

Paediatric Regional Education Programme 2 (PREP 2)

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Aims

- The Level 2 Programme is intended to provide trainees at ST4/5 with the expected skills, competences and knowledge that they should achieve in their 2 years.
- It is equally intended to provide a reference for those individuals delivering the teaching. The intention is to provide the 'reference points' for those asked to teach/wanting to teach to ensure that what is delivered is:
 - Relevant to the year of training
 - Follows on from ST1-3 programme
 - Not repetitive
 - Referenced with the RCPCH curriculum and Level 2 Framework of competences
- Ideally this programme should be supported by 16 sub-speciality leads, who would have overall responsibility for the content of the programmes for their respective sub-specialities through ST1-ST8.
- The 2 year rolling programme will run every 4th Tuesday of each month, repeating every 2 years

Suggested Key points:

- There will be 22 Regional study days within the 2 year programme (there will be no teaching in December as in 2011 & 2012 these fall on Bank Holidays). For 2011/12, the intention is to run the sessions at Poole. *Trainees will start the programme in September, even if membership passed in ST3.*
- Days will run from 9-5pm (8 hours: 1 hour for scenarios/Resus, 2 half days sessions of 2-3 hours)
- Each day should include a 1 hour of scenarios-(APLS, NLS, Resuscitation), and 2 half day sessions covering the Level 2 programme. (44 sessions over 2 years)
- PREP 4/5 Leads: Nicole Guppy (email via secretary, Elizabeth.moss@poole.nhs.uk), Nick Brown (nick.brown@salisbury.nhs.uk), Phil Parslow (phil.parslow@dchft.nhs.uk)
- PREP 4/5 Trainee Leads: Kelly Brown (likekelly@hotmail.com), Louise Milne (lmilne@doctors.org.uk)

There are 16 sub-specialty conditions listed within the RCPCH curriculum. To keep things simple I have kept these headings. I have gone through the requirements expected at Level 2 (ST4-5) to be achieved by trainees. Then I have looked through the existing format of the proposed PREP 1 & 2/3 programmes to see any areas not covered to date.

Each subject can be subdivided into general competences, acute presentations and outpatient presentations. The 16 sub-specialty conditions are as follows:

1. Cardiology
2. Dermatology
3. Endocrinology incl Diabetes Mellitus
4. Gastroenterology & Hepatology
5. Genetics & Dysmorphology
6. Haematology & Oncology
7. Infection, Immunology, allergy
8. Metabolic Medicine
9. Musculoskeletal (includes orthopaedics)
10. Neonatology
11. Nephro-urology
12. Neurology & Neurodisability (includes Community Paediatrics)
13. Ophthalmology
14. Palliative
15. Respiratory
16. Safeguarding

Subject areas in addition to this to be incorporated:

17. Patient safety
18. Pharmacy & prescribing skills
19. Communications / Ethics
20. PIC medicine(truma, RICP, Status, sepsis, burns, transport)
21. Epidemiology & critical appraisal

Additional skills/ requirements/ courses:

- Child protection- at appropriate level of training- see RCPCH website
- NLS
- APLS
- Wessex Professional Programme
- Medical Leadership Framework

To Include: (as per ST1-3 programme)

Practical sessions – incorporate into sub-specialty days, opportunity to observe/practice skills as well as interpreting results.

Lecture/ case discussion – *This requires trainee input; bring along cases relevant to the teaching*

Communication sessions – dedicated sessions PREP1-5. - *Possible input through NESC*

Scenario sessions – emergency management and individual practical skills sessions to be run in conjunction with clinical skills labs throughout PREP1-3 & PREP 4/5 programme at start of each day.

<u>RCPCH curriculum subjects</u>	<i>Allocated number of half days PREP 4/5 (44 half days in 2 years)</i>
Cardiology	2
Dermatology	1
Endocrinology incl Diabetes Mellitus	3
Gastroenterology & Hepatology	3
Genetics & Dysmorphology	1
Haematology & Oncology	2
Infection, Immunology, allergy	2
Metabolic Medicine	2
Musculoskeletal	2
Neonatology	4
Nephro-urology	3
Neurology & Neurodisability (incl Community & Mental Health)	5
Ophthalmology	1

Palliative	1
Respiratory	3
Safeguarding	1
<u>Additional suggested subjects</u>	
Patient safety	2
Pharmacy & prescribing skills	1
Communications / Ethics	1
PIC medicine(trauma, RICP, Status, sepsis, burns, transport)	2
Epidemiology & critical appraisal	2
TOTAL Half Day Sessions (44)	44

