



Model job description: consultant medical microbiologist

Title of employing body

Title of post

Appointment

State whether the post is full or part time and state the number of programmed activities (PAs).

State whether the post is a new or replacement post.

State whether the appointee is expected to have a special interest, or is expected to develop such an interest to complement the special interests of the other consultants.

Any applicant who is unable, for personal reasons, to work full time will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed on a personal basis with the employing body in consultation with consultant colleagues.

If part of a managed network, briefly give relevant information. State explicitly whether the employing body is the managed network, a standalone pathology provider, a lead employing body providing pathology services or a particular employing body. If the laboratory services are provided by a private partner employing body or partnership, please describe all necessary arrangements.

If the role of infection control doctor (ICD), and/or director of infection prevention and control (DIPC) (or similar role) or of laboratory director or head of department is included, this should be stated here. State whether this appointment(s) is part of the substantive appointment or subject to a supplementary contract and management supplement or additional programmed activities (PAs), or whether the leadership role is to be incorporated into a 10PA contract. It should be explicitly stated that the ICD/DIPC role is for an employing body rather than the entire network.

State whether the appointee is expected to undertake specific clinical roles such as antimicrobial stewardship (AMS) lead, outpatient parenteral antimicrobial therapy (OPAT) lead, HIV, hepatitis, TB roles. State if these roles would be subject to rotation and after how long; for example, three years by mutual agreement.

General information

Describe the location: city/town and surrounding area, size of population, etc.



The employing body

Give a detailed description of the hospital(s) served and its/their work, including details of the clinical specialties (adult, paediatric and neonatal intensive care units, transplantation services, HIV services), and also whether or not there is an accident and emergency service, provide details of surgical, medical, paediatric, obstetrics and gynaecology, oncology units, etc. and any and all planned developments.

Describe hospital location, number of beds, range of clinical services, any planned changes or major developments, special features, management arrangements, etc.

Describe the relationship with university/medical school departments or research units. This should include any planned or proposed changes in the provision of the pathology services.

Include information on the commissioning arrangements (Clinical Commissioning Groups, Health Boards, etc. or successor bodies), local health protection services and any community services.

Include any/all local authorities served where appropriate.

Detail networked hospitals served by the laboratory.

If relevant to the specialty please provide an organisational structure / organogram if one is available.

The department

Describe the laboratory, giving a detailed description of the individual department including its facilities and major equipment. There should be information on access to special services; for example, molecular pathology.

State the month and year of [UKAS](#) Ltd accreditation, status of application or anticipated reply and/or completion.

State participation in external quality assurance (EQA) schemes if applicable.

Appointments to health protection bodies

For such appointments, give relevant information on the local and regional health protection services structure.

Employing body's management structure

Provide details of the employing body's management structure, showing the position of the pathology directorate (or equivalent structure), details of the departments included in the pathology directorate and how it links with other directorates. In some hospitals, the department of microbiology may be part of the directorate or department of infection, together with infectious diseases/infection prevention and control. Give details of how the individual departments are housed and whether they are in new or refurbished laboratories. Give details of the employing body and the hospitals (including primary care services) served by the laboratory, including any regional services or units. Include an outline description of the individual departments within the directorate, including the consultant complement. Give details of association with universities or research units.

Give details of working relationships within the directorate; for example, the director of pathology is appointed by the chief executive and the medical director of the employing body. All consultants



within the directorate should be eligible to be director of pathology and the appropriate appointment process should be described. If this is a health protection service appointment and/or a public health services laboratory, describe the relationship to the hospital or employing body directorate.

If microbiology services are part of a managed network, or if the laboratory element of the service has been subcontracted to another employing body – whether public or private – details should be given of the scope of the arrangement or network, constituent laboratories and management or accountability arrangements. This is particularly important if the analytical element of the service is provided by a third party. Ensure that clarity is provided about the responsibilities of the post holder for laboratory methods and result/report issue/reporting/validation/authorisation.

The mechanism for the development and introduction of new tests and removal of current tests should be made explicit, as well as who is responsible for the quality of the tests provided.

