FACULTY OF PAEDIATRICS

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

PAEDIATRIC CARDIOLOGY

OUTCOME-BASED EDUCATION – OBE CURRICULUM

This Curriculum of Higher Specialist Training in Paediatric Cardiology was developed in 2024 by a team of Paediatric Cardiologists led by Professor Orla Franklin (National Specialty Director) and the RCPI Education Department. The Curriculum undergoes an annual review process by the National Specialty Director 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 Director Foreword

Paediatric Cardiology is a sub-speciality that diagnoses, treats and supports infants and children with congenital structural cardiac anomalies, inherited cardiac conditions and heart disease acquired during childhood.

This training scheme is designed to expose the paediatric cardiac Trainee to a broad scope of presentations, investigations and management strategies for fetuses, infants, children and young adults with heart disease. It aims to provide exposure for all in the recognised sub specially interest areas of fetal cardiology, cardiac imaging, cardiac catheterisation, paediatric cardiac electrophysiology, inherited cardiovascular disease of childhood and adult congenital heart disease.

The Trainee is encouraged in years 4 and 5 to develop a sub-speciality interest in the area of practice that has most interested them in generic training and through specialist fellowship training or a pursuit of a higher academic qualification to hone their skills and expertise.

This training programme has been set up to allow the Trainee to recognise the importance of outcome-based training within the sub-speciality. The programme has identified targeted outcomes and goals that are considered key to core training in the area of paediatric cardiology. While these have been adapted from the previous Curriculum, they have been modified to reflect the advances in paediatric cardiology. The programme is designed to produce well-rounded paediatric cardiologists who having experienced core training with exposure to all aspects of paediatric cardiac care, have advanced to identify and then further train in an area of sub-specialist interest.

We the Trainers, would like to thank all Trainers and Trainees who took part in this process, and we look forward to working to help you to achieve confidence and expertise in the specific targeted outcomes and goals that we have identified as being of prime importance in training in paediatric cardiology.

Prof. Orla Franklin

Table of Contents

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 in Paediatric Cardiology in approved training posts, under supervision, in order to fulfil agreed curricular requirements. Each post provides a Trainee with a named Trainer and the programme is under the direction of the National Specialty Director for Paediatric Cardiology.

Purpose of the Curriculum

The purpose of the Curriculum is to guide the Trainee towards achieving the educational outcomes necessary to work as an independent paediatric Cardiologist. The Curriculum defines the relevant processes, content, outcomes, and requirements to be achieved. It stipulates the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise the Higher Specialist Training (HST) programme. It provides a framework for certifying successful completion of HST programme.

In keeping with developments in medical education and to ensure alignment with international best practices and standards, the Royal College of Physicians (RCPI) have implemented an Outcome Based Education (OBE) approach. This Curriculum design differs from traditional "minimum 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.

