



## FACULTY OF PAEDIATRICS

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

INTERNATIONAL CLINICAL FELLOWSHIP TRAINING IN

# PAEDIATRICS



**This curriculum of training in General Paediatrics was developed in 2018 and undergoes an annual review by Dr Joanne Beamish and the Education Department. The curriculum is approved by the by the Paediatric Specialist Training Committee and the Faculty of Paediatrics**

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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.

- 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 HST trainees within the Faculty of Paediatrics 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 HST 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 children and their family 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**

- 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, parents and guardians
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions and use age appropriate language.
- How to empower the patient, and/or parent, 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 children and their guardians 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

#### 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
- 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 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/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) 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
- 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
- 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 children receiving palliative care

### SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for children and pregnant adolescent
- 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
- 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

### Community Child Health

Objective: **To have knowledge and skill to address the case areas of Social Paediatrics.**

**To become competent in addressing (i) the needs of the disadvantaged child, (ii) Health promotion/education, (iii) immigration, (iv) child abuse and child protection, (v) fostering and adoption, (vi) epidemiology and (vii) accidents and poisoning.**

#### KNOWLEDGE

Knowledge of:

- The disadvantaged child
- Health promotion/education
- Immunisation
- Behavioural Paediatrics
- Basic principles of child public health

#### SKILLS

- Work as part of a MDT team in management of these issues
- Recognise different temperamental characteristics in children and advise parents appropriately
- Recognise the nature and severity of behavioural difficulties in the context of developmental stage and social context
- Offer advice on behavioural difficulties to parents and young people
- Involve colleagues for behavioural difficulties, taking into account the possible complications of coexisting conditions
- Help families recognise the impairment resulting from medically unexplained symptoms and help them engage with HSE Child and Adolescent Mental Health Services for a range of treatment inputs

### Neurodisability

#### KNOWLEDGE

- Understanding of the broad range of causes of disability
- Understand the aetiology and prevalence of disability, including sensory impairment, in the population, how prevalence is monitored and the use of population registers
- How to manage the ongoing difficulties of children with neurological, neurodisabling conditions and sensory impairment as part of a MDT, recognizing the limits of own expertise and seeking expert advice
- How information systems can be used to manage individual cases of childhood disability and to collect population data on disability
- Understand the basics of seating and equipment for children with disabling conditions
- Recognize the breadth of presentations of children with developmental, neurological and sensory disorders
- Know and be able to recognise the early signs of common complications, associated medical conditions and mental health problems in children with neurodisabling conditions
- Be able to distinguish simple developmental delay from developmental disorders and be aware of the cases which require specific or multi-disciplinary input and refer appropriately
- Recognise when children's levels of cognitive functioning fall outside the broadly normal range for age
- Be able to identify infants and children at risk of sensory impairment and be able to recognise when that impairment might contribute to developmental difficulties and refer appropriately

#### SKILLS

- Appropriately use neuro-diagnostic tools to appropriately recognize symptoms and signs of serious and life-threatening neurological disorders
- Manage common seizure disorders within national guidelines

- Perform an accurate assessment of neuro-developmental status at all ages
- Examine the nervous system of a newborn baby, child and young person and interpret the findings
- Use a range of communication skills with disabled children, their families and other professionals
- Assess, investigate and diagnose a broad range of developmental, visual and hearing disorders, explain the outcome and management plan to parents, care-givers and young people
- Assess and diagnose all main syndromes and behavioural phenotypes at all ages and stages of development
- Prescribe and monitor therapy for the common neurological and developmental disorders, recognizing the limits of own expertise and seeking expert advice appropriately
- Work with other services such as child protection, education, services for looked after children and adult services to support and manage the disabled child advocate for disabled children and their families
- Manage medical problems and secondary complications in children with disabilities in conjunction with other paediatric and specialist colleagues
- Liaise with the neonatal team and provide timely support and assessment for those at risk of developing problems and requiring follow-up and those with serious congenital abnormalities
- Recognise the features of common chromosome or genetic disorders, malformation or deformation syndromes, investigate and identify associated anomalies in conjunction with specialist colleagues

