



**INSTITUTE OF  
OBSTETRICIANS &  
GYNAECOLOGISTS**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

INTERNATIONAL FELLOWSHIP TRAINING IN

# MATERNAL MEDICINE



**This curriculum of training in Maternal Medicine was developed in 2015 and undergoes an annual review by Dr Michael O’Connell, Clinical Lead, Leah O’Toole, Head of Postgraduate Training and Education, and by the Obstetrics and Gynaecology Training Committee. The curriculum is approved by the Institute of Obstetrics & Gynaecology.**

Version	Date Published	Last Edited By	Version Comments
5.0	01 July 2019	Keith Farrington	None

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## Introduction

The International Clinical Fellowship Programme (ICFP) provides a route for overseas doctors wishing to undergo structured and advanced postgraduate medical training in Ireland. The ICFP enables suitably qualified overseas postgraduate medical trainees to undertake a fixed period of active training in clinical services in Ireland.

The purpose of the ICFP is to enable overseas trainees to gain access to structured training and in active clinical environments that they cannot get in their own country, with a view to enhancing and improving the individual's medical training and learning and, in the medium to long term, the health services in their own countries.

This Programme will allow participants to access a structured period of training and experience as developed by the Royal College of Physicians of Ireland to specifically meet the clinical needs of participants as defined by their home country's health service.

### Aims

Upon satisfactory completion of the ICFP, the doctor will be **competent** to undertake comprehensive medical practice in their chosen specialty in a **professional** manner, in keeping with the needs of the healthcare system.

**Competencies**, at a level consistent with practice in the specialty, will include the following:

- Patient care that is appropriate, effective and compassionate dealing with health problems and health promotion.
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.
- Capability to be a scholar, contributing to development and research in the field of the chosen specialty.
- Professionalism.
- Ability to understand health care and identify and carry out system-based improvement of care.

### Professionalism

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 doctor 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

Prior to commencing their sponsored clinical placements, all participants will also be required to undergo the mandatory screening requirements of the relevant clinical site/service including occupational health assessment and Garda/Police clearance.

## Training Programme Duration & Organisation of Training

The period of clinical training that will be provided under the International Clinical Fellowship Programme (ICFP) for medical specialities is up to 3 years, after which the overseas doctors will be required to return to their country of origin. It should be noted that the standard programme length is two years and that to progress to the third year of training, trainees must hold the full MRCP/UK.

- Each ICFP is developed by the Royal College of Physicians of Ireland will be specifically designed so as to meet the training needs of participants to support the health service in their home country.
- All appointees to the ICFP will be assessed by the Royal College of Physicians of Ireland to ensure that they possess the necessary requirements from a training and clinical service perspective.
- Each overseas doctor participating in the ICFP will be enrolled with the Royal College of Physicians of Ireland and will be under the supervision of a consultant doctor who is registered on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council and who is an approved consultant trainer.
- Appointees to the ICFP will normally be registered on the Supervised Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland.
- Appointees will agree a training plan with their trainers at the beginning of each training year.
- For the duration of their International Medical Graduate (IMG) programme and associated clinical placements, all participants will remain directly employed and directly paid by their sponsoring state at a rate appropriate to their training level in Ireland and benchmarked against the salary scales applicable to NCHD's in Ireland;
- Successful completion of an ICFP will result in the participant being issued with a formal Certificate of completion for the Fellowship Programme by the Royal College of Physicians of Ireland. This Certificate will enable the participant's parent training body in their sponsoring home country to formally recognise and accredit their time spent training in Ireland.

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training. There will be posts in both general hospitals and teaching hospitals.

Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialist Director of the relevant medical speciality to be confirmed by the College. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop their sub-specialty interest.

### ePortfolio logbook

Each trainee is responsible for maintaining an up-to-date record of progress through training and compiling a portfolio of achievements for presentation at each annual assessment review. The trainee also has a duty to maximise opportunities to learn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum.

Up-to-date training records and an ePortfolio of achievements will be maintained by the trainee throughout. The training records will be countersigned as appropriate by the trainers to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the training plan. They will remain the property of the trainee and must be produced at their annual assessment review.

Trainees must co-operate with the College in completing their training plan.

It is in a trainee's own interest to maintain contact with the Royal College of Physicians of Ireland, and to respond promptly to all correspondence relating to training. At review, your ePortfolio will be examined.

**Review**

A consultant trainer/educational supervisor will be identified for each participant in the programme. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. Only departments approved for Training by the Royal College of Physicians of Ireland and its constituent training bodies will be used.

The training objectives to be secured should be agreed between each trainee and trainer at the commencement of each posting in the form of a written training plan. The trainer will be available throughout, as necessary, to supervise the training process. In each year trainees undergo a formal review by an appropriate panel. The panel will review in detail the training record, will explore with the trainee the range of experience and depth of understanding which has been achieved and consider individual trainer's reports. An opportunity is also given to the trainee to comment on the training being provided; identifying in confidence any deficiencies in relation to a particular post.

A quarterly and annual review of progress through training will be undertaken on behalf of the International Clinical Fellowship Programme (ICFP). These will include assessments and reports by educational supervisors, confirmation of achievements and the contents of the ePortfolio will be reviewed. At some or all of these annual reviews a non-specialty assessor will be present capable of addressing core competencies.

The award of a Certificate of completion will be determined by a satisfactory outcome after completion of the entire series of assessments.

