics, gynaecology, and other specialist services.

Kenepuru Community Hospital and Kapiti Health Centre provide secondary and community services based in Porirua and the Kapiti Coast

MHAIDS is the mental health, addictions and intellectual disability service for the Wairarapa District and Capital, Coast & Hutt Valley District, with multiple specialist facilities. Ratonga Rua-o- Porirua is our forensic, rehabilitation and intellectual disability inpatient unit.

Te Tiriti o Waitangi and Māori Health Outcomes

Māori are the indigenous peoples of Aotearoa. We have particular responsibilities and accountabilities through this founding document of Aotearoa. We value Te Tiriti and have adopted the following four goals, developed by the Ministry of Health, each expressed in terms of mana and the principles of:

- Mana whakahaere** Effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.
- Mana motuhake** Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.
- Mana tāngata** Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.
- Mana Māori** Enabling Ritenga Māori (Māori customary rituals) which are framed by Te Aō Māori (the Māori world), enacted through tikanga Māori (Māori philosophy & customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

We will target, plan and drive our health services to create equity of health care for Māori to attain good health and well-being, while developing partnerships with the wider social sector to support whole of system change.

The Vision, Mission and Values from our District

We bring forward and join our values within our district. These will change as we become a team of teams within Te Whatu Ora.

Hutt Valley

Vision

Whanau Ora ki te Awakairangi: Healthy people, healthy families and healthy communities are so interlinked that it is impossible to identify which one comes first and then leads to another.

Mission

Working together for health and wellbeing.

Ō mātou uara – Values

Mahi Pai ‘Can do’: Mahi Tahi in Partnership: Mahi Tahi Te Atawhai Tonu Always caring and Mahi Rangatira being our Best

Capital and Coast

Vision

Keeping our community healthy and well

Mission

Together, Improve the Health and Independence of the People of the District

Value

Manaakitanga – Respect, caring, kindness
 Kotahitanga – Connection, unity, equity
 Rangatiratanga – Autonomy, integrity, excellence

District Responsibility

The district leadership have collective accountability for leading with integrity and transparency a progressive, high performing organisation, aimed at improving the health and independence of the community we serve and achieving equitable outcomes for all. The leadership team are responsible for achieving this aim, aligned with our Region, within the available resources, through a skilled, empowered, motivated and supported workforce in line with government and HNZ policy.

Te Whatu Ora is committed to 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 Māori cultural practices.

We are committed to supporting the principles of Equal Employment Opportunities (EEO) 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.

Team Perspective

The RMO Unit facilitates linkages between and provides support for all those involved in RMO management functions within CCHV and across the sub regional districts to ensure consistency of management practices, provision of employment agreement compliance, and administration of employment issues relating to RMOs. It also undertakes sourcing and selection of RMO's for the sub regional districts.

The RMO unit provides a strategic overview of and input to RMO workforce, Single-Employer Collective Agreement (SECA) and management issues. The RMO Unit promotes open communication between clinical and operational management, NZ Resident Doctor's Association (NZRDA) and RMOs. The unit works collaboratively with the SMO RMO Unit for the Wairarapa and Hutt Valley DHBs and also participates in National RMO groups.

Purpose of the role

The Prevocational Educational Supervisor (PES) works across the organisation supported by the RMO unit, the Chief Medical Officer (CMO), and the Director of Clinical Training. At any given time there are between 50-60 PGY1 and PGY2 interns employed at CCHV.

To oversee, develop and ensure the provision of excellent education, training and supervision of prevocational interns. This position description should be read in conjunction with "Guide for Prevocational Educational Supervisors" MCNZ document.

Key Accountabilities

The following role accountabilities may evolve with organisational change and there may be additional duties, relevant to this position that will be required to be performed from time to time.

Key accountabilities	Deliverables / Outcomes	Key Performance Indicators
1. Leadership	<ul style="list-style-type: none"> Be a good role model, display good knowledge of and interest in education, skill in clinical medicine, management and interpersonal relations 	<ul style="list-style-type: none"> Doctor registered within a vocational scope of practice; in good standing with the Medical Council (i.e. eligible for Certificate of Good Standing); good collegial relations within the DHB Comply with the MCNZ Prevocational Educational