#### Visual Impairment

##### **KNOWLEDGE**

- Recognise when a child with other disabilities may have a visual impairment
- Know how to investigate and refer appropriately
- Understand the implications of nystagmus, refer appropriately for further visual and/or neurological assessment and be able to provide paediatric input to management
- Be able to differentiate between, and understand the management of, paralytic and nonparalytic squint, refer appropriately and explain this to parents

##### **SKILLS**

- Take and interpret a history for a child with suspected visual impairment including family history, developmental history and possible causes
- Assess a child with suspected visual impairment, undertake and interpret a range of visual tests
- Recognise congenital cataract, corneal opacities, eye tumours and retinal infections and refer urgently for further management

#### Hearing Impairment

##### **KNOWLEDGE**

- Screening methods and referral pathways for suspected hearing loss
- Risk factors, common and preventable causes hearing impairment
- Understand the effect of hearing loss on the child and family and how this may affect emotional development, social relationships and leisure activities
- The principles of management of hearing loss, including hearing aids, cochlear implantation and communication needs
- Specific developmental patterns that occur in the child with hearing impairment
- Recognize and interpret abnormal hearing behaviour

##### **SKILLS**

- Be able to recognise when a child with other disabilities may have a hearing impairment and be able to investigate and refer appropriately
- Recognise common conditions including otitis externa, otitis media with effusion, acute otitis media, perforation
- Take and interpret a history for a child with suspected hearing impairment including family history, developmental history and possible causes

- Assess a child with suspected hearing impairment, undertake and interpret a range of hearing tests

**Child abuse****KNOWLEDGE**

- Knowledge of forensic medicine, especially in relation to sexual abuse
- Sexually transmitted diseases: investigation and treatment
- Strategies and agencies available to help children and families cope with child abuse
- Appreciation of normal and abnormal genital findings
- Competence in writing a child protection reports for police and case conferences: legal proceeding
- Attend and participate at child protection case conferences
- Develop understanding of the multifaceted team that may be involved
- Be aware of the importance of accurate assessments
- Knowledge of induced illness

**Child protection and children in care of the state**

- Consent and parental responsibility in relation to child protection examinations and the health needs of children in care and the relevance of the child's care status
- The paediatrician's role and how fits in with those of other agencies in the management of children in need and those in need of protection and ensure suitable follow up
- Know how to assess and support the needs of children in families where there are child protection concerns
- Know the appropriate investigations and management of physical injuries in relation to abuse including use of radiology, medical photography and forensic tests and the limitation of these
- Be aware it is impossible to date bruises accurately
- Recognise that frequent attendance at the Emergency Department may be a presentation of child abuse and neglect
- Know that behaviour changes can be a presentation of emotional abuse or neglect
- Apply 'Assessment Framework' in relation to children in need and the factors contributing to the three main components: a child's developmental needs, family and environmental factors, parenting capacity
- Know about forensic assessment in relation to child abuse and understand the importance of a chain of evidence
- Know how a forensic medical examination is performed and how this complements the role of the paediatrician
- Know that sexual abuse forms part of the differential diagnosis of vaginal or rectal bleeding and vaginal discharge
- Know when an expert genital examination is needed
- Know about emergency contraception and how this can be accessed
- Be able to recognise fabricated and induced illness including the significance of repeated or bizarre physical symptoms, and be able to take appropriate action and know when and where to access help

**SKILLS**

- Conduct an assessment for physical abuse
- Assess injuries in relation to history, developmental stage and ability of the child
- Recognise when additional expert advice is needed, for example radiology, orthopaedics, neurology, ophthalmology
- Recognise fabricated or induced illness including the significance of repeated or bizarre physical symptoms and be able to take appropriate action and be able to access help at an appropriate time
- Instigate appropriate investigations and to initiate and contribute to multi-agency involvement in all forms of abuse
- Take part in and understand the importance of peer review in relation to all forms of abuse examinations and investigations
- Provide the medical opinion to case conferences and strategy meetings
- Be able to write a child protection report



**ASSESSMENT & LEARNING METHODS**

- Child Protection course
- Relevant Study Days
- Case discussions with trainer e.g. Vaccinations (Controversies)
- DOPs: Developmental Assessment
- Report writing course (Optional)
- Research Skills course (Optional)

