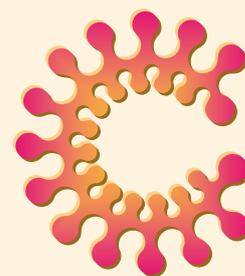


Teaching and Training for Hepatitis C Consultants (2009)

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Hepatitis C

Greater Manchester Hepatitis C Strategy

Executive Summary

Background

The aim of this project is to determine the training and knowledge requirements of consultants who wish to specialise in the treatment of Hepatitis C (HCV). This work aims to produce a series of recommendations for the development of appropriate training and resources to support the continued growth of the specialism. These recommendations are based on feedback obtained from semi-structured interviews undertaken with consultants currently specialising in the field of hepatitis treatment.

Results

There was a general consensus that a formal training programme for consultants entering the field of HCV treatment is not required, though an information pack with information for new starters and business plan would be beneficial. All consultants agreed that MRI and NMGH should be central in providing support and advice for other treatment sites.

Recommendations

- The development of a comprehensive resource pack is highly recommended for new starters, including: suggested reading, online resources, conferences, membership and forums and contact numbers for support and information. A set of brief how to treat instructions along with Greater Manchester HCV Treatment Guidance should also be included.
- A template business plan was identified as an important addition to this pack providing instructions in how to set up a clinic, emphasising how achievable this can be.
- New consultants entering this field will also be encouraged visit various sites to familiarise themselves with the care pathway, including drug services and treatment clinics.
- It is also recommended that a central advice line is developed and run by one of the main treatment centres to provide advice and support for consultants and specialist nurses working outside of the main central treatment sites.

This report including the recommendations has been reviewed and ratified by the lead consultants providing treatment in Greater Manchester.

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1. Introduction

A consultant working in the field of gastroenterology, infectious diseases or hepatology will often be responsible for hepatitis C (HCV). This will involve determining appropriate diagnostic tests and procedures, monitoring and assessing patient conditions and providing advice regarding appropriate medications or treatments. All members of staff who provide this kind of care for HCV infected individuals should have received appropriate training to perform their role and should be able to demonstrate that relevant competencies have been achieved and maintained (NHS Scotland, 2008).

2. Aim

2.1. Aims of the project

The major purpose of this project is to determine what new consultants who wish to specialise in the treatment of HCV require with regards to training/ knowledge. This work aims to produce a series of recommendations for the development of appropriate training and resources to support the continued growth of the specialism. These recommendations are based on scoping and feedback obtained from interviews undertaken with consultants currently specialising in the field of hepatitis treatment.

2.2. Objectives

- a) To develop a set of training recommendations to facilitate consultant specialism in the field of HCV treatment
- b) To highlight information and knowledge requirements to assist new consultants in the field of HCV. To establish a higher number of treatment clinics.

3. Method

3.1. Scope

Consultants specialising in the field of Hepatitis C (HCV) treatment were identified within Greater Manchester treatment sites (North Manchester General Hospital (NMGH), Manchester Royal Infirmary (MRI), Wigan and Leigh Infirmary (WLI)).

Identified consultants were contacted via telephone or email to arrange an appointment for interview. It was explained that we were aiming to find out their thoughts and recommendations regarding training requirements for new consultants entering into this specialist field and an insight into their own personal training experiences.

Consultants were interviewed from:

North Manchester General Hospital (NMGH) – Infectious Disease Department,
Manchester Royal Infirmary (MRI) – Gastroenterology/Hepatology Department,
Wigan and Leigh Infirmary (WLI) – Gastroenterology Department

In order to ensure that information from a greater perspective was also gathered, specialist nurses and the Programme Manager for the Greater Manchester Hepatitis C Strategy were also interviewed regarding this subject.

This report including the recommendations was then reviewed and ratified by the lead consultants providing treatment in Greater Manchester.

3.2. Semi-structured interviews

Semi-structured interviews with consultants at each treatment site were agreed where consent had been granted by individual consultants. These were scheduled to last for approximately 30 minutes at the convenience of each contact. Each semi-structured interview was attended by the interviewer and assistant who took comprehensive notes which were then typed up immediately following the interview. Questioning consisted of a series of open ended questions designed to allow the interviewee to freely express ideas and opinions. These were followed up by closed questions and prompts if this was felt necessary to aid the interviewee. Where guidance was needed or more in depth detail was required additional questions were included. For example if the interviewee responded

'yes' to the question 'are you a member of any networks or forums?', this may be followed up with questions such as 'which networks?', 'where do meetings take place', 'which professions are these networks aimed at?'.

Questions followed the general form of:

a) What training do you feel is required for new consultants?

