

**MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF
ZIMBABWE**



**SENIOR REGISTRAR LOGBOOK
FOR
PATHOLOGY**

Please note that out patients departments and calls are a requirement

PERSONAL DETAILS

SURNAME.....

FORENAMES..... (BLOCK LETTERS)

MDPCZ REGISTRATION NUMBER:.....

DATE OF BIRTH
(DD/MM/YY)

Registered address

.....
.....

EMAIL ADDRESS.....

Date of Commencing SR supervised Training

Name of training Institution

Institutions & Periods/Dates

1

2

3

4

Date of Assessment.....

Names of Assessors: Dr.....

Designation.....

DR.....

Designation.....

I certify that I have checked and verified this Logbook

.....

Date..... Dean of

Promoting the health of the population of Zimbabwe through guiding the medical and dental profession

Preamble

As a regulator Council has a statutory responsibility of assisting in the promotion of the health of the Zimbabwean public by ensuring high standards of medical education and practice.

The Council has a duty to ensure that the public of Zimbabwe receives quality care. The following guidelines have been developed to guide recently qualified Specialists both locally and abroad seeking specialist registration with the Council.

Requirements for Specialist Registration

Recently qualified practitioners Masters in Medicine (M Meds) or any approved specialist qualification by the Council upon successful completion of their specialist degree programmes are required to undertake 12 months Senior Registrar (SR) supervised practice in an approved teaching Designated Health Institution by the Council. The Senior Registrar programme is an accredited year of training intended to broaden both clinical acumen and knowledge base with a view of preparing for autonomous practice as a Consultant. Thus each Specialty has prescribed for itself areas, with Council input and approval, a set of generic and specific competencies that it feels forms a sound basis for lifelong development and practice as a safe Consultant.

In this regard, a SR is mandated to fulfill the requirements of their respective log book.

This must be duly signed by the respective supervising Consultant and submitted to the Council together with two 6 monthly reports from and signed by the respective Clinical Director and two supervising Consultants from their respective Specialty.

Where not specified in the logbook, a SR must show evidence of:

- 1) Participation in ongoing regular unit meetings(pathology, radiology, oncology etc)
- 2) Active in regular departmental audit meetings,
- 3) Active in clinical research and teaching activities.
- 4) At least 5 supervised clinical contact sessions a week , while optimally having no more than 20 percent unsupervised work load(surgical disciplines to have one independent list/week)

GENERIC FORMAT FOR PRE-REGISTRATION SENIOR REGISTRAR

Personal Attributes	Strengths	Areas Of Improvement	Score
1. Presentation Personal/physical appearance			
2.			
3. Communication Patient, relatives and any other interested parties. Effective verbal skills. Present ideas and information concisely. Inspires confidence in colleagues. Keeps others well informed etc <ul style="list-style-type: none"> Interpersonal relations Work colleagues and superiors 			
4. Management Planning and Organization Sets goals and priorities. Plans ahead and utilizes resources effectively. Ability to meet deadlines and monitor tasks.			
5. Judgement Considers pros and cons before making decisions. Considers risks. Considers impact of decisions and seeks advice.			
6. Leadership Effectively manages situations and implements changes when required. Motivates, coordinates, guides and develops subordinates through actions and attitudes.			
7. Ethics Observance of both the patient's and the doctor's rights. Considers the ethical impact of decisions. Demonstrates actions and attitudes of integrity.			
8. Reliability Can achieve goals without supervision. Dependable and trustworthy.			
9. Quality of Work Achieves high quality of work that meets requirements of the job.			
10. Quantity of Work Achieves or exceeds the standard amount of work expected on the job.			
11. Initiative A self starter. Provides solutions to problems.			
12. Cooperation Willingness to work with others as a team member			
13. Assessment by other disciplines Professional conduct, reliability and quality of work.			
14. Participation in clinical audit, clinical governance and Continuous Professional Development			
15. Teaching Junior medical and dental staff. Nurses and other health professionals.			
16. Research Participation in ongoing research.			
17. Others			

Score 1 – 5

1 is the worst score and 5 is the best score. Meet candidate quarterly and discuss strengths and areas of improvement. Consolidate with rating from other departments for overall score

OVERALL PROFESSIONAL/CLINICAL COMPETENCE:									
Score:	1	2	3	4	5	6	7	8	9

Attendance to Consults: Expeditiously and appropriately attends to consults from other specialties and liaises with the consultant.									
Score:	1	2	3	4	5	6	7	8	9
Comment									
Leadership: takes responsibility of own action and action of the team. Takes lead in ward rounds,(posttake and at least two business rounds/week) Organizing regular ward meetings and Participation in committees at hospital and/or national level. Takes initiative to correct any management deficits that may affect team effectiveness and patient outcomes.									
Score:	1	2	3	4	5	6	7	8	9
Comment									
Team Player: Accepts appropriate responsibility, Reliable, Supportive and approachable.									
Score:	1	2	3	4	5	6	7	8	9
Comment									
Honesty and Integrity:									
Is there any concern about honesty and integrity:							YES	NO	
Comment									

AUDIT : covering at least two audits during the SR year (one in each six months)									
Score:	1	2	3	4	5	6	7	8	9

AUDIT : covering at least two audits during the SR year (one in each six months)									
Comment									
Professional Interactions and Integrity									
Attitude to colleagues									
Score:	1	2	3	4	5	6	7	8	9
Attitude to Junior staff									
Score:	1	2	3	4	5	6	7	8	9
Attitude to Nursing staff									
Score:	1	2	3	4	5	6	7	8	9
Attitude to Patients									
Score:	1	2	3	4	5	6	7	8	9
Comment									

1. Autopsies (General): at least two hundred (200)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
1						
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2. Peri-Surgical Death / Maternal Autopsies : at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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3. Forensic Autopsies: at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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4. Medical Interest Autopsies : at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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5. Non Gynaecology Cytology: at least one hundred (100)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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6. Gynaecology cytology : at least two hundred (200)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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7. Frozen Section: at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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8. Surgicals – Skin : at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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9. Surgicals – Soft Tissue Lesions : at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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10. Surgical – Ovarian Tumours: at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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11. Surgical – Lymphomas : at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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12. Surgicals – Brain Lesions: at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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13. Surgical – Breast Tumor / Lesions : at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
1						
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14. Surgical Others : at least sixty (60)

	Date	PM No.	Name	Diagnosis	Consultants	Comments
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IF THERE ARE ANY UNFILLED AREAS THE CHAIRPERSON OF THE DEPARTMENT SHOULD PROVIDE JUSTIFICATION.

Recommendation by the Supervising Consultant (*please print name & stamp*)

Eligible for Registration

Not Eligible for registration

Recommendation by the Coordinator/Head of Unit (*where applicable*)

Eligible for Registration

Not Eligible for registration

Overall Recommendation by the Chairperson of Department (*please print name & stamp*)

Eligible for Registration

Not Eligible for registration

Recommendation by the Association (*please print name & stamp*)

Eligible for Registration

Not Eligible for registration

PLEASE GIVE REASONS IF THERE IS A NEGATIVE REPORT

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COMMENTS BY THE SENIOR REGISTRAR

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.....

SIGNATURE:.....

DATE:.....