FACULTY OF PAEDIATRICS

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

BASIC SPECIALIST TRAINING *in*

PAEDIATRICS

OUTCOME-BASED EDUCATION

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OUTCOME-BASED EDUCATION

This curriculum of training in Paediatrics was developed in 2018 through a systematic review of training, led by Dr Michael Boyle.

The curriculum undergoes an annual review process by Dr Conor Hensey, Dr Edina Moylett, Dr Juan Truillo -National Specialty Directors, and the RCPI Education Department. The curriculum is approved by the Paediatrics Training Committee and the Faculty of Paediatrics.

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

National Specialty Directors' Foreword

Welcome to Basic Specialist Training in General Paediatrics as coordinated by the Faculty of Paediatrics at the Royal College of Physicians of Ireland. A career in Paediatric Medicine, whilst challenging, is ultimately very rewarding both on a personal and professional level.

The BST program, which spans two years, is designed to provide you with a sound foundation on which to build your future career in Paediatric Medicine.

The curriculum outlined in this document targets key learning for you in areas of professional development, communication, teamwork, self care and professional skills. Take time to read the contents of this document carefully.

Your main learning opportunities are in the clinical environment during your placements and this clinical training will be supported by study days and courses.

You will learn from your interactions with your patients and their parents, and from other healthcare professionals. You will learn to interact with and examine children from infancy to adolescence, you will learn how to observe and listen effectively. Communication is key in the practice of medicine but most importantly when working with children and their caregivers.

We wish you a fulfilling and enjoyable training experience.

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1 Introduction

This section includes an overview of the training programme and how to use this curriculum document.

1.1 Purpose of Training

This programme is designed to provide Basic Specialist Training (BST) in Paediatrics in approved training posts under supervision to fulfil agreed curricular requirements. Each post provides a Trainee with a named Trainer. The programme is under the direction of the National Specialty Director(s) of the Faculty of Paediatrics.

1.2 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 the BST 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.

NOTE TO TRAINERS: *This curriculum design differs from traditional minimum requirement based 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.*

1.3 How to Use the Curriculum

Both Trainees and Trainers require a good working knowledge of the curriculum and should use it as a guide for the training programme. Trainers are encouraged to use the curriculum as the foundation of their discussions with Trainees, particularly during goal-setting, feedback and appraisal processes.

Each Trainee is expected to engage with the curriculum by maintaining an ePortfolio in which assessments and feedback opportunities must be recorded. The ePortfolio allows Trainees to build up evidence to inform decisions on their progress at the annual reviews, whilst also providing tools to support and identify further educational and development opportunities.

It is imperative that Trainees keep an up-to-date ePortfolio throughout the duration of their programme.

1.4 BST ePortfolio

ePortfolio is a record of a Trainee's progress through BST and evidence that their training is valid and appropriate. The BST ePortfolio is required for the issue of a BST Certificate of Completion.

1.5 Training Goals

Training goals are the main overarching areas of training. Each training goal is broken down into measurable and defined training outcomes.

Clinical and professional experience is recorded under these training goal headings. For each post the Trainee and Trainer will meet to complete an end of post assessment and evaluate progress for each goal. The Trainer will determine if the Trainee's progress meets expectation for that point in training.

Experience will be gained in general paediatric and neonatal posts and on acute unselected take. For each post a Trainee is expected to develop their skills against these goals and record outcomes appropriately. Assessments of these skills incorporate core professional skills.

