FACULTY OF PAEDIATRICS

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

NEONATOLOGY

OUTCOME-**B**ASED **E**DUCATION – OBE CURRICULUM

This curriculum of Higher Specialist Training in Neonatology was developed in 2024 by a team of Neonatologists led by Dr Lisa McCarthy and Dr Brian Walsh, National Specialty Directors, and the RCPI Workplace Education Team. The Curriculum undergoes an annual review process by the National Specialty Director(s) and the RCPI Workplace Education Team. The Curriculum is approved by the Specialty Training Committee and the Faculty of Paediatrics.

Version	Date Published	Last Edited By	Version Comments
2.0	July 2026	Mariangela Esposito	Updates to the Core Professional Skills section to explicitly align with the *Eight Domains of Good Professional Practice*.

National Specialty Directors' Foreword

The remit of the Neonatologist spans from antenatal counselling of high-risk and at-risk pregnancies (in conjunction with obstetric specialists), management of prematurity, caring for sick and healthy full-term newborns including infants born with congenital anomalies, to long-term follow-up of infants at risk of complications including neuro-disability. Incorporated into practice is counselling of parents with a fetus and child at significant risk of longer-term health problems.

The Neonatal HST curriculum has been developed to equip future Neonatologists with the knowledge and skill set to deliver appropriate, competent, professional care across this broad range of neonatal conditions. This version of the curriculum, first published in 2024, has been amended and edited to align with the Outcome Based approach to Education (OBE).

A move to OBE is a key initiative of the RCPI strategic plan and aims to enhance training at both BST and HST levels. This approach is designed to improve education and assessment, by focusing on demonstrating competency rather than focusing on a time-based model of educational assessment.

The Neonatal HST curriculum has been adapted for OBE, by focusing on the demonstration of specific targeted outcomes and goals in key areas of neonatal training. These goals and outcomes were initially adapted from previous curricula and then reviewed and set via a workshop of experienced neonatal consultants from a range of institutions nationally.

It is our expectation that the revised OBE structure of the curriculum will clarify and facilitate goal setting for Trainees and their Trainers and enhance the training experience.

Dr Lisa McCarthy, National Specialty Director
Dr Brian Wash, National Specialty Director

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INTRODUCTION

This section includes an overview of the Higher Specialist Training programme and of this Curriculum document.

Purpose of Training

This programme is designed to provide training and professional development necessary to work as a Consultant Neonatologist. This is achieved by completing Neonatology training in approved training posts, under the supervision of certified Trainers, in order to satisfy the outcomes listed in the Curriculum. Each post provides Trainees with a named Trainer and the programme is under the direction of the National Specialty Directors for Neonatology.

Purpose of the Curriculum

The purpose of the curriculum is to define the relevant processes, contents, outcomes and requirements to be achieved. The curriculum is structured to delineate the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise your Higher Specialist Training (HST) programme. It provides a feedback framework for successful completion of HST programme.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) has implemented an Outcomes Based Education (OBE) approach. This curriculum design differs from traditional minimum based requirement designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

How to Use the Curriculum

Trainees and Trainers should use the Curriculum as a basis for goal-setting meetings, delivering feedback, and completing assessments, including appraisal processes (Quarterly Assessments/End of Post Assessment, End of Year Evaluation). Therefore, it is expected that both Trainees and Trainers familiarise themselves with the Curriculum and have a good working knowledge of it.

Trainees are expected to use the curriculum as a blueprint for their training and record specific feedback, assessments and training events on ePortfolio. The ePortfolio should be updated frequently during each training placement.

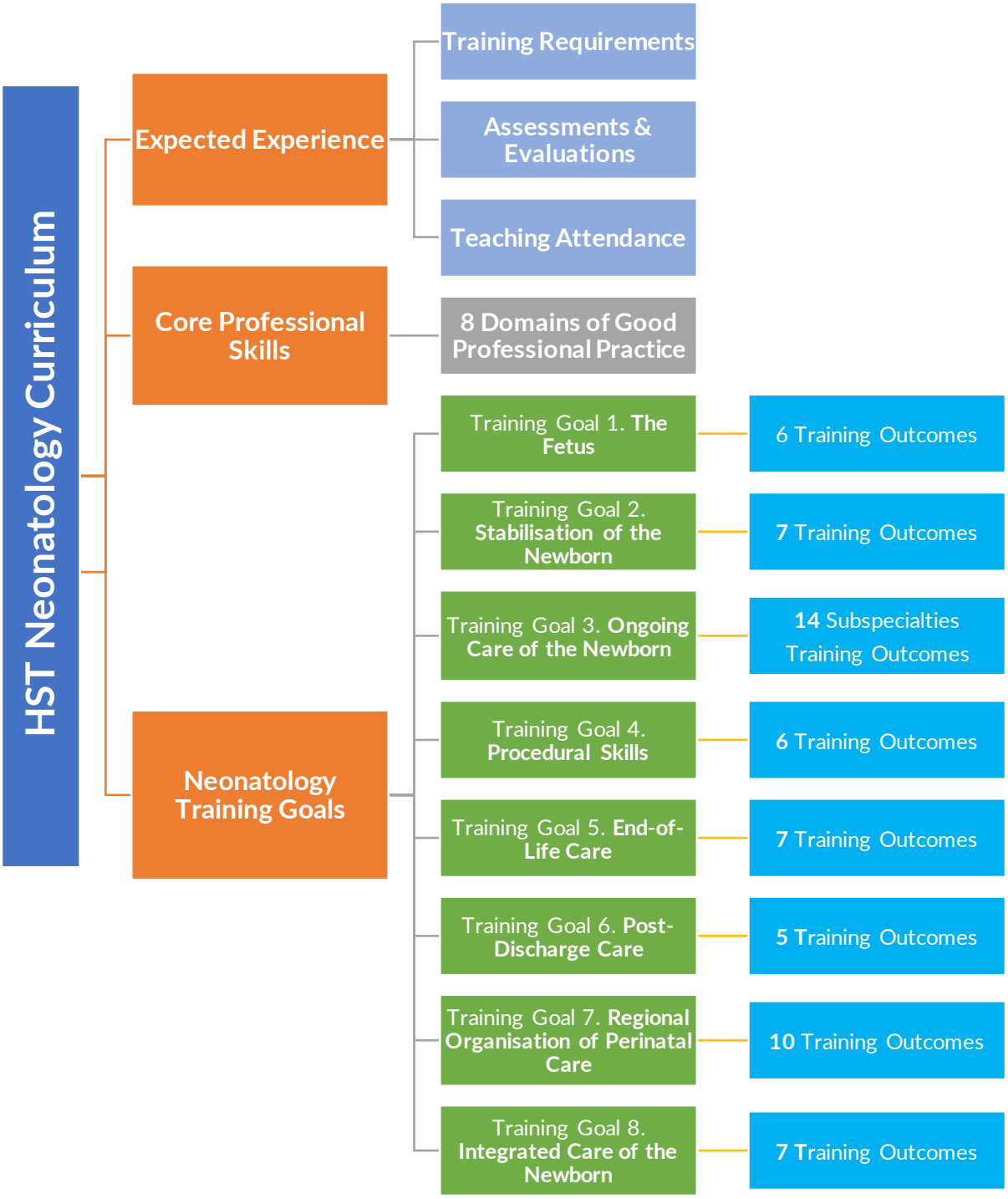
It is important to note that ePortfolio is a digital repository designed to reflect curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should always refer to the curriculum in the first instance for information on the requirements of the training programme.

Please note: It is the responsibility of the Trainee to keep an up-to-date ePortfolio throughout the programme as it reflects their individual training experience and it documents that they have successfully met training standards as expected by the Medical Council.

Reference to Rules & Regulations

Please refer to the Training Handbook for rules and regulations associated with training. Policies, procedures, relevant documents, and Training Handbooks can be accessed on the RCPI website by following this link.

Overview of Curriculum Sections & Training Goals



EXPECTED EXPERIENCE

This section details the training experience that all Trainees are expected to complete over the course of Higher Specialist Training.

Duration & Organisation of Training

The duration of HST in Neonatology is 3 years.