- Recommended courses
- Ideal Structure of training
- Length/depth of knowledge
- Reading/Materials
- Online sources
- Day placements in other areas

b) What training documentation and structures should be developed in the workplace?

- Observation periods
- Mentor/budding system

c) What continued development is required by established consultants offering treatment?

- What training have you received?
- What extended training do you need?

d) Are you a member of any networks or forums?

The topics and opinions discussed were summarised into the main themes and topics listed above. Once all consultants were successfully interviewed, this data was aggregated together to develop a common set of recommendations.

A similar piece of work has also been undertaken looking at Specialist HCV Nurse training and following these interviews each specialist nurse was also asked about consultant training and if they could identify any training requirements from their perspective.

This report including the recommendations has been reviewed and ratified by the lead consultants providing treatment in Greater Manchester.

4. Results

Consultant Training

4.1.1. General Reading

All consultants interviewed recommended that both new consultants entering the field of HCV treatment and established consultants should read guidance published by:

- **EASL – European Association for the Study of the Liver** (www.easl.ch/)
- **AASLD – American Association for the Study of Liver Diseases** (www.aasld.org/)

Two consultants also recommended NICE guidance and Department of Health published literature. However, the remaining consultant believed that such guidelines are only useful for those who already know what they are doing and that a more basic version would be beneficial for new starters. He believes that The Hepatitis C Strategy is developing a set of guidelines to consist of a summarised version of recommended guidance.

Two of the consultants read articles published in peer reviewed literature and recommended the following as good sources for both new starters and more established consultants ;

- **Journal of Hepatology**
- **Lancet**
- **New England Journal of Medicine** (NEJM) (in particular abbreviated editorials contained within the NEJM <http://content.nejm.org/>).
- **BMJ** (The HCV content only)

Likewise literature published by drug companies (Schering-Plough, Roche) was recommended as a good source of unbiased information. Conversely one of the interviewed consultants does not access any other source of evidence/literature than published guidelines.

4.1.2. Online Resources

The following were recommended as an 'excellent resource' websites which provide regular literature updates via email

- www.hivandhepatitis.com
- <http://www.clinicaloptions.com>

The following online resources were recommended as useful sources:

- <http://www.docnet.org.uk>

- <http://www.uptodate.com/home/index.html>
- <http://emedicine.medscape.com>

There was a general recommendation for any work produced by Centres for Disease Control and Prevention (CDC). An online serology course exists, which covers HCV infection -

- <http://www.cdc.gov/hepatitis/Resources/Professionals/Training/SerologyStart.htm>. However, caution was advised around using American Resource due to the differing aspects regarding the funding of healthcare and attitudes to treatment for drug users.

4.1.3. Courses

None of the consultants interviewed could identify any specific courses for the treatment of HCV.

- **Drug companies sponsored study days**

Days and training events offered by drug companies, such as one off study days (i.e. Nottingham Study Day – organised by Steve Ryder with Schering Plough) were felt to be ‘excellent’ by the those consultants who had extensive experienced in HCV. However, those new to this field of work reported that training provided by drug companies was ‘good in parts’ but not helpful if you don’t already have a good background in the subject or have missed previous events. It was felt that there was a need for ‘a good basic course to provide a general background’.

Ad hoc events are also organised by:

- **Royal College of Physicians (RCP)**
<http://www.rcplondon.ac.uk/Pages/index.aspx>

With regards to training of other staff (Specialist Nurses) it has been strongly recommended by the Programme Manager for the Greater Manchester Hepatitis C Strategy that it is important for the consultants to view the nurse module descriptors once developed and the consultants should be required to know what the specialist nurses know with regards to all aspects of HCV treatment and understanding the patient experience/characteristics.

4.1.4. Conferences

The following conference was highly recommended;

- **EASL** - <http://www2.kenes.com/liver-meeting/pages/home.aspx?gclid=CJrF-9vH8pgCFQ4yQgodSBkV1A>, in which postgraduate discussion around Hep C is covered every 5 years.
- **AASLD** – www.medschool.slu.edu/cme/cme_best_gi_series.pdf

And one consultant recommended that ‘anything organised by Roche or Schering Plough is usually worth attending’.

4.1.5. Recommended Visits

It was agreed that some form of visit to other service providers (drug services, prisons etc.) could be a ‘valuable tool’ as well as other HCV clinics would be useful for a new consultant entering the field of HCV treatment. This included observing specialist nurse led clinics and clinics from differing departments (hepatology and infectious disease background) to gain an understanding of different patient populations.

However, in practice this may be problematic as it was perceived that specialists would be reluctant to be followed by external consultants and that external visits to other providers would not take place unless they were compulsory. It was stressed by one interviewee that visits to service providers could be advantageous in gaining the essential understanding of drug users needed as few consultants read online resources around drug misuse or other online material due to time pressures.

