FACULTY OF PAEDIATRICS

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

BASIC SPECIALIST TRAINING IN PAEDIATRICS

This curriculum of training in Paediatrics was developed in 2010 and undergoes an annual review by Prof. Alf Nicholson, Associate Dean (Paediatrics) for Basic Specialty Training, Dr. Ann O'Shaughnessy; Head of Education and Professional Development and by the Faculty of Paediatrics. The curriculum was approved by the Faculty of Paediatrics.

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Introduction

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

Completion of BST is an essential step for a career in Paediatrics and entry into higher specialist training. This curriculum is aimed at SHOs in training and their supervising trainers and comprehensively outlines the knowledge, skills and attitudes that should be developed during the period of BST.

BST key elements:

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

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

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

Most SHOs will the sit the MRCPI Medicine in Childhood examination of the RCPI. It should be noted that this curriculum is not a syllabus for this examination but it will provide guidance for the knowledge required to take the examination.

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Overview of Curriculum

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

The curriculum is laid out in four sections:

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

- The second section, *Teaching, Learning and Assessment Methods,* describes the different methods of assessing trainees' progress through the BST programme. It is important for trainees to understand the role of the BST logbook and to be familiar with the methods of assessment they will encounter on the BST programme.

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

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

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

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

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

At the end of the second year, trainees should be competent to start a programme of further specialist training. They must pass the MRCPI (or UK) in General Medicine or Medicine of Childhood if they wish to be eligible for a Specialist Registrar Post in most of the medical specialties.

Basic Specialist Training: Requirements and Policies

Overview of Basic Specialist Training in Paediatrics

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

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

BST must be done in posts that have been approved for training by RCPI.

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

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

Requirements for Basic Specialist Training in Paediatrics

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

- Register on the BST programme. Entry to the programme is in July or January on an annual basis, unless otherwise agreed with the relevant programme director and the Associate Dean of BST.
- Complete 24 months of training in SHO posts that have been approved for BST.
- Complete a minimum of 18 months in Irish posts. 6 months credit can be sought for overseas experience in General Paediatrics. This accreditation must be sought prospectively (before entering the post) and is provisionally approved at the discretion of the BST Committee.
- A minimum of six months must be spent in posts approved for General Paediatrics
- Six months must be spent in posts approved for pure Neonatology
- Experience in Community Paediatrics, Paediatric Emergency medicine or another paediatric subspecialty (i.e. Cardiology, Gastroenterology etc.) may be included. Not more than 6 months may be spent in any one of these specialties.
- Not more that 6 months may be spent in any one SHO post.
- On-call commitments must equal, on average over two years, 30 acute assessments and/or admissions, excluding outpatient clinics. Overnight commitments must, on average over two years, be equivalent to a 1:10 rota

- Be certified in Advanced Paediatric Life Support and Neonatal Resuscitation

- Complete RCPI mandatory courses
- Four Paediatric BST Study Days are held each year, and trainees are required to attend six out of eight study days over the course of BST

- Maintain an up-to-date and correctly completed BST Logbook as evidence of satisfactory completion of training.

- Attend annual reviews

- Recommended: Undertake, on average over two years, one hour of undergraduate or intern teaching per week

- Recommended: Dedicate at least one hour per week to research, audit or presentations

- Complete at least two satisfactory Mini-CExs per year

Applications for Certificates of Completion are submitted for formal approval at one of the BST Committee Meetings held in January, March, May, September, and November of each year.

Entry Requirements

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

Basic Specialist Training Agreement

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

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

Training Environment

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

Acceptance and Rejection of SHO Rotations

(Before entry to the BST programme)

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

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

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

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

Point Of Entry to the Programme and Completion Dates

Point of entry: Trainees can enter the BST Programme twice a year – In July or January.

Points of entry at other times of the year will only be allowed in exceptional circumstances, and at the discretion of the programme director and with the prior agreement of the Associate Dean of BST. The exact start and end dates for individual posts will be in accordance with the trainee's NCHD contract of employment.

Completion Date: In the majority of cases, a trainee's point of entry to the BST programme will determine their expected completion date. The expected BST completion date is two years following entry to the programme, i.e. end of June or December.

Completion dates may change under the following circumstances:

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

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

Overseas Training Credit

In some instances, the Associate Dean may agree to prospectively approve six months of training in a recognised overseas zone (see below).

This approval must be sought prospectively and is dependent on satisfactory evidence that the post(s) to be occupied overseas are equivalent in structure and content to an approved post in Ireland, in the same specialty.

If six months overseas credit is agreed, the trainee will be required to register on the BST programme.

While training overseas, the trainee will be required to maintain their BST logbook and arrange regular appraisals with their supervising consultant.

On return to Ireland, the trainee will be expected to complete BST in approved posts, attend outstanding mandatory courses and attend an annual review.

Recognised zones:

- EU – Posts Approved by the recognised training body in that country
- UK – Posts Approved by The Royal College of Physicians
- Australia and New Zealand – Posts Approved by The Royal Australasian College of Physicians
- US – ACGME Approved Residency Programmes
- Canada – Posts Approved by The Royal College of Physicians and Surgeons of Canada

Leave

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

Special Leave (Other than study and annual leave):

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

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

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

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

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

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

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

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

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

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

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

Completion of BST: Four-Year Rule

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

Withdrawal from Programme

(Withdrawal after commencing BST programme)

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

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

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

Supervising Consultants

Every BST post has at least one named Supervising Consultant, whose duties include:

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

BST Logbook

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

The BST logbook is evidence of satisfactory completion of training and is therefore essential supporting documentation for the issue of a BST Certificate of Completion.

The BST logbook contains separate forms for recording information about each aspect of BST.

