

National Metabolic Biochemistry Network (Biochemical Genetics)

Record of the first meeting of the training group held at The Institute of Child Health, London, Tuesday 01.02.05

Present

Trainers:

Jim Bonham, Kate Hall, George Gray, Mick Henderson, Colin Samuell

Supervisors:

Ann Bowron, Guy Besley, Jaqui Calvin, Fiona Carragher, Ying Foo, Helena Kemp, Paul Newland, MaryAnne Preece, Lesley Tetlow

HSTs:

Rachel Carling, Elizabeth Davidson, Daniel Herrera, Beverly Hird, Carys Jones, Maryam Khan, Annette Powell, Camilla Reed, Roy Talbot, Katherine Wright, Hoi Yee Wu (Teresa),

In attendance, representing the ACB Trainees Committee:

Rachel Edwards

Apologies

Rodney Pollitt

1. HST training

a) Roles of local trainers and supervisors

The nature of the delivery of training was discussed. In large part this will be provided 'in-house' and be the direct responsibility of the supervisor. The local trainers need to work with the supervisors to ensure that a balanced curriculum is being achieved and to help organise placements and visits to other laboratories where necessary. It was agreed that there should be some national level co-ordination to this because there are some services unique to only one or two specialised laboratories, e.g. the purine research unit.

Action MH

It was suggested that training days organised by the Network should concentrate on those subject areas that would be difficult to gain experience of in most laboratories. Beth offered to co-ordinate a response from the HSTs listing their ideas in a priority order.

Action ED

George offered to establish a liaison, on our behalf, with the Molecular Genetics Laboratory Network. It will be useful for HSTs with little or no experience of molecular biology techniques to spend time in one of those facilities. There may be requests for reciprocal arrangements since there is a parallel training initiative for HSTs in molecular biology.

Action GG

b) Syllabus and logbook

Lesley and Guy have made some progress in creating a logbook based on the training guide described by Jim Bonham and Anne Green. Paul will circulate a soft copy of the ACB guidelines for training HSTs. Camilla and Beverley agreed to refine and complete the logbook incorporating points from the ACB document. This will then be circulated to the training group for comment. It is anticipated that this will set a syllabus and form the basis of the training record and be very helpful for the annual review process.

Action CR, BH

It was agreed that we should liaise closely with the ACB over the training syllabus. The logbook will be shared with the ACB Education Committee when completed.

Action MH

There was discussion concerning the extent to which our group could contribute to the paediatric/metabolic training of general clinical biochemists. It was felt that we should be involved in selecting the course content of the ACB week long training courses. The suggestion was made that individual course organisers consult with either the relevant MetBioNet local trainers or our group as a whole. There is planned to be an overall review of the content of these courses by the Education Committee later this year. We would hope to have some influence and representation at this review.

Action MH

c) Review process

It will be recommended that each HST receives an annual progress review. This will be conducted by the supervisor and local trainer together with the ACB regional tutor or authorised deputy. At least one of these should be external to the base department. The ACB regional tutor should be sent a written copy of the progress report with the particular aim of ensuring that adequate preparation for the MRCPATH examination is being maintained. The local trainers need to begin a dialogue with the relevant regional tutors.

Action JB, GG, KH, MH, RP, CS

2. International links

The trainers would like to encourage exchanges and visits by the HSTs to other European countries. One such visit is already planned. Carys is going to spend two weeks in March at the laboratories of The Free University, Amsterdam working with Cornelis Jakobs and colleagues. Where funding is a problem we would want to encourage applications to professional bodies. The SSIEM has recently announced funding for exchange visits, although applicants need to have

had SSIEM membership for two years. The ACB has funding awarded at regional and national level for this kind of activity. Jim offered to compile a list of European laboratories that would be good candidates for training experience.

Action JB

3. Website group

d) The MCAD case and related developments.

Anne Green has commissioned a pilot case study from an IT group lead by Prof Kim Bartlett. This will be a web based training resource where the text links to a database of resources. The database will include diverse materials that could be common to a variety of cases, e.g. chromatograms, pathways, descriptive text paragraphs. Progress with this project is being monitored by a small group of representatives from the MetBioNet training group, Mick Henderson, Carys Jones, Colin Samuels and Paula Gault, an A grade based in Leeds.

