BASIC SPECIALIST TRAINING IN

PAEDIATRICS
This curriculum of training in Paediatrics was developed in 2010 and undergoes an annual review by Prof Alf Nicholson and Dr Michael O’Neill, National Specialty Directors, Dr Ann O’Shaughnessy, Head of Education, Innovation & Research and by the Paediatrics Training Committee. The curriculum was approved by the Faculty of Paediatrics.

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Introduction

This curriculum outlines the Faculty of Paediatrics' and the Royal College of Physicians of Ireland’s (RCPI) approach to accreditation and certification of Basic Specialist Training (BST) in Paediatrics.

Completion of BST is an essential step for a career in Paediatrics and entry into Higher Specialist Training. This curriculum is aimed at Senior House Officers (SHOs) in training and their supervising trainers and comprehensively outlines the knowledge, skills and attitudes that should be developed during the period of BST.

BST key elements:

Clinical experience gained from direct patient care, supervised by senior clinicians and based on a clinical curriculum as well as professional and ethical practice learnt through mentorship by senior clinicians and supported by the RCPI’s mandatory programmes.

The core curriculum has been updated to ensure that these key elements are completed to the satisfaction of the Faculty of Paediatrics. Accreditation and certification will focus on evaluation of trainees’ progress and the educational validity of the posts they occupy. This will be done by formal registration of all trainees with the RCPI and an ePortfolio to ensure that specific competencies are achieved and that formal supervision by trainers is undertaken during each post.

The college recognises that not all trainees will have the same exposure to specialities and therefore their training experience will differ. As a result the topics and practical skills obtained during BST will reflect the individual’s rotation programme.

All BST trainees in Paediatrics must pass the MRCPI Medicine in Childhood examination in order to successfully complete their BST programme. It should be noted that this curriculum is not a syllabus for this examination but it will provide guidance for the knowledge required to take the examination.

Professor Alf Nicholson, National Specialty Director (Paediatrics), Basic Specialist Training
Dr Michael O’Neill, National Specialty Director (Paediatrics), Basic Specialist Training
Overview of Curriculum

This curriculum outlines the educational content of the two-year Basic Specialist Training (BST) Programme. The BST programme follows the educational principles of a 'spiral curriculum'. Learning builds on previous experiences and is linked to future skills obtained in the and Higher Specialist Training.

The curriculum is laid out in four sections:

- The first section covers the rules and policies governing the BST programme. Trainees should note these policies carefully, especially ones regarding leave and how to apply for a certificate of completion.

- The second section, Teaching, Learning and Assessment Methods, describes the different methods of assessing trainees’ progress through the BST programme. It is important that trainees understand the role of the BST ePortfolio and are familiar with the methods of assessment they will encounter on the BST programme.

- The third section lists the generic skills (e.g. communication skills) that are applicable to trainees on BST programmes in every specialty.

- The fourth section is specialty-specific and lists the knowledge and skills that should be acquired while in each specialty/subspecialty, as well as the relevant assessment and learning methods.

Trainees will be assessed in the workplace at intervals throughout the BST programme. These assessments must be recorded in the BST online ePortfolio. Trainees are also required to attend an annual review in RCPI, at which their ePortfolio is reviewed and they are given the opportunity to provide feedback on their rotation.

The ePortfolio should be kept up to date throughout the year. It is designed to record progress through the programme, in particular whether trainees have satisfactorily completed all requirements for training.

While this document sets out the curriculum for BST and lists the core knowledge, skills and attitudes required at the end of the BST Programme, this list is not exclusive and there will be many opportunities within the programme for trainees to acquire additional knowledge and skills over and above the core content defined here.
Basic Specialist Training: Requirements and Policies

Overview of Basic Specialist Training in Paediatrics

BST consists of two years of training in approved Senior House Officer posts. Senior House Officer (SHO) grade is the initial training grade after Internship, and for most doctors the minimum period spent in this grade will be two years.

BST in Paediatrics is regulated and certified by the Faculty of Paediatrics and RCPI and completion of this period of training has been a mandatory requirement for entry into most, but not all, RCPI-accredited Higher Specialist Training Programmes (Specialist Registrar training) since 1999.

BST must be done in posts that have been approved for training by RCPI. All training posts will be required to have “on site middle grade cover at all times”.

Besides the acquisition of specific clinical skills and competencies, it is emphasised that personal development - including leadership and team working, communication and presentation skills, basic management and audit are important core components of BST and all other phases of training.

Important rules and procedures relating to the BST programme are listed below.

Requirements for Basic Specialist Training in Paediatrics

To be eligible for a BST Certificate of Completion in Paediatrics trainees are required to:

- Register on the BST programme. Entry to the programme is in July on an annual basis, unless otherwise agreed with the relevant programme director and the National Specialty Director of BST.
- Complete 24 months of training in SHO posts that have been approved for BST.
- A minimum of six months must be spent in posts approved for General Paediatrics
- Six months must be spent in posts approved for pure Neonatology
- Experience in Community Paediatrics, Paediatric Emergency medicine or another paediatric subspecialty (i.e. Cardiology, Gastroenterology etc.) may be included. Not more than 6 months may be spent in any one of these specialties.
- Not more than six months may be spent in any one SHO post.
- Complete all training requirement as set out in the Minimum Requirements for Training chapter of this curriculum
- Paediatric BST Study Days are held each year, and trainees are required to attend ten study days over the course of their BST
- Maintain an up-to-date and correctly completed ePortfolio as evidence of satisfactory completion of training.
- Attend annual reviews
Entry Requirements

To be eligible for entry to BST, trainees must have completed their Internship satisfactorily and be eligible for registration on the trainee specialist division of the Medical Council.

Basic Specialist Training Agreement

Trainees are required to sign a Basic Specialist Training Agreement prior to entering the BST programme, in which they must formally agree to:

- Fully cooperate in all aspects of the BST programme
- Uphold their commitment to all allocated posts in the structured rotation programme
- Fulfil their clinical service requirements and work cooperatively with all members of the service team
- Follow the curriculum and ePortfolio requirements, complete the mandatory courses and attend assessments as required
- Undertake additional training or assessment if required to do so by RCPI
- Fully commit to and utilise available work time for the BST programme
- Maintain up to date personal details on RCPI Online Medical Education Centre
- Attend to requests/correspondence from RCPI in a timely manner
- Act professionally at all times in their dealings with RCPI

Training Environment

Training posts require the approval of RCPI. Regular inspection of all posts by RCPI via hospital inspections is the basis for monitoring the training content of these posts. Additional monitoring data may derive from questionnaires sent to post-holders. All posts will be expected to conform to statutory guidelines on hours and conditions of work for doctors in training.

Aims

Professionalism: According to the Medical Council (Guide to Professional Conduct and Ethics for Registered Medical Practitioners) medical professionalism is a core element of being a good doctor. Good medical practice is based on a relationship of trust between profession and society, in which doctors are expected to meet the highest standards of professional practice and behavior. It involves partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability. In addition to maintaining clinical competence, a doctors should also:

- Show integrity, compassion and concern for others in day-to-day practice
- Develop and maintain a sensitive and understanding attitude with patients
- Exercise good judgement and communicate sound clinical advice to patients
- Search for the best evidence to guide professional practice
- Be committed to continuous improvement and excellence in the provision of health care whether working alone or as part of a team
Acceptance and Rejection of SHO Rotations
(Before entry to the BST programme)

The SHO Matching Scheme is the process whereby applicants are placed on two-year SHO rotations.

If a trainee accepts an offer: The trainee is confirming that they are available to enter the rotation programme on the specified start date (unless otherwise agreed with the BST office).

The trainee is not permitted to accept a place on another rotation in the same specialty (Paediatrics).

If a trainee wishes to withdraw their acceptance of an offer: If a trainee who previously accepted an offer wishes to withdraw their acceptance, they must do so in writing to the BST office immediately, and at least 21 working days before the specified start date. Emailed and faxed notifications will be accepted. The trainee must also notify the relevant hospital in accordance with their contract of employment.