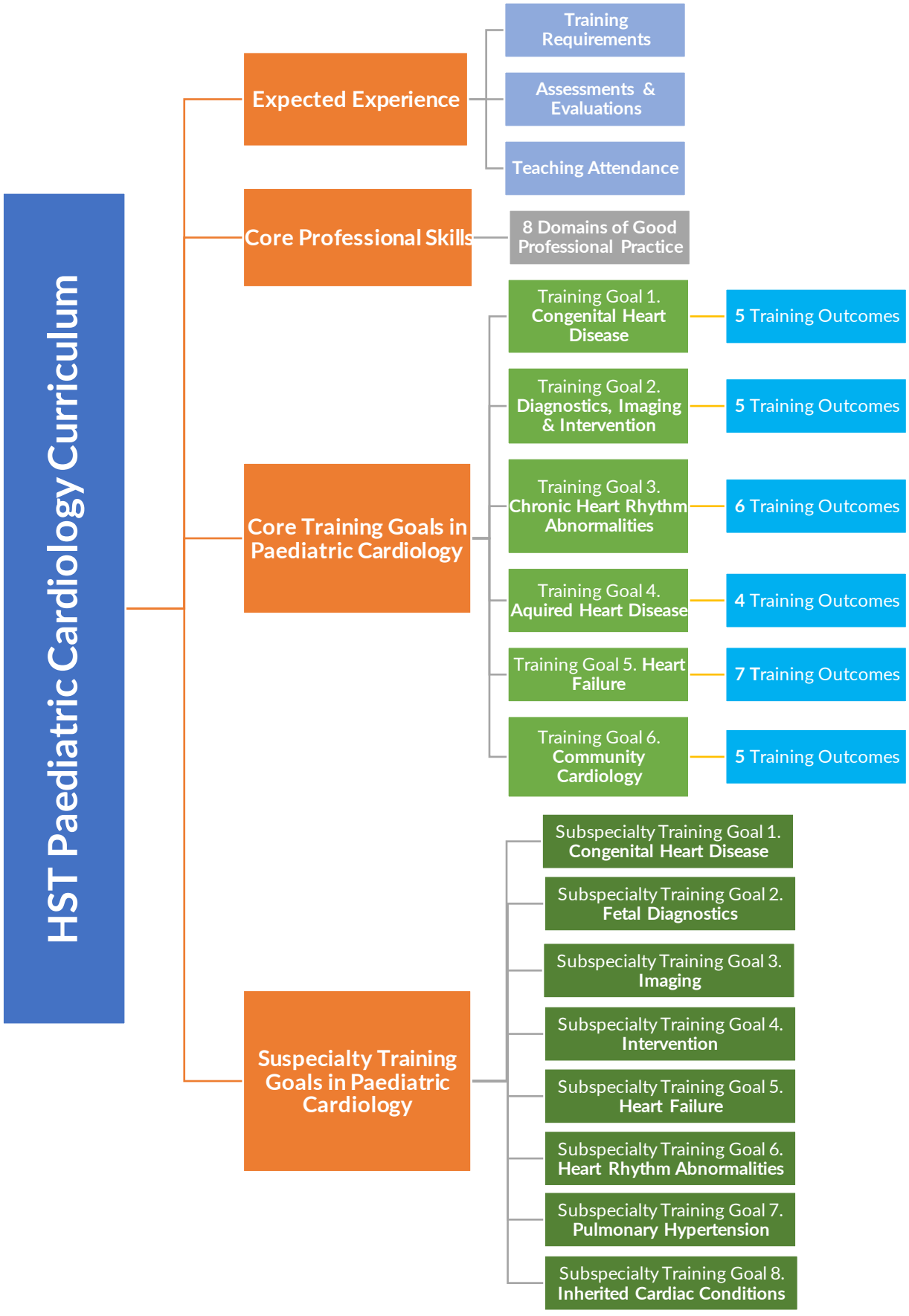
It is important to note that ePortfolio is a digital repository designed to reflect Curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should 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