PREP 4 -2011/12- POOLE

For up to date timetables- see website

PREP 5-2012/13- POOLE

For up to date timetables- see website

Aims and Objectives

- To create a comprehensive 2 year rolling programme to run from ST 4 to ST 5, covering Level 2 Training
- PREP 4/5 building upon the PREP 1 & PREP 2 (ST1-3)
- Ensuring delivery of Level 2 competences, skills and knowledge. (as per the RCPCH curriculum for Paediatric Training General Paediatrics and the Framework of Competences for Level 2 Training in Paediatrics.
- To ensure the programme is as Inclusive as possible but not repetitive, both for trainees and presenters
- Regional teaching days should include:
 - Scenario/ Resuscitation skills practice sessions
 - Lecture based sessions

- Small group sessions
- ***NOTE: The training programme is not intended to deliver everything you should ever need to know in Paediatrics. The training programme is part of a comprehensive approach including:***
 - ***Quality training positions***
 - ***Appropriate training courses such as APLS & NLS***
 - ***Professional development through the Wessex Professional programme***
 - ***Access to MRCPCH Mastercourse and self-directed learning***

As per the ST1-3 programme:

To include generic skills throughout the three year programme.

To include an ICU component throughout the three year programme.

To continue regular teaching of emergency skills and management in scenario format.

To make the teaching programme as a whole more interactive.

To introduce more small group work throughout the programme.

To introduce more regular and formal communication skills sessions.

To develop knowledge for exams, for clinical work and for practical skills.

To help to develop the Paediatric community in Wessex.

Each sub-speciality has a range of key subjects listed. I have listed the subjects not currently covered within the ST1-3 programme. I have also listed the number of subjects covered by the ST1-3 days, and the days covering these at ST1-3 (to allow cross referencing of the 2 programmes). I have then added the Level 2 competence/knowledge/skill requirements as per RCPCH.

Cardiology

Subjects: (8 subjects; 3 covered at ST1-3: Cardiology 1-ST2, Cardiology 2-ST3)

- Arrhythmias
- Murmurs
- Hypertension
- Palpitations
- Syncope

Level 2 competence/knowledge/skill requirements as per RCPCH:

Provide advanced life support and lead team at arrest

Identify common ECG abnormalities

Cyanosis: recognise and initiate emergency treatment

Be able to initiate emergency treatment in arrhythmias such as SVT

Recognise possibility of endocarditis

Know about effects of heart disease at school & be able to advise families about effects of it at school

Be able to differentiate syncope from seizures

Dermatology

Subjects: (5 subjects; 2 covered at ST1-3: Infectious diseases/dermatology ST3)

- Skin Failure- e.g. TEN, SSSS, EB
- Cutaneous drug reactions
- Erythematous rash & fever – e.g. Kawasaki's

Level 2 competence/knowledge/skill requirements as per RCPCH:

Understand the different potencies of topical steroids and their side effects

Know the common causes of hair loss and hypertrichosis

Recognition of when to involve dermatology and ophthalmology (e.g. skin failure and drug reactions), cardiology (e.g. Kawasaki's)

Recognise and manage infected eczema and eczema herpeticum

Endocrinology including Diabetes Mellitus

Subjects: (10 subjects; 6 covered at ST1-3: Common Paeds 2-ST1, Endocrinology ST2)

- Hypoglycaemia
- Abnormal growth
- Thyroid disorders (partly covered ST1-3)
- Polyuria & polydipsia
- Obesity

Level 2 competence/knowledge/skill requirements as per RCPCH:

Recognise potential complications of DKA including cerebral oedema

Know when to consider rare causes of hypoglycaemia and what investigations to perform

Be able to treat hypoglycaemia safely and effectively

Regarding ambiguous genitalia- causes, management and appropriate information to parents

Know causes and possible investigation of early and late puberty

Know associations of auto-immune diseases and Trisomy 21

Be able to interpret thyroid function tests on/off treatment

Know dangers of water deprivation (in context of DM and DI) and be able to select patients who may need investigation, and interpret results

Be aware of obesity, BMI charts, and type 2 DM presentations in childhood, be able to diagnose obesity

Gastroenterology & Hepatology

Subjects: (15 subjects; 9 covered at ST1-3: Gastroenterology ST2, Surgery & Urology ST2, Neonates 2 surgery ST2)