Point Of Entry to the Programme and Completion Dates

Point of entry: Entrance onto the BST Programme is accepted once a year, in July.

Completion dates may change under the following circumstances:

- If a trainee took special leave in excess of 4 weeks over two years, and is required to complete a further period of training
- If a trainee has not reached the required standard and is required to undertake additional training.
- If a trainee has not fulfilled the curriculum requirements for BST certification and is required to undertake additional training or attend outstanding mandatory courses

If a trainee’s completion date is changed for any reason, the trainee and programme director will be informed in writing by the BST Office.
Leave

Study leave and annual leave do not affect BST completion dates.

Special Leave (Other than study and annual leave):

Examples of special leave: Sick leave, maternity leave, compassionate leave, Force Majeure Leave

As the BST programme consists of two years of intensive, supervised clinical training, any significant period of leave (i.e. greater than 4 weeks) taken over the course of the programme has the potential to affect the trainee’s opportunities to acquire the core skills and knowledge required for satisfactory completion of the programme.

In cases where additional leave (including maternity leave) is agreed by the trainee’s employer, the following conditions apply to all trainees:

≤ 4 weeks over two years: If a trainee takes special leave totalling 4 weeks or less over two years, his/her BST completion date is not affected.

> 4 weeks over two years: Any leave of greater than 4 weeks must be made up in blocks of 6 months’ extra training.

≤ 7 months: 6 months of training in (an) approved post(s) must be completed in order to meet the requirements for BST certification. This applies to all trainees who take special leave totalling more than 4 weeks and less than or equal to 7 months over two years.

> 7 months: 12 months of training in (an) approved post(s) must be completed in order to meet the requirements for BST certification. This applies to all trainees who take special leave totalling more than 7 months and less than or equal to 13 months over two years.

> 13 months: 18 months of training in approved posts must be completed in order to meet the requirements for BST certification.

If an extra 6, 12 or 18 months is required: In cases where, due to leave in excess of 4 weeks, a trainee is required to complete a further period of training, the College will help to place the trainee in (a) suitable, approved training post(s).

The post(s) will be approved for BST in the trainee’s specialty and will be counted towards the clinical training required for certification. However, please note the following:

- RCPI cannot guarantee a post(s) in the trainee’s current hospital or region
- The trainee may need to wait until a suitable post becomes available.

Completion of BST: Four-Year Rule

Trainees must complete BST within a four-year period. If a trainee’s expected completion date is changed to a date greater than four years after their start date, they will be required to undertake the full two-year programme again from the beginning.
Withdrawal from Programme
(Withdrawal after commencing BST programme)

**Informing the College:** If a trainee wishes to leave the programme before their expected BST completion date, they must notify the BST office in writing at least 4 weeks before they wish to leave their current post. Emailed notifications will be accepted. The trainee is not required to outline his/her reasons for leaving the programme, however providing an explanation will assist future planning and development.

**Informing the employer:** Notice of resignation by the trainee as an employee of his/her hospital must be given in accordance with the provisions of their contract of employment.

**Leave of absence:** If a trainee wishes to take leave of absence, retain credit and return to the BST programme, this must be agreed with the relevant hospital(s) and the BST office. The trainee should seek prospective approval of their leave of absence at least 4 weeks in advance. Approval will be agreed on a case by case basis and credit may not be retained in all cases.

**Supervising Trainer**

Every BST post has at least one assigned Supervising Trainer, whose duties include:

- Meeting with the trainee in their first week in the post and agreeing the trainee’s Personal Goals Plan
- Appraising the trainee’s progress at regular intervals during the post
- Completing the Supervising Consultant Appraisal in the ePortfolio at the end of the post
- Supporting the trainee, both personally and in respect of obtaining career advice, although others may be involved in this

**BST ePortfolio**

Trainees are required to keep a BST ePortfolio as a record of their progress through BST and to ensure that their training is valid and appropriate.

The BST ePortfolio is evidence of satisfactory completion of training and is therefore required for the issue of a BST Certificate of Completion.

The ePortfolio contains all relevant forms for recording information about each aspect of BST.

**The MRCPI Examination**

Trainees must pass the MRCPI in Medicine of Childhood in order to qualify for a certificate of completion of BST.

Part 1 - The examination is 3 hours in duration and consists of one Single Best Answer (SBA) style paper containing 100 questions to answer.

Part 2 consists of a written paper examination and clinical exam. The written exam consists of 1 essay paper of 3 hours duration and must complete all 5 questions and a short question paper (with 25 questions) containing clinical vignettes, data interpretation etc. The clinical exam consists of 1 long case and a minimum of 3 short cases.

Candidates must have completed at least twelve months post registration work in Paediatrics by the date of the examination. For more information see college website: [www.rcpi.ie](http://www.rcpi.ie)
Certificate of Completion

Trainees must submit an application for a certificate of completion of BST
To apply for this certificate, trainees are required to:

1. Ensure all minimum requirements of ePortfolio have been met
2. Form 092 – End of Post Assessment Form should be signed by each relevant trainer
3. Copies of all completed mandatory course certificates and the MRCPI Diploma Certificate should be uploaded to the Personal Library section of ePortfolio

Applicants will be issued with a formal certificate of completion once all application requirements are complete.

Provisional approval

Trainees can apply for provisional approval of BST before BST has been completed. Trainees should apply in writing to the BST Section, listing all posts held or to be held, including specialty, hospital and dates (applications by email are accepted). If the list of posts supplied by the applicant meets the requirements for BST, their application is provisionally approved and they will be asked to submit supporting documentation and attend any outstanding mandatory courses.

Note: trainees who are in their second year of BST and who wish to apply to the or Higher Specialist Training are required to submit a letter of provisional approval of BST, which confirms that the trainee will complete BST before the start date for SpR posts. Trainees in this position are advised to apply for provisional approval well in advance of the closing date for Higher Specialist Training applications, due to the large volume of applications received every year.

Applicants should note that provisional approval alone does not count as an application for a Certificate of Completion; only applications with a full set of supporting documents will be considered for formal approval. A letter of provisional approval will only stand for a period of six months after completion of the 24-months in approved training posts.
Generic Components
Standards of Care

Objective: To be able to assess patients’ problems, treat and investigate them appropriately, efficiently, and consistently over time.

Medical Council Domains of Good Professional Practice: Clinical Skills, Professionalism, Patient Safety & Quality of Patient Care.

Knowledge

Diagnosing the Sick Child
- History taking and examination
- Diagnostic significance of patterns of symptoms, pathophysiology and physical signs
- Able to take and analyse a clinical history and perform a reliable and appropriate examination, arrive at a differential diagnosis.
- Exhibit empathy and show consideration for all children and their parents, their impairments and attitudes irrespective of cultural and other differences.

Investigation, indications, risks, cost-effectiveness
- Understand the pathophysiological basis of the investigation undertaken.
- Know and be able to explain the procedure for the commonly used investigations
- Careful to select investigations appropriately, considering patients’ needs, risks, value.

Treatment and management of disease
- Understand the pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness.
- Able to assess accurately patient’s needs, to prescribe administer, deliver, arrange treatment; recognise and deal with reactions / side effects

Disease prevention and health education
- Health promotion and support agencies; means of providing and sources of information for patients
- Risk factors, preventive measures, strategies applicable to smoking, alcohol, drug abuse, lifestyle changes.
- Able to advise on and promote lifestyle change, stopping smoking, control of alcohol intake
- Non-judgemental approach to patient’s problems

Handover
- Know what are the essential requirements to run an effective handover meeting
  o Sufficient and accurate patients information
  o Adequate time
  o Clear roles and leadership
  o Adequate IT
- Know how to prioritise patient safety
  o Identify most clinically unstable patients
  o Use ISBAR (D)
  o Proper identification of tasks and follow-ups required
  o Contingency plans in place
- Know how to focus the team on actions
  o Tasks are prioritised
  o Plans for further care are put in place
  o Unstable patients are reviewed
Notes, records, correspondence

- Understand the functions of medical records, their value as an accurate up-to-date commentary and source of data.
- Understand the need and place for problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports, focussed reviews.
- Compiles adequate case notes, with results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome.
- Maintains legible, authenticated records, uses dictation, telephone, e-mail appropriately.
- Appreciates importance of up-to-date, accurate information, its availability, transfer and the need for communicating promptly, e.g. with primary care.

