

ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH
COLLEGE SPECIALIST ADVISORY COMMITTEE
(CSAC)
ON
PAEDIATRIC GASTROENTEROLOGY
HEPATOLOGY
AND NUTRITION

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**RCPCH CSAC
ON
PAEDIATRIC GASTROENTEROLOGY
HEPATOLOGY
AND NUTRITION (PGHN)**

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1 COLLEGE SPECIALTY ADVISORY COMMITTEES (CSACS)

Background

The formation of the Royal College of Paediatrics & Child Health (RCPCH) in 1997 meant that responsibility for approving formal training programmes in paediatric specialties devolved to the RCPCH from the Royal College of Physicians. Consequently, the RCPCH established a number of specialty Advisory Committees (CSAC), whose role is as follows:

- i) to define an appropriate training programme in the specialty;
- ii) to define the duration of training;
- iii) to approve the quality of training programmes offered in individual centres;
- iv) to make recommendations to RCPCH about the likely number of trainees required to fulfil future consultant appointments.

The CSACs are College Committees and are answerable to the Council. They, together, form a means of consulting the specialties on a range of matters. The Chairs of these CSACs constitute the *Joint Committee for Higher Paediatric Training (JCH Paed T)* and this group meets once a year, chaired by the President.

The CSACs monitor their own training programmes within the overall structure, but are not autonomous. They work closely with the Higher Specialist Training Committee.

They are primarily concerned with the training and assessment required to practice their specialty at the level of a tertiary specialist, and not as a specialist interest alongside general paediatrics. They are responsible for visiting and assessing centres wishing to train in paediatric Gastroenterology, Hepatology and Nutrition and for recommending the accreditation of such centres to the Higher Specialist Training Committee. They are responsible for ensuring that only accredited centres are admitted to the National Grid. The national Grid is administered by the Higher Specialist Training Committee of the RCPCH supported by the Northern Deanery.

General Structure

The composition of each should include:

- a chairperson - this person will usually be (but does not have to be) the chair of the relevant speciality group or society; they must be a member or fellow of the RCPCH. The group should put forward one or more nominees to Council.
- three training advisers, one each for gastroenterology. Hepatology and Nutrition.

- at least one other member in addition to the training advisers: this person should be a general paediatrician and, if they have a special interest, it should be in a different discipline. This person should be nominated by Council. The individual should have an interest in, and experience of, training: ideally, a previous or present tutor or College regional adviser.
- Council should also nominate a general paediatrician with a declared interest in that specialty but who is not practising as a tertiary specialist - this is to ensure that the voice of this large group of paediatricians is heard.
- many groups may also wish to create a formal link with the adult equivalent specialist society, the adult medicine specialty CSAC and perhaps other bodies, but this is a matter for each CSAC to decide.

The speciality group or society should ensure that it has a constitution which specifies how long each person can serve, how they are chosen, how nominees for the CSAC will be selected, and how they obtain advice from, and report to, their specialty group or society as a whole. Those aspects of this constitution which are relevant to the functions of the CSAC should be approved by the Council of the RCPCH because it is essential for the College to know that the advice being given on behalf of the specialty is supported by its members.

The chairperson and training advisers should be *recommended* to the Royal College of Paediatrics and Child Health but they *must be formally appointed by Council*, in order to give them the authority required to carry out their duties.

Servicing and support of the CSACs will be the responsibility of the RCPCH.

2 FRAMEWORK OF CSAC FOR PAEDIATRIC GASTROENTEROLOGY HEPATOLOGY AND NUTRITION

The term “paediatric gastroenterology” incorporates training in gastroenterology, hepatology and clinical nutrition.

Composition

- i) A *chairperson*, who will be the President of the British Society of Paediatric Gastroenterology & Nutrition (BSPGN)
- ii) *Three training advisers*. Expressions of interest in these positions will be circulated from the RCPCH who will request self nomination. The CSAC will have the opportunity to make recommendations to the Council of the RCPCH who will formally agree these recommendations. It is anticipated that one adviser will have a major interest in gastroenterology, the other in hepatology and the third in Nutrition.
- iii) A *general paediatrician* with no special interest in gastroenterology;
- iv) A *paediatrician* with a declared interest in gastroenterology but who is not practising as a tertiary specialist (optional);
- v) A representative from the British Society of Gastroenterology.
- vi) An SpR trainee.