The MRCPI Examination

Trainees must pass the MRCPI (or UK) in Medicine of Childhood if they wish to be eligible for a Specialist Registrar Post in Paediatrics. Part 1 may be taken 18 months after graduation and Part 2 upon successful completion of Part 1.

Part 1 consists of paper 1A and 1B with 69 questions each, 12 EMQ, 33 BOM and 24 MTF.

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

Candidates must have completed at least twelve months post registration work in Paediatrics by the date of the examination. For more information see college website: www.rcpi.ie

Certificate of Completion

Trainees must submit an application for a certificate of completion of BST within 6 months of completing the programme.

To apply for this certificate, trainees are required to:

1. Submit completed BST Logbooks within 6 months of completing BST
2. Submit a certified copy of their most recent APLS and NRP certificates within 6 months of completing BST
3. Complete all mandatory courses

Formal approval of an application for a Certificate of Completion of BST is based on a review of the above documentation at a BST Committee Meeting. Trainees have the opportunity to submit an application for at least three BST Committee meetings after completing BST. Trainees should submit their application no later than one week in advance of these meetings. After a period of six months (or three BST Committee meetings), a late certification fee will apply.

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

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

Applicants should note that provisional approval alone does not count as an application for a Certificate of Completion; only applications with a full set of supporting documents will be considered for formal approval.

Teaching, Learning and Assessment Methods

Teaching, Learning and Assessment Methods

This section relates to the competencies that are required for BST and the methods of assessment used to evaluate competency.

During BST trainees will be assessed by methods such as Mini-CEx, DOPS, and Case Based Discussion. It is important to be familiar with these methods of assessment.

BST Logbook – A Record of Training

The BST logbook is a valuable document, as it tracks trainees' progress through BST and contains evidence of competencies that have been achieved by the trainee and signed off by trainers. A properly completed logbook testifies that training objectives have been attained and that the required standard of performance was achieved.

The information that must be recorded in the BST logbook, to confirm progress through the programme includes:

- Details of the post(s) occupied, the personal goals plan agreed with each supervising consultant, numbers of procedures performed.
- Confirmation of attendance at events in the educational programme, at meetings, conferences and other educational activities.
- Confirmation (certificates) of attendance at courses
- Evidence of regular contact with trainers, i.e. end-of-post appraisals
- Copies/examples of material prepared for presentation, e.g. for case studies, topic reviews.
- Educational supervisor's reports on **observed** performance in the workplace, i.e. results of the short form of clinical evaluation exercise (*Mini-CEx*); observation and appraisal of the performance of a procedure (*DOPS*); and reasoning involved in the management of a problem faced by a trainee (*Case-Based Discussion - CBD*).

Assessment of Competencies

The competencies to be acquired during BST are listed within the Generic and Specialty sections of this curriculum.

Competencies should be assessed on a regular basis during BST and must be documented in the BST logbook. Progress through BST is confirmed by entries in the logbook that have been verified by the trainee's educational supervisors.

Evidence of satisfactory completion of other components of the curriculum (e.g. certificates of attendance at courses) must be filed in the logbook and will be checked at the annual review.

At the end of each post, the supervising consultant appraisal form in the logbook must be completed and signed by the supervising consultant. The form should be completed following an appraisal with the trainee, based on the consultant's assessment of practical procedures and other duties performed by the trainee. The standard of case notes, correspondence and other written material can also be the subject of the appraisal, as well as the trainee's enthusiasm, judgement, team working skills or professionalism.

Other methods of appraisal include the short form of clinical evaluation exercise (Mini-CEx), observation and appraisal of the performance of a procedure (Direct Observation of Procedure Skills DOPS) and discussion of the (clinical) reasoning involved in the management of a problem faced by a trainee (Case-Based Discussion, CBD).

The results of any tests of knowledge taken, e.g. MRCPI, MCQs or problem-solving tests, including self-administered tests, should be filed in the logbook.

Learning Methods

This section lists the different learning methods that trainees use to acquire competencies on the BST programme.

Experiential:

- Working under supervision
- Documenting/reporting progress (*case notes*), preparing summaries (*discharge notes*) other professional correspondence; communicating information to patients/to other health professionals.

Self-directed learning:

- Curriculum-based personal study, e.g. textbooks, journals, literature search, retrieval of web-based information, e-learning and assessment.
- Information gathering and evaluation
- Tests of knowledge - MRCPI Part I and II

Group learning:

- Workplace discussions
- Multidisciplinary meetings
- Meetings within the workplace

Performance based:

- Observing, learning, assisting and performing a technique or practical procedure.

Learning through teaching and research:

- Undergraduate teaching
- Presenting at meetings
- Publication

External Courses:

- Attending mandatory and non-mandatory courses
- Attendance at seminars and relevant conferences

Reflection:

- In your logbook there is an area to record reflections on training, learning, clinical events and career discussions. In recent years the importance of reflecting as part of the learning process on what you are doing has been shown to improve professional practice. Reflection on what you know and don't know helps to understand that learning is individual and reflection of professional activities can be used to highlight your strengths, weaknesses and areas for development.

Assessment Methods

Mini-CEx

Definition: Mini-CEx (Mini Clinical Assessment Exercise) is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter.

Description: The mini-CEx is a “snapshot” of a doctor/patient interaction and is based on a 15-minute observation of a single interaction. It is designed to assess the clinical skills and behaviors of trainees, assessing such skills as history taking, physical examination skills, clinical judgement, professionalism, organisation/efficiency and overall clinical care. Not all elements will be assessed on each occasion. Immediate feedback should be provided after each encounter by the observer assessing the trainee.

