

Training in Metabolic Medicine

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For several years, discussions have been held between the JCHMT and the Royal College of Pathologists, with a view to formalising training in Metabolic Medicine. This has been a complex process, partly because of the difficulty in defining the breadth of the subject areas involved. The Joint Working Party that developed the proposals, defined Metabolic Medicine as 'a group of overlapping areas of clinical practice with a common dependence on detailed understanding of basic biochemistry and metabolism'. The general areas which were considered to fall within this definition were:

- disorders of nutrition
- inborn areas of metabolism
- disorders of lipid metabolism and cardiovascular risk assessment
- disorders of calcium metabolism and bone
- diabetes mellitus.

It was recognised that current training programmes do not adequately meet all requirements, especially in the areas of adult inborn areas of metabolism, and in nutritional disorders. Initially, a proposal was developed for Metabolic Medicine to be recognised as a medical speciality with a training programme leading to a CCST. This proposal was rejected by the Specialist Training Authority, primarily on the grounds that it would prefer to see Metabolic Medicine developed as a sub-speciality of existing CCST specialities.

This suggestion was adopted by the Working Party, so that Metabolic Medicine was linked to the career disciplines of Chemical Pathology and General Internal Medicine. The STA has now approved that Metabolic Medicine be regarded as a sub-speciality, for which formal recognition of training is required, and which could be approached initially from either a laboratory or a clinical base. This would lead to an entry in the Specialist Register of a CCST in General Internal Medicine (Metabolic Medicine) or Chemical Pathology (Metabolic Medicine).

There are three main objectives in this scheme:

- to provide a scientific and clinical training for several areas of medicine which require greater knowledge of biochemistry, genetics and molecular biology than most organ based specialities.
- to develop the clinical training of Chemical Pathologists who wish to practise,

predominantly on an out-patient basis, in these areas of medicine.

- to support the academic progress and development of Metabolic Medicine.

A new sub-committee in Metabolic Medicine has now been formed, with equal representation of the JCHMT and the RCPATH. The detailed curriculum, approved by the STA, includes relevant theoretical, clinical and laboratory aspects, together with a laboratory based research project, and the methods of assessment to confirm satisfactory completion of each of the above.

Regional Training Committees in Chemical Pathology and in General Internal Medicine (GIM) are now invited to develop their local programmes, which would demonstrate how the curriculum would be delivered. It is expected that trainees will undertake core training in all five areas of clinical activity, and that they will have the opportunity to obtain additional specialist experience in one or two of these areas towards the end of their training programme. These programmes will require to be approved by the new sub-committee.

Entry into the programme will require possession of MRCP (UK) or equivalent, and will normally be agreed on commencing SpR training. The amount of additional time required will be one year for Chemical Pathology trainees (a total of six years at SpR level). Proposed changes in training for GIM makes it difficult to be prescriptive about the amount of additional time required, but it would probably be about two years additional training, to be undertaken at the end of GIM training.

It is expected that the number of training places available in GIM will be small, and may be restricted to certain academic centres, whereas access to the programme will be greater through the Chemical Pathology route. However, as with all new developments, the future will depend very much on the availability of suitable career posts, and the perceived requirement for individuals with these skills. It is hoped that this will provide a further career option for those doctors who wish to work in an area with strong links between clinical and laboratory medicine.

Further details of this programme can be obtained from Lesley Hagggar at the JCHMT (Lesley.Hagggar@RCPLondon.ac.uk) or Dr Hugh Platt at the RCPATH (Director.studies@RCPATH.org)