## **Generic Components**

**This chapter covers the generic components which are relevant to international 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 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, families 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**

- 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
- RCPI HST Leadership in Clinical Practice
- RCPI Ethics programmes
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice
- Quality improvement methodology course - recommended

## 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
- 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
- Hospital policy/seeking guidance from occupational health professional regarding the need to stay off work/restrict duties when experiencing infections the onward transmission of which might impact on the health of others

### 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
- Collaborating with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- 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

**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): 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
- Personal Protective Equipment Training Course (In hospital)

## 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-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
- Understanding of own 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-maleficence 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 Ethics programmes
- Wellness Matters Course (Mandatory)
- RCPI HST 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
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient and encourage self-management

#### 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

#### 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 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
- 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
- Establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course (Year 1)
- Consultant feedback at annual assessment
  - Workplace based assessment e.g. Mini-CEX, DOPS, CBD
  - Educational supervisor’s reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- RCPI Ethics programmes
- RCPI HST Leadership in Clinical Practice Course

## 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

#### Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
  - Role of governance
  - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
  - Knowledge of how to prepare a budget
  - Defining value
  - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
  - How to manage staff training, development and education
- Managing performance
  - How to perform staff appraisal and deal effectively with poor staff performance
  - How to rewards and incentivise staff for quality and efficiency

#### Setting direction

- The external and internal drivers setting the context for change
- Knowledge of systems and resource management that guide service development
- How to make decisions using evidence-based medicine and performance measures
- How to evaluate the impact of change on health outcomes through ongoing service evaluation

**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
- Ability to manage resources and people
- Managing performance and performance indicators

**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**

- Mastering Communication course (Year 1)
- RCPI HST Leadership in Clinical Practice (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

## 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

- How to create a 'burning platform' and motivate other healthcare professionals to work together within quality improvement
- Knowledge of the wider healthcare system direction and how that may impact local organisations

### SKILLS

- Improvement approach to all problems or issues
- Engaging colleagues, patients and the wider system to identify issues and implement improvements
- Use of quality improvement methodologies, tools and techniques within every day practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging 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 HST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

## Scholarship

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

**Medical Council Domains of Good Professional Practice:** Scholarship

### KNOWLEDGE

#### Teaching, educational supervision and assessment

- Principles of adult learning, teaching and learning methods available and strategies
- Educational principles directing assessment methods including, formative vs. summative methods
- The value of regular appraisal / assessment in informing training process
- How to set effective educational objectives and map benefits to learner
- Design and delivery of an effective teaching event, both small and large group
- Use of appropriate technology / materials

#### Research, methodology and critical evaluation

- Designing and resourcing a research project
- Research methodology, valid statistical analysis, writing and publishing papers
- Ethical considerations and obtaining ethical approval
- Reviewing literature, framing questions, designing a project capable of providing an answer
- How to write results and conclusions, writing and/or presenting a paper
- How to present data in a clear, honest and critical fashion

#### 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
- The importance of re-audit

### SKILLS

- Bed-side undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

### ASSESSMENT & LEARNING METHODS

- Health Research (online) – An Introduction
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Performing audit (online) course –mandatory
- Health Research Methods for Clinicians - recommended

## 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
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC

#### The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

#### 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
- Knowledge of sources providing updates, literature reviews and digests

#### Delegation skills, empowerment and conflict management

- 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

### SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

**ASSESSMENT & LEARNING METHODS**

- Mastering Communication course
- Performing Audit online course
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

## 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 reference 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 e.g. driving

#### 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 taking

- 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
- Screening
- 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, stopping smoking, control of alcohol intake, exercise and nutrition
- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- 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
- Actively engaging with professional/representative/specialist bodies

#### **ASSESSMENT & LEARNING METHODS**

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Audit
- Medical Council Guide to Professional Conduct and Ethics

## 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
- ACLS 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 patients' 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/ACLS (or APLS for Paediatrics)
- 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) 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**

- ACLS course
- Record of on call experience
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback

## 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
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials
- Best practice in the pharmacological management of cancer pain
- The management of constipation in adult patients receiving palliative care

### SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- 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 (and carers) about important interactions and adverse drug effects including effects on driving
- 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
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in prescribing practice
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

## Specialty Section

**OVERVIEW:** This fellowship is designed to deal with medical problems in pregnancy, both those which predate the pregnancy and those which are diagnosed during pregnancy. Trainees should work alongside physicians to deepen understanding of the underlying medical condition. An emphasis is placed on physiological changes in pregnancy.

Specifically, once trained, trainees should:

- Work well as part of a multidisciplinary team
- Be clinically competent and confident in the management of common maternal diseases during pregnancy
- Be aware of their own clinical and professional limitations and comfortable with seeking advice from other specialists or professional groups
- Be conversant with sources of information about drugs used to treat medical conditions and their effects on the fetus or neonate
- Be familiar with radiological, haematological, biochemical and microbiological investigations and their correct interpretation in pregnant subjects
- Be able to undertake and use clinical audit
- Be able to write evidence based guidelines

The main focus of training will be in these pregnancy clinics; however, other adult medical clinics need to be attended.

A minimum of three sessions per week should be dedicated to this module, one of which should include in-patient management. The trainee should develop or update a medical/obstetric practice guideline and conduct or supervise a relevant audit.