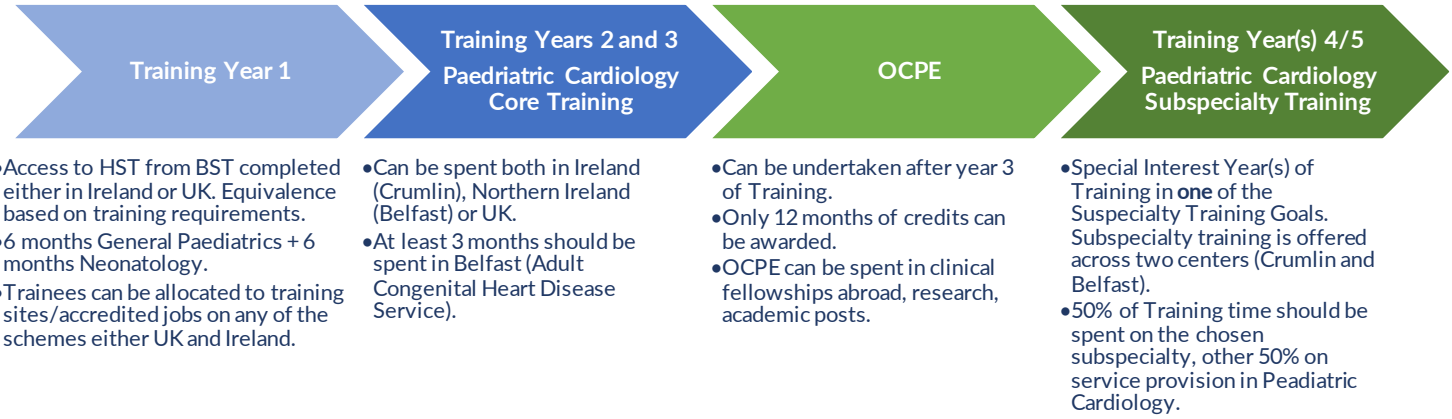
This section details the training experience that all Trainees are expected to complete over the course of Higher Specialist Training.

Duration & Organisation of Training

The duration of HST in Paediatric Cardiology is five years: six months of General Paediatrics and 6 months of Neonatology in the first year; then, four years of Paediatric Cardiology (2 years of Core Cardiology Training + 2 years of Subspecialty Cardiology Training.

Up to a maximum of one year's credit may be awarded for a pre-approved period of out of clinical programme experience (OCPE). Trainees must spend the first three years of training in clinical posts before undertaking any period out of clinical programme experience (OCPE) and credit cannot be allocated retrospectively. This period of time can only be accredited if it is in a clinical post or a clinical fellowship abroad, a clinical lecture post or a research post in Ireland or abroad. The research post can only receive credit if it includes a clinical component to maintain and further develop clinical skills.

Overview of Organisation & Duration of Training



In-Patient Responsibilities

The Trainee will be expected to have direct supervisory responsibilities for Paediatric Cardiology in-patients. This will require at least three personal ward rounds per week and supervising the activities of the more junior members of the clinical team at other times. An additional ward round with a consultant each week is also expected for educational experience.

Out-Patient Responsibilities

The Trainee is expected to have personal responsibility for the assessment and review of Paediatric Cardiology outpatients with a minimum of at least one consultant-led Paediatric Cardiology clinic per week. New patient referrals should be assessed by the Trainee independently but access to consultant opinion/supervision as necessary during the clinic is an essential requirement. Ward follow-ups are an important part of Paediatric Cardiology training particularly for the purposes of on-going care commitment by the Trainee.

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 years. Particularly experienced Trainees may undertake the running of an outpatient clinic on their own without direct consultant supervision later in the programme.

Core 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 requirement to document evidence of relevant and varied clinical experience; it is understood that the actual number of training experiences is likely to be in excess of these numbers.

Clinics, Ward Rounds, Consultations & Cases

Attendance at Clinics, participation in Ward Rounds and Patient 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 clinic attendance, ward rounds and consultations. These activities should be recorded on ePortfolio using the respective form.

The numbers expressed in this table are indicative of the frequency expected by Trainees in each of these training activities.

PAEDIATRIC CARDIOLOGY CLINICS			
Outpatient Clinics	**Timeline**	**Expected Experience**	**ePortfolio Form**
Paediatric Cardiology	Over the core Training Years 1-3	Once per week on average. Record 40 per core year on ePortfolio.	Clinics
Unsupervised Paediatric Cardiology	Subspecialty Years 4-5	At least 15 clinics per each subspecialty clinical year, record on ePortfolio.	Clinics
Specialty Clinics	**Timeline**	**Expected Experience**	**ePortfolio Form**
ICC	Core Training Years 1-3	At least 6 clinics per each core clinical year, record on ePortfolio.	Clinics
Transplant	Over the course of HST	At least 6 clinics over the course of HST, record on ePortfolio	Clinics
ACHD	Over the course of HST	At least 20 clinics each clinical year of HST and record on ePortfolio	Clinics
Fetal	Over the course of HST	At least 10 clinics each clinical year of HST and record on ePortfolio	Clinics
NICU visits	Over the course of HST	At least 20 each clinical year of HST and record on ePortfolio	Clinics
PHT	Over the course of HST	Desirable Requirement - 2 clinics over the course of HST and record on ePortfolio	Clinics

