

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	<ul style="list-style-type: none"> The Registrar will supervise the work of the House Officer, with whom they will organise the investigation and management of inpatients under the care of the department, requesting assistance from the Consultants when required. The Registrar is expected to ensure their patients are safely and efficiently handed over and to liaise with the other health professionals in the unit to ensure the required level of 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. The Registrar will be available to attend Consultant ward rounds and will have a current knowledge of the progress of inpatients under their care. <p>Duties include:</p> <ul style="list-style-type: none"> Performance of bone marrows (aspirations and trephine biopsies) on inpatients and outpatients.

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Area	Responsibilities
	<ul style="list-style-type: none"> • Attendance and participation in Haematology Clinics (twice per week). • Daily rounds on Ward 33 Haematology Ward inpatients with attendance at consultant rounds three times a week, with supervision of Haematology Inpatients. Closer assessment of the patients will be necessary especially when the Haematology Consultant or House Officer is on leave. • Initial assessment of ward referrals when directed and ongoing review of these patients when appropriate. • Liaison between hospital medical staff and Consultant Haematologist and/or laboratory staff. • Attendance and involvement in the care of patients in the Haematology Day Ward who are receiving blood transfusions and/or chemotherapy, when directed. • Attendance at clinical meetings as appropriate eg MDM, Radiology conference, Lymphoma conference • Supervision of the venesection programme for patients with polycythaemia, haemochromatosis and related disorders. • Assist the nurses re the administration of chemotherapy regimens. • Prescription of anticoagulation therapy when directed in support of the Coagulation nurses. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • CMDHB Clinical Board policies are to be followed at all times.
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. • 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, presenting this to the

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<i>Area</i>	<i>Responsibilities</i>
	<p>Consultant.</p> <ul style="list-style-type: none"> • The Registrar is expected to attend the weekly Medical Division Clinical Meeting. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). • 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: Training and Education

<i>Education</i>
<p>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.</p> <p>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.</p> <p>The Registrar will be expected to attend and participate in the following educational activities -</p> <ul style="list-style-type: none"> - Blood Club when appropriate - Weekly sessions with laboratory technologists - Other educational sessions as specified or approved by the Haematologists.

<i>Research</i>
<p>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.</p>

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Section 3: Roster

<i>Roster</i>
<p>The 2 Haematology Registrars (Clinical and Laboratory) participate in an on-call roster within the Haematology Department.</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 1700 hrs to 0800 hrs. The registrar will be available for telephone advice and to be called back to the hospital if required.</p> <p><i>Weekends:</i> 1:4</p> <p>The Registrar will be on call from 1700 hrs Friday night to Monday 0800 hrs.</p> <p>In addition the Registrar will be available for telephone advice and to be called back to the hospital if required.</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>The Registrars are entitled to on-call allowances based on a 1:4 roster frequency. Payment for the estimated callbacks has been factored into the run category and will be subject to ongoing monitoring. Callbacks have been estimated at 1 per weekend covered and 1 per fortnight in respect of weekday call.</p> <p>The normal hours of work shall be 8 per day between 0800 hours and 1730 hours Monday to Friday. The Registrar is required to participate in the on-call Haematology roster, and therefore be available by telephone and telpage two nights a week, Monday to Thursday inclusive, and on-call one weekend in three. Attendance at the hospital during on-call hours may be necessary to deal with urgent clinical and / or laboratory problems including Ward 10 ward calls. It will often be necessary to do a ward round on weekends and / or public holidays.</p>

Section 4: 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 designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; • 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. 	<ul style="list-style-type: none"> • The service will provide; • 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 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.

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Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	<ul style="list-style-type: none">The Service, together with the RMO Support will be responsible for the preparation of any rosters.
Rostered additional hours (inc. nights, weekday long days)	12.02	
Call Back	0	
All other unrostered hours	18.26	
Total hours per week	70.28	

Salary The salary for this attachment will be as detailed in an **A** Run Category to be confirmed by a run review.

On-call call back duties will be remunerated in addition to the run category as per the NZRDA MECA unless otherwise agreed with the Registrars.