- Diarrhoea & Vomiting
- Recurrent chronic abdominal pain
- Chronic D&V
- Dysphagia
- Malabsorption
- Malnutrition
- Iron deficient anaemia
- (Not in RCPCH- Inflammatory bowel disease)

Level 2 competence/knowledge/skill requirements as per RCPCH:

Recognise the need to consider acute appendicitis in young children

Recognise the signs of pain in an infant or small child

Understand the scientific principles for oral and intravenous fluid therapy

Implement local isolation policies (in context of D&V)

Investigate jaundice appropriately and refer to specialist services as appropriate

Recognise features of upper and lower GI bleeding that suggest serious pathology

Initiate investigation of abdominal distension and seek surgical opinion when required

Know the causes of acute liver failure, be able to assess the severity and complications of this condition, initiate appropriate resuscitation and liaise with liver unit

With regard to congenital abnormalities (TOF, malrotation, hisrchsprungs etc) institute appropriate emergency treatment, recognise when bowel may be compromised and liaise with surgical team

Manage mild and moderate GORD and recognise when to refer

Chronic abdominal pain- which features are reassuring and which merit investigation, when CAMHS may be appropriate and when safeguarding needs to be considered

Initiate appropriate investigations in chronic diarrhoea and vomiting

Manage constipation, and understand significance of predisposing conditions e.g. hypothyroid, neuro-disability

Investigations, nutritional assessment, dietary principles with regard to malabsorption

Ability to counsel parents about preventing iron deficiency

Genetics & Dysmorphology

Subjects: (General competences listed; some covered at ST1-3: Genetics and Syndromes ST1)

General competences:

- including inheritance patterns,
- chromosomal disorders,
- syndromes,
- investigations & follow up ,
- screening,
- Downs,
- environmental factors such as alcohol and drugs

Level 2 competence/knowledge/skill requirements as per RCPCH:

Recognise features of common chromosome disorders

Recognise common malformation and deformation syndromes

Participate in establishing and presenting diagnosis to parents

Be able to respond appropriately when diagnosis of downs is suspected at delivery or on post natal wards

Follow local or national protocols for management of genetic disorders

Haematology & Oncology

Subjects: (9 subjects; 5 covered at ST1-3: Oncology ST2, Haematology ST3)

Polycythaemia

Purpura & bruising

Other haemorrhage due to coagulopathy

Transfusion

Level 2 competence/knowledge/skill requirements as per RCPCH:

Knowledge and skills to assess and initiate investigations in patients with haematological and oncological presentations. Work within multi-disciplinary team.

Know the short and long term side effects of chemotherapy and radiotherapy, explain the common ones

Know about policies for intrathecal cytotoxic chemotherapy

Investigate anaemia and recognise serious underlying pathology

Manage sickle cell crisis

Be able to undertake partial plasma exchange in neonate

Understand the differing risks of neutropaenia in different conditions and treatment regimens

Management of febrile neutropaenia

Understand immune mechanisms of vasculitis, thrombocytopenia. Explain ITP to parents

Manage acute bleeding in haemophilia and von willebrands disease. Recognise and treat haemarthrosis in patient with haemophilia

Know different types of leukaemia and prognoses

Recognise, initiate investigations, and follow local and national protocols in treating leukaemia and infections.

Know features of lymphadenopathy that suggest malignancy

Risks, indications, protocols and management regarding transfusion

Infection, Immunology, Allergy

Subjects: (6 subjects; 4 covered at ST1-3: Allergy & Immunodeficiency ST2, Paediatric Intensive Care ST2, Infectious Diseases & Dermatology ST3)

Fever of unknown origin

Immunisation

Level 2 competence/knowledge/skill requirements as per RCPCH:

Indications and ability to prescribe first line antibiotics, prophylaxis- including use of antibiotic protocols and understanding of resistant organisms

Institute appropriate management of infection in immune-compromised child

Infection control principles

Initiate and lead immediate management of early and advanced features of septic shock- includes liaising with anaesthetic and PICU staff

Ability to take detailed history with regards to fever of unknown origin, and initiate investigations into cause

Ability to lead the team in a case of anaphylaxis and provide advanced life support. Be able to advise on future risk of anaphylaxis and facilitate appropriate anaphylaxis management- acute and community

Understanding of recurrent infections and predisposing causes. Recognise and investigate if features suggest underlying pathology