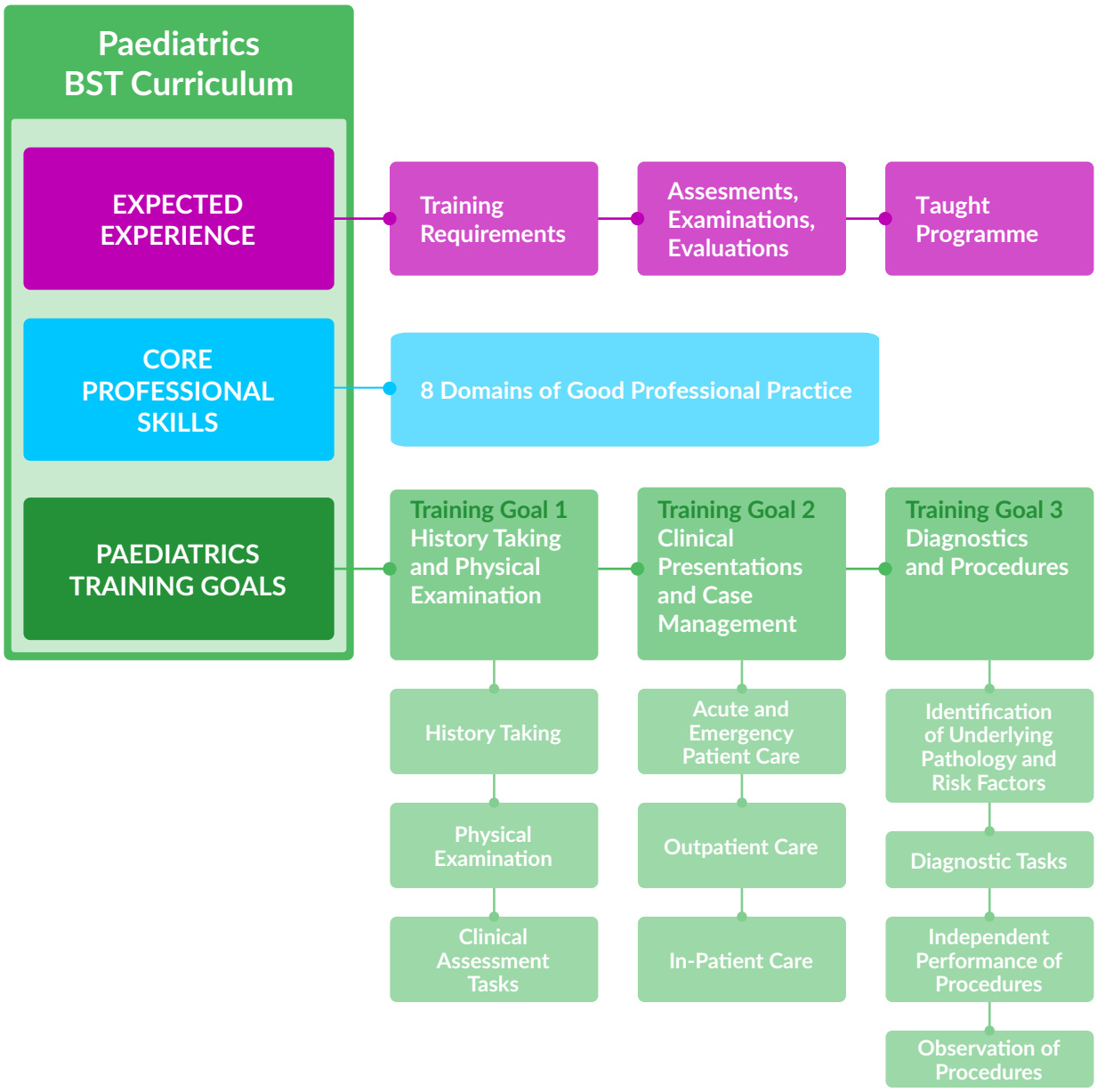
1.6 Outcomes

Specific outcomes are defined under each goal. By the end of BST a Trainee should demonstrate an ability to meet each outcome. Evidence of experiences (training and learning), expected case mix, feedback, assessments and evaluations are some of the methods to achieve outcomes. Please refer to the "Focus of Assessment" outlined under most outcomes for indications.

1.7 Reference to Rules and Regulations

Please refer to the Paediatrics BST Training Handbook for rules and regulations associated with this training. Policies, procedures such as Allocation policies, Flexible Training, Absences, Withdrawal, etc. The Paediatrics Training Handbook can be accessed on the RCPI website.

