



**FACULTY OF  
PAEDIATRICS**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

# PAEDIATRICS

OUTCOME-BASED EDUCATION – OBE CURRICULUM



This curriculum of Higher Specialist Training in Paediatrics was developed in 2022 by a working group and it undergoes an annual review by Dr Carol Blackburn, Dr Michael Boyle, Dr Jean Donnelly and Dr Orla Flanagan, National Specialty Directors, and by 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
3	July 2026	Mariangela Esposito	Updates to the Core Professional Skills section to explicitly align with the <i>Eight Domains of Good Professional Practice</i> .

## ***National Specialty Directors Foreword***

The Paediatric HST training scheme was developed to deliver expert paediatricians, capable and competent across the broad range of paediatric medical presentations, conditions and their management. The scheme also facilitates the development of subspecialty interests for trainees with opportunities to explore these areas of interest through approved subspecialty training positions in tertiary centres.

This revised edition of the curriculum (first published in 2023) has been reworked to reflect a new competency-based approach – the Outcomes Based Education (OBE). This is a key initiative of RCPI across its training programmes which aims to enhance training at both BST and HST levels and align to international best practices.

The curriculum has been streamlined to offer goal setting in key elements of paediatric training. Target outcomes for these key areas were set via workshops with experienced consultant paediatricians. Specific lists of targets for each possible subspecialty have been removed in favour of encouraging more targeted outcome setting between trainees and trainers within sub-specialities for each trainee at the outset of a given rotation.

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 Carol Blackburn, Dr Michael Boyle, Dr Jean Donnelly, Dr Orla Flanagan*

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## INTRODUCTION

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

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## Purpose of Training

The purpose of this training programme is to equip the HST trainees the necessary knowledge and skills needed to deliver excellence in care as consultant Paediatricians.

This programme aims to deliver a broad scope and depth of both clinical and non-clinical training to paediatric HST Trainees.

## 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) have implemented an Outcome 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 and 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](#).

## EXPECTED EXPERIENCE

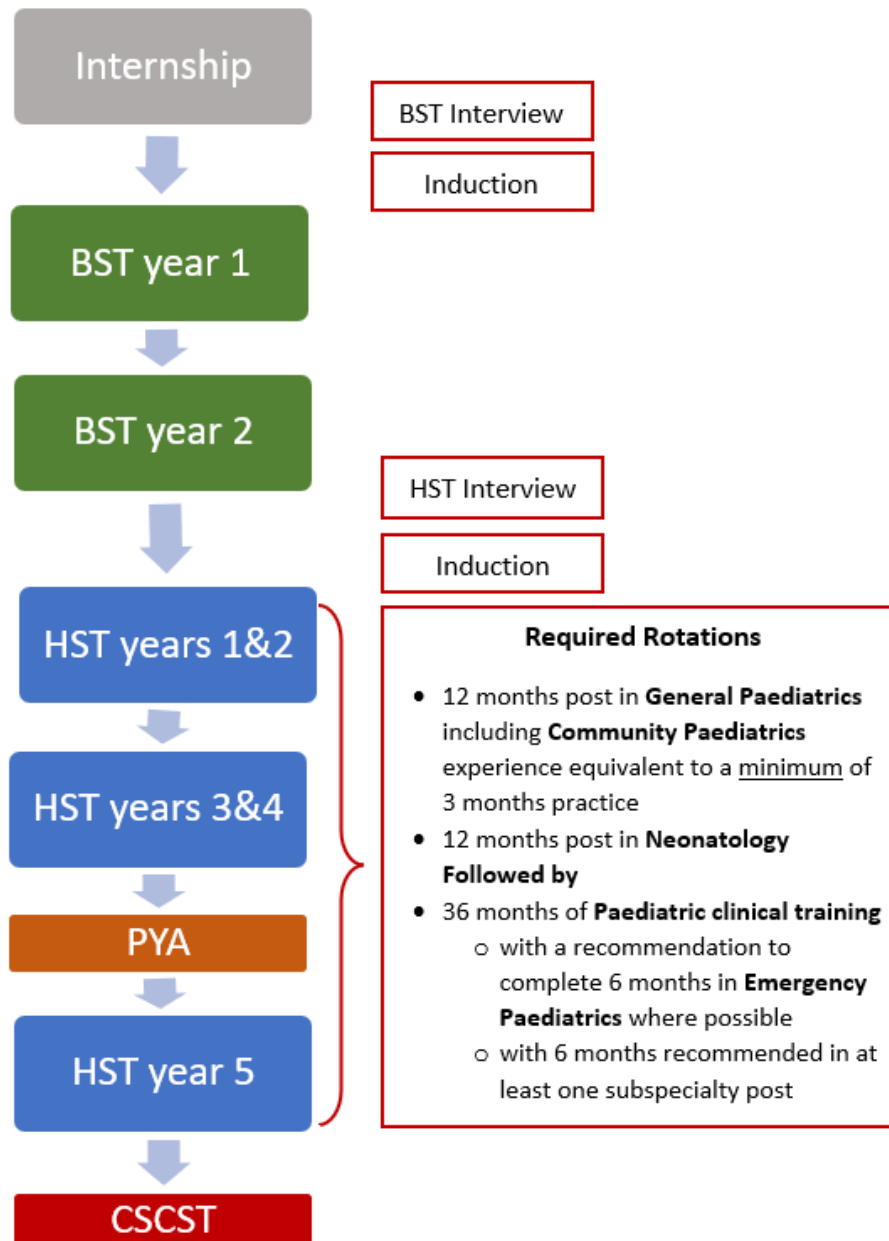
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*This section details the training experience and the service provision tasks that all Trainees are expected to complete over the course of Higher Specialist Training.*

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## Duration & Organisation of Training

This graphic offers an overview of the overall RCPI training in Paediatrics from BST to CSCST.



Opportunities for Out of Programme Experience (OCPE) are available only in the last 2 years of the scheme, i.e., not prior to completing the first 3 clinical years on the scheme. Documentation and deadlines regarding OCPE are detailed in the Training Handbook available on the RCPI website ([here](#)).

**In order to complete the HST Training Programme in Paediatrics, Trainees are expected to observe the following rotation requirements.**

**Over the course of HST, Trainees are expected to complete:**

- 36 months experience in acute Paediatrics both in-patient and out-patient (these 36 months can be broken down into different, non-consecutive posts)
- Rotation experience should be gained in a variety of hospital settings, including regional posts
- At the start of each post, trainees are expected to fill out a Personal Goals form with their trainer and upload it on ePortfolio; the form should be agreed and signed by both Trainee & Trainer
- Regular participation in on-call rota

**In the first two years of HST, Trainees are expected to complete:**

- 12 months experience in a General Paediatrics accredited post
  - at least 3 months of these 12 in a Community Paediatrics accredited post
- 12 months experience in a Neonatology accredited post

**In the last three years of HST, Trainees are expected to complete:**

- A maximum of 12 months experience in any one Paediatric Subspecialty
  - these can be completed in different, non-consecutive posts
  - it is recommended to complete 6 months experience in Paediatric Emergency Medicine, which can be counted as part of the 12 months experience should this be a chosen subspecialty

**The duration of the HST programme in its totality should not exceed 10 years.**

This means that since registering for the RCPI HST programme in Paediatrics the Trainee has a maximum of 10 years to complete the programme, including flexi-time, any type of leave and OCPE.

## Clinics List, Ward Rounds & Consultations

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 Specialist Registrar should gain regarding clinic attendances, ward rounds and consultations. All these activities should be recorded on ePortfolio using the relevant form.

