Culturing Your Local Consultant Microbiologist Service
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Background
Medical microbiology is an important clinical service which involves a range of roles including the laboratory diagnosis of pathogens, antibiotic ward rounds and infection control duties. At a time of increasing bacterial antibiotic resistance and healthcare acquired infections, consultant microbiologists are essential for the delivery of high quality clinical care and outcomes. There is currently a shortage of consultant microbiologists in the UK.

Introduction
Chesterfield Royal Hospital has experienced persistent problems in the recruitment and retention of consultant microbiologists in recent years. In 2010, two appointments were made with subsequent stabilisation of the service. This project outlines the steps taken to maintain and develop this important local clinical service during a further turbulent period.

Process
The major milestones in our attempts to develop a shared cover arrangements for our consultant microbiologist service are shown in the timeline (left). This project has involved microbiology consultants, laboratory staff, Directorate management, infection control teams, the Trust executive team and many external individuals and agencies. External factors have necessitated changes in strategic direction but the vision remains that of a shared medical microbiology service providing the highest quality service to its users.

Timeline

2010
Nov
- New Pathology Clinical Director
- Discussions with Exec Team & consultants regarding shared cover with adjacent larger units
- One consultant leaves for post nearer to home
- Locum consultant cover for extended annual leave period of remaining consultant
- Locum consultant support for remaining consultant
- Outline agreement for joint appointments with Sheffield
- Memorandum of understanding with EMPath for future partnership working
- Discussions regarding joint appointments with EMPath

2011
Sept
- Discussions regarding shared cover with Derby
- Consultant post advertised
- No appointable candidates
- Discussions regarding shared cover with PathLinks
- Launch of E&W Midlands Transforming Pathology Services project
- Discussions regarding joint appointments with EMPath

2012
Feb
- On call cover agreement with Sheffield
- Other consultant decides to return to home country for family reasons
- Launch of E&W Midlands Transforming Pathology Services project

March
- Discussions regarding shared cover with PathLinks

April
- Other consultant decides to return to home country for family reasons

May
- Other consultant decides to return to home country for family reasons

Key Leadership Tools
Seven habits for success
- Be proactive
- Begin with an end in mind
- Put first things first
- Think win-win
- Seek first to be understand then to be understood
- Synergise
- Self renewal – sharpen the saw

Stakeholder identification and care
Understanding power types – expertise, resources
Delegation – the decision tree
Coaching – the GROW model
Types of assertion
The change curve
Negotiation
Active listening

Conclusion
We may not have created our vision yet but the process has developed a cohesive and trusting team which is committed to its agreed strategy. The future of pathology may be uncertain but change is inevitable. We will need good leaders for success.

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