

## Position paper on the demonstration and maintenance of competence by consultants in medical microbiology and virology

This paper was developed by members of the Clinical Services Committee of the British Infection Association. It has been shared with the Royal College of Pathologists and United Kingdom Accreditation Service.

A draft version of this document was originally published in July 2017 and comments were invited from BIA membership. Following consultation with RCPATH and UKAS, this document was issued in final form in January 2018.

### Background

For the purposes of this paper, the demonstration of competence of consultant microbiologists and virologists is limited to the consultants' duties of oversight of laboratory processes to include issue of results and provision of advice to clinical staff relating to the laboratory investigation and interpretation of laboratory results of patients with (or suspected of having) infection. Clinical competence in patient assessment on the wards or clinics is outwith the scope of this document.

The assessment of competence to undertake managerial or other specialist laboratory tasks should be undertaken but is not included within the scope of this document.

The roles and responsibilities of consultant microbiologists can vary considerably from one setting to another, and between consultants in the same department. Many consultants will have specified areas of specialist responsibility, and most consultants will be required to cover for colleagues during periods of non-availability. Moreover, the responsibilities of individual consultants are likely to evolve over time as technology and clinical practice changes.

Increasing numbers of departments employ consultant clinical scientists. Their role varies considerably: in some centres, the consultant clinical scientists' role is very scientific; in others the clinical scientists' role is indistinguishable from that of medically qualified colleagues (aside from any direct clinical care roles). While many aspects of the assessment of competence of clinical scientists can be undertaken within the same framework as that for medically qualified colleagues, there will be some distinct differences, particularly with respect to appraisal processes. The assessment of competence of clinical scientists is therefore outwith the scope of this document.

It is essential that each consultant has demonstrable competence across the whole scope of his or her current practice in order to deliver a high quality, safe service. It is therefore self-evident that if an individual consultant's practice changes within the same department, or as a consequence of taking up an appointment at a different hospital with different range of specialist units, the consultant will then have to demonstrate competence across his or her new scope of practice, and be assessed to have achieved such competence accordingly.

Due to the wide range of duties within any specialty, there is no expectation that an individual consultant demonstrates competence on an ongoing basis across the whole spectrum of potential duties that may be expected of a consultant in that specialty, but which are outside the individual consultant's scope of practice.

The responsibility for determination of a consultant's competence to deliver the service that it requires of the individual consultant lies with the organisation that employs or appoints the doctor

and will be specific to the duties expected. This will usually be the NHS Trust where the clinical service is delivered. Normally, the responsibility will be delegated to the head of the microbiology or infection department. Independent hospitals often secure laboratory services from another location or organisation, but are required to secure consultant microbiologist / virologist services locally. As these consultants will normally be required to advise on the interpretation of laboratory results in the local clinical context, it follows that arrangements must be in place to demonstrate the competence of such consultants on an ongoing basis.

### Specialist Registration

All substantive consultants working in the NHS are required by law to be on the Specialist Register. However, the law does not specify that consultants working in any specified field must hold specialist certification in that particular specialty: that is a matter for appointments committees and employing / appointing organisations. Most private hospitals work to the same standard.

There is no legal obligation on Trusts to employ or appoint locum consultants who are on the specialist register.

Many consultants will have specialist certification in Medical Microbiology and Virology, but would have followed a training curriculum and been assessed in either microbiology or virology. More recently, specialist certification is specifically in Microbiology or Virology. Consultants with a CCT in Medical Microbiology and Virology, but who had been assessed in virology, or consultants with a Medical Microbiology CCT, particularly if working in general hospitals, may oversee certain categories of virology testing and result issue. Conversely, the scope of practice of some consultants trained and assessed in Virology may include general microbiology, including bacteriology to a greater or lesser extent. The same principles of demonstration of competence across the individual consultant's scope of practice apply.

*N.B. Increasingly, specialists will have dual accreditation in medical microbiology and/or virology, and infectious diseases. While unreservedly supporting the appointment of such dually-qualified specialists to microbiology or infection departments, the Association considers that accreditation in medical microbiology and/or virology (irrespective of additional accreditation in infectious diseases) enables specialists to be well placed to deliver the laboratory oversight and other laboratory-specific elements of the service.*

In some settings, particularly if there has been difficulty with recruitment of certified specialists in microbiology / virology, laboratory duties may be undertaken by specialists certified in another specialty, for example in infectious diseases. Such consultants must have demonstrable competence to deliver these duties, and the onus lies with the laboratory management to ensure that this is demonstrated to be the case at the time that the consultant takes on these duties and periodically thereafter.

