

## VISIT TO NORTHERN RTC

Wednesday, 13th November 1991

Visiting Team: Dr. F. A. Ala  
Dr. P. E. Hewitt

The visit comprised a discussion with the two Consultant medical staff present on the day. It was unfortunate that the part-time staff were not available on the day of the visit. The persons involved in the discussion were:

Dr. H. Lloyd - Director and General Manager  
Dr. Anne Collins - Consultant Haematologist

Other medical staff not seen were:

Dr. P. Condie - Consultant Haematologist (half-time)  
Professor W. Walker - Consultant Haematologist (2 days  
per week)  
Dr. F. Waddell - Associate Specialist (half-time)

There is one further Association Specialist, Dr. M. Walls, who works totally on donor sessions and is due for retirement shortly. There is also a rotating Senior Registrar - Dr. M. Howard - who was not seen.

The discussions were based on the checklist and the purpose of the visit was to determine the nature of the medical activities undertaken at the RTC.

### 1. GENERAL MEDICAL ACTIVITIES

#### 1.1 Meeting of medical staff in the RTC

A medical staff meeting is held monthly, involving the Centre staff, together with the Clinical Assistants working in Plasmapheresis and on the autologous transfusion programme when available. This is a formal meeting with an agenda and minutes. Each meeting includes a Director's update and discussion on policy decisions or issues regarding donor selection. Such decisions or new instructions are extracted from the minutes and sent to sessional medical officers by written memorandum.

### 1.2 Hospital Transfusion Committees

Twenty/twenty-one Hospital Transfusion Departments are serviced by the RTC and of these, three/four have set up Hospital Transfusion Committees. These generally meet at three-monthly intervals. The RTC is not actively involved, but two of the HTCs invite an RTC Consultant as appropriate. In some circumstances, depending on the subject to be discussed, the Associate Specialist or the Clinical Assistant may attend. RTC medical activities have not been formally subjected to audit. The contract with hospitals includes a statement about their right to audit, and this right is offered to the Regional Consultant Haematologists, but none have taken up the offer.

An annual meeting is organised by BTS to update Regional Haematologists and Hospital Blood Transfusion technologists.

### 1.3 Regional Transfusion Committees

There is no Regional Transfusion Committee. The Northern Region Consultant Haematologists' Group meets twice per year. There is also a weekly informal meeting of the Regional Haematologists, which the RTD attends. Subjects of topical interest are discussed, and this may involve a transfusion topic.

Regional Haematology Audit takes place at three-monthly meetings. These meetings involve the Consultant Haematologists and Haematology Registrars/Senior Registrars. These audits are topic-orientated and have included transfusion matters. The audits are reported formally to the Regional Medical Officer.

The Newcastle Consultant Haematologists' Group meets occasionally on an informal basis. Again, the RTC Consultants may attend.

#### 1.5 Internal Medical Audit

Sessional Medical Officers meet twice per year for a training meeting. This is usually held at a weekend and over one or two days, depending on circumstances. In addition to covering training matters, problem areas are also discussed. Recent meetings have emphasised the importance of Quality Management and adherence to standards.

There is no formal audit of the sessional officers. There is, however, a review of, for example, "underfills", i.e. part donations, medical deferrals donor incident reports, etc.

One Associate Specialist is responsible for investigating medical complaints, but there is no formal review of medical/organisational complaints arising from blood donor sessions.

#### 1.6 Participation in NEQAS?

None of those present considered that RTC participation in NEQAS should be considered in Medical Audit.

#### 1.7 Training of Junior Medical Staff

The RTC is responsible for the training of Senior Registrars and usually has one Senior Registrar for a six-month period. There is also a substantive post at the RTC which has not been filled. A training programme is in operation. This is a formal training programme, involving all areas of the RTC, including management/personnel issues. The Senior Registrars are also involved in on-call procedures, plasmapheresis, and the autologous transfusion programme. They may be involved in current research projects at the RTC. The training programme for Senior Registrars does not at present involve a great deal of input from the medical staff, but it is planned to increase the input. In the future, it is planned to train Registrars on both haematology and immunology rotations, probably for a two-month period. The training for Senior Registrars and Registrars in haematology is the responsibility of one Consultant Haematologist in the Region. Training programmes are arranged with this Haematologist.

1.8 The medical staff are not involved in research and development activities.

### 1.9 On-Call Service

A member of medical staff is on-call for advice to hospitals. The service is provided by the Consultants and Senior Registrar (after appropriate training). The RTC usually complies with "special" requests for fresh blood, genotyped blood, etc, although "customers" are reminded that these services cost more.

