



Out-of-hours experience and medical microbiology

SUMMARY

Many will be aware that the decision by the Microbiology College Advisory Training Team (CATT) in February 2007 to support one training programme without explicit out-of-hours experience has engendered considerable debate. The origins rest in the funding stream for out-of-hours (Trusts) as opposed to training budgets (Deaneries). As part of this debate, a discussion paper was drafted and circulated to the Specialty Advisory Committee (SAC) and CATT for comment, prior to being finalised and presented to the membership for discussion.

It is fair to say that although those from the CATT and SAC who responded were not unanimous, the majority view was that formal and explicit out-of-hours experience is essential.

Many will also be aware of the paper on the topic published in the October issue of the *College Bulletin* (2007;140:41–45)

These discussions on out-of-hours training have taken place against the turbulence surrounding medical training in general, culminating in the publication of the Tooke Report. The Tooke Report also makes many references to the tensions between service and training.

Following discussion at the SAC in October, and also taking subsequent account of the Tooke Report, in October the CATT was asked to consider and agree to the following suggestions.

- i. *Whatever individual opinion may be, we do not know whether or not curricula without explicit out-of- hours training deliver the product required.*
- ii. *Whilst we await the outcome of the consultation, and subsequent implementation, of the Tooke Report, it seems sensible not to change existing practices of provision of out-of-hours training.*
- iii. *Depending on the outcome of the Tooke Report, we can revisit the topic as necessary. Should it be necessary to do so, it is likely to be part of a broad-based review of all specialties.*
- iv. *For new training posts in new schemes in this interim period it would seem that **either** they must provide out-of-hours in the conventional way, **or** they must be part of a formal pilot study, where the curriculum is assessed by the CATT, and we have agreed the measure of outcome in advance. This will need to be in the consultation paper.*

The CATT agreed to all of these proposals bar one, namely the formal pilot scheme. In November 2007, Council supported this way forward, along with a commitment to present a discussion paper to College members. This paper follows. **We welcome your views on this important topic.**

INTRODUCTION

1. The philosophy underlying current postgraduate medical training is to define what the newly appointed consultant should know, what he/she should be capable of doing, and what generic attributes he/she should have as a doctor. These characteristics are defined in a curriculum and assessed throughout training, in part by examination. Although there is some prescription (by EU Directive) of a minimum time that it is considered reasonable to acquire these characteristics, the old-style time-serving apprenticeship is no longer considered appropriate. Training now has to be focused on achieving competencies relevant to the specialty. The College Advisory Training Teams (CATTs) produce curricula that define the competencies ('knowledge, skills and attitudes') that trainees need to acquire for unsupervised practice as a consultant. These curricula must conform to standards set by PMETB (Postgraduate Medical Education and Training Board) and are approved by PMETB.
2. In producing its curriculum, a CATT takes into consideration the practicalities of delivering training across the whole of the UK. To ensure that this is the case, CATT membership includes Regional Specialty Advisors (who are themselves experienced trainers) from all the regions, and includes representation from the College's Specialty Advisory Committee (SAC) and the Association of Medical Microbiologists. However, delivering training that is consistent with the curriculum is the responsibility of the Postgraduate Deaneries, through their Specialty Training Committees and Programme Directors. Quality assurance of training is the responsibility of PMETB.
3. Broadly there are three models that are used to deliver microbiology out-of-hours services and training. Where there are trainees, there is usually either a 'first on' registrar with a covering consultant, or, in some Trusts, a 'first on' consultant for the majority of the time, and intermittently a 'first on' registrar and 'second on' consultant. In Trusts where there are no trainees, out-of-hours is delivered by a 'first on' consultant only.
4. Out-of-hours work performed by trainees has always been paid for by Trusts (rather than Deaneries), because it has been considered service work and is not provided for within the educational levy. Even before more recent contractual developments, the necessity of finding 'out-of-hours' funding has been reported as preventing the development of new training posts. Trust Chief Executives have increasingly focussed their attention on how all junior doctors 'out-of-hours' work is delivered, its value and its cost because of a number of factors. These factors include the expense of junior doctors 'on-call' as a result of the 1990's 'New Deal', consultants being paid for 'on-call' under the 2003 Consultant Contract, 'Hospital-at-Night' working arrangements, and the requirement to implement the European Working Time Directive (EWTB). The decision by some Trusts to scrutinise the 'out-of-hours' working of their trainees, including those in microbiology or virology, should therefore come as no surprise.

