



THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH



Royal College
of Surgeons
of England
ADVANCING SURGICAL CARE



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



Joint Committee on Intercollegiate Examinations

**Intercollegiate Specialty Examination in
Paediatric Surgery**

Syllabus Blueprint 2023

The Royal College of Surgeons of Edinburgh
Nicolson Street Edinburgh EH8 9DW
Tel: 0131 662 9222
www.jcie.org.uk

Principles for Blueprinting Assessment to the Curriculum in Surgical Specialties

1. Standard educational practice requires a curriculum to include an indication of how each aspect of the syllabus is to be assessed. This “blueprinting” process also shows how each aspect relates to Good Medical Practice.
2. Each specialty syllabus has been mapped to a range of assessments:
 - a. CEX
 - b. CBD
 - c. DOPS
 - d. PBA
 - e. MSF
 - f. Section 1 Intercollegiate Specialty Board (ISB) Examination - written section
 - g. Section 2 Intercollegiate Specialty Board (ISB) Examination - clinical and oral section
3. This does not imply that the indicated assessments must be used.
4. The indications are not exclusive, and it is possible that other types of assessment which have not been indicated may also be used to assess individual items.
5. In general:
 - a. Knowledge will be assessed by Section 1 and Section 2 ISB Examination and by CBD.
 - b. Clinical skills will be assessed by CEX and Section 2 ISB Examination.
 - c. The use of scenarios within Section 2 ISB Examination allows a wide range of clinical skills to be assessed.
 - d. Technical skills will be assessed by DOPS and PBA
 - e. Professional skills will be assessed by MSF
6. The blueprinting indicates which assessments may be used for each item at any stage through training.
7. The Good Medical Practice domains are:
 1. Knowledge, skills and performance
 2. Safety and quality
 3. Communication, partnership and teamwork
 4. Maintaining trust
8. All aspects of the curriculum are assessed using one or more of the described components of the assessment system. Some curriculum content can be assessed in more than one component but the emphasis will differ between assessments so that testing is not excessive in any one area. The key assessment is the Multiple Consultant Report (MCR) through which trainees are assessed on the high-level outcomes of the curriculum; the Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs).

| | | | | | | | | | | | | | |
|--|---|--------------------------------|------------|------------|------------|------------|------------|-------------|------------|------------|----------------------|----------------------|--|
| High-level outcomes | Assessment Framework | | | | | | | | | | | | |
| | Capabilities in Practice | | | | | | | | | | | | |
| | | CiP/GPC self-assessment | MCR | MSF | CEX | CBD | PBA | DOPS | AoA | OoT | ISB Section 1 | ISB Section 2 | |
| | 1. Manages an out-patient clinic | X | X | X | X | X | | | | | | X | |
| | 2. Manages the unselected emergency take | X | X | X | X | X | X | X | | | | X | |
| | 3. Manages ward rounds and the on-going care of in-patients | X | X | X | X | X | | | | | | X | |
| | 4. Managing an operating list | X | X | X | | | X | X | | | | | |
| 5. Managing multi-disciplinary working | X | X | X | | X | | | | | | | | |

| | | | | | | | | | | | | | |
|--|---|--------------------------------|------------|------------|------------|------------|------------|-------------|------------|------------|----------------------|----------------------|--|
| High-level outcomes | Generic Professional Capabilities | | | | | | | | | | | | |
| | | CiP/GPC self-assessment | MCR | MSF | CEX | CBD | PBA | DOPS | AoA | OoT | ISB Section 1 | ISB Section 2 | |
| | Domain 1: Professional values and behaviours | X | X | X | X | X | X | X | X | X | | X | |
| | Domain 2: Professional Skills | X | X | X | X | X | X | X | | X | | X | |
| | Domain 3: Professional knowledge | X | X | X | X | X | X | X | X | X | X | X | |
| | Domain 4: Capabilities in health promotion and illness prevention | X | X | | X | X | | | | | X | | |
| | Domain 5: Capabilities in leadership and team working | X | X | X | | X | X | X | X | X | X | | |
| | Domain 6: Capabilities in patient safety and quality improvement | X | X | | | X | | | X | | X | | |
| | Domain 7: Capabilities in safeguarding vulnerable groups | X | X | | X | X | X | X | | | X | | |
| | Domain 8: Capabilities in education and training | X | X | | | | | | | X | | | |
| Domain 9: Capabilities in research and scholarship | X | X | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----------------|------------------|--|--------------------------------|------------|------------|------------|------------|------------|-------------|------------|------------|----------------------|----------------------|
| Syllabus | | | CiP/GPC self-assessment | MCR | MSF | CEX | CBD | PBA | DOPS | AoA | OoT | ISB Section 1 | ISB Section 2 |
| | Knowledge | | X | X | X | X | X | X | X | X | X | X | X |
| | Clinical skills | Clinical skills (general) | X | X | X | X | X | | | | | | X |
| | | Critical conditions (mandated CEX/CBD) | X | X | X | X | X | | | | | | X |
| | Technical skills | Technical skills (general) | X | X | | | | X | X | | | | |
| | | Index procedures (mandated PBA/DOPS) | X | X | | | | X | X | | | | |