PAEDIATRICS CLINICS			
Clinic	Timeline	Expected Experience	ePortfolio Form
General Paediatrics	In year 1 and year 2 of HST	Attend at least 1 per week	Clinics
Developmental	In year 1 and year 2 of HST	Attend 1 every week	Clinics
Community Paediatrics	In year 1 and year 2 of HST	As agreed with Trainer	Clinics
SPECIALITY SPECIFIC CLINICS			
Clinic	Timeline	Expected Experience	ePortfolio Form
To be agreed with Trainer	Year 3-5	Attend 1 of these clinics at least 1 per week, rotationally	Clinics
WARD ROUNDS and CONSULTATIONS			
Type	Timeline	Expected Experience	ePortfolio Form
Ward Rounds – Consultant-led	Over the 5 years of HST	At least 1 per week	Clinical Activities
Ward Rounds – SpR-led	Over the 5 years of HST	At least 1 per week	Clinical Activities
Consultations	Over the 5 years of HST	At least 1 per week	Clinical Activities

## In-House Commitments

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

- Attend at least **1 Grand Rounds per month**, over the course of 5 years of HST
- Attend at least **1 Journal Club per month**, over the course of 5 years of HST
- Attend **Radiology conference** where available, over the course of 5 years of HST
- Attend **MDT Meeting** where available, over the course of 5 years of HST
- Attend at least **1 Seminar per year**, over the course of 5 years of HST
- Attend at least **1 Lecture per year**, over the course of 5 years of HST

## Evaluations, Assessments & Examinations

Specialist Registrars are expected to:

- Complete all the workplace-based assessments
- **4 quarterly evaluations per training year** (1 evaluation per quarter)
- **1 end of post evaluation at the end of each post**
- **1 end of year evaluation at the end of each training year**

Specialist Registrars may attempt one or more examination at their discretion.

For more information on evaluations, assessment and examinations, please refer to the [Assessment Appendix](#) at the end of this document.

## Research, Audit & Teaching Experiences

Specialist Registrars are expected to complete the following activities:

- Deliver **12 teaching sessions** (to include tutorials, lectures, bedside teaching, etc.) over the course of 5 years of HST
- Deliver **1 oral presentation**, per each year of HST
- Complete **1 Audit or Quality Improvement Project**, over the course of 5 years of HST
- Attend **1 National or International Meeting**, per each year of HST

In addition, it is recommended that trainees aim to:

- Complete **1 research project**, over the course of 5 years of HST
- Complete **1 publication**, over the course of 5 years of HST

## Teaching Attendance

Specialist Registrars are expected to complete the RCPI Taught Programme, and attend all the courses and study days as detailed in the [Teaching Appendix](#), at the end of this document.

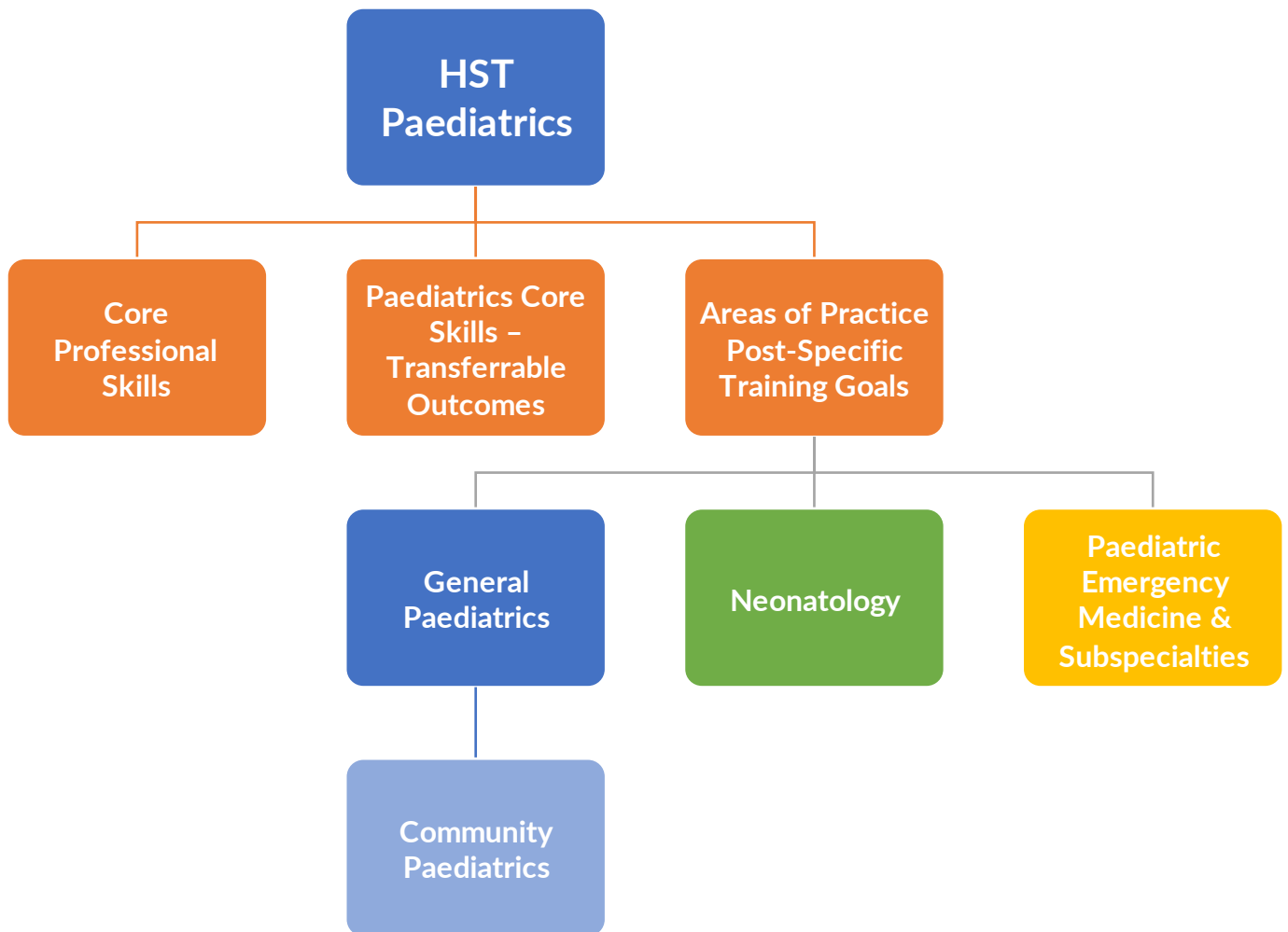
## Overview of Expected Experience

Experience Type	Expected	ePortfolio Form
Rotation Requirements	Complete all requirements related to the posts agreed	n/a
Personal Goals	At the start of each training year complete a 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 in Paediatrics for the full duration of the programme as dictated by the hospital employer and record attendance on ePortfolio*	Clinical Activities
Clinics	Attend General Paediatrics, Community Paediatrics and Subspecialty Clinics as agreed with your trainer and record attendance per each post on ePortfolio	Clinics
Ward Rounds/ Consultations	Gain experience in clinical handover and ward rounds as agreed with your trainer and record attendance per each post on ePortfolio	Clinical Activities
Cases (Unusual/Complicated/IC U- CCU/Chronic/Emergency)	Record relevant cases on ePortfolio	Cases
Deliver Teaching	Record on ePortfolio all the occurrences where you have delivered Tutorials (at least 4), Lectures (at least 4), and Bedside teaching (at least 4) over the course of HST	Delivery of Teaching
Research	Desirable Experience: actively participate in research, seek to publish a paper and present research at conferences or national/international meetings	Research Activities
Clinical Guidelines	Contribute to the development and writing of at least 1 Clinical Guidelines over the course of HST	Additional Professional 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 at least 1 audit or Quality Improvement (QI) over the course of HST	Audit and QI

\* Please note: Any accommodations to the standard on-call commitments in a particular post must be discussed and approved by the NSDs in advance. This may have an impact on the duration of training.

Attendance at In-House Activities	Attend at least 1 Grand Rounds and 1 Journal Club per month, over the course of 5 years of HST. Attend Radiology conferences and MDT Meetings where available, over the course of 5 years of HST. Attend at least 1 Seminar per year and 1 Lecture per year over the course of 5 years of HST.	Attendance at In-House Activities
National/International Meetings	Attend 1 per year of training	Additional Professional Activities
Management Experience	Record Management experience where available	Management Experience
Teaching Attendance	Complete the Taught Programme, attend courses and Study Days as detailed in the <a href="#">Teaching Appendix</a>	Teaching Attendance
Examinations	Desirable Experience which can be recorded on ePortfolio	Examinations
Workplace-based Assessment	Complete all the workplace-based assessment as agreed with your trainer, fill out and record the respective form on ePortfolio. For more info cf. the <a href="#">Assessment Appendix</a>	CBD/DOPS/Mini-CEX/Feedback Opportunity
Evaluations and Assessments	Complete a Quarterly Assessment/End of post assessment with your trainer 4 times in each year. Discuss your progress and complete the form	Quarterly Assessments/End-of-Post Assessments
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

## Overview of Curriculum Sections &amp; Areas



## CORE PROFESSIONAL SKILLS

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*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.*

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## 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.