The Programme Manager for the Greater Manchester Hepatitis C Strategy feels that more involvement from consultants with GPs in National Enhanced Services (NES) or Local Enhanced Services (LES) discussing patient addiction and the possibility for ‘stability while using heroin’ would be advantageous as would be ensuring that consultants are all fully informed of the ethical issues regarding the treatment of drug users.

The understanding of local care pathways and practices was also seen as important and it was suggested that a package could be developed containing information about the different types of drug service in Manchester/Greater Manchester and recommended a visit.

4.1.6. Membership of Groups /Networks

A range of associations were highlighted including:

BASL (British association for the study of the liver)

- The British Viral Hepatitis Group
- EASL
- AASLD
- British Infection Society (BIS)
- British HIV Association, (for more established staff who may be treating co-infected individuals).

The North West Liver Network previously set up, only attracted regular attendance from 5 members. The re-establishment of this group will depend on time constraints and content however it was believed by the majority of contacts made (consultants and specialist nurses) that this network/forum could be more productive now especially if widened to include nurses, include study sessions, local practice, information updates, guest speakers (ie. histopathology, haematologists, psychiatrics and nutrition experts) and general information for 'new' treaters. This format could also be used to find and recruit individuals with a genuine interest.

It was stated that it is essential to have a forum so that cases can be reviewed which should meet twice a year (and sufficient notice of meetings given to allow attendance around clinical commitments. A suggested structure included 1 hour for presentations and the rest of the time for discussion cases. A similar programme had previously been organised in evenings but this was unsuccessful due to time constraints. Due to the local expansion of HCV treatment services it was widely regarded that some local study days/forums could be very successful and would enable better service provision.

4.1.6.1. Newsletter

It was suggested that a newsletter and mailing list could be developed for those treating; including updates on new guidelines/strategy documentation to ensure the entire strategy are working to the same goals.

4.1.6.2. Consultant advice service

A consultant advice service was seen as a need for those new into treating especially for those who are not working at the larger treatment centres. It was also suggested that the larger clinics could provide a lead and visit external/smaller clinics to help motivate and provide feedback on current processes if required.

With regard to this type of service lead consultants from both MRI and NMGH would be happy to provide advice to other colleagues with NMGH suggesting that a 24/7 advice line would be feasible as currently 6 members of staff are treating, and there is always a consultant on call. It is important to note that such advice is not included within clinical governance. The consultants at the larger treatment centres are both to provide teaching for nurses.

4.1.7. Observation/Mentoring

The consultants feel that there is a value in mentorship and observation for new consultants as effective way of sharing information. MRI already implement a partnership with hospital nurses and those based at more external clinics and sees this observation work as useful, though some form of payment would need to be looked into.

4.1.8. Business Guidance/Documents

With regards to needs for new consultants the development of a template business proposal was mentioned as a requirement. It was suggested that a two page document on how to start a clinic, including timings and processes to use as a guide. Stating that it is important to learn about the financial aspect of setting up a treatment clinic and how you should apply for money and actually set up the services. The suggestion would be for a how to do it guide addressing formal applications from PCTs. It was indicated that The Hepatitis C Strategy may have a sample service level agreement which could be included within the document.

It was also suggested that a simple set of 'how to treat instructions' to engage and encourage others to treat should be developed locally and incorporating within this more formal engagement and support from the larger regional treatment centres (MRI/NMGH) to help smaller clinics. The documentation developed should ideally reinforce how achievable it can be to set up a clinic and contain a list of contacts to act as peer support for the process of setting up a clinic.

Another suggested format was in the form of a power point presentation with the last page about people who have done it and a list of contacts. However it was not seen as a viable prospect to place this information on the strategy website due to accessibility of contacts and a need to limit calls and emails requesting advice to local/regional clinics only.

4.1.8.1. How to set up a clinic?

The consultant based at NMGH provided a brief overview of how to set up a HCV treatment clinic as base for further documentation to be developed:

- 1) Minimum Requirement a treating physician and nurse in place.
- 2) Documentation on how to gain funding for a nurse.
- 3) Pharmacy support (hospital).
- 4) Management support – prepare hospital
- 5) Develop a one page A4 letter with basic information to pass on the message to management. Any more than this and the letter won't be read.
- 6) Business plan – specialist nurse, secretary, 2 PAs of consultant's time. Someone to read the business plan.
- 7) Network for referral – GP, drug and alcohol services need to be aware of presence.
- 8) Contact with psychiatric services, sexual health.
- 9) Contact with larger treatment centres for refer up or review cases.
- 10) Essential to have a forum so that cases can be reviewed.
- 11) Make it clear that industry can also provide funding.
- 12) Need a motivated person of PCT to force hospitals to set up a clinic.
- 13) Emphasise that HCV is highly prevalent and that this can provide a good business opportunity.
- 14) New consultants may be found once a business plan is complete (departments with $\frac{3}{4}$ of consultants time may need to justify a further $\frac{1}{4}$ of time).
- 15) Write to hospitals to find out if there are consultants who have time they need to account for – suggest they set up a HCV clinic.
- 16) Tertiary care target.