WARD ROUNDS AND CONSULTATIONS			
Type	**Timeline**	**Expected Experience**	**ePortfolio Form**
Ward Rounds – Consultant-led	Core Training Years 1-3	On average 1 per week. Record 50 on ePortfolio per each core clinical year.	Clinical Activities
Ward Rounds – Consultant-led	Subspecialty Training Years 4-5	Record 25 on ePortfolio per each subspecialty clinical year.	Clinical Activities
Ward Rounds – SpR-led, including handover	Subspecialty Training Years 4-5	Record 25 on ePortfolio per each subspecialty clinical year.	Clinical Activities
Consultations	Over the course of HST	Record 40 on ePortfolio per each clinical year of training.	Clinical Activities
CLINICAL CASES			
Type	**Timeline**	**Expected Experience**	**ePortfolio Form**
ICU Cases/JCC	Over the course of HST	At least 30 to be recorded on ePortfolio	Cases
Complex Cases	Over the course of HST	Desirable to record 20 on ePortfolio	Cases
Chronic Cases/Long term care (reflective practice)	Over the course of HST	Desirable to record 20 on ePortfolio	Cases
Additional/Special Experience Gained (subspecialty experience)	Over the course of HST	Desirable to record 1 on ePortfolio	Cases

Procedural/Practical/Surgical Skills in Paediatric Cardiology

Trainees are expected to complete an indicative minimum number of procedures which are essential in Paediatric Cardiology.

To record the procedures, simply log these on ePortfolio and complete the related DOPS Assessment as indicated in the table below.

Please note the difference between logging a procedure and completing a DOPS:

1. **Logging Procedures**:

The trainee should log a minimum number of procedures as indicated in the curriculum. To log a procedure, the Trainee does not need the involvement of their Trainer on ePortfolio.

2. **Recording a DOPS Assessment**:

- The Trainee should complete a minimum number of DOPS as indicated. To complete a DOPS the assigned Trainer needs to fill in part of the form on ePortfolio.
- 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.
- If you wish for your assessment to be completed by an Assessor other than your assigned Trainer, please choose the option to fill in the form on the same device, then choose "Other" in the field "Assessment completed by".
- 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 acknowledgment before it can appear as complete on your ePortfolio.
- Please ensure the Patient is aware that the DOPS assessment is taking place and that you and your Assessor have been properly introduced to the Patient.