| Groin conditions | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with 'groin pathology' | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention if required | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| INGUINAL HERNIA: | | | | | | | | |
| Developmental anatomy | | X | | | | X | X | 1 |
| Natural history | | X | | | | X | X | 1 |
| Indications and outcomes of surgery | | X | | | | X | X | 1,2 |
| HYDROCELE: | | | | | | | | |
| Developmental anatomy | | X | | | | X | X | 1 |
| Natural history | | X | | | | X | X | 1 |
| Place of conservative management | | X | | | | X | X | 1 |
| Indications and outcomes of surgery | | X | | | | X | X | 1,2 |
| UNDESCENDED TESTIS: | | | | | | | | |
| Developmental anatomy | | X | | | | X | X | 1 |
| Natural history of undescended testis and retractile testis | | X | | | | X | X | 1 |
| Place of conservative management | | X | | | | X | X | 1 |
| Indications and outcomes of surgery | | X | | | | X | X | 1,2 |
| PENILE CONDITIONS: | | | | | | | | |
| Developmental anatomy | | X | | | | X | X | 1 |
| Natural history | | X | | | | X | X | 1 |
| Place of conservative management | | X | | | | X | X | 1 |
| Indications and outcomes of surgery | | X | | | | X | X | 1,2 |
| ACUTE SCROTUM: | | | | | | | | |
| Natural history | | X | | | | X | X | 1 |
| Place of conservative management | | X | | | | X | X | 1 |
| Indications and outcomes of surgery | | X | | | | X | X | 1,2 |
| CLINICAL SKILLS | | | | | | | | |
| INGUINAL HERNIA: | | | | | | | | |
| Ability to assess child and reach appropriate diagnosis | X | X | | | | | X | 1,3 |
| Ability to form a treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| HYDROCELE: | | | | | | | | |
| Ability to assess child and reach appropriate diagnosis | X | X | | | | | X | 1,3 |
| Ability to form a treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| UNDESCENDED TESTIS: | | | | | | | | |
| Ability to assess child and reach appropriate diagnosis | X | X | | | | | X | 1,3 |
| Ability to differentiate true undescended testis from retractile variant | X | X | | | | | X | 1 |
| Ability to form a treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| PENILE CONDITIONS: | | | | | | | | |
| Ability to assess child and reach appropriate diagnosis | X | X | | | | | X | 1,3 |
| Ability to form a treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| ACUTE SCROTUM: | | | | | | | | |
| Ability to assess child and reach appropriate diagnosis | X | X | | | | | X | 1,3 |
| Ability to form a treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| HERNIA: | | | | | | | | |
| Inguinal herniotomy (non-neonatal) | | X | X | | | | | 1 |
| Inguinal hernia (neonatal) | | | X | | | | | 1 |
| HYDROCELE: | | | | | | | | |
| Surgery for hydrocele | | X | X | | | | | 1 |
| PENILE CONDITIONS: | | | | | | | | |
| Prepuceoplasty | | | X | | | | | 1 |
| Circumcision | | X | X | | | | | 1 |
| UNDESCENDED TESTIS: | | | | | | | | |
| Surgery for undescended testis | | X | X | | | | | 1 |
| ACUTE SCROTUM: | | | | | | | | |
| Surgery for acute scrotum | | X | X | | | | | 1 |

| Abdominal wall pathologies | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with abnormalities of the abdominal wall | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention if required | | | | | | | | |
| To be able to communicate the above information at the required level to patients/ parents/ other team members/ referral source | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| UMBILICAL HERNIA: | | | | | | | | |
| Developmental anatomy | | X | | | | X | X | 1 |
| Natural history | | X | | | | X | X | 1 |
| Place of conservative management | | X | | | | X | X | 1 |
| Indications and outcomes of surgery | | X | | | | X | X | 1,2 |
| SUPRA-UMBILICAL HERNIA: | | | | | | | | |
| developmental anatomy | | X | | | | X | X | 1 |
| Natural history to include contrast with umbilical hernia | | X | | | | X | X | 1 |
| Indications and outcomes of surgery | | X | | | | X | X | 1,2 |
| EPIGASTRIC HERNIA: | | | | | | | | |
| Developmental anatomy | | X | | | | X | X | 1 |
| Natural history | | X | | | | X | X | 1 |
| Indications and outcomes of surgery | | X | | | | X | X | 1,2 |