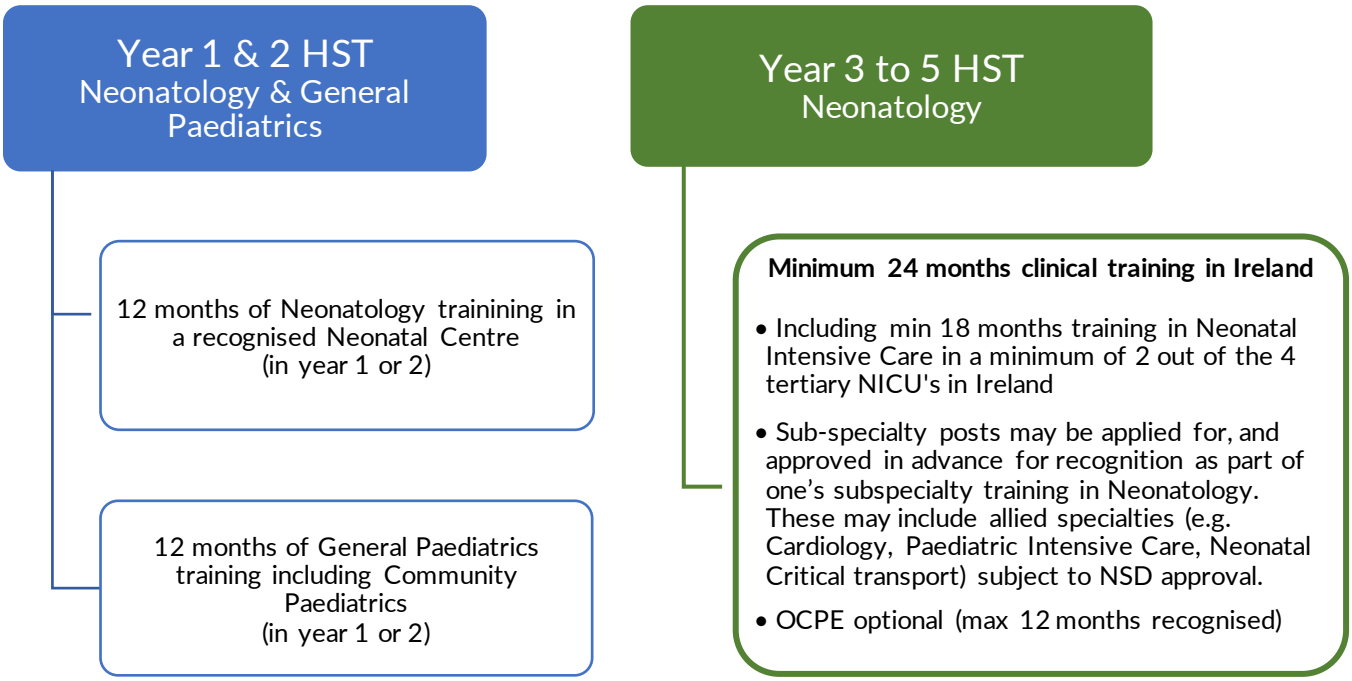
Training in Neonatology builds on a broad basic and early specialist training in General Paediatrics. Eligibility criteria for Neonatal Sub-specialist Training includes Basic Specialist Training (BST) in Paediatrics (2 years minimum) and successful completion of year 1 and 2 of the Higher Specialist Training Programme in General Paediatrics.

Training in pre- and postoperative care of the surgical and cardiac infant, and neonatal transport (NNTP) may be provided by a six-month rotating post within the Dublin PICU and NNTP network.

Up to 6 months of training in a relevant, pre-approved paediatric subspecialty may be counted towards NST (e.g. neonatology in a paediatric hospital, cardiology etc), but strict criteria will apply for post recognition.

In addition, up to a maximum of 12 months of pre-approved Out of Clinical Programme Experience (OCPE) may be accredited towards completion of training. This may encompass either overseas experience in a formal training fellowship or research leading to a postgraduate degree, subject to NSDs approval.

Overview of Organisation & Duration of Training



Site and Duration

- A minimum of 24 months clinical training in Ireland.
- This must include a **minimum of 18 months training in Neonatal Intensive Care in 2 out of the 4 tertiary NICU centres in Ireland** (National Maternity Hospital, The Coombe Women and Infants Hospital, The Rotunda and Cork University Maternity Hospital). It is also anticipated that once the National Children's Hospital is operational, Trainees may additionally rotate through this site as part of their clinical training subject to NSD review and requirements. The 18 months (minimum) training in tertiary Neonatal Intensive Care should be a dedicated period of neonatal training where Trainees gain experience in all aspects of neonatal care as specified in the curriculum. This requirement cannot be met through on-call alone, e.g. during OCPE posts.
- Sub-specialty posts may be applied for, and approved, **in advance** for recognition as part of one's subspecialty training in Neonatology. These may include allied specialties (e.g. Cardiology or Paediatric Intensive Care) and Neonatology in the tertiary paediatric centres or with the Neonatal Transport service (NNTP), subject to NSD approval.

Core Training

The Neonatology specialty training builds on and further develops the knowledge and skills acquired during the first two years of the HST Paediatrics programme.

The practice of Neonatology involves the treatment of newborn infants at all levels of care from healthy newborns to those who require special and intensive care. An element of counselling is also incorporated within the practice, especially with regards to parents whose fetus is at significant risk.

- Trainees in Neonatology must participate in care and management of the fetus and newborn in collaboration with maternal fetal medicine specialists and paediatric subspecialists. Trainees must be competent in the management of the critically ill newborn infant, including techniques of resuscitation, airway support, electric vital signs monitoring, temperature control and nutritional support.
- Trainees in Neonatology must have experience in the transport of the sick newborn and have a full understanding of the principles and practice of regionalisation of perinatal care including transfer of high-risk pregnancies to appropriate centres.
- Trainees in Neonatology must participate in multidisciplinary teams which include nursing and allied health staff in the care of newborns and their families.

Out of Clinical Programme Experience (OCPE)

Up to a maximum of one year of pre-approved out of clinical programme experience (OCPE) may be accredited towards the completion of training, for overseas fellowship programmes (of structured and supervised training in Neonatology) or research leading to a postgraduate degree. This OCPE year (research or clinical) must be preapproved, and retrospective credit cannot be applied.

Training Principles

During the period of training the Trainee must take increasing responsibility for seeing patients, undertaking ward consultations, making decisions and operating at a level of responsibility which would prepare them for practice as an independent Consultant. Supervision should be particularly close during the first one or two years. Particularly experienced Trainees may undertake the running of an outpatient clinic on their own without direct consultant supervision later in the programme. At the start of training year, Trainees must fill out a Personal Goals form with their Trainer and upload it on ePortfolio; the form should be agreed and signed by both Trainee and Trainer.

Generic Professional Skills

Generic knowledge, skills and attitudes support competencies that are common to good medical practice in all the medical and related specialties. It is intended that all Trainees should re-affirm those competencies during HST. No timescale of acquisition is imposed, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a Trainee's suitability and ability to become an independent specialist.

Recording of Evidence of Training

The target numbers for training items in the following sections represent the recording recommendations to document evidence of relevant and varied clinical experience; it is understood that actual number of training experiences is likely to be well in excess of these numbers.

We recommend that feedback, relevant training events and procedures are logged in the ePortfolio over the course of the HST scheme.

Clinics, Ward Rounds, Consultations and Complicated Cases

Attendance at clinics, participation in ward rounds and consultations are required elements of all posts throughout the programme. The timetable and frequency of attendance should be agreed with the assigned Trainer at the beginning of the post.

This table provides an overview of the expected experience a Trainee should gain regarding clinics attendance, ward rounds, consultations and specific cases. These activities should be recorded on ePortfolio using the respective form.

The numbers expressed in this table are indicative of the general frequency expected by Trainees in each of these training activities. Each Trainee may have different training needs; hence, it is recommended to check with the assigned Trainer the most appropriate frequency for each of these training activities.

NEONATOLOGY CLINICS			
Outpatient Clinics	**Timeline**	**Expected Experience**	**ePortfolio Form**
Neonatal follow-up clinic	Over the course of HST	Attend at least 12 clinics, to be recorded in ePortfolio	Clinics
Fetal medicine clinic	Over the course of HST	Attend at least 6 clinics, to be recorded in ePortfolio	Clinics
WARD ROUNDS AND CONSULTATIONS			
Type	**Timeline**	**Expected Experience**	**ePortfolio Form**
Ward Rounds – Consultant-led	Per each year of training	At least 3 per week. Record 40 in ePortfolio	Clinical Activities
Ward Rounds – SpR-led, including handover	Per each year of training	At least 1 per week. Record 40 in ePortfolio	Clinical Activities
Antenatal Counselling	Over the course of HST	At least 20, to be recorded in ePortfolio	Clinical Activities
COMPLICATED CASES/EMERGENCIES			
Type	**Timeline**	**Expected Experience**	**ePortfolio Form**
Complicated cases and/or emergencies in Neonatal medicine	Over the course of HST	At least 20, to be recorded in ePortfolio	Cases
Neonatal Transport	Over the course of HST	At least 10, to be recorded in ePortfolio	Cases

Procedural/Practical/Surgical Skills in Neonatology

Trainees are expected to complete a recommended minimum number of certain procedures which are essential in Neonatal Medicine.

To record the procedures, simply log these on ePortfolio and complete the related DOPS Assessment as indicated in the summary table included in the Training Goal 4 – Procedural Skills, in this curriculum.

In-House Commitments

Trainees are expected to attend a series of in-house commitments as follows:

- Attend and record on ePortfolio at least **1 Grand Rounds per month**, over the course of HST
- Attend and record on ePortfolio at least **2 Journal Club per month**, over the course of HST
- Attend and record on ePortfolio at least **2 Radiology conference per month**, over the course of HST
- Attend and record on ePortfolio at least **2 MDT Meeting per month**, over the course of HST
- Attend and record on ePortfolio at least **1 Seminar per year of training**

Assessments & Evaluations

Trainees are expected to:

- Complete **4 quarterly assessments per training year** (1 evaluation per quarter, i.e. every 3 months); and/or complete **1 end of post assessment at the end of each post** (if the end of a post coincides with the end of a post, this form can be filled in place of the quarterly assessment form. The two forms are equivalent)
- Complete **1 end of year evaluation at the end of each training year**
- Complete **4 Case Based Discussion per training year**
- Complete **2 MiniCEX per training year**
- Complete the **recommended number of DOPS** as outlined in the Summary Table of Procedural Skills
- Complete workplace-based assessments (CBD, DOPS, MiniCEX) and Feedback Opportunities relevant to the training outcomes, as agreed with the assigned Trainer.