The infection/microbiology department (and/or public health laboratory)

Give a clear description of the services provided by the department. This may include clinical services and laboratory, including virology and food and environmental, services. Give specific details of responsibilities for infection prevention and control, and infection consultation services, clinics and working relationships with infectious disease physicians if employed at the hospital.

Give details of the hospitals/employing body, clinics or other premises, and community (general practice and other primary care services) to which the service is provided locally. Satellite hospitals and other employing bodies served and the clinical departments in those other employing bodies should be detailed (including, if relevant, details of any service level agreement (SLA)). If public health laboratory services are provided, describe the services provided to the commissioning body or owning public health service and relationship with other public health services locally.

Include regional or supra-regional services if any are provided, details of other microbiology laboratories from which referrals for investigation or advice are received, and/or any specialist reference service provided to other laboratories within or outside a managed network.

Where relevant, provide details of services the department obtains from elsewhere; for example, processing of samples for mycobacteria and specialist virology investigations, etc.

Describe relationship/s to university and/or medical schools if relevant. Include the relationship to clinical medical microbiology and academic departments of medical microbiology and virology, and to any public health laboratory serving the region.

Describe any clinical or educational supervisory roles, including time set aside for these roles.

Include descriptions of relationships with environmental health officers, consultants in communicable disease control (CCDC)/consultants in public health protection and other agencies; for example, public health services should be indicated.

State any likely developments that may affect the service in the future and the likely involvement with and/or influence over these that the appointee might be expected to have.



Laboratory accommodation and equipment

Provide information on the location, size and nature of any specialised equipment, laboratory computer system and interfacing with other items of equipment.

External access to laboratory computer systems and other hospital IT systems; for example, through a virtual private network (VPN).

Information Technology: Please indicate the current laboratory information management system (LIMS) being used in the department including how this sits within the wider hospital IT infrastructure, and details of integration with the current hospital information system (HIS) and, if any, the provision of results to external requesters. Please indicate whether the department uses voice recognition and any macropathology imaging systems and whether these are integrated with the LIMS.

Tabulate workload (indicate proportion from GPs)

These figures should be as up-to-date as possible.

The sources of current workload should be shown in detail.

The workload data should be meaningfully broken down to specify, for example, bacteriology, virology and parasitology. Breakdown of molecular work should be detailed as well. The workload and arrangements for food, water and environmental microbiology should be specified where appropriate. State the proportion of workload from primary care. In the context of networked laboratories, it is essential that workload figures provided relate specifically to the activity associated with the advertised post. Activity for the whole laboratory may be provided if considered relevant to this appointment.

For appointments to laboratories managed by public health services, details should be provided of the region and service provision to NHS laboratories and the responsibilities and line management of the appointee within the public health laboratory to the NHS hospital(s) or Trust.

Test name	Requests in year (state year)
Swabs	
MRSA screens	
Genital samples (HVS, cervical, urethral, uterine, sub prepuce, IUCDs etc. Excl samples for HSV and chlamydia)	
Blood cultures	
CSF	
Pus/pus swabs	
Fluids and Tissues	
Respiratory cultures	



Mycology	
Mycobacterial culture	
RSV screen	
Urine	
Culture and sensitivity	
Legionella and pneumococcal antigen detection	
Faeces	
Culture and sensitivity	
Microscopy (OCP)	
Faecal virus antigen detection (rotavirus/adenovirus)	
Clostridium difficile detection	
Serology	
Syphilis antibody	
<i>H. pylori</i> antigen	
HIV antibody	
Hepatitis A IgM	
Hepatitis Bs Ag	
Anti-HBs	
Anti-HBc IgG/total antibody	
Hepatitis C antibody	
Rubella IgG	
Interferon gamma detection	
Molecular	



Staffing

List the consultant staff – full first names and titles, their sessional commitment (whole or part time) and any or all subspecialty responsibility.

