BASIC SPECIALIST TRAINING IN

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

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Prof John Murphy, 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 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.

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,
- Be eligible for registration on the trainee specialist division of the Medical Council
- Have proof of competency in the English language in line with HSE Specifications.

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 behaviour. 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 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 20 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
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 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

This chapter covers the generic components which are relevant to BST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty. As such, this chapter needs to be viewed as an appropriate guide of the level of knowledge and skills required from all BST trainees with differing application levels in practice.
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
- 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 in accordance with data protection legislation 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, carrying research and dealing with end of life issues

Honesty, openness and transparency (mistakes and near misses)

- Preventing and managing near misses and adverse events.
- When and how to report a near miss or adverse event
- 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

- Safe working practice, role of procedures and protocols in optimal practice
- The importance of standardising practice through the use of checklists, and being vigilant
- Safe healthcare systems and provision of a safe working environment
- Awareness of the multiple factors involved in failures
- 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 in system failures
- The important of informing a person of authority of systems or service structures that may lead to unsafe practices which may put patients, yourself or other colleagues at risk
- Awareness of the Irish Medical Councils policy on raising concerns about safety in the environment in which you work
SKILLS

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

ASSESSMENT & LEARNING METHODS

- Feedback in the workplace and at evaluation of progress
- 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
- RCPI BST Leadership in Clinical Practice
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice
- MRCPI Examination
Infection Control

Objective: To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

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

KNOWLEDGE

Within a consultation
- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available, including the 5 Moments for Hand Hygiene guidelines
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent Clostridium difficile
- Knowledge and understanding of the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, Clostridium difficile
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of notifiable infectious disease
- Understanding the increased risk of infection to patients in surgery or during an invasive procedure and adhering to guidelines for minimising infection in such cases

In surgery or during an invasive procedure
- Comply with the guidelines for needle stick injury prevention and management

During an outbreak
- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary

SKILLS

- Practicing aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- In the case of infectious diseases requiring disclosure:
  - Working knowledge of those infections requiring notification
  - Undertaking notification promptly
  - Collaborating with external agencies regarding reporting, investigating and management of notifiable diseases
  - Enlisting / requiring patients' involvement in solving their health problems, providing information and education
  - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community
- A non-judgemental approach to patients with infectious diseases
- Effectively uses health education for disease prevention and infection control
ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Completion of infection control induction in the workplace
- Personal Protective Equipment Training Course (In hospital)
- MRCPI Examination
Self-Care and Maintaining Well-Being

Objectives:
- 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
- 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-awareness including preferences and biases
- Personal psychological strengths and limitations
- Understand how personality characteristics, such as need for approval, judgemental tendencies, needs for perfection and control etc., affect relationships with patients and others
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand the difference between feelings of sympathy and feelings of empathy
- Know the factors between a doctor and patient that enhance or interfere with abilities to experience and convey empathy
- Self-awareness of attitudes toward uncertainty and risk taking and own need for reassurance
- How own relationships with certain patients can reflect attitudes toward paternalism, autonomy, benevolence, non-malfeasance and justice
- Recognise own feelings in straightforward and complex patient-doctor interactions
- Recognising the symptoms of stress and burn out

SKILLS
- Exhibiting 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 alliance
- 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
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental 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 attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others’ performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

ASSESSMENT & LEARNING METHODS
- On-going supervision
- RCPI BST Leadership in Clinical Practice course
Communication in Clinical and Professional Setting

**Objective:** To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

**Medical Council Domains of Good Professional Practice:** Relating to Patients; Communication and Interpersonal Skills.

**KNOWLEDGE**

**Within a consultation**
- How to effectively listen and attend to patients, parents and guardians
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use age appropriate language.
- How to empower the patient, and/or parent, and encourage self-management
- Communicate the importance of essential information

**Difficult circumstances**
- Understanding of potential areas for difficulty and awkward situations
- How to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments and how to deal with challenging or aggressive behaviour
- Knowing how and when to break bad news
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger and frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

**Dealing with professional colleagues and others**
- How to communicate with doctors and other members of the healthcare team
- How to provide a concise, written, verbal, or electronic, problem-orientated statement of facts and opinions
- The legal context of status of records and reports, of data protection confidentiality
- Freedom of Information (FOI) issues
- Understanding of the importance of legible, accessible, records to continuity of care
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, or written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