Frequency of assessment: At least two mini-CEx assessments should take place in each year of training. Where appropriate, one should be based in an outpatient setting and one in an acute setting. The assessments include assessment of skills in history taking, physical examination, appropriate use of investigations, cost-effectiveness, interpretation of investigations, making medical notes, making a diagnosis, treatment and management of disease and appropriate referral to other specialities and standards of care.

Competencies assessed:

- Consideration/professionalism: Recognises/accepts patient’s rights (to consent, confidentiality, information). Establishes trust, shows professional approach.
- Communication: Informs, explains, advises using appropriate language. Obtains consent, enlists patient’s co-operation.
- Interviewing Skills: Active listening, facilitating relevance; effectively using questions, responding to non-verbal clues.
- Examination Skills: Prepares patient, minimises discomfort/unease. Proceeds logically, efficiently, thoroughly and completely.
- Judgement: Correctly identifies/lists problems, prioritises actions in realistic and timely schedule.

Opportunities for assessment: The assessment should take place in the usual place of work (inpatient, clinic, office or department) where the assessor must directly **observe** the trainee’s performance. The assessor can be a senior SpR or Consultant.

DOPS

Definition: Directly Observed Procedural Skills (DOPS) is a method, similar to the mini-CEX that has been designed specifically for the assessment of practical skills. DOPS assess the capabilities of a trainee while they perform a procedure.

Description: The DOPS is a structured assessment of actual performance. Each DOPS should represent a different procedure. The trainee chooses the timing, procedure and observer.

Frequency of Assessments: The number and frequency of assessments of procedural skills will vary from specialty to specialty.

Competencies assessed:

- Understanding of Procedure:
    - Relevant anatomy; purpose, indications, contra-indications; outcomes, risks, complications; choice of methods available, technique of procedure.
- Consideration for the Patient:
    - Gives reassurance, minimises discomfort, explains procedure fully; confirms informed consent obtained.
- Preparation:
    - First re-checks all relevant details correct. Safety check; instrumentation, equipment (drugs); positioning; cleansing/aseptic technique; sedation, analgesia, anaesthesia confirmed.
- Professional/technical ability:
    - Dexterity, accuracy, efficiency; obtains, interprets diagnostic material/information; informs, directs staff courteously; recognises own limitations; seeks help where appropriate; manages risk.
- Post-Procedure:
    - Completes documentation; regulates recovery phase, observations; anticipates/deals with complications. Informs/counsels patient/relatives.
- Overall ability to perform Procedure:
    - Ability to complete/undertake procedure; technical abilities as demonstrated; appropriately confident, team/ leadership skills.

Opportunities for assessment: While supervising, assisting, observing actual performance in appropriate setting (office, theatre, day procedure, ICU etc.). The assessment should be made under appropriate conditions e.g. with all equipment and personnel necessary to support the procedure. The assessor can be a senior SpR or Consultant.

Case Based Discussion (CBD)

Definition: Case-based discussion (CBD) is for documenting conversations about, and presentations of, cases by trainees. This activity happens throughout training, but is rarely conducted in a way that provides systematic assessment and structured feedback. CBD is used to evaluate core skills that can be demonstrated during an interactive discussion, based on a single case in which the trainee has been actively involved.

Description: CBD is designed to assess clinical decision-making and the application of medical knowledge in relation to patient care for which the trainee has been directly responsible. It also provides for a discussion about the ethical and legal framework of practice, and allows trainees to explain why they acted as they did. Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the assessor can also evaluate the record keeping in that instance. The case for discussion can either be selected by the trainee or chosen by the assessor. The assessment is based on an oral discussion and the written information available. It includes the trainee and trainer's critical appraisal of the reasoning and judgements made, and of the management of the case. Whenever possible, the assessment should include issues such as disease notification, health promotion and screening.

Frequency of Assessment: This method of assessment has not been validated yet; however it is a very useful method and can be easily incorporated into journal clubs, post-graduate teaching sessions or on-line etc.

Competencies assessed:

- **Problem Definition:**
  - All relevant facts established, from current/previous history, investigations, interventions; reports, correspondence reviewed.
- **Record Keeping**:
  - Legible, tidy, timely, legally defensible records.
- **Reasoning:**
  - Appropriately selected, sequenced investigations; procedures planned. Evidence-based, logical judgements made; (differential) diagnosis established; action plan made with realistic goals.
- **Case Management**:
  - Effective, safe (responsible) prescribing; aware of protocols/guidelines, best practice; monitoring progress, handling complications/mistakes; timely, appropriate referrals, case closure.
- **Reflective Practice:**
  - Shows analytical, constructive approach to case, willingness to learn; acknowledges and prepared to consider other management options; aware of change, possible advances, when to seek help.

Opportunities for assessment: The presentation should take place in a suitable environment, with due consideration given to the patient's sensitivities and confidentiality, e.g. in any ward or clinical setting; an office, side- or seminar-room may be found convenient. Case presentations and discussions, e.g. at handover, ward-rounds (inter-) departmental meeting. The assessor can be a senior SpR or Consultant.

Mandatory Training Courses

The following courses are mandatory for BST in Paediatrics:

Professional Development Programme & Communication Skills:
The Professional Development Programme is an intensive three-day course covering the following topics:

- Personal Effectiveness
- Communication
- Working with a Team and Effective Communication
- Understanding the Health Service, Clinical Teaching
  The trainee must also complete online modules in patient safety and teaching skills to receive a certificate for the professional development programme.

Ethics, Safe Prescribing and Transfusion:

Ethics: Ethics is an online module covering health care ethics and health care law, issues at beginning of life, end of life including death/dying and resuscitation and consent, both clinical and research.