1.8 Overview of Curriculum



2 Expected Experience

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

2.1 Rotations and Experiential Requirements

- Complete 24 months of training in approved SHO posts:
  - Spend a minimum of six months in posts approved for General Paediatrics.
  - Six months must be spent in posts approved for pure Neonatology.
  - Experience in Community Paediatrics, Paediatric Emergency medicine or another paediatric subspecialty (i.e. Cardiology, Gastroenterology etc.) may be included. Not more than 6 months may be spent in any one of these specialties.
  - Spend no more than six months in any one SHO post.
  - Full participation in on call requirements during post.

	Months Experience	
	Min	Max
General Paediatrics	6	18
Neonatology	6	12
Community Paediatrics	0	6
Emergency Medicine	0	6
Subspecialty Posts	0	6
Total Time (Months)	**24**	**48**

- Achieve all outcomes as set out in this curriculum.
- Attend all mandatory educational activities throughout the programme including:
  - Paediatric BST Study Days are held each year, and trainees are required to attend ten study days over the course of their BST.
  - All courses.
- Maintain an up-to-date and correctly completed ePortfolio as evidence of satisfactory completion of training.
- Attend and satisfactorily pass annual reviews.
- Achieve the MRCPI in Medicine of Childhood.

2.2 Clinical Activities

- Record frequency of attendance at:
  - Outpatient Clinics.
  - Ward rounds.
  - Post-call ward rounds.
  - Attendance will be discussed at the end of each post and experience evaluated.
- Record frequency of call for the post.
- Where appropriate record:
  - Additional Clinical Experience.
  - Subspecialty and special interest experience.

2.3 Academic and Professional Development Activities

- Record completion of the RCPI BST Paediatrics Taught Programme; tutorials and online content.
- Record attendance at hospital-based learning including Grand Rounds, Journal Clubs and Multidisciplinary team meetings.
- Record attendance at a minimum of 10 approved Study Days during your training programme.
- Record examination attempts in ePortfolio for each part of the MRCPI examination.

2.4 Taught Programme

Year One

Please note: in addition to the Taught Programme tutorials, during year 1, Trainees should complete the **Paediatric Procedural Skills simulation workshop**. In addition, Trainees should complete the **ECG Interpretation Course** either in year 1 or 2 of BST. An online module on **Paediatric Food Allergy** is available to complete at any point in the programme. HSE and workplace courses such as **Neonatal Resuscitation** and **APLS** are also required.

July - September **Finding Your Place**

- **Online Content**
  - Guide to Professional Conduct and Ethics
  - Communication with Patients: Core Professional Skills and Values in Communication
  - Principles of Person-Centered Care
  - Principles of Shared Decision Making
  - Introduction to Quality Improvement
  - Introduction to Patient Safety
  - Safe Prescribing for Paediatrics
  - Principles of Antibiotic Use for Paediatrics
- **Virtual Tutorial**
  - Prioritisation
  - Time Management
  - Teamwork
  - Personal and Professional Boundaries
  - Clinical Learning Environment
  - Reflective Practice: Goal Setting

continued overleaf...

October - December — Patient Safety and Person-Centred Care

Online Content

- Teaching - Receiving Feedback
- Thriving in BST
- Person-Centred Care: Patient Experience and Outcomes
- Safer Care: Decision Making, Situation Awareness and Communication

Virtual Tutorial

- Medical Council Guide and Eight Domains of Good Professional Practice
- Ethical Challenges for Doctors
- Defining and Applying Person-Centred Care Principles

January – March — Confidentiality, Capacity and Consent

Online Content

- Awareness of the Importance of Child Protection
- Awareness of Differing Needs Due to Socio-Cultural Diversity
- Journal Club: Learning and Presenting
- Written Communication - Writing To and For Patients (Accessible Writing)
- Healthcare Records and Record Keeping
- Differences between Leaders and Managers in BST

Virtual Tutorial

- Confidentiality
- Shared-Decision-Making - Maximising and Assessing Capacity
- Additional Vulnerabilities

April - June — Agency for Patient Safety

Online Content

- Communication: Conflict and Conflict Resolution
- Leadership for Patient Safety
- Developing Shared Decision-Making Skills
- Principles of Advance Care Planning

Virtual Tutorial

- Positive Patient Safety Culture
- Approaches for Safer Practice, Including Prescribing and Handover
- Complexity of Medical Error and Different Ways of Understanding It
- Agency, Situation Awareness and Psychological Safety

continued overleaf...

