

Introduction

It is desirable that Immunology Assessors should have guidelines regarding the needs of Professional Direction to ensure that they are assessing a minimum standard of safe professional practice, whether it be at a hub or satellite service. These need to be flexible enough to encompass the wide range of individual practice yet have certain core attributes which can be generally agreed to be minimum standards. It is also desirable that Applicant Laboratories understand what the Assessors will be expecting to find. The following represent Guidance produced by the CPA's SAC in Immunology and approved by JAC.

Principles

Major centres, because they must provide interpretative and clinical cover on a daily basis, need the daily presence of a consultant and around the clock availability of opinion. It follows that single handed practice is clinically unacceptable in major centres and consultant / clinical scientist rotas must be constructed to provide the cover required. Any arrangement must be subject to regular review and demonstrably meet service needs.

Many Major Centres find they are operating a Hub and Satellite arrangement to cover the needs of professional direction of limited Immunology services in neighbouring Trusts. This requires appropriate sessions are committed to provide a safe effective service on both hub and satellite sites.

Professional Direction requirements are necessarily more demanding for a Hub laboratory. This is a comprehensive laboratory and clinical service and will comprise the major responsibility of the Consultant Immunologists.

Satellite arrangements should not compromise Hub activities. No more than 20% total sessional time should normally be committed to Satellite activities by each of the hub consultants. This is to cover all satellite related activity whether carried out at the satellite or the hub and should take account of time spent travelling.

Executive control of the immunology service is **essential** at the Hub and is desirable at the Satellites. **Executive control** is defined as **direct managerial responsibility for all the activities of the department**; day-to-day involvement in the activities of the department as defined below; and ability to influence all necessary managerial and clinical decisions, including those regarding staffing (recruitment and rotation), to run **a safe, effective, clinically appropriate and clinically governable specialist laboratory service** (management responsibility for immunology may be exercised through the Head of Multidisciplinary Laboratory if necessary, this is the usual arrangement at satellites). Executive control also incorporates full and meaningful involvement in the future development of the immunology service through the business planning process.

To be effective these functions must be supported by the management structure and practices of both the hub and satellite departments. They require allocation of appropriate sessions for departmental activities and management/administration (to include relevant managerial and departmental meetings). This should be documented by a service level agreement [SLA] with any satellite department and or in the job description / job plan of the Immunologist.

A breakdown of the areas of activity and guide to the time required is provided below:

- *Interpretative advice and laboratory supervision* (on-site by telephone, E-mail, fax and in person): at least 3 sessions for the hub. Between half and one session per week for each satellite laboratory flexibly arranged. A consultant opinion should always be available at the hub and readily available to the satellite departments.
- *Laboratory hands-on activities (where a regular commitment)*: dependent on the service delivered.

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- *BMS, Clinical Scientist and SpR education and other teaching*: at least 0.5 session (1 session if SpR on staff).
- *Administration*: 1 session per individual, 2 additional sessions per hub for the head of department.
- *Research* : 1 session where relevant, more if academic.
- *CPD activities, clinical audit and related activities*: 1 session per individual.

The above is intended as guidance to the minimum acceptable. Diagnostic service consultant sessions committed at the hub must reflect the extent of the repertoire, the complexity of the work and workload. They will also be influenced by the inclusion of clinical scientists in the laboratory team.

Additional specialist activities or regional or national services (PRU, EQA, specialised immunodeficiency or allergy investigations etc.) should attract additional sessions which should be clearly identified when introducing and upgrading services.

Availability to work Clinical Sessions must **NOT** compromise laboratory commitments and be laid out in the consultants job description / job plan. Clinical sessions average between 2 and 5 per week for most consultants. (commonly 2-3 for OPD, 1 for ward consults, +/- 1 for inpatient work if appropriate).

Clinical sessions should not be "double-booked" for laboratory supervision or interpretation. These sessions are allocated to OP and IP activities and any follow-up investigations or administration resulting from these. It is impractical and unsatisfactory to do two things at once and is probably not safe practice or clinically governable. It would not be expected of any other profession.

Sessional commitments to satellite laboratories should include travelling time, thus discouraging the formation of impractical links between far off satellite laboratories. The travelling time should **NOT** come from hub commitments.

Alternative means of achieving safe and clinically governable satellite practice (Electronic data transfer etc.) that potentially save time are available. They cannot be a complete substitute for attending the satellite regularly. These would need to be assessed on an individual basis.

No consultant should have more than an 11 session weekly commitment on a long-term basis.

A consultant whose activities cover 2 directorates will need appropriate recognition of the time needed to effectively participate in the management meetings of both Medical and Pathology directorates:

As hub departments commit to the supervision of satellites they should ensure and be able to demonstrate to Assessors that the hub practice is not compromised by satellite activities.