



FACULTY OF PATHOLOGY

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

HAEMATOLOGY



This curriculum of training in Haematology was developed in 2010 and undergoes an annual review by Dr Clodagh Keohane and Dr John Quinn, National Specialty Directors, Ann O’Shaughnessy, Head of Education, and by the Haematology Training Committee. The curriculum is approved by the Faculty of Pathology.

Version	Date Published	Last Edited By	Version Comments
12.0	01 July 2022	Keith Farrington	Changes to form names

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Introduction

The curriculum for Higher Specialist Training in Haematology in Ireland is based upon the requirements for competence in both clinical and laboratory practice as set by the Medical Council. Successful completion of the HST Haematology programme depends upon satisfactory formal annual evaluations and attainment of the FRCPATH Diploma in Haematology awarded by the Royal College of Pathologists. The curriculum is not exhaustive and all trainees are expected to keep abreast of new developments in the field. On graduating from the training programme, doctors will be expected to demonstrate expertise in general laboratory and clinical haematology and competence in specialist areas, where an ability to initially diagnose and manage complex patients must be shown. As haematology practice in Ireland is very similar to that of the UK and given that trainees are expected to complete the FRCPATH diploma, the Irish curriculum follows that of the Joint Royal Colleges of Physicians Training Board in the UK. Trainees are expected, however, to be aware of differences in structure and practice between the two countries.

The curriculum has a basic modular design, in two phases, and lasts a minimum of five years. The first phase of approximately two years aims to give the trainee a broad experience in general haematology under relatively close supervision. The first 3-4 months is designed to give an understanding of the basic concepts of haematology in order to ensure that the trainee can safely perform and give advice, whilst remaining under close supervision.

During the second phase of three years, the trainee shall acquire greater independence in haematology practice. Throughout this period, the more specialised areas of transfusion, transplant, coagulation and paediatrics will be encountered. Towards the end of training, a trainee may wish to develop a more in-depth knowledge in certain specialties.

Significant experience may be gained by taking time out-of-programme to study and work at other institutions, often outside of Ireland. This is usually encouraged but must be discussed in advance with the National Specialty Director (NSD). Research can also considerably enhance training – credit of up to one year is given for time spent in haematology related projects, however a trainee may wish to extend this in order to complete more in-depth projects, preferably with journal publications and either an MD or PhD as an outcome. Again, advice should be sought before entering research programmes.

Haematology specialist training may be located both in and outside of Ireland. A minimum of 36 months must be spent in Ireland in order to gain the Certificate of Satisfactory Completion of Specialist Training (CSCST). The National Specialty Director will coordinate training sites within Ireland, based upon requirements to fulfil the curriculum. Trainees should expect to spend a minimum of one year in General or Regional Hospitals but usually no more than two. Where possible, trainee preferences are taken into account but curriculum requirements take precedence. Those failing to communicate their preferences in a timely manner will not be considered.

In addition to local training, regional and national events also occur. These include training days, videoconference tutorials, meetings and conferences. Some of these are essential components of the curriculum and trainees will be expected to attend barring exceptional circumstances. Records of attendance may be taken into account at the Annual Evaluation but trainees will be clearly notified in advance of essential events. In contrast to unrestricted educational grant sponsored events, pharmaceutical company organised meetings may be useful but are not deemed mandatory.

The discipline of Haematology encompasses both clinical and laboratory aspects. Registration as a specialist in Haematology (and award of a CSCST) will require satisfactory completion of a structured training programme with both clinical and laboratory components.

Besides these specialty specific elements, trainees in Haematology must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

Aims

Upon satisfactory completion of specialist training in Haematology, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the healthcare system.

Competencies, at a level consistent with practice in the specialty of Haematology, will include the following:

- Patient care that is appropriate, effective and compassionate dealing with health problems and health promotion.
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.
- The ability to function as a supervisor, trainer and teacher in relation to colleagues, medical students and other health professionals.
- Capability to be a scholar, contributing to development and research in the field of Haematology.
- Professionalism.
- Knowledge of public health and health policy issues: awareness and responsiveness in the larger context of the health care system, including e.g. the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocations.
- Ability to understand health care and identify and carry out system-based improvement of care.

Professionalism:

Being a good doctor is more than technical competence. It involves values – putting patients first, safeguarding their interests, being honest, communicating with care and personal attention, and being committed to lifelong learning and continuous improvement. Developing and maintaining values are important; however, it is only through putting values into action that doctors demonstrate the continuing trustworthiness which the public legitimately expect. According to the Medical Council, Good Professional Practice involves the following aspects:

- Effective communication
- Respect for autonomy and shared decision-making
- Maintaining confidentiality
- Honesty, openness and transparency (especially around mistakes, near-misses and errors)
- Raising concerns about patient safety
- Maintaining competence and assuring quality of medical practice

Entry Requirements

Applicants for Higher Specialist Training (HST) in Haematology must have a certificate of completion in Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI.

Those who do not hold a BST certificate and MRCPI must provide evidence of equivalency.

Entry on the training programme is at year 1. Deferrals are not allowed on entry to Higher Specialist Training.

Duration & Organisation of Training

The duration of HST in Haematology is 5 years, one year of which may be gained from a period of full-time research.

Essential Training: Trainees must attend study days as advised by the National Speciality Director.

Minimum Procedures:

While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of Haematology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Haematology this will be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in all the Medical and related specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Medical Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a SpR's suitability and ability to become independently capable as a specialist.

Training Programme

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for Haematology programmes in approved training hospitals. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialty Director for Haematology. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop a sub-specialty interest.

The experience gained through rotation around different departments is recognised as an essential part of HST. A Specialist Registrar may not remain in the same unit for longer than 2 years of clinical training; or with the same trainer for more than 1 year.

Where an essential element of the curriculum is missing from a programme, access to it should be arranged, by day release for example, or if necessary by secondment.

Specialty Specific Training

The Haematology HST programme is a 5 year programme and the expectation is that the programme will normally not be completed ahead of schedule.

In certain circumstances, it may be possible to complete the programme in under 5 years. This will be at the discretion of the trainer and the NSD.

In terms of rotation, normally years 1 & 2 are spent at regional centres and years 3-5 are spent at specialty specific centres including Paediatric Haematology, Transfusion, Coagulation, & Stem Cell Transplant.

Deviation from the normal programme is at the discretion of the trainer and NSD.

Assessment Process

The methods used to assess progress through training must be valid and reliable. The Haematology Curriculum has been re-written, describing the levels of competence which can be recognised. The assessment grade will be awarded on the basis of direct observation in the workplace by consultant supervisors. Time should be set aside for appraisal following the assessment e.g. of clinical presentations, case management, observation of procedures. As progress is being made, the lower levels of competence will be replaced progressively by those that are higher. Where the grade for an item is judged to be deficient for the stage of training, the assessment should be supported by a detailed note which can later be referred to at annual review.

The assessment of training may utilise the Mini-CEX, DOPS and Case Based Discussions (CBD) methods adapted for the purpose. These methods of assessment have been made available by HMT for use at the discretion of the NSD and nominated trainer. They are offered as a means of providing the trainee with attested evidence of achievement in certain areas of the Curriculum e.g. competence in procedural skills, or in generic components. Assessment will also be supported by the trainee's portfolio of achievements and performance at relevant meetings, presentations, audit, in tests of knowledge, attendance at courses and educational events.