*N.B. The Association actively supports the establishment of Departments of Infection. Such departments would include specialists with varying interests and specialty certification, with duties that reflect their specialism and expertise.*

### Recommendation

*The Association recommends that microbiology departments should, as a matter of principle, ensure that consultants whose duties include laboratory oversight and result reporting should be accredited in microbiology / virology as appropriate and be listed accordingly in the specialist register. Should a situation arise whereby the laboratory does not have sufficient consultants on its staff to*

*undertake the duties normally delivered by an accredited specialist in microbiology / virology, as appropriate, the laboratory's management should ensure that the consultants who deliver this work have been assessed formally to be competent to undertake these tasks at the outset and periodically thereafter (including whenever significant changes are agreed in the consultant's laboratory duties).*

#### Management of vacancies: utilisation of locum consultants

At the time of publication of this Position Statement, there is a severe shortage of consultant microbiologists on the specialist register. As a consequence, many departments are running with vacancies, placing an inappropriate load on remaining staff. In some circumstances, departments rely on locums, some of whom are not on the UK specialist register and have not been assessed formally to have equivalent experience and training in the specialty. Others may have been retired for many years and may only undertake occasional duties. As many such doctors are recruited through agencies, individuals are often contracted to join departments at very short notice and often when there are no other substantive consultants on the department's staff. This places particular challenges to departments in assuring themselves of the competence of the temporary staff recruited.

#### *Recommendation*

*The Association recommends that microbiology departments should ensure that all consultants who are appointed or employed on a temporary basis and whose duties include laboratory oversight and result reporting ideally should be accredited specialists in microbiology and/or virology as appropriate. In any case, such staff must have been assessed to be competent to undertake their clinical and laboratory-related duties formally in a robust manner at the outset and at appropriate intervals thereafter.*

#### Complex situations

Some consultant microbiologists have responsibilities outside the field of infection, for example as Medical Director, Director of Medical Education or as an Academic, spending only a minority of their time in clinical service. However, they must continue to demonstrate clinical competence within the totality of their scope of clinical and laboratory practice, to the same level as expected of their full-time colleagues. This requires ongoing, active participation in clinical work.

Many such consultants will undertake one or more clinical sessions each week, sometimes annualised. The actual quantity and content of clinical service delivery that is necessary to maintain a Licence to Practice with a scope of practice that includes clinical microbiology or virology is a matter for the consultant, his or her appraiser and Responsible Officer.

#### *Recommendation*

*The Association recognises that hard and fast guidance cannot be provided to cover all situations. However, the responsibility to ensure that all members of staff who deliver any element of its clinical service lies with the Department of Microbiology / Infection. The Association recommends that individual departments follow a process based on that recommended by the Academy of Medical Royal Colleges for doctors Returning to Practice (see below).*

#### Appointment process

All consultants should be appointed through a properly constituted appointments committee that includes external member(s), normally nominated by the Royal College of Pathologists. In certain

cases, for example award of an honorary contract to facilitate clinical work for an academic, the appointment may be made by the head of the clinical microbiology department. However, whatever the appointment process, the competence of the consultant to undertake the clinical work expected will need to be reviewed robustly before any clinical duties commence.

Perhaps an even more robust appointments process will be required for the appointment of locums. As previously discussed, such individuals are often appointed at short notice and are likely to be working with limited, if any, support from colleagues. Some may not have practiced in this country, others may not have practiced for a considerable length of time, or currently practice very infrequently. They will often not be on the specialist register.

#### *Recommendation*

*The Association recommends that employing organisations ensure that all substantive appointment committees include a representative from the Royal College of Pathologists.*

*All appointments of locums or honorary consultants should include robust review of competence to undertake the role.*

#### Appraisals

All doctors who have a Licence to Practice must participate in professional appraisal, normally annually, and be revalidated, normally every five years. The appraisal process is run by Trusts and other bodies recognised by the GMC for this purpose and they make recommendations to the GMC regarding doctors' revalidation.