Title, first name, surname	Whole or part time	Subspecialty interest(s)

All senior departmental staff should be listed and equated to whole time equivalents (or PAs), to include:

- consultant medical staff
- specialty registrars and other trainee medical staff
- non-consultant career grade staff
- biomedical scientists
- clinical scientists
- secretarial support
- clerical staff.

Management arrangements and administrative duties

State how the pathology service is managed.

Name the current head of service/clinical lead for the specialty.

Working relationships

The Head of Department/Lead Clinician should be identified.

Define roles and responsibilities of the post offered. Management arrangements, i.e. to whom and for whom the appointee will be professionally and managerially responsible, together with the key internal relationships with those responsible for the departmental budget and the appointment of staff should be clearly stated.



Duties of the post

State that the appointee, together with consultant colleagues, will be responsible for the provision of a comprehensive, efficient and cost-effective clinical microbiology, virology and infection prevention and control service to the employing body and other users of the service.

Specify any areas for which the appointee will have primary responsibility. If the department has a consultant virologist, the arrangements to support specialist virology services in the absence of that person should be stated. If the department does not have a consultant virologist, state how specialist virology services are accessed when required.

Clinical practice and liaison

State if this post undertakes a leadership role within the employing body in matters relating to infection management.

State provision of a comprehensive infection service. This should include direct clinical care (DCC) and proactive liaison in a timely manner with consultant colleagues, other hospital staff, medical microbiology colleagues, infectious disease physicians, physicians in genitourinary medicine (GUM; state who employs these) and lead respiratory physicians for tuberculosis management, General Practitioners and antibiotic pharmacists. Describe the managerial and professional relationships with antimicrobial pharmacists, infection prevention and control nurses, consultants in health protection and consultants in communicable disease control concerning the diagnosis and management of patients, and control and prevention of infection.

Include regular departmental commitments to specific units. For example, intensive care (adult, paediatric and neonatal), haematology/oncology, medical/surgical admission units, regular and/or *ad hoc* visits to wards, support for cancer services, departmental commitment to infection prevention and control and support for the local public health services unit.

Describe the infection consultation service, if offered.

Describe any clinics the appointee will run; for example, outpatient parenteral antimicrobial therapy (OPAT) clinics, infection clinics, returning traveller clinics.

Also mention regular departmental commitments to committees such as pathology users, drugs and therapeutics, hospital and community infection prevention and control, pathology directorate, regional epidemiology, etc.

Provide information on regular commitments to multidisciplinary team (MDT) and other clinical or audit meetings.

State that the appointee will take equal (or an appropriate share of) responsibility for departmental commitments. Specify if the appointee is expected to have any particular area of responsibility.

If appropriate mention rotation of roles.

Laboratory

All consultants will normally be expected to contribute to the following:



- day-to-day supervision of diagnostic methods and examination of specimens
- authorisation and interpretation of results (describe the laboratory's approach to report authorisation)
- involvement in policy and standard operating procedure (SOP) preparation
- responsibility for quality assurance performance within the department, including taking part in all relevant National External Quality Assurance (NEQAS) programmes
- responsibility for achieving and maintaining full ISO accreditation with UKAS Ltd, or an equivalent agency
- business planning, including the assessment and introduction of new methods, and forward planning for staff and equipment requirements.

In situations where laboratory services have been contracted out to a third party, describe the governance arrangements and the extent of the post holder's involvement in these matters.

State compliance with health and safety and security requirements and with agreed SOPs and investigational algorithms.

Infection prevention and control

Include information on the infection control team(s) including DIPC, ICDs, ICNs and support staff (clerical, data management and IT), the accountability of team members and budget, including details of budget holder.

The number of PAs funded and contracted by the employing body (including primary care, if relevant) and brief description of the level of service offered should be described.

Indicate specific responsibilities; for example, antimicrobial stewardship, outpatient parenteral antimicrobial therapy, sepsis, decontamination and water safety.

The number of PAs dedicated by the appointee to infection prevention and control should be detailed in the job plan. The contribution made by other medical staff to infection prevention and control activities should also be stated, where appropriate.