Generic Components

This chapter covers the generic components which are relevant to HST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty.

As such, this chapter needs to be viewed as an appropriate guide of the level of knowledge and skills required from all HST trainees with differing application levels in practice.

Good Professional Practice

Objective: Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

Medical Council Domains of Good Professional Practice: Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

KNOWLEDGE

Effective Communication

- How to listen to patients and colleagues
- The principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

Ethics

- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information in accordance with data protection legislation and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end of life issues

Honesty, openness and transparency (mistakes and near misses)

- Preventing and managing near misses and adverse events.
- When and how to report a near miss or adverse event
- Incident reporting; root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

Raising concerns about patient safety

- Safe working practice, role of procedures and protocols in optimal practice
- The importance of standardising practice through the use of checklists, and being vigilant
- Safe healthcare systems and provision of a safe working environment
- Awareness of the multiple factors involved in failures
- Knowledge and understanding of Reason's Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- Human and economic costs in system failures
- The important of informing a person of authority of systems or service structures that may lead to unsafe practices which may put patients, yourself or other colleagues at risk
- Awareness of the Irish Medical Councils policy on raising concerns about safety in the environment in which you work

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ethical and legal decision making skills
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Ability to learn from errors and near misses to prevent future errors
- Managing errors and near-misses
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Managing complaints
- Using the Open Disclosure Process Algorithm

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in practice
- RCPI HST Leadership in Clinical Practice
- RCPI Ethics programmes
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice
- Quality improvement methodology course - recommended

Infection Control

Objective: To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Management (including Self-Management).

KNOWLEDGE

Within a consultation

- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available, including the 5 Moments for Hand Hygiene guidelines
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent *Clostridium difficile*
- Knowledge and understanding of the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, *Clostridium difficile*
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of notifiable infectious disease
- Understanding the increased risk of infection to patients in surgery or during an invasive procedure and adhering to guidelines for minimising infection in such cases
- The guidelines for needle-stick injury prevention and management

During an outbreak

- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary
- Hospital policy/seeking guidance from occupational health professional regarding the need to stay off work/restrict duties when experiencing infections the onward transmission of which might impact on the health of others

SKILLS

- Practicing aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborating with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
 - Working knowledge of those infections requiring notification
 - Undertaking notification promptly
 - Collaborating with external agencies regarding reporting, investigating and management of notifiable diseases
 - Enlisting / requiring patients' involvement in solving their health problems, providing information and education
 - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection, prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace
- Personal Protective Equipment Training Course (In hospital)

Self-Care and Maintaining Well-Being

Objectives:

1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

KNOWLEDGE

- Self-awareness including preferences and biases
- Personal psychological strengths and limitations
- Understand how personality characteristics, such as need for approval, judgemental tendencies, needs for perfection and control etc., affect relationships with patients and others
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand the difference between feelings of sympathy and feelings of empathy
- Know the factors between a doctor and patient that enhance or interfere with abilities to experience and convey empathy
- Understanding of own attitudes toward uncertainty and risk taking and own need for reassurance
- How own relationships with certain patients can reflect attitudes toward paternalism, autonomy, benevolence, non-maleficence and justice
- Recognise own feelings in straightforward and complex patient-doctor interactions
- Recognising the symptoms of stress and burn out

SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to patient's problem
- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

ASSESSMENT & LEARNING METHODS

- On-going supervision
- RCPI Ethics programmes
- Wellness Matters Course
- RCPI HST Leadership in Clinical Practice course

Communication in Clinical and Professional Setting

Objective: To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

Medical Council Domains of Good Professional Practice: Relating to Patients; Communication and Interpersonal Skills.

KNOWLEDGE

Within a consultation

- How to effectively listen and attend to patients
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient and encourage self-management

Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations
- How to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments and how to deal with challenging or aggressive behaviour
- Knowing how and when to break bad news
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger and frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

Dealing with professional colleagues and others

- How to communicate with doctors and other members of the healthcare team
- How to provide a concise, written, verbal, or electronic, problem-orientated statement of facts and opinions
- The legal context of status of records and reports, of data protection confidentiality
- Freedom of Information (FOI) issues
- Understanding of the importance of legible, accessible, records to continuity of care
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, or written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

Maintaining continuity of care

- Understanding the relevance of continuity of care to outcome, within and between phases of healthcare management
- The importance of completion of tasks and documentation, e.g. before handover to another team, department, specialty, including identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care including, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure

Giving explanations

- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure and retain attention avoiding distraction
- Understanding how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of the risks of information overload
- Tailoring the communication of information to the level of understanding of the recipient
- Strategies to achieve the level of understanding necessary to gain co-operation and partnership; compliance, informed choice, acceptance of opinion, advice, recommendation

Responding to complaints

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, and assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identify issues and respond quickly and appropriately to a complaint received

SKILLS

- Ability to appropriately elicit facts, using a mix of open and closed-ended questions
- Using “active listening” techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage co-operation, compliance; obtaining informed consent
- Showing consideration and respect for other’s culture, opinions, patient’s right to be informed and make choices
- Respecting another’s right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills
- Maintaining (legible) records
- being available, contactable, time-conscious
- Setting realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (e.g. leaflets) diagrams, educational aids and resources appropriately
- Establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- Consultant feedback at annual assessment
 - Workplace based assessment e.g. Mini-CEX, DOPS, CBD
 - Educational supervisor’s reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- RCPI Ethics programmes
- RCPI HST Leadership in Clinical Practice Course

Leadership

Objective: To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

KNOWLEDGE

Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
 - Role of governance
 - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
 - Knowledge of how to prepare a budget
 - Defining value
 - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
 - How to manage staff training, development and education
- Managing performance
 - How to perform staff appraisal and deal effectively with poor staff performance
 - How to rewards and incentivise staff for quality and efficiency

Setting direction

- The external and internal drivers setting the context for change
- Knowledge of systems and resource management that guide service development
- How to make decisions using evidence-based medicine and performance measures
- How to evaluate the impact of change on health outcomes through ongoing service evaluation

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player
- Ability to manage resources and people
- Managing performance and performance indicators

Demonstrating personal qualities

- Efficiently and effectively managing one-self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships
- Adapting style to work with different people and different situations
- Contributing to the planning and design of services

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- RCPI HST Leadership in Clinical Practice (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

Quality Improvement

Objective: To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

KNOWLEDGE

Personal qualities of leaders

- The importance of prioritising the patient and patient safety in all clinical activities and interactions

Managing services

- Knowledge of systems design and the role of microsystems
- Understanding of human factors and culture on patient safety and quality

Improving services

- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to improve quality standards where possible
- How to encourage a culture of improvement and innovation

Setting direction

- How to create a 'burning platform' and motivate other healthcare professionals to work together within quality improvement
- Knowledge of the wider healthcare system direction and how that may impact local organisations