Cow's milk protein intolerance and management

IgE and non-IgE food allergy- recognise, investigate, manage. Indications for epipens. Ability to explain to parents

Metabolic Medicine

Subjects: (General competences listed; some covered at ST1-3: Metabolic, ENT & Ophthalmology ST3)

Common presentations

Screening

Investigations and principles of management

Level 2 competence/knowledge/skill requirements as per RCPCH:

Recognise and manage the clinical and biochemical features of electrolyte and acid base disturbances

- Know the common clinical presentations and principles of management of metabolic disease including
 - Encephalopathy
 - Neuro-developmental regression
 - Muscle weakness
 - Visceromegaly
 - Faltering growth
- Initiate investigations in neonates and children, and in urgent situations. Know what samples to take on presentation, and importance of liaison with laboratories- especially with regard to containers, handling and storage
- Know associations between metabolic disorders and learning difficulties, and consider referral to appropriate agencies- education, dieticians etc

Musculoskeletal

Subjects: (7 subjects; 3 covered at ST1-3: Rheumatology & Orthopaedics ST2)

Musculoskeletal pain

Limp

Limb Pain

Leg alignment (normal variants)

Level 2 competence/knowledge/skill requirements as per RCPCH:

- Indications for and complications of immunosuppressive treatment
- Awareness of congenital bone, inherited or metabolic conditions and their musculoskeletal presentations
- Be able to perform musculoskeletal assessment including screening examination (pGALS)-
 - include assessing joint laxity
 - distinguishing between inflammatory and non-inflammatory conditions
 - causes of back and neck pain
 - recognising scoliosis
- Know the causes of musculoskeletal pain including referred pain
- Normal patterns of leg alignment and foot posture at different ages
- Recognise clinical presentation and radiological features of rickets

Neonatology

Subjects: (16 subjects; 9 covered at ST1-3: Postnates 1 ST1 Postnates 2 ST1, Neonates 1 (prematurity & respiratory) ST1, Neonatology ST3, Obstetrics & Perinatal Medicine ST3, Neonates 2 Surgery ST2)

Hypotension

IUGR & nutrition

Fluids and Blood product therapy

Congenital problems

The dying baby

Minor abnormalities

Disordered development

Level 2 competence/knowledge/skill requirements as per RCPCH:

- Recognition, management of common presenting disorders in the neonatal period
 - Effects of antenatal and perinatal events, long term sequelae
 - Pathophysiology of prematurity
 - Mechanical ventilation- principles and application of differing ventilation techniques
 - Resuscitation
 - Assessing fluid status and fluid management- pre term, sick infants
 - Principles and importance of nutrition including TPN- assess and manage poor growth
 - Skills- NLS, Intubation-pre term and term infants, Long lines, Umbilical lines
 - Apply clinical reasoning to select tests, understand their results and be able to communicate these results to fellow team and parents
 - Interpretation of radiological investigations
 - Ethical issues
 - Follow up
- Birth depression, management of hypoxic ischaemic encephalopathy, prevention of secondary damage (cooling)
- Specific conditions
 - Recognise and manage pneumothorax
 - Recognise and manage signs of patent ductus arteriosus
 - Recognise and manage cyanotic congenital heart problems
 - Recognise and manage signs of necrotising enterocolitis
 - Recognise and manage seizures- experience of cranial ultrasound imaging
 - Recognise and manage sepsis- early signs and initiate anti microbial therapy and supportive management
 - Recognise and manage jaundice- investigations that will differentiate between conjugated and unconjugated, exchange transfusion, investigate prolonged jaundice
 - Recognise and manage symptomatic infants of diabetic mothers

- Recognise and manage common presentations of congenital heart disease- referral to appropriate specialist or service
 - Recognise and manage common presentations related to disordered development: cerebral palsy, Retinopathy of prematurity, sensorineural hearing loss
- Steps involved for long term oxygen therapy in the community
- Blood products- prescription, requirements- e.g. irradiated, treatment for bleeding disorders
- Understand role of foetal medicine and the interventions available
 - Be able to diagnose common syndromes
 - Referral to support groups and community follow up
- Understand ethical principles in withdrawing or withholding care from an infant
 - Be able to communicate sympathetically, deal with personal stress and know when to look for support
- Screening: ROP, DDH- be able to perform clinical screening tests, and be able to explain differences between screening and diagnostic tests

Nephro-urology

Subjects: (12 subjects; 5 covered at ST1-3: Nephrology 1 ST2, Nephrology 2 ST3, Surgery & Urology ST2)