**Maintaining continuity of care**
- Understanding the relevance of continuity of care to outcome, within and between phases of healthcare management
- The importance of completion of tasks and documentation, e.g. before handover to another team, department, specialty, including identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care including, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure
- When and how to communicate urgently with a GP by telephone
- How to write a competent discharge summary, a competent letter for outpatients after referral from a general practitioner

**Giving explanations**
- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure and retain attention avoiding distraction
- Understanding how adults and children receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of the risks of information overload
- Tailoring the communication of information to the level of understanding of the recipient
- Strategies to achieve the level of understanding necessary to gain co-operation and partnership; compliance, informed choice, acceptance of opinion, advice, recommendation

**Responding to complaints**
- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, and assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identify issues and respond quickly and appropriately to a complaint received

**SKILLS**
- Ability to appropriately elicit facts, using a mix of open and closed-ended questions
- Using “active listening” techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage co-operation, compliance; obtaining informed consent
- Showing consideration and respect for other’s culture, opinions, patient’s right to be informed and make choices
- Respecting another’s right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills including formal presentations and bedside summary
- Maintaining (legible) records
- Being available, contactable, time-conscious
- Setting realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (e.g. leaflets) diagrams, educational aids and resources appropriately
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

**ASSESSMENT & LEARNING METHODS**
- RCPI Leadership in Clinical Practice
- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Presentations
- MRCPI Examinations
Leadership

Objective: To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services 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 a complex service

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

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
- Understanding the social and governmental aspects of health care provision
- Understanding the cost-effectiveness of individual forms of care

Demonstrating personal qualities

- Efficiently and effectively managing one-self and one’s 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
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships
- Adapting style to work with different people and different situations
- Contributing to the planning and design of services

ASSESSMENT & LEARNING METHODS

- RCPI BST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Involvement in hospital committees
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

### KNOWLEDGE

**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

### SKILLS

- 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
- Supporting a culture of improvement and innovation

**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

### ASSESSMENT & LEARNING METHODS

- RCPI BST Leadership in Clinical Practice
Management

Objective: To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services, to develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

Medical Council Domains of Good Professional Practice: Management.

KNOWLEDGE

Health service structure, management and organisation
- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Knowledge of resources providing updates, literature reviews and digests
- Embrace principles of clinical governance

Maintaining medical knowledge with a view to delivering effective clinical care
- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Obtaining information of value in maintaining medical knowledge with a view to delivering effective clinical care
- Knowledge of sources providing updates, literature reviews and digests

Personal effectiveness
- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team
- Have a flexible approach
- Be aware of the needs of others

SKILLS
- Managing risks
- Managing time
- Managing interpersonal relationships

ASSESSMENT & LEARNING METHODS
- RCPI BST Leadership in Clinical Practice
- Consultant feedback on management and leadership skills
Scholarship

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

Medical Council Domains of Good Professional Practice: Scholarship

KNOWLEDGE

Application of clinical governance
- Understand the principles of evidence-based practice, clinical audit and effectiveness, the development/application of best-practice protocols
- Risk management
- Systems, procedures for identifying (clinical) risk; correct procedures and action when things go wrong; how to handle complaints, when to seek help
- Employer’s procedures and policy for accidents
- Potential complications or side effects of treatments, procedures and investigations; importance of accurate, recent information and available records
- Openly discuss mistakes
- Able to learn from previous experience, from complaints received, errors.
- Be honest in recognising misjudgements

Lifelong learning
- Understand the role of appraisal, assessment methods available, and their application
- Identify source, resources, opportunities for self-directed and group learning including IT
- Recognise and makes effective use of learning opportunities, maximise the potential for personal study, plans personal development
- Self motivated, inquisitive, eager to learn

SKILLS

- Practice evidence based medicine
- Appropriately use technology and other sources of information
- Logical use guidelines, texts, reference literature and related sources
- Critically evaluate research papers
- Seek education opportunities and monitor own performance in order to continuously update and refresh knowledge and skills
- Basic research and audit skills
- Bed-side undergraduate and intern teaching

ASSESSMENT & LEARNING METHODS

- Health Research (online) – Optional
- BST Leadership in Clinical Practice
- Record of attendance at in-house training, grand rounds and academic meetings
Standards of Care

Objective: To be able to consistently and effectively assess and treat patients’ problems

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); Clinical Skills.