Safe Prescribing Skills: This online module is designed for first year trainees and is intended to improve their competencies in the safe and effective use of medications.

Transfusion Course: E-learning course. See BST training site.

Case Study Workshop: On completion of the ethics, safe prescribing and transfusion course trainees must attend a one day workshop which will discuss case studies in all three areas.
Child Protection Course: Educational programme for doctors in training on recognition and response in child protection

Paediatric Study Days: There are four BST Paediatric Study Days held each year. Trainees must attend at least six of these study days over the two-year period.

Infection Control: Can be part of hospital induction day – proof of attendance required.

Advanced Paediatric Life Support (APLS): Mandatory to be certified in APLS for employment

Neonatal Resuscitation Programme (NRP): Mandatory to be certified in NRP for employment

A number of non-mandatory, educational courses such as Research Skills, MedicALS and Immunology are also listed in this curriculum. For further information on these courses please see the College website: www.rcpi.ie.

Trainees are expected to complete their mandatory courses while currently enrolled on the BST programme. They will not be eligible for a Certificate of Completion of Basic Specialist Training unless they have completed all mandatory courses as outlined in their specialty curriculum.

On completion of the programme, if a trainee has one or more mandatory courses still to complete, he/she must do attend these courses within six months of their completion date. After six months, late attendance fees will apply per course.

If a trainee is offered a place on a Higher Specialist Training programme, he/she may not enter the HST programme unless they have fulfilled all requirements for certification of BST, including completion of mandatory courses.

Therefore, a trainee's entry to HST may be delayed or deferred if he/she has outstanding mandatory courses to attend on completion of the BST programme.

Annual Reviews

All trainees in Paediatrics are required to attend a 15-minute review in the College each year.

Annual reviews are held to ensure that trainees are completing all aspects of BST as expected and that they have been keeping their logbook updated. It is also an opportunity for trainees to provide feedback on their training posts. These reviews are mandatory, however trainees are not graded on performance at the review.

During assessment, a form summarising the trainee's progress to date is completed. The trainee should retain a copy of this form for their records.

Trainees are required to bring their logbook to their review, at which it is checked by a consultant to make sure that the different sections have been kept satisfactorily up to date.

Failure to attend

If a trainee is unable to attend their annual review, they must inform the BST office as soon as possible and arrange to attend their annual review at a time and location to be agreed by the Associate Dean.

Generic Curriculum

This section lists the generic skills applicable to trainees on BST programmes in every specialty.

Communication Skills

Objective: *To be able to communicate effectively with patients, their relatives and with professional colleagues in different situations.*

Knowledge

Within a consultation

- How to structure an interview to obtain/convey information; how to use/choose appropriate language
- Knowledge of procedures/investigations available
- Able to communicate essential information
- Considerate, shows respect for other's culture, opinions, patient's right to be informed, make choices

In difficult circumstances

- Understands potential areas for difficulty "awkward situations", knows when to seek assistance
- Knows how to deal with challenging or aggressive behavior
- Appropriately uses assistant, interpreter, chaperone, relatives

With professional colleagues and others

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

In maintaining continuity of care

- Understands the relevance to outcome of continuity of care, within and between phases of healthcare management
- The importance of completion of tasks and documentation e.g. before handover (to another team, department, specialty), of identifying outstanding issues, uncertainties
- Maintains legible records, is available, contactable, time-conscious, sets (and attempts to reach) realistic objectives, identifies/prioritises outstanding problems.
- Alert to avoid potential confusion or misunderstanding through communications failure

Giving explanations

- The importance of possessing the full facts
- Understand how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention. Risk of information overload.
- Need to interpret results, significance of findings, diagnosis, to explain objectives, limitations, risks of treatment, in terms and by means adjusted to recipients' ability to comprehend.

- Uses language, literature (leaflets) diagrams, educational aids and resources appropriately.
- Able to achieve level of understanding necessary to achieve co-operation (compliance, informed choice, acceptance of opinion, advice, recommendation)
- Prepared to discuss, repeat information, resolve uncertainty, confusion, respond to questioning, challenge

Responding to complaints

- Value of hearing and dealing with complaints promptly
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Able to establish facts, identify issues and respond quickly and appropriately to a complaint received.
- Accepts responsibility, involves others, consults appropriately
- Open, prepared to accept criticism, acknowledge shortcomings where they exist, offer an apology

Skills

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

Assessment & Learning Methods

- Professional Development Programme
- Professional Development & Communications Course
- Mini-CEX
- Consultant/Trainer feedback at annual review
- Presentations

Professional Behaviour

Objective: *To have the knowledge, skills and attitudes to act in a professional manner at all times and in partnership with patients and colleagues.*

Knowledge

Relationships with patients

- Communicating with patients in a clear way and making decisions that respect the patient's autonomy
- Know patients' rights, e.g. to be informed sufficiently to enable them to be involved in decisions about their treatment and care
- How to deal with inappropriate behaviour, e.g. aggression, threats, violence, harassment, racism
- Knowledge of the cultural background and beliefs of the patient and its relevance to their care
- Ensure confidentiality, respects privacy
- Non-judgemental in approaching patient's perceived problems

Working with colleagues

- Know the potential roles and contributions of other specialists – medical, surgical, general practitioners and of other hospital or community-based agencies *e.g. social services, also patient support groups and other providers of care.*
- How to arrange cover, safeguarding the handover process, know where responsibility begins and ends, when and where to seek advice
- Aware of the extent and limitations of own areas of practice/expertise; recognises and respects others' inputs, capabilities; is able to work co-operatively with other health professionals; refers appropriately.
- Realistically schedule and completes tasks and provides full documentation for handover, referral; strives to maintain continuity and standard of care
- Conscientious, reliable, responsible and professional at all times, considerate, shows respect for opinions of others, values good advice, accepts constructive criticism.