Provide a detailed explanation of the employing body's ICD, how they are appointed and how infection prevention and control duties are covered on a 24-hour basis. Details should be given regarding the working relationships between the DIPC, ICD, other consultant medical microbiologists and the infection prevention and control team.

Provide advice on hospital policies for infection prevention and control, risk assessment and management of accidental exposures to infection. Cooperation with the ICD, infection control teams and the DIPC on a local or regional basis (as required), including liaison with the relevant health protection team in the investigation and prevention of communicable diseases in the community.

Assist in the investigation and control of community outbreaks. Arrangements for funding of laboratory tests to investigate 'community outbreak' should be specified, as should those for funding investigation of a hospital outbreak, especially if there is no specific infection control budget.



Give information on specific committees (for example, employing body infection prevention and control committee, water safety committee, antimicrobial stewardship, cleaning and decontamination committee) related to infection prevention that the appointee will be expected to be a member of, or any specific duties that the appointee will be expected to perform. If this post is also the ICD, further details should be provided as an appendix to the job description.

This should include information on: scope of the infection prevention and control service, employing body/hospitals/standalone or private units supported, duties and responsibilities of the ICD, accountability, and relationship with infection control nurse/practitioners, head of microbiology laboratory, DIPC and the employing body executive. Copies of SLAs with other employing bodies for the provision of infection control services or, as a minimum, an outline of services to be delivered, should be included.

If this post is also the DIPC, further details should be provided as an appendix to the job description. This should include information on: duties and responsibilities of the DIPC, accountability and relationships with the head of microbiology laboratory, infection control team, employing body/hospital clinical governance structure, employing body/hospital executive and board.

Communicable disease control/health protection

Provide information on the CCDCs/consultants in health protection, the local public health teams and details of any links the appointee will be expected to maintain with local and regional departments of health protection and epidemiology. For appointments at public health laboratories, details should be provided of any national, regional or sub-regional responsibilities of the post.

Provision of surveillance data to public health authorities at local, regional and national levels and participation in sentinel or enhanced surveillance activities is expected.

In Wales, the Health Protection (Notification) (Wales) [Regulations 2010](#) apply. Additionally, there is mutual cooperation and surveillance data-sharing between Public Health Wales and NHS laboratories, and with Public Health Wales Communicable Disease Surveillance Centre.

Out of hours

The commitment to on-call and weekend working (state the number of hours worked – presence in department and/or on call by telephone, any expectation of return to base, and restrictions on home to base distance) should be specified. The Royal College of Pathologists considers that no one person should be expected to be on call routinely more than one in two. The intention is that, in time, no consultant microbiologist should be required to be on call routinely more frequently than one in three.

Specify whether the appointee is expected to work routinely in the laboratory or visit the hospital on Saturday and/or Sunday and bank/public holidays. (Note: as per the 2003 consultant contract, employing bodies cannot compel consultants to undertake non-emergency PAs at premium time, i.e. between 7 pm and 7 am, Monday to Friday, or at any time at weekends.)

State the number of sessions allocated to out-of-hours/on-call commitment accordingly to the Welsh Contract.

Specify the arrangements for time off in lieu if relevant. State the agreed on-call pay banding (A or B) for this post. (If banding A, immediate availability (state if this is physical or telephone presence)



is expected; if banding B, calls are not normally of a complex nature and short periods of non-availability may be negotiated.) If cross-cover is provided for other institutions, either in normal hours or out of hours, give details, including provision of an honorary contract and indemnity arrangements with any other employing body.

Continuing professional development (CPD)

State that the appointee will be expected to participate in CPD and the employing body's policy on the provision of study leave and funding (number of days and amount of funding).

Clinical effectiveness (clinical governance/audit)

State the arrangements for clinical governance and clinical audit. The post holder's participation must be outlined.

Annual appraisal and revalidation

Include the name of the designated body and that a responsible officer will be allocated, together with arrangements for appraisal and the policy for annual appraisal and review of the job plan.

Research and development (R&D)

If relevant, describe the relationship with any local university, particularly with respect to teaching and research, and whether an honorary academic title applies and with which body it will be.