## Developmental Paediatrics

**Objective: The trainee must be competent in addressing the issues of (i) genetics and congenital defects and (ii) neurological and developmental disorders, genetics and congenital defects (errors of morphogenesis).**

**Objective: The trainee should be able to undertake a comprehensive genetic history, inclusive of laboratory testing and dysmorphic database searching.**

### KNOWLEDGE

- Diagnosis
- Parental Diagnosis
- Management of common genetic disorders
  - Importance of liaison with the National Genetic Service

**NB:** Relevant disorders are covered in other parts of this curriculum notably, learning difficulties and metabolic disorders.

### SKILLS

- Assess the dysmorphic child
- Arrange appropriate investigations (e.g. photography, chromosomal analysis, skeletal x-rays, renal/cardiac scans, DNA studies as appropriate).
- Understand the ethical difficulties involved in the testing of children for late onset diseases (e.g. Huntington's disease, adult polycystic kidney disease), and for carrier detection (e.g. cystic fibrosis, balanced translocations)

### ASSESSMENT & LEARNING METHODS

- General Paediatrics clinics
- Developmental clinics
- Case Based discussions
- Relevant Study Days

## Neurological and Development Disorders

**Objective:** The trainee must be competent in addressing the core components of paediatric developmental and neurology disorders as outlined below.

### KNOWLEDGE

#### General

- Diagnostic methods including the appropriate use of neuroradiology and other screening modalities
- Therapy and the multidisciplinary approach
- Normal variations in motor development
- Abnormal patterns of movement
- Clumsy children
- The ataxic child
- Diagnosis, investigation and management of Cerebral Palsy
  - Early diagnosis of cerebral palsy
  - Rational investigation of cerebral palsy
  - Differential diagnosis of cerebral palsy
- Seizures – aetiology, classification, differential diagnosis, investigation and management
- Hypotonia
- Acute encephalopathies and traumatic brain injury
- Neuro degenerative disorders and investigation of developmental regression
- Neuro-cutaneous disorders
- Common congenital malformations of the central nervous system

#### Speech and language

- Knowledge of the role of the speech and language therapist
- Knowledge of speech and language disorders and dysphasia

#### Developmental paediatrics

- Understand the common causes and the patterns of disability and the ability to assess disability including cognitive function
- Knowledge of behavioural and psychological problems and initial approach including knowledge of autism, ADHD and learning disabilities

### SKILLS

- Detailed developmental and neurological assessment
- Acute management of neurological emergencies in childhood
- Paediatric assessment of the child with hearing and/or vision impairment
- Multidisciplinary team working
- Investigations and assessment of the child with regression in abilities
- Neurological examination of the new born
- Neurological examination of the child

### ASSESSMENT & LEARNING METHODS

- **Childhood Development Disorders course (Optional)**
- Evidence of attendance at joint assessments and MDT meetings
- Mini-CEX: Developmental assessment and neurological assessment
- Relevant Case Based Discussion

## **Nutrition and Metabolic Disease**

**Objective:** The trainee must be competent in addressing the core component of nutrition and metabolic disorders and inborn errors of metabolism

### **KNOWLEDGE**

- Knowledge of alternative routes of feeding
- Understanding of measurement of body composition
- Nutrient turnover: obligatory nutrient losses
- Advise on health eating for normal children, including minority groups
- Knowledge of an appropriate diet for children with specific diseases
- Advise on specific short-term nutritional problems
- Prescribe parenteral nutrition
- Detailed parenteral nutrition for specific disorders e.g. burns, renal failure
- PEGs
- Appreciate lifelong impact of a diagnosis of metabolic disease

### **SKILLS**

- Care of PEGs
- Assessment of nutritional status and obesity

### **ASSESSMENT & LEARNING METHODS**

- Clinics
- Relevant Study Days
- Relevant Case Based Discussions

## Acute Paediatric Care

Objectives: **The trainee must be competent in addressing the principles of acute care.**

