

## SSIEM EDUCATION AND TRAINING COMMITTEE

### RECOGNITION OF TRAINING CENTRES FOR PAEDIATRIC METABOLIC MEDICINE

1. The aim of this process is to establish training centres throughout Europe of a uniform high standard.
2. Criteria for a centre.
  - a. A training centre may be one or more institutions that can provide a structured teaching programme. A centre must have at least two senior paediatricians with at least 5 years experience in the speciality and devoting a minimum of 60% of their time to metabolic disorders. One of whom will act as tutor (supervisor) of the training programme. The programme should be an active one involving several teachers with more than 5 years experience in relevant disciplines ( clinical and laboratory).
  - b. Experience. The centre should provide wide experience of in- and out-patient as well as laboratory work. There should be a structured programme with introduction and regular evaluation by the supervisor. The syllabus should be covered as far as possible but it is recognised that not all subjects can be included. Trainees should be encouraged to fill gaps by attending courses or even short attachments to other centres. There should be close links to allied fields including paediatric neurology, neonatology, intensive care, etc.
  - c. Trainees should have 3 years experience of paediatrics before starting the training, similar to core training in those countries in which this applies. Each trainee will have a programme and a log book in which to record the progress and experience.

For full details of the requirements and the syllabus, please refer to the application for recognition of Paediatric Metabolic Medicine on the SSIEM website.

#### Approval of centres

3. The process is not intended to be in any way punitive but is intended to ensure the centre can meet the needs of the training programme. It will aim to resolve difficulties and should help to obtain more resources. The criteria will take account of the local set-up. There is no reason why two smaller centres should not combine to offer a training programme with a rotation of trainees.

- a. Application for recognition must come from an appropriate body (preferably national), not from the centres themselves. This is to avoid inappropriate applications. There should also be a letter of support from the Local hospital or University administration (whichever appropriate)
- b. If the application accepted, applicants will then be asked to complete this form. Please be realistic and honest. It is not expected that centres will be able to provide training in all areas in the syllabus but there should be a reasonable balance. The syllabus should be annotated to show how each part of the syllabus will be covered.
- c. Normally the plan would then be a visit. The team would usually consist of the chairman of the Training Committee ( or deputy), a metabolic specialist from another local centre and a hospital based paediatrician. The composition of the committee may vary according to local needs. Particular problems may arise in small countries; specialists from a neighbouring one may need to help.
- d. The visit would normally take one day and consist of a presentation of the programme, timetable and teaching. Interviews held with senior staff, trainees and administrators. This latter may seem surprising but those who have done similar visit have all said it is very helpful. It draws attention to problems and can be a real help to secure adequate resources.
- e. The centre applying for recognition will meet the costs of travel and accommodation.

## RECOGNITION OF TRAINING CENTRES FOR PAEDIATRIC METABOLIC MEDICINE (PMM)

### DETAILS OF CENTRE(S) SEEKING RECOGNITION

Name of Centre(s)

#### 1. Details of clinical staff.

##### a. Permanent/Senior

- i. Name
- ii. Date of appointment to permanent position
- iii. How much time (sessions) is devoted to metabolic medicine?
- iv. Special expertise

A senior member of staff should be nominated to supervise the trainee(s).

##### b. Staff in training including Research Fellows (complete details for each member of staff)

- i. Duration and structure of appointment  
Overall structure of training period – What other subjects are covered? For example neurology, PICU  
Time devoted to PMM.  
How is the PMM time divided between  
Inpatient care, Outpatient clinics, other duties?  
Is there emergency on call commitment - hours/week

#### 2. Details of organisation of work – Please give details of

##### a. Departmental timetable. This should include:

Number of clinics devoted to PMM

Number of ward rounds. What proportion of time on these is devoted to PMM?

Details of meetings with dietitians/biochemists/etc

##### b. Details of timetable of trainee. This should include

Details of ward rounds, clinics, on call, genetic counselling, teaching (giving and receiving), presentations and other responsibilities.

#### 3. Workload

Please list number of :

In-patients /year.

Average number at one time and average length of stay

Out-patients /year

Day cases/year

New patients/year (not previously seen by metabolic specialist)

### 3. Workload (continued)

Referrals from other specialities within hospital/week

NICU

PICU

Other services

Please list number of patients **actively** under the care of the unit ( not those seen once or telephone consultation only) in these categories:

#### Intermediary metabolism

Aminoacid disorders	for example	PKU
Hypoglycaemia	for example	GSD 1
Organic acids	for example	MMA
Hyperammonaemia	for example	OTC
Fatty acid oxidation	for example	MCAD

Mitochondrial respiratory chain	for example	Cytochrome oxidase deficiency
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Lysosomal storage disease	for example	Hurler
Peroxisomal disorder	for example	Zellweger

How many patients do you have on continuous feeds?

Does this information reflect your workload?

If not please list the number of most common disorders actively under the clinic

### 4. Teaching and Research

Do you have departmental meetings?

Do you have an audit programme? Please give brief details

Do you have a research programme? Please give brief details

Please list what you regard as the best 15 publications from your unit in the last 5 years.

### 5. Hospital Facilities

List the services in your hospital with which you work closely

Paediatric Intensive Care Unit

Neonatal Intensive Care Unit

Neurology

Psychology

Hepatology

Cardiology

Other units with whom your unit works closely if not listed

6. Interface with adults

Is there an adult metabolic service to whom you refer patients with inborn errors

7. Laboratories

Details of permanent/senior laboratory staff qualifications  
area of expertise  
time devoted to PMM

Investigations on site

Ammonia

Lactate

Aminoacids (quantitative)      number/year

Organic acids (GC/MS)          number/year

Acyl carnitines                    number/year

Enzymology                         give summary of tests done

Molecular genetics                give summary of tests done

Do you have a neonatal screening programme attached to your unit

Give tests

Are all the positives seen in your unit?

8. Dietetic services      Do you have dedicated paediatric dietitians

If yes give details

If no who is responsible for dietetics assessment and teaching?

9. Protocols and Guidelines

Do you have written protocols for investigation and management?

Do you provide leaflets with information for primary care doctors and parents

10. Strengths and Weaknesses

What do you think are the strengths and weakness of your unit?

11. Suggestions for improvements

Do you think there are some simple changes, which could improve the service you provide?