The appraisal discussion itself is confidential. The formal output of the appraisal is submitted to the doctor's Responsible Officer (RO) who makes a recommendation to the General Medical Council on the revalidation of that doctor. Arrangements should be in place for the RO to utilise the appraisal output, in conjunction with any other relevant information, to notify the Head of the Laboratory of any concerns that might affect patient safety.

There is much debate about the place of professional appraisal in the demonstration or determination of competence. It is commonly believed that a professional appraisal assesses the consultant's competence. However, according to the Medical Appraisal Guide (Revalidation Support Team, 2013), "Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work". It therefore follows from this definition that medical appraisal on its own does not provide assurance of a consultant's competence.

Appraisals, although always undertaken by doctors trained in appraisal, may be undertaken by those in a very different speciality from microbiology and the appraiser may not understand the intricacies of the microbiologist's practice. Furthermore, experience suggests that appraisals can be variable. Indeed, this was recognised in Taking Revalidation Forward (Sir Keith Pearson, 2017, report commissioned by GMC). This is especially relevant in the case of locum consultants who need not be on the specialist register and whose appraisals will not normally have been undertaken within the organisation in which the locum consultant is working.

It is important that in situations when this is relevant, the appraisal should ensure that the consultant has given consideration to any limitations in competence, for instance due to reduced cognition, possibly due to ageing or due to lack of familiarity with certain types of modern technology.

*NB: the description of appraisal given above constitutes BIA's interpretation of GMC guidance, and is provided in order to inform members. This is not intended to provide a definitive interpretation of, or to replace, published GMC guidance.*

#### *Recommendation*

*Every doctor must engage in the appraisal process in order to retain his or her Licence to Practice. The appraisal discussion itself is confidential, however, it is essential that arrangements are put into place so that the Responsible Officer notifies the clinical Head of the Laboratory should there be any evidence of gaps in a consultant's competence, as relevant to his or her scope of practice.*

*In the context of consultants who work at multiple organisations and the hospital or laboratory's management is not the consultant's Designated Body, robust arrangements must be in place to ensure that the consultant's competence is assessed on ongoing basis. Many independent hospitals require consultants to provide a copy of their professional appraisal in order to retain Practising Privileges.*

*In the case of short term locums, it is recommended that the appraisal status of such consultants is checked carefully and the hospital or laboratory should ensure that the appraisal undertaken provides suitable evidence to support the local assessment of competence process prior to commencement.*

#### Continuing Professional Development (CPD)

As part of the appraisal process, review of a doctor's CPD should be undertaken. In a good quality appraisal, the quality and quantity of CPD undertaken in relation to the doctor's scope of practice is reviewed carefully. It is clearly impossible for a consultant to undertake comprehensive CPD across the whole of his or her scope of practice on an annual basis. However, the consultant should ensure appropriate cover of this scope, over a period of time, say a 5-year revalidation cycle. This should be reviewed at appraisal.

The detailed CPD portfolio is not confidential and should form part of the assessment of the individual consultant's competence. Review of the portfolio is a legitimate element of quality assurance processes.

#### *Recommendation*

*The Association recommends that consultants log the content of their CPD in a recognised College portfolio, for example the RCPATH CPD Portfolio. Other portfolios may be suitable. The Portfolio should have the facility to produce a summary of the detail of CPD logged to enable review of the breadth and depth of CPD undertaken (not simply number of points accrued).*

*Review of the detailed content of the CPD portfolio should form an integral part of the process of assessment of competence of a consultant.*

The UK NEQAS for interpretative comments in microbiology is a valuable CPD resource and selected questions are very useful for microbiologists and virologists, depending on their own scope of practice. However, in the majority of situations, this scheme has no place in the formal assessment of competence. Completion of MCQ results can be done readily utilising any world wide web search engine.

There may be some specific situations where participation in the scheme provides evidence of undertaking relevant CPD and thereby contributes to demonstration of competence. Examples might include locum consultants, consultants who have retired from NHS practice, but who wish to

retain their Licence to Practice and consultants whose specialist certification is in a specialty other than microbiology or virology.