### KNOWLEDGE

- Principles of emergency care including APLS and the management of common major paediatric emergencies including DKA and sepsis
- Recognition and management of non-accidental injury
- Resuscitation: recognition of threat to life and limb
- Assessment and initial management of the seriously injured child
- Organisation of safe transport
- Paediatrician's role in major incident planning

### SKILLS

- APLS
- Assessment and management of the child in acute care
- Multidisciplinary team working
- Child protection

### ASSESSMENT & LEARNING METHODS

- APLS
- Relevant Case Based Discussions
- Exposure to Acute Paediatric Care e.g. Emergency department experience on call

## Subspecialty Requirements

## Cardiovascular System

**Objective:** Trainees must be competent in addressing the core competencies of the cardiovascular system.

### KNOWLEDGE

- Duct dependent lesions: use of prostaglandins
- Basic knowledge of indications for cardiac surgery and interventional cardiac catheterisation: pre and post-operative care in conjunction with the specialist
- Awareness of when to refer for specialist cardiological assessment and treatment

### SKILLS

- Clinical skills:
  - Recognition and management of cyanotic spells in tetralogy of Fallot
  - Diagnosis and emergency treatment of cardiac arrhythmias
  - Emergency treatment of acute hypertension
- Technical skills:
  - Perform and interpret ECGs

### ASSESSMENT & LEARNING METHODS

- Assessment and management of paediatric cardiology patients when on call
- Case based discussion
- Attendance at cardiology outpatient clinics (optional)

## Dermatology

**Objective:** Trainees must be competent in addressing the core competencies of dermatology.

### KNOWLEDGE

- A working knowledge of diagnosis and treatment of common skin disorders i.e. eczema, psoriasis, acne, naevi, warts, infections and infestations
- Diagnosis and treatment of atopic eczema
- A basic knowledge of uncommon but important skin disorders
- Diagnosis and treatment of paediatric dermatology emergencies i.e. staphylococcal scalded skin syndrome, eczema herpeticum, Steven Johnson syndrome, toxic epidermal necrolysis, graft versus host disease, Kawasaki disease, epidermolysis bullosa
- Principles of allergy
- Skin infections in the immuno-compromised host
- Haemangiomas and vascular malformations
- Viral exanthems
- Cutaneous drug reactions
- Cutaneous manifestations of systemic disease i.e. lupus, dermatomyositis, localised scleroderma, histiocytosis, erythema nodosum, Henoch Schonlein purpura

### SKILLS

- Correct technique for examination of the skin and mucous membranes of infants and older children with attention to primary and secondary skin lesions
- Interpretation of microbiology results, specific IgE tests (RAST) and skin prick testing
- Technique of viral and bacterial skin swabs

### ASSESSMENT & LEARNING METHODS

- Assessment and management of Dermatology patients admitted under general paediatric team on call
- Case based discussion
- Attendance at dermatology outpatient clinics (Optional)



## Endocrinology, Diabetes and Growth

**Objective:** Trainees must be competent in addressing the core competencies of endocrinology, diabetes and growth.

### KNOWLEDGE

#### General endocrinology

- Knowledge of common disorders and their appropriate investigation and management
- Pharmacology of commonly-used agents e.g. insulin, steroids, thyroxine, HGH, DDAVP

#### Diabetes

- Epidemiology, aetiology, pathophysiology, diagnosis and management of IDDM including commonly used insulin regimens and management of diabetic ketoacidosis, hyperglycaemia, and hypoglycaemia
- Abnormal growth: short stature, growth delay, excessive growth including initial diagnostic tests

#### Related metabolic diseases

- Metabolic bone disease and calcium disorders
- Lipid biochemistry, lipid disorders, genetic diagnosis and clinical management
- Differential diagnosis of polyuria/polydipsia
- Diagnosis and management of hypoglycaemia
- Obesity: causes, long term complications and management

#### Laboratory assessment of endocrinology

- Importance of sample collection: liaison with specialist laboratories
- Knowledge of protocol for sample collection, storage and transportation
- Appreciation of importance of liaison skills with laboratories

### SKILLS

- Recognise, initiate diagnostic tests and outline management of:
  - Hypo and hyperthyroidism
  - Congenital adrenal hyperplasia (adrenal crisis)
  - Early and late sexual development
  - Ambiguous genitalia
  - Hypoglycaemia
- How to conduct an anthropometric assessment

### ASSESSMENT & LEARNING METHODS

- Assessment and management of patients admitted under general paediatric team on call
- Case based discussion
- Attendance at dermatology outpatient clinics (Optional)

## **Gastroenterology, Hepatic and Biliary Systems**

**Objective:** Trainees must be competent in addressing the core competencies of gastrointestinal, hepatic and biliary systems.