For more information on assessment and evaluations, please refer to the Assessment Appendix at the end of this document.

Research, Audit & Teaching Experience

Trainees are expected to complete the following activities:

- Deliver **12 teaching sessions** (to include tutorials, lectures, bedside teaching, etc.) over the course of HST
- Deliver **1 oral or poster presentation**, per each year of HST
- Start at least **1 Audit or Quality Improvement Project**, per each year of HST
- Attend **1 National or International Meeting**, per each year of HST
- Be involved in the development of **2 Neonatal Guidelines**, over the course of HST

In addition, it is desirable, but not expected that Trainees aim to:

- Complete **1 research project**, over the course of HST
- Complete **1 publication**, over the course of HST
- Attend **1 committee**, over the course of HST
- Achieve **1 additional qualification**, over the course of HST
- Partake in **1 management experience**, over the course of HST

Teaching Attendance

Specialist Registrars are expected to attend all the courses and study days as detailed in the Teaching Appendix, at the end of this document.

Overview of Expected Experience

Experience Type	Expected	ePortfolio form
Rotation Requirements	Complete all requirements related to the posts agreed in accordance with the Neonatal Training Handbook (access here)	n/a
Personal Goals	At the start of each year of training year complete a Personal Goals form on ePortfolio, agreed with Trainer and signed by both Trainee & Trainer	Yearly Personal Goals
On-call Commitments	Partake in on-call commitments as per requirements in your training site and record attendance on ePortfolio	Clinical Activities
Clinics	Attend Clinics as outlined in the table above and as agreed with your Trainer. Record attendance on ePortfolio	Clinics
Ward Rounds/Consultations	Gain experience in clinical handover and ward rounds as outlined above and as agreed with your Trainer. Record attendance per each post on ePortfolio	Clinical Activities
Cases	Get exposure to emergencies/complicated cases as outlined above and as agreed with your Trainer. Record attendance on ePortfolio.	Cases
Procedure and Skills	Perform the procedures as outlined in the Summary Table (Training Goal 4) and as agreed with your Trainer. Record on ePortfolio. Complete and record the respective DOPS as indicated.	Procedures, Skills and DOPS
Deliver Teaching	Record at least 12 occurrences on ePortfolio over the duration of training where you have delivered teaching (including tutorials, lectures, bedside teaching).	Delivery of Teaching
Research	Desirable Experience: actively participate in research and present research at conferences or national/international meetings	Research Activities
Publication	Desirable Experience: complete 1 publication during the training programme	Additional Professional Activities
Presentation	Deliver 1 oral presentation or poster per each year of training	Additional Professional Activities
Audit	Complete and report on an audit or Quality Improvement (QI) per year of training, either to start, continue or complete	Audit and QI
Attendance at Educational Activities	Each month attend at least 1 Grand Round, 1 Journal Club, 1 Radiology Conference, 1 MDT Meeting. Attend 1 Seminar and 1 Lecture per year. Record attendance on ePortfolio	Attendance at In-House Activities
National/International Meetings	Attend 1 per year of training	Additional Professional Activities

Development of Neonatology Guidelines	Record at least 2 opportunities of involvement in the development of Neonatal Guidelines over the course of HST	Policies & Guidelines
Committee Attendance	Desirable Experience which can be recorded on ePortfolio	Additional Professional Activities
Additional Qualifications	Desirable Experience which can be recorded on ePortfolio	Additional Professional Activities
Management Experience	Desirable Experience which can be recorded on ePortfolio	Management Experience
Teaching Attendance	Attend courses and Study Days as detailed in the Teaching Appendix	Teaching Attendance
Quarterly Assessment	Complete a Quarterly Assessment/End of Post Assessment with your Trainer 4 times each year. Discuss your progress, complete the form and upload it on ePorfolio.	Quarterly Assessments/End-of-Post Assessments
Workplace-based Assessment	Complete all the workplace-based assessment as outlined above and as agreed with your Trainer. Record attendance on ePortfolio using the respective form.	CBD/DOPS/Mini-CEX
End of Year Evaluation	Prepare for your End of Year Evaluation by ensuring your portfolio is up to date and your End of Year Evaluation form is initiated with your Trainer.	End of Year Evaluation

CORE PROFESSIONAL SKILLS

This section includes the Irish Medical Council guidelines for medical professional conduct.

The Medical Council has defined eight domains of good professional practice.

These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve and doctors should refer to these domains throughout the process of maintaining competence.

These principles are woven into training practice and feedback is formally provided in the Quarterly Assessments, End of Post, and End of Year Evaluation.

Core Professional Skills

The Core Professional Skills (CPS), updated in 2026, define the standards of professional practice expected of all doctors in postgraduate training across RCPI specialties. Aligned with the *Eight Domains of Good Professional Practice* (**Irish Medical Council, 2024**), they provide the standards of practice across the continuum of professional development, from formal medical education and training through the maintenance of professional competence.

The CPS are embedded within the formal structures of training and are developed through clinical practice, workplace-based learning, supervision, and structured educational activity. CPS are assessed through workplace-based assessment, quarterly assessments, and ePortfolio evidence, ensuring that trainees embed professionalism in their practice. Within this, the RCPI Taught Programme provides structured educational content through which CPS standards are addressed and contextualised across all levels of training.

Within each domain identified by the Medical Council, the cross-speciality RCPI Clinical Working Group has articulated key areas of professional practice and relevant expectations for training. Collectively, the domains support professionalism as a core component of safe, effective, and patient-centred care.

1 Patient Safety and Quality of Patient Care

Doctors must place patient safety and quality of care at the centre of practice, ensuring accountability to patients, their profession, and their organisation. This requires addressing risks, managing incidents, preventing infection, and driving continuous improvement within governance and ethical standards. By embedding safety and accountability into practice, doctors protect patients from preventable harm, strengthen trust, and uphold professional integrity.

Quality Improvement
- Apply quality improvement methods (e.g., audit, evaluation) to monitor and enhance care.
- Analyse and interpret patient, staff, and system data to inform service improvements.

Patient Safety and Incident Management
- Apply safe practices in prescribing, procedures, referrals, infection prevention and control, care transitions, and near-patient diagnostics.
- Identify, escalate, and report risks, incidents, near-misses, and notifiable events in line with statutory and professional duties.
- Participate in open disclosure after adverse events, in line with statutory duty.

Infection Prevention and Control
- Implement evidence-based infection prevention and control, including hand hygiene, aseptic technique, safe PPE use, and safe management of medical devices and clinical environments.

System Safety and Governance
- Demonstrate understanding of local governance structures, reporting systems, and escalation pathways.
- Recognise and escalate organisational or service barriers (e.g., unsafe premises, processes, or systems) that compromise patient safety or timely access to care.

Antimicrobial Resistance
- Understand behavioural, social, environmental, and geographic drivers of antimicrobial resistance in clinical decision-making.

2 Relating to Patients

Doctors must foster respectful, person-centred clinical relationships that uphold patient autonomy, dignity, and trust. This requires clear communication, protection of confidentiality, and supporting informed consent, while recognising individual needs and potential barriers to care. By practising with fairness and shared responsibility, doctors enable patients to participate meaningfully in decisions about their care and contribute to safer, more equitable outcomes.

Person-Centred Care
- Deliver care that upholds dignity, autonomy, and individual preferences, considering cultural context and social determinants of health.
- Communicate clearly and accessibly, adapting to patients' language, literacy, cognitive ability, and circumstances.

Confidentiality
- Protect confidentiality across all communications, applying data-protection legislation and managing required disclosures appropriately.
- Explain limits to confidentiality where required (e.g. safeguarding, public health, or legal duties).

Informed Consent and Shared Decision-Making
- Assess capacity and ensure discussions allow sufficient time to explain risks, benefits, and alternatives, and, where relevant, the purpose and implications of complex or sensitive procedures (e.g., genetic testing).
- Support patient autonomy through informed consent and shared decision-making, respecting valid Advance Healthcare Directives when capacity is lacking.
- Identify, address or escalate cultural and social barriers to participation in healthcare decisions.

Information and Care Navigation
- Provide clear, balanced, and evidence-based information to help patients understand their care options, make informed decisions, and access appropriate services or supports.
- Coordinate referrals and share relevant information to support continuity and navigation of care pathways.

Relationships and Boundaries
- Build respectful relationships with patients while maintaining professional boundaries.
- Be clear about the limits of competence and refer patients when required.

Health Promotion and Preventive Care
- Provide evidence-based health promotion and preventive care advice, tailored to individual risk factors.