Indicate the opportunities for R&D and how much time will be available for these activities. This should include reference to the existing R&D portfolio or task-led funding of the institution.

Teaching and training

State whether there are any commitments to undergraduate teaching and/or postgraduate training. In departments where specialist registrars are trained, indicate that the department has been approved for this purpose.

Include supervision and training of medical staff in medical microbiology and virology, teaching of undergraduate medical students, postgraduates and others, both locally and regionally as appropriate. Include an outline of any existing teaching or training programmes for medical, clinical and biomedical scientists (BMSs).

State the department's accreditation status for training of BMSs and/or trainee medical microbiologists.

State the maintenance of an in-service training or educational programme for all staff in the department, including details of programme director.

Division of work and job plan

Describe the proposed rota arrangements and the division of work between the consultants in the department for each area of activity.

State that the rota will be subject to negotiation between colleagues and clarify the arrangements for mediation should a dispute arise.



Job plan

Include a provisional job plan and give details for review. For example:

- direct clinical care (includes clinical activity and clinically related activity): 7.5 PAs on average per week.
- supporting professional activities (includes CPD, CQI, audit, teaching and research, and public engagement): 2.5 PAs on average per week.

Colleague cross-cover for annual, professional and study leave is expected.

The job plan will be reviewed and a performance review carried out by the clinical director of pathology and, through them, the medical director of the employing body.

State the local procedures to be followed if it is not possible to agree a job plan, either following appointment or at annual review.

A timetable of the regular weekly duties should be provided (see Appendix 1), including average time (in hours) allocated to each duty and the location where it is performed. This may be illustrative of a usual week's pattern, or may be annualised to reflect the typically flexible nature of consultant microbiologists' work patterns.

Any fixed commitments should be defined. Attendance on specific ward rounds (for example, haematology/oncology rounds) should be emphasised, as should time spent on authorising results and providing clinical and health protection advisory and support service (by telephone or in person).

Examples of activities that may be designated as fixed sessions (which may well be worked flexibly) include authorisation and clinical advice, case conferences and laboratory rounds, daily ward rounds on specific wards, infection prevention and control activities and on call.

Where there is a mismatch between staffing and workload, include a statement that priorities and the level of service provision will be agreed with the appointee.

Leave

Describe the arrangements for cover of annual and study leave, including whether locum cover is usually provided.

Facilities for appointee

Describe the office, location of office and state that it is for the sole use of the appointee. The work space should take into consideration the environment, lighting, temperature control, space, storage and flooring.

Describe the secretarial support and equipment provided for the appointee. The recommended minimum is an individual office (as consultant microbiologists undertake extensive telephone consultations), 0.5 WTE secretarial support per consultant, a PC with appropriate software, internet and email access, access to necessary LIMS (state which package is used) and access to current



books and journals. State the facilities used for clinic letter generation (for example, audiotapes, digital dictation, voice recognition).

State that a modern microscope (if relevant to the post) is available for the appointee and that it is suitable for the work that they will be required to perform. State that the microscope and seating is of ergonomic design.

Digital pathology

Please indicate if there is a plan for digital pathology service provision. If so, whether this is at planning or implementation stage, the timescale, and the vision for future service provision. Please indicate whether this is envisaged to have a result on the job and workload allocation activities for the appointee and the facilities that may be made available for the appointee (for example, viewing stations, screens, remote login and reporting).

Main conditions of service

Insert the standard wording for all consultant posts in the employing body.

Terms and conditions of service

The appointee will be required to maintain GMC full and specialist registration with a licence to practise and revalidation, and should follow the GMC's guidance on [Good Medical Practice](#).

The appointment will be covered by the [NHS's Terms and Conditions of Service for Hospital, Medical and Dental Staff \(England and Wales\)](#) and by the [General Whitley Council Conditions of Service](#),

Include the standard terms and conditions of service provided by the employing body.

Disclosure and Barring Service checks

To include [statement](#) on [application](#) or otherwise of DBS checks (Disclosure and Barring Service, formerly known as CRB, Criminal Records Bureau).