## Hypertension

### Objectives:

- To be able to carry out appropriate assessment and management of women with chronic hypertension.
- To be able to carry out appropriate assessment and management of women with pregnancy induced hypertension, pre-eclampsia and associated complications

### Knowledge

#### Chronic hypertension (HT)/Pregnancy-induced hypertension/Pre-eclampsia

- Definition / diagnosis
  - measurement of BP in pregnancy (incl. validated devices)
  - impact of pregnancy on BP
  - superimposed pre-eclampsia (PE)
  - prevalence (primary & secondary causes)
- Pathophysiology
  - acute HT
  - chronic HT (including end organ damage)
- Management
  - screening for common causes secondary HT
  - pregnancy management (including fetal monitoring)
  - maternal and fetal risks
  - contraception
  - preconception counselling
- Pharmacology (incl. adverse effects)
  - anti-adrenergics (e.g. propranolol, labetalol, oxprenolol)
  - calcium channel blockers (e.g. nifedipine)
  - vasodilators e.g. hydralazine
  - ACE inhibitors (e.g. lisinopril)
- Outcome
  - long term cardiovascular risks

### Skills

- Take an appropriate medical history from a woman with pre-existing HT family history
  - secondary causes of chronic HT
  - complications of chronic HT
  - outcomes of previous pregnancies
  - drug therapy
- Perform an examination to screen for;
  - secondary causes of HT
  - complications of HT
- Manage a case of chronic HT including;
  - counsel regarding fetal and maternal risks (including long term health implications)
  - arrange appropriate investigations
  - institute / modify drug therapy
  - plan delivery / postnatal care
  - refer, where appropriate, for further assessment / treatment
  - plan re future pregnancy
- Ability to take an appropriate history & conduct an examination to screen for secondary causes and complications of chronic HT
  
- Ability to:
  - perform and interpret appropriate investigations

- formulate, implement and where appropriate modify a multi-disciplinary management plan
- manage antihypertensive drug therapy in antenatal & postnatal periods
- liaise with primary care & physicians in management of HT
- counsel women accordingly
  - - maternal and fetal risks
  - - safety of antihypertensive therapy
  - - contraception
  - - future pregnancies

### Assessment and Learning

- Attendance at:
  - maternal medicine clinic
  - HT clinic
- Attendance at sessions in:
  - obstetric anaesthesia
  - ITU / HDU

## Renal disease

**Objectives:** To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing renal disease & renal transplants

To be able to carry out appropriate assessment and management of women with pregnancy induced renal disease

### Knowledge

- Kidney in normal pregnancy
  - anatomical changes (incl. hydronephrosis)
  - functional changes
  - interpretation renal function tests
  - fluid and electrolyte balance
- Pre-existing renal disease [CRD] (reflux nephropathy, glomerulonephritis, polycystic kidney disease)
  - pathology
  - prevalence
  - pre-pregnancy assessment
  - pregnancy management
  - outcome (including genetic implications)
- Renal transplant recipients
  - pre-pregnancy assessment
  - diagnosis rejection
  - pregnancy management
  - long term considerations
  - pharmacology (including adverse effects)
  - cyclosporine, tacrolimus
  - azothiaprine
  - corticosteroids
- Acute renal failure (ARF) in pregnancy & puerperium
  - aetiology and diagnosis (incl. differential diagnosis abnormal renal function – see 1.18)
  - management and outcome
  - indications for and principles of renal support
- Urinary Tract infection
  - differential diagnosis proteinuria

### Skills

- Take an appropriate history from a woman with CRD
  - family history
  - complications of CRD
  - outcome of previous pregnancies
  - drug therapy
- Perform an examination to screen for complications of CRD
- Manage a case of CRD
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - institute/modify drug treatment
  - plan delivery and postnatal care
  - refer where appropriate, for further assessment / treatment
- Manage a case of renal transplant or ARF;
  - counsel regarding fetal and maternal risks
  - arrange and interpret appropriate investigations
  - refer for further assessment / treatment

- Ability to take an appropriate history and conduct an examination to assess a woman with CRD
- Ability to:
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a multi-disciplinary management plan
  - manage antihypertensive therapy in antenatal and postnatal periods
  - liaise with nephrologists and intensivists in management of acute and CRD
  - counsel women accordingly
    - maternal and fetal risks
    - inheritance
    - recurrence risks
    - contraception

### Assessment and learning

- Attendance at
  - renal medicine clinic
  - Attendance at sessions in ITU/HDU
- Developing evidence-based guidelines

## Cardiac disease

### Objectives:

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing cardiac disease
- To be able to carry out, under supervision, appropriate assessment and management of women with pregnancy induced cardiac disease

### Knowledge

- **Heart in normal pregnancy**
  - anatomical and functional changes (incl. differential diagnosis heart murmur)
  - ECG, echocardiography and assessment of cardiac function
- **Congenital heart disease (HD)**
  - classification (cyanotic and acyanotic) & risks
  - prevalence
  - functional impact of pregnancy
  - pre-pregnancy assessment, indications for TOP
  - pregnancy management (incl. prevention / management of endocarditis, thromboembolism, arrhythmias, cardiac failure)
  - maternal / fetal outcome (incl. genetic implications)
  - contraception
- **Acquired heart disease** (rheumatic HD, ischaemic HD, valve replacement, Marfan syndrome, arrhythmias)
  - functional impact of pregnancy
  - pre-pregnancy assessment
  - diagnosis (incl. differential diagnosis chest pain, palpitations pregnancy management (incl. management of CF)
  - Pharmacology (including adverse effects)
  - diuretics / antihypertensives
  - inotropes e.g. digoxin, ACEI
  - anti-arrhythmics (e.g. adenosine, mexiletine, lidocaine, procainamide)
  - anticoagulants (LMW heparin, warfarin)
- **Peripartum cardiomyopathy**
  - diagnosis (incl. differential diagnosis breathlessness)
  - management and outcome

### Skills

- Take an appropriate history, appropriately investigate and formulate list of differential diagnoses from a woman with cardiac disease
- Perform an examination to assess cardiac disease
- Manage a case of congenital and acquired HD in pregnancy
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - refer to cardiologists, haematologists, anaesthetists for further assessment / treatment
  - plan delivery and postnatal care in liaison with cardiologists, intensivists and anaesthetists
  - counsel re contraception & future pregnancies

### Assessment and learning

- Attendance at:
  - Adult cardiac clinic (1)

- Echocardiography session(s):
  - Adult (1)
  - Antenatal (4)
- Attendance at sessions in:
  - Obstetric anaesthesia
  - ITU/HDU

## Liver Disease

**Objectives:** To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing liver disease.

To be able to carry out appropriate assessment and management of women with pregnancy induced liver disease (obstetric cholestasis and acute fatty liver of pregnancy).