## PAEDIATRICS CORE SKILLS – TRANSFERRABLE OUTCOMES

*This section includes the Paediatrics core skills that are applicable across the different areas of practice of Paediatrics.*

*These skills are captured by outcomes that the Trainee should achieve by the end of Higher Specialist Training.*

*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 – Paediatrics Core Skills in Assessment, Diagnosis & Management

- OUTCOME 1 – ASSESS AND DIAGNOSE PAEDIATRIC ILLNESSES
- OUTCOME 2 – ASSESS AND MANAGE NUTRITIONAL STATUS AND GROWTH
- OUTCOME 3 – ASSESS AND MANAGE OVERWEIGHT AND OBESITY
- OUTCOME 4 – ASSESS A CHILD'S DEVELOPMENT
- OUTCOME 5 – MEDICAL MANAGEMENT OF PATIENTS INCLUDING COMORBIDITIES AND HEALTH SURVEILLANCE
- OUTCOME 6 – PRESCRIBE SAFELY
- OUTCOME 7 – DEMONSTRATE CONSIDERATION FOR THE PATIENT'S MENTAL HEALTH
- OUTCOME 8 – DEMONSTRATE THE ABILITY TO COLLABORATE ON MANAGEMENT PLANS WITHIN THE TEAM AND MDT
- OUTCOME 9 – MANAGE PAEDIATRIC PROBLEMS IN PATIENTS WITH MENTAL HEALTH DIFFICULTIES
- OUTCOME 10 – DEMONSTRATE APPROPRIATE DECISION-MAKING SKILLS
- OUTCOME 11 – DEMONSTRATE CLINICAL PROBLEM SOLVING
- OUTCOME 12 – CARRY OUT APPROPRIATE FOLLOW-UP TO TASKS
- OUTCOME 13 – SUPERVISE OTHER TEAM MEMBERS AS APPROPRIATE
- OUTCOME 14 – RECOGNISE AND MANAGE THE ACUTELY UNWELL OR DETERIORATING CHILD
- OUTCOME 15 – RECOGNISE RED FLAGS IN MEDICAL EMERGENCIES AND TAKE APPROPRIATE ACTION
- OUTCOME 16 – DEMONSTRATE EFFECTIVE TEACHING SKILLS IN THE CLINICAL WORKPLACE
- OUTCOME 17 – USE EVIDENCE-BASED PRACTICE
- OUTCOME 18 – EFFECTIVE TIME MANAGEMENT

### Training Goal 2 – Paediatrics Core Skills in Communication

- OUTCOME 1 – CLEARLY AND CONCISELY WRITE DOCUMENTATION MANAGEMENT PLANS
- OUTCOME 2 – WRITE APPROPRIATELY TO FAMILIES, GPs AND OTHERS
- OUTCOME 3 – COMMUNICATE WITH THE PATIENT APPROPRIATELY
- OUTCOME 4 – COMMUNICATE WITH FAMILIES APPROPRIATELY
- OUTCOME 5 – GIVE FEEDBACK TO NCHD COLLEAGUES
- OUTCOME 6 – GIVE FEEDBACK TO PEERS
- OUTCOME 7 – ENGAGE IN FEEDBACK CONVERSATIONS WITH COLLEAGUES
- OUTCOME 8 – PRESENT CASES
- OUTCOME 9 – COMMUNICATE DIFFICULT AND CHALLENGING DIAGNOSES

## **Training Goal 1 – Paediatrics Core Skills in Assessment, Diagnosis & Management**

By the end of HST the Trainee is expected to become proficient in the assessment, diagnosis and management of the most common paediatric cases. Proficiency in this training goal, can be demonstrated by mastering core clinical skills, such as safe prescribing, but also professional skills such as team working, decision making and time management.

### **OUTCOME 1 – ASSESS AND DIAGNOSE PAEDIATRIC ILLNESSES**

For the Trainee to be able to assess and diagnose paediatric illnesses competently.

### **OUTCOME 2 – ASSESS AND MANAGE NUTRITIONAL STATUS AND GROWTH**

For the Trainee to systematically assess the nutritional status and the growth of the patient (including overweight and obesity) adopting the appropriate evaluation method and to manage these accordingly.

### **OUTCOME 3 – ASSESS AND MANAGE OVERWEIGHT AND OBESITY**

For the Trainee to demonstrate awareness of the biopsychosocial approach to the assessment and management of patients with overweight and obesity

### **OUTCOME 4 – ASSESS A CHILD'S DEVELOPMENT**

For the Trainee to accurately assess the developmental status of a patient by monitoring and screening the different areas of development.

### **OUTCOME 5 – MEDICAL MANAGEMENT OF PATIENTS INCLUDING COMORBIDITIES AND HEALTH SURVEILLANCE**

For the Trainee to manage patients presenting with comorbidities and to regularly perform screening and surveillance for early identification of illnesses and/or comorbidities.

### **OUTCOME 6 – PRESCRIBE SAFELY**

For the Trainee to develop ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice including non-pharmacological therapies and preventative care.

### **OUTCOME 7 – DEMONSTRATE CONSIDERATION FOR THE PATIENT'S MENTAL HEALTH**

For the Trainee to show awareness of potential issues with health-seeking behaviours and communication with people of different social, cultural and ethnic backgrounds, and to implement strategies to overcome potential barriers and/or misunderstandings.

### **OUTCOME 8 – DEMONSTRATE THE ABILITY TO COLLABORATE ON MANAGEMENT PLANS WITHIN THE TEAM AND MDT**

For the Trainee to adopt professional behaviours that foster collaboration with the team and the multidisciplinary team, with specific regard to management plans.

### **OUTCOME 9 – MANAGE PAEDIATRIC PROBLEMS IN PATIENTS WITH MENTAL HEALTH DIFFICULTIES**

For the Trainee to manage paediatric problems in patients with mental health difficulties.

### **OUTCOME 10 – DEMONSTRATE APPROPRIATE DECISION-MAKING SKILLS**

For the Trainee to make informed, timely and effective decisions at the appropriate level of responsibility in their clinical practice.

**OUTCOME 11 – DEMONSTRATE CLINICAL PROBLEM SOLVING**

For the Trainee to reach a solution in a problematic scenario by availing of their background knowledge, by collecting all the information available, and by applying critical thinking. Be able to discuss the logic behind action-taking and reflect on potential performance improvement for the future.

**OUTCOME 12 – CARRY OUT APPROPRIATE FOLLOW-UP TO TASKS**

For the Trainee to demonstrate proper identification of tasks and follow-ups as required.

**OUTCOME 13 – SUPERVISE OTHER TEAM MEMBERS AS APPROPRIATE**

For the Trainee to supervise and guide other team members as appropriate to their level of responsibility.

**OUTCOME 14 – RECOGNISE AND MANAGE THE ACUTELY UNWELL OR DETERIORATING CHILD**

For the Trainee to recognise and manage early signs of patient deterioration.

**OUTCOME 15 – RECOGNISE RED FLAGS IN MEDICAL EMERGENCIES AND TAKE APPROPRIATE ACTION**

For the Trainee to recognise, assess and manage potential life-threatening emergencies.

**OUTCOME 16 – DEMONSTRATE EFFECTIVE TEACHING SKILLS IN THE CLINICAL WORKPLACE**

For the Trainee to design and deliver effective teaching sessions availing of the appropriate teaching methods and resources.

**OUTCOME 17 – USE EVIDENCE-BASED PRACTICE**

For the Trainee to make decisions based on evidence-based practice, i.e. by using the best available, most updated and valid evidence, both in the medical and professional fields.

**OUTCOME 18 – EFFECTIVE TIME MANAGEMENT**

Clinical time management: for the Trainee to manage time efficiently in clinical situations of pressure and stress, to delegate tasks appropriately.