For Northern Ireland, this is an [access NI criminal disclosure check](#).

UK visas and immigration

Applicants should be aware that regardless of country of origin, their ability to communicate in written and spoken English to the standard required to carry out the post will be [assessed](#) during the selection process.

Applications from job seekers who require [Tier 2](#) sponsorship to work in the UK are welcome and will be considered alongside all other applications.

Condition of appointment

The appointment will be made in accordance with the [National Health Service \(Appointment of Consultants\) Regulations](#).

Canvassing of any member of the Advisory Appointments Committee will disqualify the applicant.



Visiting arrangements

Give the arrangements for visiting the employing body, either prior to shortlisting or prior to interview.

List the personnel who may be contacted by candidates. This should include the chief executive, medical director, laboratory medicine director and/or head of service. Provide contact details such as telephone number and/or email address, and the name of a personal assistant or secretary if applicable.

Travelling expenses

Travelling expenses are paid in accordance with the terms and conditions of the employing body.

Potential applicants wishing to visit the employing body will be reimbursed for two preliminary visits (one informal visit prior to application and one formal visit before interview), plus actual interview expenses. **If a post is offered and subsequently refused, expenses will not be reimbursed.**

Interviewed candidates travelling from outside the UK will be entitled to travelling and subsistence expenses; however, these only apply in respect of the journey from the point of entry in the UK to the interview location.

Person specification

Category	Essential	Desirable
Qualification and training	<p>Full and specialist registration and with a licence to practise with the General Medical Council (GMC) (or be eligible for registration within six months of interview).</p> <p>Applicants that are UK trained must be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview.</p> <p>Applicants that are non-UK trained will be required to show evidence of equivalence to the UK CCT.</p> <p>(CCT or equivalence in Medical Microbiology or Medical Microbiology and Virology or Infectious Diseases)</p> <p>FRCPPath or evidence of equivalent qualification.</p> <p>MBBS, MB ChB or evidence of equivalent qualification.</p>	<p>Other relevant higher qualification.</p> <p>M/FRCP or evidence of equivalent qualification.</p> <p>CCT or equivalence in Medical Microbiology or Medical Microbiology and Virology or Infectious Diseases.</p>



Category	Essential	Desirable
Experience	<p>Evidence of thorough and broad training and experience in the relevant specialty.</p> <p>Able to take responsibility for delivering service without direct supervision.</p>	<p>Evidence of a special interest that complements those of other consultants in the department.</p>
Knowledge and skills	<p>Knowledge and experience of relevant specialty.</p> <p>Broad range of IT skills.</p> <p>Knowledge of evidence-based practice.</p>	
Communication and language skills	<p>Ability to communicate effectively with clinical colleagues, colleagues in pathology and support staff.</p> <p>Good knowledge of, and ability to use, spoken and written English.</p> <p>Ability to present effectively to an audience, using a variety of methods, and to respond to questions and queries.</p>	



Appendix 1: Infection control doctor – duties and responsibilities

The duties and responsibilities of the infection control doctor (ICD) will vary from hospital to hospital depending on national arrangements, which differ in the four nations, as well as local arrangements. In situations where the director of infection prevention and control (DIPC, or equivalent appointment in certain nations) is an executive director, the ICD will normally be the hospital's principal source of authoritative advice on all aspects of infection prevention and control.

In situations where the DIPC is an infection control practitioner (usually a senior infection control nurse [ICN], another medical microbiologist or infectious disease physician), the duties and responsibilities of the ICD must be specified clearly.

Accountability

Managerially – Director of Infection Prevention and Control or equivalent role.

Professionally – Medical Director.

Liaises with:

- infection prevention and control team
- employing body executive directors
- employing body governance staff
- microbiology laboratory staff
- consultants in health protection/consultant for communicable disease control (CCDC)
- clinical and nursing colleagues
- other microbiology colleagues
- occupational health department
- other services (domestic, catering, estates, etc.)
- antimicrobial pharmacists
- decontamination lead
- sterile supply department lead
- health and Safety lead
- quality lead.



