

Ian Walker

ROLE

Consultant Microbiologist

LOCATION

Newcastle, North Staffs

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I am in my third year as a Consultant Microbiologist and have never been busier. I love the combination of research and analysis in the lab with the practical hands on experience of meeting patients during my rounds. Hospital acquired infections are becoming a much bigger priority and I now find that my knowledge and experience is in demand.

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Medical microbiology is part of the Pathology Department and offers a comprehensive range of services to medical staff and local GPs who are treating infectious diseases – advising on diagnosis and therapy. Workloads are increasing as populations grow and there is a greater focus on infection. A microbiology department will usually provide virology, bacteriology and molecular biology services and can analyse up to 500,000 specimens a year. The team typically consists of 3 or 4 consultants and a further 50 biomedical scientists and admin staff. The department will be accredited by the Clinical Pathology Accreditation UK Ltd (CPA) and participate in the UK National External Quality Assurance Scheme (UK NEAS) for Microbiology.

A priority issue is the incorrect and overuse of antibiotics - which has contributed to the emergence of antibacterial-resistant bacteria. Many antibacterials are frequently prescribed to treat symptoms that do not respond to antibacterial therapy or are incorrectly prescribed for a specific bacterial infection. Other forms of misuse extend to excessive prophylactic use, incorrect dosages based on a patient's weight and history of prior use and failure to complete a prescribed course. Many organisations around the world are now trying to restrict antibiotic use. In a policy report released by the Infectious Disease Society of America in April 2013, they expressed grave concern over the weak pipeline of antibiotics to combat the growing ability of bacteria, and that since 2009 only 2 new antibiotics had been approved in the United States.

In the UK, microbiologists need to have a Full and Specialist Registration with the General Medical Council (GMC) and be registered with the Royal College of Pathologists for continuing professional development to fulfil the requirements for an annual certification and revalidation.

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My role requires me to have a wide experience in general microbiology as well as clinical experience in infection control. I provide a comprehensive and cost effective clinical microbiology, mycology and virology service as well as antimicrobial stewardship and infection prevention. In addition to providing a consultation service to my medical colleagues in other specialities I'm also responsible for:

- Day to day supervision of diagnostic methods and examination of specimens.
- Authorisation and clinical interpretation of results.
- Developing infection services and treatment guidelines.
- Promoting greater knowledge of the management of infectious conditions.
- Achieving and maintaining full accreditation with the CPA.
- Monitoring antibiotic use.
- Helping surgeons reduce surgical site infections.

I am also a member of the Pathology Committee, Drugs and Therapeutics Committee and Hospital Control of Infection Committee.

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Common **Questions**



- 1 To solve challenges by using my knowledge and experience to identify strains of bacteria and recommend courses of treatment.
- 2 To be and be seen as an expert in my field.
- 3 To make patients better.

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Treating antibacterial resistant bacteria

Antibiotics are now so commonly overused and incorrectly prescribed that bacteria are starting to build up a resistance to them. At the same time, difficult to treat pathogens are on the rise and new antibiotic development is in decline.

How I overcome it today

I take my role as a steward of antibiotics use very seriously and look to minimise the incidence of infection. Where treatment is necessary, I ensure that the appropriate antibiotic choice and dosage is selected.

I also:

- Monitor antibiotic use.
- Maintain an in-depth knowledge of a wide range of antibiotics and any new developments in antimicrobials.
- Take a leading role in the hospital's infection control team.
- Look at old antibiotics that have fallen out of favour as a way of mitigating the rising resistance to common and overused antibiotics.

How can Biocomposites help?

Stimulan is a pharmaceutical grade calcium sulfate with a unique crystal structure. Manufactured through a patented recrystallisation process, its properties and purity allow you to easily mix liquid, powder and heat sensitive antibiotics, without impacting their molecular structure and clinical performance. It delivers a predictable elution profile over extended periods of time and completely absorbs at an optimal rate - to avoid becoming a nidus for infection. Together with a low incidence of drainage it will revitalise your infection management strategy.

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Surgeons are resistant to change

Some surgeons are very receptive to the contribution I can make. But the vast majority are not as infection is still a very sensitive topic for surgeons to acknowledge. They don't have the detailed knowledge required, and often think bacteria resistance is binary – it is or it isn't – when resistance varies depending on the type and level of antibiotic used.

How I overcome it today

This is a continual battle but I try to make myself readily available to my surgeon colleagues by:

- Participating in ward rounds to diagnose and treat infections.
- Providing regular training on infections and treatments.
- Providing responsive antibiograms and recommending tailored courses of treatment.
- Pushing for regular Multi-Disciplinary Team (MDT) meetings.

How can Biocomposites help?

- Promote that Stimulan is already used in over 15,000 cases a year.

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Bureaucratic and financial pressures

I always want to do what is best for the patient but there are often financial and bureaucratic barriers that get in my way – from not being able to use a particular antibiotic because of cost to not being able to deviate from standard of care.

How I overcome it today

The NHS can be a slow and cautious organisation so I have to show great perseverance to demonstrate the value I can add, and that short term costs can deliver longer term savings in terms of fewer and shorter episodes of infection.

How can Biocomposites help?

The use of Stimulan as part of your infection management strategy delivers improved clinical outcomes and eliminates the need for a second procedure to remove the device. If you decide to mix Stimulan with antibiotics, they will be released at supra MIC levels locally. This will protect the device from colonisation by bacteria, can reduce the need for longer term systemic delivery and help with your antibiotic stewardship – transforming outcomes and lowering costs of care.

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Common **Questions**



- ① My departmental colleagues.
- ② Clinical data and published research.
- ③ My patient outcomes and experiences.

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- ① Reading journals; The Bulletin (RCP), Microbiology (SGM), JMM
- ② Peer to peer conversations.
- ③ Attending conferences; RCP, EBJIS, CORs, SGM Annual Conference
- ④ Supplier sales reps.

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- ① What is the mechanism of release of the antibiotics?
- ② How long does Stimulan take to absorb in bone and soft tissue?
- ③ What supporting data do you have for Stimulan?
- ④ Is there any evidence of systemic toxicity?
- ⑤ What concentration levels can be seen at an infected site?
- ⑥ Can I mix 'X' antibiotic with Stimulan?
- ⑦ Who is using Stimulan and in which hospitals?