| CLINICAL SKILLS | | | | | | | | |
|---|---|---|---|---|--|--|---|-----|
| UMBILICAL HERNIA: | | | | | | | | |
| Ability to assess child and reach appropriate diagnosis | X | X | | | | | X | 1,3 |
| Ability to form a treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| SUPRA-UMBILICAL HERNIA: | | | | | | | | |
| Ability to assess child and reach appropriate diagnosis | X | X | | | | | X | 1,3 |
| Ability to form a treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| EPIGASTRIC HERNIA: | | | | | | | | |
| Ability to assess child and reach appropriate diagnosis | X | X | | | | | X | 1,3 |
| Ability to form a treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| UMBILICAL HERNIA: | | | | | | | | |
| Repair of umbilical hernia | | | X | X | | | | 1 |
| EPIGASTRIC HERNIA: | | | | | | | | |
| Repair of epigastric hernia | | | X | X | | | | 1 |

| Head and neck swellings | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with a head/neck swelling as the primary presenting symptom | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention if required | | | | | | | | |
| To be able to communicate the above information at the required level to patients/ parents/ other team members/ referral source | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology, relevant anatomy and age of child | | X | | | | X | X | 1 |
| Relevance of embryonic development of head and neck structures | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Excision skin lesion | | | X | X | | | | 1 |
| Excision/biopsy of lymph nodes | | | X | X | | | | 1 |
| Surgery for thyroglossal cyst | | | X | X | | | | 1 |
| Surgery for branchial cysts and branchial remnants | | | X | X | | | | 1 |

| Access | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child in need of central venous access | | | | | | | | |
| To be able to formulate an appropriate management plan | | | | | | | | |
| To be able to communicate appropriately to parents/patient/other teams | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Relevant anatomy and physiology | | | | | | X | | |
| Relevance of co-existing pathology | | | | | | X | | |
| Place and value of investigations | | | | | | X | | |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | | | | | | | X | |
| Ability to form a viable investigation and treatment plan | | | | | | | X | |
| Ability to communicate with all relevant groups | | | | | | | X | |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Vascular access: | | | | | | | | |
| Central venous lines and ports (incl percutaneous) | | | X | X | | | | 1 |
| Dialysis: | | | | | | | | |
| PD catheter insertion/removal | | | | X | | | | 1 |

| Pyloric stenosis | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To be able to assess an infant with vomiting | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to make a diagnosis of pyloric stenosis | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention if required | | | | | | | | |
| To be able to communicate the above information at the required level to parents, other team members/referral source | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology | | X | | | | X | X | 1 |
| Significance of bile stained vomiting | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Understanding of the biochemical changes associated with the condition | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess ill child including an assessment of severity of dehydration | X | X | | | | | X | 1,3 |
| Ability to safely correct the dehydration and biochemical abnormalities | X | X | | | | | X | 1 |
| Ability to communicate with ill child (see ISB Section 1) | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Pyloromyotomy | | | | X | | | | 1 |

| Gastro-oesophageal reflux | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of common gastrointestinal conditions in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients/ parents/ other team members/ referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Pathophysiology | | X | | | | X | X | 1 |
| Investigation and management | | X | | | | X | X | 1 |
| Indications for operative intervention | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to synthesise history and investigations into appropriate management plan | X | X | | | | | X | 1 |
| Ability to communicate information to parents/child | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| OGD with biopsy | | | X | X | | | | 1 |
| Oesophageal dilatation | | | | X | | | | 1 |
| Gastrostomy - open | | | | X | | | | 1 |
| PEG (insertion/removal) | | | | X | | | | 1 |
| Fundoplication (open/laparoscopic) | | | | X | | | | 1 |
| Feeding jejunostomy | | | | X | | | | 1 |
| Oesophago gastric disconnection | | | | X | | | | 1 |

| Abdominal pain | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of common gastrointestinal conditions in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology and age of child | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Place of operative intervention, and associated outcomes | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess ill child | X | X | | | | | X | 1 |
| Ability to communicate with ill child (see ISB Section 1) | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Appendicectomy (open and laparoscopic) | | | X | X | | | | 1 |
| Operative reduction of intussusception | | | | X | | | | 1 |