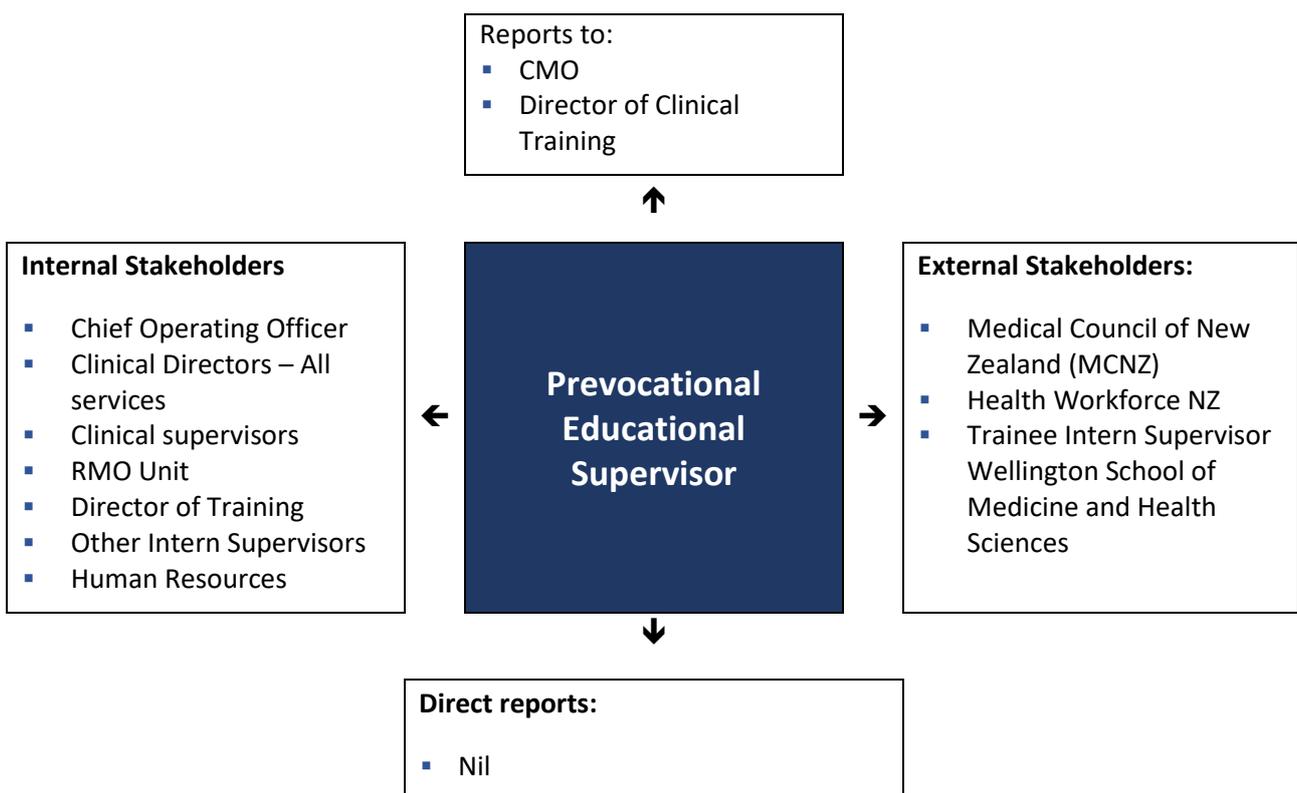
Key accountabilities	Deliverables / Outcomes	Key Performance Indicators
		<p>Supervisor key responsibilities (Schedule 1)</p> <ul style="list-style-type: none"> ▪ Participate in Ace Matching. Phone interviews need to be completed on all applicants ▪ Run allocations for 1stand 2nd year house surgeons. ▪ Attend and participate in run allocation meetings ▪ Attend quarterly regional RMO unit meetings.
2. Communication	<ul style="list-style-type: none"> ▪ Ensure that interns are aware of the PES role within the hospital and that the PES is known to all the interns. ▪ Liaise closely with the Director of Training, CMO, and CEO, , on education, training and supervision of interns. ▪ Ensure that all consultant teams are aware of the training objectives and procedures to ensure that the interns' clinical experience meets registration requirements. ▪ Encourage clinical supervisors discuss assessment reports with interns and provide timely feedback to any interns experiencing difficulty in the clinical area. ▪ Meet with the interns as a group to provide support and hear any concerns, and at the end of the year to review the overall programmes. ▪ Be available as required for interns experiencing problems, particularly to those overseas trained interns having difficulty acclimatising to New Zealand. 	<ul style="list-style-type: none"> ▪ Interns recognise you as PES, know what the role entails and what it means to them – this may be measured by an annual satisfaction survey of interns. ▪ Be available, approachable and supportive. ▪ Ensure a suitable learning environment ▪ Issues pertaining to the clinical education, training and supervision of interns are monitored and discussed at regular meetings with the Director of Training. Liaison with clinical, administrative and management staff as appropriate. ▪ Consultants are aware of MCNZ obligations for attachment documentation within the E-port system which ensure the interns' clinical experience meets registration requirements ▪ Consultants discuss performance feedback with interns at the middle and end of a run ▪ Evaluate feedback for trainees against objectives and program delivered, at the conclusion of each run. ▪ Group meetings with interns occur at least once a run (quarterly) throughout the year. ▪ Ensure overall programme objectives are agreed with the