### Knowledge

- **Liver in normal pregnancy**
  - anatomical and functional changes
  - interpretation of liver function tests in pregnancy
- **Pre-existing liver disease**
  - pathology
  - functional impact of pregnancy
  - pregnancy management
  - maternal and fetal outcome
  - contraception
- **Obstetric cholestasis (OC)**
  - pathogenesis
  - prevalence
  - diagnosis (incl. differential diagnosis of itching & altered liver function)
  - pregnancy management (including fetal monitoring)
  - pharmacology (including adverse effects)
  - UDCA
  - Recurrence risks
- **Acute fatty liver of pregnancy (AFLP)**
  - diagnosis (incl. differential diagnosis of overlap syndromes e.g. PE )
  - management and outcome (incl. management of liver failure)
  - recurrence risks

### Skills

- Take an appropriate history from a woman with liver disease;
  - complications of liver disease
  - drug therapy
- Perform an examination to assess liver disease
- Manage a case of chronic liver disease in pregnancy
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - refer to hepatologists for further assessment / treatment
  - plan delivery and postnatal care in liaison with hepatologists
  - counsel re contraception
- Manage a case of OC & AFLP
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations & fetal monitoring
  - institute/modify drug treatment
  - refer where appropriate for further assessment / treatment
  - plan delivery and postnatal care
  - counsel re contraception
- Plan for future pregnancy
- Ability to take an appropriate history and conduct an examination to assess a woman with liver disease
- Ability to
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a multi-disciplinary management plan

- liaise with hepatologists where appropriate (e.g. chronic liver disease, AFLP)
- counsel women accordingly
  - maternal and fetal risks
  - inheritance
  - recurrence risks

**Assessment and learning**

- Attendance at hepatology clinic (Minimum of 2)



## Hepatitis

**Objective:** To be able to carry out appropriate assessment and management of women with hepatitis in pregnancy

### Knowledge

- **Virology / Epidemiology**
  - hepatitis A,B,C (HAV, HBV, HCV)
  - natural history / viral dynamics
  - pathophysiology acute / chronic hepatitis
  - mode / risk of transmission
  - epidemiology of infection in pregnancy
- **Screening / diagnosis**
  - differential diagnosis of jaundice / abnormal LFTs
  - rationale & organization of Hepatitis B (HbsAg) screening programme
  - laboratory tests
    - serology e.g. enzyme immunoassay (EIA)
    - diagnostic e.g. Western blot, PCR
  - risk groups for HCV
  - neonatal testing
- **Management**
  - supportive care
  - screening for coincident infection (HBC, HCV)
- **Prevention**
  - HAV / HBV vaccination in pregnancy
  - Prevention perinatal infection
    - HA immunoglobulin (IG)
    - HBIG and vaccination
  - Mode of delivery / breastfeeding
- **Outcome**
  - HBV/HCV -related disease (cirrhosis, hepatocellular carcinoma)
- **Pharmacology**
  - HAV vaccine, HAIG
  - HBV vaccine, HBIG

### Skills

- Take an appropriate history
- Perform an examination to assess jaundice
- Manage a case of HBV infection in pregnancy
  - arrange and interpret appropriate investigations
  - counsel regarding maternal and fetal risks, strategies to reduce mother-child transmission and management options
  - manage labour and delivery / CS
- Manage a case of HCV infection in pregnancy
  - arrange and interpret appropriate investigations in high risk cases
  - counsel regarding maternal and fetal risks, strategies to reduce mother-child transmission and management options
  - manage labour and delivery / CS
- Counsel regarding HAV and HBV vaccination in Pregnancy
- Ability to counsel women
  - before HBV/HCV screening test
  - after positive result
  - about HAV/HBV vaccination

- Ability to;
  - formulate, implement and where appropriate
  - modify a management plan in acute HAV infection
  - formulate, implement and where appropriate modify a management plan in a women with
  - HBV / HCV infection
  - liaise with hepatologists, virologists, neonatologists & GP
  - counsel HBV/HCV infected women and their partners accordingly
    - management options
    - risks of perinatal transmission and methods of prevention
    - long term outcome for mother and infant
- Ability to respect patient confidentiality

### **Assessment and learning**

- Attendance at sessions in
  - Virology (1)
  - Neonatology (1)
- Attendance at
  - Hepatology clinic (2)
  - MDT Obstetrics/Infectious diseases clinic

## Respiratory disease

### Objectives:

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing lung disease
- To be able to carry out appropriate assessment and management of women with asthma
- To be able to carry out, under supervision, appropriate assessment and management of women with other acute lung disease

### Knowledge

- **Lungs in normal pregnancy**
  - anatomical and functional changes
  - interpretation of chest X-ray and pulmonary function tests (incl. blood gases) in pregnancy
- **Pre-existing lung disease** (asthma, sarcoidosis, cystic fibrosis [CF], restrictive lung disease)
  - pathogenesis
  - prevalence
  - functional impact of pregnancy
  - pregnancy management
  - maternal and fetal outcome
- **Pharmacology (incl adverse effects)**
  - sympathomimetics (e.g. salbutamol, terbutaline)
  - theophyllines
  - disodium cromoglycate
  - corticosteroids