Legal and ethical issues

- Understands correct procedures for obtaining consent (for treatment, investigations, procedures, research project, post mortem).
- Understands issues surrounding confidentiality, disclosure/release of information; discovery (FOI) of records. Legal and ethical issues in context of resuscitation, organ donation/transplantation.

Team working and leadership

- How teams work.
- Positively contributes to multidisciplinary team working
- Co-operates as team player; respects the contributions, expertise of others
- Adopting a holistic approach to patient care
- Principles of Audit and self-assessment

Stress, personal health

- Know how stress can affect performance, how to reduce stress and develop coping mechanisms to deal with pressure. When to enlist support.
- Understand the relevance of personal health to performance at work: the risks of self-medication, potential for drug and alcohol abuse: know that support is available from Occupational Health Services.
- Able to recognise, cope with stress; asks for help when necessary, is aware of responsibility (*to others*) of having health problems dealt with
- Appreciates that own physical and mental health takes priority over work.

Skills

- Problem management and the ability to prioritise different problems within a specific timeframe
- Honesty and compassion in dealing with all problems of medical practice
- Multidisciplinary team working – relate appropriately to colleagues including nurses and professions allied to medicine
- Sensitivity in performing internal examinations
- Ethical issues
- Stress management – recognition of stress in self and others and how to deal with stress
- To react appropriately if a colleague's performance gives cause for concern
- Recognition of personal limitations with an ability to seek advice and assistance appropriately

Assessment & Learning Methods

- Ethics programme
- Consultant feedback at annual review
- Professional Development Programme

Maintaining Good Practice

Objective: *To adopt the habits of lifelong learning, and to appreciate the practices of clinical governance.*

Knowledge

Lifelong learning

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

Application of clinical governance

- Understand the principles of evidence-based practice, clinical audit and effectiveness, the development/application of best-practice protocols.

Risk management

- Systems, procedures for identifying (clinical) risk; correct procedures and action when things go wrong; how to handle complaints
- Employer's procedures and policy for accidents
- Potential complications or side effects of treatments, procedures and investigations; importance of accurate, recent information and available records
- Openly discuss mistakes
- Able to learn from previous experience, from complaints received, errors.
- Be honest in recognising misjudgements.

Skills

- Personal development planning
- Risk Management
- Evidence based medicine
- Appreciation of the logical use of guidelines, texts, reference literature and related sources
- The habit and principles of self-education and monitoring one's own performance in order to continuously update and refresh knowledge and skills during training and as a lifelong commitment to continuing education
- Understanding the social and governmental aspects of health care provision
- Understanding the cost-effectiveness of individual forms of care

Assessment & Learning Methods

- Professional Development Programme
- Record of attendance at in-house training, grand rounds and academic meetings
- Consultant feedback at annual review

Standards of Care

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

Knowledge

History taking and examination

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

Investigation, indications, risks, cost-effectiveness

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

Treatment and management of disease

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

Disease prevention and health education

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

Notes, records, correspondence

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

Time management and decision taking

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

Relevance of professional bodies

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

Skills

- History taking and examination
- Appropriate use of investigations
- Treatment and management of disease
- Health promotion
- Understanding the general principles of scientific research
- Medical record keeping
- Understanding the adverse environmental factors and illnesses that may have implications for health and health service provision

Assessment & Learning Methods

- Mini-CEx
- DOPS
- Case based discussions
- Consultant feedback at annual review
- Prescribing Skills Programme
- Professional Development Programme

Management Information Systems & Management Skills

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

Knowledge

Health service structure, management and organisation

- Knowledge of Department of Health, HSE and hospital management structures and systems
- The provision and use of information in order to regulate and improve service provision
- Knowledge of the sources that can provide information relevant to national or local services, publications available
- Able to seek / locate information

Obtaining information of value in maintaining medical knowledge with a view to delivering effective clinical care

- Knowledge of resources providing updates, literature reviews and digests
- Able to make use of information, use IT and undertake searches
- Embrace principles of clinical governance
- Use and application of descriptive statistics. Knowledge of statistical techniques with respect to clinical trials, evidence-based medicine, and epidemiology

Personal effectiveness

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

Skills

- Risk Management
- Time management

Assessment & Learning Methods

- Professional Development Programme
- Consultant feedback at annual review
- Research Skills course (optional)

Ethics

Objectives: *Medicine should be practised in a fair, competent and ethical manner.*

Knowledge

- Knowledge, skills, attitudes and behaviours expected by patients and society from individuals during the practice of their profession (as a doctor):
    - The skills of lifelong learning and the maintenance of competence
    - Information literacy
    - Ethical behaviour
    - Integrity, honesty
    - Altruism
    - Service to, justice and respect for others
    - Adherence to professional codes
- Patient compliance
- Death and dying
- Dignity & Respect
- Ethical patient care and Irish Law including:
    - Consent
    - Disclosure
    - Medical Practitioner's Act
    - Malpractice
    - Misconduct
    - Confidentiality
    - Coroner's System
- Knowledge and understanding of the Coroner's Act
- Resuscitation issues - Do Not Resuscitate (DNR) policies
- Brain death – diagnosis and management
- Death Certification
- Research
- Interactions with other health professionals
- Published management guidelines

Skills

- To incorporate the above ethical concepts in their everyday practice
- An appreciation of ethical considerations when interacting with patients, caregivers and colleagues
- An understanding of important legal aspects in relation to reduced clinical capacity, including the elderly, Court of Protection and the principles of Power of Attorney
- Confidentiality and confidential computerised record keeping
- Informed consent

Assessment & Learning Methods

- Ethics programme

Curriculum for Paediatrics

Accident and emergency/ intensive care

Knowledge

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

Skills

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

Assessment & learning methods

- DOPS – lumbar puncture
- Child protection course (mandatory)
- Mini-CEx

Dealing with adolescents

Knowledge

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

Skills

- Assessment of pubertal status
- HEADSS (appendix 6)
- Capacity for liaison and communication with community, health, drug and alcohol education and welfare practitioners.