Action MH

e) Other training materials

Jaqui agreed to be the gatekeeper for a collection of chromatograms, initially organic acid and acylcarnitines, on the website. She will collate and organise examples that are sent to her by other members of the training group. The suggested format for these was as powerpoint slides. Other formats made have better definition but are less accessible. Jaqui will canvass members for support. Jim offered to send copies of those that had been used in the ERNDIM circulations. It was felt that multiple examples of from the same disorder could be helpful where they showed a variety of metabolite patterns.

Action JC

Guy offered to consider a similar facility for mucopolysaccharide electrophoresis gels.

Action GB

If these prove successful we may expand this to include other forms of chromatography in the future.

f) Case reports

George agreed to be the gatekeeper for a collection of clinical cases on the website. He will define a format for the submission of cases and vet them before posting them on the site. It was suggested that each HST should contribute a minimum of one case per year to the collection.

Action GG

g) Lectures

This is a potentially useful area of the site but has seen little growth in the past year. Maryam offered to help chase up potential contributions. These will be reviewed by Mick before being posted.

Action MK, MH

h) Reading list, useful references

After much discussion it was decided that a reading list would probably not be useful. It would be a lot of work to make it comprehensive and up to date. In practice anyone wanting to learn about a topic will perform an on-line search anyway. It was pointed out that general reading lists already exist on the College website and through the ACB. There may be value in a list of sources that some of us have found particularly useful. However there was no agreement as to the best format. This remains a topic for debate and one that we are likely to return to.

i) Educational links

Helena offered to look after this area of the site, making sure that it is relevant and comprehensive. Ideas for additional links should be sent to Helena. On the question of links, Anne raised the point that all pages of the site appear to have the same URL, we need to enquire from Neil whether or not it is possible to create page specific links to our site.

Action HK

j) Keeping site up to date, house keeping

Each area will be the responsibility of the relevant gatekeepers. Mick will find out from Neil Hamilton if gatekeepers can be given the facility/authority to directly edit and post new material on the site, i.e. without sending it all to Neil first.

Action MH

4. A grade training

Rachel Edwards gave a short presentation comprising the summary of the responses to a training questionnaire. The questionnaire was circulated to 273 ACB members who had joined the ACB since 1993. 86% responded. The responders were a mix of A and B grades most of whom had completed basic training and were reporting their experiences. It became clear that paediatric training for A grades has been quite inadequate. Only 65% of A grades had managed to achieve a paediatric placement, although 75% felt that they had received some paediatric training. Only 44% of trainees overall felt that their paediatric training had been adequate. By contrast paediatrics was listed as the highest priority for training above toxicology, genetics and haematology.

It was acknowledged that our group has a responsibility to facilitate training for general trainees in addition to the specialist HSTs. To enable this, local trainers need to co-operate with ACB regional tutors and local specialised laboratories. There may well need to be an element of compromise to ensure that all trainees achieve a basic level of paediatric/metabolic experience. It was also pointed out that this pre-registration experience does not necessarily have to be provided

during the time spend as an A grade. Particularly when increasing numbers of A grades are moving to B grade posts after two years.

Virtually all trainees study on one of the vocational MSc courses and so should gain basic paediatric tuition at these. However the course content varies considerably and is largely theoretical. There is still a need for all trainees to gain some 'hands on' experience of the specialist laboratories and to see first hand how diagnoses are made.

Action JB, GG, KH, MH, RP, CS

A document has been drafted by Colin outlining the minimum curriculum for paediatric/metabolic training at the A grade. This has been circulated for comment and once agreed will be passed to the ACB Education Committee to be distributed to regional tutors.

Action MH

5. Trainees in mainscale posts

There is a need to include the non-HST trainees as much as possible in training events and keep them informed of training initiatives such as the proposed developments on the website. Mick will write to Heads of Dept of Network laboratories and compile an e-mail group of these trainees together with medical trainees and relevant BMS staff.

Action MH

6. AOB

Mick suggested that we re-convene this meeting in a year's time to monitor progress, review the initiatives and plan the year ahead.

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