### **KNOWLEDGE**

- Common gastrointestinal problems, especially chronic inflammatory bowel disease, chronic under-nutrition and failure to thrive, infections of the gastrointestinal tract and liver, gastrointestinal food allergy
- Assessment of feeding and nutrition in children enterally and via parenteral routes
- Knowledge of when to refer for specialist advice and management including specialised investigation

### **SKILLS**

- Assess, diagnose, investigate and manage the child with GI problems both in the acute setting and in outpatient clinics

### **ASSESSMENT & LEARNING METHODS**

- Relevant Study Days
- Case Based Discussions
- Management of children admitted with gastro -intestinal presentations within the general paediatric team and liaison with the GI team
- Gastroenterology Clinics

## Nephro-urology

**Objective:** Trainees must be competent in addressing the core competencies of the nephro-urology system.

### KNOWLEDGE

- Ability to diagnose and manage common nephrology and urology presentation ,in consultation with nephrologists and surgical colleague, including:
  - Urinary tract infection and pyelonephritis
  - Dysfunctional voiding
  - Nocturnal enuresis
  - Vesicoureteric junction and pelviureteric junction obstruction.
  - Duplex systems
  - Ureterocele
  - Posterior urethral valves
- The diagnosis and management of:
  - Glomerular disease
  - Nephrotic syndrome
  - Hypertension
  - Tubular and metabolic dysfunction
  - Acute kidney injury (AKI)
  - Chronic kidney disease (CKD)

### SKILLS

- Clinical skills:
  - Appropriately refer for specialist advice and management including specialised investigations e.g. urodynamic studies and dialysis
- Technical skills:
  - Use of the various forms of enuresis alarms
  - Appropriately collect a urine sample and analyse using dipstick technique

### ASSESSMENT & LEARNING METHODS

- Relevant Case Based Discussions
- Nephro-urology clinics (Optional)

## Haematology and Oncology

**Objective:** Trainees must be competent in addressing the core competencies of haematology and oncology.

### KNOWLEDGE

- The assessment and management of anaemias and bleeding disorders in children
- Childhood cancers

### General oncology

### SKILLS

- Interpretation of basic blood results of diagnosis of anaemias and coagulation disorders
- The appropriate use of blood and blood products
- Documentation requirements for and risks of blood transfusion including blood transfusion reactions
- Investigations and management of suspected childhood cancers
- Appropriate referral to paediatric oncology services

### ASSESSMENT & LEARNING METHODS

- Assessment and management of patients admitted under general paediatric team on call
- Case based discussion
- Attendance at Haematology and Oncology outpatient clinics (Optional)

**Inborn errors of metabolism**

**Objective:** Trainees must be competent in addressing the core competencies of metabolism.

**KNOWLEDGE**

- Normal physiology and biochemistry, including:
  - Fluid and electrolyte balance, acid base regulation and calcium metabolism
- Initial clinical presentation, immediate investigations and management in conjunction with the regional specialist of children presenting with inborn errors of metabolism

**SKILLS**

- Appropriate diagnosis, investigation and management of metabolic disorders

**ASSESSMENT & LEARNING METHODS**

- Relevant Study Days
- Case Based Discussions

## Musculoskeletal System

**Objective:** Trainees must be competent in addressing the core competencies of musculoskeletal system.

### KNOWLEDGE

- Knowledge of the common conditions affecting the musculoskeletal system in children; initial approach to examination and investigation

### SKILLS

- Perform a clinical examination of a child with suspected rheumatological or musculoskeletal disorder
- Multidisciplinary team working