Assessment & learning methods

- Mini-CEx - HEADSS

Cardiology

Knowledge

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

Skills

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

Assessment & learning methods

- DOPS – ECG

Child protection

Knowledge

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

Skills

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

Assessment & learning methods

- Child protection course (mandatory)

Clinical pharmacology

Knowledge

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

Skills

- Prescribing skills

Assessment & learning methods

- Prescribing skills Programme

Dermatology

Topics

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

Skills

- Management of common skin conditions

Assessment & learning methods

- Paediatric Study days

Development and behaviour

Knowledge

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

Skills

- Liaising with multidisciplinary team
- Behaviour management techniques

Assessment & learning methods

- Paediatric Study days

Endocrinology

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Gastroenterology/ Hepatology

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Genetics

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Haematology

Knowledge

- Embryology, physiology and pathophysiology of haematopoietic system
- Disorders of red cells: anaemia, polycythaemia, thalassaemia
- Disorders of white cells: leukaemias, neutropenia
- Disorders of platelets: thrombocytosis, thrombocytopenia
- Bleeding disorders, coagulopathies, disseminated intravascular coagulation
- Pancytopaenia
- Knowledge of common bone marrow abnormalities

Skills

- Interpretation of blood films

Assessment & learning methods

- Paediatric Study days

Infectious Diseases/ Immunology/ Allergy

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Medical oncology

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Metabolic

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Neonatal medicine

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Nephrology

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Neurology and muscular disorders

Knowledge

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

Skills

- Correlation of physical symptoms and signs with anatomy and pathology
- Interpretation of common eeg abnormalities
- Interpretation of common neuroimaging abnormalities by ct, mri or ultrasound

Assessment & learning methods

- Paediatric Study days

Nutrition

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Ophthalmology

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Psychiatry

Knowledge

- Physical and emotional factors affecting mental health
- Knowledge of:
    - Depression and suicide
    - Psychoses
    - Psychosomatic problems
    - Family function and dysfunction
    - Anxiety disorders
    - Conduct disorders
    - Eating disorders

Skills

- Mental health history

Assessment & learning methods

- Paediatric Study days

Rehabilitation and disability

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Respiratory medicine (including otolaryngology)

Knowledge

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

Skills

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

Assessment & learning methods

- Paediatric Study days

Rheumatology

Knowledge

- Embryology, anatomy and physiology of the musculoskeletal system
- Acute and chronic arthritis
- Knowledge of autoimmune diseases

Skills

- Functional assessment
- Interpretation of medical imaging and laboratory investigations

Assessment & learning methods

- Paediatric Study days

Appendices

Appendix 1

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APPENDIX 2

Useful Addresses

Basic Specialist Training Office

Faculty of Paediatrics

Royal College of Physicians of Ireland

Frederick House, 19 South Frederick Street, Dublin 2

Tel: 01 863 9700; Fax: 01 672 4707

BST@rcpi.ie: www.rcpi.ie

Medical Council

Medical Council, Kingram House, Kingram Place, Dublin 2

Tel: 01 498 3100

info@mcirl.ie; www.medicalcouncil.ie

Irish College of General Practitioners

4/5 Lincoln Place, Dublin 2

Tel: 01 676 3875; Fax: 01 676 5791

info@icgp.ie; www.icgp.ie

Irish Medical Organisation

10 Fitzwilliam Place, Dublin 2

Tel: 01 676 7273; Fax: 01 661 2758

imo@imo.ie; www.imo.ie

APPENDIX 3

Hospitals Approved For BST in Paediatrics

Hospitals Approved for 18 months in Paediatrics

Cork University Hospital	Our Lady's Hospital for Sick Children, Crumlin
National Children's Hospital, Tallaght	Children's University Hospital, Temple Street

Hospitals Approved for 12 months in Paediatrics

Bon Secours Hospital, Cork	Our Lady of Lourdes Hospital, Drogheda
Cavan General Hospital	Portiuncula Hospital, Ballinasloe
Kerry General Hospital	Sligo General Hospital
Letterkenny General Hospital	South Tipperary General Hospital, Clonmel
Mayo General Hospital, Castlebar	St. Luke's General Hospital, Kilkenny
Mercy University Hospital, Cork	University College Hospital, Galway
Midlands Regional Hospital, Mullingar	Waterford Regional Hospital
Midlands Regional Hospital, Portlaoise	Wexford General Hospital
Midwestern Regional Hospital, Limerick	

Hospitals Approved for 6 months in Pure Neonatology

Coombe Women's Hospital, Dublin	Rotunda Hospital, Dublin
Cork Unified Maternity Services (previously Erinville and St Finbarr's Maternity Hospitals)	Regional Maternity Hospital, Limerick
National Maternity Hospital, Dublin	University College Hospital, Galway
Our Lady of Lourdes Hospital, Drogheda	Waterford Regional Hospital

APPENDIX 4

Numbering Of Posts Approved For BST

Since January 2031 all posts approved for BST in Paediatrics have been allocated a unique post number. Post numbers are available from the Medical Manpower/Personnel office at each hospital and are explained below.