SKILLS

- Improvement approach to all problems or issues
- Engaging colleagues, patients and the wider system to identify issues and implement improvements
- Use of quality improvement methodologies, tools and techniques within every day practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging a culture of improvement and innovation

Demonstrating personal qualities

- Encouraging contributions and involvement from others including patients, carers, members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

ASSESSMENT & LEARNING METHODS

- RCPI HST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

Scholarship

Objective: To develop skills in personal/professional development, teaching, educational supervision and research

Medical Council Domains of Good Professional Practice: Scholarship

KNOWLEDGE

Teaching, educational supervision and assessment

- Principles of adult learning, teaching and learning methods available and strategies
- Educational principles directing assessment methods including, formative vs. summative methods
- The value of regular appraisal / assessment in informing training process
- How to set effective educational objectives and map benefits to learner
- Design and delivery of an effective teaching event, both small and large group
- Use of appropriate technology / materials

Research, methodology and critical evaluation

- Designing and resourcing a research project
- Research methodology, valid statistical analysis, writing and publishing papers
- Ethical considerations and obtaining ethical approval
- Reviewing literature, framing questions, designing a project capable of providing an answer
- How to write results and conclusions, writing and/or presenting a paper
- How to present data in a clear, honest and critical fashion

Audit

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance
- The importance of re-audit

SKILLS

- Bed-side undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

ASSESSMENT & LEARNING METHODS

- An Introduction to Health Research (online)
- Performing audit course (online)
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Health Research Methods for Clinicians - recommended

Management

Objective: To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services, to develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

Medical Council Domains of Good Professional Practice: Management.

KNOWLEDGE

Health service structure, management and organisation

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC

The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

Maintaining medical knowledge with a view to delivering effective clinical care

- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Knowledge of sources providing updates, literature reviews and digests

Delegation skills, empowerment and conflict management

- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team

SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

ASSESSMENT & LEARNING METHODS

- Mastering Communication course
- Performing audit course (online)
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

Standards of Care

Objective: To be able to consistently and effectively assess and treat patients' problems

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork: Management (including Self-Management); Clinical Skills.

KNOWLEDGE

Diagnosing Patients

- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

Investigation, indications, risks, cost-effectiveness

- The pathophysiological basis of the investigation
- Understand the clinical significance of reference ranges, positive and negative predictive value and potential risks of inappropriate tests
- The procedures for commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

Treatment and management of disease

- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient's needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects e.g. driving

Disease prevention and health education

- Screening for disease: methods, advantages and limitations
- Health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, and change strategies applicable to smoking, alcohol, drug abuse, and lifestyle
- Disease notification; methods of collection and sources of data

Notes, records, correspondence

- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- An understanding of the need and appropriate use of problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

Prioritising, resourcing and decision taking

- How to prioritise demands, respond to patients' needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude

Handover

- Know what are the essential requirements to run an effective handover meeting
 - Sufficient and accurate patients information
 - Adequate time
 - Clear roles and leadership
 - Adequate IT
- Know how to prioritise patient safety
 - Identify most clinically unstable patients
 - Use ISBAR (Identify, Situation, Background, Assessment, Recommendations)
 - Proper identification of tasks and follow-ups required
 - Contingency plans in place
- Know how to focus the team on actions
 - Tasks are prioritised
 - Plans for further care are put in place
 - Unstable patients are reviewed

Relevance of professional bodies

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

SKILLS

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
 - Effective listening
 - Ability to articulate and deliver instructions
 - Encourage questions and openness
 - Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Ability to advise on and promote lifestyle change, stopping smoking, control of alcohol intake, exercise and nutrition
- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- Involve patients' in solving their health problems, by providing information and education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Act in accordance with, up to date standards on palliative care needs assessment
- Valuing contributions of health education and disease prevention to health in a community
- Compile accurate and appropriate detailed medical notes and care reports including the results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Transfer information in an appropriate and timely manner

- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Annual Audit
- Medical Council Guide to Professional Conduct and Ethics

Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

Objectives: To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations and accurately interpret reports.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Clinical Skills.

KNOWLEDGE

Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- ACLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

Managing the deteriorating patient

- How to categorise a patients' severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

SKILLS

- BLS/ACLS (or APLS for Paediatrics)
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning, including complex discharge
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients'/ relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tools (e.g. ISBAR)

ASSESSMENT & LEARNING METHODS

- ACLS course
- Record of on call experience
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback

Therapeutics and Safe Prescribing

Objective: To progressively develop ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care.

KNOWLEDGE

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Commonly prescribed medications
- Adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB, and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- Effects of medications on patient activities including potential effects on a patient's fitness to drive
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine
- Differentiating drug allergy from drug side effects
- Know the difference between an early and late drug allergy, and drug side-effects
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials
- Best practice in the pharmacological management of cancer pain
- The management of constipation in adult patients receiving palliative care

SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients' long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Take and record an accurate drug allergy history and history of previous side effects

ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in prescribing practice
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

Specialty Section

Introduction to Clinical Haematology

Objective: To develop the particular core competencies and procedural skills required for the practice of clinical and laboratory (see also generic section).

KNOWLEDGE

- Understand the importance of good communication, with patients and their relatives, and with colleagues, other health professionals and those involved in the provision of health care
- Understand impact of disease on the patient and their family
- Work as part of a multidisciplinary team
- The purpose, place, benefits and risks of procedures employed
- Recognise impact of procedures on the patient and their family including radiological investigations
- Recognises the importance of obtaining informed consent in the practice of Haematology, and respects the patient's right to choice
- Principles of Safe Chemotherapy administration including intrathecal therapy
- Principles of Safe Blood Component Transfusion

Presentation and management of common haematological disorders

- Management of Haematological emergencies

SKILLS

- Elicit an accurate history
- Be able to communicate the diagnosis clearly to patients and their relatives
- Be able to explain treatment required and its side effects of patients and their relatives
- Demonstrate an ability to break bad news including the communication of a terminal prognosis
- Be able to communicate clearly with colleagues in primary and secondary care via clinic letters
- Choice and care of central venous lines
- Use of antibiotic regimens for treatment and prophylaxis in the immunosuppressed patient.
- Request appropriate radiological investigations and demonstrate awareness of radiation safety
- Prescribe chemotherapy safely and understands the risks / benefits associated
- Prescribe blood components safely and understands the risks / benefits associated
- Recognise in the laboratory and advise on the initial management of common cytopenias and suspected haematological malignancies

ASSESSMENT & LEARNING METHODS

- Case Based Discussion (CBD):
 - End of life care
 - Managing haematological Emergencies – Sepsis; SCC compression/hypercalcaemia/SVS obstruction etc.; massive bleeding; DIC
- Mastering Communications (Year 1 Course)
- RCPI Safe Prescribing and Prescribing Chemotherapy (Year 1) Transfusion (Online Blood Transfusion module, Year 1)
- DOPS:
 - Consent a patient for an investigation or treatment e.g., Chemotherapy
 - Bone marrow aspirate and trephine biopsy
 - Lumbar puncture, intrathecal administration of chemotherapy