### ASSESSMENT & LEARNING METHODS

- Case based discussion
- Rheumatology clinic

**Palliative Care**

**Objective:** Trainees must be competent in addressing the core competencies of palliative care

**KNOWLEDGE**

- The principles of analgesia and other symptom control
- Resources for the support of families at home
- Awareness of the role offered by hospice care
- Knowledge of the end of life decision making process
- The role of the palliative care team in the management of children with life limiting conditions

**SKILLS**

- Provide symptom management
- Liaise with appropriate specialists

**ASSESSMENT & LEARNING METHODS**

- Relevant Study Days
- Case Based Discussions

## Respiratory Disorders

**Objective:** Trainees must be competent in addressing the core competencies of respiratory disorders.

### KNOWLEDGE

- Investigation of children with abnormal respiratory signs and symptoms, e.g. recurrent cough, persistent wheeze
- Initial management of acute respiratory failure
- Investigation and management of common acute and chronic respiratory conditions
- Management of the child with acute and chronic asthma including escalation of treatment
- Ability to address environmental management and smoking cessation
- Knowledge of screening and diagnosis of cystic fibrosis and the management including the role of the multidisciplinary team
- Chronic lung disease

### SKILLS

- Recognition of acute and chronic respiratory conditions
- Assessment of upper airway problems including aspiration and organising safe transfer
- Interpretation of common changes on chest x ray
- Management of children requiring escalation of respiratory support with appropriate referral to PICU

### ASSESSMENT & LEARNING METHODS

- Case Based Discussions
- Management of children admitted under the general paediatric team with respiratory presentations
- Respiratory Clinics (Optional)



## Infectious disease and Immunology

**Objective:** Trainees must be competent in addressing the core competencies of infectious diseases

### KNOWLEDGE

#### Infectious Diseases

- Pathogenesis of infection and infectious injury including:
  - Bacterial (especially septicaemia, septic shock and toxic shock syndromes)
  - Viral (including postviral complications e.g. encephalomyelitis)
- Therapeutics in infectious disease including:
  - Use of antimicrobials both therapeutically and prophylactically
- Infection control:
  - Hospital:
    - Prevention of nosocomial infection e.g. MRSA
    - Handling of biohazardous specimens
  - Community:
    - Notification programmes, disease surveillance
    - Preventative measures, e.g. contact tracing, outbreak control
- Epidemiology – changing profile of individual infectious diseases nationally and worldwide
- Understand classification of immunodeficiencies and be able to investigate appropriately
- Understand the pathophysiology and the principles of treatment of allergic and auto-immune disorders

### SKILLS

- Investigation and management of fever of unknown origin, recurrent infections and anaphylaxis.

### ASSESSMENT & LEARNING METHODS

- Relevant Study Days
- Case Based Discussions
- Management of children admitted under the general paediatric team with Infectious disease and Immunology presentations

Infectious disease and Immunology Clinics (Optional)

## 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 Post	Personal Goals Form
<b>On Call Rota</b>	Required	1	Training Post	Clinical Activities
<b>Section 2 - Training Activities</b>				
<b>Outpatient Clinics</b>				Clinical Activities
General Paediatrics (minimum 1 per week)	Required	40	Year of Training	
Specialty Clinics	Required	10	Year of Training	
Developmental Clinics (Community paediatrics)	Required	12	Training Programme	
<b>Ward Rounds/Consultations</b>				Clinical Activities
Consultant led (minimum 1 per week)	Required	40	Year of Training	
Fellow led (1 per week)	Required	40	Year of Training	
Consultations	Required	10	Year of Training	
<b>Emergencies/Complicated Cases</b>	Desirable	10	Year of Training	Cases
<b>Procedures/Practical Skills/Surgical Skills in older infants and children</b>				Procedures, Skills & DOPS
Intraosseous Access/Transfusion	Desirable	2	Training Programme	
Nasojejunal tube placement	Required	2	Training Programme	
Lumbar Puncture	Required	10	Training Programme	
Venepuncture, IV Line Placement	Required	20	Training Programme	
<b>Record of Community Child Health Experience</b>	Required	1	Training Programme	Clinical and Other Liaisons