Current membership of the CSAC (2006) is as follows:

- | | |
|---|---|
| i) Chairperson | : Professor Deirdre Kelly (2004-2007) |
| ii) Training advisors | : Dr Huw Jenkins (Gastroenterology) (2005-2008)
: Dr Sue Beath (Liver) (2006-2009)
: Dr John Puntis (Nutrition) (2005-2008) |
| iii) General Paediatrician | : Dr A Evans (2004-2007) |
| iv) General Paediatrician
with a special interest in
gastroenterology | : Dr G Briars (2005-2008) |
| v) Adult Gastroenterologist | : Dr Adam Harris (2006-2009) |
| vi) Trainee | : Dr David Devadason (2005- 2008) |

Each member will serve for 3 years

3 Training Programme in Gastroenterology

Duration

This is defined as follows:

Three years in approved posts/programmes in paediatric gastroenterology, hepatology and nutrition. One year out of the three may be spent in research related to paediatric gastroenterology.

Objectives

These are defined on page 9.

Syllabus

This is detailed on page 9.

Accreditation in Paediatric Gastroenterology, Hepatology and Nutrition is obtained as follows:-

The accreditation is entitled :-

CCST/CCT in general paediatrics with sub-specialisation in Gastroenterology, Hepatology and Nutrition.

The training programme consists of a core programme consisting of:-

- 6 months of Gastroenterology and 6 months of Hepatology.
- 24 months in either Hepatology or Gastroenterology.
- 12 months research in either specialty may be substituted for 12 months clinical training.

Subsequent accreditation of clinical training during research years is as follows:-

If additional time (ie more than 12 months) is spent in research, trainees may count part of their research time towards their clinical training if they spend at least 20% of their time in clinical activities as indicated below:

- 1) The clinical time must have a clear educational objective related to the training programme in paediatric gastroenterology, i.e. an endoscopy list or other GI/hepatology/nutrition investigations session, and outpatient clinic or a grand round. On call duties are not counted towards training
- 2) At least two sessions per week should be spent on supervised daytime clinical duties; any less a period would not allow any realistic clinical training. Evidence of satisfactory formal assessment (RITA) of clinical training will be required
- 3) No double counting of time spent in a research post will be allowed. If a candidate spends two sessions per week on clinical work with the balance of the time spent on research then the year would count as 20% clinical training and 80% research,

similarly if 5 sessions per week were spent on clinical work and the remainder on research the year would count as 50% clinical training and six months would be approved as time counting towards a CCST

- 4) The arrangement to count clinical training time during a period of research must be approved prospectively by the Postgraduate Dean and the CSAC in paediatric gastroenterology, hepatology and nutrition for the Royal College of Paediatric Child Health
- 5) Trainees appointed to research posts are advised that they should obtain written prospective approval from the Regional Advisor of the proportion that will be creditable for clinical training.

Assessment of training programmes

It is anticipated that the training programme will fulfil the following criteria:

- i) Provision of training in both paediatric gastroenterology and hepatology;
- ii) Recognition that in some circumstances, rotations between training centres will be required;
- iii) Provision of training in nutrition related to gastroenterology and hepatology;
- iv) Opportunities for contact and training with adult gastroenterology, paediatric and adult surgery and appropriate laboratory disciplines;
- v) An opportunity for research, including laboratory-based research facilities;
- vi) Opportunities for training in relevant procedures.

Assessment of trainers

It is anticipated that trainers will normally be members of the European Society of Paediatric Gastroenterology, Hepatology and Nutrition and/or the British Society of Paediatric Gastroenterology, Hepatology and Nutrition.

It is recognised that adequate training cannot be completed by a single-handed trainer.

The assessment process

Visitations

This was discussed at the BSPGN Council meeting in July 1997 and it was agreed that visits to training centres were essential to validate the qualitative and quantitative aspects of the training programme and to interview trainees.

Training advisers will have been provided in advance with details of training opportunities with respect to outpatients, inpatients, procedures, training programme content and a weekly timetable of activities (Appendix 1).

Details of a suggested training record are given on page 14.

Rotations

It is anticipated that many training programmes will involve rotational placements between different training centres. Indeed, they are to be encouraged. Over a 3 year training period there should be no more than 3 separate placements, although in certain circumstances, secondment to a further centre to obtain specific training, in transplantation for example, may be appropriate.