#### *Recommendation*

*The Association endorses the UK NEQAS for interpretative comments in microbiology scheme as a CPD resource.*

*The Association does not recommend the use of the scheme as a tool to assess a consultant's competence. However, it may be of value as part of the appraisal discussion in specific situations. The Association considers that in order for the scheme to have value as CPD, the outcome must remain confidential to the consultant, and only be disclosed, if considered appropriate, within a confidential appraisal or return to work context. Disclosure of results to, for example, the Laboratory's governance systems will discourage optimal use of the resource and is firmly discouraged.*

#### Peer review

Perhaps the most useful method by which a consultant can provide assurance of his or her competence is through peer review of his or her practice.

This could take a variety of forms: most departments have clinical case meetings where all available staff gather to share and information on ongoing cases. Other departments may have handover meetings at the beginning and/or end of the week, or in-depth case discussions periodically. The common critical factor is the opportunity for staff to challenge each others' clinical management decisions. This is also very helpful with development of consistency between consultants. Each department or laboratory should ensure that a suitable system for peer review is in place and that consultants are facilitated and supported to participate in such activities.

#### *Recommendation*

*The Association strongly endorses peer review of practice and considers that this provides the best, and possibly only, robust method of demonstration of ongoing competence.*

*The Association recognises that due to the variety of different settings, no single model can be recommended.*

*The Association also recognises that in certain settings, usually as a consequence of shortage of available consultants, peer review may be difficult to arrange in certain settings. The Department is expected to ensure that arrangements appropriate to the local situation are put into place and consultants are supported to participate.*

#### Return to practice

Consultants who have been out of practice must follow current Academy of Medical Royal Colleges' guidance ([http://aomrc.org.uk/wp-content/uploads/2016/06/Return\\_to\\_practice\\_0412.pdf](http://aomrc.org.uk/wp-content/uploads/2016/06/Return_to_practice_0412.pdf)).

This recommends that a formal return to practice process is followed when the doctor has not been practicing for whatever reason for a period of three months, or a shorter period if practice is infrequent.

#### *Recommendation*

*The Association advises Departments that formal and robust arrangements are put into place when doctors return to practice after periods out of practice.*



## Doctors in training

Doctors in training must be supervised at all times by consultants. The nature and extent of supervision will be commensurate with their training stage, knowledge, skills and experience. Doctors who are on training programmes, overseen by the local Deanery (or successor organisation) will need to be inducted into local processes and procedures (which is monitored by the Deanery). The training of these doctors is reviewed annually through the ARCP process. There is no requirement for Laboratories to undertake further competence assessment, provided that the service duties expected of the trainee are commensurate with their experience and training stage. Laboratories will be required to demonstrate that the trainees are competent to undertake any laboratory-associated service duties expected of them.

### *Recommendation*

*The training progress of doctors in Deanery managed training programmes are monitored by the Deanery. Further evidence of assessment of competence should not normally be required. However, the Laboratory must ensure that the trainee doctors have been shown to be competent to undertake service duties expected of them if these are not supervised directly.*

## Doctors, not in formal training programmes, who do not hold a consultant position

Some departments may employ a variety of doctors of varying grades, some in substantive positions such as Associate Specialist or Staff Grade, others in temporary junior positions such as Trust Doctors or Trust Fellows.

The Laboratory will need to provide evidence that each doctor is competent to deliver the service expected of him or her and have recorded the outcome accordingly.

A variation on the process recommended for consultants can be followed.

## Implications of requirement to demonstrate competence in off-site or networked laboratory settings

Some hospitals do not have on-site laboratories managed within the organisations' governance systems. Examples of such organisations include certain laboratory networks across separate NHS Trusts and many hospitals in the independent sector. All hospitals that provide secondary care are expected to ensure access to advice from suitably qualified individuals; ISO15189 requires laboratories to ensure that arrangements are in place for the laboratory director, or nominee, to be integrated into the hospital's clinical structures. Consequently, the laboratory must ensure that formal arrangements are in place to provide assurance of the competence of those consultants who provide the clinical microbiology / virology advisory service, who will often be consultants not directly employed or appointed by the of-site laboratory.