Time management and decision Making

- How to prioritise demands, respond to patients’ needs and sequence urgent tasks.
- Understand the need to complete tasks, reach a conclusion, make a decision and take action with allocated time.
- Trainees need to be able to recognise when he/she is falling behind and be able to adjust accordingly; able to cope with changing circumstances, variable demand, be prepared to re-prioritise and ask for help.
- Have realistic expectations of own and of others’ performance.
- Time-conscious, punctual

Relevance of professional bodies

- Understand the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations, e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies.

Skills

- History taking and examination
- Appropriate use of investigations
- Treatment and management of disease
- Health promotion
- Understanding the general principles of scientific research
- Medical record keeping
- Understanding the adverse environmental factors and illnesses that may have implications for health and health service provision
- Working effectively with others including
  - Effective listening
  - Ability to articulate and deliver instructions
  - Encourage questions and openness
  - Leadership skills
- Ability to prioritise
- Ability to delegate effectively

Assessment & Learning Methods

- Mini-CEX
- DOPS
- Case based discussions
- Consultant feedback at annual review
- Ethics, Safe Prescribing and blood transfusion course
- BST Leadership in Clinical Practice
Dealing with & Managing Acutely Ill Children

Objectives: To have the knowledge and skills to be able to assess and initiate management of children presenting as emergencies with the problems outlined below. For each scenario, trainees should, in particular, gain knowledge and skills to recognise the critically ill and:

- Immediately assess and resuscitate if necessary
- Formulate a differential diagnosis, treat and/or refer as appropriate
- Select relevant investigations and accurately interpret reports
- Communicate the diagnosis and prognosis

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Clinical Skills.

KNOWLEDGE

Management of acutely ill children with medical problems

- How potentially life-threatening problems present; know the indications for urgent intervention, additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer a child
- APLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer children appropriately, interact efficiently and effectively with colleagues, accept/undertake responsibility appropriately
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

Managing the deteriorating child

- Knowledge of how to categorise a patients’ severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care
SKILLS

- APLS
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning
- Knowledge of HIPE
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient’s permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients’/relatives’ needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate/report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patient’s severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tool (e.g. ISBAR)

ASSESSMENT & LEARNING METHODS

- Certified APLS
- Record of on call
- Mini-CEX (acute setting)
- Case based discussions
- Consultant feedback
- Dealing with bad news
Good Professional Practice

Objective: Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

Medical Council Domains of Good Professional Practice: Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

KNOWLEDGE

Effective Communication

- How to listen to patients and colleagues
- Disclosure – know the principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

Ethics

- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information according to Data Protection Act and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care to children, carrying research and dealing with end of life issues

Honesty, openness and transparency (mistakes and near misses)

- When and how to report a near miss or adverse event
- Knowledge of preventing and managing near misses and adverse events. Incident reporting: root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

Raising concerns about patient safety

- The importance of patient safety relevance in health care setting
- Standardising common processes and procedures – checklists, vigilance
- The multiple factors involved in failures
- Safe healthcare systems and provision of a safe working environment
- The relationship between ‘human factors’ and patient safety
- Safe working practice, role of procedures and protocols in optimal practice
- How to minimise incidence and impact of adverse events
- Knowledge and understanding of Reason's Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- Human and economic costs
SKILLS

- Effective communication with children, their families, and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ability to learn from errors and near misses to prevent future errors
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery when applicable
- Minimising medication errors by practicing safe prescribing principles
- Using the Open Disclosure Process Algorithm
- Managing errors and near-misses
- Managing complaints
- Ethical and legal decision making skills

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor’s reports on observed performance (in the workplace): prioritisation of patient safety in practice
- Patient Safety (on-line) – recommended
- BST Leadership in Clinical Practice
- Child protection course (Child protection: Recognition and Response)
- Ethics, Prescribing Skills & Blood Transfusion for Paediatrics
Infection Control

**Objective:** To be able to manage and control infection in patients, including controlling the risk of cross-infection, appropriately managing infection in individual patients, and within the wider community to manage the risk posed by communicable diseases.

**Medical Council Domains of Good Professional Practice:** Patient Safety and Quality of Patient Care; Management (including Self-Management).

**Knowledge**

**Within a consultation**

- Understand the principles of infection control as defined by the HIQA
- Know how to minimize the risk of cross-infection during a patient encounter by adhering to best practice guidelines available including the 5 moments for hand hygiene guidelines
- Treat and manage infection in the individual patient
- Understand the principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent Clostridium difficile
- Knowledge and understanding the local antibiotic prescribing policy
- Aware of infections of concern, e.g. MRSA, C difficile,
- Knows when and how to notify relevant authorities in the case of infectious disease requiring disclosure, under supervision

**In surgery or during an invasive procedure**

- Knows the guidelines for needle stick injury prevention and management

**During an outbreak**

- Adheres to guidelines for minimizing infection in the wider community in cases of communicable diseases and seeks expert opinion or guidance from infection control specialists where necessary

**Skills**

- Practices aseptic techniques, hand hygiene
- Follows guidelines for infection control and management
- Prescribes antibiotics according to antibiotic guidelines
- Communicates effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Has knowledge of the notifiable infections (e.g. measles) and undertakes notification promptly
- Collaborates with external agencies regarding reporting, investigating and management of diseases where appropriate
- Actively promotes routine immunisation of children and adolescents.

**Assessment & Learning Methods**

- Consultant feedback during and at end of rotation
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor’s reports on observed performance (in the workplace): practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection, prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace
Therapeutics and Safe Prescribing

Objective: To progressively develop your ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care.

Knowledge

- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Knowledge of prescribing for paediatric conditions
- Knows range of adverse drug reactions to commonly used drugs, including complementary medicines
- Identifies high risk medications
- Knows drugs requiring therapeutic drug monitoring and interprets results
- Knows the effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to the trainees practice
- Recognise the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. IMB, NMIC and hospital formulary committees)
- Knows procedure for monitoring, managing and reporting adverse drug reaction

Skills

- Prescribes appropriately for children under supervision and in line with guidelines
- Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Anticipate and avoid defined drug interactions, including complementary medicines under supervision
- Advise children and their parents about important interactions and adverse drug effects
- Provide comprehensible explanations to the child their parents and carers when relevant, for the use of medicines
- Open to advice and input from other health professionals on prescribing
- Participates in adverse drug event reporting under supervision

Assessment & Learning Methods

- Consultant feedback during and at end of rotation
- Ethics, safe prescribing and blood transfusion course.
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor’s reports on observed performance (in the workplace): prioritization of patient safety in prescribing practice
Self-Care and Maintaining Well-Being

Objectives:
1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients’ benefit.
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

KNOWLEDGE

- Self-knowledge – understand own psychological strengths and emotional triggers
- Understand how own personality characteristics such as need for approval, judgemental tendencies, needs for perfection and control etc. affect relationships with patients and colleagues
- Knowledge of core beliefs, ideals, and personal philosophies of life, relating these to their own goals in medicine
- How family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand difference between feelings of sympathy and feelings of empathy for specific patients and ability to describe factors within themselves and within patients that enhance or interfere with abilities to experience and convey empathy
- Understand own attitudes toward uncertainty and risk taking and own need for reassurance
- Ability to describe how own relationships with certain patients reflect attitudes toward paternalism, autonomy, benevolence, non-malfeasance and justice
- Recognise own feelings (love, anger, frustration, vulnerability, intimacy, etc.) in “easy” and difficult patient-doctor interactions

SKILLS

- Exhibit empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic emotional connections
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrate the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Using a non-judgmental approach to patient’s problem:
  - Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how their attitudes and behaviours are affecting their care of patients and their interactions with others
- Hold realistic expectations of own and of others’ performance, be time-conscious and punctual
- Value the breadth and depth of experience that can be accessed by associating with professional colleagues
ASSESSMENT & LEARNING METHODS

- Physician wellbeing and stress management – an Introduction
- Building resilience in a challenging working environment
Communication in Clinical Setting

Objective: To be able to communicate effectively with children and adolescent, their families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds as well as with professional colleagues.