Census data

The need to match the numbers of trainees to the anticipated number of consultant posts is implicit in the work of the CSAC. Data on the number of anticipated consultant posts and the number of trainees in post will therefore be required, although the mechanisms for deploying these data and conducting a dialogue with Regional Postgraduate Deans has not yet been defined.

3.1 TRAINING PROGRAMME

The purpose of training is that at the end of the period of training the trainee should be suitable for appointment as a Consultant Paediatric Gastroenterologist and/or Hepatologist at a regional or tertiary centre.

The duration of training in the specialty should be three years as part of the five year Calman training.

It is highly desirable for a consultant in a tertiary centre that there should be an opportunity to do an MD/M Med Sc or PhD. There should be an option for at least 1 year in research unless doing a higher degree when 2-3 years for full-time research is required. There should also be an opportunity to vary the gastroenterology and hepatology training component depending upon the trainees requirement eg if the trainee wishes a career in paediatric hepatology most of the training would be in that discipline.

During that period of time the trainee should have had:

1. A broad range of clinical experience in gastrointestinal and hepatological diseases of children with the associated nutritional problems which may result from such disorders.
2. Specific training in diagnostic techniques and their interpretation.
3. Experience in basic or clinical research as an essential component of training.
4. Contact with adult gastroenterology/hepatology/nutrition.

3.2 CURRICULUM

Core Objectives

1. Clinical experience in the principal diseases encountered in this speciality in childhood.
2. Diagnostic techniques for gastroenterology - upper GI endoscopy, colonoscopy, small intestinal biopsy and liver biopsy for hepatology.
3. Nutritional assessment - assessment of nutritional status, dietary requirements of children: theory and techniques of enteral and parenteral nutritional support; role of nutrition support teams and special needs.
4. Achieve skills in co-operation with other specialists (surgeons, pathologists, radiologists, lab scientists and adult gastroenterologists).
5. Achieve skills in relevant aspects of NHS organisation and management including knowledge of the contracting process.
6. Experience in clinical audit.
7. Achieve skills in teaching undergraduates and postgraduates with an awareness of aids for teaching.

3.2 GASTROENTEROLOGY AND HEPATOLOGY

Read in conjunction with the sections on gastroenterology, hepatic and biliary system, and nutrition in the Higher Specialist Training Syllabus of the Royal College of Paediatrics and Child Health.

H.1 Knowledge

H.1.A Knowledge of Gastroenterology and Hepatology

- (i) The epidemiology, aetiology, pathogenesis, pathology, clinical features, treatment and outcome measures for the gastrointestinal and hepatic diseases set out in section 4.
- (ii) Presentation of neonatal liver disease.
- (iii) chronic liver disease
- (iv) Acute liver failure.
- (v) Indications for liver transplantation.
- (vi) Understanding of the mechanisms of malnutrition in gastrointestinal and liver disease.
- (vii) Basic knowledge of gut immunology.
- (viii) Recognition and management of feeding disorders including self starvation (ie anorexia nervosa).

- (ix) Understanding the basis of normal infant/childhood feeding and reasons for methods of nutritional support.
- (x) Knowledge of techniques for measuring dynamic nutritional parameters, eg resting energy expenditure.
- (xi) Assessment of feeding and nutrition in a child with severe neuromuscular disorders: tube feeding, gastrostomy.

H.1.B Diagnostic Methods

- (i) Prenatal diagnosis as it relates to gastroenterological and hepatic disorders: the methodology of investigation.
- (ii) The genetic and immunological basis of some gastroenterological and hepatic disorders: the methodology of investigations.
- (iii) The use of tissue biopsy and the interpretation of histological abnormalities.

H.1.C Therapy

- (i) Familiarity with current standard treatment plans for all forms of gastrointestinal and hepatic disorders listed in the section 4.
- (ii) A thorough knowledge of the drugs used in treatment, especially anti-inflammatory, gastroprotective, immunosuppressant, steroid, analgesic drugs.
- (iii) Use of a team approach to management of the debilitated child, including nutritional support, understand its advantages and limitations.
- (iv) Knowledge of the methods used by other medical specialists, eg paediatric and transplant surgeons, community paediatricians, and child and adolescent psychiatrists.
- (v) Planning handover to adult services.

H.2 Skills

H.2.A Clinical Skills

- (i) Management of enteral and parenteral nutrition.

