

Report of the MetBioNet Training Group

31/03/10

History

The initial tranche of funding from the Department of Health was sufficient for nine Higher Specialist Trainees in Paediatric & Metabolic Biochemistry. The DoH funding was 50% plus support costs, host Trusts made up the other 50%. The candidates were appointed at interview in three rounds based on geographical location. They started in 5 year fixed term posts round about the same time in 2004-2005.

Prior to this there were two HSTs that had been appointed in Birmingham in 2003 on 50% WDC/50% Trust funding and Leeds in 2004 with 100% WDC funding. Subsequently between 2007 and 2008 five more in England and recently one in Scotland were appointed. The funding sources have varied. In most cases the contracts have been for less than 5 years.

Outcome

Out of a total of 18 HSTs appointed to date three are still in post. Out of the remaining 15 all apart from four are in posts in Metabolic Laboratories. Of these four three obtained posts in large District General Hospitals the remaining one left for personal reasons. The fact that a high proportion (73%) obtained found posts in Metabolic Laboratories is evidence for the success of the training scheme. The ease with which the others were able to move back into general posts endorses the proposition that trainees were not damaging their career prospects by taking this specialised training.

Only one trainee completed the full 5 years that their post was funded, most people leaving after 3 years. Our more recent experience with HSTs on shorter term posts is that satisfactory training can be achieved in three years provided there is proper supervision of the trainees. MetBioNet trainers have always participated in the annual reviews for HSTs. Their role being to ensure that they are on track for their twin objectives of working towards membership of the RCPATH as well as obtaining experience in a broad base of metabolic laboratory medicine. A log book for HSTs was produced in the first year to aid record keeping. More recently a comprehensive curriculum that details the required and desirable knowledge has been written by the trainers and is posted, with open access, on the website. We strongly recommend that this can also be used as a training basis for Band 7 Trainees in substantive posts that have not gone through the HST training programme. The trainers continue to provide support to those trainees who have moved on to substantive posts.

A very significant development was the creation of the BMS training group within MetBioNet. This has its own planning committee but there is close liaison with the main training group. The BMS group organises successful annual meetings and workshops and now has its own area of the website.

From the start there has been an appreciation of the importance of pre-registration training for clinical scientists, i.e. A grades, in the discipline. MetBioNet collaborated with the ACB in writing a guide to the minimum knowledge base that is expected at this level. This is important for both competent practice and in preparation for the College examinations. A set of teaching modules aimed specifically at pre registration trainees, but applicable to many other grades of staff, is nearly complete and available on the website.

The Future

Currently we know of two further HSTs appointments that are about to be made in Manchester and Nottingham. Without full workforce planning data it is difficult to assess exactly how many more new HST posts we will need per year in the UK to fulfil projected retirements in the years to come. As an estimate we would say roughly 2-3 posts. Things may change anyway with the likely onset of Modernising Scientific Careers.

The focus of the training group has shifted over the years from an initial concentration on the new cohort of HSTs to now include all scientists in the discipline. There is also now a growing commitment to collaborate with other groups, particularly the BIMDG, in the organisation and delivery of training events.

Summary

We believe that our results show that the HST training programme has been successful in maintaining the future of staffing for Inherited Metabolic Disease Laboratories. A significant number of high quality and well motivated young scientists have been helped to specialise in metabolic laboratory medicine. They are well placed to be the leaders of our discipline in the future. However, we believe that there should be an on going programme of training for scientists specialising in the discipline whatever the conditions of their employment. We believe that this can best be achieved by a balance of local supervision and national training resources collated onto the MetBioNet website.

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