The Royal College of Pathologists
Pathology: the science behind the cure

Helping our members optimise their clinical consultation activity in a time of workload pressures and workforce shortages

Dr Natasha Ratnaraja discusses efforts to manage infection workloads.

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Against a background of workforce shortages, the College's Joint Medical Microbiology and Medical Virology Specialty Advisory Committee is committed to helping our members who work in infection to manage their ever-increasing workload.

As part of the College's ongoing collaboration with the British Infection Association (BIA), we have published *Tools for optimising clinical consultation activity in infection services in the United Kingdom* in the online BIA journal *Clinical Infection in Practice* (*CLIP*) in September 2024.[1]

Managing workload and workforce

An email was sent to members asking for their participation in developing these tools and 3 working groups were formed, each with a different objective. First, to define the common types of clinical activity in the infection specialties. Second, to provide referrers with the information they need to have available and provide when seeking advice from an infection specialist. Third, to provide examples of useful tools to document clinical activity.

The themes of the working groups were selected following the publication of the 2021 BIA/RCPath workforce survey,[2] which highlighted significant workforce shortages within the UK, as well as increasing demands upon infection services. It reported consultant vacancies of 20.3% in microbiology, 14.6% in virology and 9.3% in infectious diseases.

It is not within the power of the College to increase training numbers or consultant posts in infection specialties; however, we have previously provided advice on the number of programmed activities (PAs) required for key duties of infection specialists in secondary care.[3] In our latest document, the aim was to suggest approaches to help ease the burden of consultation activity, especially the provision of remote advice, which, along with clinical authorisation, forms a significant part of the workload.

A tool for streamlining consultations

The workforce survey highlighted the lack of agreed definition of a clinical consultation type.[2] It is important to accurately capture our clinical activity, so that this can then be used by anyone in the infection service to document their own activity: useful for personal and departmental job planning, and infection service configuration and commissioning. Infection specialty trainees may use these definitions to document evidence of different clinical activity types for their higher specialist training.

The definitions of clinical consultation types in the latest document were obtained via consensus of the working group, with further input from the College's Specialty Advisory Committee and the BIA Council and Clinical Services Committee.[1]

The provision of a standardised clinical dataset for the minimum information required for clinical consultations should reduce the time spent gleaning the relevant information from users, mainly resident doctors on the wards. Thus, not only should it streamline the consultation and reduce the time spent undertaking a consultation, but it should also prove to be a useful training tool for clinical colleagues in other specialties.

Finally, the document describes examples of approaches and guidance tools that readers may wish to consider. The minimum information datasets could be incorporated into these tools as a template for users to complete as part of the request.

We hope our members find this a useful document for training, capturing clinical activity and streamlining clinical consultation workloads.

References available on our website.

Meet the author

DR NATASHA RATNARAJA

CHAIR, JOINT MEDICAL MICROBIOLOGY AND MEDICAL VIROLOGY SAC

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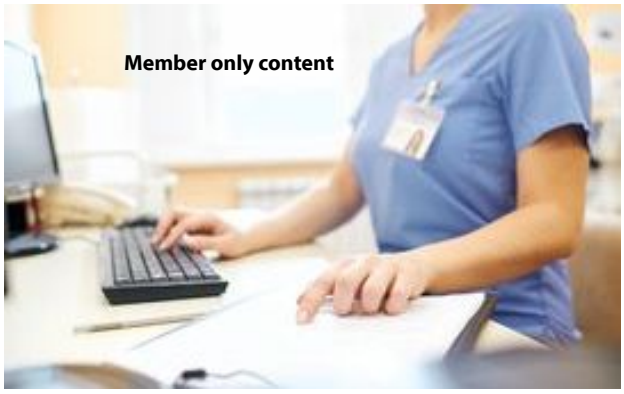

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London E1 8QT
Map and directions
Tel: +44 (0) 20 7451 6700

Email: info@rcpath.org

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