Year Two

Please note: in addition to the Taught Programme tutorials, during Year 2 Trainees should complete the course **Child Protection - recognition and response.**

July – September Thriving in BST

Online Content

- Research: Role, Design and Methods
- Evidence Appraisal and Critical Appraisal
- Healthcare Quality Improvement and Clinical Audit
- Thriving in BST Year 2
- Communication: Self-Reflection

Virtual Tutorial

- Career Decisions
- CV and Interview Prep
- Imposter Syndrome
- Burnout

October – December Healthcare Ethics

Online Content

- Types of Leadership Styles
- Teamwork: Working Cohesively in Multidisciplinary Teams
- Time Management
- Emotional Intelligence Re-evaluated: Advanced Insights for New Leaders
- Clinical Research Questions
- Literature Review

Virtual Tutorial

- Exploring Ethical Dilemmas
- Bias
- Legality

January – March Communication and Adverse Events

Online Content

- Communicating Horizontally and Vertically in the Workspace
- Communicate with Colleagues with Higher Authority
- How to Challenge Authority Constructively
- Supporting Colleagues in Stress
- Principles of Open Disclosure

Virtual Tutorial

- An Introduction to Threat and Error Management
- Raising Safety or Quality Concerns
- Reporting Medical Error and Adverse Events
- Near Misses and Events
- Adverse Incidents

continued overleaf...

April - June **Increased Responsibility**

- **Online Content**
  - Physician Wellbeing: Stepping Up to Reg
  - Introduction to Sustainable Use of Resources
  - An Introduction to Health Equity
  - Functional Capacity for Clinical Practice
  - Recognise Patient Cues for Advance Care Planning Discussions
  - Social Determinants of Health
  - Bias and Cultural Competence in Healthcare
- **Virtual Tutorial**
  - Communication Skills Review
  - Managing the Deteriorating Patient
  - Situation Awareness and Clinical Judgement
  - Patient Cues for Advance Care Planning Discussions

2.5 Progress Evaluations

- Complete the personal goals form for each post
- Review progress and complete the End of post assessment
- Formally Record the outcome of annual evaluations

3 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 Scholarship

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.

Additional detail on professional conduct and expectations in the workplace can be found on the Medical Council Website

4 Specialty Section

This section includes the Paediatrics-specific Training Goals that Trainees should achieve by the end of the BST.

Each Training Goal is broken down into specific and measurable training outcomes both for General Paediatrics and for Neonatal Medicine.

Training Goal 1
History Taking & Physical Examination

This training goal includes:
- **History Taking** (General Paediatrics Outcomes and Neonatal Medicine Outcomes)
- **Physical Examination** (General Paediatrics Outcomes and Neonatal Medicine Outcomes)
- **Clinical Assessment Tasks** (General Paediatrics Outcomes)

HISTORY TAKING – GENERAL PAEDIATRICS OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1 Take a comprehensive, targeted and adaptable history

Focus of Feedback - **Communication and appropriateness**

The trainer evaluates if the trainee:
- Asked relevant questions
- Was fluid, focused and practiced in approach
- Obtained the appropriate consent for the people who are present
- Communicated with empathy
- Ensured those present understood the terms and language used
- Ensured the patients dignity and privacy
- Appropriately summarised their findings
- Understood the diagnostic significance of patterns of symptoms