| Constipation | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of common gastrointestinal conditions in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology and age of child | | X | | | | X | X | 1 |
| Differential diagnosis to include medical anomalies and socio-psychological aspects of symptom | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| To include community aspects of further management | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Rectal Biopsy | | | X | | | | | 1 |
| Manual evacuation | | | X | | | | | 1 |
| EUA rectum | | | X | | | | | 1 |
| Anal stretch | | | X | | | | | 1 |
| ACE procedure | | | | X | | | | 1 |

| Gastro-intestinal bleeding | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of common gastrointestinal conditions in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology and age of child | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Place of operative intervention, and associated outcomes | | X | | | | X | X | 1,2 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess ill child | X | X | | | | | X | 1,3 |
| Ability to communicate with ill child (see ISB Section 1) | X | | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |

| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
|--|--|--|---|---|--|--|--|---|
| OGD | | | X | | | | | 1 |
| Colonoscopy | | | X | | | | | 1 |
| Sigmoidoscopy | | | X | | | | | 1 |
| Small bowel resection/anastomosis (Meckels) | | | | X | | | | 1 |
| Small bowel resection/anastomosis – open and laparoscopically assisted (Meckels) | | | | X | | | | 1 |

| Intestinal obstruction | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of common gastrointestinal conditions in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology and age of child | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Place of operative intervention, and associated outcomes | | X | | | | X | X | 1,2 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess ill child | X | X | | | | | X | 1,3 |
| Ability to communicate with ill child (see ISB Section 1) | X | | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Laparotomy | | | | X | | | | 1 |
| Adhesiolysis | | | | X | | | | 1 |
| Small bowel resection/anastomosis | | | | X | | | | 1 |
| OGD | | | X | | | | | 1 |

| Inflammatory bowel disease | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of common gastrointestinal conditions in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology and age of child | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Place of operative intervention, and associated outcomes | | X | | | | X | X | 1,2 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess ill child | X | X | | | | | X | 1,3 |
| Ability to communicate with ill child (see ISB Section 1) | X | | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| OGD | | | X | | | | | 1 |
| Colonoscopy | | | X | | | | | 1 |
| Sigmoidoscopy | | | X | | | | | 1 |
| Small bowel resection/anastomosis | | | | X | | | | 1 |
| Right hemicolectomy | | | | X | | | | 1 |
| Left hemicolectomy | | | | X | | | | 1 |
| Total colectomy | | | | X | | | | 1 |
| Pouch formation | | | | X | | | | 1 |

| Short bowel syndrome | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of common gastrointestinal conditions in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology and age of child | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Place of operative intervention, and associated outcomes | | X | | | | X | X | 1,2 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess ill child | X | X | | | | | X | 1,3 |
| Ability to communicate with ill child (see ISB Section 1) | X | | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| No content | | | | | | | | |
| Bowel lengthening procedures | | | | X | | | | |

| Liver/biliary disease | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of common gastrointestinal conditions in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology and age of child | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Place of operative intervention, and associated outcomes | | X | | | | X | X | 1,2 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess ill child | X | X | | | | | X | 1,3 |
| Ability to communicate with ill child (see ISB Section 1) | X | | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Cholecystectomy (open/laparoscopic) | | | | X | | | | 1 |
| Choledochal cyst | | | | X | | | | 1 |
| Kasai procedure | | | | X | | | | 1 |

| Congenital diaphragmatic hernia | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the diagnosis and management of children presenting with congenital abnormalities in the neonatal period | | | | | | | | |
| To be able to construct an appropriate management plan for these children | | | | | | | | |
| To understand the place of operative management in the neonatal period and be able to carry this out in selected cases | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Mode of presentation both pre- and post natal | | X | | | | X | X | 1 |
| Patho-physiology of the condition and anatomical variants | | X | | | | X | X | 1 |
| Associated anomalies | | X | | | | X | X | 1 |
| Outcome data on the condition | | X | | | | X | X | 1,2 |
| Different management strategies | | X | | | | X | X | 1 |
| Role of pre-natal counselling | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Operation for diaphragmatic hernia (neonate) | | | | X | | | | 1 |
| Operation for diaphragmatic hernia (neonate) incl. eventration | | | | X | | | | 1 |

| Intestinal atresias | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the diagnosis and management of children presenting with congenital abnormalities in the neonatal period | | | | | | | | |
| To be able to construct an appropriate management plan for these children | | | | | | | | |
| To understand the place of operative management in the neonatal period and be able to carry this out in selected cases | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Mode of presentation both pre- and post natal | | X | | | | X | X | 1 |
| Anatomical variants | | X | | | | X | X | 1 |
| Associated anomalies | | X | | | | X | X | 1 |
| Outcome data on the condition | | X | | | | X | X | 1,2 |
| Different management strategies | | X | | | | X | X | 1 |
| Role of pre-natal counselling | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Duodeno- duodenostomy | | | | X | | | | 1 |
| Intestinal resection/anastomosis | | | | X | | | | 1 |
| Stoma formation | | | | X | | | | 1 |