Sample post numbers:
BST/GPD/002/SHO/CUH/10701
BST/NEO/002/REG/COO/14901

Code Breakdown:

BST = Basic Specialist Training

GPD/NEO* = General Paediatrics/Pure Neonatology

002 = Specialty Code for Paediatrics

SHO/**REG** = Senior House Officer/Registrar

CUH/COO = code which is unique to each approved hospital

10701/14901 = number which is unique to each approved post

*Only posts containing NEO are approved for pure Neonatology. A minimum of 6 months must be spent in such posts as part of BST in Paediatrics.

APPENDIX 5 - BST College Tutors

Hospital	Name
Bon Secours Hospital, Cork	Dr Sami Ahmed
Cavan General Hospital	Dr Alan Finan
Children's University Hospital, Temple Street	Dr Peter Keenan
Coombe Women's Hospital	Dr Martin White
Cork University Hospital	Prof Jonathon Hourihane
Cork Unified Maternity Services	Dr Brendan Murphy
Kerry General Hospital	Dr Bob Fitzsimons
Letterkenny General Hospital	Dr Catherine Ryan
Mayo General Hospital	Dr Gay Fox
Mercy University Hospital, Cork	Dr Olivia O'Mahoney
National Children's Hospital, Tallaght	Dr David Coghlan
National Maternity Hospital, Holles Street	Dr Eleanor Molloy
Our Lady's Hospital for Sick Children, Crumlin	Dr Anne O'Meara & Declan Cody
Our Lady of Lourdes Hospital, Drogheda	Dr David Vaughan
Portiuncula Hospital, Ballinasloe	Dr Kevin Connolly
Midland Regional Hospital, Mullingar	Dr Imelda Lambert
Midland Regional Hospital, Portlaoise	Dr Geraldine Nolan
Mid-Western Regional Hospital, Limerick	Dr. Con Sreenan
Rotunda Hospital	Prof. Tom Clarke
Sligo General Hospital	Dr John Gleeson
South Tipperary General Hospital, Clonmel	Dr Isaam Shana'a
St Luke's General Hospital, Kilkenny	Dr Michelle Dillon
University College Hospital, Galway	Dr Gerry Loftus
Waterford Regional Hospital	Dr Norma Goggin
Wexford General Hospital	Dr John Carson

APPENDIX 6- HEADSS

HEADSS is an interview instrument for finding out about issues in adolescents' lives. It was developed by Cohen and colleagues (Cohen et al., 1991).

References: Goldenring, JM, Cohen, E (1988) Getting into adolescent heads. Contemporary Pediatrics, July: 75-80.

Cohen, E, MacKenzie, R.G., Yates, G.L. (1991). HEADSS, a psychosocial risk assessment instrument: Implications for designing effective intervention programs for runaway youth. Journal of Adolescent Health 12 (7): 539-544.

A HEADSS Assessment:

Home

- Who lives with the young person? Where?
- Do they have their own room?
- What are relationships like at home?
- What do parents and relatives do for a living?
- Ever institutionalised? Incarcerated?
- Recent moves? Running away?
- New people in home environment?

Education and employment

- School/grade performance - any recent changes? Any dramatic past changes?
- Favourite subjects - worst subjects? (Include grades)
- Any years repeated/classes failed?
- Suspension, termination, dropping out?
- Future education/employment plans?
- Any current or past employment?
- Relations with teachers/employers – school/work attendance?

Activities

- On own, with peers (what do you do for fun? where? when?)
- With family?
- Sports - regular exercise?
- Church attendance, clubs, projects?
- Hobbies - other activities?
- Reading for fun - what?
- TV - how much weekly? Favourite shows?
- Favourite music?
- Does young person have car, use seat belts?
- History of arrests/acting out/crime

Drugs

- Used by peers? Used by young person? (Include tobacco, alcohol)
- Used by family members? (Include tobacco, alcohol)
- Amounts, frequency, patterns of use/abuse, and car use while intoxicated
- Source - how paid for?

Sexuality

- Orientation?
- Degree and types of sexual experience and acts?
- Number of partners?
- Masturbation (Normalise)
- History of pregnancy/abortion?
- Sexually transmitted diseases - knowledge and prevention? Contraception? Frequency of use
- Comfort with sexual activity, enjoyment/pleasure? History of sexual/physical abuse

Suicide/Depression

- Sleep disorders (usually induction problems, also early/frequent waking or greatly increased sleep and complaints of increasing fatigue)
- Appetite/eating behaviour changes
- Feelings of 'boredom'
- Emotional outbursts and highly impulsive behaviour
- History of withdrawal/isolation
- Hopeless/helpless feelings
- History of past suicide attempts, depression, psychological counselling
- History of suicide attempts in family or peers
- History of recurrent serious 'accidents'
- Psychosomatic symptomology
- Suicidal ideation (including significant current and past losses)
- Decreased affect on interview, avoidance of eye contact, depression posturing
- Preoccupation with death (clothing, media, music, art)

APPENDIX 7

Entry Requirements for Higher Specialist Training

Applicants for Higher Specialist Training (HST) should have completed a minimum of two years' Basic Specialist Training (BST) in approved posts and obtained MRCPI or equivalent or MRCPCH. Prior to entering HST in Paediatrics BST must consist of both 6 months in General Paediatrics and 6 months in Neonatology. A further 6 months of Community Paediatrics or Paediatric A&E or another Paediatric discipline may be included. A third year at SHO level will enable those considering a career in Paediatrics to broaden their experience further.

Graduates of non-Irish/UK medical schools without MRCPI or UK or MRCPCH who compete for HST posts must provide evidence of knowledge, training and qualifications equivalent to MRCPI or UK or MRCPCH standard, particularly in the case of acute Paediatric conditions.