Personal time management: for the Trainee to organise their workload realistically, prioritising the most important and time-sensitive tasks.

## Training Goal 2 – Paediatrics Core Skills in Communication

**By the end of HST** the Trainee is expected to become proficient in the following paediatric communication outcomes. Proficiency in this training goal, can be demonstrated by communicating clearly, effectively and empathetically both in writing and orally, in a variety of clinical settings with colleagues, multidisciplinary team members, patients, families and third parties (agencies, social services, etc.) – where necessary.

### OUTCOME 1 – CLEARLY AND CONCISELY WRITE DOCUMENTATION MANAGEMENT PLANS

For the Trainee to be able to outline management plans which are accurate, complete and concise.

### OUTCOME 2 – WRITE APPROPRIATELY TO FAMILIES, GPs AND OTHERS

For the Trainee to demonstrate the ability to write notes and documents and letters that are clear, complete and considerate of the audience.

### OUTCOME 3 – COMMUNICATE WITH THE PATIENT APPROPRIATELY

For the Trainee to communicate clearly and empathetically with the patient at an age-appropriate level, maintaining confidentiality and considering the appropriate family involvement.

### OUTCOME 4 – COMMUNICATE WITH FAMILIES APPROPRIATELY

For the Trainee to communicate clearly and empathetically with families about clinical issues, in order to provide accurate information and educational support while appreciating patient's and families' background, needs, preferences and involvement in the decision-making process.

### OUTCOME 5 – GIVE FEEDBACK TO NCHD COLLEAGUES

For the Trainee to provide feedback on clinical and professional skills to NCHD colleagues, ensuring that the feedback is timely, concerns specific events/aspects and is formulated constructively.

### OUTCOME 6 – GIVE FEEDBACK TO PEERS

For the Trainee to provide formal and informal feedback on clinical and professional skills to peers ensuring that the feedback is discussed timely, it concerns specific events/aspects and is formulated constructively.

### OUTCOME 7 – ENGAGE IN FEEDBACK CONVERSATIONS WITH COLLEAGUES

For the Trainee to seek formal and informal feedback opportunities from colleagues at different levels.

### OUTCOME 8 – PRESENT CASES

For the Trainee to present clinical cases to colleagues as to offer a clear view of the patient's condition, including all the facts required to formulate a management plan.

### OUTCOME 9 – COMMUNICATE DIFFICULT AND CHALLENGING DIAGNOSES

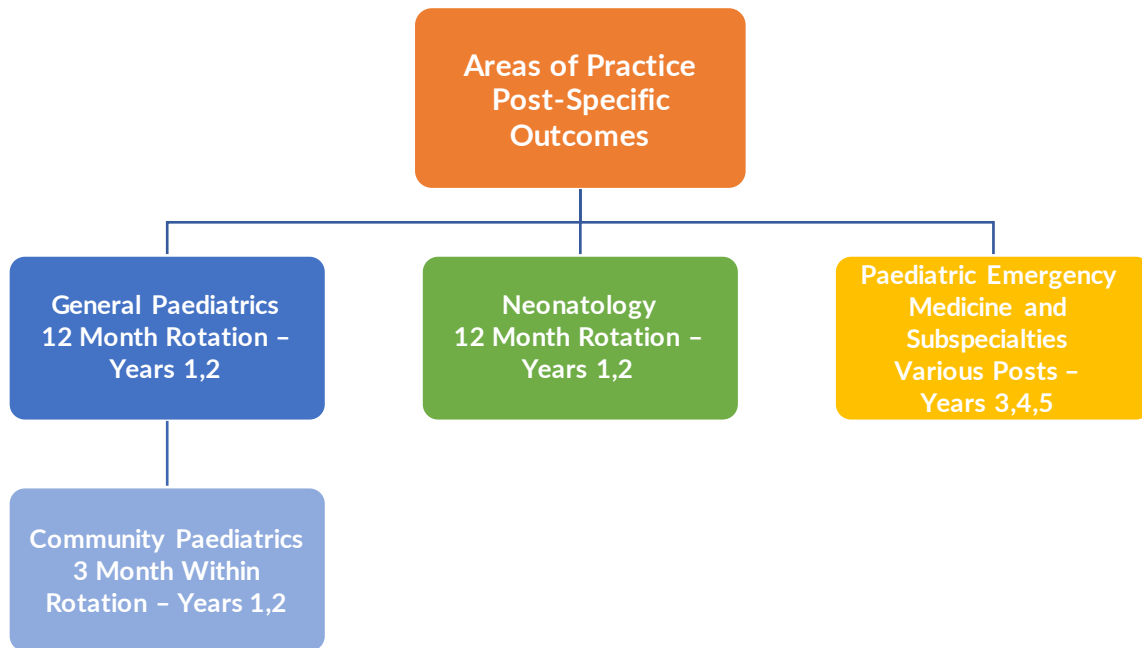
For the Trainee to break bad news to patients and/or families making sure to use plain language, avoid euphemisms, respect the patient's and or family's need for time to elaborate the information or to reiterate the information. Most importantly, for the Trainee to be empathetic and compassionate while delivering the bad news, creating an environment of support and trust.

## AREAS OF PRACTICE – POST-SPECIFIC OUTCOMES

*This section includes a description of the goals and outcomes related to the different Areas of Practice in HST Paediatrics.*

*The Areas of Practice are: General Paediatrics, Community Paediatrics, Neonatology, Paediatric Emergency Medicine & Paediatrics Subspecialties.*

*Each area of practice is related to a post rotation, and each training goals includes outcomes specific to the experiential learning to be achieved in the different posts.*



General Paediatrics Training Goals	Community Paeds Training Goals	Neonatology Training Goals	Paeds Emergency Med & Subspecialties Training Goals
<ul style="list-style-type: none"> <li>- General Paediatrics Presentations, Investigations and Procedural Skills</li> <li>- Children with Mental Health difficulties</li> <li>- Children with overweight and obesity</li> <li>- Child Protection</li> <li>- Prescribing</li> </ul>	<ul style="list-style-type: none"> <li>- Children with Disabilities</li> <li>- Social Communication and Neurodevelopmental Disorders</li> <li>- Sensory Impairments</li> </ul>	<ul style="list-style-type: none"> <li>- Assessing Risk</li> <li>- Communication</li> <li>- Resuscitation &amp; Emergency</li> <li>- Life Support and monitoring</li> <li>- Feeding</li> <li>- Technical Skills</li> </ul>	<ul style="list-style-type: none"> <li>- Skills in Paediatric Emergency Medicine</li> <li>- Complex Cases in Paediatric Tertiary Care</li> </ul>

## AREA OF PRACTICE – GENERAL PAEDIATRICS

### Training Goal 1 – General Paediatrics Presentations, Investigations & Procedural Skills

- OUTCOME 1 – DIAGNOSE COMMON PAEDIATRIC PRESENTATIONS
- OUTCOME 2 – MANAGE THE ACUTELY UNWELL CHILD
- OUTCOME 3 – MANAGE THE CHRONICALLY UNWELL CHILD
- OUTCOME 4 – PERFORM GENERAL PAEDIATRIC INVESTIGATIONS
- OUTCOME 5 – PERFORM GENERAL PAEDIATRIC PROCEDURAL SKILLS

### Training Goal 2 – Developmental Paediatrics

- OUTCOME 1 – TAKE A COMPREHENSIVE DEVELOPMENTAL HISTORY AND ASSESSMENT
- OUTCOME 2 – RECOGNISE RED FLAGS ASSOCIATED WITH THE DEVELOPMENTAL DELAY
- OUTCOME 3 – FORMULATE A DIAGNOSTIC PLAN AND CLEARLY COMMUNICATE IT
- OUTCOME 4 – MANAGEMENT OF CHILDREN WITH LIFE-LIMITING CONDITIONS
- OUTCOME 5 – RECOGNISE NATURAL PROGRESSION OF THE UNDERLYING AETIOLOGY AND ANTICIPATORY MANAGEMENT
- OUTCOME 6 – AWARENESS OF IMPLICATION OF GENETIC DIAGNOSIS
- OUTCOME 7 – REFER FOR SPECIALIST INPUT WHEN NECESSARY

### Training Goal 3 – Assess & Manage Patients with Mental Health Difficulties

- OUTCOME 1 – COORDINATE CARE OF CHILDREN WITH MENTAL HEALTH DIFFICULTIES
- OUTCOME 2 – MANAGE A CHILD WITH MENTAL HEALTH DIFFICULTIES
- OUTCOME 3 – MANAGE A CHILD WITH OVERWEIGHT AND OBESITY
- OUTCOME 4 – UNDERSTAND THE IMPACT OF SOCIAL DEPRIVATION ON FAMILIES

### Training Goal 4 – Child Protection

- OUTCOME 1 – UNDERSTAND CHILD PROTECTION RISKS
- OUTCOME 2 – RECOGNISE THE SIGNS OF CHILD MALTREATMENT AND IDENTIFY PATHWAYS FOR ESCALATION

## **Training Goal 1 – General Paediatric Presentations, Investigations & Procedural Skills**

**By the end of the first two years of HST** the Trainee is expected to complete a 12month rotation in General Paediatrics. Over the course of this rotation, the Trainee is expected to become proficient in diagnosing the most common paediatric presentations.