Introduction to Basic Laboratory Haematology

A formal period of instruction takes place at the beginning of specialist training to provide an introduction to laboratory aspects of haematology. By the end of this period the trainee would be expected to:

- Have gained an understanding of laboratory practice including Health & Safety and Quality Control
- Have sufficient understanding of haematology to offer basic advice on the interpretation of laboratory results
- Have a sufficient knowledge of laboratory techniques to underpin clinical laboratory practice.
- Have a basic knowledge of the presentation and management of the common haematological disorders
- Have knowledge of risk management issues as they apply to laboratory and clinical haematology

KNOWLEDGE

Haematology

- Introduction to the laboratory, including Health and Safety principles
- The principles and use of automated blood counters
- Set up and use of the light microscope
- Principles of staining blood films and marrow aspirate slides.
- Describe the methods for obtaining bone marrow aspirate and trephine biopsies
- Screening Techniques for Malaria

Blood transfusion

- Outline basic Blood Transfusion techniques (manual and automated)
- Understand the types of blood products
- Relate blood transfusion laboratory practice to patient care
- Safe blood transfusion practice

Coagulation

- Describe the techniques for coagulation testing including automation of coagulation tests and thrombophilia tests
- Outline current methods for automated coagulation testing
- Basic thrombophilia testing.

SKILLS

- Interpretation of the full blood count and differential
- Making blood films
- Recognition of malignant haematological disorders, red cell abnormalities & malarial parasites
- Perform Bone Marrow biopsy with supervision
- Prepare aspirate slides and trephine roll preparations
- Interpret:-
 - Blood grouping
 - Antibody screening and Cross matching
 - Direct antiglobulin test
 - Kleihauer test
 - Clinically significant antibodies
 - PT, INR, APPT, thrombin time, fibrinogen assay and D-dimer
 - thrombophilia screening results
- Apply laboratory results to patient care
- Recognise and manage emergencies e.g. spinal cord compression, coagulopathy, neutropenia, sepsis, massive haemorrhage, tumour lysis etc.

ASSESSMENT & LEARNING METHOD

- Online Transfusion Course – Year 1
- DOPS:
 - Making and staining a blood film
 - Setting up a microscope
 - Making and staining a BM Aspirate slide
 - Formal reporting of blood films and bone marrow aspirates Interpretation of blood grouping, antibody screening and cross matching including DAT
 - Safe prescription of blood components
- CBD:
 - Investigation and reporting of a blood transfusion incident

Advanced Laboratory Haematology

Objective: To be competent in the interpretation of samples presented for examination and in the management of the Haematology laboratory

KNOWLEDGE

Peripheral blood films

- Interpretation of peripheral blood films including those flagged abnormal by the Medical Scientist or automated counter

Special Investigations

- Understand the basis of specialised investigations in the diagnosis and prognosis of haematological disease including:
 - Hb and protein electrophoresis
 - High Performance Liquid Chromatography
 - Immunophenotyping
 - Immunocytochemistry
 - Cytogenetics
 - PCR and molecular haematology
 - Specific investigation of haemolytic anaemia e.g. PK assay, G6PD, EMA
- Maintain up to date awareness on novel uses of familiar techniques or the introduction of new methods to analyse haematological disease

Bone marrow aspiration and trephine biopsy

- Indications for and technique of performing bone marrow aspirate and trephine biopsies.
- Use of stains, immunophenotyping and other investigations to aid diagnosis

Lymph node histopathology

- Describe Lymph node histology
- The classification of Hodgkin and non-Hodgkin lymphomas particularly the WHO classification.
- The use of immunophenotyping and molecular testing to characterise certain lymphomas
- Understanding of the Multidisciplinary approach to cancer diagnosis and management
- Knowledge of the WHO classification of hematologic malignancies

Cerebro-spinal fluid

- Knowledge of requirement for CSF examination for various malignancies
- Interpretation of CSF cytology

Laboratory Management

- Principles of laboratory management; risk management and laboratory audit
- Laboratory Accreditation including ISO 15189 as applied to Blood Transfusion
- Awareness of:
 - Internal and External Quality control systems including NEQAS schemes
 - Commercially available laboratory computer systems
 - Tendering processes
 - Staff performance management and appraisals
 - Near patient testing guidelines

SKILLS

- Applies knowledge of histological classification to patient management
- Appropriate ordering of investigations
- Consent and treat patient with respect
- Perform technique competently including analysis
- Recognise acute and chronic leukaemia and malarial parasites on blood films
- Interpret results
- Relate laboratory results to patient care
- Accurately report results of the aspirate and understand the report (initially with supervision)
- Accurately report red cell and platelet abnormalities
- Demonstrates pathology and interacts with histopathologists at MDM's
- Perform lumbar puncture competently and obtain CSF for cytospin and other special tests
- Recognise presence of malignant cell in CSF
- Lymph node pathology with supervision
- Competently diagnose lymphoma on trephine biopsy

ASSESSMENT & LEARNING METHODS – Laboratory Haematology

- DOPS:
 - Formal reporting of blood films, bone marrow aspirates and CSF cytospin
- Core Laboratory Skills (3 Modules)
- Perform a laboratory audit (min 2 per training programme)
- Participate in internal and external QA reporting and review
- Evidence of participating in relevant management committees e.g. Transfusion Committee and other Lab Management Committees
- Participate in Laboratory Accreditation
- FRCPATH (Part 2 examination)

Red Cell Disorders

Objective 1: Competence in the diagnosis and management of patients with anaemia

KNOWLEDGE

- Demonstrate a comprehensive working knowledge the aetiology and pathophysiology of anaemia including the following;
 - Production Disorders
 - Nutritional deficiencies
 - Anaemia of chronic disease
 - Red cell aplasia and hypoplasia
 - Sideroblastic anaemias
 - Haemolytic Anaemias
 - Autoimmune haemolytic anaemias
 - Metabolic enzyme deficiency haemolytic anaemias
 - RBC membrane disorders (spherocytosis, elliptocytosis etc.)
 - Microangiopathic haemolytic anaemias (MAHA)
 - Non-immune acquired haemolytic anaemias
- Demonstrate a comprehensive working knowledge of the physiology of iron, vitamin B12 and folate utilization, storage and transport.
- Demonstrate an understanding of the direct toxicity to the bone marrow by infectious disease, toxins and metabolic insults
- Demonstrate an understanding of gender and age related effects on red cell production
- Explain the appropriate haematological, biochemical, molecular and radiological techniques required for the investigation of anaemia.
- Demonstrate the appropriate use of a bone marrow examination including an iron stain in the diagnosis should be discussed
- Identification of underlying causes of anaemia

SKILLS

- Select and interprets the investigations correctly to identify the causes of the anaemia
- Order subsequent invasive or radiological procedures appropriately
- On the basis of history, examination and laboratory results, formulates an appropriate management and treatment plan including an appropriate replacement therapy for nutritional deficiency anaemia
- Explain the appropriate use of transfusion in patients with anaemia, specifically in immune mediated anaemia
- Demonstrate an understanding of the role and use of immunologic modifier therapy and stem cell transplant in red cell aplasia and hypoplasia.
- Communicate the investigations and diagnosis to the patient and their carers and where necessary construct a long-term treatment plan, in consultation with others as necessary