CURRICULUM AND 'OUT-OF-HOURS' WORKING

5. The curriculum produced by the Medical Microbiology and Virology CATTs and approved by the then Specialty Training Authority in 2005 (with subsequent provisional approval by PMETB) contained a section on 'out-of-hours and on-call' (see Appendix 1). This curriculum stated that "the amount of time allotted to on-call work will be dependant on local factors but rotas ranging from 1 in 5 to 1 in 10 could satisfy the training requirements". In addition, the knowledge, skills and attitudes to be acquired by such work were defined in the curriculum (Appendix 1).

6. In order to meet the curriculum requirements of PMETB, the CATTs subsequently revised this curriculum. This revised version of the curriculum which conforms to PMETB standards was sent to PMETB early in January 2007 and was approved by PMETB in May 2007. The 2007 curriculum also contained a section on 'out-of-hours' working (Appendix 2). Whilst the knowledge, skills and attitudes to be acquired in this part of the curriculum were unchanged, this version of the curriculum did not suggest the frequency of on-call.

THE DECISION

7. In March 2007, the Medical Microbiology CATT discussed the withdrawal of funding for 'out-of-hours' work by specialist registrars in the Wessex Region due to financial pressures. In response to this withdrawal, a model for delivering the competencies for 'out-of-hours' working, as described in the curriculum, was presented to the CATT by the Wessex Region.
8. The proposed 'Wessex model' provided experience of independent working, with consultant supervision available by telephone, but not necessarily immediately available in person. The idea of this approach was to allow development the curriculum-required skills essential to the consultant role, including: decision-making in the absence of immediately available support; dealing with unselected clinical, laboratory and infection control problems; prioritisation, planning and effective time management. Aside from any consideration of 'out-of-hours' working, these were believed by many to be generic skills that should be acquired throughout training during the normal working day.
9. Bearing in mind the practical difficulties faced by trainers in Wessex, and its belief that the competency requirements ('knowledge, skills and attitudes') of the curriculum requirements could be met by the proposed working model, the majority of the Medical Microbiology CATT agreed that this model of delivering the curriculum was acceptable.

RESPONSE TO CONCERNS

10. The matter was subsequently widely discussed and it was clear there were concerns about various aspects of the decision. The major concern was whether or not out-of-hours training could be provided without an explicit out-of-hours experience. One of the other issues that arose in the ensuing debate was whether any programme without an explicit out-of-hours component could comply with the existing curriculum.
11. There were also concerns that went beyond training. These included: financial rewards for trainees, with potential recruitment and quality issues; potential changes to volume and pattern of work for some consultants, with knock-on effects on workload and increased requirements for consultant PAs in what is already a shortage speciality.
12. In October 2007, the CATT was asked by the SAC to consider the following:
 - i) Whatever individual opinion may be, it is not known whether a curriculum without explicit out-of hours training would deliver the product required.
 - ii) Whilst the outcome of the consultation and subsequent implementation of the Tooke Report is awaited, it seems sensible not to change existing practices of provision of out-of-hours training.

- iii) Depending on the outcome of the Tooke Report, the topic can be revisited as necessary. Should it be necessary to do so, it is likely to be part of a broad-based review of all specialties.
 - iv) For new training posts in new schemes in this interim period it would seem that **either** they must provide out-of-hours in the conventional way, **or** they must be part of a formal pilot study, where the curriculum is assessed by the CATT, and we have agreed the measure of outcome in advance. This will need to be in the consultation paper.
13. The CATT agreed to this approach, except for the provision of a formal pilot study for new posts where out-of-hours experience is not provided in a conventional way. This was reported to Council in November 2007.

THE WAY FORWARD

14. The polarised views on the relevance of 'out-of-hours' work to training can be starkly summarised as: "Unless a trainee has experienced being called out of the blue with a difficult problem in the middle of the night, how can he or she be prepared for this when a consultant" and "The great majority of the problems dealt with 'out-of-hours' are the same as those dealt with during the working day, and there should always be good consultant cover for trainees", hence actually working 'out-of-hours' is irrelevant to training.
15. The decision by the Medical Microbiology CATT to support the Wessex proposal has been seen by some as setting a dangerous precedent, which potentially threatens educational standards, and by affecting pay and working conditions will also threaten recruitment to the specialty; others believe that relevant out-of-hours competencies can be delivered and assessed by other means, and we should be more flexible in our approach to training and the use of funding.
16. We need, however, to find a constructive way through that acknowledges the difference of opinion and various concerns and that all views are held in good faith. Postgraduate medical training in general is undergoing major changes at present; training in microbiology is evolving. Our view is that it would be preferable not to change current 'out-of-hours' training arrangements at such a time, as outlined in the proposals presented to Council.
17. However, we must recognise that for financial and other reasons, Trusts and colleagues may take a different view. In such circumstances, resolution of these differences may require discussion between Trusts and Deaneries. However, if different programmes are offered, the trainees should be subject to workplace-based assessments that will be one of the checks to see if training is appropriate. The introduction of workplace-based assessment offers the opportunity to specifically assess these 'out-of-hours' competencies. Part of these checks should include some real out-of-hours experience.
18. It may well be worth revisiting the idea of a pilot study for new posts where out-of-hours is not provided in the conventional manner. It would allow those Trusts and microbiology departments who believe it is possible to deliver out-of-hours training in a more flexible way to be part of a formal programme, which includes an evaluation of their success. It would also bring some objective assessment and balance. It would satisfy those who are concerned about the introduction of untested changes in training, and also those who feel that a more flexible approach to the delivery of training is possible and desirable. This would obviously have to be discussed and agreed with the relevant bodies. **We would be particularly interested in your views on this.**