3 Communication and Interpersonal Skills

Doctors must communicate clearly, compassionately, and safely with patients, families, and colleagues to support trust, understanding, and shared decision-making. This requires adapting communication to meet individual needs, handling challenging conversations with sensitivity, upholding professional boundaries, and ensuring accuracy in records, correspondence, and handovers. By communicating effectively across all settings, doctors reduce risk, ensure patient understanding, and promote safe, coordinated care.

Clinical Communication and Documentation

- Take accurate, structured histories and explain diagnoses, care plans, and clinical decisions with clarity and empathy.
- Apply handover protocols to ensure safe care transitions.
- Maintain complete, timely, and legible documentation to support continuity, safety, and compliance

Patient Communication and Comprehension

- Confirm and document patient understanding of information shared, including risks, benefits, alternatives, and limitations.
- Apply health literacy principles across verbal, written, digital, and visual formats.
- Deliver difficult news clearly and with empathy.
- Adapt communication to patient capacity, language, literacy, cognitive ability, or culture, involving interpreters, advocates, or supports (e.g., written materials) as required.

Safeguarding

- Conduct safeguarding discussions respectfully, protecting dignity, confidentiality, and legal compliance.
- Escalate safeguarding concerns through appropriate channels.

Complaints and Regulatory Communication

- Respond promptly and professionally to patient complaints and enquiries.
- Reduce complaint risk through clear communication, accurate records, and timely follow-up.
- Engage constructively with organisational and regulatory complaint processes and contribute to service learning.

Open Disclosure

- Participate in supervised open disclosure discussions after adverse events using honest, transparent, and compassionate communication, in line with statutory and professional standards.

Team Dialogue

- Engage in respectful and constructive dialogue with colleagues to support shared understanding and safe decisions.
- Identify and escalate communication breakdowns that may compromise patient safety.

4 Collaboration and Teamwork

Doctors must work collaboratively with colleagues across disciplines and services to deliver safe, coordinated, and high-quality care. This requires contributing to shared decisions, respecting team roles, and maintaining open and constructive communication. By promoting collaboration and teamwork, doctors strengthen service delivery, promote shared accountability, and foster continuous improvement in team-based care.

Governance and Organisational Awareness

- Understand local governance and leadership structures relevant to your role, including responsibilities and lines of accountability.
- Raise clinical, safety, resource, or organisational concerns through appropriate channels in line with governance and escalation policies

Team Coordination and Integrated Care

- Build effective working relationships with interprofessional teams, recognising the roles of all members.
- Share accountability for decision-making and care coordination, recognising the risks of fragmentation.
- Ensure continuity of care by providing timely, accurate discharge summaries.

Organisational Leadership and Team Culture

- Contribute to leadership by facilitating shared decision-making, coordinating care, and supporting junior colleagues.
- Foster psychological safety by promoting respectful communication, shared learning, and open dialogue.
- Manage conflict to support respectful, functional, and safe team environments.

Team Learning and Development

- Engage in structured team-based learning (e.g., case reviews, safety forums), to inform service improvement and professional development.
- Provide and receive feedback constructively to support team development and patient care quality.

5 Management (Including Self-Management)

Doctors must manage workload, time, and personal wellbeing to ensure safe and effective clinical practice. This requires prioritising tasks, recognising limits, escalating concerns appropriately, and engaging constructively with organisational systems and processes. By balancing personal capacity with service demands, doctors protect patients from harm, prevent burnout, and support the safe and sustainable delivery of healthcare.

Health, Wellbeing, and Development
- Monitor personal health and performance, recognising fatigue or burnout, and seek support when needed.
- Set and review professional development goals informed by reflection, supervision, and feedback.

Workload and Task Management
- Prioritise tasks to deliver timely, safe, and effective care.
- Coordinate rotas, leave, handovers, and cover to maintain service continuity.
- Communicate availability and scheduling clearly to colleagues.

Administrative Competence
- Complete documentation and administrative tasks accurately and on time.
- Engage with training and professional development, including preparation, participation, and submission of required materials.
- Fulfil supervisory and/or line-management responsibilities where appropriate (e.g., supporting colleagues, approving leave, and contributing to performance assessments).
- Use operational tools (e.g., rotas, workflows, IT systems) effectively to support safe and coordinated care.

Sustainability and Environmental Stewardship
- Order, prescribe, investigate, and deliver care responsibly, ensuring clinical necessity while adopting resource-conscious and sustainable approaches.
- Be aware of organisational sustainability initiatives (e.g., green prescribing, waste reduction).

Systems and Safety Engagement
- Recognise how system pressures (e.g. staffing levels) affect patient safety.
- Contribute to local safety monitoring, governance, and service improvement activities within role and training scope.

6 Patient Safety and Quality of Patient Care

Doctors should maintain and advance their professional competence through lifelong learning, supervision, reflection, teaching, and research. This requires engaging critically with evidence, translating learning into practice improvement, and contributing to the education and development of colleagues. By integrating inquiry, reflection, and shared learning into their work, doctors strengthen decision-making, enhance patient safety, and uphold professional standards.

Evidence-Based Practice
- Apply research evidence, guidelines, and clinical data appropriately to inform patient care.
- Use audit, service evaluation, and quality improvement data to evaluate and improve practice.

Lifelong Learning and Scope of Practice
- Comply with training and development requirements within your training programme (e.g., maintaining your ePortfolio).
- Set and evaluate learning goals informed by reflection, feedback, and supervision.
- Use insights from audits, reviews, and adverse events to improve practice.
- Recognise limits in knowledge or skill and seek supervision or escalate when required.

Teaching and Role Modelling
- Teach, supervise, and support colleagues and teams using effective communication and evidence-based practice.
- Share clinical knowledge to strengthen team learning and service improvement.
- Model professionalism, clinical integrity, critical thinking and reflective practice in everyday work.

Research and Dissemination
- Undertake audit, research, or service evaluation, disseminating and communicating findings through professional or academic channels.
- Comply with legal, institutional, and ethical standards in research activities.

Innovation and Digital Literacy
- Apply health informatics, telehealth, and emerging technologies with attention to safety, evidence base, and ethical considerations.
- Evaluate risks, benefits, and limitations of digital innovations, including AI, to ensure safe and effective patient care.

7 Professionalism

Doctors must uphold integrity, accountability, and respect in all aspects of clinical care, leadership, and professional practice. This requires complying with legal and regulatory duties, maintaining confidentiality and professional boundaries, and acting with fairness in healthcare delivery. By modelling professionalism, doctors build trust, protect patients, and promote safe, inclusive healthcare systems.

Statutory and Ethical Duties

- Comply with legal and regulatory requirements, reporting unsafe or unprofessional behaviours, and engaging with investigations and complaints.
- Fulfil safeguarding duties, including mandatory reporting of child protection and vulnerable adult concerns.
- Uphold professional boundaries across all settings to protect patient dignity, autonomy, and trust.
- Protect patient data in line with GDPR and professional standards.
- Declare and transparently manage conflicts of interest in clinical, research, and public activities.

Resource Use and Stewardship

- Use diagnostic, prescribing, and other clinical resources responsibly and fairly, ensuring clinical justification.
- Integrate sustainability principles into practice, balancing immediate patient needs with long-term system and environmental responsibility.

Advocacy, Equity and Fair Practice

- Treat patients and colleagues with dignity and respect, ensuring care is free from discrimination.
- Advocate for fair access to, and equitable experience within, healthcare by recognising and addressing diverse needs and social or structural barriers, inclusive of disability and socioeconomic disadvantage.

Antimicrobial Stewardship

- Prescribe antimicrobials responsibly, selecting agents, dosing, and duration appropriately.
- Participate in stewardship initiatives, such as audits, surveillance, and outbreak management.

Professional Leadership and Accountability

- Represent the profession with integrity, modelling leadership that promotes a culture of safety, openness, and professional accountability.
- Take responsibility for patient safety by identifying and escalating risks, and contributing to learning (e.g., AAR, NIMS).
- Manage personal or team workload pressures, escalating where necessary to maintain safe practice.
- Recognise and respond to signs of stress or impaired performance in self and colleagues, addressing appropriately to safeguard wellbeing and team function.

Public and Online Professional Conduct

- Uphold professional standards in all online and social media activity, recognising that the same expectations apply as in face-to-face communication.
- Maintain patient confidentiality and clear boundaries, separating personal and professional use, and directing patient contact through formal channels.
- Ensure that public communications are accurate, evidence-based, and compliant with regulatory standards.

8 Clinical Skills

Doctors must maintain and apply clinical skills that enable safe, accurate, and effective assessment, diagnosis, and treatment across all stages of patient care. This requires integrating patient history, examination findings, investigations, and patient context to inform clinical reasoning, safe prescribing, and appropriate escalation or referral. By applying these skills responsibly, doctors support patient safety, ensure continuity of care, and deliver high-quality outcomes across healthcare settings. This Domain addresses the professional and ethical responsibilities that underpin the safe application of practice, complementing specialty-specific technical competencies.

Assessment and Reasoning

- Conduct comprehensive assessments, with consent, integrating history, examination, investigations, and patient context.
- Apply structured reasoning to generate differential diagnoses and safe management plans, using evidence and guidelines.
- Recognise uncertainty, limits of competence, or impaired performance, and escalate or seek supervision when required.
- Take account of the patient's psychological, social, and contextual factors where clinically relevant to safe decision-making.
- Use digital tools responsibly to support assessment, decision-making, and care delivery.