ASSESSMENT & LEARNING METHOD

- CBD: E.g.
- Investigation of anaemia in OPD and as a inpatient consult
- Mini-CEX: Assessment of a patient with a haemolytic disorder
- FRCPATH
- Annual End of Year Assessment

Objective 2: Competence in the diagnosis and management of patients with haemoglobinopathies**KNOWLEDGE**

- Comprehensive knowledge of the genetics and prenatal diagnosis of sickle cell disease and thalassaemia syndromes
- Describe the epidemiology, presentation and natural history of sickle cell disease, thalassaemia syndromes and other haemoglobin abnormalities. A trainee should be able to distinguish between the different types of thalassaemia (i.e. α , β , major and minor etc.) and have a working knowledge of the variant sickle cell syndromes (e.g. S/Thalassaemia, SC disease etc.)
- Understand the pathophysiology, diagnosis and management of the broad range of other structural and biochemical haemoglobinopathies (e.g. haemoglobin E, high and low oxygen affinity haemoglobin, unstable haemoglobin and methemoglobins)
- Describe the techniques for the diagnosis of haemoglobin disorders
- Describe the diagnosis and management of clinical sequelae of sickle cell disease including the acute chest syndrome, painful crisis, stroke and demonstrate an awareness of specific management issues during pregnancy
- Explain appropriate use of transfusion in sickle cell and thalassaemia syndromes
- Describes the complications, assessment and treatment of transfusional iron overload
- Describe the long term complications of haemoglobin disorders(including orthopaedic, ophthalmic, renal, pulmonary, endocrine and fertility issues) and their management in particular the need for comprehensive multidisciplinary care
- Understand the use of disease modifying agents and stem cell transplant in haemoglobin disorders

SKILLS

- Demonstrate understanding of the interacting abnormalities and competence in genetic counselling
- Counsel patients appropriately on the benefits and risks of screening
- Competent in out-of-hours management of the acutely unwell patient with sickle cell disease Particular emphasis should be placed on the life threatening aspects such as acute chest syndrome, haemolytic and aplastic crises, risk of infections and strokes
- Demonstrate competence in taking a history and examination of the patient
- Use appropriate laboratory and radiological investigation to establish a diagnosis
- Correctly interpret electrophoresis and HPLA traces and appropriately refer for molecular testing
- Apply the laboratory results to establish a diagnosis and formulates a management plan of acute complications
- Demonstrates a practical competency for acute and chronic pain management in patients with sickle cell disease
- Appropriately use transfusion and manage iron overload
- Use and interpret appropriate screening methods for chronic organ damage
- Advise patients appropriately about the use and side effects of disease modifying drugs and stem cell transplant where necessary
- Exhibit an understanding of the impact of haemoglobin disorders on the patient and their family
- Work as part of a multidisciplinary team and recognises the need to refer to other colleagues
- Exhibit an understanding of the impact of physical and psychosocial factors on the patient and demonstrate an awareness and consideration of the impact of cultural issues

ASSESSMENT & LEARNING METHOD

- CBD: E.g. Investigation of a new patient with a haemoglobin disorder and discussion regarding acute management of a sickle cell crisis.
- Mini-CEX: E.g. Assessment of a patient with a haemoglobin disorder
- FRCPath

Haematological Malignancies

Objective: To be competent to diagnose and manage patients who present with acute or chronic leukaemias and patients who present with paraproteins, plasmacytomas or other manifestations of plasma cell dyscrasias. To be competent in the diagnosis and management of patients with Hodgkin's and Non-Hodgkin's Lymphoma.

KNOWLEDGE

Acute Leukaemias

- Presentation, diagnosis and classification of acute leukaemia in adults
- Knowledge of the roles of morphology, immunophenotyping and cytogenetic analysis in the diagnosis and classification of acute leukaemia
- Principles of chemotherapy regimens: knowledge of mode of action, side effects and interactions of agents used in the management of acute leukaemia
- Use of supportive care in the management of acute leukaemia, specifically the treatment of neutropenic fever, the choice of agents to treat fungal infection and the thresholds for transfusion of blood products
- Indications for autologous and allogeneic haemopoietic stem cell transplantation in the management of acute leukaemia

Chronic Leukaemias

- Presentation, diagnosis and classification of chronic leukaemia in adults
- Diagnosis and treatment of chronic myeloid leukaemia including knowledge of the role of tyrosine kinase inhibitors
- Diagnosis and treatment of chronic lymphocytic leukaemia and other chronic lymphoproliferative disorders
- Knowledge of therapeutic agents in the treatment of chronic leukaemia including their mode of action and side effects
- Indications for autologous and allogeneic haemopoietic stem cell transplantation in the management of chronic leukaemia

Plasma Cell Disorders

- Presentation, diagnosis and classification of plasma cell diseases
- Role of tests including serum and urine protein electrophoresis and the serum free light chain assay in the diagnosis and monitoring of plasma cell disease
- Knowledge of the roles of immunomodulatory drugs and proteasome inhibitors in the treatment of plasma cell malignancies
- Indications for intensive chemotherapy and haemopoietic stem cell transplantation in the management of myeloma

Lymphoma

- Presentation, diagnosis and classification of lymphoma
- Role of staging systems and prognostic indices in the classification and treatment of lymphoma
- Basic knowledge of the histological classification of lymphomas in the WHO classification
- Knowledge of chemotherapy treatment regimens, place of radiotherapy and trial protocols in the management of lymphoma
- Indications for intensive chemotherapy and haemopoietic stem cell transplantation in the management of lymphoma

SKILLS

- Recognise presenting features and conduct history and examination competently
- Use appropriate laboratory and radiological investigations to establish diagnosis and stage of disease
- Formulate a management plan, including fertility and offer full explanation to patient
- Act with empathy in discussing diagnosis and treatment with patient and family
- Competent to prescribe and administer complex chemotherapy regimens
- Competent to safely perform lumbar punctures and administer intrathecal chemotherapy
- Appropriate use of:
 - Blood Products
 - Antibiotic Regimens
 - Central Lines
 - Anti-emetics
- Assess suitability for stem cell transplantation
- Successfully manage patients undergoing stem cell transplantation
- Recognise complications of stem cell transplantation including post transplant host transplant infections
- Explains use of transplantation and its limitations to patient and family
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- Assess suitability for stem cell transplantation
- Successfully manage patients undergoing stem cell transplantation
- Recognise complications of stem cell transplantation including post transplant viral syndromes and graft versus host disease
- Explains use of transplantation and its limitations to patient and family
- Assessing patients suitability for clinical trial
- Managing and accessing patients enrolled on a clinical trial

ASSESSMENT & LEARNING METHODS

- CBD: Malignant Haematology Diagnosis
- Mini-CEX. E.g. Discussion of diagnosis and treatment plan with patient
- RCPI Safe Prescribing and Prescribing Chemotherapy course FRCPATH
- GCP: Clinical Trials Training
- DOPS:
 - Lumbar puncture with intrathecal chemotherapy

Bone Marrow Failure Syndromes

Objective: Competence in the diagnosis and management of bone marrow failure

KNOWLEDGE

- Aetiology, natural history and classification of pancytopenia
- Ability to provide a differential diagnosis and knowledge of the role of medications, other drugs, environmental pathogens (including chemicals and infectious diseases) and other systemic diseases (e.g. HIV, multisystem diseases such as SLE) in the development of bone marrow failure states including leucopaenia and thrombocytopaenia. An understanding of the approach to diagnosis and management of these disorders should be demonstrated.
- The natural history and clinical characteristics of the inherited and congenital forms of bone marrow failure states including Fanconi's anaemia and other inherited bone marrow failure syndromes (e.g. Blackfan-Diamond, Schwachman). A working knowledge and practical competency of diagnosing and managing these disorders.
- A comprehensive knowledge and practical competency of the diagnosis and therapy of acquired bone marrow failure states including aplastic anaemia and paroxysmal nocturnal haemoglobinuria. An understanding of the indications and risks of various treatment approaches (including stem cell transplantation, anti-thymocyte globulin, cyclosporine, and other immune mediators) should be demonstrated.
- Use of blood product support and knowledge of the complications of long-term transfusion.

SKILLS

- Use of clinical and laboratory methods including specified tests to reach a diagnosis and formulate a management plan.
- Liaison with other medical staff including specialists in infectious disease, rheumatology and general medicine
- Appropriate use of blood transfusion and iron chelation regimens.
- Initiate appropriate therapy.
- Assess suitability for stem cell transplant
- Be able to give a clear explanation of disorder and its long-term management to patient and family.

ASSESSMENT & LEARNING METHODS

- Annual assessment
- FRCPATH
- CBD, e.g., work up of the management of a patient presenting with pancytopenia
- Mini-CEX: e.g. Discuss diagnosis and management plan with patient

Myeloproliferative Neoplasms

Objective: To be competent in diagnosing and managing patients with Myeloproliferative Neoplasms.

KNOWLEDGE

- Knowledge of classification of Chronic Myeloid Neoplasms according to WHO 2008
- Diagnosis and Pathophysiology of Chronic Myeloid Leukemia (CML)
 - Be aware of methods of clinical assessment, e.g. Hasford, Eutos scoring systems
 - Outline current treatment options with consideration of efficacy, toxicity, cost effectiveness.
 - Describe methods of monitoring of disease including cytogenetics, PCR testing and BCR-ABL mutation testing.
 - Knowledge of criteria for optimal response to therapy and ELN guidelines for management of CML
- Pathophysiology and classification of myeloproliferative neoplasms such as:
Polycythaemia vera (PV)
Essential thrombocythaemia (ET)
Myelofibrosis (MF)
 - Describe diagnostic criteria and major differential diagnoses for PV, ET and MF.
 - Outline molecular genetic abnormalities underlying these disorders including JAK 2, CalR and MPL mutations
 - Be familiar with risk stratification and natural history of the disorders including common and serious complications
 - Be aware of prognostic scoring systems in MF
- Knowledge of therapeutic options including:
 - Venesection
 - Role of antithrombotic therapy e.g. aspirin
 - Chemotherapy including molecular targeted therapy
 - Other treatment modalities including role of stem cell transplantation
- Classification and investigation of other MPN including Mastocytosis, BCR-ABL negative chronic myeloid leukemia
- Investigation of eosinophilia and classification of clonal eosinophilic disorders as defined by WHO–criteria (2008).

SKILLS

- Recognise presenting features and conduct history and examination competently
- Use of clinical and laboratory methods to achieve a diagnosis and formulate a management plan.
- Communicate information about diagnosis and treatment to patients and families in a caring manner
- Be able to competently perform therapeutic venesection.
- Assess suitability for stem cell transplant
- Relate theoretical knowledge to patient management

ASSESSMENT & LEARNING METHODS

- DOPS: Venesection
- FRCPATH
- CBD: Discuss work up management with patients with myeloproliferative neoplasms

Haemostasis and Thrombosis

Objective: To be competent to diagnose and manage patients with congenital coagulation disorders and thrombophilia. To safely manage patients requiring anticoagulation and manage patients with acquired bleeding disorders. To be competent in the diagnosis and management of patients with congenital and acquired platelet disorders

KNOWLEDGE

Congenital Disorders of Coagulation

- Coagulation factors and current views on the coagulation pathway.
- Natural history, presentation and complications of congenital coagulation disorders including Haemophilia and Von Willebrand's Disease.
- Knowledge of diagnostic methods used in assessment of coagulation disorders including specific factor assays and diagnosis of inhibitors
- Use of molecular biological techniques to identify genetic disorders.
- Types of coagulation factor concentrates including their safety profile.

Thrombosis

- Coagulation inhibitors and the fibrinolytic pathway including epidemiology and molecular basis of thrombophilia.
- Knowledge of natural history, presentation and complications of thrombophilia.
- Techniques for the measurement of Protein C, Protein S, ATIII, APCR and Lupus Anticoagulant. Methods for the detection of Factor V Leiden.
- Effect of pregnancy and oral contraceptive pill and hormone replacement therapy in thrombophilia.

Anticoagulation

- Mechanism of action and indications for the use of anticoagulants.
- Be familiar with different models of anticoagulant control including computerised dosing methods and the use of the multi-professional team in delivering anticoagulant services.
- Knowledge of side effects of anticoagulants including heparin induced thrombocytopenia

Acquired Bleeding Disorders

- Knowledge of the mechanism of bleeding disorders in relation to:
 - DIC
 - Renal and hepatic disease
 - Acquired coagulation factor inhibitors
 - Massive transfusion
 - Obstetric complications
- Knowledge of available pharmaceutical and blood products available for the management of excessive bleeding, including their indications and side effects.

Platelet Disorders

- Knowledge of platelet structure and function.
- Platelet and vessel wall interaction.
- Diagnosis and Management of Congenital and Acquired qualitative platelet disorders
- The measurement of platelet numbers by automated counters.
- Knowledge of the use and limitations of specialised platelet function tests.
- Mechanism of action of antiplatelet agents.

SKILLS

- Be competent in taking history and conducting examination of patient
- Use of appropriate clinical and laboratory methods to reach a diagnosis
- Interpret routine and specialist coagulation tests and laboratory assays
- Formulate an appropriate management plan
- Advise on role of genetic techniques in prenatal and family testing
- Offer appropriate advice on prophylaxis and treatment of congenital coagulation disorders including developing a delivery plan
- Relate theoretical knowledge to patient management
- Recognise the impact of these conditions on the patient and family
- Act with empathy in managing coagulation disorders and its complications
- Competent to advise on treatment and prophylaxis of thrombophilic conditions
- Successful management of pregnancy in affected individuals
- Liaise closely with medical, surgical and obstetric teams with diagnostic consideration for the evaluation and management of deep venous thrombosis
- Able to initiate and control heparin and oral anticoagulants
- Advise on the indications for prophylactic and therapeutic anticoagulation
- Offer advice on the management of over-anticoagulation, reversal of anticoagulation and evaluation of patients refractory to standard anticoagulation
- Advise on perioperative anticoagulation strategies
- Recognise and advise on heparin induced thrombocytopenia
- Work as part of multi-professional team
- Advise on appropriate use of blood products including coagulation factors
- Advise on the management of massive haemorrhage
- Advise on appropriate use of blood products including platelet transfusion and alternative agents
- Management of patients with bleeding on antiplatelet agents
- Be familiar with the methods for prophylaxis, diagnosis and treatment of venous thrombosis, including the proper use of anticoagulants

ASSESSMENT & LEARNING METHODS

- CBD e.g., management of anticoagulation, perioperative anticoagulation management
- Mini-CEX, e.g., Genetic counseling on congenital bleeding disorder
- FRCPATH
- Briefly document five cases of laboratory techniques in Haemostasis and Thrombosis – please refer to page 54 of this document (minimum requirements section)

Blood Transfusion

For specialist training in Transfusion Medicine please contact the Program Director

Objective: Acquire sufficient knowledge of blood transfusion practice to be capable of providing advice to clinical colleagues

KNOWLEDGE

Principles of blood transfusion laboratory practice

- Blood grouping and cross-matching techniques for patients and donors
- Identification of red cell allo and auto antibodies, and understand their significance
- Identification, significance and management of HLA, HPA and neutrophil antibodies
- Automation in blood transfusion
- Use of computers in blood transfusion, including uses for quality, safety and traceability

Basic principles of donor selection and the preparation of blood components

- Donor selection and safety and donation complications
- Red cell serological and microbiological testing of blood donors
- Preparation of blood components, including evaluation of new components
- Principles of GMP and quality assurance procedures in blood donation procurement
- Risk reduction methods for transfusion transmitted infection
- Role of quality systems at a blood service and the hospitals: regulations, accreditation, NEQAS, hemovigilance and the role of consultant hematologist

Principles of clinical blood transfusion practice

- Prevention and management of hazards of blood transfusion
- Investigating a transfusion clinical incident
- Reporting and analysis of haemovigilance data from SHOT, SABRE & NHO reports
- Principles and practice of therapeutic apheresis
- Transfusion of specialist blood components, and in ABO incompatible transplants
- Prevention, diagnosis and management of haemolytic disease of the fetus and newborn
- Appropriate use of blood and blood components with reference to national and international blood transfusion guidelines
- Techniques to reduce homologous blood transfusion exposure
- The structure and role of the Hospital Transfusion Committee
- Transfusion Legislation

Theoretical knowledge of specialised laboratory techniques

- Extended red cell antibody investigations and compatibility testing for complex antibodies and in autoimmune haemolytic anaemia
- HLA typing and antibody screening
- Investigations in alloimmune platelet disorders
- Antibody titration and anti-D quantification techniques

SKILLS

- Interpret blood transfusion results competently
- Interpret antibody screens using red cell platelets
- Advise on the appropriate use of blood products including special requirements
- Understand when to report adverse events and reactions to the NHO
- Manage complications of blood transfusion appropriately.
- Assess patients requiring therapeutic apheresis procedures.
- Advise on the appropriate use of anti-d and interpretation of estimation of foeto-maternal haemorrhage
- Understand massive transfusion and transfusion in trauma

ASSESSMENT & LEARNING METHODS

- CBD
- Completion of the IBTS Training Plan (mandatory)
- Completion of a Comprehensive Transfusion Course (optional)
- National Haemovigilance conference (mandatory once during training)
- FRCPath

Paediatric Haematology

Those wishing to pursue a career in Paediatric Haematology will require extended training, likely to include specialist centres outside of Ireland. A minimum of 2 years will be required to specialise in Paediatric Haematology.

Objective: Acquire sufficient knowledge of paediatric haematology practice to be capable of providing advice to clinical colleagues in a general hospital.

KNOWLEDGE

General

- Laboratory investigation of children including sampling requirements and age-related normal values
- Describe the appearance of blood films and bone marrows in neonates, infants and children
- Describe the pathophysiology, diagnosis and management of neonatal anaemia, coagulation disorders, haemorrhagic disease of the newborn and haemolytic disease of the newborn
- Identify the haematological manifestations of paediatric disease
- Describe the haematological investigation of non-accidental injury
- Understand the importance of integrated multidisciplinary care in addressing the medical and psychosocial needs of both children and the family unit
- Understand the shared care model for the delivery of tertiary care in a National Centre

Malignancy

- Describe the aetiology, classification and prognosis of childhood leukaemia, myeloproliferative diseases and myelodysplastic syndromes
- Outline the principles of chemotherapy
- Understand the need for clinical trials and the importance of adherence to GCP in the conduct of such trials
- Paediatric aspects of Stem Cell Transplantation
- Understand the need for long-term follow up of children to assess the late effects of chemotherapy and SCT

Non-malignant

- Describe the pathophysiology, diagnosis and management of childhood Haemoglobinopathies
- Pre-op and population screening, emergency treatment and principles of long term management strategies
- Congenital and Acquired thrombocytopenias
- Congenital and Acquired haemostatic defects
- Congenital and Acquired thrombotic states
- Leukocyte disorders
- Immune deficiency syndromes
- Inherited and Acquired Bone Marrow Failure syndromes

SKILLS

- Interpretation of blood counts, coagulation screens and Hb electrophoresis /HPLC
- Analysis of blood films and bone marrow smears
- Evaluation and management of the haematological manifestations of childhood disease in conjunction with paediatric colleagues, including Palliative Care
- Use of laboratory and clinical skills to diagnose haematological disease and formulate an appropriate management plan
- Consultation with and referral to Paediatric Haematologists for complex haematological disorders
- Communication and empathy with children and their parents
- Performs bone marrow aspirates and biopsies safely and appropriately
- Performs lumbar puncture and intrathecal chemotherapy administration and is aware of associated risks and safety procedures
- Advises appropriately on the use of transfusion in children
- Understands the concepts of family screening for inherited disease and the use of genetic testing
- Performs counselling appropriately

ASSESSMENT & LEARNING METHODS

- DOPS: Perform a paediatric Bone Marrow Aspirate and Biopsy
- DOPS: Perform a paediatric lumbar puncture and administer intrathecal chemotherapy
- Mini-CEX: Discussion of treatment and management of paediatric case with the family.
- CBD: e.g. Work-up and management of a new paediatric case
- FRCPath

Consultative Haematology

Objective: To be competent in advising on Haematological problems arising in other medical and surgical and obstetric patients.

KNOWLEDGE

- Gain an understanding of the haematological aspects of other specialties including:
 - Massive transfusion
 - Care of ICU patients
 - Haematology problems in pregnancy
 - Neonatal Haematology
 - Pre op assessments
 - Thrombosis and cancer
 - Surgical haemostasis and management of perioperative anticoagulation
 - Unexplained cytopenia in medical patients
- Haematological problems in primary care
- Metabolic disorders requiring haematological input, e.g., porphyrias, haemochromatosis, Gaucher's disease

SKILLS

- Be able to interpret laboratory results in these clinical situations and provide appropriate and timely advice
- Communicate clearly with colleagues in other specialties and primary care

ASSESSMENT & LEARNING METHODS

CBD

Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator.

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Section 1 - Training Plan				
Personal Goals Plan	Required	1	Training Post	Personal Goals Form
On Call Rota	Required	1	Training Post	Clinical Activities
Section 2 - Training Activities				
In patient responsibilities (100 per year)				
Consultant led (minimum 2 per week)	Required	50	Year of Training	Clinical Activities
SpR led (2 per week)	Required	50	Year of Training	
Consultative Haematology (consults in CCU, ITU, obstetrics, infectious disease, general medicine and surgery)	Required	100	Training Programme	Clinical Activities
Outpatient Clinics				
Paediatric	Required	10	Training Programme	Clinics
Haemostasis and Thrombosis	Required	30	Training Programme	
Obstetrics	Required	10	Training Programme	
General and Malignant Haematology	Required	80	Year of Training	
Haematopoietic stem cell transplant	Required	20	Training Programme	
Emergencies/Complicated Cases (e.g. acute leukaemia, massive haemorrhage, obstetric case, sickle cell crisis, apheresis, sepsis)	Desirable	5	Year of Training	Cases
Procedures/Practical Skills/Surgical Skills				
Bone marrow aspirate and biopsy	Required	100	Training Programme	Procedures
Lumbar puncture/Intrathecal chemotherapy	Required	15	Training Programme	
Bone marrow harvest (Observe 2 per training)	Desirable	2	Training Programme	
Pheresis (Observe 2 per training)	Required	2	Training Programme	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Management of central line	Required	10	Training Programme	
Additional/Special Experience Gained	Desirable	1	Training Programme	Cases
Relatively Unusual Cases	Desirable	1	Training Programme	Cases
Lab Experience				Laboratory Activities
Introduction to laboratory haematology (min 2 weeks)	Required	1	Training Programme	
Haematopathology To include: <ul style="list-style-type: none"> Bone Marrow Reporting (100) Immunophenotypic analysis (100) Advanced diagnostic tests (100) 	Required		Training Programme	
Laboratory techniques to investigate cytopenias Document 10 cases to include at least 1 of each of the following: <ul style="list-style-type: none"> Platelet disorders (10) Haemoglobin disorder (10) White cell disorder (10) 	Required		Training Programme	
Laboratory techniques in Transfusion: Document 1 case	Required	10	Training Programme	
Interpret routine and specialist coagulation tests: Briefly document 5 cases to include at least 1 of each of the following: <ul style="list-style-type: none"> Laboratory assessment of Haemophilia or VWD (may include a new diagnosis, genetic tests and/or inhibitor evaluation) Evaluation of a possible platelet disorder Laboratory testing for a patient with a positive Lupus anticoagulant Laboratory assessment of a patient on a direct oral anticoagulant Laboratory assessment of HIT 	Required	5	Training Programme	
Laboratory management experience to include accreditation processes, external quality systems, as evidenced by:	Required	1	Training Programme	Management Experience
<ul style="list-style-type: none"> Attendance at laboratory quality meeting 	Required	1	Year of Training	
<ul style="list-style-type: none"> Attendance at hospital transfusion committee 	Required	2	Training Programme	
<ul style="list-style-type: none"> Attendance at laboratory accreditation inspection meeting 	Required	1	Training Programme	
Complete Transfusion Checklist	Required	1	Training Programme	Clinical Activities
Section 3 - Educational Activities				
Mandatory Courses				Teaching Attendance

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Ethics Foundation	Required	1	Training Programme	
Ethics for Pathology or Ethics for General Medicine	Required	1	Training Programme	
An Introduction to Health Research Methods (Online, Year 1)	Required	1	Training Programme	
HST Leadership for Pathology (Year 3+)	Required	1	Training Programme	
Mastering Communication (Year 1)	Required	1	Training Programme	
Performing Audit – Online (Year 1)	Required	1	Training Programme	
RCPI Safe Prescribing Systemic Anti Cancer Therapy (Year 1)	Required	1	Training Programme	
ACLS	Required	1	Training Programme	
Core Pathology I (Year 3+) Core Pathology II (Year 3+) Core Pathology III (Year 3+)	Required	1	Training Programme	
Transfusion (online)	Required	1	Training Programme	
Wellness Matters	Required	1	Training Programme	
NCCP Intrathecal Chemotherapy (Online)	Required	1	Training Programme	
Non – Mandatory Courses				Teaching Attendance
GCP Clinical Trials Training (local)	Desirable	1	Training programme	
Health Research Methods for Clinicians	Desirable	1	Training Programme	
Participation at In-house activities				Attendance at Hospital Based Learning
Grand Rounds	Required	1	Year of Training	
Radiology Conference	Required	1	Year of Training	
Journal Club	Required	1	Year of Training	
MDT Meetings	Required	20	Year of Training	
Examinations				Examinations
FRCPPath Part I examination	Required	1	Training Programme	
FRCPPath Part II examination	Required	1	Training Programme	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Delivery of Teaching				Delivery of Teaching
Lecture	Required	4	Training Programme	
Tutorial	Required	4	Year of Training	
Bedside Teaching	Required	4	Year of Training	
Study Days (min 5 recognised per year)	Required	5	Year of Training	Teaching Attendance
Research (Outline research opportunities)	Desirable	1	Year of Training	Research Activities
Audit activities and Reporting (1 per year either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1	Year of Training	Audit & QI
Publications	Desirable	1	Year of Training	Additional Professional Experience
Presentations	Required	1	Year of Training	Additional Professional Experience
National/International meetings (National Haemovigilance conference mandatory once during training)	Required	1	Training Programme	Additional Professional Experience
Additional Qualifications	Desirable	1	Year of Training	Additional Professional Experience
Committee Attendance	Required	1	Year of Training	Additional Professional Experience
Section 4 - Assessments				
DOPS				Procedures, Skills, & DOPS
Bone marrow aspirate and trephine biopsy - adult and paediatric	Required	2	Training Programme	
Lumbar puncture, intrathecal administration of chemotherapy - adult and paediatric	Required	2	Training Programme	
Laboratory Skills:				Procedures, Skills, & DOPS
Making and staining a blood film	Required	1	Training Programme	
Setting up a microscope	Required	1	Training Programme	
Making and staining a BM Aspirate slide	Required	1	Training Programme	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Formal reporting of blood films and bone marrow aspirates- adult and paediatric	Required	1	Training Programme	
Interpretation of blood grouping, antibody screening and cross matching including DCT	Required	1	Training Programme	
Interpretation of a Kleihauer and FMH estimation	Required	1	Training Programme	
Interpretation of immunophenotyping and molecular tests in haematological malignancies	Required	1	Training Programme	
Interpretation of Hb electrophoresis, HPLC and immunophenotyping in the diagnosis of haemoglobin disorders	Required	1	Training Programme	
Safe prescribing of blood components	Required	1	Training Programme	
Venesection	Desirable	1	Training Programme	
CBD	Required	1	Year of Training	Case Based Discussion
Mini-CEX	Required	2	Year of Training	Mini CEX
Quarterly Assessments/End-of-Post Assessments	Required	4	Year of Training	Quarterly Assessments/ End-of-Post Assessments
End of Year Evaluation	Required	1	Year of Training	End of Year Evaluation