Medical Council Domains of Good Professional Practice: Relating to Patients, Communication & Interpersonal Skills, Collaboration & Teamwork, Professionalism.

Knowledge

Within a consultation
- How to structure an interview to obtain/convey information; how to use/choose appropriate language that parents and children can understand and to explain diagnoses and therapeutic approaches.
- Knowledge of procedures/investigations available
- Able to communicate essential information
- Considerate, shows respect for other’s culture, opinions, patient’s right to be informed, make choices
- Demonstrates active listening by making appropriate eye contact and asking open-ended questions.

In difficult circumstances
- Understands potential areas for difficulty including child protection issues
- Knows when to seek assistance, especially in dealing with challenging or aggressive behaviour
- Appropriately uses assistant, interpreter, chaperone, relatives
- Is able, with compassion, to discuss breaking bad news and end of life issues.

With professional colleagues and others
- How best, and when, to communicate with doctors and other members of the healthcare team; how to provide concise, problem-orientated statement of facts and opinions (written, verbal or electronic)
- Knowledge of legal context status of records and reports, of data protection (confidentiality), Freedom of Information (FOI) issues
- Understands relevance to continuity of care and the importance of legible, accessible, authenticated records
- Communicates effectively and promptly; recognises and respects roles and skills of other health professionals
- Able to judge own abilities/limitations and when to refer

In maintaining continuity of care
- Understands the relevance to outcome of continuity of care, within and between phases of healthcare management
- The importance of completion of tasks and documentation e.g. before handover (to another team, department, specialty), of identifying outstanding issues, uncertainties
- Maintains legible records, is available, contactable, time-conscious.
Giving explanations

- The importance of possessing the full facts
- Need to interpret results, significance of findings, diagnosis, to explain objectives, limitations, risks of treatment, in terms and by means adjusted to recipients’ ability to comprehend
- Uses language, literature (leaflets) diagrams, educational aids and resources appropriately
- Able to achieve level of understanding necessary to achieve co-operation (compliance, informed choice, acceptance of opinion, advice, recommendation)
- Prepared to discuss repeat information, resolve uncertainty, confusion, and respond to questions

Responding to complaints

- Value of hearing complaints promptly
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Able to establish facts, identify issues and report to senior as required.
- Accepts responsibility, involves others, consults appropriately
- Open, able to accept criticism, acknowledge shortcomings where they exist, offer an apology

Skills

- General interviewing and presentation skills
- Communicate in a clear and thoughtful manner
- The ability to establish a professional relationship with, and to communicate verbally and by the written word with children, their parents or caregivers and with other health professionals
- The ability to clearly, concisely and accurately record the patient’s problem by a written medical record in a timely manner that is regularly updated
- Breaking bad news appropriate to their level in certain clinical situations – dealing with bereaved/angry relatives and patients
- Recording complaints and seeking help with dealing with complaints
- Verbal presentation at the bedside (using appropriate language), in a seminar or classroom, and to other health professionals
- The ability to write a competent discharge summary, a competent letter for outpatients after referral from a general practitioner and to know when and how to communicate urgently with a GP by telephone
- Communicate accurately handover care between shifts
- Patient education

Assessment & Learning Methods

- BST Leadership in Clinical Practice I
- Mini-CEX
- Consultant/Trainer feedback at annual review
- Presentations
Leadership

Objective: To begin to exhibit the knowledge, skills and attitudes of a leader by working closely with colleagues for improved patient care and service delivery.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

KNOWLEDGE

Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Working in complex services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
  - Role of governance
  - Clinical directors

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player

Demonstrating personal qualities

- Efficiently and effectively managing one-self and own time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Building and maintaining key relationships
- Adapting style to work with different people and different situations

ASSESSMENT & LEARNING METHODS

- BST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
Quality Improvement

Objective: To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

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Personal qualities of leaders

- The importance of prioritising the patient and patient safety in all clinical activities and interactions

Managing services

- Knowledge of systems design and the role of microsystems
- Understanding of human factors and culture on patient safety and quality

Improving services

- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to improve quality standards where possible
- How to encourage a culture of improvement and innovation

Setting direction

- Knowledge of the wider healthcare system direction and how that may impact local organisations

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Improvement approach to all problems or issues

Use of quality improvement methodologies, tools and techniques within every day practice

Ensuring patient safety by adopting and incorporating a patient safety culture

Demonstrating personal qualities

- Encouraging contributions and involvement from others including patients, carers, members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

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- RCPI BST Leadership in Clinical Practice
Scholarship

Objective: To develop skills in personal/professional development, teaching, educational supervision and research

Medical Council Domains of Good Professional Practice: Scholarship

**KNOWLEDGE**

Lifelong learning

- Recognise the importance of self-assessment of professional competence and practice.
- Use sources, resources, opportunities for self-directed and group learning including IT
- Recognises and makes effective use of learning opportunities, maximises the potential for personal study, plans personal development.
- Be self motivated, inquisitive, eager to learn.
- Display a commitment to the creation, dissemination, application and translation of paediatric knowledge
- Apply the principles of critical appraisal to address a clinical question
- Understand the principles of research, research ethics and scholarly inquiry

Application of clinical governance

- Understand the principles of evidence-based practice, clinical audit and effectiveness, the development/application of best-practice protocols
- Understand risk management and harm reduction
- Understand systems, procedures for identifying (clinical) risk; correct procedures and action when things go wrong; how to handle complaints, when to seek help
- Be able to effectively manage tasks including they are progressed as planned by coaching and mentoring as appropriate
- Cultivate the ability to identify one's own mistakes and to learn from them
- Able to learn from previous experience, from complaints received, errors
- Be honest in recognising misjudgements
- Interactions with other health professionals
- Published management guidelines

Audit

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance

**SKILLS**

- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

**ASSESSMENT & LEARNING METHODS**

- Ethics, safe prescribing skills and transfusion programme
- MRCPI
Management

Objective: To understand the organisation, regulation and structures of the health services.

Medical Council Domains of Good Professional Practice: Professionalism, Management including Self-Management.

Knowledge

Health service structure, management and organisation

- Knowledge of Department of Health, HSE and hospital management structures and systems
- The provision and use of information in order to regulate and improve service provision
- Knowledge of the sources that can provide information relevant to national or local services, publications available
- Able to seek / locate information
- Obtaining information of value in maintaining medical knowledge with a view to delivering effective clinical care
- Knowledge of resources providing updates, literature reviews and digests
- Able to make use of information, use IT and undertake searches
- Embrace principles of clinical governance
- Use and application of descriptive statistics. Knowledge of statistical techniques with respect to clinical trials, evidence-based medicine, and epidemiology

Personal effectiveness

- Develop personal effectiveness; manage time more efficiently, deal with pressure and stress.
- How to operate within a multidisciplinary team.
- How to maintain, improve working relationships within a team; appropriately recognise roles, skills, status.
- Able to adjust to change. Self-awareness, able to recognise strengths and weaknesses.
- Sensitive to and aware of the needs of others

Skills

- Risk Management
- Time management
- Inter-personal skills

Assessment & Learning Methods

- BST Leadership in Clinical Practice I
- Consultant feedback at annual review
- An Introduction to Health Research
**Health Advocacy and Global Health Awareness**

**Objectives**: Recognise strategies in and the essential role of the paediatrician as an advocate for children.

**Medical Council Domains of Good Professional Practice**: Professionalism, Patient Safety & Quality of Patient Care, Collaboration & Teamwork,

### Knowledge

- Familiarity with the United Nations Convention on the Rights of the Child
- Recognise the unique vulnerability of the child to social and environmental disruptions thereby affecting child wellbeing
- Know the relevant key national policies that affect specific groups of children (e.g. asylum seeking children)
- Recognise strategies in advocacy including issue identification, analysis of data, messaging, audience selection, persistence and evaluation

### Skills

- Appreciate the distinct health care needs of children and adolescents
- Identify opportunities for advocacy and disease prevention in the community

### Assessment & Learning Methods

- BST Leadership in Clinical Practice I
Paediatric Expertise

**Objective:** To be able to assess paediatric problems, treat and investigate them appropriately, efficiently and consistently over time.