Transfer of Care

- Refer or transfer patients as required, contributing to collaboration, coordination, and continuity across services.

Records and Communication

- Maintain accurate and timely records and correspondence to support safe handover, discharge, and care transitions, complying with legal and data protection standards.

Complex Care Planning

- Initiate and participate in discussions regarding high-risk or complex care, including end-of-life care and advanced planning, ensuring shared decision-making.
- Provide person-centred care for patients with life-limiting illness, including pain and symptom control, and family support.

Safe Prescribing

- Prescribe safely and appropriately, selecting the correct drug, dose, route, and duration, and ensure monitoring or handover where required.

TRAINING GOALS IN NEONATOLOGY

This section includes the Neonatology Training Goals that Trainees should achieve by the end of the Higher Specialist Training.

Each Training Goal is broken down into specific and measurable Training Outcomes.

To demonstrate evidence of training and progression in each Training Outcome, Trainees should record workplace-based assessments (DOPS, MiniCEX, CBD) and Feedback Opportunities on ePortfolio.

It is recommended to agree on the most appropriate type of training and assessment methods with the assigned Trainer.

Training Goal 1 – The Fetus

By the end of HST the Trainee is expected to demonstrate an in-depth understanding of the management of the fetus and carers, and to competently manage complications that may arise during birth.

Outcome 1 – Assess normal fetal growth and development

For the Trainee to understand how to assess normal fetal growth and development.

Outcome 2 – Interpret antenatal screening, imaging and tests in diagnosis of fetal abnormalities

For the Trainee to recognise common congenital abnormalities identifiable in the fetus and interpret related screening tests, imaging and diagnostic tests.

Outcome 3 – Recognise maternal conditions which affect fetal growth

For the Trainee to recognise common maternal conditions which affect fetal growth and development.

Outcome 4 – Understand indications and outcomes of common feto-placental interventions

For the Trainee to understand the indications and outcomes of common feto-placental interventions.

Outcome 5 – Counsel parents of a high-risk pregnancy

For the Trainee to Counsel parents of a high-risk pregnancy, including pregnancies with a known fetal abnormality and those at risk of delivering an extremely preterm infant.

Outcome 6 – Consider the survival of extremely preterm newborns and counsel parents

For the Trainee to consider the survival and long-term neurodevelopmental outcome data of extremely preterm newborns by week of gestation, and to counsel parents in anticipating the birth of an extremely preterm infant, including the discussion of management options at the threshold of viability.

Training Goal 2 – Stabilisation of the Newborn

By the end of HST the Trainee is expected to be capable of stabilising a newborn and competently manage challenges that may arise.

Outcome 1 – Perform stabilisation of the newborn

For the Trainee to perform neonatal resuscitation adhering to resuscitation guidelines.

Outcome 2 – Perform competent thermal management of the newborn

For the Trainee to perform competent thermal management of the newborn, demonstrating knowledge of thermoregulatory principles in the newborn, including of the thermoneutral environment.

Outcome 3 – Perform advanced airway support

For the Trainee to perform advanced airway support, including endotracheal intubation during resuscitation of the newborn.

Outcome 4 – Lead a resuscitation team

For the Trainee to demonstrate an ability to competently lead and communicate effectively with the resuscitation team.

Outcome 5 – Communicate with caregivers of a newborn requiring stabilisation

For the Trainee to communicate clearly with carers of an infant who requires stabilisation in the delivery room including infants who do not respond to resuscitation.

Outcome 6 – Initiate management of the sick newly born infant

For the Trainee to show a diagnostic approach and appropriate initial management of the sick newly born infant.

Outcome 7 – Perform and interpret an assessment of gestational age

For the Trainee to perform and interpret an assessment of gestational age, using appropriate score.

Training Goal 3 – Ongoing Care of the Newborn

By the end of HST the Trainee is expected to demonstrate the ability to examine, assess and manage neonates who present with different conditions. The Trainee is expected to communicate clearly and empathetically with carers of a newborn with medical conditions and counsel them appropriately.

RESPIRATORY

OUTCOME 1.1 – ASSESS AND MANAGE A NEONATE WITH RESPIRATORY PROBLEMS

For the Trainee to assess and manage a neonate with a range of respiratory problems, including, but not limited to:

- Respiratory distress syndrome
- Transient tachypnoea of the newborn (TTN)
- Meconium aspiration syndrome
- Pulmonary hypoplasia
- Air leak conditions
- Chronic lung disease
- Pulmonary hypertension
- Apnoea

OUTCOME 1.2 – PROVIDE RESPIRATORY SUPPORT TO A RANGE OF NEONATAL RESPIRATORY CONDITIONS

For the Trainee to provide respiratory support to a range of neonatal respiratory conditions, using a range of modalities including continuous positive airway pressure (CPAP), conventional ventilation and high-frequency ventilation, using blood gases and non-invasive monitoring to manage ventilation and oxygenation.

CARDIOVASCULAR AND CENTRAL LINES

OUTCOME 2.1 – ASSESS THE NEONATAL CARDIOVASCULAR SYSTEM

For the Trainee to take a focused history and examination of the neonatal cardiovascular system, including understanding cardiac monitoring.

OUTCOME 2.2 – VASCULAR ACCESS

Understand the indication for the complications and management of vascular access including umbilical arterial and venous lines, peripheral arterial and venous cannula and PICC lines.

OUTCOME 2.3 – ASSESS AND MANAGE CARDIAC CONDITIONS IN NEONATES

For the Trainee to assess and manage the following cardiac conditions in neonates, including, but not limited to:

- Abnormal blood pressure and cardiac output in the neonate
- Congenital cardiac conditions
- Arrhythmias of the neonate
- Cardiac failure
- Cyanotic heart disease
- Patent ductus arteriosus in the preterm neonate

OUTCOME 2.4 – INTERPRET RESULTS OF ELECTROCARDIOGRAPH AND CARDIAC IMAGING

For the Trainee to interpret the results of electrocardiograph and cardiac imaging in the neonate.

NEUROLOGICAL AND NEUROMUSCULAR

OUTCOME 3.1 – TAKE A NEONATAL NEUROLOGICAL HISTORY AND PERFORM A NEUROLOGICAL EXAMINATION

For the Trainee to take a neonatal neurological history and perform an examination which is appropriate for age and gestation.

OUTCOME 3.2 – ASSESS AND MANAGE NEUROLOGICAL AND NEUROMUSCULAR CONDITIONS IN NEONATES

For the Trainee to assess and manage a range of neurological and neuromuscular conditions in neonates, including, but not limited to:

- Hypotonia
- Neonatal encephalopathy
- Neonatal stroke
- Periventricular haemorrhage
- Seizure disorders
- White matter injury
- Neural tube defect
- Hydrocephalus
- Mild, moderate and severe problems of neurodevelopment
- Neonatal abstinence syndrome

OUTCOME 3.3 – PERFORM AND INTERPRET BEDSIDE aEEG RECORDINGS

For the Trainee to perform and interpret bedside aEEG recordings (cerebral function monitoring/amplitude integrated EEG).

HAEMATOLOGICAL

OUTCOME 4.1 – PRACTICE SAFE AND EFFECTIVE USE OF BLOOD COMPONENTS

For the Trainee to practice safe and effective use of blood components using the principles of patient blood management, considering parental, ethical, safety issues and resource management.

OUTCOME 4.2 – INVESTIGATE AND MANAGE HAEMATOLOGICAL CONDITIONS

For the Trainee to investigate and manage haematological conditions, including but not limited to:

- Coagulopathies
- Thrombocytopaenia
- Anaemias
- Isoimmune haemolytic disease

OUTCOME 4.3 – NEONATAL EXCHANGE TRANSFUSION

For the Trainee to understand the principles and the process of neonatal exchange transfusion.

METABOLIC AND ENDOCRINE

OUTCOME 5.1 – SCREEN FOR, INVESTIGATE AND MANAGE A RANGE OF METABOLIC AND ENDOCRINE DISORDERS

For the Trainee to screen for, investigate and manage metabolic and endocrine disorders in neonates (e.g. hypoglycaemia/hyperglycaemia) involving subspecialty consultation.

OUTCOME 5.2 – RECOGNISE AND INSTITUTE EMERGENCY TREATMENT FOR INBORN ERRORS OF METABOLISM

For the Trainee to recognise and institute emergency treatment for inborn errors of metabolism.

OUTCOME 5.3 – NATIONAL SCREENING PROGRAMME

For the Trainee to understand and ensure conformity to the national screening programme.

RENAL

OUTCOME 6.1 – MANAGE FLUID AND ELECTROLYTE PROBLEMS

For the Trainee to manage fluid and electrolyte problems, including those in preterm babies and those with surgical problems.

OUTCOME 6.2 – MANAGE AND INVESTIGATE ANTENATALLY AND POSTNATALLY DIAGNOSED RENAL DISORDERS

For the Trainee to manage and investigate antenatally and postnatally diagnosed renal disorders.