APPENDIX 11

Two-Year Checklist for BST

- ☐ Returned signed training agreement to BST office
- ☐ Received BST Logbooks and Curriculum
- ☐ Received log-in details for RCPI Online Medical Education Centre
- ☐ Activated @physicians email address
- ☐ Completed Professional Development Programme
- ☐ Completed Ethics Course
- ☐ Completed Prescribing Skills Course
- ☐ Completed Online Blood Transfusion Course
- ☐ Completed Child Protection Course
- ☐ Completed APLS and NRP and submitted proof to BST Section
- ☐ Met with Supervising Consultant at start of each post to agree on Personal Goals plan in logbook
- ☐ Recorded clinical and educational information about each post in logbook
- ☐ Met with Supervising Consultant at end of each post and arranged for Supervising Consultant Appraisal to be completed in logbook
- ☐ Attended annual reviews in the College each year
- ☐ Submitted logbook to BST office within six months of completing BST
- ☐ Obtained BST Certificate of Completion

Minimum Requirements for Training

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Section 1 - Training Plan				
Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	3	Training Post	Form 052
Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Year of Training	Form 045
On Call Rota (on average 1:10 rota)	Required	1	Year of Training	Form 064
Section 2 - Training Activities				
Outpatient Clinics (1 clinic per week)	Required	40	Year of Training	Form 001
Ward Rounds/Consultations				Form 002
Ward rounds (minimum 2 per week)	Required	80	Year of Training	Form 002
Post-call ward rounds (average 4 per month)	Required	40	Year of Training	Form 002
Emergencies/Complicated Cases (average per month 40 acute assessments and/or admissions)	Required		Training Programme	Form 003
This should include 8 of the following category of patients over training:				
Acute sepsis / meningococcal disease	Required	1	Year of Training	Form 003
Acute asthma	Required	1	Year of Training	Form 003
Status epilepticus – febrile and afebrile	Required	1	Year of Training	Form 003
Diabetic ketoacidosis	Required	1	Year of Training	Form 003

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Croup	Required	1	Year of Training	Form 003
Suspected non-accidental injury	Required	1	Year of Training	Form 003
Acute encephalopathy / coma	Required	1	Year of Training	Form 003
Acute gastroenteritis with dehydration	Required	1	Year of Training	Form 003
Fever for investigation in under 2 year olds	Required	1	Year of Training	Form 003
Acute rashes (infected eczema / exanthems / erythema multiforme / cellulitis)	Required	1	Year of Training	Form 003
Vomiting / failure to thrive / feeding issues in infancy	Required	1	Year of Training	Form 003
Procedures/Practical Skills/Surgical Skills				Form 004
Blood cultures with aseptic technique (minimum 10)	Required	10	Training Programme	Form 004
Blood sampling (minimum 30 including infants / toddlers and older children)	Required	30	Training Programme	Form 004
Intravenous cannulation (minimum 30 amongst different ages)	Required	5	Training Programme	Form 004
Lumbar puncture (minimum 10 across different ages)	Required	10	Training Programme	Form 004
Urinalysis and urine microscopy (minimum 10)	Required	10	Training Programme	Form 004
Intraosseous needle insertion (via APLS)	Required	1	Training Programme	Form 004
Other	Desirable	0	Training Programme	Form 004
Additional/Special Experience Gained	Desirable	0	Training Programme	Form 005
Relatively Unusual Cases	Desirable	0	Training	Form 019

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
			Programme	
Chronic Cases/Long term care	Desirable	0	Training Programme	Form 066
Section 3 - Educational Activities				
Mandatory Courses				Form 006
Professional Development Programme & Communication Skills	Required	1	Training Programme	Form 006
Ethics, Safe Prescribing Skills and Blood Transfusion	Required	1	Training Programme	Form 006
Infection control (Can be part of hospital induction day)	Required	1	Training Programme	Form 006
Child Protection	Required	1	Training Programme	Form 006
APLS	Required	1	Training Programme	Form 006
NRP	Required	1	Training Programme	Form 006
Non – Mandatory Courses	Desirable	0	Training Programme	Form 007
Study Days (minimum 6 out of 8 over two years)	Required	6	Training Programme	Form 008
In-house activities				Form 011
Grand rounds (minimum 1 per month)	Required	10	Training Programme	Form 011
Multidisciplinary team or radiology meeting (1 hour per week)	Required	40	Training Programme	Form 011
Specialty meeting (one hour per week)	Required	40	Training Programme	Form 011
Examinations				Form 012
MRCPI in Child Health	Desirable	1	Training Programme	Form 012
Formal Teaching Activity				Form 013

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Undergraduate/intern teaching (1 hour per week)	Required	40	Training Programme	Form 013
Research	Desirable	0	Training Programme	Form 014
Audit activities	Desirable	0	Training Programme	Form 015
Publications	Desirable	0	Training Programme	Form 016
Presentations	Required	1	Year of Training	Form 017
National/International meetings	Desirable	0	Year of Training	Form 010
Additional Qualifications	Desirable	0	Year of Training	Form 065
Section 4 - Assessments				
DOPS				Form 021
Lumbar puncture	Required	1	Training Programme	Form 021
ECG	Required	1	Training Programme	Form 021
Intravenous cannulation	Required	1	Training Programme	Form 021
Blood culture + urinalysis	Required	1	Training Programme	Form 021
Other	Required	1	Training Programme	Form 021
CBD (minimum 2 per year)	Required	2	Training Programme	Form 020
Mini-CEX	Required	2	Year of Training	Form 023
Section 4b - Assessments				
End of Post Assessment	Required	4	Training	Form 092

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
			Programme	
Annual Assessment	Required	1	Year of Training	Paper Version