### Skills

- Take an appropriate history from a woman with lung disease;
  - lung function results
  - drug therapy
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a multi-disciplinary management plan
  - liaise with respiratory physicians / intensivists where appropriate (e.g. CF, ARDS)
  - counsel women accordingly
    - maternal and fetal risks
    - safety of asthma therapy in pregnancy
    - contraception
    - future pregnancies
- Manage a case of acute/chronic lung disease in pregnancy
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - institute/modify drug therapy
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment, treatment

### Assessment and learning

- Attendance at
  - chest clinic (1)
  - CF clinic (1)
  - Pulmonary function lab (1)
- Attendance at sessions in ITU/HDU

## Gastrointestinal disease

### Objectives:

- To be able to carry out appropriate assessment and management of women with pre-existing GI disease
- To be able to carry out appropriate assessment and management of women with pregnancy induced GI disease

### Knowledge

- **GI Tract in normal pregnancy**
  - anatomical and functional changes
- **Pre-existing GI disease** (ulcerative colitis, Crohn's disease, coeliac disease, irritable bowel syndrome)
  - pathogenesis
  - functional impact of pregnancy
  - pregnancy management
  - maternal and fetal outcome
  - pharmacology (incl. adverse effects)
    - sulphasalazine, 5-ASA
    - corticosteroids
    - bulking agents, lactulose
    - anti-spasmodics
- **Pregnancy-related GI disease** (hyperemesis gravidarum [HG], reflux oesophagitis, constipation)
  - pathogenesis
  - prevalence
  - diagnosis (incl. differential diagnosis of vomiting and role of endoscopy)
  - pregnancy management (incl. parenteral nutrition & steroids)
  - Pharmacology (incl. adverse effects)
    - anti-emetics e.g. cyclizine, metoclopramide,
    - antacids (e.g. magnesium trisilicate)
    - H2-receptor antagonists (e.g. ranitidine)

### Skills

- Take an appropriate history, examination and manage a case of chronic GI disease in pregnancy and pregnancy-induced GI disease
  - counsel re fetal & maternal risks
  - arrange and interpret appropriate investigations
  - institute/modify drug therapy
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment / treatment
- Manage a case of appendicitis in pregnancy
  - counsel re fetal & maternal risks
  - arrange and interpret appropriate investigations
  - refer, for further assessment / surgery
- Perform and interpret appropriate investigations, formulate list of differential diagnoses

### Assessment and learning

- Attendance at
  - GI clinic (Minimum of 1)
  - Developing evidence-based guidelines

## Diabetes and Endocrine

### Objectives:

- To be able to carry out appropriate assessment and management of women with pre-gestational and gestational diabetes and other endocrine disorders
- To be able to carry out, under supervision, appropriate assessment and management of women with pre-gestational diabetic complications and other endocrine disorders

### Knowledge

- **Glucose homeostasis and endocrine function (thyroid, pituitary and adrenal) in pregnancy**
- **Pre-existing diabetes**
  - pathogenesis & classification
  - prevalence
  - complications (metabolic, retinopathy, nephropathy, neuropathy, vascular disease)
  - pre-pregnancy assessment
  - functional impact of pregnancy in uncomplicated and complicated diabetes
  - pregnancy management
    - pre-pregnancy care
    - maternal monitoring (glycaemic control)
    - fetal monitoring
    - intrapartum care
    - maternal and fetal outcome (incl. fetal abnormality, macrosomia, FGR)
    - pharmacology (incl adverse effects)
      - insulin
      - oral hypoglycaemics (e.g. metformin)
    - contraception
- **Gestational diabetes (GDM)**
  - pathophysiology and diagnosis
  - prevalence
  - pregnancy management (incl. diet, insulin & oral hypoglycaemic agents)
  - maternal and fetal outcome
  - long term risks & management
  - contraception
- **Thyroid Disease**
  - Hypo- and hyper-thyroidism
  - Interpretation of TFTs
  - Medication (L-thyroxine , carbimazole PTU)
- **Pituitary and Adrenal diseases**
  - Pathophysiology (hyperprolactinaemia, Cushing's Syndrome, hypopituitarism, Addison's disease, Diabetes Insipidus)
  - Pharmacology
- **Pregnancy-related endocrine disease**
  - Pathophysiology (Post-partum thyroiditis, Diabetes Insipidus)
- **Outcome**
  - Pregnancy outcomes for above

**Skills**

- Take an appropriate history from a woman with pre-existing diabetes;
  - diabetic control
  - presence / severity of complications
  - drug therapy
- Perform an examination to screen for diabetic complications
- Manage a case of pre-gestational diabetes
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations and monitoring
  - institute/modify drug therapy (including management of hypoglycemia)
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment, treatment (e.g. in women with complications)
- Manage a case of GDM
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations & fetal monitoring
  - refer to dietician for further assessment
  - institute/modify drug therapy, where appropriate
  - plan delivery and postnatal care
- Manage cases of endocrine disorders (all listed)

**Assessment and learning**

- Attendance at
  - diabetic clinics (min 6 – 2 obstetric and 4 endocrine)
- Attendance at sessions in;
  - Neonates
  - ITU/HDU

## Neurological disease

### Objectives:

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing neurological disease
- To be able to carry out appropriate assessment and management of women with pregnancy-induced neurological disease
- To be able to carry out appropriate assessment and management of women with epilepsy and migraine