### **OUTCOME 1 – DIAGNOSE COMMON PAEDIATRIC PRESENTATIONS**

For the Trainee to understand the pathophysiology of the presentation, recognise the clinically significant signs and symptoms and be able to provide a differential diagnosis for, common paediatric presentations.

### **OUTCOME 2 – MANAGE THE ACUTELY UNWELL CHILD**

For the Trainee to assess the acutely unwell child, initiate care and respond to difficult cases demonstrating initiative appropriate to the situation.

### **OUTCOME 3 – MANAGE THE CHRONICALLY UNWELL CHILD CHRONICALLY**

For the Trainee to provide care and understand how to access services to manage chronically unwell children.

### **OUTCOME 4 – PERFORM GENERAL PAEDIATRIC INVESTIGATIONS**

For the Trainee to select appropriate investigation and procedures to avoid unnecessary discomfort.

### **OUTCOME 5 – PERFORM GENERAL PAEDIATRIC PROCEDURAL SKILLS**

For the Trainee to perform common paediatric procedures, including, but not limited to:

- Lumbar Puncture
- Venipuncture
- IV Line Placement

## Training Goal 2 – Developmental Paediatrics

**By the end of the first two years of HST** the Trainee is expected to have completed a 3month rotation in Community Paediatrics and to have gained proficiency in the core skills of Community Paediatrics. Proficiency in this training goal, can be demonstrated mastering core clinical skills, such as developmental history taking, but also professional skills such as interdisciplinary team working and complex communication.

### OUTCOME 1 – TAKE A COMPREHENSIVE DEVELOPMENTAL HISTORY AND ASSESSMENT

For the Trainee to be able to take a comprehensive history of the patient and to complete an assessment of their growth and development.

### OUTCOME 2 – RECOGNISE RED FLAGS ASSOCIATED WITH THE DEVELOPMENTAL DELAY

For the Trainee to be able to recognise the red flags associated with the developmental delay, initiate subsequent investigations required and identify the management necessary.

### OUTCOME 3 – FORMULATE A DIAGNOSTIC PLAN AND CLEARLY COMMUNICATE IT

For the Trainee to formulate a diagnostic plan, including investigations -when necessary, and clearly communicate a diagnostic formulation, identification of goals and management plan to family, primary care team (GP, PHM, Social Work) and secondary care teams (CDNT, CAMHS, Hospital Specialists, etc.)

### OUTCOME 4 – MANAGEMENT OF CHILDREN WITH LIFE-LIMITING CONDITIONS

For the Trainee to manage children with life-limiting conditions and implement anticipatory care planning.

### OUTCOME 5- RECOGNISE NATURAL PROGRESSION OF THE UNDERLYING AETIOLOGY AND ANTICIPATORY MANAGEMENT

For the Trainee to recognise the natural progression of underlying aetiology and manage anticipatory care planning (e.g., EP, cerebral palsy, muscular dystrophy, trisomy 21)

### OUTCOME 6 – AWARENESS OF IMPLICATION OF GENETIC DIAGNOSIS

For the Trainee to demonstrate awareness of the implication of genetic diagnosis and of how genetic disorders can affect a child's development.

### OUTCOME 7 – REFER FOR SPECIALIST INPUT WHEN NECESSARY

For the Trainee to refer specialists when necessary (e.g., complex tone management, feeding, orthopaedics, genetics, CAMHS, palliative care, etc.)

### **Training Goal 3 – Assess & Manage Patients with Mental Health Difficulties**

**By the end of the first two years of HST**, the Trainee is expected to complete a 12-month rotation in General Paediatrics and to become proficient in coordinating the care of patients with mental health difficulties. This requires proficiency in multidisciplinary teamwork and interagency collaboration with colleagues in allied health and child and adolescent psychiatry.

#### **OUTCOME 1 – COORDINATE CARE OF CHILDREN WITH MENTAL HEALTH DIFFICULTIES**

For the Trainee to coordinate the care of children with mental health difficulties in the acute and community settings.

#### **OUTCOME 2 – MANAGE A CHILD WITH MENTAL HEALTH DIFFICULTIES**

For the Trainee to manage a child with mental health difficulties using a systematic approach in the acute and community setting.

#### **OUTCOME 3 – MANAGE A CHILD WITH OVERWEIGHT AND OBESITY**

For the trainee to begin the assessment and management of a child with overweight and obesity within a biopsychosocial model.

#### **OUTCOME 4 – UNDERSTAND THE IMPACT OF SOCIAL DEPRIVATION ON FAMILIES**

For the Trainee to understand and show awareness of the impact of social deprivation on families in terms of psychological effects and economic challenges.

## Training Goal 4 – Child Protection

**By the end of the first two years of HST** the Trainee is expected to complete a 12month rotation in General Paediatrics and to become proficient in child protection, specifically of children with developmental disorders, disabilities, complex behavioural presentations who are at risk of abuse or are being abused. Proficiency in this goal can be gained by demonstrating strong skills in working with multiple agencies, social care within the legal framework.

### OUTCOME 1 – UNDERSTAND CHILD PROTECTION RISKS

For the Trainee to understand child protection risks, considering that children with disabilities and/or complexities are more exposed to risk, including medical neglect.

### OUTCOME 2 – RECOGNISE THE SIGNS OF CHILD MALTREATMENT AND IDENTIFY PATHWAYS FOR ESCALATION - WHEN NECESSARY

For the Trainee to recognise different types of neglect and abuse (physical, sexual and emotional) and to be able to manage, report and refer appropriately, considering the legal aspects of abuse in Ireland.

## AREA OF PRACTICE – COMMUNITY PAEDIATRICS

### Training Goal 1 – Assess & Manage Patients with Physical Disabilities

OUTCOME 1 – DIAGNOSE AND MANAGE INTELLECTUAL DISABILITY, PHYSICAL DISABILITIES AND SOCIAL COMMUNICATION DELAY

OUTCOME 2 – DEMONSTRATE COMPETENCE IN NAVIGATING DISABILITY SERVICES

OUTCOME 3 – UNDERSTAND ROLES AND RESPONSIBILITIES OF THE CDNT

OUTCOME 4 – IDENTIFY AND MANAGE COMORBIDITIES ASSOCIATED WITH INTELLECTUAL DISABILITY AND ASD

OUTCOME 5 – UNDERSTAND THE IMPACT OF SOCIAL DEPRIVATION AND DISABILITY ON FAMILIES

### Training Goal 2 – Assess & Manage Patients with Social & Neurodevelopmental Disorders

OUTCOME 1 – ASSESS AND MANAGE PATIENTS DIAGNOSED WITH ASD

OUTCOME 2 – ASSESS AND MANAGE PATIENTS WITH ATTACHMENT DIFFICULTIES

OUTCOME 3 – ASSESS AND MANAGE PATIENTS WITH LEARNING DISABILITIES

OUTCOME 4 – ASSESS AND MANAGE PATIENTS WITH SPECIFIC LANGUAGE DIFFICULTIES

### Training Goal 3 – Assess & Manage Patients with Sensory Impairments

OUTCOME 1 – TREAT AND MANAGE PATIENTS WITH VISUAL IMPAIRMENT

OUTCOME 2 – TREAT AND MANAGE PATIENTS WITH SENSORINEURAL IMPAIRMENT

## Training Goal 1 – Assess & Manage Patients with Disabilities

By the end of the first two years of HST the Trainee is expected to have completed a 3month rotation in Community Paediatrics and to become proficient in the assessment and management of paediatric disabilities. Proficiency in this training goal, can be demonstrated by diagnosing and managing specific disabilities, but also, understanding the different roles and responsibilities involved in care planning, and the wider impact of disabilities.