OUTCOME 6.3 – RECOGNISE AND INSTITUTE TREATMENT FOR ACUTE AND CHRONIC RENAL FAILURE

For the Trainee to recognise and institute treatment for acute and chronic renal failure.

OUTCOME 6.4 – PERFORM URETHRAL CATHETERISATION AND FAMILIARISE WITH SUPRAPUBIC ASPIRATION (DESIRABLE)

For the Trainee to perform urethral catheterisation and be familiar with suprapubic aspiration.

NUTRITION

OUTCOME 7.1 – ASSESS AND INVESTIGATE POOR GROWTH AND NUTRITION

For the Trainee to assess and investigate poor growth and nutrition

OUTCOME 7.2 – ANTICIPATE AND PREVENT NUTRITIONAL DEFICIENCIES

For the Trainee to anticipate and prevent nutritional deficiencies, including osteopenia of prematurity and faltering growth.

OUTCOME 7.3 – PRESCRIBE AND MANAGE PARENTERAL NUTRITION IN SICK AND PRETERM INFANTS

For the Trainee to prescribe and manage parenteral nutrition in sick and preterm infants, understand benefits and potential complications of longer-term venous access insertion and benefits and side effects of parenteral nutrition.

OUTCOME 7.4 – UNDERSTAND IMPORTANCE OF BREASTFEEDING

For the Trainee to understand importance of breastfeeding, support caregivers' choices regarding feeding.

GASTROINTESTINAL AND HEPATOBILIARY

OUTCOME 8.1 – DIAGNOSE AND MANAGE NECROTISING ENTEROCOLITIS

For the Trainee to diagnose and manage necrotising enterocolitis and liaise with surgical team when indicated.

OUTCOME 8.2 – MANAGE CONGENITAL GASTROINTESTINAL DISEASE

For the Trainee to manage congenital gastrointestinal diseases including, but not limited to, pre-operative management of:

- Bowel atresia
- Abdominal wall defect

OUTCOME 8.3 – POST-OPERATIVE CARE

To be familiar with post-operative care of infants' post-abdominal surgery including stoma management.

OUTCOME 8.4 – DIAGNOSE, INVESTIGATE AND MANAGE MALABSORPTION SYNDROMES AND NUTRITIONAL DEFICIENCIES

For the Trainee to diagnose, investigate and manage malabsorption syndromes and nutritional deficiencies with specialist support as appropriate.

OUTCOME 8.5 – INVESTIGATE SUSPECTED GASTROINTESTINAL TRACT (GIT) ANOMALIES OR DISEASE

For the Trainee to investigate suspected gastrointestinal tract (GIT) anomalies or disease.

OUTCOME 8.6 – INVESTIGATE AND MANAGE JAUNDICE

For the Trainee to investigate and manage acute and prolonged jaundice.

OUTCOME 8.7 – INVESTIGATE AND MANAGE HEPATOBILIARY DISEASE AND ADOPT A MULTIDISCIPLINARY APPROACH

For the Trainee to investigate and manage hepatobiliary disease and adopt a multidisciplinary approach where necessary.

INFECTIONS

OUTCOME 9.1 – INVESTIGATE AND MANAGE NEONATAL INFECTIONS

For the Trainee to investigate and manage neonatal infections e.g. septicaemia, meningitis, urinary tract infection.

OUTCOME 9.2 – PERFORM A SEPTIC WORK UP

For the Trainee to perform a septic work up, including blood culture, urine sample and lumbar puncture.

OUTCOME 9.3 – GUIDELINES PERTAINING TO THE PREVENTION OF PERINATAL TRANSMISSION

For the Trainee to gain familiarity with the guidelines pertaining to the prevention of perinatal transmission of HIV, Hepatitis B, Hepatitis C and relevant pathogens.

OUTCOME 9.4 – INVESTIGATE AND MANAGE NEONATAL VIRAL INFECTIONS

For the Trainee to investigate and manage neonatal viral infections e.g. Herpes simplex, neonatal varicella, CMV.

OUTCOME 9.5 – ADVOCATE AND SUPPORT INFECTION CONTROL POLICIES AND PRACTICE IN THE NEONATAL UNIT

For the Trainee to advocate and support infection control policies and practice in the neonatal unit.

DERMATOLOGY

OUTCOME 10.1 – PARTICIPATE IN THE MANAGEMENT OF SKIN CARE IN THE NEWBORN

For the Trainee to participate in the management of skin care in the newborn at all gestations.

OUTCOME 10.2 – RECOGNISE AND MANAGE COMMON SKIN CONDITIONS

For the Trainee to recognise and manage common skin conditions in the newborn.

OUTCOME 10.3 – RECOGNISE SEVERE AND LIFE-THREATENING CONGENITAL SKIN CONDITIONS

For the Trainee to recognise severe and life-threatening congenital skin conditions e.g. epidermolysis bullosa, severe ichthyosis and management in consultation with dermatologists and other disciplines as indicated.

OPHTHALMOLOGY

OUTCOME 11.1 – RETINOPATHY OF PREMATURITY

For the Trainee to have knowledge of screening and management of preterm infants for retinopathy of prematurity.

OUTCOME 11.2 – SCREEN FOR EYE DISORDERS ON NEWBORN EXAMINATION

For the Trainee to screen for eye disorders on term newborn examination.

ENT

OUTCOME 12.1 – UNDERSTAND MANAGEMENT AND AETIOLOGY OF ENT PROBLEMS

For the Trainee to understand management and aetiology of congenital and acquired problems of the ear, nose and throat.

OUTCOME 12.2 – REFERRAL FOR TRACHEOSTOMY

For the Trainee to understand the indications for referral for a tracheostomy

OUTCOME 12.3 – UNDERSTAND FEEDING PROBLEMS ASSOCIATED WITH CLEFT PALATE AND PIERRE-ROBIN SEQUENCE

For the Trainee to understand feeding problems associated with cleft palate and Pierre-Robin sequence.

MUSCULOSKELETAL

OUTCOME 13 – NEONATAL MUSCULOSKELETAL CONDITIONS

For the Trainee to diagnose common neonatal musculoskeletal conditions, including, but not limited to:

- Congenital hip dysplasia
- Congenital talipes
- Limb anomalies
- Plagiocephaly
- Torticollis

CONGENITAL ANOMALIES

OUTCOME 14 – INFANTS WITH CONGENITAL ANOMALIES

For the Trainee to assess, investigate and conduct MDT referrals for infants with congenital anomalies. Conditions including, but not limited to: Trisomy 21; disorders of sexual development; etc.

Training Goal 4 – Procedural Skills

By the end of HST the Trainee is expected to perform the procedures required for the care of the sick neonate and to demonstrate knowledge of the relevant anatomy and physiology, indications, risks and complications both pharmacological and non-pharmacological.

Outcome 1 – Describe anatomy, physiology, indications, risks of procedures

For the Trainee to describe the relevant anatomy and physiology, indications for and risks of common neonatal procedures.

Outcome 2 – Perform specific procedures and skills

For the Trainee to be competent in performing the following procedures:

- Emergency thoracocentesis needle
- Intercostal drain
- Nasogastric tube
- Nasopharyngeal airway
- Percutaneous central lines (PICC)
- Umbilical arterial and venous lines
- Peripheral arterial catheter
- Peripheral venous catheter
- Urinary catheter Airway suction
- Positive pressure ventilation (mask)
- Laryngeal mask
- Endotracheal intubation (Term infant)
- Endotracheal intubation (Preterm infant)
- Providing mechanical ventilation
- High frequency oscillation ventilation (HFOV)
- Providing inhaled Nitric Oxide (iNO)
- Blood sampling (peripheral, capillary and central line)
- Blood culture
- Lumbar puncture
- ECG
- aEEG
- Surfactant administration
- Exchange transfusion[1]
- Thoracocentesis
- Intercostal drain insertion
- Fetal medicine counselling
- Antenatal counselling
- Prescribing total parenteral nutrition (TPN)
- Prescribing of blood products
- Nasogastric tube insertion

[1] Rare procedure – not everyone might have the opportunity to perform this procedure. For specific rare procedures the potential for simulation-based training could be reviewed.

Outcome 3 – Perform and interpret specific procedures (desirable but not mandatory)

It is **desirable**, where appropriate, for the Trainee to gain experience in performing the following procedures:

- Cranial USS
- Functional echocardiography
- Advanced vascular access including ultrasound-guided line placement
- Suprapubic aspirate
- CSF drainage from an indwelling ventricular device/reservoir
- Paracentesis
- Pericardiocentesis

Outcome 4 – Manage complications of procedures

For the Trainee to manage complications of common neonatal procedures, including but not limited to those listed above.

Outcome 5 – Communicate with carers regarding procedure

For the Trainee to communicate with carers regarding risks and benefits of the procedure, including appropriate consent.

Outcome 6 – Demonstrate awareness of limitations

For the Trainee to demonstrate awareness of own limitations and seek help when appropriate.

Summary Table of Procedural Skills

This table summarises the **expected training frequency per each procedure.** The Trainee should log the procedures on ePortfolio and complete the related DOPS Assessment as indicated. Of note the expected training frequency per each procedure is per each year of clinical training, while the DOPS assessments are over the duration of the programme.