### Knowledge

- Neurological function in pregnancy
- Pre-existing neurological disease (epilepsy, migraine, multiple sclerosis, myasthenia gravis, myotonic dystrophy, idiopathic intracranial hypertension, previous CVA)
  - pathogenesis
  - prevalence
  - functional impact of pregnancy
- pregnancy management including;
  - pre-pregnancy care
  - prenatal diagnosis
  - peripartum care
  - maternal and fetal outcome
  - pharmacology (incl adverse effects)
    - phenytoin, valproic acid, carbamazepine, lamotrigine
    - propranolol, tricyclic antidepressants
    - acetazolamide
    - pyridostigmine
- contraception
- acute / pregnancy-induced neurological disease (neuropathies –Bell’s palsy, carpal tunnel syndrome)
  - Pathogenesis stroke (incl. cerebrovascular disease, cerebral venous thrombosis, SAH), neuropathies
  - diagnosis (incl. differential diagnosis headache, convulsions and altered consciousness & cerebral imaging, electrophysiology)
  - management (incl. corticosteroids)
  - maternal and fetal outcome

### Skills

- Take an appropriate history from a woman with neurological disease
  - previous / current therapy
  - previous procedures / operations
  - drug therapy
- Perform an examination in a woman with neurological disease.
- Manage a case of chronic neurological disease in pregnancy (including previous stroke)
  - counsel regarding fetal and maternal risks (including risks therapy)
  - arrange and interpret appropriate investigations
  - institute/modify drug therapy
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment, treatment
- Ability to take an appropriate history and conduct an examination to assess a woman with neurological disease
- Ability to
  - perform and interpret appropriate investigations

- formulate list of differential diagnoses
- formulate, implement and where appropriate modify a multi-disciplinary management plan
- liaise with neurologists, physiotherapists, intensivists where appropriate (e.g. CF, ARDS)
- counsel women accordingly
  - maternal and fetal risks
  - risks of anti-epileptic therapies
  - postnatal care
  - contraception
  - long term outcome

### **Assessment and learning**

- Attendance at
  - obstetric medicine clinic
  - neurology clinic (min 2; 1 Epilepsy, 1 general neurology)
- Attendance at sessions in ITU/HDU

## Connective tissue disease

### Objectives:

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing connective tissue disease (CTD)
- To be able to carry out appropriate assessment and management of women with pre-existing uncomplicated APS

### Knowledge

- Systemic lupus erythematosus (SLE) and antiphospholipid syndrome (APS)
  - pathogenesis
  - prevalence
  - diagnosis (incl. classification criteria [Sapporo, American Rheumatoid Association] , laboratory investigations)
  - functional impact of pregnancy
  - management incl;
    - pre-pregnancy care
    - maternal and fetal monitoring
    - maternal and fetal outcome
  - pharmacology (incl adverse effects)
    - corticosteroids, azothiaprine
    - aspirin, LMW heparin
    - contraception
  - outcome (incl. management of neonatal lupus)
- Other CTDs (incl. scleroderma, rheumatoid arthritis, mixed CTD)
  - pathogenesis
  - diagnosis
  - functional impact of pregnancy
  - Management incl;
    - pre-pregnancy care
    - maternal and fetal monitoring
    - maternal and fetal outcome
  - pharmacology (incl adverse effects)
    - aspirin, NSAIDs
    - corticosteroids
    - chloroquine, sulphasalazine, azothiaprine, penicillamine
  - contraception

### Skills

- Take an appropriate history from a woman with CTD
  - previous obstetric history
  - drug therapy
- Manage cases of SLE and APS in pregnancy;
  - counsel re fetal and maternal risks (incl. risks therapy)
  - arrange and interpret appropriate investigations (incl. fetal monitoring)
  - institute/modify drug therapy
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment, treatment
- Manage a case of other CTD in pregnancy
  - counsel re fetal and maternal risks (incl. risks therapy)
  - arrange and interpret appropriate investigations (incl. fetal monitoring)
  - plan delivery and postnatal care
  - refer, where appropriate, for further
- Ability to take an appropriate history and conduct an examination to assess a woman with neurological disease
- Ability to:

- perform and interpret appropriate investigations
- formulate list of differential diagnoses
- formulate, implement and where appropriate modify a multi-disciplinary management plan
- liaise with immunologists, physicians, physiotherapists, s where appropriate
- counsel women accordingly
  - maternal and fetal risks
  - contraception
  - long term outcome
  - future pregnancies

### **Assessment and learning**

- Obstetric Medical Clinic

## Haematological disease/Thromboembolic disease

### Objectives:

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing haematological disease
- To be able to carry out appropriate assessment and management of women with pregnancy-induced haematological disease

### Knowledge

- Haematological function in pregnancy
  - red cell / plasma volume changes during pregnancy
  - changes in coagulation system during pregnancy
  - interpretation of haematological / clotting tests
- Anaemia
  - pathogenesis (iron, folate & vitamin B12 deficiency)
  - prevalence
  - diagnosis
  - maternal and fetal outcome
  - pharmacology (including adverse effects)
    - iron (oral & parenteral), folic acid, vitamin B12
- Haemoglobinopathies (Sickle cell & Thalassemia syndromes)
  - genetic basis and pathogenesis
  - prevalence
  - prenatal diagnosis, fetal monitoring
  - functional impact of pregnancy
  - maternal and fetal outcome
  - management (incl. vaso-occlusive crisis in SCD, haematinic & transfusion therapy)
- Thrombocytopenia
  - prevalence
  - diagnosis (incl. differential diagnosis thrombocytopenia)
  - pathogenesis (incl. ITP, HUS and TTP)
  - maternal and fetal outcome
  - management (incl. role of splenectomy)
  - pharmacology (including adverse effects)
    - corticosteroids, azathiaprine
    - iv immunoglobulin G
- Congenital coagulation disorders
  - genetic basis / pathogenesis vWD, haemophilia
  - prevalence
  - prenatal diagnosis
  - diagnosis / maternal monitoring (clotting factor levels / vWF antigen activity, vWF:RCo)
  - maternal and fetal outcome
  - management (including pre-pregnancy counselling and intrapartum care)
  - pharmacology (including adverse effects)
    - DDAVP
    - Recombinant and plasma derived factor concentrate
- Disseminated intravascular coagulation [DIC]
  - aetiology and pathogenesis
  - diagnosis
  - management
    - resuscitation with volume replacement
    - platelet, fresh frozen plasma

