Establishing a contract for bench training of specialist registrars in medical microbiology

In common with other medical microbiology laboratories in the UK, the biomedical scientist staff (BMS) at Cambridge have faced an increasing burden of specialist registrar (SpR) training from our own, and other specialties, in the face of falling BMS numbers as a result of efficiency savings and an increasing diagnostic workload. This has led to periods of several months in each year in which SpR training by the BMS has had to be abandoned locally in favour of services with formal laboratory contracts.

Developing a long-term strategy to deal with this problem necessitated the preparation of a business case for SpR training by the BMS, which required an estimation of the local BMS SpR training load. In the first two years, SpRs receive the same basic training in diagnostic methodologies provided for trainee BMS. SpRs spend four months annually in full time bench training, apprenticed to qualified BMS, who spend approximately half their working time on direct supervision of the trainee, equivalent to four months BMS time for each SpR over the first two years. In our own laboratory, we have nine trainees in bacteriology and virology, representing 36 months of BMS time over a notional five year period of SpR training. This calculation assumes that all trainees achieve their annual milestones without delay. In practice, half the trainees sitting the practical component of the examination for membership of the Royal College of Pathologists have required a further six or 12 months of bench training in preparation for a re-sit of the examination. Assuming that half of all the trainees require a nine month extension, this represents an increase in training load at this stage of 27 months, equivalent to an additional 13.5 months of dedicated BMS time, resulting in a total BMS training time of 42.75 months. From their third year of training, SpRs receive three months of advanced training annually, in focused preparation for the RCPath practical examination. The BMS provide and supervise the processing of simulated clinical samples, to be processed independently by the trainee, on a programme that runs continuously throughout the year. The BMS time required for this programme amounts to one day each week. This is equivalent to 2.4 months of BMS time, annually, in years 3, 4, and 5—that is, 7.2 months over the five year period, in both bacteriology and virology, amounting to 14.4 months in total. Therefore, the total of BMS time required for SpR training is 57.15 months—11.43 months of working time each year. Allowing for six weeks of leave entitlement, this is equivalent to one full time BMS. The experience and skills are of those at grade 2 of the BMS pay spine, for which the salary, with on costs, is £26 663 to £33 737 per annum.

Having established a business case for a full time training BMS, we sought a source of funding from those with an interest in training. None was prepared to fund this comparatively large recurrent sum, but three local stakeholders were prepared to fund one third each: the deanery, with its responsibility for the delivery of SpR training; the workforce development directorate (the training and development arm of the Strategic Health Authority), with its overarching responsibilities to training laboratory staff; and the local primary care trust, with which the trust has an interest in preserving and developing the laboratory's services. The core duty of the training BMS (grade 2) is to preserve SpR training. Whenever BMS numbers are inadequate to allow SpR training, this function is assumed in full by the training BMS. At other times, the training of SpRs continues to be shared between all the BMS, and the training BMS engages in related educational activities, which have been tailored to the sources of funding. These duties are, first, supporting and developing the education, training, and research of SpRs in medical microbiology, as directed by the deans' programme director in medical microbiology. Second, duties supporting the laboratory training manager in the provision of training of SpRs, BMS, medical laboratory assistants, and visitors to the laboratory. Third, maintaining the training BMS's own professional status and microbiological skills by participating in the rota for provision of the laboratory's routine diagnostic service, under the direction of the laboratory manager. Because the job description contains three major components with different line managers, a clear division of the working week is necessary to ensure realistic expectations and harmonious working relations. The time allocated to the first, second, and third duties are three, one, and one day each week, respectively.

We resolved our local crisis in the provision of SpR technical training by negotiating a training contract, analogous to the laboratory's service contract, with local parties with a training interest. We recommend this model, which we believe to be unique in the UK, to laboratories experiencing difficulties similar to our own.
tumours being common in these last geneic bone marrow transplantion, with solid ment compared with those undergoing allo- leukemia/lymphomas was higher in the incidence of myelodysplastic syndrome transplantation for aplastic anaemia.

The survivors of acquired aplastic anaemia may be at high risk for malignant disease. The diagnosis of acute myelogenous leukaemia (AML), minimally differentiated, was ascribed to this tumour.

