

RUN DESCRIPTION

POSITION:	Clinical Haematology Registrar
DEPARTMENT:	Clinical Haematology
PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites
RESPONSIBLE TO:	Service Manager and Clinical Director, through their supervising Consultant(s) and the Clinical Head
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the safe and effective management of patients under the care of the Department of Clinical Haematology, Medical Services.
RUN RECOGNITION:	This run is recognised by the RACP as a training position for specialist qualification; also for Joint training in Haematology (Clinical and Laboratory).
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties General	<ul style="list-style-type: none"> The Registrar will supervise the work of the House Officer and other junior medical and nursing staff, with whom they will organise the review, investigation and management of patients under the care of the department, requesting assistance from the Consultants when required. The Registrar is expected to liaise with other health professionals within the team and hospital to ensure a high level of well-coordinated care to the patients is achieved and maintained. The Registrar will maintain a high standard of communication with patients, patients' families and staff. The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients. <p>Duties include:</p> <ul style="list-style-type: none"> Attendance and participation in Haematology Clinics Liaison between hospital medical and nursing staff and Consultant Haematologist and/or laboratory staff. Attendance at clinical meetings as appropriate e.g. MDM, Radiology conference, Lymphoma conference, Blood Club, grand rounds Clinical skills, judgement and knowledge are expected to improve during the attachment. CMDHB Clinical Board policies are to be followed at all times.

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties Inpatients/ Coagulation Service	<ul style="list-style-type: none"> • Daily rounds on the inpatients (ward 2 and outliers). • Attend Consultant ward rounds three times per week and have a current knowledge of the progress of inpatients under their care. • Assessment, review and discussion with the relevant consultant of ward referrals and telephone consults (general haematology and coagulation) and ongoing review of these patients when appropriate. Dictation of a ward review note on all new patients who will require on-going haematology input is expected. • Manage the assessment and admission of acute patients presenting to Emergency Care. Undertake clinical responsibilities as directed by the Consultant. • Ensure x-rays are organised for weekly team radiology session • Performance of bone marrows (aspirations and trephine biopsies) on inpatients. • Ensure newly diagnosed lymphoma patients are staged and put on the lymphoma conference list • Answer inpatient phone enquiries and provide phone consults as appropriate • Sign off laboratory results for Haematology inpatients on Web Éclair, act on results and discuss significant abnormal results with the ward consultant. • Prescription of anticoagulation therapy when directed and registrar support of the Coagulation Service. Review of acute outpatients and inpatients with thrombotic disorders. •
Clinical Duties Outpatients including Haematology DayWard	<ul style="list-style-type: none"> • Supervision of chemotherapy and Haematology Day Ward patients – clinic reviews of all patients receiving chemotherapy and other patients of concern. • Review acute patients presenting in the Haematology Day Ward. • Supervision of the venesection programme for patients with polycythaemia, haemochromatosis and related disorders. • Assist the nurses re the review of the day ward patients prior to administration of chemotherapy regimens. • Performance of bone marrows (aspirations and trephine biopsies) on outpatients. • Answer GPs phone enquiries and provide phone consults as appropriate. Phone consults should be discussed with the dayward consultant. • Sign off results for Haematology outpatients on Web Éclair, act on results and discuss significant abnormal results with the day ward consultant • Outpatient clinics and day ward clinics
Laboratory Duties	<ul style="list-style-type: none"> • The Registrar will assist the laboratory registrar when directed. There will also be an opportunity to learn peripheral blood and bone marrow morphology diagnostic skills as well as gaining a better understanding of normal and abnormal haematology laboratory tests (full blood counts, coagulation, transfusion, special haematology).
Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on assessment / admission, and whenever management/treatment changes are made. A full summary should be dictated on complicated new patients, clinic patients, and otherwise when directed. All documentation should comply with CMDHB Clinical Board documentation policy. The registrar may need to complete EDSs on occasions • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed.

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> • The Registrar will sign off results on Web Éclair only when their significance is understood and when appropriate clinical action is undertaken. The Registrar will refer results to the Consultant where there is uncertainty about the significance of the result. • The Registrar is responsible for the completion of death certificates for patients who have been under their care, although this may be delegated to a House Officer. • The Registrar will be expected to participate in audit programmes within Clinical Haematology and, in particular, will be responsible for completion of a mortality audit form for each patient dying under his/her care. • The Registrar is expected to attend the weekly Medical Division Grand round. There is mandatory attendance at the monthly Mortality Review Meeting • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 1) “The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed.” 2) “Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so.” • If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty • As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly

Section 2: Weekly Schedule for 3 registrar rotations

Each registrar will rotate through the 2 month rotations: Ward, Day Ward, and Clinic
 Note: dates and times for the sessions above may change.

On Ward Registrar

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	08:00: Ward Rounds 10:30 : X-ray meeting	08:00: Ward Rounds	08:30: Thrombosis team meeting 09:00: Ward Rounds	08:00: Ward Rounds & Referrals	08:00 : Registrar teaching 09:00 Ward Round
Meetings	13:00: Lymphoma Conference (ACH)	13:30: MDM 14:30: Academic Meeting	12:30 Blood Club (ACH)	11:00: Registrar teaching 12:15: Medical Grand Round	
p.m.	Haematology Clinic: Dr James Liang	Haem inpatient referrals	Teaching for Registrar if not training in Haem or if has an exam to sit** Paperwork	Post discharge clinic 2-4 pm	Haem Inpatient referrals 15:00: Weekend Handover