## 2. MEDICAL ACTIVITIES CONCERNING DONOR SELECTION

### 2.1 Training of Sessional Medical Officers

This training is "on the job", with assessment by the existing medical officers. New medical officers are allocated to work at sessions with existing (selected) medical officers, and after assessment, are allocated to relatively quiet sessions until felt to be fully trained. The initial training is arranged by the Associate Specialist who oversees the medical staff, but the six-monthly training sessions are arranged by the RTD. Sessional medical staff are not given CPR training, although DAs are to be given a course by the Training Nurse.

### 2.2 Information about the Care and Selection of Donors

Such information is transmitted to medical officers by written memoranda. This system is not felt to be totally satisfactory, and this is an area which is currently being reviewed. All medical staff are given a guidance book, but it is planned to redesign this in a more "user friendly" form.

2.3 There is no formal programme for assessing whether the sessional medical officers are operating instructions, but some information is received from instances of non-compliance or deferral revealed by information placed on the donors' session record, which is reviewed every day by medical staff.

2.4 There is a limited amount of medical input to the organisation of blood collection sessions. For example, there are plans to issue guidance concerning environmental conditions to be met for blood donor sessions.

## 2.5 Apheresis Sessions

Policies are laid down by the RTD. Apheresis sessions are staffed by a Clinical Assistant who reports to the RTD. There are regular staff meetings with the medical and nursing staff.

## 2.6 Donor Complaints

These are handled by an Associate Specialist, reporting to the RTD (see 2.3), and are regularly monitored through the Quality Assurance Section.

## 2.7 Donor Incidents

These are dealt with by the Associate Specialist or by whichever doctor sees the daily clinic reports. There is no formal audit of these incidents.

## 2.8 Counselling of Donors

One Consultant has overall responsibility for counselling of donors for HIV. Such donors are seen on a one-to-one basis and referred on to the Consultant Physician in Infectious Diseases at the neighbouring hospital. There is no personal counselling for HBV/HCV; the donors are referred to their general practitioners, who receive a letter from the RTC, suggesting consultation with a local hepatologist. TPHA is handled similarly. Matched, unrelated bone marrow donors are also counselled by RTC Consultant medical staff.

## 2.9 Look-Back Programmes

Look-back programmes for HIV are handled by one of the two full-time Consultants.

# 3. MEDICAL ACTIVITIES CONCERNING DIAGNOSIS AND TREATMENT OF PATIENTS

3.1 A small amount of therapeutic apheresis is performed at the request of hospital Consultants. Advice may also be requested or offered on the results of antenatal serology testing.

3.2 There is no programme for hospital visits and these are rarely undertaken by medical staff, although other staff have visited hospitals for operational matters.

3.3 There is no training of other hospital clinical staff.

4. MEDICAL ACTIVITIES CONCERNING LABORATORY FUNCTIONS AT THE RTC

4.1 Laboratory reports, with the exception of HLA work, are examined and signed by a Consultant. All results from referred cases relating to red cell serology are seen by a Consultant. All reports on antenatal serology revealing an abnormality are selected for review and signature by a Consultant (or the Senior Registrar). Routine antenatal serology reports which reveal no abnormality are not referred to the medical staff. Reports on antenatal serology are sent both to the hospital blood bank and to the obstetrician, omitting in the latter case, information of relevance to the transfusion laboratory only.

4.2 Selection of Donations for Processing

Medical staff are not routinely involved. Decisions would be made by the laboratory manager via the production staff. There may be occasions, however, when information from the sessions requires a decision regarding further processing of the donation, and in these cases, the medical staff would be involved.

4.3 Recall of Products

There is a standard operating procedure for this eventuality. During the day, the call would be passed to one of the medical staff, and at night to the on-call medical officer through the Night Duty Officer. The decision for recall would be made by a Consultant/Senior Registrar, with appropriate consultation if necessary.

4.4 Autologous Transfusion

There is an autologous transfusion programme at the RTC. The service is offered to 6-7 local hospitals. It is staffed by a Clinical Assistant, Staff Nurse, and one or two Donor Attendants. Patients are bled at hospitals, some at fixed sessions and some on an "ad hoc" basis. The programme is under the overall supervision of a Consultant.

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5. OTHER MEDICAL ACTIVITIES

- 5.1 Informal Advice on Health of Staff
- 5.2 Medical Representation on the Health and Safety Committee
- 5.3 MRCPPath Examinations
- 5.4 Lectures to Medical Students

It is recognised that, due to the part-time commitment of some of the senior medical staff, there is a need to strengthen the medical activities at the RTC. With this in mind, a new Consultant post is soon to be created. This will strengthen the management of the medical activities at the RTC, and the new Consultant will be given responsibility for overseeing blood collection, including blood donor sessions, plasmapheresis, and the autologous transfusion programme. The Consultant will also have duties involving liaison with hospitals and initiating internal medical audit.

The visitors wish to thank the staff at Northern RTC for the pleasant and mutually beneficial visit.

We are also grateful for the hospitality which we received.

FAA/PEH/MP  
27.11.91