

A Framework of Competences for the Level 3 Training Special Study Module in Paediatric Gastroenterology

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Section 1 Introduction

Who is this book for?

It is for doctors at Level 3 in their General Paediatric training who wish to work towards an expertise in Paediatric Gastroenterology during Level 3 training. It is also there to guide tutors and educational supervisors.

Why do I need it?

This book gives you and your tutors' guidance about the competences you need to cover **in addition** to the Framework of Competences for Level 3 Training in General Paediatrics. It gives you a clear picture of what you have to achieve by the end of this module of training in order to have expertise in this area.

How do I use the book?

You can sit down with the book on your own and use it to help you identify areas of practice that you need to work on and those areas in which you feel fairly confident. You can talk to your tutor about the balance of your experiences and look for ways to ensure you cover all areas you need to. It should be used by Schools and Educational Supervisors to ensure that a programme of training is developed in Level 3 which will allow the trainees to achieve these competences. In determining this programme, liaison with the relevant CSAC is important. In the appendix, there is guidance for training in the module which the programme must adhere to.

Progression

Following completion of Level 3 training and the module, the CCT holder should be competent to take up a post as a General Paediatrician or a General Paediatrician with a Special Expertise in this area. It is expected that there will be a requirement in paediatric services for consultants with special expertise provided by the module. Such posts will usually form part of a Regional Specialty Network including working with accredited sub-specialties in this area.

A note about the format of this document

This framework sets out the additional competences which should be achieved by the end of Level 3 training. The trainee also has to achieve all the competences in the Level 3 General Paediatric Framework

Assessment

The RCPCH Assessment Strategy (PMETB approved) for Level 3 Training will be used. Trainees working with their educational supervisors should ensure that the Assessment Strategy is tailored to cover the area of Special Expertise as well as General Paediatrics and that learning and assessment are well documented within the e-portfolio.

Pilot

This special expertise module is being introduced as a pilot. The College will be seeking feedback from the Trainees, Educational Supervisors, Schools of Paediatrics, CSACs and potentially in future from Employ NHS Trusts and Regional Networks. This will look at;

1. Need for training in this module
2. Addition or omission of competences unique to the module
3. Feasibility of delivering the module within Level 3 General Paediatric training
4. Usefulness of the standards for training for the module.
5. Outcome of trainees undertaking the module
6. Need for revision of the competences
7. Need for further assessment

Section 2 Condition-specific Competences in Paediatric Gastroenterology

Recurrent Abdominal Pain

- Be able to refer patients with recurrent abdominal pain to the psychology team when appropriate
- Be aware of the different management strategies for functional abdominal pain
- Be able to manage patients with functional abdominal pain

Chronic Diarrhoea

- Be familiar with the unusual manifestations of diarrhoea
- Be able to perform confirmatory diagnostic tests to distinguish between secretory and osmotic diarrhoea
- Be able to manage patients with prolonged/severe diarrhoea

Gastro-oesophageal reflux

- Be able to manage severe gastro-oesophageal reflux disease

Feeding disorders

- Be aware of the behavioural approaches to assessment and management of feeding difficulties in infants and children
- Be able to apply adjunctive tube feeding appropriately

Constipation

- Know the causes of constipation
- be able to differentiate between primary and secondary constipation
- know and understand the role of commonly prescribed laxatives

Food intolerance

- Know and understand the different mechanisms involved in immediate and delayed food allergy
- Know the composition of different diets/foods used to treat food allergy
- Recognise the different presentations of food allergy

Inflammatory bowel disease

- Be aware of the extra-intestinal manifestations of IBD
- Know and recognise the macroscopic and microscopic features of Crohns disease, ulcerative colitis and indeterminate colitis
- Be able to recognise common extra-intestinal manifestations of IBD
- Be able to perform confirmatory diagnostic tests in inflammatory bowel disease
- Be able to manage all forms of IBD, including malnutrition, osteoporosis and dysplasia/cancer
- Know the indication for surgery in IBD
- Be familiar with anti-inflammatory drugs and immune suppression used to manage IBD
- know and be able to apply biologic therapy