2 Take a growth focused history

Focus of Feedback - **Communication and Appropriateness**

The trainer evaluates the trainee ability to:
- Ask relevant questions
- Plot and interpret height weight and BMI centiles on — appropriate growth charts
- Communicate about growth in an empathetic manner
- Be aware of the importance of the biopsychosocial approach to the management of a child with overweight or obesity

3 Take an allergy focused history

Focus of Feedback - **Knowledge of allergy and appropriate follow up**

The trainer evaluates the trainee ability to:
- Understand the pathophysiology of allergy
- Differentiate between IgE and non-IgE allergy
- Recognise the risk of anaphylaxis
- Confidently determine when allergy testing is indicated
- Recognise common food allergies
- Appropriately refer children requiring specialist care

4 Take a psychosocial history from an adolescent

Focus of Feedback

The trainer evaluates the trainee ability to:

- Take a psychosocial history from an adolescent
- Use a strength-based approach
- Screen for behaviours and risk factors for potential morbidity and mortality (e.g. HEEADSSS model)

HISTORY TAKING – NEONATAL MEDICINE OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1 Take a history and assess common acute neonatal presentations

Focus of Feedback – **Key concepts in assessing a neonate and taking a history**

The trainee evaluates their ability to:

- Take a history of pregnancy
- Take a familial history
- Understand the relevance of scans in neonatal history
- Identify the key concerns of the parent

PHYSICAL EXAMINATION – GENERAL PAEDIATRICS OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1 Perform a detailed physical examination

Physical Examination Types

- Cardiovascular
- Respiratory
- Gastrointestinal
- Neurological
- ENT
- Dermatological
- pGALS

Focus of Feedback – **Skill in physical examination, management of the child and follow up**

The trainee evaluates their ability to:

- Perform an accurate, organised and appropriate physical examination
- Manage the environment
- Minimise disturbance to the child
- Document findings
- Interpret examination findings including relevant observations
- Plot the child's height, weight and BMI on appropriate centile charts and interpret the results
- Appropriately plan for next steps

PHYSICAL EXAMINATION – NEONATAL MEDICINE OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1 Perform an appropriate and thorough newborn examination

Focus of Feedback – **Skill in physical examination, management of the child and follow up**

The trainer evaluates if the trainee:

- Demonstrated an understanding of the expected behaviour of a newborn
- Performed a smooth and minimally invasive examination
- Discussed routine and complex follow up

2 Perform a six-week examination

Focus of Feedback – **Skill in physical examination, management of the child and follow up**

The trainer evaluates if the trainee:

- Performed the examination
- Managed the neonate
- Communicated with the primary care givers

CLINICAL ASSESSMENT TASKS – GENERAL PAEDIATRICS OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1. **Assess growth and nutritional status**
2. **Assess blood pressure**
3. **Assess developmental status**
4. **Assess pubertal status**
5. **Perform the assessment of the child with reduced consciousness or coma**

All clinical assessment tasks:

Focus of Feedback – **Performance of task and follow up**

Training Goal 2
Clinical Presentations and Case Management

This training goal for the recognition of clinical presentations includes:

- **Acute And Emergency Patient Care** (General Paediatrics Outcomes, Neonatal Medicine Outcomes)
- **Outpatient Care**
- **Inpatient Care**

ACUTE AND EMERGENCY PATIENT CARE – GENERAL PAEDIATRICS OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1. **Recognise the deteriorating child or infant**

   Examples of experience including, but not limited to:

   - Acute life-threatening illness
   - Acute asthma
   - Acute croup
   - Acid-base and electrolyte homeostasis
   - Anaphylaxis
   - Bronchiolitis
   - Cardiopulmonary arrest
   - Cardiac and respiratory emergencies
   - Coma and convulsions
   - Shock
   - Meningococcal septicaemia
   - Severe trauma
   - Sepsis
   - Poisonings

   Focus of Feedback – **Progress in the recognition of emergencies**

   The trainee evaluates their ability to:

   – Understand the pathophysiology of the presentation
   – Recognise the clinically significant signs and symptoms
   – Select appropriate investigation and procedures to avoid unnecessary discomfort