**KNOWLEDGE**

- Ability to take a comprehensive paediatric history and perform a detailed examination of a child or adolescent and arrive at a differential diagnosis
- Understand the diagnostic significance of patterns of symptoms, pathophysiology and physical signs
- Summate the relevant history and examination and develop a plan for treatment and relevant investigations

**Investigation, indications, risks, cost-effectiveness**
- Know and be able to explain the procedure for the commonly used investigations
- Careful to select investigations appropriately, considering less invasive investigations first

**Treatment and management of disease**
- Understand the pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Able to assess accurately patient’s needs, to prescribe administer, recognise and deal with reactions / side effects

**Disease prevention and health education**
- Health promotion and support agencies providing and sources of information for families
- Risk factors, preventive measures, strategies applicable to obesity prevention, injury prevention and immunization uptake in children and adolescents
- Able to advise on and promote lifestyle change, avoidance of risk-taking behaviours in adolescents

**Notes, records, correspondence**
- Understand the functions of medical records, their value as an accurate up-to-date commentary and source of data
- Understand the need and place for problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports, focussed reviews
- Compile adequate case notes, with results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome
- Maintain legible, authenticated records, uses dictation, telephone, e-mail appropriately
- Appreciates importance of up-to-date, accurate information, its availability, transfer and the need for communicating promptly with primary care

**Time management and decision taking**
- How to prioritise demands, respond to patients’ needs and sequence urgent tasks
- Understand the need to complete tasks, reach a conclusion, make a decision and take action with allocated time
- Have realistic expectations of own and of others’ performance
- Be time-conscious and punctual
PROCEDURAL SKILLS

- Venepuncture and intravenous cannulation
- Blood pressure measurement using age-appropriate BP cuffs
- Blood cultures from peripheral and central lines
- Preparation and administration of intravenous infusions
- Intraosseous access for resuscitation
- Arterial puncture for blood gas analysis
- Umbilical artery and vein catheterization
- Lumbar puncture
- Perform peak flow assessment
- Suprapubic aspiration of the bladder under ultrasound guidance
- Airway management including bag and mask ventilation, endotracheal intubation and cardiopulmonary resuscitation (APLS)
- Bedside measurement of blood glucose
- Ophthalmoscopy
- Subcutaneous, intradermal and intramuscular injections
- Urine microscopy

ASSESSMENT & LEARNING METHODS

- DOPS
  - Venepuncture and intravenous cannulation
  - Arterial puncture for blood gas analysis
  - Umbilical artery and vein catheterization
  - Perform and interpret an ECG
  - Urine microscopy
  - Lumbar puncture
- APLS: Chest tube placement / thoracocentesis
Accident and Emergency/ Intensive Care

Objectives: To be able to react to accidents and emergencies and intensive care, treat and investigate them appropriately, efficiently and consistently over time.

**KNOWLEDGE**

- Acute life threatening illness and death
- Recognition and understanding of the pathophysiology of:
  - Cardiopulmonary arrest, cardiac and respiratory emergencies, shock
  - Coma and convulsions
  - Meningococcal septicaemia
  - Severe trauma
  - Poisonings
  - Acid/base and electrolyte homeostasis

**SKILLS**

- Insertion of intravenous needles
- Lumbar puncture
- Suturing of wounds
- Recognition and emergency management of potential child protection issues
- Indications for appropriate surgical and orthopaedic referrals

**ASSESSMENT & LEARNING METHODS**

- DOPS
  - Lumbar puncture
  - Arterial puncture for blood gas analysis
  - Perform and interpret an ECG
- Mini-CEX
- APLS
- Child protection course
Dealing with Adolescents

Objectives: To become familiar with adolescent-related topics so that trainees can effectively communicate with patients and families, manage and refer appropriately.

KNOWLEDGE

- Normal and abnormal psychological and social features of adolescence
- Normal and abnormal physical features of adolescence
- The impact of acute and chronic illness
- Law and ethical principles of dealing with adolescence
- Understanding adolescent sexuality; contraception and sex education
- Recognition of eating disorders
- Pregnancy in adolescence
- Sexual and reproductive health of adolescents
- Substance abuse

SKILLS

- Assessment of pubertal status
- Capacity for liaison and communication with community, health, drug and alcohol education and welfare practitioners

ASSESSMENT & LEARNING METHODS

- Paediatrics study day
- Child protection course
Cardiology

Objectives: To be able to recognise common heart diseases and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

**KNOWLEDGE**

- Epidemiology of cardiac disease – causation, prevention and incidence
- The foetal circulation and haemodynamic changes after birth
- Normal cardiac anatomy and physiology
- The anatomy, pathophysiology and genetics of congenital heart disease
- Clinical manifestations of congenital and acquired heart disease
- The principles of management of congenital and acquired heart disease
- Cardiac arrhythmias
- Knowledge of indications for bacterial endocarditis prophylaxis and knowledge of an appropriate regime

**SKILLS**

- Recognise common congenital heart disease, innocent cardiac murmurs and the signs of heart failure
- Measure and interpret blood pressure at different ages
- Record and interpret an electrocardiogram in all age groups
- Appropriate use of investigations and the interpretation of results to aid diagnosis

**ASSESSMENT & LEARNING METHODS**

- DOPS
  - Perform and interpret an ECG
- APLS
Child Protection

Objectives: To be able to recognise different types of child abuse and to be able to manage, report and refer appropriately

KNOWLEDGE

- Definitions of different types of child abuse: physical, sexual and emotional
- Legal aspects of child abuse
- Clinical signs of child abuse
- Knowledge of collection of forensic material

SKILLS

- Recognition and management of acute abuse
- Management of non-acute abuse

ASSESSMENT & LEARNING METHODS

- Child protection course
Clinical Pharmacology

Objectives: To be able to appropriately prescribe at BST level.

KNOWLEDGE

- Principles of pharmacokinetics, drug interaction and adverse reactions
- Mechanism of action of commonly used drugs
- Placental transfer and breast milk excretion of drugs
- Cost and efficacy of drug use
- Factors affecting compliance

SKILLS

- Prescribing skills

ASSESSMENT & LEARNING METHODS

- Ethics, safe prescribing skills and blood transfusion for Paediatrics
Dermatology

Objectives: To be able to recognise common dermatological diseases and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

KNOWLEDGE

- Anatomy and histology of the skin, hair and nails
- Inflammatory and immune responses of the skin
- Pigmentation of the skin
- Congenital skin conditions, skin infections
- Skin manifestations of systemic disease

SKILLS

- Management of common skin conditions

ASSESSMENT & LEARNING METHODS

- Paediatric study days
Development and Behaviour

Objectives:
- To be able to differentiate between normal and abnormal development of children
- To be able to identify and assess the impact of development disorder on behaviour and cognition and effectively liaise with team and other professionals.