| Meconium ileus | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the diagnosis and management of children presenting with congenital abnormalities in the neonatal period | | | | | | | | |
| To be able to construct an appropriate management plan for these children including the appropriate use of radiological techniques in diagnosis and management | | | | | | | | |
| To understand the place of operative management in the neonatal period and be able to carry this out in selected cases | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Mode of presentation both pre- and post natal | | X | | | | X | X | 1 |
| Patho-physiology of the condition and anatomical variants | | X | | | | X | X | 1 |
| Associated anomalies | | X | | | | X | X | 1 |
| Outcome data on the condition | | X | | | | X | X | 1,2 |
| Differing management strategies | | X | | | | X | X | 1 |
| Role of pre-natal + genetic counselling | | X | | | | X | X | 1 |

| Antenatal management | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the diagnosis and management of children presenting with congenital abnormalities in the neonatal period | | | | | | | | |
| To be able to construct an appropriate management plan for these children | | | | | | | | |
| To understand the place of operative management in the neonatal period and be able to carry this out in selected cases | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation of different conditions | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Types of and indications for antenatal intervention | | X | | | | X | X | 1 |
| Role of ante-natal counselling | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to counsel and inform parents | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| No content | | | | | | | | |

| Generic procedures | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| None | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| None | | | | | | | | |
| CLINICAL SKILLS | | | | | | | | |
| None | | | | | | | | |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Tumour biopsy | | | X | X | | | | |

| Wilms tumour | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the presentation and management of childhood tumours | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Mode of clinical presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Relevant basic science knowledge of oncogenesis | | X | | | | X | X | 1 |
| Outcome data of treatment modalities | | X | | | | X | X | 1,2 |
| Role of surgery | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Nephro-ureterectomy | | | | X | | | | 1 |
| Nephro-ureterectomy/nephrectomy for Wilms | | | | X | | | | 1 |

| Neuroblastoma | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the presentation and management of childhood tumours | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Mode of clinical presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Relevant basic science knowledge of oncogenesis | | X | | | | X | X | 1 |
| Outcome data of treatment modalities | | X | | | | X | X | 1,2 |
| Role of surgery | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Surgery for neuroblastoma | | | | X | | | | 1 |

| Hepatoblastoma | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the presentation and management of childhood tumours | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Mode of clinical presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Relevant basic science knowledge of oncogenesis | | X | | | | X | X | 1 |
| Outcome data of treatment modalities | | X | | | | X | X | 1,2 |
| Role of surgery | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Only specialist centre | | | | | | | | |
| Surgery for hepatoblastoma only at specialist centre | | | | X | | | | 1 |

| Soft tissue tumours | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the presentation and management of childhood tumours | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Mode of clinical presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Relevant basic science knowledge of oncogenesis | | X | | | | X | X | 1 |
| Outcome data of treatment modalities | | X | | | | X | X | 1,2 |
| Role of surgery | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Local excision soft tissue tumour | | | | | | | | |

| Haematological malignancies | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the presentation and management of childhood tumours | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Mode of clinical presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Relevant basic science knowledge of oncogenesis | | X | | | | X | X | 1 |
| Management strategies and basic outcome data of treatment modalities | | X | | | | X | X | 1,2 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | X | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | X | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Cervical Lymph node biopsy | | | X | X | | | | 1 |

| Osteosarcoma | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the presentation and management of childhood tumours | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Mode of clinical presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Relevant basic science knowledge of oncogenesis | | X | | | | X | X | 1 |
| Management strategy and basic outcome data of treatment modalities | | X | | | | X | X | 1,2 |
| Role of surgery | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | X | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | X | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| No content | | | | | | | | |

| Benign tumours | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the presentation and management of childhood tumours | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Mode of clinical presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Relevant basic science knowledge of oncogenesis | | X | | | | X | X | 1 |
| Outcome data of treatment modalities | | X | | | | X | X | 1,2 |
| Role of surgery | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | | | | | X | X | 1 |
| Ability to form a viable investigation and treatment plan | X | X | | | | X | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | X | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Oophorectomy | | | | X | | | | 1 |
| Oophero-salpingectomy | | | | X | | | | 1 |

| Adrenal gland | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| None | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| None | | | | | | | | |
| CLINICAL SKILLS | | | | | | | | |
| None | | | | | | | | |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Adrenalectomy | | | | X | | | | 1 |