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Additional/Special Experience Gained</b> (sub-specialty experience)	Desirable	1	Training Programme	Cases
<b>Relatively Unusual Cases</b>	Desirable	5	Training Programme	Cases
<b>ICU</b>	Desirable	10	Training Programme	Cases
<b>Chronic Cases/Long term care</b>	Desirable	10	Training Programme	Cases
<b>Subspecialty Requirement:</b> Per subspecialty, record consultations you have seen and the outcome. Record 4 different subspecialties per year.	Required	4	Year of Training	Cases
Attend 1 clinic from each subspecialty and desirable to have attended 6 subspecialty clinics	Required	6	Year of Training	Clinical Activities
<b>Section 3 - Educational Activities</b>				
<b>Mandatory Courses</b>				Course Attendance
APLS	Required	1	Training Programme	
HST Leadership in Clinical Practice (Year 3+)	Required	1	Training Programme	
Mastering Communications (Year 1)	Required	1	Training Programme	
Performing Audit (Year 1)	Required	1	Training Programme	
HST Leadership in Clinical Practice (Year 3+)	Required	1	Training Programme	
<b>Non – Mandatory Courses</b>				Course Attendance
Childhood Development Disorders	Desirable	1	Training Programme	
Child Protection Course	Desirable	1	Training Programme	
Ethics Foundation	Desirable	1	Training Programme	
Ethics for Paediatrics	Desirable	1	Training Programme	
Health Research – an Introduction	Desirable	1	Training Programme	
Informing families of their child's disability (online)	Desirable	1	Training Programme	
NRP Neonatal Resuscitation Course	Desirable	1	Training Programme	
STABLE	Desirable	1	Training Programme	
Other	Desirable	1	Training Programme	
<b>Study days</b> (attend minimum of 6 per year)	Required	6	Year of Training	Study Day Attendance
<b>In-house activity attendance</b>				Attendance at Hospital

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
				Based Learning
Grand Rounds (minimum 1 per month)	Required	10	Year of Training	
Journal Clubs (minimum 1 per month)	Required	10	Training Programme	
Radiology conferences (minimum 1 per month)	Required	10	Training Programme	
MDT meetings (minimum 1 per month)	Required	10	Training Programme	
<b>Examinations</b>	Desirable	1	Training Programme	Examinations
<b>Delivery of Formal Teaching</b> (minimum of 1 formal teaching session per month)				Delivery of Teaching
Tutorial	Required	4	Year of Training	
Bedside teaching	Required	4	Year of Training	
<b>Research</b>	Desirable	1	Training Programme	Research Activities
<b>Audit Activities and Reporting</b> (1 per year either to start or complete, Quality Improvement (QI) project can be uploaded against audit)	Required	1	Year of Training	Audit & QI
<b>Publications</b>	Desirable	1	Year of Training	Additional Professional Experience
<b>Presentations</b> (minimum of 1 oral or poster presentation per year)	Required	1	Year of Training	Additional Professional Experience
<b>National/International meetings</b> (minimum attend 1 per year)	Required	1	Year of Training	Additional Professional Experience
<b>Additional Qualifications</b>	Desirable	1	Training Programme	Additional Professional Experience
<b>Committee Attendance</b>	Desirable	1	Training Programme	Additional Professional Experience
<b>Section 4 - Assessments</b>				
<b>DOPS</b>				Procedures, Skills & DOPS
Developmental assessment of a child over one-year old	Required	1	Training Programme	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Developmental assessment of a child under one-year	Required	1	Training Programme	
Intraosseous Access/Transfusion	Desirable	1	Training Programme	
Lumbar Puncture	Required	1	Training Programme	
Nasojejunal Tube Placement	Desirable	1	Training Programme	
Venepuncture, IV Line Placement	Required	1	Training Programme	
Child protection assessment	Desirable	1	Training Programme	
<b>CBD</b> (minimum 4 per year)	Required	4	Year of Training	Case Based Discussion
<b>Mini-CEX</b> (At least two Mini-CEX assessments)	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 Form
<b>End of year Assessment</b>	Required	1	Year of Training	End of Year Assessment Form