



BRITISH THORACIC SOCIETY

BTS MDR-TB CLINICAL ADVICE SERVICE ROLE DESCRIPTION: CLINICAL SERVICE ADVISERS

INTRODUCTION

The MDR-TB Clinical Advice Service is a resource for clinicians treating patients who have MDR-TB. Patient data are collected from clinicians and are reviewed to provide robust clinical advice on a case-by-case basis. The Service's Clinical Service Advisers (CSAs) are responsible for providing clinical advice to enquiring clinicians.

Advisers will be fulfilling a national role, of particular importance with respect to the rules regarding specialised commissioned drugs.

At any given time there will be advisers from the fields of respiratory medicine, infectious disease, paediatrics, pharmacy, TB nursing, public health and microbiology. Other specialists may be called on as required.

Advisers do not need to be members of the British Thoracic Society.

Advisers can expect the time commitment for MDTs to be four or five three-hour calls a year, with an extra hour or so for more detailed reading/summarising of a couple of specific cases each time. Additionally, *ad hoc* advice would be expected to take an hour or two each week depending on what cases are coming onto the service.

ROLE

1. Provision of advice to BTS MDR-TB Clinical Advice Service enquirers

- In the context of the BTS MDR-TB Clinical Advice Service, CSAs will be asked to provide advice to clinicians who post cases to the service. Advice would be required on a case-by-case basis and could cover a wide range of topics, including drug regimens, patient monitoring, actions regarding patients' contacts, etc.
- Advice would typically be in the form of consensus advice (i.e. advice given following agreement between two or more CSAs or advice given alongside advice from other CSAs).
- Although the BTS MDR-TB Clinical Advice Service is designed primarily for cases of MDR-TB, advice will also be requested for cases which are not MDR-TB (including complex sensitive TB, drug intolerant TB, etc.)

- Ratification through the BTS MDR-TB Clinical Advice Service by 3 CSAs is required where specialised commissioned drugs (such as bedaquiline and delamanid) are requested.
- In addition to providing advice on cases newly presented to the BTS MDR-TB Clinical Advice Service, CSAs would also be asked to provide advice for older cases where clinicians submit follow-up information to the BTS MDR-TB Clinical Advice Service.

2. Provision of timetabled MDT advice to BTS MDR-TB Clinical Advice Service enquirers

- CSAs will be timetabled to take part in monthly virtual MDTs. Time for these MDTs should be written into CSAs' work plans, as it is for the fulfilment of a national role. CSAs would not be required to attend every MDT, and attendance would be scheduled according to a rota which aims for 4 per year/per CSA.
- Monthly virtual MDTs will be timetabled for a variety of times/weekdays through the year.

3. Provision of ad hoc advice to BTS MDR-TB Clinical Advice Service enquirers

- In addition to the timetabled monthly MDTs, CSAs will be asked to provide *ad hoc* feedback on a case-by-case basis, where it is felt that advice would be more beneficial if provided before the timetabled MDT. In these cases, advice would be given through the BTS MDR-TB Clinical Advice Service by a minimum of two CSAs.
- Advice must be given within a particular timescale, with a minimum of two CSAs to reply to requests for *ad hoc* advice within one week.
- CSAs will be required to access the online BTS MDR-TB Clinical Advice Service system on a regular basis and respond to requests for advice in a timely manner.

4. Role in the review and continued development of the BTS MDR-TB Clinical Advice Service

- CSAs may also be called upon for input into reviews of the BTS MDR-TB Clinical Advice Service dataset, ensuring it continues to meet the needs of clinicians and patients.
- Assisting with ongoing development and refinement of the BTS MDR-TB Clinical Advice Service, including the development of additional functionality where appropriate.

APPOINTMENT

The following arrangements will apply from January 2018 in respect of the selection and appointment of CSAs.

The Chair of the MDR-TB Steering Group and the BTS Honorary Secretary will select the CSAs, with the approval of the MDR-TB Steering Group.

BTS Head Office will confirm the appointment for a 3 year term. CSAs will receive invitations to attend the BTS MDR-TB Clinical Advice Service MDT meetings.

Where there are more candidates than there are vacant CSA positions, the Chair of the Steering Group and the Hon Secretary should come to a consensus for the appointments.

TERM OF OFFICE

- The term of office of Clinical Service Advisers is three years from date of appointment. After three years the position may be reapplied for at the next recruitment window. There is no limit to the number of concurrent terms CSAs may serve, provided their applications are approved.
- Due to the structure of the BTS MDR-TB Clinical Advice Service, any CSA wishing to step down before the end of their appointed time should aim to give three months' notice to BTS Head Office. However, it is understood that this may not be possible in all cases.
- A CSA's term of office may be terminated by BTS, without provision of a notice period. There is no requirement for BTS to provide a reason for terminating a CSA's appointment. In the event that BTS terminates the appointment of a CSA, the CSA will be informed in writing.

DECLARATIONS OF INTEREST

- All Clinical Service Advisers will be asked to complete an annual BTS Declaration of Interest form which is mandatory for all members of BTS committees, groups and related roles.

LINES OF COMMUNICATION AND RESPONSIBILITY

- The BTS MDR-TB Steering Group oversees the BTS MDR-TB Clinical Advice Service. This Steering Group reports to the BTS Board of Trustees via the Quality Improvement Committee.
- The Chair of the BTS MDR-TB CAS Steering Group is a member of the BTS Quality Improvement Committee.
- Requests from clinicians for advice will be communicated to CSAs through automated BTS MDR-TB Clinical Advice Service system emails and direct communication from the Programme Manager.
- Consensus advice will be communicated to clinicians through the MDR-TB CAS site. Direct one-on-one advice to clinicians will be communicated directly from the CSA to the clinician through the BTS MDR-TB CAS site, with advice given by a minimum of two CSAs.

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