H.2.B Technical Skills

Core skills

- (i) Upper gastrointestinal endoscopy - diagnostic/therapeutic*
- (ii) Colonoscopy*
- (iii) Pancreatic function tests
- (iv) Oesophageal pH studies
- (v) Liver biopsy*

*The CSAC on Paediatric Gastroenterology, Hepatology and Nutrition agreed that recommended minima should be cited for the numbers of upper gastrointestinal endoscopies, colonoscopies and liver biopsies performed in training as follows:

- upper gastrointestinal endoscopy 100
- colonoscopy 50
- liver biopsy 50

The SAC recognises the value of endoscopy training in adults, and has not therefore cited the number of endoscopies which should have been performed on children.

Optional skills

- (i) ERCP
- (ii) Endoscopic management of oesophageal varices
- (iii) Motility studies
- (iv) Oesophageal dilatation
- (v) Injection of ulcers
- (vi) Insertion of percutaneous endoscopic gastrostomies

H.2.C Management Skills

- (i) Understanding of the management skills required for the development and use of resources in the gastroenterology/hepatology unit, including budget control, contracting, strategic planning and writing a business plan.
- (ii) Experience of the day-to-day running of a paediatric gastroenterology/hepatology service including management of admission policies, endoscopy lists etc. - within the medical directorate system.

- (iii) Importance of and involvement in clinical audit.
- (iv) The structure and function of local, regional and national NHS organisation.
- (v) Knowledge of research funding - grants, charities and NHS R & D support.

H.2.D Academic Skills

- (i) Critical evaluation of clinical results from literature review and audit.
- (ii) Manuscript preparation.
- (iii) Oral presentation skills.

H.2.E Teaching Skills

- (i) Formal and informal teaching skills at undergraduate and postgraduate level.
- (ii) Development of core teaching material to enable participation in teaching programmes on a regular basis.
- (iii) Organisation of postgraduate teaching programmes.

H.2.F Organisational Skills

- (i) Routine departmental tasks including duty rotas, teaching programmes and postgraduate meetings.

H.2.G Research Skills

- (i) Design of clinical trials including medical statistics.
- (ii) Data organisation and presentation.
- (iii) Computer literacy.

H.3 Attitudes

H.3.A Leadership

- (i) Understanding and implementing a leadership role in a multidisciplinary team.

H.3.B Communication

- (i) Effective and appropriate approach to parents, child, colleagues, GP and community health care staff, research and laboratory staff and managers.

H.3.C Education

- (i) Commitment to continuing self-education and to teaching others.

H.3.D Support

- (i) Supportive and sympathetic approach to handling families which can be maintained under difficult circumstances.
- (ii) Understanding and positive approach to the supervision of junior medical staff
- (iii) Recognition of and coping with stress in self and others.

H.3.E Academic/Research

- (i) Innovative attitude to clinical problems
- (ii) Supportive to/active in research.
- (iii) Collaborative attitude to local and national colleagues.

H.3.F Managerial

- (i) Interest in the overall organisation of departmental activities.
- (ii) Understanding approach to local management structure.
- (iii) Constructive attitude to the processes of decision making.
- (iv) Acceptance of shared responsibility for use of resources.
- (v) Ability to respond effectively to clinical complaints.

4. LOG BOOK FOR TRAINING RECORD AND SELF-APPRAISAL

A logbook, training record or portfolio will need to be kept by each trainee. In addition, a self assessment record may be of practical value to the trainee.

Note to Trainee

This self-assessment is designed to help you and your supervisor review your training and experience, and identify gaps. As a way of assessing your knowledge and clarity of understanding, ask yourself “Could I explain this condition/treatment/procedure clearly, logically and persuasively to a consultant colleague in another specialty, who is seeking advice about their own child? “

The conditions chosen are those which trainees might expect to encounter during their training and therefore to some extent act as a marker of the breadth of experience available in their post.

Please fill it, in pencil initially so that you can change it if necessary, and discuss it with your local tutor or mentor, before your annual review with the Postgraduate Dean.

Note to Supervisor

Please go through this with the trainee and discuss whether you agree with his/her own self ratings - if not, try to come to a consensus.

Note to PGD/Regional and Specialty Advisers and Trainers

Please use this self-assessment as a way of assessing whether adequate experience and training are being provided in the trainee’s current training slot. If not, how could it be obtained.