Nutritional assessment, support and rehabilitations

- Be able to contribute to nutritional support team meetings
- Understand the role of nutrition in specific disease conditions: extensive burns, malignant disease, cardiac disease, renal disease and neuro-developmental disability
- Understand the role of nutrition support teams in hospital and community settings and the roles of individual team members
- Know the common nutritional problems in patients with cystic fibrosis

Congenital diarrhoea

- Be aware of the causes of congenital diarrhoea e.g.
 - Microvillous inclusion disease
 - Glucose-galactose malabsorption

Disorders of intestinal motility

- recognise the signs and symptoms of pseudo-obstruction and be able to liaise with a specialist/surgeon
- recognise the clinical presentation of surgical problems and be able to investigate Hirschsprung's disease

Chronic intestinal failure

- Understand the problems occurring the medical and surgical management of intestinal failure and short gut
- Be able to participate in shared-care arrangements for such infants and children with tertiary specialists.
- Be able to provide and participate in the monitoring of long-term parenteral nutrition

Factitious, fabricated and induced illness

- Be aware of the manifests of FFII as they pertain to gastrointestinal hepatic and nutritional issues.

Intestinal bleeding

- Know the causes of upper and lower gastro-intestinal bleeding
- Recognise and be able to resuscitate a patient with a significant bleed

Neonatal jaundice

- Know the common causes of prolonged neonatal jaundice
- Know the infectious causes of jaundice

Acute and chronic liver disease and liver failure

- Be able to carry out first line investigations of acute and chronic liver disease and know referral criteria to tertiary unit for paediatric liver disease
- Be able to recognise the progression of acute and chronic failure and the need for transplant
- Know the indications for liver transplantation
- Be able to initiate first line treatment in acute liver failure whilst arranging referral to tertiary unit for paediatric liver disease
- Be able to undertake shared care of and know the common effects of immune suppression in recipients of liver transplantation

Paediatric Guidance Checklist

These standards were derived to assist in the assessment of the paediatric training standards of in your deanery

Specialty: Special Study Module in Paediatric Gastroenterology

The Programme (which may consist of several posts) should provide:

1. Supervision - For both gastroenterology and hepatology	✓/✗
1.1 An educational supervisor who is a Consultant paediatric gastroenterologist or Consultant paediatric hepatologist trained in assessment and appraisal	
1.2 An educational supervisor who provides average 4 hours (1PA) per week of educational supervision	
1.3 Evidence that the assessment strategy is being delivered	
1.4 Trainers receive appropriate training on the delivery of the assessment strategy	
1.5 appropriate supervision to ensure patient safety	
2. Other Personnel	
For both gastroenterology and hepatology	
2.1 A minimum of 2 consultants in Gastroenterology to support & supervise and/or a consultant General Paediatrician with expertise, working as part of a Regional Network to support & supervise	
2.2 More than one ST4 -8 in the children's department	
2.3 A minimum of one wte nurse specialist, and one wte paediatric dietician	
2.4 A minimum of 0.5 wte pharmacist with experience in prescribing PN and specialty specific drugs (eg tacrolimus, infliximab)	
3. Service requirements and facilities	
3.1 Specialty specific requirements of subspecialty department: Telephone support for out-patients (i.e. a direct line) Endoscopy suite staffed for a minimum of one list per week	
3.2 Specialty specific requirements of service departments relevant to delivery of curriculum Laboratory services including microbiology and pathology, Paediatric radiology Access to specialised feed unit (or feeding team) to provide accurate formulation of feeds and/or teaching of parents	
3.3 Specialty specific requirements of clinical networks: Outreach clinics with other paediatric depts and transition clinics per year	

