

RUN DESCRIPTION

POSITION:	Registrar, Haematology Rotator
DEPARTMENT:	Clinical Haematology
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Clinical Director and Business Manager of Clinical Haematology through a nominated Consultant
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of Clinical Haematology
RUN RECOGNITION:	The run can be accredited by the RACP for the training of basic medical trainees.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	• Work closely with the team's house officer (where possible), provide supervision and share responsibilities where appropriate. • Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Consultant. Also organise relevant investigations and ensure the results are followed up, sighted and signed; • Responsible for patient referrals and day to day ward management of patients under their team's care, in consultation with others involved in the care of the patient where appropriate; • Work closely with medical and nursing staff in provision of assessment and investigations of new patients and follow-ups in outpatient clinics • Undertake diagnostic and treatment procedures appropriate to Clinical Haematology. • Maintain a high standard of communication with patients, patients' families and staff; • Inform consultants of the status of patients especially if there is an unexpected event; • Hand-over patient management at end of day to on-call medical staff. • Attend team and departmental meetings as required.
Admitting	• Assess and admit Clinical Haematology patients referred by ED or from the community and other medical and medical subspecialty patients when required by the attached roster
After Hours	• On weekend days review all haematology inpatients daily (by ward round) supported

Area	Responsibilities
	by the Haematology SMO. • See and manage patients presenting to the ward acutely for assessment. • Discuss with the on-call house officer all acute admissions/assessments performed by the house officer. • Provide advice to and liaise with GP's and other hospital medical staff on Clinical Haematology matters; • Authorise patients to be transferred to and be seen by the Clinical Haematology service when appropriate
Inpatients	• When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted haematology patients for whom the team is responsible on at least a daily basis when rostered to be at work; • Ensure x-rays/imaging are organised for weekly team radiology session; • Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary. • Ensure weekend plans for patients' management are documented in the notes; • When not on duty inform the on-duty medical staff about patients whose condition requires monitoring and review; • Complete documentation on Friday prior to known or likely weekend discharges. • Perform timely inpatient haematology consultations to other teams including APU.
Outpatients	• Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate. Urgently review acute patients in Haematology Day Stay, Accident and Emergency/clinical decision unit.. Complete admission and discuss with appropriate staff. • Communicate with referring person following patient attendance at clinics; • Arrange and perform outpatient investigations • Chart appropriate chemotherapy treatments which need to be countersigned by another Haematology registrar/consultant or experienced Day Stay nurse.
Administration	• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • Be responsible for certifying death and complete appropriate documentation; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Dictate or write discharge summaries in cooperation with the house officer (if appropriate) on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion; • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: 1. <i>"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."</i>

Area	Responsibilities
	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.

Section 2: Weekly Schedule

Consultant ward round times vary depending on consultant rotation

Daily Schedule					
Week:			Start Time: 08:00:00		
	Mon	Tue	Wed	Thur	Fri
08:00:00		reg teaching (0730)	3mnthly M & M (nonBMT)	reg teaching (0730)	BMT FACT/
08:30:00	Ward round	WR Or	WR Or	WR Or	BMT transplant advisory committee*
09:00:00	SMO	daystay clinic	daystay clinic/ Thrombosis/ Haemophillia	daystay clinic	Ward round
09:30:00	(daystay : clinic)		Thrombosis/ Haemophillia MDM		SMO
10:00:00			Thrombosis/ Haemophillia MDM		(daystay : clinic)
10:30:00			Thrombosis/ Haemophillia MDM		
11:00:00			Thrombosis/ Haemophillia MDM		
11:30:00			Thrombosis/ Haemophillia MDM		
12:00:00	BMT schedule meeting		Thrombosis/ Haemophillia MDM		XR conference
12:30:00			Regional blood club		
13:00:00	Lymphoma MDM			daystay clinic	Infectious Disease meeting
13:30:00			Regional blood club		(haem inpatients)
14:00:00	Leukaemia MDM		ward MDM		
14:30:00					*2 monthly BMT M&M/BMT quality
15:00:00					
15:30:00					
16:00:00					
16:30:00					
			KEY:		
			ADHB clinical meeting	reg duty	SMO ward round (3 regs)
			regional meeting	reg teaching	

Section 3: Training and Education

<i>Nature</i>	<i>Details</i>
<i>Protected Time</i>	<i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i> • Orientation at the beginning of the run • Registrar Teaching (currently Tuesday 07:30-08:30) • Blood Club (currently Wednesday 12:30-13:30) • Journal Club (currently Wednesday 13:30-14:00) • Ward meeting (currently Wednesday 14:00-15:30) • Xray meeting (currently Friday 12:00-13:00) • Lymphoma meeting (currently Monday 1:00-2:00) • General medical (RACP) training as appropriate • Timing of educational sessions is subject to change
<i>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested</i>	

Section 4: Cover:

<i>Other Resident and Specialist Cover</i>
The Registrar will be responsible for covering nights and sleep days for the other Registrars on the roster. In addition, the Registrar may be required to cover periods of leave (including annual and sick leave) for other Haematology Registrars. When not required for leave or roster cover, the Registrar will assist with ward duties to support trainee attendance at departmental meetings (e.g., thrombosis and haemophilia meetings), hold the on-call/consult phone, assisting with the day stay unit, discharge planning, ward duties and admitting. The Registrar will be required to work between 0800 and 1700, Monday to Friday inclusive. The Haematology Registrar roster consists of 6 Clinical, 1 Haematology rotator and two Haematology Pathology registrars. The Registrar will contribute to the Haematology and Medical Services after-hours roster at a frequency of 1:9 as follows; • Weekday long days: 0800 – 2200 • Weekend short day: 0800 – 1400 • Weekend long day: 0800 – 2200 • Weekend nights (Friday – Sunday): 2200 – 0800 Registrars also participate in a medical Subspecialty duty roster and will be required to work up to 2 sets of weekend nights (Friday to Sunday, 2200-0800) during the 6 months of the run. When on night duty the registrar will be responsible for duties both in the Medical Specialities and General Medicine, these duties will be shared between the Medical Registrars on duty and will involve admissions and ward duties.

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<i>The Registrar will:</i> - At the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time - After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;	<i>The service will provide,</i> - An initial meeting between the Consultant and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time. - An interim assessment report on the Registrar three (3) months 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>
Basic hours (Mon-Fri) 40.00 Rostered additional hours (inc. nights, weekday long days) 13.98 All other unrostered hours TBC Total hours per week 53.98	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.

Salary: The salary for this attachment is detailed at a Category D and remunerated at Category B due to the nature of the role.

However, as the total hours fall above the middle of the salary band, the attachment will be remunerated at a **Category A** until the hours of work can be confirmed by a run review.