ASSESSMENT OF TRAINEE

Coding

(a) Knowledge and Experience

- 1 = I do not feel knowledgeable or competent in this topic
- 2 = I have reasonable knowledge but no “hands-on” experience
- 3 = I have dealt with one or a few cases of this condition/problem
- 4 = I feel I am reasonably competent to manage and explain this condition or problem.

(b) Skills

- 1 = I have never seen or done this

- 2 = I have observed but not done
- 3 = I have done one or a few but I do not feel competent
- 4 = I can undertake this but still want support to be available
- 5 = I feel able to undertake this on my own responsibility

FOR ASSESSMENT OF TRAINEE

Clinical Experience

Paediatric Gastroenterology

- 1) Pyloric stenosis
- 2) Intussusception
- 3) Hirschsprung's disease
- 4) Peptic ulceration and Helicobacter pylori infection
- 5) Vomiting and reflux
- 6) Constipation
- 7) Recurrent or protracted diarrhoea
- 8) Acute and recurrent abdominal pain
- 9) Intestinal bleeding
- 10) Intestinal obstruction
- 11) Differentiation of abdominal masses
- 12) Short gut syndrome
- 13) Chronic inflammatory bowel disease
- 14) Small intestinal failure and intractable diarrhoea syndrome
- 15) Intestinal motility problems
- 16) Gastrointestinal problems in handicapped children
- 17) Chronic undernutrition/failure to thrive

- 18) Feeding disorders including self-starvation
- 19) Infections of gastrointestinal tract and liver
- 20) Gastroenterological problems in immunosuppression AIDS
- 21) Gastrointestinal food allergy
- 22) Acute diarrhoea including use of oral rehydration therapy
- 23) Outbreak of hospital acquired diarrhoea/nosocomial infections
- 24) Cystic Fibrosis.
- 25) Pancreatic Disease.

Paediatric Hepatology

1. Jaundice
2. Liver failure (acute and chronic)
3. Infectious liver disease
4. Metabolic liver disease
5. Neonatal liver disease
6. Biliary atresia
7. Chronic liver disease
8. Liver transplantation and post transplant care
9. Extra-hepatic portal hypertension.

Nutrition

1. Enteral nutrition
2. Parenteral nutrition (Hospital and Home)
3. Experience of nutritional support team

4. Self starvation
5. Chronic undernutrition/failure to thrive
6. Cystic Fibrosis.

5 RESEARCH PROGRAMME

1. Indicate named research investigators with curriculum vitae and lists of publications
2. Describe research laboratories available
3. Indicate personal computer facilities
4. Indicate library facilities
5. Presentation at local, national and international meetings.

Principles regarding the assessment of meaningful accomplishment in research

1. Research experience is an essential part of training in Paediatric Gastroenterology, Hepatology and Nutrition.
2. For certification there must be evidence of productive research participation.
3. The evidence of meaningful accomplishment in research must be submitted. Acceptable evidence could include one of the following:
 - a) First author of a research paper accepted for publication in an appropriate peer-reviewed journal.
 - b) Submission of a research grant proposal which has been approved by peer review.
 - c) A postgraduate degree in a field relevant to paediatric gastroenterology, hepatology and Nutrition.
 - d) A research progress report (signed by both the applicant and supervisor) no more than 5 pages in length to include:
 - i) A statement of hypothesis
 - ii) A description of methodology
 - iii) Results and analysis
 - iv) Significance of the research
 - e) Any other evidence which may be considered appropriate.

The trainees supervisor would be responsible for ensuring appropriateness of research activity and be involved in planning research.

6 ASSESSMENT OF TERTIARY CENTRES

1. Does the centre provide training in both paediatric gastroenterology and paediatric hepatology or in only one discipline?
2. Does the centre on its own provide comprehensive training in its discipline or does the trainee need also to train elsewhere?
3. Does the centre provide training in nutrition related to gastroenterology and hepatology?
4. Does the centre provide opportunities for contact and training with adult gastroenterology, surgery and appropriate laboratory disciplines?
5. Are there opportunities for research? Are there laboratory based research facilities?
6. Are there opportunities for the trainee to receive training in the procedures outlined in training required?

ASSESSMENT OF TRAINERS

1. Are trainers principally engaged in paediatric gastroenterology or hepatology? How many designated sessions in the discipline?
2. Are trainers consultants with a special interest in paediatrics, gastroenterology, hepatology and nutrition?
3. Is there more than one consultant in the appropriate disciplines?