2. **Take the initial steps in the management of the deteriorating child or infant**
3. **Recognise sepsis and take initial steps in management**
4. **Recognise organ failure**
5. **Manage acute seizures and status epilepticus**
6. **Manage common acute respiratory presentations**
7. **Recognise a metabolic crisis, including DKA**
8. **Take the initial steps in the management of the medically unstable child with an eating disorder**

ACUTE AND EMERGENCY PATIENT CARE – NEONATAL MEDICINE OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1. **Recognise serious life-threatening illnesses in the newborn**

   Focus of Feedback – **Recognition and understanding of signs and symptoms**

2. **Stabilise the neonate**
3. **Perform neonatal resuscitation**

OUTPATIENT CARE – GENERAL PAEDIATRICS OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1. **Assess and manage common paediatric presentations in outpatients**

   Case checklist,recognise and assess common paediatric presentations including, but not limited to:

   - Childhood headache
   - Chronic abdominal pain
   - Abnormal growth (head, length, weight)
   - Developmental concerns including pervasive developmental disorders
   - Gait related concerns
   - Recurrent UTI (relevant investigations and management)
   - Atopy related illness
   - Common infant problems (e.g. GERD)
   - Asthma
   - Constipation
   - Pallor and fatigue
   - Overweight and Obesity
   - Lymphadenopathy
   - Recognise and evaluate patients with functional disorder
   - Recognise and evaluate patients with mental health disorder

   Focus of Feedback – **Ability or recognise key signs and symptoms**

   The trainee evaluates their ability to:

   — Understand the pathophysiology of the presentation
   — Recognise the clinically significant signs and symptoms
   — Select appropriate investigation and procedures to avoid unnecessary discomfort

OUTPATIENT CARE – NEONATAL MEDICINE OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1. **Recognise prematurity and low birth weight sequelae**

   Focus of Feedback – **Recognition and understanding of sequelae**

   During discussion the trainee should be able to:

   — Describe prematurity sequelae
   — Describe low birth weight sequelae

2. **Recognise infections in the neonate**
3. **Recognise common diseases and neonatal issues**

   Focus of Feedback – **Recognition and understanding of signs and symptoms**

4. **Assess and manage common feeding-related issues**

   Focus of Feedback – **Ability to take feeding focussed history and provide initial advice**

IN-PATIENT CARE – GENERAL PAEDIATRICS OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1 Assess and manage common paediatric presentations

Case checklist, including, but not limited to:

- Recognise respiratory distress, manage and escalate care
- Management of care for acute asthma of varying severity
- Recognise and manage dehydration e.g. gastroenteritis, prescribe fluid therapy
- Recognise common cardiac conditions (e.g SVT, congenital cardiac disease) and understand initial management
- Competent assessment of the febrile child exploring common differentials
- Recognition of common paediatric malignancies e.g., ALL, brain tumour
- Recognition of overweight and obesity
- Awareness of common haematological presentations, e.g., anaemia, SCD
- Recognise abnormal development and initiation of appropriate investigations
- Understanding and awareness of common paediatric emergencies including status epilepticus, DKA and anaphylaxis; ability to initiate care and call for help appropriately
- Recognise and initiate management of child with suspected sepsis including meningitis
- Take the initial steps in the management of the sick neonate, including phototherapy
- Understanding of approach to the admission and management of child with suspected eating disorder
- Understanding of the approach to the admission and management of a child with suspected mental health disorder
- Admission of the child with complex medical needs
- Recognise common presentations of non-accidental injury or other forms of child abuse and understand how to appropriately escalate child protection /safety concerns
- Recognition, initial evaluation and management of commonly encountered surgical emergencies, e.g., pyloric stenosis, intussusception, appendicitis, acute bowel obstruction
- Competent communication when transferring a child to another service locally or in tertiary facility

Focus of Feedback – Ability or recognise key signs and symptoms

The trainee evaluates their ability to:

- Understand the pathophysiology of the presentation
- Recognise the clinically significant signs and symptoms
- Differentiate breath sounds e.g. wheeze, stridor and grunting
- Select appropriate investigation and procedures to avoid unnecessary discomfort

2 Assess and manage subspecialty presentations

IN-PATIENT CARE – NEONATAL MEDICINE OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1. **Recognise prematurity and low birth weight sequelae**

   Focus of Feedback – **Recognition and understanding of sequelae**

   During discussion the trainee should be able to:

   - Describe prematurity sequelae
   - Describe low birth weight sequelae

2. **Recognise infections in the neonate**

3. **Recognise common conditions and neonatal issues in both preterm and term infants**

   Focus of Feedback – **Recognition and understanding of signs and symptoms**

   - Record ward rounds and post-call related to this section in ePortfolio

Training Goal 3
Diagnostics and Procedures

This training goal includes:

- **Identification of Underlying Pathology and Risk Factors** (General Paediatrics Outcomes, Neonatal Medicine Outcomes)
- **Diagnostic Tasks**
- **Independent Performance of Procedures**
- **Observation of Procedures**

IDENTIFICATION OF UNDERLYING PATHOLOGY AND RISK FACTORS – GEN PAEDS OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1 Discuss the safe, effective and necessary role immunisations play in child health

Focus of Feedback – **Understanding of immunisation and communication**

The trainee evaluates their ability to:

- Explain the mechanism of action of common vaccinations
- Discuss vaccination schedules
- Critically evaluate the evidence base for common vaccinations
- Engage appropriately and cooperatively with parents, guardians or caregivers

2 Discuss the use of Vitamin K with parents including the indications for use

Focus of Feedback – **Understanding of vitamin K and communication**

The trainee evaluates their ability to:

- Discuss the indications for use of vitamin K
- Respond to parents or guardians concerns
- Discuss the evidence base for use
- Engage appropriately and cooperatively with parents, guardians or caregivers

3 Screen for common congenital heart disease

Focus of Feedback – **Understanding congenital heart disease**

The trainee evaluates their ability to:

- Screen for common congenital heart disease
- Discuss the anatomy and physiology of congenital heart disease
- Understand the role of genetics in congenital heart disease
- Recognise the clinical manifestations of congenital and acquired heart disease
- Discuss screening appropriately and cooperatively with parents, guardians or caregivers

4 **Interpret blood gas analysis and oximetry**

Focus of Feedback – **The interpretation of blood gas analysis and oximetry**

During discussion the trainee should be able to:

- Recognise the indication for gas analysis and oximetry
- Explain the impact to the child of invasive investigations

5 **Recognise and take the initial steps in the management of potential child protection issues**

Focus of Feedback – **Recognition of child protection as an emergency**

During discussion the trainee should be able to:

- Recognise a potential child protection issue
- Discuss the initial steps in management of a child protection issue
- Explain the Children First guidelines

6 **Recognise and take the initial steps in the management of overweight and obesity**

Focus of Feedback – **Recognition of the biopsychosocial approach required**

During discussion the trainee should be able to:

- Recognise overweight and obesity
- Discuss the initial steps in management
- Explain the importance of growth monitoring

IDENTIFICATION OF UNDERLYING PATHOLOGY AND RISK FACTORS – NEONATES OUTCOMES

By the end of BST, the trainee will demonstrate an ability to:

1 **Investigate common neonatal disorders**

Focus of Feedback – **Appropriate selection and performance of investigations**

DIAGNOSTIC TASKS

By the end of BST, the trainee will demonstrate an ability to:

1 **Record and interpret electrocardiograms**

2 **Interpret biochemical tests**

3 **Interpret commonly encountered X-rays**

4 **Demonstrate knowledge of the indications for common neuro-imaging abnormalities by CT, MRI or ultrasound**

5 **Perform peak flow rates**

6 **Perform a Mantoux test -not mandatory requirement**

All diagnostic task outcomes

Focus of Feedback – **Performance of task and follow up**

INDEPENDENT PERFORMANCE OF PROCEDURES

By the end of BST, the trainee will demonstrate an ability to perform:

1. **Blood cultures with aseptic technique**
2. **Blood sampling**

   Focus of Feedback – **The indications for, and risks associated with, this procedure**
3. **Height measurement using a stadiometer**
4. **Intravenous cannulation**

   Focus of Feedback – **The indications for, and risks associated with, this procedure**
5. **Lumbar puncture**

   Formally observed in the workplace, in real time, by a senior team member who is appropriate to provide feedback on performance as determined by the trainer.