19. New recommendation 46 in *Aspiring to Excellence – The Final Report of the Independent Inquiry into Modernising Medical Careers* refers to the problems created by the EWTD. It suggests that urgent attention should be given to whether a more flexible approach could be embraced (e.g. separation of service and educational contracts). Clearly any such developments would be relevant. We are currently awaiting the Department of Health's response to the Tooke Report.
20. We also need to clarify a common understanding of the wording used in the curriculum. Any revision of the curriculum will be subject to the consultation processes laid down by PMETB, in addition to the usual College consultation process.
21. Neither the CATT nor the College can act in matters that primarily relate to Terms and Conditions of Service as these are *ultra vires* (literally "beyond the power").

We look forward to receiving your views.

Dr Martin Gill
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APPENDIX 1

Medical microbiology/virology curriculum (2005)

Out-of-hours working and on-call

Out-of-hours' working (under consultant supervision) is a vital part of training in microbiology and virology. It develops decision-making skills and enables prioritisation. It is essential that clinical on-call work continues throughout the whole training period as this will ensure progression from supervised to competent independent practice by the time training is complete. The amount of time allotted to on-call work will be dependant on local factors, but rotas ranging from 1 in 5 to 1 in 10 could satisfy the training requirements. The point at which trainees begin on-call working will be determined by previous experience and individual competence, as assessed by the trainer, but would generally be after the initial three-month introductory period is complete.

On-call commitment

Knowledge	Skills	Attitudes	Learning methods	Assessment
Increasing familiarity with laboratory and clinical aspects (including COI, public and occupational health) aspects of bacterial, viral and related infections. Knowledge of what is urgent and what can be left for the working day.	Ability to recognise one's own limitations in knowledge. Ability to liaise and respond to continuity of care. Ability to refer to seniors as appropriate. Ability to prioritise regarding urgency. Ability to deal with difficult situations independently.	Flexibility to respond to change depending on the clinical situation. Confidence to work progressively independently. Willing to take responsibility for being available and for decision making.	ADMO	DEGH

Learning methods key

- A** Observation of, assisting and discussion with senior medical staff. Working under consultant supervision.
- D** Discussion with senior biomedical scientist (BMS) staff and clinical scientists.
- M** Attending at ward round and multi-disciplinary team meetings and telephone advice to clinicians.
- O** Awareness of appropriate guidelines.

Assessment key

- D** Views of clinical colleagues.
- E** Views of biomedical scientists and clinical scientists.
- G** Correctly maintained and up-to-date logbook and portfolio.
- H** Satisfactory trainer's report.

APPENDIX 2

Medical microbiology/virology curriculum (2007)

Out-of-hours working

Provision of a consultative service for medical microbiology and virology advice outside of routine laboratory working hours is a vital part of training in medical microbiology and virology. It develops decision-making skills and enables prioritisation. It is essential that such experience is acquired throughout the whole training period as this will ensure that the necessary depth and breadth of experience and progression from supervised to competent independent practice is acquired by the time training is complete. The amount of time allotted to out-of-hours will be dependant on local factors. The point at which trainees begin out-of-hours working will be determined by previous experience and individual competence, as assessed by the educational supervisor, but would generally be after the initial three-month introductory period is complete.

Out-of-hours commitment

Knowledge	Skills and knowledge application	Attitudes
Increasing familiarity with laboratory and clinical aspects (including control of infection, public and occupational health) aspects of bacterial, viral and related infections. Knowledge of what is urgent and what can be left for the working day.	Ability to recognise one's own limitations in knowledge. Ability to liaise and respond to continuity of care. Ability to refer to seniors as appropriate. Ability to prioritise regarding urgency. Ability to deal with difficult situations independently.	Flexibility to respond to change depending on the clinical situation. Confidence to work progressively independently. Willing to take responsibility for being available and for decision-making.