KNOWLEDGE

- Normal developmental milestones
- Variations in normal development and behaviour
- Knowledge of
  - Common development disorders
  - Paediatric development tests
  - Principals of cognitive assessment

SKILLS

- Liaising with multidisciplinary team
- Behaviour management techniques

ASSESSMENT & LEARNING METHODS

- Paediatric study days
- DOPS
  - Development Test – Griffith Scoring
- Observation of autism assessment or time spent with Occupational Therapist/Physiotherapist/Audiologist
- Time spent with MDT
Endocrinology

Objectives: To be able to recognise common endocrine diseases and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

KNOWLEDGE

- Physiology of glucose metabolism
- Pituitary and hypothalamic physiology and pathophysiology
- Normal growth patterns and disorders of growth
- Epidemiology, diagnosis and management of diabetes
- Causes and management of precocious puberty, delayed puberty and ambiguous genitalia
- Physiology and pathophysiology of the thyroid, parathyroid and adrenal glands
- Calcium metabolism
- Screening for endocrine disorders and obesity

SKILLS

- Measuring height accurately at different ages, assessment of height velocity
- Assessing pubertal status
- Calculating mid-parental centile
- Management of adrenal crisis, diabetic ketoacidosis and hypoglycaemia

ASSESSMENT & LEARNING METHODS

- DOPS: Height measurement using a stadiometer
- Paediatric Study days
Gastroenterology/ Hepatology

Objectives: To be able to recognise common gastroenterology and hepatology related diseases and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

KNOWLEDGE

- Embryology of the gastrointestinal tract and its relationship to disease, e.g. Malrotation
- Physiology of the GI tract, including the liver and pancreas
- Causes and management of acute gastroenteritis
- Recognition and interpretation of common symptoms including failure to thrive, recurrent abdominal pain, chronic diarrhoea, vomiting
- Principles of absorption/ malabsorption
- Causes and management of constipation and encoporesis
- Indications for and limitations of radiological and endoscopic procedures

SKILLS

- Assessment of nutritional status
- Assessment and management of dehydration; planning fluid therapy

ASSESSMENT & LEARNING METHODS

- Paediatric study days
Genetics

Objectives: To be able to apply knowledge of genetics in the practice of history taking, recognition of common genetic diseases, utilise appropriate resources and appropriate referral.

**KNOWLEDGE**

- Principles of Mendelian inheritance
- Non–Mendelian inheritance
- Principles of dysmorphology
- Understanding genetic techniques e.g. FISH and PCR
- Screening of the newborn

**SKILLS**

- Construction and interpretation of a family pedigree
- Recognition of common genetic / dysmorphic syndromes
- Genetic counselling related to common conditions
- Ability to access genetic databases - Online Mendelian Inheritance In Man (OMIM)

**ASSESSMENT & LEARNING METHODS**

- Paediatric study days
Haematology

Objectives: To be able to recognise common haematological diseases and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

**KNOWLEDGE**

- Embryology, physiology and pathophysiology of haematopoietic system
- Disorders of red cells: anaemia, polycythaemia, thalassaemia
- Disorders of white cells: leukaemias, neutropenia
- Disorders of platelets: thrombocytosis, thrombocytopenia
- Bleeding disorders, coagulopathies, disseminated intravascular coagulation
- Pancytopenia
- Knowledge of common bone marrow abnormalities
- Knowledge of the management and complications of haemoglobinopathies, in particular sickle cell disease

**SKILLS**

- Interpretation of blood films

**ASSESSMENT & LEARNING METHODS**

- Observation of bone marrow aspiration
- Paediatric study days
Infectious Diseases/ Immunology/ Allergy

Objectives: To be able to recognise the manifestation of infectious diseases and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

KNOWLEDGE

- Pre- and postnatal development of the immune system
- Pathogenesis of fever and inflammatory reactions
- Mechanism of action of vaccinations
- Immunisation schedules
- Approach to the immunocompromised child
- Pathophysiology of allergy
- Pathological basis of autoimmune disease
- Action and classification of antimicrobials; appropriate prescribing practices
- Mechanism of drug resistance
- Nosocomial infections; principles of infection control
- Notification of infectious diseases
- Common and important childhood infectious diseases: bacterial, fungal, viral and protozoal

SKILLS

- Interpretation of gram stain, CSF and urine microscopy
- Administration of immunosuppressive and immunomodulatory therapies
- Interpretation of tests of immune function
- Administration of vaccines

ASSESSMENT & LEARNING METHODS

- DOPS:
  - Lumbar puncture
  - Blood culture
  - Urinalysis (microscopy)
- Paediatric study days
Medical oncology

Objectives: To be able to recognise common oncological diseases and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

**KNOWLEDGE**

- Leukaemias and lymphomas
- Solid tumours: brain, neuroblastoma, renal, bone, retinoblastoma, rhabdomyosarcoma
- Principles of chemotherapy and radiotherapy; management of associated complications
- Short- and long-term effects of chemotherapy and radiotherapy
- Bone marrow transplantation

**SKILLS**

- Interpretation of bone marrow aspirate
- Interpretation of imaging techniques used in investigation
- Palliative care

**ASSESSMENT & LEARNING METHODS**

- Observe bone marrow aspiration
- Paediatric study days
Metabolic

Objectives: To be able to recognise common metabolic diseases and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

KNOWLEDGE

- Physiology and pathophysiology of metabolic pathways, to include knowledge of amino acids, carbohydrates, lipids, mucopolysaccharides and oligosaccharides, purines and pyrimidines.
- Mitochondrial function and disorders
- Lysosomal storage disorders

SKILLS

- Management of common metabolic crises /emergencies
- Interpretation of biochemical tests

ASSESSMENT & LEARNING METHODS

- Paediatric study days
Neonatal Medicine

Objectives: To gain practical knowledge of the normal and the sick neonates and be able carry out appropriate examination, assessment and early management of neonatal disorders and emergencies.

KNOWLEDGE

- Embryology
- Foetal physiology
- Physiology of extrauterine adaptation
- Prematurity and low birth weight sequelae
- Principles of:
  - Resuscitation and mechanical ventilation
  - Neonatal nutrition
  - Prescribing for newborns and breastfeeding mothers
  - Newborn screening
- Assessment and management of the sick neonate in postnatal ward and outpatient setting
- Neonatal stabilisation/resuscitation
- Effects of antenatal and perinatal events on outcome
- Management and investigation of common disorders, including phototherapy and exchange transfusion
- Neonatal infections and diseases
- Ethical principles involved in the management of the dying baby
- Knowledge of:
  - Minor and common major congenital malformations
  - Serious life threatening illnesses in the newborn and when appropriate to request assistance
  - Appropriate situations for transfer of care of sick newborns
  - Impact on families of sick newborn and the development of strategies of communication with parents

SKILLS

- Examination of the newborn
- Assessment of the baby at birth and 6 weeks examination
- NRP
- Stabilisation and resuscitation
- Blood sampling, umbilical arterial and venous catheterisation
- Administration of agents such as surfactant and nitric oxide

ASSESSMENT & LEARNING METHODS

- DOPS:
  - Arterial puncture for blood gas analysis
  - Umbilical artery and vein catheterization
- NRP
- STABLE
- Paediatric study days
Nephrology

Objectives: To be able to recognise common renal diseases and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

KNOWLEDGE

- Embryology and anatomy of the renal tract
- Acid–base balance, fluid and electrolyte balance
- Renal physiology, renal hormones and metabolism
- Acute renal failure
- Chronic renal failure
- Vesico-ureteric reflux
- Pelvo-ureteric junction obstruction
- Urinary tract infection
- Enuresis
- Hypertension
- Nephritis
- Principles of renal dialysis and renal transplantation

SKILLS

- Urine microscopy
- Measurement of blood pressure
- Interpretation of biochemical investigation results
- Recognition of histopathological features of nephritis

ASSESSMENT & LEARNING METHODS

- Paediatric Study days
- DOPS - Urine microscopy
Neurology and Muscular Disorders

Objectives: To be able to recognise common paediatric neurological and muscular disorders and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

KNOWLEDGE
- Neural embryology
- Structure and function of clinically relevant neurological pathways
- Seizures and principles of use of antiepileptic drugs
- Encephalopathies
- Headache (acute and chronic)
- Cerebral palsy
- Neurodegenerative disease
- Muscle diseases, neuromuscular disease, neuropathies
- Causes and management of coma
- Sensory deficits e.g. Hearing and visual impairment
- Neural tube defects

SKILLS
- Correlation of physical symptoms and signs with anatomy and pathology
- Interpretation of common EEG abnormalities
- Interpretation of common neuro-imaging abnormalities by CT, MRI or ultrasound

ASSESSMENT & LEARNING METHODS
- Paediatric study days
Nutrition

Objectives: To gain practical insight into nutritional requirements during foetal life, infancy, childhood and adolescence and to be able to complete a dietary assessment and interpret laboratory indices of nutrition. Gain ability to liaise with and refer to other professionals.