### *Recommendation*

*Laboratories must ensure that arrangements are in place to assess the competence of all consultants who advise on the clinical significance of the laboratory's results.*

*Albert J Mifsud, President,*

*Natasha Ratnaraja, Chair, Clinical Services Committee*

*On behalf of Clinical Services Committee*

*June 2017*

*Finalised: January 2018.*



## Appendix 1

### Summary of recommendations

#### *Responsibilities of the consultant*

- To engage with the organisation's appraisal process.
- To ensure that the consultant has self-assessed him or herself to be competent across the whole of his or her scope of practice as part of the appraisal process.
- To plan and undertake CPD that covers the whole of one's scope of practice.
- To engage with reasonable competence assessment process established locally.
- To make a detailed summary of CPD undertaken available to the clinical head of the department of microbiology or infection, in accordance with the department's competence assurance processes, and to external assessment bodies that have a legitimate justification to review the information.
- For consultants who have been out of practice for 3 months or greater, or for doctors who have practiced only infrequently during the previous 3 months:
  - To advise the employer / hospital / laboratory of the extent of their recent clinical practice
  - To have self-assessed their practice and to have taken action in accordance with AoMRCs' guidance
- Participate actively in peer review processes and ensure that participation is recorded fairly.

#### *Responsibilities of the hospital or laboratory*

Irrespective whether the consultant is employed directly by the hospital or laboratory:

- To establish and document a framework that describes the organisation's approach to determination of competence of all consultants. This process must include all consultants, in particular those with temporary or short term contracts. The process should include all consultants whose responsibility includes provision of laboratory advice, irrespective of employing authority.
- For consultants who are employed directly by the organisation that manages the laboratory, to ensure that those consultants who deliver laboratory duties are registered with the General Medical Council and are on specialist Register in MMV, MM or MV, aligned with the duties expected of the consultant. Consultants who are not on the specialist register in any of these specialties must be assessed for competence to the same depth as consultants accredited in these specialties for those elements of their scope of practice relevant to their laboratory duties.
- For consultants employed or appointed through another organisation, e.g. a locum agency, to check that the consultant is on the GMC specialist register in MMV, MM or MV. If this is not the case, a careful assessment of the competence of the consultant must be undertaken prior to appointment.
- To undertake assessments of competence of laboratory duties of trainees and other doctors in grades other than consultants.
- Assessments of competence should be reviewed annually, or sooner if the consultant's laboratory duties change.

- Ensure return to work has been undertaken by a suitably qualified and experienced specialist in the field as recommended by AOMRC guidance. In difficult situations, e.g. employment of a locum consultant to a single-handed position, the employing authority may wish to request the assistance of an experienced colleague from another location.
- Review the quality and content to CPD to ensure that this is relevant to the service requirements of the post.
- To ensure that the department's work schedule includes opportunities for peer review on a suitable (normally minimum of weekly) basis. For departments with a single handed consultant, opportunities to network regionally should be encouraged. To document and act upon any potential causes for concern.

Appendix 2

Example of the summary outcome of the assessment of competence

(the outcome of the assessment framework will need to be amended to suit local circumstances)

*The following section should be completed once, at appointment*

1. On specialist register in MMV, MM or MV, consistent with scope of practice Y/N

If N, describe how the doctor has demonstrated competence equivalent to that required for award of CCT in the specialty (for consultants only):

2. Appointed at a properly constituted appointments committee within the hospital where the consultant practices for the bulk of his or her practice Y/N

If N: Describe how the appointment was made:

*The following section should be updated annually*

3. Has an appraisal been undertaken within the last 12 months (up to 3mo flexibility) within the hospital (or Trust) served by the laboratory or organisation that runs the laboratory Y/N

Document date of last appraisal

If N: Describe how the Laboratory is assured of the [quality] of the appraisal undertaken externally.

4. Has the consultant's CPD been reviewed? Y/N

In the opinion of the Head of Department, does the CPD undertaken include CPD of sufficient quantity and relevance to the laboratory duties expected of the consultant? Y/N

5. Has the consultant been in continuous practice in the last three months? Y/N

If N, has the AoMRCs' Return to Practice guidance been followed? Describe

6. Has the consultant participated actively in peer challenge within the parameters laid down by the department? Y/N

If N: Describe how the Laboratory is assured that the consultant participates in peer challenge.

Has the consultant been assessed to be competent to undertake all laboratory duties required? Y/N

By:

Date: