Blue Skies Meeting on Microbiology:
How do we deliver microbiology services for the next decade and beyond? (21 Jan 2004)

CONSULTATION ON THE 'AGENDA FOR MICROBIOLOGY' WORK PLAN

DRAFT DOCUMENT FOR CONSULTATION

The presentations and discussions from this meeting were published on The Royal College of Pathologists' and other organisations' websites.

The presentations and discussions raised many issues, which have been distilled into an Agenda for Microbiology. This agenda is set out for some further debate and, once the final format is agreed we can plan the work programme to implement it. This work will require the contribution of many microbiologists. It will also require the various professional organisations and specialist societies to work closely together and share the work. Inevitably there is some overlap between items on the agenda and some of this work is already underway. We must not neglect some excellent work that has been done in recent years and it may be appropriate to revisit previous work and adapt and amend the outputs as necessary. What is important, however, is that the work has cohesion and makes a contribution to robust development of the specialty.

This agenda is sent out under the auspices of the Specialty Advisory Committee on Medical Microbiology of The Royal College of Pathologists, (SAC on MM of the RCPath), which has been expanded to provide a national forum for medical microbiology and has in its membership individuals representing the following organisations who are committed to working together in taking this forward:

Association of Clinical Microbiologists
Association of Clinical Pathologists
Association of Medical Microbiologists
Association of Academic Medical Microbiologists and Virologists
British Society for Antimicrobial Chemotherapy
Chairs of College Advisory Training Teams for Microbiology and Virology
Chair of Examiners in Microbiology
Chair of the Virology Sub-committee of the MM SAC
and through them The UK Clinical Virology Network Committee

Health Protection Agency
Hospital Infection Society
Inspector of Microbiology
Oral Microbiology
The Royal College of Pathologists Council and trainees
Society for General Microbiology

We would value comments from individuals and organisations on the agenda and the means to take the work forward. We also want to hear about existing work on a local or regional scale that could provide useful models for wider use. We are delighted to have already received offers of support from individual microbiologists and will contact everyone after the consultation to confirm the areas in which they have indicated they wish to make a contribution.

Please let us have your views on the agenda, what the priorities should be and whether you are prepared to be involved in the work. **Please email comments to MMfeedback@rcpath.org by Monday 16 August 2004, writing 'MM feedback' in the subject line.**

1. SPECIFICATION AND STANDARDS OF SERVICE

There is a lack of clarity around what medical microbiology/virology/infection services should be offered or expected, and to what standard. There is, therefore, inequity for users and patients in terms of access to these services.

> ***Microbiologists and virologists should prepare a service specification for clinical, infection control and public health services, including standards of service, which would be endorsed by the profession and would relate to the delivery of the NHS standards***
>
> ***This might also usefully define the resources required to support these services.***

The Inspector of Microbiology would use this specification and the standards in determining the criteria to be included in the Health Commission inspections.

2. PROFESSIONAL ADVOCACY

Public, patients, commissioners and users do not necessarily understand what services are offered by medical microbiology/virology/infection departments, or how these services contribute to the healthcare of individuals and the population as a whole. We are told we are not good at explaining why these services are important, and we must improve on advocacy skills.

Individuals and organisations need to engage with users and commissioners, locally, regionally and nationally.

> ***We must show how our services can influence healthcare delivery, clinical outcome, infection prevention and control, public health, policy development, research and development, education and training. This includes how we can influence non-infection targets as well as infection targets.***

3. MICROBIOLOGISTS WORKING TOGETHER

Microbiology has a fragmented voice, which reduces impact. It is a small specialty with various organisations and specialist societies, which do much excellent work. However, these organisations and societies have not necessarily been good at coordinating their efforts.

The membership of these various organisations expect improved liaison and a closer working relationship between them. The professional bodies and specialist societies have to grasp both their responsibilities and the opportunities to establish a more coherent voice. The Inspector of Microbiology and microbiologists and the various organisations require a national vehicle/forum to interact with each other.