Off Ward/Thrombosis Registrar

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	Day Ward patients: chemotherapy and Day Ward clinic 10:30 X-ray meeting	Day Ward patients chemotherapy clinic 09:00: Haem Clinic with Dr Sharon Jackson	08:30: Thrombosis team meeting Day Ward chemotherapy and Day Ward clinic	08:00: Chemotherapy clinic 09:00: Haematology Clinic with Dr James Liang	08:00 Registrar teaching 09:00 Day Ward Clinic
Meetings	13:00: Lymphoma Conference (ACH)	13:30: MDM 14:30: Academic Mtg	12:30: Blood Club (ACH)	12.15: Medical Grand Round	11:00: Morphology teaching: Lab
p.m.	Thrombosis reviews	Paperwork and thrombosis reviews	Thrombosis reviews	<i>Thrombosis reviews</i>	15:00: Weekend Handover

Note: Day Ward Registrar would be responsible for holding GP phone

Clinic Registrar

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	08:00: Clinic 10:30: X-ray meeting	09:00: Lymphoma Clinic	08:30: Thrombosis meeting 09:30 : Thrombosis Clinic with Dr Gordon Royle	08:30: Clinic	08:00 Registrar teaching 09:00: Clinic
Meetings	13:00: Lymphoma meeting (ACH)	13:30 : MDM	12:30: Blood Club (ACH)	12.15: Medical Grand Round	
p.m.	Haematology Clinic: Dr Hilary Blacklock	14:30: Academic Meeting	Paper work	Clinic: With Dr Rajeev Rajagopal	1500: Weekend Handover

Section 2: Training and Education

Education

Through example and supervision the Registrar will actively contribute to the education of House Officers and medical students. On occasion, the Registrar may be requested to teach other health care workers.

There will be a minimum of 4 hours of educational sessions per week which includes specialist Registrar training at Auckland Hospital when clinical duties allow.

The Registrar will be expected to attend and participate in the following educational activities -

- Blood Club when appropriate
- Weekly registrar teaching
- Weekly Academic meeting
- X-ray conference
- Lymphoma and Leukemia Conferences

Research

A clinical research project may be undertaken during the attachment subject to approval by the Manager, Medical Services and the Clinical Head - Haematology. Quality improvement activities, such as clinical audit, are encouraged.

Section 3: Roster

Roster

<i>Roster</i>
<p>The 3 Haematology Registrars (On Ward, Off Ward, and Clinic) participate in an on-call roster</p> <p><u>Haematology Roster</u></p> <p>A consultant is on 2nd call to support the Registrar as necessary. (Clinical, laboratory and Transfusion medicine).</p> <p><i>Weekdays:</i> 1 call evening / night per week from 1600 hrs to 2230 hrs.</p> <p>When on call, the Registrar will have responsibility with respect to ward patients, consults and GP referrals where appropriate. A ward round may be necessary usually with the weekend Haematology / Renal House Officer on Saturday and Sunday mornings.</p> <p>New patients, complex problems and significant changes of therapy are to be discussed with a consultant. Chemotherapy dosages should be checked by a second Medical Officer, preferably a consultant.</p> <p>When on call after hours the Registrar will cover the Division of Medicine and Subspecialties as required.</p> <p>Hours of work</p> <ul style="list-style-type: none"> • 17 long days in 26 weeks 0800-2230 • 1:4.3 weekend frequency (1x 0800-2230, 1 x 0800-1600) • Weekend Nights (2200 – 0800) Friday - Monday . • Monday to Friday 0800-1600 <p>Across the CMDHB General Medicine and Medical Specialties services there will be:</p> <ul style="list-style-type: none"> • A consistent workload for 2 Registrars overnight (2200-0800). At times there may be a 3rd night Registrar rostered, however, this is currently a supernumerary shift and may only be filled where cover permits • In addition there is 1 Registrar rostered to 1600 – 0000 daily in Medical Assessment Unit, who may remain on site until 0400 at the latest to support workload requirements, this is accounted for within the on-call component of the run description. • A consistent workload for 6 Registrars rostered to weekday long days (Monday-Friday). • A consistent workload for the following weekend shifts. <ul style="list-style-type: none"> ○ 6x Saturday long days ○ 5x Saturday short days ○ 5x Sunday long days ○ 6x Sunday short days. ○ At times an additional Registrar may be rostered to the weekend, however, this is currently a supernumerary shift and may only be filled where cover permits. • This excludes Cardiology and Renal service long days and weekends

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care. The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.</p>

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will;</i></p> <ul style="list-style-type: none"> • At the outset of the run meet with their 	<p><i>The service will provide;</i></p> <ul style="list-style-type: none"> • An initial meeting between the Consultant and

<i>Registrar</i>	<i>Service</i>
<p>designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time;</p> <ul style="list-style-type: none"> • Ensure a mid run assessment is completed after discussion between the Registrar and the consultant responsible for them; • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; • Sight and sign the final assessment report provided by the service. 	<p>Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time;</p> <ul style="list-style-type: none"> • An interim assessment report on the Registrar six (6) weeks into the run, after discussion between the Registrar and the Consultant responsible for them; • The opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Registrar will bring these to the Registrar's attention, and discuss and implement a plan of action to correct them; • A final assessment report on the Registrar at the end of the run, a copy of which is to be sighted and signed by the Registrar.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40.00</p> <p>Rostered additional hours (inc. nights, weekday long days) 10.15</p> <p>All other unrostered hours (to be confirmed by a run review) TBC</p> <p>Total hours per week 50.15</p>	<p>The Service, together with the RMO Support will be responsible for the preparation of any rosters.</p>

Salary: The salary for this attachment is estimated to be a Category **D**

Total hours fall below the middle of the salary band therefore the run will be remunerated as a D run category until the unrostered hours can be confirmed by a run review.