Administrative duties

Be an integral member of ICT, advising and supporting the ICNs as agreed with the DIPC.

Attend hospital infection control committee.

Assist the employing body (through the DIPC if relevant) in preparing the annual infection prevention and control work programme.

Advise and support clinical effectiveness systems within the employing body as appropriate.

Advise and support laboratory director / pathology director / medical directors with regard to infection control issues.

Clinical duties

The infection control doctor will, subject to agreement on priorities and within the time and resources allocated in the contract:

- advise and support the employing body executive team (through the DIPC if relevant) on all aspects of infection control in the hospital and on implementation of agreed policies, including compliance with the code of practice on the prevention and control of infections (in England) or as appropriate within Wales and Northern Ireland. Such matters include surveillance and control of aspects of hospital infection, sterilisation and disinfection methods, types of ventilation, operating theatres, isolation facilities, kitchens, laundries, housekeeping, waste disposal, pest control, antibiotic usage and infection control aspects of medical and nursing procedures
- depending on specific employing body arrangements, chair and/or be an active member of the hospital infection control committee
- advise and contribute to the planning and implementation of relevant activities required to achieve the employing body's aims and objectives and NHS standards and targets as set by regulatory authorities at the time
- contribute to the planning, delivery and implementation of standards required to achieve the indemnity level appropriate to employing body
- lead, or, where relevant, assist the DIPC in the investigation and management of outbreaks of hospital infection. Close liaison with the CCDC may be necessary
- advise and support infection prevention and control staff (including ICNs, link nurses, etc.)
- assist in the preparing and updating of infection prevention and control policies, as agreed in the annual work plan
- participate in the preparation of tender documents for support services and advise on infection aspects of these services following award of a contract
- be involved in the planning and upgrading of hospital facilities



- be involved in the setting of quality standards with regard to hospital infections and in audits of infection
- support and contribute to the training of medical students, medical and nursing staff and other healthcare workers of all grades
- liaise with other ICDs, consultants in communicable disease control and consultants in health protection in developing regional infection prevention and control programmes, as appropriate
- provide, in conjunction with microbiology/infectious diseases colleagues, a 24-hour infection control medical on-call service.

The relationship with infection control services in the community or as provided by public health local services should be described so it is clear who does it and how it is managed.

Include details of service level agreements between the employing body and any other relevant employing body on infection control issues.



Appendix 2: Director of Infection Prevention and Control (England)

Duties and responsibilities

This document should clearly state management arrangements for infection prevention and control activities within the employing body, the relationship between the infection control doctor (ICD) and the director of infection prevention and control (DIPC, or equivalent appointment in certain nations), and the lines of accountability of each role.

Accountability

Managerially – Chief Executive

Professionally – Medical Director.

Liaises with:

- employing body executives
- employing body governance staff
- infection control team
- consultants in health protection
- clinical and nursing colleagues
- occupational health department
- DIPCs of neighbouring employing bodies.

Duties and responsibilities

See the following resources:

- The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, available at: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
- Director of Infection Prevention and Control Role Profile, available at: http://webarchive.nationalarchives.gov.uk/20120118164404/hcai.dh.gov.uk/files/2011/03/Document_DIPC_role_FINAL_100810.pdf



The DIPC will have the executive authority and responsibility for ensuring that strategies are implemented to prevent avoidable healthcare associated infections (HCAIs) at all levels in the employing body. They will:

- provide assurance to the board that systems are in place and correct policies and procedures are adhered to across the employing body to ensure safe and effective healthcare
- report directly to the chief executive and the board and not through any other officer
- oversee local control of infection policies and their implementation
- be responsible for the employing body's infection control team
- be responsible for the development and implementation of strategies and policies on infection, prevention and control
- have the authority to challenge inappropriate clinical hygiene practice, as well as antibiotic prescribing decisions
- assess the impact of all existing and new policies and plans on infection and make recommendations for change
- be an integral member of the employing body's clinical governance and patient safety teams and structures
- produce an annual report on the state of HCAIs in the employing bodies for which they are responsible and release it publicly.