   Focus of Feedback – **Performance of lumbar puncture, management of the child and follow up**

   The trainer evaluates if the trainee:
   - Prepared appropriately
   - Performed the procedure to the expected standard
   - Was able to discuss indications for when consent is not required for lumbar puncture
   - Was able to discuss the interpretation of test results
6. **Urinary Catheterisation**

OBSERVATION OF PROCEDURES

By the end of BST, the trainee will demonstrate an understanding of:

1. **Intraosseous needle insertion**
2. **Umbilical artery or vein catheterisation**
3. **Tracheal intubation**

The trainee records a self-assessment of their understanding of these procedures.

The trainee should seek opportunities to observe procedures in the workplace or as part of a simulation and ensure they understand all key concepts.

Appendix

HOW TO RECORD A PAEDIATRIC CLINICAL ASSESSMENT:

HISTORY

Date:
Time:
Age of Patient:

PRESENTING COMPLAINT(S)

List principal symptoms

HISTORY OF PRESENTING COMPLAINT(S)

Describe symptoms fully, with chronology

PAST HISTORY

Birth History. Birth Weight. Pregnancy.
Neonatal Course
Feeding History
Immunisations
Infectious Disease
Hospitalisation/Serious Illnesses/Surgeries
Development, expand in detail where appropriate
Gross motor
Fine motor
Speech
Hearing/Vision
Social

MEDICATIONS AND ALLERGIES

List Allergies
List Medications

FAMILY HISTORY

Congenital Diseases/Malformation
Atopy
Auto-immune disease

SOCIAL HISTORY

Parents; age, employment, consanguinity *(Where relevant).*

Siblings; name, age, problems

HEEADSSS

Psychosocial assessment for adolescent patients (Where relevant).

Pets
Smoking at home
Housing
Day-care/crèche, Childminder

SYSTEMS REVIEW

(Brief enquiry for additional symptoms)
CVS
RS
GIT
CNS
Musculo-skeletal :

EXAMINATION

General appearance: How ill is child? Level of consciousness, distress, interaction, rash, hydration, nutrition, communication

Weight	:	kg.	(Percentile)
Height	:	cm	(Percentile)
BMI	:	kg/m2	(Percentile)

Head Circumference : cm (Percentile) (in children under 2).

PEWS:

E.N.T.

EYES:

Hands and Face: Appearance, Pallor, Clubbing, Cyanosis

CVS:
Pulse Vol. Femoral Pulse.
RV+ LV+
Heart Sounds (S1, S2, and any added sounds)
Murmurs

Resp.
P.E.F.R. (If relevant)
Flaring, Accessory muscles, Recession, WOB
Chest shape, percussion
Sounds and Added sounds

Abdo.
Observation (Scaphoid v distended)
Palpation (soft, non-tender; guarding, rigidity etc. any masses)
Hepatosplenomegaly
Renal enlargement
Ascites
Genitalia
Rectal examination (NOT routinely done in paediatrics)

CNS: Mental State, GCS or AVPU
Gait
Meningism (neck stiffness, Kernigs, Brudzinski's)
Cranial nerves 1 – 12

Peripheral exam	RUL	LUL	LLL	RLL
Posture				
Symmetry				
Tone				
Power				
Coordination				
Reflexes				

Musculo-Skeletal **pGALS**

Gait
Limbs
Joints

Impression

Diagnosis: (differential diagnoses and your working diagnosis)

Investigation: (you wish to order to confirm or refute your diagnosis)

Management plan: Admit
Acute management