PROCEDURAL/PRACTICAL/SURGICAL SKILLS			
Type	**Expected experience per each clinical year**	**DOPS Assessment**	**ePortfolio Form**
12 Lead ECG	50 to be recorded in ePortfolio		Procedures, Skills and DOPS
Ambulatory ECG, Exercise Testing and Cardiac Event Recording	30 to be recorded in ePortfolio	1 per each clinical year to be recorded in ePortfolio	Procedures, Skills and DOPS
DC Cardioversion	5 to be recorded in ePortfolio	1 over the course of the training programme to be recorded in ePortfolio	Procedures, Skills and DOPS
Basic Cardiac Pacing	2 to be recorded in ePortfolio	1 over the course of the training programme to be recorded in ePortfolio	Procedures, Skills and DOPS
Pericardiocentesis (can be done by SIM where available)	1 to be recorded in ePortfolio	1 over the course of the training programme to be recorded in ePortfolio	Procedures, Skills and DOPS
Balloon Atrial Septostomy	1 to be recorded in ePortfolio	1 over the course of the training programme to be recorded in ePortfolio	Procedures, Skills and DOPS
Transthoracic Echocardiography Core Training Years 2-3	150 to be recorded in ePortfolio	1 per each clinical year to be recorded in ePortfolio	Procedures, Skills and DOPS
Transthoracic Echocardiography Subspecialty Training Years 4-5	100 to be recorded in ePortfolio	1 per each clinical year to be recorded in ePortfolio	Procedures, Skills and DOPS
Transoesophageal Echocardiography Core Training Years 2-3	20 to be recorded in ePortfolio	1 per each clinical year to be recorded in ePortfolio	Procedures, Skills and DOPS
Transoesophageal Echocardiography Subspecialty Training Years 4-5	20 to be recorded in ePortfolio	1 per each clinical year to be recorded in ePortfolio	Procedures, Skills and DOPS
Cardiac Catheterisation Core Training Years 2-3	50 to be recorded in ePortfolio	1 per each core clinical year to be recorded in ePortfolio	Procedures, Skills and DOPS
Interpretation of Cardiac MRI and/or Thoracic CT Core Training Years 2-3	30 to be recorded in ePortfolio	1 per each core clinical year to be recorded in ePortfolio	Procedures, Skills and DOPS
Electrophysiology Laboratory Core Training Years 2-3	10 to be recorded in ePortfolio	1 per each core clinical year to be recorded in ePortfolio	Procedures, Skills and DOPS

Participation at In-House Activities

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

- Attend and record on ePortfolio at least **8 Journal Clubs per each training year**
- Attend and record on ePortfolio at least **10 MDT Meeting per each training year**
- Attend and record on ePortfolio at least **30 Departmental Teaching Seminars per each training year**
- Attend and record on ePortfolio at least **1 Lecture per each training year**

Assessments, Evaluations & Examinations

Trainees are expected to:

- Complete **4 quarterly assessments per training year** (1 evaluation per quarter)
- 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 each training year** (it is recommended to complete one per quarter)
- Complete **2 MiniCEX per each training year**
- Complete **DOPS Assessments** as indicated in the table above
- Complete additional workplace-based assessments (CBD, DOPS, MiniCEX) and Feedback Opportunities per each training outcome as agreed with the assigned Trainer. Trainers may recommend Trainees complete additional assessments, other than the one indicated in the Expected Experience section of this Curriculum.
- Take EACVI (European Association of Cardiovascular Imaging) TTE (Transthoracic Echocardiography) examination in year 3 or 4 of Training.

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:

- Start at least **1 Audit or Quality Improvement Project**, **per each training year**
- Deliver **10 teaching sessions** (to include tutorials, lectures, bedside teaching, etc.) **per each training year**
- Attend **2 National or International Meeting**, **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**, **per each training year**
- Deliver **1 oral or poster presentation**, **per each training year**
- Achieve **1 additional qualification**, **over the course of HST**

Teaching Attendance

Trainees are expected to complete the RCPI Taught Programme, attend all the specialty-specific learning activities, and attend 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 Paediatric Cardiology Training Handbook (access here)	n/a
Yearly Personal Goals	At the start of each year of training complete a Yearly Personal Goals form on ePortfolio, agreed with the 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 all the procedures as outlined in the table above and as agreed with your Trainer. Record on ePortfolio. Complete and record the respective DOPS as indicated.	Procedures, Skills and DOPS
Deliver Teaching	Record on ePortfolio all the occurrences where you have delivered teaching (including tutorials, lectures, bedside teaching). Record at least 10 occurrences on ePortfolio per each year of training.	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	Desirable Experience: 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 each year of training, either to start, continue or complete	Audit and QI
Attendance at Hospital Based Learning	Each month attend at Journal Club and MDT Meetings. Attend 30 Departmental Teachings and 1 Lecture per training year. Record attendance on ePortfolio	Attendance at Hospital Based Learning
National/International Meetings	Attend 2 over the course of HST	Additional Professional Activities

Management Experience (years 4-5) Examples to include: manage ward round; risky huddle; cardiac M&M; chairing MDT; rota management; NCHD leadership; supervision of junior colleagues.	Record 1 management experience per each subspecialty training year	Management Experience
Additional Qualifications	Desirable Experience which can be recorded on ePortfolio	Additional Professional Activities
Teaching Attendance	Attend the RCPI Taught Programme, Specialty Specific Learning Activities and Study Days as detailed in the Teaching Appendix	Teaching Attendance
Evaluations and Assessments	Complete a Quarterly Assessment/End of post assessment with your Trainer 4 times each year. Discuss your progress and complete the forms.	Quarterly Assessments/End-of-Post Assessments
Examination	EACVI TTE examination in year 3 or 4	Examinations
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.

CORE TRAINING GOALS IN PAEDIATRIC CARDIOLOGY

This section includes the Paediatric Cardiology Core Training Goals that the Trainee should achieve by the end of Year 3 of 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 – Congenital Heart Disease

By the end of the core training in Paediatric Cardiology, the Trainee is expected to understand the embryology and anatomy of congenital heart disease and to appropriately assess, investigate, and manage in a manner appropriate to the complexity of the patient.

Outcome 1 – Knowledge of anatomy/embryology

For the Trainee to demonstrate theoretical knowledge of morphology, genetics/genomics, pathophysiology and natural history across the spectrum of congenital heart disease.

Outcome 2 – Acute management

For the Trainee to recognise the signs and symptoms suggestive of congenital heart disease (including cardiovascular collapse) and instigate appropriate investigations and management.

Outcome 3 – Fetal heart disease

For the Trainee to demonstrate the ability to counsel patients and families about specific congenital cardiac defects, explaining possible treatment options and prognosis.

Outcome 4 – Perioperative management

For the Trainee to demonstrate proficiency in managing patients pre- and post-cardiac surgery and cardiac catheterisation.

Outcome 5 – NICU Cardiology

For the Trainee to demonstrate proficiency in the assessment and management of common NICU presentations including PDA, PPHN and to demonstrate knowledge of the additional risks associated with prematurity in patients with congenital heart disease and how this may alter management strategy.

Training Goal 2 – Diagnostics, Imaging & Intervention

By the end of the core training in Paediatric Cardiology, the Trainee is expected to select and interpret the appropriate diagnostic modality relevant to the clinical scenario.

Outcome 1 – Knowledge of diagnostics

For the Trainee to demonstrate a theoretical knowledge of each investigative modality (echo, cross-sectional imaging, catheterisation) including the relative advantages and disadvantages of each.

Outcome 2 – Knowledge of echocardiography

For the Trainee to demonstrate:

- theoretical knowledge as well as proficiency in performing and reporting echocardiograms to diagnose abnormalities in cardiac structure or function, including with transoeophageal echo.
- knowledge of the role of advanced echo techniques including tissue Doppler imaging, speckle tracking, myocardial deformation imaging and dysynchrony studies to serially assess cardiac function.

Outcome 3 – Knowledge of cross-sectional imaging

For the Trainee to demonstrate theoretical knowledge and proficiency in basic interpretation of cardiac CT and MRI.

Outcome 4 – Cardiac catheterisation diagnostics

For the Trainee to demonstrate theoretical knowledge and ability to perform cardiac catheterisation and angiography under supervision and to interpret results.

Outcome 5 – Cardiac catheterisation intervention

For the Trainee to demonstrate understanding of catheterisation-based interventions including when to refer for same.

Training Goal 3 – Chronic Heart Rhythm Abnormalities

By the end of core training in Paediatric cardiology, the Trainee is expected to assess, investigate and manage a patient with known or suspected rhythm disorders.

Outcome 1 – Assessment and management of acute arrhythmia

For the Trainee to demonstrate proficiency in assessing and managing patients with cardiac arrhythmias as a primary presenting complaint, as a post-operative complication, or as a complication of congenital heart disease. This should include medically managing with pharmacotherapy where appropriate and competency in cardioversion.

Outcome 2 – Management of chronic arrhythmia

For the Trainee to demonstrate proficiency in investigation, management (including pharmacotherapy) and when to perform, an electrophysiology study +/- ablation and basic interrogation and management of a paediatric implantable device.

Outcome 3 – Cardiac arrhythmia investigations

For the Trainee to demonstrate proficiency in assessing and investigating cardiac arrhythmia including interpretation of bedside monitoring, ECG, Holter, Event recorders and Exercise Stress Testing.

Outcome 4 – Management of pacing devices

For the Trainee to demonstrate proficiency in managing basic interrogation and programming of devices in children and adults with CHD including understanding indications for and complications of, device implantation, participate in implantation of and be proficient in follow-up of cardiac devices.

Outcome 5 – Management of inherited cardiac arrhythmia

For the Trainee to demonstrate proficiency in managing a patient with an inherited arrhythmia including investigation, family screening, knowledge of cardiac genetics and management strategies, ultimately referring to a specialist ICC service where necessary.

Outcome 6 – Understanding of syncope

For the Trainee to understand the causes and management of syncope.

Training Goal 4 – Acquired Heart Disease

By the end of core training in Paediatric Cardiology, the Trainee is expected to investigate and manage heart disease that is either acquired or that is secondary to an extracardiac condition.

Outcome 1 – Management of inflammatory conditions

For the Trainee to demonstrate proficiency in assessing and managing patients with cardiac inflammatory disease including screening, interpretation of echo, pharmacotherapy and long-term surveillance.

Outcome 2 – Assessment of aortic disease

For the Trainee to demonstrate proficiency in assessing, imaging, pharmacotherapy and long-term surveillance including referral to relevant sub-specialist teams of aorthopathies.

Outcome 3 – Cardiac surveillance in chronic conditions

For the Trainee to demonstrate proficiency in assessing and managing patients with cardiac manifestations of multisystem disease including cardio-oncology, renal, neuromuscular disease and autoimmune pathologies.

Outcome 4 – Management of cardiac infections

For the Trainee to demonstrate proficiency in assessing and managing patients with cardiac infections including imaging, pharmacotherapy, long-term surveillance and life-style modification advice.

Training Goal 5 – Heart Failure

By the end of core training in Paediatric Cardiology, the Trainee is expected to assess, investigate, and manage a patient with known or suspected myocardial disease, heart failure or pulmonary hypertension.

Outcome 1 – Understanding of cardiomyopathy

For the Trainee to understand the different subtypes of cardiomyopathy in regard to diagnosis, genetics and management.

Outcome 2 – Management of acute heart failure

For the Trainee to demonstrate proficiency in assessing and managing a patient with acute heart failure (cardiomyopathy/myocarditis).

Outcome 3 – Management of chronic heart failure

For the Trainee to demonstrate proficiency in assessing and managing a patient with chronic heart failure.

Outcome 4 – Management of advanced heart failure

For the Trainee to demonstrate theoretical knowledge and indications for mechanical support for advanced heart failure management.

Outcome 5 – Indication for heart transplant

For the Trainee to demonstrate proficiency in indication and timing of referral for transplant as well as management of the post-transplant patient.

Outcome 6 – Knowledge of pulmonary hypertension

For the Trainee to demonstrate knowledge of the aetiologies, assessment and management of Pulmonary hypertension.

Outcome 7 – Understanding of chronic heart failure in CHD

For the Trainee to demonstrate an understanding of the mechanisms, investigations and treatment options for chronic heart failure in coronary heart disease (CHD).

Training Goal 6 – Community Cardiology

By the end of core training in Paediatric Cardiology, the Trainee is expected to manage outpatient care of patients with known or suspected cardiac pathology and to integrate with community and national paediatric services.