### OUTCOME 1 – DIAGNOSE AND MANAGE INTELLECTUAL DISABILITY, PHYSICAL DISABILITIES AND SOCIAL COMMUNICATION DELAY

For the Trainee to assess intellectual disability, physical disabilities and social communication delay using the appropriate diagnostic criteria and manage disabilities accordingly.

### OUTCOME 2 – DEMONSTRATE COMPETENCE IN NAVIGATING DISABILITY SERVICES

For the Trainee to demonstrate competence in navigating the disability services from local health services to specific specialist support.

### OUTCOME 3 – UNDERSTAND ROLES AND RESPONSIBILITIES OF THE CDNT

For the Trainee to understand the roles and responsibilities of the Children Disability Network Team (CDNT) involved and interdisciplinary working.

### OUTCOME 4 – IDENTIFY AND MANAGE COMORBIDITIES ASSOCIATED WITH INTELLECTUAL DISABILITY AND ASD

For the Trainee to identify and manage co-occurring conditions with intellectual disabilities and autism spectrum disorder.

### OUTCOME 5 – UNDERSTAND THE IMPACT OF SOCIAL DEPRIVATION AND DISABILITY ON FAMILIES

For the Trainee to understand and show awareness of the impact of disability on families in terms of social deprivation, psychological effects and economic challenges.

## Training Goal 2 – Assess & Manage Patients with Social & Neurodevelopmental Disorders

**By the end of the first two years of HST** the Trainee is expected to have completed a 3month rotation in Community Paediatrics and to become proficient in the assessment and management of patients with social and neurodevelopmental disorders. Proficiency in this training goal, can be demonstrated by diagnosing and managing specific disorders along with comorbidities, using a multidisciplinary planning method.

### OUTCOME 1 – ASSESS AND MANAGE PATIENTS DIAGNOSED WITH ASD

For the Trainee to screen cases of patients diagnosed with autism spectrum disorder and refer for the multidisciplinary assessment, while managing comorbidities.

### OUTCOME 2 – ASSESS AND MANAGE PATIENTS WITH ATTACHMENT DIFFICULTIES

For the Trainee to assess and manage patients with attachment difficulties by developing a multidisciplinary treatment plan that may include therapy, special education services, family counselling, parenting education etc.

### OUTCOME 3 – ASSESS AND MANAGE PATIENTS WITH LEARNING DISABILITIES

For the Trainee to assess and manage patients with learning disabilities using the appropriate assessment tools and a multidisciplinary approach.

### OUTCOME 4 – ASSESS AND MANAGE PATIENTS WITH SPECIFIC LANGUAGE DIFFICULTIES

For the Trainee to assess and manage patients with specific language difficulties and developmental language disorders, with a multidisciplinary approach.

### Training Goal 3 – Assess & Manage Patients with Sensory Impairments

By the end of the first two years of HST the Trainee is expected to have completed a 3month rotation in Community Paediatrics becoming proficient in identifying when a young person may be at risk of developing a vision or hearing impairment, and in the management of such conditions. Proficiency in this training goal, can be demonstrated by interpreting results and managing patients accordingly while working with specialist colleagues.

#### OUTCOME 1 – TREAT AND MANAGE PATIENTS WITH VISUAL IMPAIRMENT

For the Trainee to treat and manage patients with visual impairment using a multidisciplinary approach.

#### OUTCOME 2 – TREAT AND MANAGE PATIENTS WITH SENSORINEURAL IMPAIRMENT

For the Trainee to investigate and manage patients with suspected hearing impairment using a multidisciplinary approach.

## AREA OF PRACTICE - NEONATOLOGY

### Training Goal 1 – Assessing Risk in Neonatology

- OUTCOME 1 – PERFORM A ROUTINE CARE OF A NEWBORN
- OUTCOME 2 – PERFORM A NEWBORN EXAMINATION
- OUTCOME 3 – UNDERTAKE ONGOING NEONATAL HEALTH CHECKS AND VACCINATION
- OUTCOME 4 – ASSESSMENT AND SPECIAL INVESTIGATIONS OF CONDITIONS

### Training Goal 2 – Communication in Neonatology

- OUTCOME 1 – PERFORM A PRENATAL CONSULT WITH A PATIENT EXPECTED TO DELIVER A BABY PREMATURELY
- OUTCOME 2 – PERFORM COLLABORATIVE PRENATAL COUNSELLING
- OUTCOME 3 – DELIVER NEWS OF ADVERSE OUTCOMES OR SYNDROME DIAGNOSIS

### Training Goal 3 – Resuscitation & Emergency in Neonatology

- OUTCOME 1 – GAIN RESUSCITATION EXPERIENCE
- OUTCOME 2 – COMPLETE THE NEONATAL RESUSCITATION PROGRAM

### Training Goal 4 – Prescribing in Neonatology

- OUTCOME 1 – ROUTINE PRESCRIBING
- OUTCOME 2 – PRESCRIBING PARENTERAL NUTRITION AND ADMINISTRATION
- OUTCOME 3 – APPROPRIATE USE OF CARDIOVASCULAR MEDICATIONS

### Training Goal 5 – Life Support & Patient Monitoring in Neonatology

- OUTCOME 1 – DEMONSTRATE A WORKING KNOWLEDGE OF ICU EQUIPMENT
- RESPIRATORY**
- OUTCOME 2 – UNDERSTAND VENTILATION SKILLS
  - OUTCOME 3 – UNDERSTAND HIGH-FLOW NASAL CANNULA (HFNC)
  - OUTCOME 4 – UNDERSTAND CONVENTIONAL AND HIGH-FREQUENCY OSCILLATION (HFO) – DESIRABLE
- CARDIAC SUPPORT**
- OUTCOME 5 – RECOGNISE CONGENITAL HEART DISEASE PRESENTATIONS
  - OUTCOME 6 – RECOGNISE LOW BLOOD FLOW STATES
  - OUTCOME 7 – PRESCRIBE MEDICATIONS TO SUPPORT BLOOD PRESSURE UNDER SUPERVISION

### Training Goal 6 – Feeding in Neonatology

- OUTCOME 1 – DEMONSTRATE KNOWLEDGE OF FEEDING PROTOCOLS
- OUTCOME 2 – PRESCRIBE PARENTERAL NUTRITION
- OUTCOME 3 – ASSESS, DIAGNOSE AND MANAGE GASTROINTESTINAL CONDITIONS

### Training Goal 7 – Technical & Procedural Skills in Neonatology

- OUTCOME 1 – PERFORM INTUBATIONS
- OUTCOME 2 – PERFORM UMBILICAL VENOUS CATHETER
- OUTCOME 3 – PERFORM UMBILICAL ARTERIAL CATHETER
- OUTCOME 4 – PERFORM PERIPHERALLY INSERTED CENTRAL CATHETER LINE
- OUTCOME 5 – PERFORM IV CANNULATION
- OUTCOME 6 – PERFORM CHEST DRAINS AND/OR NEEDLE ASPIRATION – DESIRABLE

## Training Goal 1 – Assessing Risk in Neonatology

By the end of the first two years of HST the Trainee is expected to have completed a 12month rotation in Neonatology, becoming proficient in assessing risk in newborns. Proficiency in this training goal, can be demonstrated by performing routine care, examination, ongoing checks and special investigation of conditions.

### OUTCOME 1 – PERFORM ROUTINE CARE OF A NEWBORN

For the Trainee to perform routine care of a newborn, screening for neonatal disease by examination and investigation.

### OUTCOME 2 – PERFORM A NEWBORN EXAMINATION

For the Trainee to perform a thorough physical examination of a newborn, that includes every body system, carefully checking for signs of problems or complications.