- Thromboembolic disease
  - VTE
    - Pathogenesis
    - Manifestations
    - Diagnosis
    - Prophylaxis/treatment
    - Pharmacology
    - Outcome
    - Family planning
  - Thrombophilia
    - Congenital and acquired
    - Diagnosis
    - Management

### Skills

- Take an appropriate history from a woman with haematological disease.
  - diagnosis
  - drug therapy
- Perform an examination to assess anaemia / thrombocytopenia/VTE
- Manage a case of anaemia during pregnancy;
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - institute/modify drug therapy (incl. where appropriate parenteral iron, blood transfusion)
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment / treatment
- Manage cases of sickle cell and thalassaemia syndromes;
  - counsel regarding fetal and maternal risks / prenatal diagnosis
  - arrange and interpret appropriate investigations (including fetal monitoring in SCD)
  - institute/modify therapy (incl. vaso-occlusive crisis in SCD, blood transfusion)
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment / treatment
- Manage a case of immune thrombocytopenic purpura in pregnancy
  - counsel re fetal and maternal risks
  - arrange and interpret appropriate investigations
  - institute/modify therapy
  - plan delivery and postnatal care
  - refer, where appropriate, for further assessment / treatment
- Manage a case of VTE in pregnancy
- Manage a case of thrombophilia
- Ability to take an appropriate history and conduct an examination to assess a woman with haematological disease
- Ability to:
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a multi-disciplinary management plan
  - liaise with haematologists, geneticists where appropriate
  - counsel women accordingly
    - maternal and fetal risks
    - prenatal diagnosis
    - contraception
    - long term outcome
    - future pregnancies
- Manage a case of congenital coagulation disorder in pregnancy
  - counsel re fetal and maternal risks / prenatal diagnosis
  - arrange and interpret appropriate investigations
  - institute/modify therapy

- plan delivery and postnatal care
- refer, where appropriate, for further assessment / treatment
- Manage a case of DIC in pregnancy
  - identify and treat underlying cause
  - arrange and interpret appropriate investigations
  - institute/modify resuscitative and replacement therapy

**Assessment and learning**

- Attendance at:
  - haematology clinic/ obstetric medicine

## **Skin disease**

**Objectives:**

- To be able to carry out, under supervision, appropriate assessment and management of women with pre-existing skin disease
- To be able to carry out appropriate assessment and management of women with pregnancy-induced skin disease

**Knowledge**

- **Physiological skin changes of pregnancy**
  - Skin changes
  - Nail / hair changes
- **Pre-existing skin disease** (eczema, psoriasis, acne)
  - pathogenesis
  - prevalence
  - functional impact of pregnancy
  - pregnancy / postnatal management
  - pharmacology (including adverse effects)
    - emollients
    - topical corticosteroids
    - topical benzoyl peroxide
- **Pregnancy-induced skin disease** (pemphigoid gestationis, polymorphic eruption of pregnancy [PEP], prurigo of pregnancy, pruritic folliculitis of pregnancy)
  - pathogenesis
  - prevalence
  - diagnosis (incl. skin histological and immunofluorescent findings)
  - maternal and fetal outcome
  - management (including plasmapheresis, immunosuppressants)
  - pharmacology (including adverse effects)
    - topical / systemic corticosteroids
    - antihistamines (e.g. diphenhydramine)
  - recurrence risks

**Skills**

- Take an appropriate history from a woman with skin disease
  - diagnosis
  - drug therapy
- Perform an examination in a woman with skin disease.
- Manage a case of chronic skin disease in pregnancy
  - arrange and interpret appropriate investigations
  - institute/modify drug therapy
  - refer, where appropriate, for further assessment, treatment
- Manage a case of pregnancy-induced skin disease
  - arrange and interpret appropriate maternal & fetal investigations
  - counsel re maternal and fetal risks
  - institute/modify drug therapy
  - plan pregnancy, delivery and postnatal care
  - refer for further assessment / treatment
- Ability to take an appropriate history and conduct an examination to assess a woman with skin disease
- Ability to:
  - perform and interpret appropriate investigations
  - formulate list of differential diagnoses
  - formulate, implement and where appropriate modify a management plan
  - liaise with dermatologists appropriate
  - counsel women accordingly
    - maternal and fetal risks
    - safety of topical therapies in pregnancy

- recurrence risks

### **Assessment and learning**

- Attendance at
  - Obstetric Medicine Clinic

## Medical disorders on the labour ward

**Objectives:** To be able carry out appropriate intrapartum and immediate postpartum assessment and management of women with medical disorders

### Knowledge

- Pathophysiology
  - Including the effect of labour and delivery on the following diseases;
    - diabetes
    - cardiac/respiratory abnormalities
    - haemoglobinopathies
    - thrombotic / haemostatic abnormalities
    - epilepsy
    - severe pre-eclampsia / eclampsia
    - renal disease
    - hypertension
    - HIV / sepsis
- Management
  - maternal monitoring
  - blood glucose
  - respiratory function (incl. respiratory rate, SaO<sub>2</sub>, , blood gases)
  - cardiovascular function (incl. blood pressure, heart rate, cardiac output)
  - renal function (incl. urine output, creatinine)
  - analgesia and anesthesia
- Pharmacology
  - effects of drugs used to treat above conditions on course and outcome of labour
  - effects of drugs used in management of labour (e.g. oxytocin, syntometrine) on above conditions
  - effects of analgesics and anaesthetics on the above conditions

### Skills

- Take and appropriate history and perform an examination to assess medical disorder
- Manage a woman with a medical disorder in labour incl. ;
  - monitor blood glucose and maintain euglycaemia using intravenous glucose and insulin
  - monitor cardiorespiratory function and maintain oxygenation and cardiac output
  - monitor abnormal blood clotting and respond accordingly, including therapeutic intervention
  - monitor blood pressure and, where appropriate, treat hypertension (see 1.1)
  - monitor renal function and respond where appropriate by adjusting fluid balance or with drugs
  - use anticonvulsants effectively
- Manage a case of sickle cell disease during labour:
  - counsel regarding management and risks
  - optimize hydration, oxygenation, analgesia
  - manage sickle crisis (incl. fluids, oxygen, antibiotics and analgesics)
- Manage a case of HIV in labour:
  - plan mode of delivery
  - institute iv zidovudine therapy
- Ability to take an appropriate history and conduct an appropriate examination in a woman with a medical disorder
- Ability to:
  - formulate, implement and where appropriate modify a medical management plan for labour and delivery
  - liaise with physicians, anaesthetists, neonatologists
  - counsel women and their partners accordingly

- management options in labour
- risks of medical therapies

### **Assessment and learning**

- Attendance at;
  - Medical clinics
- Mini-CEX
- Case-based discussion

## Addiction in Pregnancy

**Objectives:** To reach a diagnosis and institute management of women presenting with addiction in pregnancy

### Knowledge

- Pharmacology
  - Methadone
  - Heroin
  - Cocaine
  - C<sub>2</sub>H<sub>5</sub>OH
  - Benzodiazapines
- Manage
  - Stabilisation and Management
  - Concurrent ID issues
- Liaise with MDT

### Assessment and learning

- Attend obstetric addiction clinic
- Attend addiction clinic sessions

## 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 speciality coordinator

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Section 1 - Training Plan</b>				
<b>Personal Goals Plan</b> (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Programme	Personal Goals Form
<b>On Call Rota</b>	Required	1	Training Programme	Clinical Activities
<b>Section 2 - Training Activities</b>				
<b>Maternal Medicine sessions (min 3 per week) to include:</b>				Clinical Activities
Minimum of 1 in-patient management session per week	Required	40	Training Programme	
<b>Clinic attendance</b>				Clinical Activities
Maternal medicine clinic	Required	40	Training Programme	
Haematology (inc. bleeding disorders clinic and thrombosis clinic)	Required	2	Training Programme	
Hypertension clinic	Required	4	Training Programme	
Renal Medicine clinic	Required	4	Training Programme	
Adult cardiac clinic	Required	4	Training Programme	
Echocardiogram clinics to include:			Training Programme	
Adult	Required	1	Training Programme	
Antenatal	Required	4	Training Programme	
Hepatology clinic	Required	2	Training Programme	
Virology clinic	Required	1	Training Programme	
Neonatal clinic	Required	1	Training Programme	
Chest clinic	Required	1	Training Programme	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Cystic Fibrosis clinic	Required	1	Training Programme	
Pulmonary function lab	Required	1	Training Programme	
Microbiology lab	Required	1	Training Programme	
Radiology session	Required	1	Training Programme	
General psychiatric clinic or perinatal mental health clinic	Required	1	Training Programme	
GI clinic	Required	1	Training Programme	
<b>Ward Rounds</b>			Training Programme	Ward Rounds
Obstetric anaesthesia	Required	10	Training Programme	
ICU/HDU (min of one calendar week)	Required	20	Training Programme	
Psychiatric MDT	Required	1	Training Programme	
<b>Section 3 - Educational Activities</b>				
<b>Mandatory Courses</b>				Course Attendance
Ethics Foundation	Required	1	Training Programme	
Ethics for Obstetrics and Gynaecology	Required	1	Training Programme	
An Introduction to Health Research	Required	1	Training Programme	
HST Leadership in Clinical Practice	Required	1	Training Programme	
Mastering Communications	Required	1	Training Programme	
O&G Practical Scenarios Modules	Required	1	Training Programme	
Performing Audit	Required	1	Training Programme	
Wellness Matters	Required	1	Training Programme	
Basic Practical Skills	Required	1	Training Programme	
<b>Non – Mandatory Courses</b>	Desirable	1	Training Programme	Course Attendance
<b>Study Days</b>	Required	3	Training Programme	Study Day Attendance
<b>Attendance at In-House Activities</b>				Attendance at Hospital Based Learning
Journal Club	Required	10	Training Programme	
MDT Meetings	Required	10	Training Programme	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Delivery of Teaching</b>				Delivery of Teaching
Lecture/tutorial	Required	5	Training Programme	
Bedside Teaching/Teaching Ward Rounds	Required	5	Training Programme	
<b>Research</b>	Required	1	Training Programme	Research Activities
<b>Audit Activities</b> (either start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1	Training Programme	Audit and QI
<b>Publications</b>	Desirable	1	Training Programme	Additional Professional Experience
<b>Presentations During Training</b>	Required	1	Year of Training	Additional Professional Experience
<b>Additional Qualifications</b>	Desirable	1	Training Programme	Additional Professional Experience
<b>Section 4 - Assessments</b>				
<b>CBD</b>	Required	1	Year of Training	CBD
<b>Mini-CEX</b>	Required	2	Year of Training	Mini-CEX
<b>Quarterly Assessments/End of Post Assessments</b>	Required	4	Year of Training	Quarterly Assessment / End of Post
<b>End of Year Evaluation</b>	Required	1	Year of Training	End of Year Evaluation