This vehicle should not interfere with the remit of individual societies and organisations (which all have different memberships and remits). This forum will allow discussion of matters that affect microbiology, offering mutual support and awareness.

The RCPath MM SAC, with its wide membership from key societies and organisations, including the Inspector of Microbiology, provides a useful immediate solution.

> ***There is a need to strengthen communication between organisations and to develop mechanisms to coordinate responses as necessary, for subsequent appropriate division of work, and the presentation of a coherent voice.***

Links also need to be strengthened between the SAC and the Institute of Biomedical Sciences and other medical royal colleges and Faculties, particularly RCP (Infectious Diseases) and the Faculty

of Public Health. The Virology Subcommittee and the UK Clinical Virology Network Committee have already established the basis of a working model.

4. WORKLOAD AND SERVICE DELIVERY

There is too much work and the workload is increasing.

- ***Where can the most effective contribution be made? Is there work that is a waste of time? Would a review on "microbiology of little or no value" be helpful? What things should we be doing which we currently aren't?***

- ***What can we or should we do differently? e.g. who does what, how are services arranged, what will be the impact of greater use of automation and molecular technology on future configuration and work flows.***

- ***Should we consider the broader requirements of hospital infection services and how medical microbiology will need to adapt to optimally support these.***

- ***Is there a more effective way of evaluating and communicating best practice?***

Links to national SOPs, pathology modernisation, results from consultant workload questionnaire, cancer structure developments for nurses, biomedical scientists, and pharmacists. Work with and others, e.g. AMM/RCP/FPH/RCS to examine how laboratory and clinical infection services might be best configured and delivered to optimally support healthcare and public health delivery in the future.

5. PROFESSIONAL ROLES

We need to review the professional role of the medical microbiologist, the clinical scientist and the biomedical scientist, and how other staff such as lab assistants and clerical and secretarial staff can help. There is a debate about what each staff group should do.

We need to look at the jobs to be done and the skills and knowledge required in the context of role redesign and medical accountability for delegated work. This needs to include the inter-professional relationship between microbiologists, nurses (infection control) and pharmacists (specialising in antimicrobials).

This work would link with:

- Configuration of services and range of staff and expertise

- Work with Association of Clinical Microbiologists – role and numbers; professional development for clinical scientists

- Work with Institute of Biomedical Science – extended roles, Agenda for Change.

- Results from microbiology consultant questionnaire

- Workforce planning – WDC-s, training numbers etc

- How clerical and office staff are used

- Revisit RCPath and other Colleges' published advice on workforce planning

- Review relationship with Infection Control Nurses in relation to Nurse Consultant development and with specialist antimicrobial pharmacists.

6. WORKFORCE RECRUITMENT AND RETENTION

We need to consider short, medium and long term solutions for;

i) Medical staff

- *undergraduate exposure and education, i.e. curriculum, role models, academic resource, profile of infection specialists*
- *postgraduate exposure and education (as above), plus infection tasters (structured study leave), foundation year two programmes*
- *relationships with Department of Health Workforce Planning, Postgraduate Deans, Workforce Development Confederations and Inspector of Microbiology*
- *SpR numbers and funding*
- *retention of experienced colleagues*

ii) Clinical scientists

- *recruitment and retention*
- *training programmes, to support and develop existing Grade A training programmes leading to state registration and to increase opportunities for higher specialist training.*
- *workforce numbers and distribution*
- *funding for trainees*
- *role development*
- *career structure and identified resources*

7. CONFIGURATION OF SERVICES

There is an expectation that microbiologists will engage with pathology modernisation and continue to look at configuration of services. How do we best do this locally, regionally, and nationally? There is a great deal of useful experience (positive and negative) that should inform developments.

Because of the public health aspects of infection, microbiology professional networks need to be wider than just the management networks being developed under the pathology modernisation programme.