4. Educational activities and training	
<p>4.1 Specialty specific clinical exposure required to provide sufficient learning opportunities (NB if giving workload data ensure it is explicit whether this is number per annum or number trainee would be expected to be exposed to over entire programme):</p> <ul style="list-style-type: none"> teaching from dieticians, nutritional nurse specialist, pharmacist and senior colleagues re modes of nutritional support training in anthropometrics evaluation of patients referred by other teams with gastroenterological symptoms 	
<p>4.2 Specialty specific requirements for structured training opportunities to include courses:</p> <p>Attendance of at least one winter meeting in 2 years of the British Society of paediatric gastroenterology, hepatology and nutrition (BSPGHAN)</p> <p>Attendance at the regional specialty trainee day (held once a year)</p>	
<p>4.3 Specialty specific requirements for other experiential learning (excluding clinics and ward rounds):</p> <p>Observe, practice and receive teaching from specialist staff (for example nutritional care nurses, pharmacist, dieticians, endoscopy nurses and radiographers) in the following:</p> <ul style="list-style-type: none"> passing and programming an oesophageal pH probe, aseptic technique used in changing the parenteral nutrition bag in a patient on intravenous nutrition, prescribing parenteral nutrition preparation of a specialised enteral feed, cleansing and sterilising of an endoscope, 	
<p>4.4 Specialty specific requirements for other experiential learning</p> <ul style="list-style-type: none"> familiarity with changing a gastrostomy tube understanding of indications and limitations of manometry 	
5. Working patterns - For both gastroenterology and hepatology	
5.1 Safe cover arrangements for paediatric department out of hours in line with RCPCH guidance	
5.2 Evidence of compliance with existing employment working time	
5.3 Working intensity and pattern that is appropriate for learning	
5.4 Access to sub-specialty training which allows achievement of the competences throughout the programme	
5.5 the post forms part of a complete paediatric training programme which provides a minimum of 5 years acute clinical experience, including out of hours duties	
6. Specific Post requirements	
minimum of 12 months in a tertiary paediatric gastrointestinal centre or equivalent and 6 – 12 months in a DGH	

7. Enabled to learn new skills, necessary skills and curriculum coverage (speciality specific)	
7.1 Specialty specific marker conditions trainee should be exposed to: inflammatory bowel disease, gastro-oesophageal reflux, constipation, recurrent abdominal pain, chronic diarrhoea, food intolerance, feeding disorders, malnutrition arising from primary intestinal disease or secondary to disease elsewhere, neonatal jaundice	
7.2 Specialty specific skills/procedures trainee needs to complete: upper GI endoscopy under supervision and colonoscopy under supervision, nutrition assessments	
8. Access to clinics and ward rounds & long term care of patients	
8.1 Specialty specific numbers and types of clinics expected to attend: 1 gastroenterology outpatient clinic per week 1 outreach clinic per month	
8.2 Specialty specific combined clinics trainee is expected to attend:	
8.3 Specialty specific ward rounds: 4 ward rounds per week (1 should be a consultant led MDT meeting and at least 2 ward rounds should be conducted independently by trainee)	
8.4 Specialty specific involvement in transitional care: Management of IBD in transitional care At least 2 transition clinics per year	
9. Meetings	
9.1 Specialty specific number and types of MDT meetings expected to be exposed to: meetings on the management of IBD (in ward round) meetings with paediatric surgeon especially neonatal surgical cases (either in ward round or separate review) meetings on the management of intestinal failure (with pharmacist present)	
9.2 Specialty specific multi-professional meetings trainee is expected to be exposed to: Gastrointestinal disorders affecting the liver e.g. inflammatory bowel disease, cystic fibrosis, intestinal failure associated liver disease – 3-6 cases, one or more meetings per year	
9.3 Speciality specific other meetings: at least 2 specialist conferences per month (e.g. in radiology and pathology) with opportunity to present clinical cases at PG meetings including clinico-pathological conferences	

10. Clinical audit	
10.1 Evidence of trainees participation in clinical governance (at least 1 full audit/year and attendance at critical incident meetings)	
10.2 Evidence of trainees participation in clinical guideline development	
10.3 Specialty specific audit requirements e.g. participation in BSPGHAN national audit programmes (i.e. IBD registry and British Intestinal Failure Registry)	

11. Teaching appraising and assessing	
11.1 Opportunities for formal and informal teaching	
11.2 For senior trainees: opportunities for involvement of assessment of others	
11.3 For senior trainees: opportunity to be involved in the appraisal of others	

12. Research	
12.1	
12.2 Provide opportunities to be involved in clinical research	
12.3 Support for trainee to submit an abstract to a scientific meeting	
12.4 Support for trainee to publish a case report/series	

13. Management	
13.1 Opportunities to be involved in management e.g. participation in management meetings and projects including attendance at specialty business meetings	

X-ref	Comments