| KNOWLEDGE | | | | | | | | |
|--|---|---|--|--|---|---|---|-----|
| Likely modes of presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Knowledge of appropriate referral pathways | | X | | | | X | X | 1 |
| Embryological derivation and anatomical variants | | X | | | | X | X | 1 |
| Place and value of investigations/operative intervention | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| Ability to independently interpret the results of investigations and act on same | | X | | | | | X | 1 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Subcutaneous mastectomy | | | | | X | | | 1 |

| Chest wall anomalies | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of thoracic anomalies in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To identify the place of surgery | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Knowledge of appropriate referral pathways | | X | | | | X | X | 1 |
| Outcomes of surgery | | X | | | | X | X | 1,2 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Repair Pectus excavatum | | | | X | | | | 1 |
| Repair Pectus carinatum | | | | X | | | | 1 |

| Congenital and acquired lung abnormalities (called 'Congenital and acquired lung abnormalities including management of empyema' in Final Stage) | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of thoracic anomalies in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To identify the place of surgery | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Knowledge of developmental embryology and pertinent anatomy | | X | | | | X | X | 1 |
| Knowledge of appropriate referral pathways | | X | | | | X | X | 1 |
| Outcomes of surgery | | X | | | | X | X | 1,2 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Thoracotomy | | | | X | | | | 1 |
| Open biopsy of lung | | | | X | | | | 1 |
| Pulmonary lobectomy | | | | X | | | | 1 |
| Partial pulmonary lobectomy | | | | X | | | | 1 |
| Excision of extra lobar sequestration | | | | X | | | | 1 |
| Aspiration of pleural cavity | | | | X | | | | 1 |
| Insertion of open chest drain | | | | X | | | | 1 |
| Insertion of percutaneous chest drain | | | X | | | | | 1 |
| Open pleural debridement | | | | X | | | | 1 |
| Thorascopic pleural debridement | | | | X | | | | 1 |
| Open/thorascopic pleural debridement | | | | X | | | | 1 |
| Rigid bronchoscopy | | | X | | | | | 1 |
| Fibreoptic bronchoscopy | | | X | | | | | 1 |

| Tracheal anomalies | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of thoracic anomalies in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To identify the place of surgery | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Knowledge of developmental embryology and pertinent anatomy | | X | | | | X | X | 1 |
| Knowledge of appropriate referral pathways | | X | | | | X | X | 1 |
| Outcomes of surgery | | X | | | | X | X | 1,2 |

| CLINICAL SKILLS | | | | | | | | |
|---|---|---|---|---|--|--|---|-----|
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Tracheostomy | | | | X | | | | 1 |
| Rigid bronchoscopy | | | X | | | | | 1 |
| Fibreoptic bronchoscopy | | | X | | | | | 1 |

| Inhaled foreign body (called 'Inhaled /aspirated /ingested foreign body' in Final Stages) | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To understand the presenting symptoms of thoracic anomalies in childhood and their management | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To identify the place of surgery | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Knowledge of developmental embryology and pertinent anatomy | | X | | | | X | X | 1 |
| Knowledge of appropriate referral pathways | | X | | | | X | X | 1 |
| Outcomes of surgery | | X | | | | X | X | 1,2 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Rigid removal of FB from bronchus | | | X | | | | | 1 |

| Urinary tract infection | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with symptoms referable to the urinary tract | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology and age of child | | X | | | | X | X | 1 |
| Relevance of different symptom patterns | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan, including appropriate range of operative interventions | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| Ability to independently interpret the results of investigations and act on same | | X | | | | | X | 1 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| None | | | | | | | | |

| Haematuria | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with symptoms referable to the urinary tract | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely pathology and age of child | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan, including appropriate range of operative interventions | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| Ability to independently interpret the results of investigations and act on same | | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Cystourethroscopy | | | X | | | | | |

| Urethral meatus | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|---------------------------------|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| None | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| None | | | | | | | | |
| CLINICAL SKILLS | | | | | | | | |
| None | | | | | | | | |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Meatotomy | | | X | | | | | 1 |
| Meatoplasty | | | | X | | | | 1 |
| Urethral dilatation | | | X | | | | | 1 |

| Hypospadias | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with symptoms referable to the urinary tract | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Different anatomical variants | | X | | | | X | X | 1 |
| Place and value of investigations/ operative intervention | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan, including appropriate range of operative interventions | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| Ability to independently interpret the results of investigations and act on same | X | X | | | | | X | 1 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Repair distal hypospadias | | | | X | | | | |
| Repair proximal hypospadias | | | | X | | | | |
| Repair urethral fistula | | | | X | | | | |