### OUTCOME 3 – UNDERTAKE ONGOING NEONATAL HEALTH CHECKS AND VACCINATION

For the Trainee to undertake postnatal check-ups and ongoing health checks, including vaccination planning.

### OUTCOME 4 – ASSESSMENT AND SPECIAL INVESTIGATIONS OF CONDITIONS

For the Trainee to perform an assessment and specific interventions of conditions of a newborn such as therapeutic hypothermia in hypoxic ischaemic encephalopathy.

## Training Goal 2 – Communication in Neonatology

**By the end of the first two years of HST** the Trainee is expected to have completed a 12month rotation in Neonatology, becoming proficient in communication skills specific to neonatology. Proficiency in this training goal, can be demonstrated by communicating clearly and empathetically with the pregnant patient in the context of prenatal consultation, prenatal counselling and when delivering news of adverse outcomes or syndrome diagnosis.

### OUTCOME 1 – PERFORM A PRENATAL CONSULT WITH A PATIENT EXPECTED TO DELIVER A BABY PREMATURELY

For the Trainee to perform prenatal consultation with a patient expected to deliver a baby prematurely, providing clear explanations, acknowledging the person's experience and wishes, and providing realistic and honest answers to questions.

### OUTCOME 2 – PERFORM COLLABORATIVE PRENATAL COUNSELLING

For the Trainee to perform a collaborative prenatal counselling, applying basic principles of patient-centred communication, non-directive counselling, patient education and shared decision making, while maintaining a multidisciplinary team approach.

### OUTCOME 3 – DELIVER NEWS OF ADVERSE OUTCOMES OR SYNDROME DIAGNOSIS

For the Trainee to compassionately deliver news of adverse outcomes or syndrome diagnosis to families, making sure to use clear language, avoiding euphemisms, respecting the patient's and or family's need for time to elaborate the information or to reiterate the information.

### **Training Goal 3 – Resuscitation & Emergency in Neonatology**

**By the end of the first two years of HST** the Trainee is expected to have completed a 12month rotation in Neonatology, becoming proficient in neonatal resuscitations and emergencies. Proficiency in this training goal, can be demonstrated by receiving supervision while delivering resuscitation and by completing the Neonatal Resuscitation Program.

#### **OUTCOME 1 – GAIN RESUSCITATION EXPERIENCE**

For the Trainee to gain experience in resuscitation by delivering a resuscitation with the Trainer's supervision and/or by receiving feedback from other staff regarding proficiency in resuscitation.

#### **OUTCOME 2 – COMPLETE THE NEONATAL RESUSCITATION PROGRAM**

For the Trainee to successfully complete the Neonatal Resuscitation Program which conveys an evidence-based approach of newborns at birth to ensure a trainee has the appropriate skills to deal with a deteriorating baby.

## Training Goal 4 – Prescribing in Neonatology

By the end of the first two years of HST the Trainee is expected to have completed a 12month rotation in Neonatology, becoming proficient in different aspects of prescribing in neonatology. Proficiency in this training goal can be demonstrated by prescribing routinely, parental nutrition and cardiovascular medications.

### OUTCOME 1 – ROUTINE PRESCRIBING

For the Trainee to gain experience in routine prescribing.

### OUTCOME 2 – PRESCRIBE PARENTERAL NUTRITION AND ADMINISTRATION

For the Trainee to recognise when to prescribe parental nutrition and to administrate it.

### OUTCOME 3 – APPROPRIATE USE OF CARDIOVASCULAR MEDICATIONS

For the Trainee to appropriately prescribe cardiovascular medications, such as inotropes.

## Training Goal 5 – Life Support & Patient Monitoring in Neonatology

By the end of the first two years of HST the Trainee is expected to have completed a 12month rotation in Neonatology, becoming proficient in life support and patient monitoring. Proficiency in this training goal, can be demonstrated by developing familiarity with the settings, mechanism and uses of neonatal life support.

### OUTCOME 1 – DEMONSTRATE A WORKING KNOWLEDGE OF ICU EQUIPMENT

For the Trainee to demonstrate a working knowledge of ICU equipment such as transport incubators, cerebral function monitors, and resuscitaires.

#### RESPIRATORY

### OUTCOME 2 – UNDERSTAND VENTILATION SKILLS

For the Trainee to be familiar with initial settings for ventilating various categories of newborns, e.g., preterm, meconium aspiration, birth asphyxia, sepsis, etc.

### OUTCOME 3 – UNDERSTAND HIGH-FLOW NASAL CANNULA (HFNC)

For the Trainee to be familiar with the physiological mechanism of action and the use of high-flow nasal cannula.

### OUTCOME 4 – UNDERSTAND CONVENTIONAL AND HIGH-FREQUENCY OSCILLATION (HFO) – DESIRABLE

For the Trainee to gain experience in the use of high-frequency oscillation (HFO) – this is a desirable outcome.

#### CARDIAC SUPPORT

### OUTCOME 5 – RECOGNISE CONGENITAL HEART DISEASE PRESENTATIONS

For the Trainee to recognise congenital heart disease presentations.

### OUTCOME 6 – RECOGNISE LOW BLOOD FLOW STATES

For the Trainee to recognise low blood flow states e.g., sepsis, NEC, large PDA, etc.

### OUTCOME 7 – PRESCRIBE MEDICATIONS TO SUPPORT BLOOD PRESSURE UNDER SUPERVISION

For the Trainee to prescribe medications to support blood pressure under supervision.

## Training Goal 6 – Feeding in Neonatology

**By the end of the first two years of HST** the Trainee is expected to have completed a 12month rotation in Neonatology, becoming proficient in neonatal feeding. Proficiency in this training goal, can be achieved by demonstrating knowledge of feeding protocols, management of parental nutrition and of gastrointestinal conditions.

### OUTCOME 1 – DEMONSTRATE KNOWLEDGE OF FEEDING PROTOCOLS

For the Trainee to demonstrate knowledge of feeding protocols and be able to guide optimum nutrition in a special care setting.

### OUTCOME 2 – PRESCRIBE PARENTERAL NUTRITION

For the Trainee to prescribe parenteral nutrition, administration, and indications.

### OUTCOME 3 – ASSESS, DIAGNOSE AND MANAGE GASTROINTESTINAL CONDITIONS

For the Trainee to assess, diagnose and manage gastrointestinal conditions such as Necrotising enterocolitis, etc.

## Training Goal 7 – Technical & Procedural Skills in Neonatology

By the end of the first two years of HST the Trainee is expected to have completed a 12month rotation in Neonatology, becoming proficient in technical and procedural skills specific to neonatology. Proficiency in this training goal, can be achieved by performing a set number of procedures.

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

### OUTCOME 1 – PERFORM INTUBATIONS

For the Trainee to perform a minimum of 4 intubations over the course of the 12month rotation.

### OUTCOME 2 – PERFORM UMBILICAL VENOUS CATHETER

For the Trainee to perform a minimum of 4 UVC over the course of the 12month rotation.

### OUTCOME 3 – PERFORM UMBILICAL ARTERIAL CATHETER

For the Trainee to perform a minimum of 4 UAC over the course of the 12month rotation.

### OUTCOME 4 – PERFORM PERIPHERALLY INSERTED CENTRAL CATHETER LINE

For the Trainee to perform a minimum of 4 PICC over the course of the 12month rotation.

### OUTCOME 5 – PERFORM IV CANNULATION

For the Trainee to perform a minimum of 50 IV cannulation over the course of the 12month rotation.

### OUTCOME 6 – PERFORM CHEST DRAINS AND/OR NEEDLE ASPIRATION – DESIRABLE

For the Trainee to perform chest drains and/or needle aspiration of a pneumothorax, peripheral arterial line, (lumbar puncture, urinary catheter). This is a desirable outcome, there are opportunities to achieve some of these procedures during the General Paediatrics rotation or Subspecialty rotations.