Please note: for the outcomes included in this table, the numeric minimum requirements are only indicative. Achieving the number of procedures indicated here does not equate to achieving competency in the procedure. The Trainee is expected to seek feedback from their Trainer who would advise whether competency is achieved, or additional training is necessary.

PROCEDURAL/PRACTICAL/SURIGAL SKILLS			
Type	**Expected experience per each year of training (log experience on ePortfolio)**	**DOPS Assessment – Expected to perform over duration of programme**	**ePortfolio Form**
Emergency thoracocentesis with a needle	2-4 to be recorded in ePortfolio	1 to be recorded in ePortfolio	Procedures, Skills and DOPS
Intercostal drain insertion	2-4 to be recorded in ePortfolio	1 to be recorded in ePortfolio	Procedures, Skills and DOPS
Nasogastric tube	1 to be recorded in ePortfolio	1 to be recorded in ePortfolio	Procedures, Skills and DOPS
Nasopharyngeal airway	2 to be recorded in ePortfolio	1 to be recorded in ePortfolio	Procedures, Skills and DOPS
Percutaneous central lines	7-10 to be recorded in ePortfolio	1 to be recorded in ePortfolio	Procedures, Skills and DOPS
Umbilical arterial and venous lines	7-10 to be recorded in ePortfolio	3 to be recorded in ePortfolio	Procedures, Skills and DOPS
Peripheral arterial catheter	2 to be recorded in ePortfolio	3 to be recorded in ePortfolio	Procedures, Skills and DOPS
Peripheral venous catheter	10 to be recorded in ePortfolio	3 to be recorded in ePortfolio	Procedures, Skills and DOPS
Urinary catheter	2 to be recorded in ePortfolio	1 to be recorded in ePortfolio	Procedures, Skills and DOPS
Positive pressure ventilation (mask)	10 to be recorded in ePortfolio	5 to be recorded in ePortfolio	Procedures, Skills and DOPS
Endotracheal intubation TERM	10 to be recorded in ePortfolio	5 to be recorded in ePortfolio	Procedures, Skills and DOPS
Endotracheal intubation PREM	10-15 to be recorded in ePortfolio	5 to be recorded in ePortfolio	Procedures, Skills and DOPS
Mechanical Ventilation	20 to be recorded in ePortfolio	5 to be recorded in ePortfolio	Procedures, Skills and DOPS

HFOV	5-10 to be recorded in ePortfolio	3 to be recorded in ePortfolio	Procedures, Skills and DOPS
iNO	5-10 to be recorded in ePortfolio	3 to be recorded in ePortfolio	Procedures, Skills and DOPS
Blood sampling (peripheral, capillary, arterial and central line)	10 to be recorded in ePortfolio	5 to be recorded in ePortfolio	Procedures, Skills and DOPS
Blood culture	10 to be recorded in ePortfolio	1 to be recorded in ePortfolio	Procedures, Skills and DOPS
Surfactant administration	10 to be recorded in ePortfolio	5 to be recorded in ePortfolio	Procedures, Skills and DOPS
Lumbar puncture	5-10 to be recorded in ePortfolio	5to be recorded in ePortfolio	Procedures, Skills and DOPS
Prescribing TPN	5 to be recorded in ePortfolio	1 to be recorded in ePortfolio	Procedures, Skills and DOPS
Suprapubic aspirate	1 to be recorded in ePortfolio (desirable not expected)	1 to be recorded in ePortfolio (desirable not expected)	Procedures, Skills and DOPS
Drainage CSF reservoir	1 to be recorded in ePortfolio (desirable not expected)	1 to be recorded in ePortfolio (desirable not expected)	Procedures, Skills and DOPS
Paracentesis	1 to be recorded in ePortfolio (desirable not expected)	1 to be recorded in ePortfolio (desirable not expected)	Procedures, Skills and DOPS
Exchange transfusion	1 to be recorded in ePortfolio (desirable not expected)	1 to be recorded in ePortfolio (desirable not expected)	Procedures, Skills and DOPS
Pericardiocentesis	1 to be recorded in ePortfolio (desirable not expected)	1 to be recorded in ePortfolio (desirable not expected)	Procedures, Skills and DOPS
Functional echocardiography	1 to be recorded in ePortfolio (desirable not expected)	1 to be recorded in ePortfolio (desirable not expected)	Procedures, Skills and DOPS
Cranial USS	1 to be recorded in ePortfolio (desirable not expected)	1 to be recorded in ePortfolio (desirable not expected)	Procedures, Skills and DOPS[2]

[2] **Please note the difference between logging a procedure and completing a DOPS assessment**. Logging a procedure: the Trainee should log a minimum number of procedures as indicated in this curriculum. To log a procedure on ePortfolio, the Trainee does not need the involvement of their Trainer.
Completing a DOPS: the Trainee should complete a minimum number of DOPS as indicated in their curriculum. A DOPS (Direct Observation of Practical Skills) is a workplace-based assessment during which the Trainee is observed and assessed by an Assessor. An Assessor can be anyone with more experience than the Trainee. A copy of the DOPS assessment will be sent to your assigned Trainer on ePorfolio. Your Trainer will have to fill in the form for acknowledgement before it can appear as complete on your ePortfolio.

Training Goal 5 – End-of-Life Care

By the end of HST the Trainee is expected to manage end-of-life care in neonates, recognising the value of a multi-disciplinary approach to the carers of a dying infant.

Outcome 1 – Demonstrate knowledge of ethical issues related to end-of-life care

For the Trainee to demonstrate knowledge of ethical issues related to end-of-life care in line with national guidelines, including but not limited to:

- Borderline viability (awareness of attitudes)
- Congenital malformations including antenatal MDT assessment
- Non-initiation of resuscitation
- Palliative care

Outcome 2 – Counsel caregivers in a sensitive and appropriate fashion

For the Trainee to counsel caregivers in a sensitive and appropriate fashion.

Outcome 3 – Understand the coronial process

For the Trainee to understand that all deaths of newborn infants are referred to the coroner, and the process that this involves.

Outcome 4 – Request Post-mortem examination when necessary

For the Trainee to recognise the role and importance of post-mortem examination and to be able to request it when necessary.

Outcome 5 – Documentation and communication

For the Trainee to gain experience in and understand the importance of documentation and communication after the death of an infant.

Outcome 6 – Manage the care of infants and families requiring palliative care

For the Trainee to manage the care of infants and families requiring palliative care, demonstrating knowledge of evidence-based practice in the palliative management of infants with life-limiting conditions. Referral to palliative care specialists when necessary. Provide appropriate follow up.

Outcome 7 – Participate in Supporting and debriefing healthcare team

For the Trainee to participate in supporting and debriefing healthcare team when dealing with end-of-life care in neonates.

Training Goal 6 – Post-Discharge Care

By the end of HST the Trainee is expected to assess and manage the infant at risk and plan for a long-term healthcare approach.

Outcome 1 – Identify infants who require follow up

For the Trainee to be able to identify infants who require follow up after discharge from neonatal unit and identify appropriate follow up.

Outcome 2 – Participate in discharge planning

For the Trainee to participate in MDT discharge planning

Outcome 3 – Address child protection issues

To follow principle of "Children First" policies and identify infants who have child protection issues and refer to appropriate social work/services.

Outcome 4 – Participate in follow-up of high-risk infants and their families

For the Trainee to participate in the follow-up of high-risk infants and their families, including liaison with relevant MDT and community services.

Outcome 5 – Infants with complex medical needs

For the Trainee to understand the evolving care requirements of children with complex long-term medical needs, including the importance of subspecialist input.

Training Goal 7 – Regional Organisation of Perinatal Care

By the end of HST the Trainee is expected to organise and manage the safe and appropriate transfer of the sick newborn to and regional centres.

Outcome 1 – Understand National model of care

For the Trainee to understand the national model of care in Neonatology.

Outcome 2 – Understand organisation of neonatal services

For the Trainee to understand the organisation of neonatal services into level 1, 2, 3, 4 units and patient flow into the different units including networked care.

Outcome 3 – Manage retro transfer in line with Sláintecare

For the Trainee to understand and manage transfer of patients to regional and local units in collaboration with general paediatrics and community paediatrics colleagues.

Outcome 4 - Demonstrate knowledge of fetal conditions requiring in-utero transfer

For the Trainee to demonstrate knowledge of fetal conditions requiring in-utero transfer.

Outcome 5 – Demonstrate knowledge of maternal conditions requiring in-utero transfer

For the Trainee to demonstrate knowledge of maternal conditions requiring in-utero transfer.

Outcome 6 – Identify infrastructural, organisational and logistical issues relating to National neonatal transport

For the Trainee to identify infrastructural and organisational issues relating to national neonatal transport.

Outcome 7 – Initiate resuscitation and stabilise the sick infant in a non-critical care environment

For the Trainee to initiate resuscitation and stabilise the sick infant in a non-critical care environment.

Outcome 8 – Discuss the factors affecting the type of transport undertaken in different clinical situations

For the Trainee to discuss the factors affecting the type of transport undertaken in different clinical situations.