5. Recommendations for training for consultants considering working in HCV treatment

There was a general consensus that a formal training programme for consultants entering the field of HCV treatment is not required. However, the development of a comprehensive resource pack is highly recommended for new starters.

I. Resource pack

The resource pack would provide consultants considering a move into HCV treatment with an introduction into the field and highlight the major information sources.

- **Reading:**
 - Guidance documentation published by NICE, DoH EASL, AASLD.
 - Journals of interest ; BMJ, Journal of Hepatology, Lancet and New England Journal of Medicine (NEJM) and literature published by drug companies (Schering-Plough, Roche).
- **Online resources:** www.hivandhepatitis.com, <http://www.clinicaloptions.com>, <http://www.docnet.org.uk>, <http://www.uptodate.com/home/index.html>, <http://emedicine.medscape.com>
- **Conferences:** Drug Companies, RCP, BSR. EASL, AASLD.
- **Recommended membership details** for BASL, EASL, AASLD, BIS and British HIV Association, local forums and networks
- **Treatment Guide** The Greater Manchester HCV Treatment Guidance has been produced and is currently going through the process of ratification. A shortened set of 'how to treat instructions', a few sides of A4 would also be beneficial to provide confidence and reassurance in getting people started.
- **Clinic/business plan documentation-** template business proposal. This documentation would need to include details on how to start a clinic, timings and processes to use as a guide. The financial aspect of gaining funding should be included with details of formal application process from PCTs and the inclusion of a sample service level agreement.
- **Contact numbers and links** for peer support or other treatment clinics and consultants in the region.

II. Visits

- It is recommended that new consultants/consultants new to treating HCV are encouraged to visit various sites to familiarise themselves with the care pathway, including drug services and treatment clinics. Ideally such visits would be made compulsory for a consultant beginning work within this field. Incorporated within visits new consultants would have an opportunity to sit in a

functioning clinic with specialist nurses to talk through the treatment process and relevant guidance.

III. Support/Networks

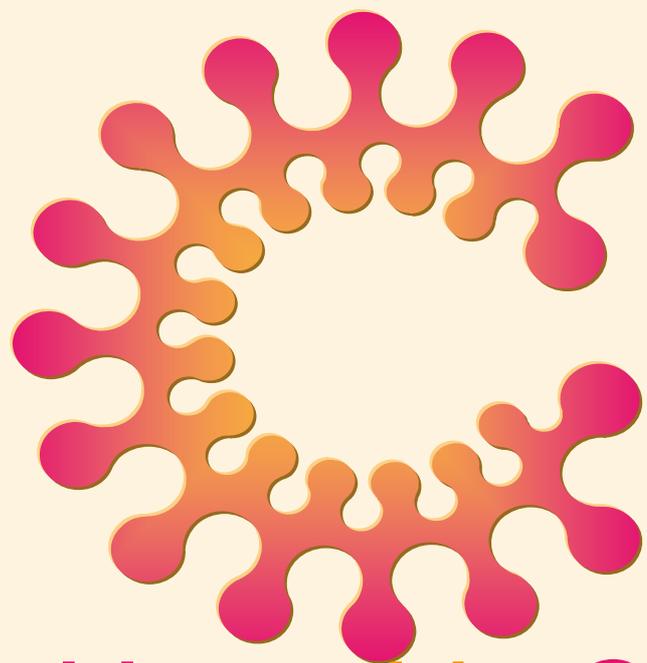
- It is recommended that The North West Liver Network should be re-established to be scheduled twice a year and to open to the inclusion of specialist nurses. One hour study sessions from other experts (e.g. nutrition, pathology) should be included within the programme, with the remaining time dedicated to an open forum to review particular cases.
- Establishment of a formal peer support process would be beneficial, incorporating more formal engagement and support from larger treatment centres.

III. Consultant treatment advice line

It is recommended that a central advice line is developed and run by one of the main treatment centres.

References

Testing, Treatment, Care and Support Working Group (2008) The Hepatitis C Action Plan for Scotland: Guidelines for Hepatitis C Managed Care Networks. NHS Scotland.



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