KNOWLEDGE

- Nutritional requirements during foetal life, infancy, childhood and adolescence
- Breast feeding
- Infant formulas
- Failure to thrive
- Obesity
- Food allergy
- Involving dietetics and broader team

SKILLS

- Dietary assessment
- Interpretation of biochemical and other laboratory indices of nutritional status

ASSESSMENT & LEARNING METHODS

- Paediatric study days
Ophthalmology

Objectives: To be able to recognise normal and abnormal visual development and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

**KNOWLEDGE**

- Normal visual development
- Common visual disorders
- Congenital eye disorders
- Acquired eye disorders
- Ophthalmic manifestations of syndromes and systemic disease

**SKILLS**

- Testing for red reflex, visual acuity, extra-ocular eye movements, visual field testing
- Colour vision testing
- Fundoscopy

**ASSESSMENT & LEARNING METHODS**

- Paediatric study days
Orthopaedics

Objectives: To be able to recognise normal and abnormal orthopaedic development and to be able to perform relevant tests and examinations.

KNOWLEDGE

- Understand the importance of screening for developmental dysplasia of the hip and modalities of screening including clinical examination, ultrasound and X-ray
- Understand neonatal foot abnormalities including talipes equinovarus
- Know common orthopaedic problems in young children including tibial bowing, intoeing, metatarsus varus, pes planus and genu varum
- Know the approach to a child with an acute painful limp in relation to investigations required including osteomyelitis, septic arthritis, SUFE and transient synovitis
- Understand the approach to the child with a non-painful limp
- Know the presenting features of Perthe’s disease
- Understand the recognition and management of common childhood fractures
- Understand important adolescent orthopaedic issues such as scoliosis and anterior knee pain

SKILLS

- Performance of a full joint examination including functional assessment
- Barlow and Ortolani tests for DDH
- Thomas test for fixed flexion deformity of the hip

ASSESSMENT & LEARNING METHODS

- Mini-CEX: Performance of full joint examination
- Paediatric study days
Physical Symptoms in Absence of Organic Disease

Objectives: The trainee will be able to assess and appropriately investigate a patient to conclude that organic disease is unlikely, counsel sensitively, and formulate an appropriate management plan

**KNOWLEDGE**

- Knowledge of symptoms that commonly have a non-organic component
- Hyperventilation syndrome
- Underlying precipitants to non-organic presentations: life stresses, hypochondriacism
- Differentiate somatisation disorders from malingering
- Knowledge of the phenomenon of excessive symptoms in the context of established disease e.g. breathlessness in well controlled asthma
- Recognise the pattern of repetition that non-organic presentations can have
- Recognise the importance of the Primary Care team in assessment and management
- Recognise the cultural differences in somatoform disorders

**SKILLS**

- Adopt attitude that presentation has organic cause until otherwise proven, and assess and investigate as appropriate
- Appreciate the implications of unnecessary tests in terms of cost and iatrogenic complications
- Safely determine after appropriate work up that a patient is likely have a non-organic cause for their presentation
- Take a full history, including associated symptoms of anxiety or depression and past medical assessments
- Identify underlying psychiatric disease: psychosis, depression, or anxiety
- Formulate a management plan for acute period of care
- Respect the distress the mode of presentation may be causing
- Adopt a non-judgemental sensitive attitude when engaging in counselling a patient over the likelihood of non-organic disease
- Involve psychiatric services when appropriate

**ASSESSMENT AND LEARNING METHODS**

- MRCPI – Medicine of Childhood
Psychiatry

**Objectives:** To be able to recognise psychiatric disorders and to be able to obtain mental health history.

**KNOWLEDGE**

- Physical and emotional factors affecting mental health
- Knowledge of:
  - Depression and suicide
  - Psychoses
  - Psychosomatic problems
  - Family function and dysfunction
  - Anxiety disorders
  - Conduct disorders
  - Eating disorders
  - Functional abdominal pain
  - Deliberate self harm

**SKILLS**

- Mental health history

**ASSESSMENT & LEARNING METHODS**

- Paediatric study days
Rehabilitation and Disability

Objectives: To be able to work with a multidisciplinary team on issues effecting and affected by rehabilitation and disability.

**KNOWLEDGE**

- Principles of physical, psychological and social rehabilitation
- Learning and physical disabilities
- Knowledge of new modes of treatment and aids for activities of daily living
- Available social and financial support services

**SKILLS**

- Working as a member of an interdisciplinary team
- Coordination of resources
- Palliative care

**ASSESSMENT & LEARNING METHODS**

- Paediatric study days
Respiratory Medicine (Including Otolaryngology)

Objectives: To be able to recognise common paediatric respiratory disorders and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

KNOWLEDGE

- Pulmonary physiology, lung development and growth, ventilation perfusion, gas exchange, lung volume, compliance
- Assessment and management of upper airway obstruction
- Mechanisms of respiratory symptoms and signs: wheeze, stridor, grunting
- Causes of respiratory failure and principles of management
- Causes of upper and lower respiratory tract infections
- Pathophysiology, diagnosis and management of cystic fibrosis
- Pathophysiology, diagnosis and management of asthma including age-related drug therapy and emerging treatment strategies
- Recognition, diagnosis and management of hearing impairment
- Sleep physiology and disturbance
- Sleep apnoea
- Congenital malformations of the lung

SKILLS

- Perform peak flow rates
- Demonstration of the use of different inhaler devices
- Interpret results of common imaging procedures, blood gas analysis and oximetry
- Interpret spirometry
- Interpret chest X-ray
- Perform mantoux test

ASSESSMENT & LEARNING METHODS

- DOPS:
  - Peak flow rate
  - Interpret respiratory function studies
- Paediatric study days
Rheumatology

Objectives: To be able to recognise common paediatric rheumatologic disorders and to gain early management, investigations and interpretation skills and how to appropriately communicate and refer.

KNOWLEDGE

- Embryology, anatomy and physiology of the musculoskeletal system
- Acute and chronic arthritis
- Knowledge of autoimmune diseases
- Know the detailed examination of the musculoskeletal system
- Understand common problems such as reactive arthritis, Henoch Schonlein Purpura and joint hypermobility
- Know the presenting features of acute and chronic arthritis
- Understand juvenile idiopathic arthritis in terms of presenting features, investigations and treatment
- Know the presenting features of connective tissue disorders such as SLE, dermatomyositis and juvenile scleroderma

SKILLS

- Functional assessment
- Interpretation of medical imaging and laboratory investigations
- Functional assessment
- Detailed joint movement examination
- Interpretation of medical imaging and laboratory investigations

ASSESSMENT & LEARNING METHODS

- Paediatric study day
Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact the Medical Training Coordinator.