KNOWLEDGE

Diagnosing Patients
- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

Investigation, indications, risks, cost-effectiveness
- The pathophysiological basis of the investigation
- Understand the clinical significance of references ranges, positive and negative predictive value and potential risks of inappropriate tests
- The procedures for commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

Treatment and management of disease
- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient’s needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects

Disease prevention and health education
- Screening for disease: methods, advantages and limitations
- Health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, and change strategies applicable to smoking, alcohol, drug abuse, and lifestyle
- Disease notification; methods of collection and sources of data

Notes, records, correspondence
- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- An understanding of the need and appropriate use of problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

Prioritising, resourcing and decision making
- How to prioritise demands, respond to patients’ needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude
Handover

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

Relevance of professional bodies

- Understanding 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

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients’) needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient’s needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- 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
- Ability to advise on and promote lifestyle change
- Involve patients’ in solving their health problems, by providing information and education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Act in accordance with, up to date standards on palliative care needs assessment
- Valuing contributions of health education and disease prevention to health in a community
- Compile accurate and appropriate detailed medical notes and care reports including the results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Transfer information in an appropriate and timely manner
- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Medical Council Guide to Professional Conduct and Ethics
- Ethics, safe prescribing and blood transfusion course
- MRCPI Examination
Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

Objectives: To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations and accurately interpret reports.

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

KNOWLEDGE

Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- 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 patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- 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 patient

- How to categorise a patient’s severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient 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

- BLS/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, including complex discharge
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members, with the patient’s permission where appropriate, 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 patients’ severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tools (e.g. ISBAR)

ASSESSMENT & LEARNING METHODS

- APLS course
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback
- MRCPI Examination
Therapeutics and Safe Prescribing

Objective: To progressively develop 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

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Commonly prescribed medications
- Adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB, and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- Effects of medications on patient activities including potential effects on a patient’s fitness to drive
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine
- Differentiating drug allergy from drug side effects
- Know the difference between an early and late drug allergy, and drug side-effects

SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the children and pregnant or breast feeding adolescents
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients’ long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients, parents and/or guardians about important interactions and adverse drug effects
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Take and record an accurate drug allergy history and history of previous side effects
ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)
- Ethics, safe prescribing and blood transfusion course
Specialty Section
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
- Understand the relevance of PEWS as an early warning system to help detect the clinically deteriorating child

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
  o Venepuncture and intravenous cannulation
  o Arterial puncture for blood gas analysis
  o Umbilical artery and vein catheterization
  o Perform and interpret an ECG
  o Urine microscopy
  o 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
- Recognition of the clinically deteriorating child and use of early warning scores (PEWS)