Nephrotic Syndrome

Acute Nephritis

Hypertension

Neonate with history of abnormal antenatal ultrasound of renal tract

Stones

Haematuria and proteinuria

Tubular disorders

Level 2 competence/knowledge/skill requirements as per RCPCH:

- Understand the role of different renal imaging techniques- USS, DMSA, MCUG, etc
- Assess features in nephritic presentation suggestive of serious or significant pathology. Advise parents on long term management and complications
- Know the management of nephritis, prognostic features and range of immunosuppressive therapies
- Be able to assess and initiate management of life threatening features of acute renal failure e.g. hyperkalaemia
- Recognise and manage hypertension, identifying complications, initiate management under supervision, liaise with specialists
- Be able to give basic explanations of antenatally identified renal tract abnormalities, management and prognosis to parents.
- Recognise and manage renal stones (with supervision)
- Be aware of association of genitor-urinary symptoms and child sexual abuse.
- Recognise and manage voiding problems, and identify relevant neurological problems
- Recognise and manage inflammatory or traumatic conditions of the genitor-urinary tract
- Recognise and manage growth and nutritional problems associated with chronic renal failure

Neurology & Neurodisability

Subjects: (19 subjects; 10 covered at ST1-3: Development ST1, Neurology1 ST2, Neurology2 ST3, Mental Health ST1, Community Paediatrics ST3)

Acute focal neurological signs

Hypotonia, neuropathies and myopathies

Neural tube defects and other congenital abnormalities

Trauma to central and peripheral nervous systems

Fever or illness in a child with complex disabilities

Neurodevelopmental regression

Weakness

Abnormal head size & shape

Headache

Level 2 competence/knowledge/skill requirements as per RCPCH:

- General competences
 - Communication skills with disabled children, families and other professionals
 - Aware of local services and accessing them, how agencies interact, experience in special schools
 - Awareness of need to notify children with special educational needs to the LEA
 - Experience of SEN panel, writing SEN reports, experience of SEN annual reviews and transition planning
 - Recognise and manage common developmental disorders such as cerebral palsy, dyspraxia, ADHD, specific learning difficulties
 - Be able to write reports on medical or developmental conditions for parents and non clinical staff
 - Know about equipment that can lessen effects of disability, benefits that may be available, local respite facilities that can be accessed, self help and support groups available
- Specific conditions:
 - Recognise and manage common epilepsy syndromes- recognise links between epilepsy and behaviour problems, long term implications, acute management, education and safety
 - Differentiate between faints and funny turns

- Recognise and manage acute focal neurological signs, experience interpreting CT & MRI scans, communication with patients and parents
- Eliciting and interpreting the signs of hypotonia/neuropathy/myopathy and initiating appropriate tests
- Recognise and manage early presentations of meningitis and encephalitis, prophylactic therapy and management of raised intracranial pressure.
- Recognise and manage the signs and symptoms of blocked shunts
- Recognise and manage common causes of disordered development, manage simple problems, know about common secondary disabilities and co-morbidities, have experience of working with the child development centre or team
- Recognise, investigate and manage weakness
- Recognise, investigate and manage common causes of abnormal head shapes- with focus upon shunts
- Recognise and manage headache- know possible biological, psychological and social factors that contribute to headache- when it may represent serious illness, initiate investigations
- Know about antenatal diagnosis of neural tube defects
- Initial acute management of CNS trauma (as per APLS)
- Be able to recognise regression of developmental skills and refer appropriately for investigation
- Problems of language hearing, vision & learning
 - principles of testing
 - common causes of sensory impairment,
 - tests available
 - identifying children at risk
 - how these and learning difficulties can present at school
 - appropriate referral
- Know about multi-disciplinary investigation of speech and language delay
 - Risk factors
 - Principles of testing at different ages- whom to refer and when
 - Support available for hearing impaired children

- The importance of hearing assessment in children with speech and language delay and social communication difficulties
- Recognise abnormal speech and language patterns- differentiate between simple phonological delay and more significant disorders
- Principles of management of conductive and sensori-neural hearing loss

Ophthalmology

Subjects: (7 subjects; minimal coverage at ST1-3: Metabolic, ENT & Ophthalmology ST3)

Patient presenting with a red eye

Patient presenting with a possible squint

Ptosis

Proptosis

Abnormal Movement

Abnormal fundus

Visual impairment

Level 2 competence/knowledge/skill requirements as per RCPCH:

- Undertake visual acuity testing at various ages
- Know when to refer a squint
- Know how to undertake a Tensilon test
- Know the value of fundal examination in suspected NAI cases and certain developmental syndromes
- Recognise and manage visual impairment
 - Common and preventable causes
 - Investigations
 - Specific developmental patterns that occur
 - Know about educational approaches to the child with visual impairment
 - Recognise congenital cataract and refer urgently
 - Experience of assessment of the child with visual impairment

Palliative

Subjects: (General competences listed; some covered at ST1-3: Ethics & Advanced directives ST3)

Familiar with local and national guidelines on withdrawing and withholding treatment

Legal and ethical issues

Know about local opportunities for respite care, hospice availability, and local bereavement support services

Level 2 competence/knowledge/skill requirements as per RCPCH:

Know about guidelines on management of sudden infant death, including the RCPCH Kennedy Report

Know broad definition of palliative care in childhood

Recognise factors that determine when care of a patient becomes palliative

Respiratory

Subjects: (13 subjects; 6 covered at ST1-3: common Paediatrics 1 ST1, Respiratory ST2, Metabolic, ENT & Ophthalmology ST3)

Sore throat

Nosebleeds

Earache

Lower respiratory tract infection (including pneumonia & bronchiolitis)

Respiratory failure

Cervical lymphadenopathy

Recurrent or chronic chestiness

Level 2 competence/knowledge/skill requirements as per RCPCH:

- Recognise and manage patients presenting with respiratory problems in acute and outpatient settings- long term management of chronic respiratory problems
- Specific conditions:
 - Recognise and manage sore throat- features suggestive of serious pathology
 - Recognise and manage nose bleeds- features suggestive of serious pathology
 - Recognise and manage obstructive sleep apnoea- indications for sleep studies and when to refer to ENT
 - Recognise and manage ear ache-antibiotics when appropriate
 - Recognise and manage acute stridor
 - Recognise and manage acute severe asthma, review ongoing treatment, modify asthma management plans, ensure access to emergency treatment at school etc.
 - Recognise and manage LRTI- know causes, recognise severity, manage infections and associated complications- e.g. empyema
 - Indication for ventilation & non invasive respiratory support, knowledge of agreed resuscitation plans for individual patients
 - Know about predisposing causes for recurrent chestiness, both respiratory and non-respiratory. Consider neuromuscular, skeletal and immunodeficiency. Be aware of role of bronchoscopy, video fluoroscopy, pH studies. Perform and interpret basic lung function tests
 - Management of cystic fibrosis- diagnostic tests available

Safeguarding

Subjects: (9 subjects; most covered at ST1-3: Child Protection1 ST1, Child Protection2 ST3, Mental Health1 ST1, Mental Health2 ST3)

Head injury

Vaginal or rectal bleeding

Self Harm

Apnoeic episodes as an infant

Faltering growth

Soiling/Wetting

Vaginal discharge

Behavioural change

Repeated or bizarre symptoms

Level 2 competence/knowledge/skill requirements as per RCPCH:

All are listed as either Level 2 or Level 3 skills/ competences

- Assessing physical injury in relation to history, developmental stage and ability
 - Knowledge of appropriate investigations when child abuse is a possibility
 - Initiate appropriate investigations
 - Initiate multi-disciplinary investigations with more experienced colleague
- Know about acute and chronic presentations of sub dural haemorrhage
 - Investigations
 - Fundoscopy and recognition of retinal haemorrhage, and ophthalmology involvement
 - Emergency management, co-operate in multi-disciplinary team, liaise with relevant specialists
- Vaginal & rectal bleeding, & Vaginal discharge
 - know that sexual abuse forms part of the differential diagnosis
 - when and whom to perform expert genital examination
 - know of risk of sexually transmitted infections
- Self Harm- recognise this as expression of distress, and be able to refer to CAMHS

- Apnoeic episodes as an infant- know that this may represent airway obstruction
- Faltering growth- awareness of high incidence of non organic cause, initiate appropriate investigations
- Soiling & Wetting- awareness that this can be a presentation of abuse, understanding of physical, psychological and maturational problems leading to this. Ability to elicit comprehensive history
- Behavioural change, repeated or bizarre symptoms:
 - Associations with abuse
 - Know the signs of factitious and induced illness
 - Know the pathways to gather medical, educational and social information on the child
 - Association with progressive neurological disease