<table>
<thead>
<tr>
<th>Curriculum Requirement</th>
<th>Required/Desirable</th>
<th>Minimum Requirement</th>
<th>Reporting Period</th>
<th>Form Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1 - Training Plan</strong></td>
<td></td>
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</tr>
<tr>
<td>Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee &amp; Trainer)</td>
<td>Required</td>
<td>1</td>
<td>Training Post</td>
<td>Form 052</td>
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<tr>
<td>Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)</td>
<td>Required</td>
<td>1</td>
<td>Training Post</td>
<td>Form 045</td>
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<tr>
<td>On Call Rota (on average 1:6 rota over a two-year period)</td>
<td>Required</td>
<td>1</td>
<td>Training Post</td>
<td>Form 064</td>
</tr>
<tr>
<td>Personal Goals Review Form</td>
<td>Desirable</td>
<td>1</td>
<td>Training Post</td>
<td>Form 137</td>
</tr>
<tr>
<td><strong>Section 2 - Training Activities</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Outpatient Clinics (1 clinic per week)</td>
<td>Required</td>
<td>40</td>
<td>Year of Training</td>
<td>Form 001</td>
</tr>
<tr>
<td><strong>Ward Rounds/Consultations</strong></td>
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<tr>
<td>Ward rounds (minimum 2 per week)</td>
<td>Required</td>
<td>80</td>
<td>Year of Training</td>
<td>Form 002</td>
</tr>
<tr>
<td>Post-call ward rounds (average 4 per month)</td>
<td>Required</td>
<td>40</td>
<td>Year of Training</td>
<td>Form 002</td>
</tr>
<tr>
<td><strong>Emergencies/Complicated Cases</strong></td>
<td>Required</td>
<td>40</td>
<td>Year of Training</td>
<td>Form 003</td>
</tr>
</tbody>
</table>

This should include at least one case from the following categories:
- Acute sepsis
- Acute asthma
- Status epilepticus – febrile and afebrile
- Diabetic ketoacidosis
- Croup
- Suspected non-accidental injury
- Acute encephalopathy / coma
- Acute gastroenteritis with dehydration
- Fever for investigation in under 2 year olds
- Acute rashes (infected eczema / exanthems / erythema multiforme / cellulitis)
- Vomiting / failure to thrive / feeding issues in infancy
<table>
<thead>
<tr>
<th>Curriculum Requirement</th>
<th>Required/Desirable</th>
<th>Minimum Requirement</th>
<th>Reporting Period</th>
<th>Form Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procedures/Practical Skills/Surgical Skills</strong></td>
<td></td>
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<tr>
<td>Arterial puncture for blood gas analysis</td>
<td>Required</td>
<td>5</td>
<td>Training Programme</td>
<td>Form 004</td>
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<tr>
<td>Blood cultures with aseptic technique (minimum 10)</td>
<td>Required</td>
<td>10</td>
<td>Training Programme</td>
<td>Form 004</td>
</tr>
<tr>
<td>Blood sampling (minimum 30 including infants / toddlers and older children)</td>
<td>Required</td>
<td>30</td>
<td>Training Programme</td>
<td>Form 004</td>
</tr>
<tr>
<td>Height measurement using a stadiometer</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 004</td>
</tr>
<tr>
<td>Intraosseous needle insertion (via APLS)</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 004</td>
</tr>
<tr>
<td>Intravenous cannulation (minimum 30 amongst different ages)</td>
<td>Required</td>
<td>30</td>
<td>Training Programme</td>
<td>Form 004</td>
</tr>
<tr>
<td>Lumbar puncture (minimum 10 across different ages)</td>
<td>Required</td>
<td>10</td>
<td>Training Programme</td>
<td>Form 004</td>
</tr>
<tr>
<td>Peak flow rates</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 004</td>
</tr>
<tr>
<td>Perform and interpret an ECG</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 004</td>
</tr>
<tr>
<td>Umbilical artery or vein catheterisation</td>
<td>Required</td>
<td>3</td>
<td>Training Programme</td>
<td>Form 004</td>
</tr>
<tr>
<td>Urinalysis and urine microscopy (minimum 10)</td>
<td>Required</td>
<td>10</td>
<td>Training Programme</td>
<td>Form 004</td>
</tr>
<tr>
<td><strong>Chronic Cases/Long Term Care</strong> (MDT Exposure, mainly community based)</td>
<td>Desirable</td>
<td>3</td>
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<td>Form 066</td>
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<tr>
<td><strong>Relatively Unusual Cases</strong></td>
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<td>Training Programme</td>
<td>Form 019</td>
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<td><strong>Section 3 - Educational Activities</strong></td>
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<tr>
<td><strong>Mandatory Courses</strong></td>
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<tr>
<td>APLS</td>
<td>Required</td>
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<td>Training Programme</td>
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<tr>
<td>BST Leadership in Clinical Practice</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 006</td>
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<tr>
<td>Child Protection</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 006</td>
</tr>
<tr>
<td>Ethics, Safe Prescribing Skills and Blood Transfusion for Paediatrics</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 006</td>
</tr>
<tr>
<td>Infection control (can be part of hospital induction day)</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 006</td>
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<tr>
<td>NRP</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 006</td>
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<tr>
<td>STABLE</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 006</td>
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<tr>
<td><strong>Non – Mandatory Courses</strong></td>
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<tr>
<td>Study Days</td>
<td>Required</td>
<td>10</td>
<td>Training Programme</td>
<td>Form 008</td>
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<tr>
<td><strong>In-House Activities</strong></td>
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<tr>
<td>Grand rounds (minimum 1 per month)</td>
<td>Required</td>
<td>10</td>
<td>Year of Training</td>
<td>Form 011</td>
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<tr>
<td>Multidisciplinary team or radiology meeting</td>
<td>Required</td>
<td>2</td>
<td>Year of Training</td>
<td>Form 011</td>
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<tr>
<td>Meeting with Mentor</td>
<td>Desirable</td>
<td>2</td>
<td>Year of Training</td>
<td>Form 011</td>
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<tr>
<td><strong>Examinations</strong></td>
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<tr>
<td>MRCPI in Child Health</td>
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<td>Curriculum Requirement</td>
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<td>Minimum Requirement</td>
<td>Reporting Period</td>
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<tr>
<td><strong>Formal Teaching Activity</strong></td>
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<tr>
<td>Undergraduate/intern teaching (1 hour per week)</td>
<td>Required</td>
<td>40</td>
<td>Year of Training</td>
<td>Form 013</td>
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<tr>
<td><strong>Research</strong></td>
<td>Desirable</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 014</td>
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<tr>
<td><strong>Audit Activities</strong></td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 015</td>
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<tr>
<td><strong>Publications</strong></td>
<td>Desirable</td>
<td>1</td>
<td>Year of Training</td>
<td>Form 016</td>
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<td><strong>Presentations</strong></td>
<td>Required</td>
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<td>Year of Training</td>
<td>Form 017</td>
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<tr>
<td><strong>National/International Meetings</strong></td>
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<td>Training Programme</td>
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<tr>
<td><strong>Section 4 - Assessments</strong></td>
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<tr>
<td><strong>DOPS</strong></td>
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<tr>
<td>Arterial puncture for blood gas analysis</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 021</td>
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<tr>
<td>Blood culture</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 021</td>
</tr>
<tr>
<td>Height measurement using a stadiometer</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 021</td>
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<tr>
<td>Interpret respiratory function studies</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 021</td>
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<tr>
<td>Intravenous cannulation</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 021</td>
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<tr>
<td>Lumbar puncture</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 021</td>
</tr>
<tr>
<td>Peak flow rates</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 021</td>
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<tr>
<td>Perform and interpret an ECG</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 021</td>
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<tr>
<td>Umbilical artery or vein catheterization</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 021</td>
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<tr>
<td>Urine microscopy</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 021</td>
</tr>
<tr>
<td>CBD (minimum 2 per year)</td>
<td>Required</td>
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<td>Year of Training</td>
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<td><strong>Mini-CEX</strong></td>
<td>Required</td>
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<td>Year of Training</td>
<td>Form 023</td>
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<tr>
<td><strong>End-of-Post Assessments</strong></td>
<td>Required</td>
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<tr>
<td><strong>Annual Review Form</strong></td>
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