Outcome 9 – Participate in communication with referring centres and transport teams

For the Trainee to participate in communication with referring centres and transport teams on issues relating to transport of sick or preterm infants.

Outcome 10 – Demonstrate ability to lead a transport team

For the Trainee to demonstrate ability to lead a transport team and to establish appropriate communication with clinical team and families.

Training Goal 8 – Integrated Care of the Newborn

By the end of HST the Trainee is expected to understand their role in the co-ordination and provision of complex care for their patients by subspecialists and the multidisciplinary team.

Outcome 1 – Care of the newborn and Carers' counselling

For the Trainee to be competent in the all-encompassing care of the newborn, including the well newborn and those requiring special and intensive care, as well as counselling carers of the fetus at significant risk in an emotionally and culturally appropriate fashion.

Outcome 2 – Counsel carers about the impact of long-term illness

For the Trainee to Counsel carers about the impact of long-term illness on the child and family.

Outcome 3 – Participate in multidisciplinary management of high-risk pregnancies

For the Trainee to participate in the multidisciplinary decision-making of high-risk pregnancies, including pregnancies with known fetal abnormalities.

Outcome 4 – Demonstrate a collaborative approach within The multidisciplinary team

For the Trainee to demonstrate a collaborative approach within a multidisciplinary team to provide post-natal care to the newborn during their in-patient stay and out-patient follow-up.

Outcome 5 – Investigate and manage conditions with subspecialists

For the Trainee to investigate and manage the following conditions in consultation with appropriate subspecialist, including but not limited to:

- Congenital cardiac disease
- Renal and genito-urinary anomalies
- GI surgical conditions (e.g., abdominal wall defects, intestinal atresias and stenosis)
- Congenital endocrine issues (eg hypothyroid)
- Disorders of immune function
- Genetic conditions
- Neonatal tumours and malignancies

Outcome 6 – Coordinate home-based care with community services

For the Trainee to coordinate home-based care with community services for infants on home care (e.g. home oxygen therapy).

Outcome 7 – Demonstrate a collaborative approach to developing protocols

For the Trainee to demonstrate a collaborative approach to developing relevant clinical protocols and guidelines (for example guidelines relating to the prevention and management of Perinatal sepsis, hand washing and infection control measures in clinical practice).

APPENDICES

This section includes two appendices to the Curriculum.

The first one is about Assessment (i.e. Workplace Based Assessments, Evaluations etc).

The second one is about Teaching Attendance (i.e. Taught Programme, Specialty-Specific Learning Activities and Study Days)

ASSESSMENT APPENDIX

Workplace-Based Assessments & Evaluations

The expression "workplace-based assessments" (WBA) defines all the assessments used to evaluate Trainees' daily clinical practices employed in their work setting. It is primarily based on the observation of Trainees' performance by Trainers. Each observation is followed by a Trainer's feedback, with the intent of fostering reflective practice.

Relevance of Feedback for WBA

Although "assessment" is the keyword in WBA, it is necessary to acknowledge that feedback is an integral part and complementary component of WBA. The main purpose of WBA is to provide specific feedback for Trainees. Such feedback is expected to be:

- **Frequent**: the opportunities to provide feedback are preferably given by directly observed practice, but also by indirectly observed activities. Feedback is expected to be frequent and should concern a low-stake event. Rather than being an assessor, the Trainer is an observer who is asked to provide feedback in the context of the training opportunity presented at that moment.
- **Timely**: preferably, the feedback should be a direct conversation between Trainer and Trainee in a timeframe close to the training event. The Trainee should then record the feedback on ePortfolio in a timely manner.
- **Constructive**: the recorded feedback would inform both Trainee's practice for future performance and committees for evaluations. Hence, feedback should provide Trainees with behavioural guidance on how to improve performance and give committees the context that leads to a rating, so that progression or remediation decisions can be made.
- **Actionable**: to improve performance and foster behavioural change, feedback should include practical and contextualised examples of both Trainee's strengths and areas for improvement. Based on these examples, it is necessary to outline a realistic action plan to direct the Trainee towards remediation/improvement.

Types of WBAs in use at RCPI

There is a variety of WBAs used in medical education. They can be categorised into three main groups: *Observation of performance*; *Discussion of clinical cases*; *Feedback*; *Mandatory Evaluations*.

As WBAs at RCPI we use *Observation of performance* via MiniCEX and DOPS; *Discussion of clinical cases* via CBD; *Feedback* via Feedback Opportunity.

Mandatory Evaluations are bound to specific events or times of the academic year, for these at RCPI we use: Quarterly Assessment/End of Post Assessment; End of Year Evaluation; Penultimate Year Evaluation; Final Year Evaluation.

Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every Trainee has access to an individual ePortfolio where they must record all their assessments, including WBAs. By recording assessments on this platform, ePortfolio serves both the function to provide an individual record of the assessments and to track Trainees' progression.

Formative & Summative Assessment

The Trainee can record any WBA either as formative or summative with the exception of the *Mandatory Evaluations* (Quarterly/End of Post, End of Year, Penultimate Year, Final Year evaluations).

If the WBA is logged as formative, the Trainee can retain the feedback on record, but this will not be visible to an assessment panel, and it will not count towards progression. If the WBA is logged as summative it will be regularly recorded and it will be fully visible to assessment panels, counting towards progression.

WORKPLACE-BASED ASSESSMENTS	
CBD *|Case Based Discussion*	This assessment is developed in three phases: 1. Planning: The Trainee selects two or more medical records to present to the Trainer who will choose one for the assessment. Trainee and Trainer identify one or more training goals in the curriculum and specific outcomes related to the case. Then the Trainer prepares the questions for discussion. 2. Discussion: Prevalently, based on the chosen case, the Trainer verifies the Trainee's clinical reasoning and professional judgment, determining the Trainee's diagnostic, decision-making and management skills. 3. Feedback: The Trainer provides constructive feedback to the Trainee. It is good practice to complete at least one CBD per quarter in each year of training.
DOPS **|** *Direct Observation of Procedural Skills*	This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter. In the context of a DOPS, the Trainer evaluates the Trainee while they are performing a procedure as a part of their clinical routine. This evaluation is assessed by completing a form with pre-set criteria, then followed by direct feedback.
MiniCEX **|** *Mini Clinical Examination Exercise*	The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases: 1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes). 2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination. 3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback.
Feedback Opportunity	Designed to record as much feedback as possible. It is based on observation of the Trainees in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the Trainee (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX)
MANDATORY EVALUATIONS	
QA *|Quarterly Assessment*	As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months). It frequently happens that a Quarterly Assessment coincides with the end of a post, in which case the Quarterly Assessment will be substituted by completing an End of Post Assessment. In this sense the two Assessments are interchangeable, and they can be completed using the same form on ePortfolio. However, if the Trainee will remain in the same post at the end of the quarter, it will be necessary to complete a Quarterly Assessment. Similarly, if the end of a post does not coincide with the end of a quarter, it will be necessary to complete an End of Post Assessment to assess the end of a post. This means that for every specialty and level of training, a minimum of four Quarterly Assessment and/or End of Post Assessment will be completed in an academic year as a mandatory requirement.
EOPA **|** *End of Post Assessment*	
EOYE **|** *End of Year Evaluation*	The End of Year Evaluation occurs once a year and involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs); the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so. These meetings are scheduled by the respective Specialty Coordinators and happen sometime before the end of the academic year (between April and June).
PYE **|** *Penultimate Year Evaluation*	The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training. It involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs) and an External Member who is a recognised expert in the Specialty outside of Ireland; the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so.
FYE **|** *Final Year Evaluation*	In the last year of training, the End of Year Evaluation is conventionally called Final Year Evaluation, however, its organisation is the same as an End of Year Evaluation.

TEACHING APPENDIX

Specialty-Specific Learning Activities (Courses & Workshops)

Trainees should always refer to their training curriculum (please see diagram below) for a full list of requirements for their HST programme. When not sure, Trainees should contact their Programme Coordinator.

Study Days

Study days vary from year to year, they comprise a rolling schedule of hospital-provided topic-specific educational days and national/international events selected for their relevance to the HST curriculum.

Trainees are expected to attend the majority of the study days available and **at least 6 per training year**.

RCPI Taught Programme

Neonatology Trainees would have completed their Taught Programme and/or mandatory courses during the first years of Training in Paediatrics. Any outstanding Taught Programme requirements would be available on Brightspace. When not sure, Trainees should contact their Programme Coordinator. For any queries regarding access to course and/or tutorial, please contact rcpicourses@rcpi.ie

The RCPI Taught Programme consists of a series of modular elements spread across the years of training.

Delivery will be a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials will be delivered by Tutors related to this specialty and they will use specialty-specific examples throughout each tutorial. Trainees will be assigned to a tutorial group and will remain with their tutorial group for the duration of HST.

Trainees will receive their induction content and timetable ahead of their start date on HST. Trainees must plan the time to complete their requirements and must be supported with the allocation of study leave or appropriate rostering.

As the HST Taught Programme is a mandatory component of HST, it is important that Trainees are released from service to attend the Virtual Tutorials and, where possible facilitated with the use of teaching space in the hospital.

Neonatology Teaching Attendance Requirements