## AREA OF PRACTICE – PAEDIATRIC EMERGENCY MEDICINE & SUBSPECIALTIES

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*This section of the curriculum includes the Area of Practice to whom a Trainee should be exposed in years 3,4,5 of higher specialist training.*

*Trainees are expected to complete 12month post in one or more Paediatric Subspecialty including Tertiary Paediatrics. When a Tertiary Paediatrics post is completed, Trainees should complete one additional subspecialty rotation to be agreed with their Trainers.*

*A 6 month post in Paediatric Emergency Medicine is recommended, where possible.*

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## PAEDIATRIC EMERGENCY MEDICINE

### Training Goal – Core Skills in Paediatric Emergency Medicine

OUTCOME 1 – TRIAGE

OUTCOME 2 – MANAGE ACUTE UNDIFFERENTIATED PRESENTATIONS

OUTCOME 3 – RECOGNISE PATTERNS OF SIGNS AND SYMPTOMS

OUTCOME 4 – DIFFERENTIATE MEDICAL EMERGENCIES FROM OTHER CARE

OUTCOME 5 – TEAM MEMBER

OUTCOME 6 – LEAD TEAM IN RESUSCITATION AND TRAUMA

OUTCOME 7 – PERFORM PROCEDURAL AND TECHNICAL SKILLS PROFICIENTLY

OUTCOME 8 – PERFORM COMPLETE HANDOVER OF PATIENTS

## Training Goal – Core Skills in Paediatric Emergency Medicine

Over the course of years 3,4,5 of HST it is recommended that Trainees complete a 6month rotation in Paediatric Emergency Medicine – where possible. There are several clinical skills to be acquired in this post, proficiency in this training goal can be achieved by demonstrating understanding of the utility of triage , recognise patterns of illness presentations , formulate differential diagnoses systematically, manage resuscitation and trauma.

### OUTCOME 1 – TRIAGE

For the Trainee to understand the triage process, its role in Paediatric Emergency Medicine and demonstrate the ability to triage their own patients by prioritizing care in a challenging environment.

### OUTCOME 2 – MANAGE ACUTE UNDIFFERENTIATED PRESENTATIONS

For the Trainee to manage acute undifferentiated illnesses and injuries presenting to the emergency department, including mental health, medical and surgical emergencies.

### OUTCOME 3 – RECOGNISE PATTERNS OF SIGNS AND SYMPTOMS

For the Trainee to recognise seasonality and cluster of signs for the most common acute presentations, including, but not limited to:

- Fever
- Sepsis
- Respiratory tract infections
- Asthma
- Bronchiolitis
- Head injuries
- Gastroenteritis
- Diabetic ketoacidosis
- Seizures
- Child protection
- Acute Mental Health presentations

### OUTCOME 4 – DIFFERENTIATE MEDICAL EMERGENCIES FROM OTHER CARE

For the Trainee to differentiate the acutely unwell with an intercurrent illness from the acutely deteriorating child with an emergency requiring immediate action, in a systematic way, utilizing clinical acumen and existing clinical guidelines.

### OUTCOME 5 – TEAM MEMBER

For the Trainee to competently play a role as a team member in the structured assessment and management of a child requiring resuscitation, including requested procedures.

### OUTCOME 6 - LEAD TEAM IN RESUSCITATION AND TRAUMA

For the trainee to acquire the skills to effectively lead a team in resuscitating and stabilising an ill or injured patient.

**OUTCOME 7 – UNDERSTAND PROCEDURAL AND TECHNICAL SKILLS PROFICIENTLY**

For the Trainee to be able to Understand procedural and technical skills, including, but not limited to the following:

- airway management
- intraosseous access
- exposure to ultrasound
- basic airway skills
- structured approach to trauma management
- radiology interpretation
- chest x ray
- infection
- lumbar puncture

**OUTCOME 8 – UNDERSTAND COMPLETE HANDOVER OF PATIENTS**

For the Trainee to Understand a complete handover of patients to the appropriate service, following a standard protocol for handover.

## PAEDIATRIC SUBSPECIALTIES & PAEDIATRICS TERTIARY CARE

### Training Goal 1 – Paediatric Subspecialties

OUTCOME 1 – ASSESS, INVESTIGATE AND MANAGE PAEDIATRIC SUBSPECIALTY CASES

OUTCOME 2 – COORDINATE CARE AND LIAISE APPROPRIATELY WITH THE RELEVANT SUBSPECIALTY

### Training Goal 2 – Complex Cases in Paediatric Tertiary Care

OUTCOME 1 – ASSESS, INVESTIGATE AND MANAGE COMPLEX UNDIFFERENTIATED PATIENT

OUTCOME 2 – COORDINATE MDT, LIAISE PROGRESSING CARE OF THE COMPLEX PATIENT

## Training Goal 1 – Paediatric Subspecialties

Over the course of years 3,4,5 of HST, Trainees can complete a maximum of 12months in one Paediatric Subspecialty.

### OUTCOME 1 – ASSESS, INVESTIGATE AND MANAGE PAEDIATRIC SUBSPECIALTY CASES

For the Trainee to be able to assess, investigate and manage Paediatric Cases in the Different Subspecialties.

### OUTCOME 2 – COORDINATE CARE

For the Trainee to coordinate care, liaising appropriately with the relevant MDT.

## Training Goal 2 – Complex Cases in Paediatric Tertiary Care

**Over the course of years 3,4,5 of HST, Trainees are expected to complete 12month post in one or more Paediatric Subspecialties including Tertiary Paediatrics. When a Tertiary Paediatrics post is completed, Trainees should complete **one additional subspecialty rotation to be agreed with their Trainers.****

### OUTCOME 1 – ASSESS, INVESTIGATE AND MANAGE COMPLEX UNDIFFERENTIATED PATIENT

For the Trainee to be able to assess, investigate and manage complex undifferentiated patients.

### OUTCOME 2 – COORDINATE MDT, LIAISE PROGRESSING CARE OF THE COMPLEX PATIENT

For the Trainee to coordinate the MDT in the management of complex patients and liaising in the management of complex patients 'progressing care.

## Suggested Paediatric Subspecialties

Training Outcomes which are subspecialty specific can be agreed with the Trainer.

- Allergy
- Allergy/Pulmonology
- Cardiology
- Dermatology
- Child Protection
- Child Psychiatry
- Endocrinology and DM
- Gastroenterology/Hepatology
- General & Adolescent Medicine
- General & Allergy
- General & Child Mental Health
- General & Community Paediatrics
- General & Complex Obesity
- General & Developmental Paediatrics
- General & Respiratory
- General/GI
- Haematology
- Immunology
- Infectious Diseases
- Nephrology
- Neurodevelopmental
- Neurology
- Medical Oncology
- Metabolic
- PICU
- Palliative Medicine
- Respiratory
- Respiratory and Endocrinology
- Rheumatology
- Rehabilitation

## APPENDICES

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*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)*

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## 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.

<b>WORKPLACE-BASED ASSESSMENTS</b>	
<b>CBD</b>   <i>Case Based Discussion</i>	<p>This assessment is developed in three phases:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Feedback: The Trainer provides constructive feedback to the Trainee.</li> </ol> <p>It is good practice to complete at least one CBD per quarter in each year of training.</p>
<b>DOPS</b>   <i>Direct Observation of Procedural Skills</i>	<p>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.</p>
<b>MiniCEX</b>   <i>Mini Clinical Examination Exercise</i>	<p>The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases:</p> <ol style="list-style-type: none"> <li>1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes).</li> <li>2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination.</li> <li>3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback.</li> </ol>
<b>Feedback Opportunity</b>	<p>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)</p>
<b>MANDATORY EVALUATIONS</b>	
<b>QA</b>   <i>Quarterly Assessment</i>	<p>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.</p>
<b>EOPA</b>   <i>End of Post Assessment</i>	<p>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.</p>
<b>EOYE</b>   <i>End of Year Evaluation</i>	<p>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).</p>
<b>PYE</b>   <i>Penultimate Year Evaluation</i>	<p>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.</p>
<b>FYE</b>   <i>Final Year Evaluation</i>	<p>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.</p>

## Teaching Appendix

### RCPI Taught Programme

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.

### Specialty-Specific Learning Activities (Courses & Workshops)

Trainees will also complete specialty-specific courses and/or workshops as part of the programme.

Trainees should always refer to their training curriculum 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**.

## HST Paediatrics Teaching Attendance Requirements