| Upper tract obstruction (to include pelvi-ureteric junction obstruction and vesico-ureteric junction obstruction) | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with symptoms referable to the urinary tract | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Place and value of investigations/ operative intervention | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan, including appropriate range of operative interventions | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| Ability to independently interpret the results of investigations and act on same | X | | | | | | X | 1 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Pyeloplasty | | | | X | | | | 1 |
| Nephrectomy (open/laparoscopic) | | | | X | | | | 1 |
| Heminephrectomy | | | | X | | | | 1 |
| Insertion of percutaneous nephrostomy | | | | X | | | | 1 |
| Insertion of open nephrostomy | | | | X | | | | 1 |
| Insertion of JJ stent | | | | X | | | | 1 |
| Ureteric reimplantation | | | | X | | | | 1 |

| Posterior urethral valves | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with symptoms referable to the urinary tract | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Place and value of investigations/ operative intervention | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan, including appropriate range of operative interventions | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| Ability to independently interpret the results of investigations and act on same | X | X | | | | | X | 1 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Destruction of PUV | | | | X | | | | 1 |
| Formation/closure of vesicostomy | | | | X | | | | 1 |

| Urinary tract calculus disease | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with symptoms referable to the urinary tract | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Aetiological and biochemical factors | | X | | | | X | X | 1 |
| Place and value of investigations/ operative and non-operative intervention | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |

| CLINICAL SKILLS | | | | | | | | |
|---|---|---|--|---|--|--|---|-----|
| Ability to assess child | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan, including appropriate range of operative interventions | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| Ability to communicate with all relevant groups, including adult urological services | X | X | | | | | X | 1,3 |
| Ability to independently interpret the results of investigations and act on same | X | X | | | | | X | 1 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Interventional management of urolithiasis | | | | X | | | | 1 |

| Bladder dysfunction (incl. neurogenic bladder) | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with symptoms referable to the urinary tract | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Knowledge of appropriate referral pathways | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan, including appropriate range of operative interventions | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| Ability to independently interpret the results of investigations and act on same | X | X | | | | | X | 1 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Urodynamics | | | X | X | | | | 1 |
| Cysto-urethroscopy | | | | X | | | | 1 |
| Vesicostomy | | | | X | | | | 1 |
| Closure of vesicostomy | | | | X | | | | 1 |
| Suprapubic catheter | | | X | X | | | | 1 |
| Endoscopic cauterisation of lesion of bladder | | | | X | | | | 1 |
| Endoscopic management of clot from bladder | | | | X | | | | 1 |
| Ileal bladder reconstruction | | | | X | | | | 1 |
| Colonic bladder reconstruction | | | | X | | | | 1 |
| Ureteric diversion | | | | X | | | | 1 |
| Ureteric un-diversion | | | | X | | | | 1 |
| Mitrofanoff procedure | | | | X | | | | 1 |

| Renal failure | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with symptoms referable to the urinary tract | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| Knowledge of referral criteria to renal medical colleagues | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan, including appropriate range of operative interventions | X | X | | | | | X | 1 |
| Ability to independently interpret the results of investigations and act on same | X | X | | | | | X | 1 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| PD catheter insertion/removal | | | | X | | | | 1 |
| Haemodialysis catheter insertion | | | X | X | | | | 1 |
| Ureteric un-diversion | | | | X | | | | 1 |

| Bladder exstrophy (including epispadias) | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|-----|-----|------|-----|-----|---------------|---------------|-----|
| OBJECTIVE | | | | | | | | |
| To be able to assess a child presenting to the OP clinic or acutely with symptoms referable to the urinary tract | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately up to and including operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Likely modes of presentation | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess child | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| Ability to form a viable investigation and treatment plan, including appropriate range of operative interventions | X | X | | | | | X | 1 |
| Ability to independently interpret the results of investigations and act on same | X | X | | | | | X | 1 |