Does the current RCPath/AMM report on configuration of services need review and republication in the light of guidance on pathology modernisation and the further requirements of 'Getting Ahead of the Curve'?

8. WHAT'S IN A NAME?

Patients, healthcare colleagues and the public do not know what medical microbiologists/ virologists, or microbiology/virology departments do.

Is the name unhelpful, confusing or inappropriate? Should the name be changed to medical microbiology and infection services, or infection services? Should we be consultant medical microbiologists and infection specialists or just infection specialists?

9. HEALTH PROTECTION

Microbiology has an important role in health protection and laboratory diagnosis is essential to surveillance and to outbreak detection and investigation, and the relationship between microbiologists and the HPA (and Scottish HPO) is an important one. There is strong synergy between microbiologists and epidemiologists.

All parties must work towards developing and improving the relationship in their mutual interest.

10. CONTROL AND PREVENTION OF INFECTION

We need to consider the implications of developments in infection control, such as "Winning Ways"; increasing demands and workload, lack of capacity, impact on medical and scientific workforce, opportunity costs, lack of additional resources, training, who does what, conflicts of interest and priority setting.

The contribution of extended roles for nurses, Modern Matrons, Nurse Consultants, specialist pharmacists.
Explore the potential for developing the role of Clinical Scientists, epidemiologists, and information officers.

11. ANTIMICROBIALS

The antimicrobial prescribing initiative is welcome and has been supported by funding for antimicrobial pharmacists. It is accompanied by increasing demands and workload, lack of capacity, impact on medical and scientific workforce, opportunity costs, lack of additional resource, training, and lack of clarity about who does what.

We need to develop the role of the Antimicrobial Pharmacist in the wider Infection Service.

12. ACADEMIC MEDICAL MICROBIOLOGY

Given the problems identified in the agenda, then the perilous state of academic medical microbiology is of major concern. Strong academic medical microbiology is part of the solution to the problems identified in the agenda. We cannot turn the clock back, nor is there a quick fix.

- *We need to look at innovative ways of ensuring that teaching and research happen and are valued.*
- *Ensure that research programmes are properly focused on healthcare and public health priorities*

13. INTERACTION WITH PATIENTS AND THE PUBLIC

The public is increasingly better informed about health matters. There is an insatiable interest in matters medical with access by the public to journals and other information previously the realm of only the medical profession.

Individual patients are also better informed. The government wishes the public to take more responsibility for their own health and to be involved in decisions about their health care. The development and use of e-integrated health care records will make it easier for patients to access their own medical records.

Consultant's letters to GPs are already being copied to patients giving patients access to test results.

> ***Should Microbiologists be available to interpret test results for patients wishing further information? Should patients or their carers be able to directly request a particular test?***

Patients already do self manage their conditions often dealing with complex drug and treatment regimes. It may be more cost effective both for the patient and for the NHS if in certain circumstances patients can make their own referral.
Links to Agenda No 2,14,and possibly also No1.

14. POINT OF CARE TESTING

The extension of Point of Care Testing will give more direct patient and GP involvement in microbiological investigation and management of infections.

> ***Microbiologists need to ensure that they are part of and supervise the quality assurance programme, that records are linked to laboratory test results and that surveillance data are captured from non-laboratory testing.***

15. USING AND INFORMING TECHNICAL INNOVATION FOR THE NEXT DECADE

The "Molecular Revolution" has had variable impact on Medical Microbiology services across the country and the profession has not always had coherent involvement in decisions to implement new technologies at local or national level. We would be well placed to shape the application of future developments to influence outcomes for patients, and to drive development to meet clinical, infection control and public health need.

> **We need to develop better support and recognition for scientists and academics that have an interest in clinical research in the field of Infection.**
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> **The resource for proper evaluation of newer technologies, which resides with Medical Microbiologists and other infection specialists, needs to be harnessed.**
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> **Implementation of various technologies needs to be responsive to local need, but should not be stifled by narrow perspectives. Microbiologists should lead debate to inform healthcare commissioners.**