Haematology Pathology and Clinical Pathology (Haem)
Registrar Rotation at NHLS, Groote Schuur Hospital

**Haematology Registrars**
- Four year period in Haematology Pathology with rotation through GSH C17 laboratory and RXH laboratory in 1 month periods.
- Total of 3 months at WPBTS together with blood transfusion tuts to be held in conjunction with WPBTS staff
- 5th year for the completion of a thesis

**Clinical Pathology Registrars**
- A 16 month period in Haematology with rotation through GSH C17 laboratory and RXH laboratory in 1 month periods resulting in a minimum of 3 month’s exposure to paediatric haematology
- Total of 1 month at WPBTS together with blood transfusion tuts to be held in conjunction with WPBTS staff

**Teaching**
- Tutorials: Wednesday 14h00 - 15h00 - case presentation and discussion
  Thursday 15h00 - 16h00 - practical laboratory related problems
  Thursday 13h00 - 14h00 - Blood transfusion tutorials at WPBTS (every 2nd week)
- Seminars / Journal Club: Tuesday 08h00 - 09h00
- Morphology Meeting: Friday 08h15 - 09h15

In addition informal work-related teaching is done on a daily basis related to interpretation of haematological abnormalities, including bone marrow, peripheral blood morphology, coagulation, haemolytics and flow cytometry.

**Other**
- Ward rounds in E5 Clinic: Monday 08h15
  ▪ Thursday 07h30
- Combined Myeloma (CMC)in E5 Clinic Monday after Myeloma Clinic
- Combined Lymphoma Clinic in LE32 Wednesday 15h15

**Clinical obligations**
- Rotation through an E5 clinic or Lymphoma Clinic in LE32.
- This will be for a period of 4 - 6 months in each clinic and be 1 morning per week and will take precedence over other obligations for that morning.
Clinical Work must be discussed with either Dr Cecile Du Toit or Dr Andrew McDonald

- Monday 09h00 - Myeloma Clinic, E5 (to attend CMC)
- Wednesday 09h00 - Lymphoma Clinic, LE32 (to attend CLC)
- Thursday 09h00 - General Haematology, E5
- Friday 09h00 - Coagulation, E5

Routine Duties
The registrars in the department of Haematology Pathology carry a considerable service load. They are responsible for:

Bone Marrow Biopsy Service
1. Performing all the bone marrow biopsy procedures for Groote Schuur Hospital, Victoria Hospital and False Bay Hospital. The procedure is performed in the Bone Marrow Room in the E5 clinic unless the patient is too sick or unable to be moved from the ward. This averages ± 3 per day and usually takes most of the morning.
2. Microscopic assessment of both the aspirate and trephine biopsy and the writing of these reports following checking session with the relevant consultant. Assessment of referred bone marrow biopsies from GF Jooste and Somerset Hospitals as well as from George and Eastern Cape must be performed as well.
3. At any one time, 2 registrars are assigned to bone marrows, one for performing and reading the aspirate and the other to read the trephine, check the marrow with the consultant and write up the report and contact the clinician.
4. During the rotation at Red Cross Hospital, the registrar fulfils this same service commitment for RXH.

Main Bench Rotation
1. Abnormal morphology as well as abnormal results from the coagulation and haemolytics benches are referred to the registrar on Main bench at regular intervals for confirmation and interpretation as well as communication to the clinicians. Referral of peripheral blood smears from George, GF Jooste and Somerset Hospitals must be checked as well.
2. Verification / Reviewing out of all the laboratory results together with the senior medical technologists and pathologists. However interpretative comments may only be reviewed out by Pathologists.

Laboratory Rotation
1. Time must be spent on the Coagulation, Haemolytics and Flow Cytometry benches
   a. learning how to do the tests
b. interpreting the results  
c. communicating to the clinicians the abnormal results  

2. Time will also be allocated to rotate through the Molecular laboratories to do Cytogenetics, PCR testing and HLA investigations.

**Overtime Obligations**

The registrars are required to work a 56 hour week. The duties include:
- Normal routine laboratory work - 08h00 - 17h00 with a lunch break of 45 minutes and tea breaks of 15 minutes each
- Rotational Haematology call in 1 week periods
  - The registrar is on first call for the GSH, RXH Green Point Complex laboratories to discuss any abnormal results or review abnormal morphology. Please discuss the callouts with the Consultant on call the next morning or if you are unsure, phone the consultant during the night to ask for advice.
- Weekend / Public Holiday review for GSH and RXH laboratories from 10h00 - 13h00 on a rotational basis (approximately 3 - 5 sessions/month)

**Other**

1. On a rotational basis partaking in journal clubs and seminars
2. Assisting with tutorials for medical students both in the pre-clinical and clinical years.
3. Rotation through the Western Blood Transfusion Service (WPBTS) is a mandatory requirement by the HPCSA as part of the training. A minimum of 3 months (for Haematology Pathologists) is required to be spent during the training period.
4. A month at a time is also spent at Red Cross Children's Hospital on a rotational basis in order to obtain experience in paediatric haematology with duties similar to those at GSH.

As well as your service commitments, the registrars are here to be trained. Not only will you sit 2 sets of examinations, you also have to submit a thesis at Masters level. There should ideally be some reasonable time spent on these activities.
FCPath (Haematology) Examination Information (as from 2000 – still in operation)

Part I
To have completed 1 year of training in a recognised haematology registrar post.
Two written Papers
   To cover molecular biology, immunology, embryology, basic principles of haematological physiology.

Part II
To have completed 3 ½ years of approved training in a recognised Pathology registrar post, of which 2 ½ years must have been spent in a Department of Haematology and to have included 3 months in blood transfusion.
Two written Papers
Paper 1 - stresses laboratory practice and management plus blood transfusion
Paper 2 - stresses applied haematology

Clinical Examination
Introduced in 1996. The main aim is to make sure that a haematologist is able to diagnose and treat patients with haematological disorders and to offer a basic service to haematological patients. The examination is not done at the level of the FCP and it is always on a haematological patient. If the candidate attends haematology clinics and ward rounds, they ought to manage without problems.
Candidate is to be examined on 1 long case and no more than 3 short cases.
Practicals - 2 day examination covering all aspects of laboratory haematology especially morphology.
An oral examination

If the candidate has passed a final MMed examination, exemption from having to sit the College Part I examination may be granted.