Outcome 1 – Common cardiac referrals

For the Trainee to demonstrate proficiency in clinical assessment, investigations and management new patient referrals with cardiac symptoms (murmurs, abnormal ECG, syncope).

Outcome 2 – Community CHD

For the Trainee to demonstrate proficiency in managing CHD patients in the outpatient clinic and in the community.

Outcome 3 – Adult CHD

For the Trainee to show proficiency in the clinical assessment, investigations and management of adult patients with CHD, including an understanding of common adult cardiac comorbidities and their impact on care.

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 – Integration into cardiac network

For the Trainee to understand the structure and function of the paediatric cardiology network and show proficiency of working within this system.

SUBSPECIALTY TRAINING GOALS IN PAEDIATRIC CARDIOLOGY

This section broadly describes the Paediatric Cardiology Subspecialty Training Goals. Trainees should choose one of these Training Goals to achieve during the last part of the HST programme (years 4/5).

During the last years of HST Trainees are expected to continue delivering service provision and gain training in all the areas of Paediatric Cardiology. In addition to this, they should identify one subspecialty area of Paediatric Cardiology for more focused training.

Each Subspecialty Training Goal included in this section captures the different subspecialty areas of Paediatric Cardiology available in Ireland and UK.

These 8 Subspecialty Training Goals are aligned with the 8 Themed for Service CiPs identified in the JRCPTB Paediatric Cardiology Curriculum (cf. pp. 25-37, access here). Trainees should record workplace-based assessments (DOPS, MiniCEX, CBD) and Feedback Opportunities on ePortfolio only for the Subspecialty Training Goal selected for focused training.

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

Subspecialty Training Goal 1 – Congenital Heart Disease

By the end of subspecialty training in Paediatric Cardiology, the Trainee is expected to diagnose and manage acute and chronic structural congenital and paediatric heart disease, including the life-long care of the disease, potential comorbidities and end of life care.

Subspecialty Training Goal 2 – Fetal Diagnostics

By the end of subspecialty training in Paediatric Cardiology, the Trainee is expected to provide fetal diagnostic and management services for pregnancies affected by adult CHD.

Subspecialty Training Goal 3 – Imaging

By the end of subspecialty training in Paediatric Cardiology, the Trainee is expected to provide comprehensive imaging services for paediatric and adult CHD patients (e.g. echocardiographic, cross-sectional imaging, etc.)

Subspecialty Training Goal 4 – Intervention

By the end of subspecialty training in Paediatric Cardiology, the Trainee is expected to provide complex structural interventions for paediatric and adult CHD patients.

Subspecialty Training Goal 5 – Heart Failure

By the end of subspecialty training in Paediatric Cardiology, the Trainee is expected to manage all aspects of the heart failure service, including transplant assessment and ongoing follow-up.

Subspecialty Training Goal 6 – Heart Rhythm Abnormalities

By the end of subspecialty training in Paediatric Cardiology, the Trainee is expected to provide a heart rhythm abnormalities service including ablation and device therapy for paediatric and adult CHD patients.

Subspecialty Training Goal 7 – Pulmonary Hypertension

By the end of subspecialty training in Paediatric Cardiology, the Trainee is expected to provide a comprehensive diagnosis and treatment service for patients with pulmonary hypertension.

Subspecialty Training Goal 8 – Inherited Cardiac Conditions

By the end of subspecialty training in Paediatric Cardiology, the Trainee is expected to manage inherited cardiac conditions (including cardiomyopathies, inherited arrhythmia syndromes and aortopathy syndromes).

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 Assessment & 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.

Specialty-Specific Examination

All Trainees are expected to take the EACVI (European Association of Cardiovascular Imaging) TTE (Transthoracic Echocardiography) examination in Year 3 or 4 of training.

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 4 per training year**.

RCPI Taught Programme

Paediatric Cardiology 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.

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.

Paediatric Cardiology Teaching Attendance Requirements