**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 your specialty 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>Section 1 - Training Plan</td>
<td></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>
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<td>Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)</td>
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<td>On Call Rota (on average 1:6 rota over a two-year period)</td>
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<tr>
<td>Personal Goals Review Form</td>
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<td>Training Post</td>
<td>Form 137</td>
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<tr>
<td>Section 2 - Training Activities</td>
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<tr>
<td>Outpatient Clinics (1 clinic per week)</td>
<td>Required</td>
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<td>Year of Training</td>
<td>Form 001</td>
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<td>Ward Rounds/Consultations</td>
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<td>Ward rounds (minimum 2 per week)</td>
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<td>Post-call ward rounds (average 4 per month)</td>
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<td>Year of Training</td>
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<td>Emergencies/Complicated Cases</td>
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<td>This should include any of the following categories:</td>
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<td>Year of Training</td>
<td>Form 003</td>
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<td>• Acute sepsis</td>
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<td>Training Programme</td>
<td>Form 003</td>
</tr>
<tr>
<td>• Acute asthma</td>
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<td>Form 003</td>
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<td>• Status epilepticus – febrile and afebrile</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 003</td>
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<tr>
<td>• Diabetic ketoacidosis</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 003</td>
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<tr>
<td>• Croup</td>
<td>Required</td>
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<td>Training Programme</td>
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<td>• Suspected non-accidental injury</td>
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<td>Training Programme</td>
<td>Form 003</td>
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<tr>
<td>• Acute encephalopathy / coma</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 003</td>
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<tr>
<td>• Acute gastroenteritis with dehydration</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 003</td>
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<tr>
<td>• Fever for investigation in under 2 year olds</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 003</td>
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<tr>
<td>• Acute rashes (infected eczema / exanthems / erythema multiforme / cellulitis)</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 003</td>
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<td>Curriculum Requirement</td>
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<tr>
<td>Vomiting / failure to thrive / feeding issues in infancy</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 003</td>
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<tr>
<td>Procedures/Practical Skills/Surgical Skills</td>
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<tr>
<td>Arterial puncture for blood gas analysis</td>
<td>Required</td>
<td>3</td>
<td>Training Programme</td>
<td>Form 004</td>
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<tr>
<td>Blood cultures with aseptic technique</td>
<td>Required</td>
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<td>Training Programme</td>
<td>Form 004</td>
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<tr>
<td>Blood sampling (minimum 30 including infants / toddlers and older children)</td>
<td>Required</td>
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<td>Height measurement using a stadiometer</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 004</td>
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<tr>
<td>Intravenous needle insertion (via APLS)</td>
<td>Required</td>
<td>1</td>
<td>Training Programme</td>
<td>Form 004</td>
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<tr>
<td>Intravenous cannulation (minimum 30 amongst different ages)</td>
<td>Required</td>
<td>30</td>
<td>Training Programme</td>
<td>Form 004</td>
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<tr>
<td>Lumbar puncture (minimum 10 across different ages)</td>
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<tr>
<td>Peak flow rates</td>
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<td>Perform and interpret an ECG</td>
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<td>Training Programme</td>
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<tr>
<td>Umbilical artery or vein catheterisation</td>
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<td>Training Programme</td>
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<tr>
<td>Urinalysis and urine microscopy</td>
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<td>Training Programme</td>
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<td>Chronic Cases/Long Term Care (MDT Exposure, mainly community based)</td>
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<tr>
<td>Relatively Unusual Cases</td>
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<td>Section 3 - Educational Activities</td>
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<td>Mandatory Courses</td>
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<td>APLS</td>
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<tr>
<td>BST Leadership in Clinical Practice</td>
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<tr>
<td>Child Protection</td>
<td>Required</td>
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<tr>
<td>Ethics, Safe Prescribing Skills and Blood Transfusion for Paediatrics</td>
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<td>Infection control (can be part of hospital induction day)</td>
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<td>NRP</td>
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<tr>
<td>Non – Mandatory Courses</td>
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<td>Study Days</td>
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<td>In-House Activities</td>
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<td>Grand rounds (minimum 1 per month)</td>
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<td>Year of Training</td>
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<tr>
<td>Multidisciplinary team or radiology meeting</td>
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<tr>
<td>Meeting with Mentor</td>
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<td>Examinations</td>
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<td>MRCPI in Child Health</td>
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<tr>
<td>Undergraduate/intern teaching (1 hour per week)</td>
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<tr>
<td>Research</td>
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<td>Audit Activities</td>
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<td>Publications</td>
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<td>Presentations</td>
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<td>National/International Meetings</td>
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<td><strong>Section 4 - Assessments</strong></td>
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<td><strong>DOPS</strong></td>
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<td>Arterial puncture for blood gas analysis</td>
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<td>Blood culture</td>
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<td>Examination of the New Born</td>
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<td>Height measurement using a stadiometer</td>
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<td>Interpret respiratory function studies</td>
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<td>Intravenous cannulation</td>
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<td>Lumbar puncture</td>
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<td>Peak flow rates</td>
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<td>Perform and interpret an ECG</td>
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<td>Umbilical artery or vein catheterization</td>
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<tr>
<td>Urine microscopy</td>
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<tr>
<td>CBD (minimum 2 per year)</td>
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<td><strong>Mini-CEX</strong></td>
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<tr>
<td><strong>End-of-Post Assessments</strong></td>
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