| | | | | | | | | |
|---|---|---|---|---|--|---|---|--|
| To be able to treat the child appropriately pending operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of injury and relation to likely pathology and age of child | | X | | | | X | X | |
| Relevance of different patterns of injury | | X | | | | X | X | |
| ABCDE of trauma resuscitation (Airway with c-spine control, Breathing with oxygen, Circulation with control of haemorrhage, Disability, Exposure and Environment) | | X | | | | X | X | |
| Understand the principles behind the primary and secondary survey of an injured child | | X | | | | X | X | |
| Differential diagnosis | | X | | | | X | X | |
| Place and value of investigations | | X | | | | X | X | |
| Place and value of investigations and the role of interventional radiology | | X | | | | X | X | |
| Place and value of non-operative management of abdominal trauma | | X | | | | X | X | |
| The importance of multidisciplinary team working in caring for these patients | | X | | | | X | X | |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess an injured child | X | | | | | | X | |
| Ability to resuscitate an injured child | X | X | | | | | X | |
| Ability to form a viable investigation and treatment plan in conjunction with other specialties | X | X | | | | | X | |
| Ability to communicate with all relevant groups | X | | | | | | X | |
| Ability to interpret appropriate imaging | | X | | | | | X | |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Placement of a urethral urinary catheter | | | X | | | | | |
| Placement of a suprapubic urinary catheter | | | X | | | | | |
| Placement of a chest drain | | | X | | | | | |
| Placement of large bore intravenous cannulae | | | X | | | | | |
| Placement of an intraosseus needle | | | X | | | | | |
| Laparotomy for trauma | | | | X | | | | |

| Paediatric Abdominal and Pelvic Trauma | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To be able to assess, resuscitate, investigate and manage a child presenting with abdominal trauma | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately pending operative intervention in selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely intra-abdominal pathology and age of child | | X | | | | X | X | 1 |
| Different mechanisms and patterns of solid organ and hollow organ injury | | X | | | | X | X | 1 |
| Different patterns of penetrating and blunt abdominal trauma | | X | | | | X | X | 1 |
| The value of various imaging modalities in abdominal trauma including ultrasound, CT scan and contrast radiology | | X | | | | X | X | 1 |
| Differential diagnosis | | X | | | | X | X | 1 |
| Place and value of investigations and the role of interventional radiology | | X | | | | X | X | 1 |
| The role and constraints of non-operative treatment for solid organ injury | | X | | | | X | X | 1 |
| The nature of and need for critical care support in caring for such patients | | X | | | | X | X | 1 |
| The importance of pelvic stabilization in the care of a child with a significant pelvic injury | | X | | | | X | X | 1 |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess an injured child | X | | | | | | X | 1,3 |
| Ability to resuscitate an injured child | | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan in conjunction with other specialties | X | X | | | | | X | 1,3 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Placement of a urethral urinary catheter | | | X | | | | | 1 |
| Placement of a suprapubic urinary catheter | | | X | | | | | 1 |
| Placement of large bore intravenous cannulae | | | X | | | | | 1 |
| Placement of an intraosseus needle | | | X | | | | | 1 |
| Laparotomy for trauma | | | | X | | | | 1 |

| Paediatric Thoracic Trauma | CEX | CBD | DOPS | PBA | MSF | ISB Section 1 | ISB Section 2 | GMP |
|--|------------|------------|-------------|------------|------------|----------------------|----------------------|------------|
| OBJECTIVE | | | | | | | | |
| To be able to assess and resuscitate a child presenting as an emergency with thoracic trauma | | | | | | | | |
| To be able to formulate a differential diagnosis and an investigation and management plan | | | | | | | | |
| To be able to treat the child appropriately pending operative intervention in highly selected cases | | | | | | | | |
| To be able to communicate the above information at the required level to patients / parents / other team members / referral source | | | | | | | | |
| To be able to practice with integrity, respect and compassion | | | | | | | | |
| KNOWLEDGE | | | | | | | | |
| Patterns of symptoms and relation to likely intra-thoracic pathology and age of child | | X | | | | X | X | 1 |
| Different mechanisms and patterns of penetrating and blunt thoracic trauma | | X | | | | X | X | 1 |
| The value of chest drain placement in caring for these patients | | X | | | | X | X | 1 |
| The nature of and need for critical care support in caring for such patients | | X | | | | X | X | 1 |
| The indications for pericardiocentesis | | X | | | | X | X | 1 |
| The indications for thoracotomy | | X | | | | X | X | |
| CLINICAL SKILLS | | | | | | | | |
| Ability to assess an injured child | X | X | | | | | X | 1 |
| Ability to resuscitate an injured child | X | X | | | | | X | 1 |
| Ability to form a viable investigation and treatment plan in conjunction with other surgical and other specialties | X | X | | | | | X | 1 |
| Ability to communicate with all relevant groups | X | X | | | | | X | 1,3 |
| TECHNICAL SKILLS AND PROCEDURES | | | | | | | | |
| Placement of a chest drain | | | X | X | | | | 1 |
| Placement of large bore intravenous cannulae | | | X | X | | | | 1 |
| Placement of an intraosseus needle | | | X | X | | | | 1 |
| Pericardiocentesis | | | X | X | | | | 1 |
| Thoracotomy for trauma | | | | X | | | | 1 |