Key accountabilities	Deliverables / Outcomes	Key Performance Indicators
		<p>trainee and clinical supervisors at the commencement of each run.</p> <ul style="list-style-type: none"> ▪ Assess and understand any difficulties the intern may be having; give advice as required; refer on to appropriate bodies for counselling/guidance as required.
3. Recruitment Support		<ul style="list-style-type: none"> ▪ Liaise with the RMO and HR Recruitment Advisors ▪ Support of ACE matching interviews/screening of potential PGY1's. ▪ Provide performance support to the RMO unit and development of identified performance issues. ▪ Understand service and how to access Occ health, EAP and DHAS
4. Programme Administration	<ul style="list-style-type: none"> ▪ Review the quarterly e-port entries for the assessment of interns. Participate in Advisory Panels at the end of year to recommend whether interns are suitable for registration within a general scope of practice. ▪ Monitor the education programme and facilities available for interns, and provide feedback to the Director of Training. ▪ Attend annual PES meetings, allowing for clinical commitments ▪ Ensure the return of the Medical Council quarterly claim forms. ▪ Participate by invitation from the Medical Council as a member of an accreditation team visiting hospitals or general practices in other areas 	<ul style="list-style-type: none"> ▪ A final recommendation is made to the Medical Council on the granting of registration within a general scope of practise for each intern after a minimum of twelve months. ▪ Management of RMO performance issues will be through a coordinated RMO process to ensure additional training support for RMOs and support from relevant consultant staff ▪ Organisation of and attendance at the PGY1 orientation programme ▪ Organisation of the intern education programme (PGY1 and 2) ▪ Work with the Simulation Suite for access to training. ▪ The education programme and facilities at the hospital are kept current and relevant; a brief one-page annual report of activities is submitted. ▪ At least one PES meeting is attended each year. ▪ Quarterly claim forms detailing the number of interns supervised, and any corrections required to

Key accountabilities	Deliverables / Outcomes	Key Performance Indicators
		<p>Medical Council’s database of runs, are returned within two weeks of receipt.</p> <ul style="list-style-type: none"> Participation in at least one hospital or general practice accreditation team visit occurs during tenure as intern supervisor.
5. Other Tasks	<ul style="list-style-type: none"> Undertake any other projects or tasks as required within reasonable scope of the position description. 	<ul style="list-style-type: none"> Projects are undertaken and completed to a high standard as assigned.

Key Relationships & Authorities

Note: Reporting lines and processes may change as the training structure develops.



Capability Profile

Solid performance in the role requires demonstration of the following competencies. These competencies provide a framework for selection and development.

Competency	Behaviours
Interpersonal Savvy	<ul style="list-style-type: none"> ▪ Relates well to all kinds of people – up, down, and sideways, inside and outside the organisation ▪ Builds appropriate rapport ▪ Builds constructive and effective relationships ▪ Uses diplomacy and tact ▪ Can diffuse even high-tension situations comfortably
Organising	<ul style="list-style-type: none"> ▪ Can marshal resources (people, funding, material, support) to get things done ▪ Can orchestrate multiple activities at once to accomplish a goal ▪ Uses resources effectively and efficiently ▪ Arranges information and files in a useful manner
Planning	<ul style="list-style-type: none"> ▪ Accurately scopes out length and difficulty of tasks and projects ▪ Sets objectives and goals ▪ Breaks down work into the process steps ▪ Develops schedules and task/people assignments ▪ Anticipates and adjusts for problems and roadblocks ▪ Measures performance against goals ▪ Evaluates results
Decision Quality	<ul style="list-style-type: none"> ▪ Makes good decisions (without considering how much time it takes) based upon a mixture of analysis, wisdom, experience, and judgement ▪ Most of his/her solutions and suggestions turn out to be correct and accurate when judged over time ▪ Sought out by others for advice and solutions
Problem Solving	<ul style="list-style-type: none"> ▪ Uses rigorous logic and methods to solve difficult problems with effective solutions ▪ Probes all fruitful sources for answers ▪ Can see hidden problems' ▪ Is excellent at honest analysis ▪ Looks beyond the obvious and doesn't stop at the first answer
Quality & Innovation	<ul style="list-style-type: none"> ▪ Provides quality service to those who rely on one's work. ▪ Looks for ways to improve work processes - suggests new ideas and approaches. ▪ Explores and trials ideas and suggestions for improvement made by others. ▪ Shows commitment to continuous learning and performance development.
Negotiating	<ul style="list-style-type: none"> ▪ Can negotiate skilfully in tough situations with both internal and external groups; ▪ Can settle differences with minimum noise; ▪ Can win concessions without damaging relationships; ▪ Can be both direct and forceful as well as diplomatic; ▪ Gains trust quickly of other parties to the negotiations; ▪ Has a good sense of timing

Experience and Capability

Essential qualifications, skills and experience

A. Knowledge, Skills & Experience:

- The PES should be an SMO who is familiar with the day-to-day work of Interns who are deployed in wards and services throughout the DHB.
- Have knowledge of the basic skills expected of Interns, and an understanding of the new NZMC Prevocational Curriculum and training expectations.
- Must be approachable and interested in education, having an ability to work with supervising specialists

B. Essential Professional Qualifications / Accreditations / Registrations:

- Vocationally registered as a specialist medical officer

C. Someone well-suited to the role will place a high value on the following:

- Credible professional role model with personal integrity, displaying good knowledge of and interest in educational matters, skill in clinical medicine, human resource, management, communication and interpersonal relationships and having the respect of interns and colleagues.

Ma tini, ma mano, ka rapa te whai
By joining together we will succeed