The fact that some of the respondents in this audit chose multiple options probably reflects the possibility of a primary breast carcinoma or a lymphoma in the post-treatment setting. The presence of squamous epithelium in continuity with columnar epithelium (squamo-columnar junction) in the transformation zone histologically, but if a biopsy is obtained from beneath this junction, it may be difficult to recover this zone. If the squamous epithelium on the surface of the gland is squamous epithelium with underlying glandular epithelium in continuity, this zone should be defined by a surface squamous epithelium with underlying glandular epithelium. The transformation zone is a dynamic entity formed during puberty and, until recently, histologically, is the area where the glandular epithelium is being replaced by squamous epithelium. It provides a well written, concise, and up-to-date account of the biology and pathology of the breast and female genital organs. It fills a gap in the literature by providing a comprehensive reference book for pathologists and clinicians working in these fields. The book begins with an introduction to the classification of tumours and then proceeds to discuss the pathogenesis and classification of breast and female genital tumours. The classification of breast and female genital tumours is based on their histological characteristics, and the book provides a thorough discussion of the various histological types of breast and female genital tumours. The book also discusses the epidemiology and aetiology of breast and female genital tumours, and the biochemical, molecular, and genetic factors that may contribute to the development of these tumours. The book concludes with a discussion of the management of breast and female genital tumours, and the various treatments that are available for these tumours. The book is well written, and the authors have provided a comprehensive reference book for pathologists and clinicians working in these fields. The book is a valuable resource for anyone interested in the biology and pathology of the breast and female genital organs.
informative and provided helpful diagnostic hints. One of the chapters on breast pathology shows an individual author's bias on the subject, with the inclusion of different terminologies in the already confused subject of intraepithelial proliferative lesions of the breast. Fortunately, this trend does not persist in the remaining chapters of the book. The immunological and molecular profiles of different tumours is exhaustive, well-presented, and provides a valuable diagnostic aid to pathologists in practice, as well as a ready reckoner to research oriented clinicians.

The inclusion of the final section on inherited tumour syndromes is a valuable source of information. A final word of praise on the excellent images of tumours, which will be a delight to the picture matching tans and those who are responsible for the transfusion of blood, blood components, and blood products to patients. It is compact and would fit easily into a pocket. The approach is very practical and will provide clinical staff with the information necessary to answer patients' questions. The style is didactic but important statements are supported by references provided in small print in an appendix. This is a sensible approach because the uncluttered pages are easy to read and can be referred to quickly, whereas the reader who wants to know more is not denied the necessary evidence base. The book links to a useful website, which is designed for those seeking a greater depth of information.

The detailed information given is specifically applicable to Canada. Much, but not all, is readily transferable to other countries. Anyone wishing to provide this book for the use of clinical staff might wish to have an insert giving details of local dietary or religious requirements. Two blank pages at the back of the book would permit this to be pasted in.

On a personal note, I do not like the title—would make me less likely to recommend this book.

B J Bain


At the time of writing, the authors were not aware that the patient had undergone a panhysterectomy for a possible ovarian tumour six years previously. Details of surgery and pathology are still not available. In view of this, and the negative cytokeratin 7 and positive cytokeratin 20 results (kindly performed by Dr J Aidan Carney, Mayo Clinic, Rochester, Minnesota, USA), we realise that the neoplasm is not a psammomatous carcinoid.

CD that could have additional text and illustrations.

It is a great compliment to the editor that the book flows seamlessly from one chapter to another, despite the diversity of the contributors. This is a well compiled book, which is a refreshing addition to the forensic pathology genre. I would recommend this book to anyone in the medicolegal arena who has an interest in forensic pathology. The book has something to offer to both the novice and the expert. It would make a useful reference in any departmental or institutional library. I look forward to volume 2.

M A Dada

RETRACTION

Forensic Pathology Reviews: Volume 1

Edited by M Tsokos. Published by Humana Press, 2004, £23.23 (hardback), pp 384. ISBN 1 58829 4145

As a rule, new forensic pathology books do not sprout original or unique information that is not already present in the print medium. It was with a sense of excitement that I agreed to review this book, which according to the cover spoke of an impressive list of international collaborators. The selection of contributors is excellent; an example would be the chapters on neonaticide written by the prolific pen of Roger Byard, who was also responsible for coauthoring the chapter on sudden infant death syndrome (SIDS) with Henry Krous.

The book is not presented in a standard “A to Z” form but instead has 15 chapters dealing with disparate issues, varying from common topics such as SIDS to unusual subjects such as ileopecta haemorrhage. These chapters are presented into the subheadings of: death from environmental conditions, trauma, neurotraumatology, forensic neuropathology (separating these last two topics is not warranted in my opinion), sudden death from natural causes, child abuse, neglect and infanticide, SIDS, infectious diseases, death scene investigation, maternal death in pregnancy, iatrogenic injury, toxicology, and forensic differential diagnosis. The major advantage of such a format with short precise individual chapters is that one can take random “dips” into the book looking at topics that may catch your eye at a specific moment in time.

The text is current and contains a useful sprinkling of hints and pearls that would be of use in death investigation. A good example is the practical approach to sudden cardiac death in chapter 3.

A shortcoming, in my opinion, is the lack of colour illustrations. I know that this would increase the costs but perhaps the editor should consider a separate companion CD that could have additional text and illustrations.

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