

**APPENDIX 1**

**DATA FOR VISITING TEAM**

**GENERAL INFORMATION: STAFFING (Numbers, names and sessional commitments to Paediatric Gastroenterology)**

**Consultants:**

**Paediatric Surgeons:**

**Specialist Registrars:**

**Paediatric Radiologist:**

**Other Career Grades:**

**Research Posts:**

**Senior House Officers:**

**Multidisciplinary Team:**

**Adult Gastroenterologists**

**ADDENDUM:**

## ACTIVITY DATA

(Where necessary, complete separate forms for the gastroenterology, hepatology and nutrition services)

### OUTPATIENTS

1. Is there a separate paediatric gastroenterology clinic? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Number of paediatric gastroenterology clinic sessions per week \_\_\_\_\_
3. Number of outpatient paediatric gastroenterology consultations per year \_\_\_\_\_
4. Of this number, how many new patients? ("new" refers to those who are being seen by member of the gastroenterology service for the first time) \_\_\_\_\_
5. Number of new cases of IBD per annum \_\_\_\_\_
6. Estimate the number of paediatric gastroenterology clinics a trainee attends (will attend) in the programme:  
Year 1 \_\_\_\_\_  
Year 2 \_\_\_\_\_  
Year 3 \_\_\_\_\_

### INPATIENTS

1. Total number of admissions for whom the paediatric gastroenterology service assumes major clinical responsibility: \_\_\_\_\_
  - a) Average daily number of gastroenterology in-patients: \_\_\_\_\_
  - b) Number of new patients admitted each year ("new" refers to those who are being seen by the gastroenterologist for the first time): \_\_\_\_\_
  - c) Average length of stay of patients on the paediatric gastroenterology service: \_\_\_\_\_
2. Number of consultations by paediatric gastroenterologists on other inpatients: \_\_\_\_\_
  - a) Are consultations provided to the NICU? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many? \_\_\_\_\_
  - b) Are consultations provided to the PICU? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many? \_\_\_\_\_

## ACTIVITY DATA

(Where necessary, complete separate forms for the gastroenterology, hepatology and nutrition services)

### OUTPATIENTS

1. Is there a separate paediatric hepatology clinic? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Number of paediatric hepatology clinic sessions per week \_\_\_\_\_
3. Number of outpatient paediatric hepatology consultations per year \_\_\_\_\_
4. Of this number, how many new patients? (“new” refers to those who are being seen by member of the Hepatology service for the first time) \_\_\_\_\_
5. Number of new cases of neonatal jaundice per annum  
\_\_\_\_\_
6. Estimate the number of paediatric hepatology clinics a trainee attends (will attend) in the programme:  
Year 1 \_\_\_\_\_  
Year 2 \_\_\_\_\_  
Year 3 \_\_\_\_\_

### INPATIENTS

1. Total number of admissions for whom the paediatric hepatology service assumes major clinical responsibility: \_\_\_\_\_
  - a) Average daily number of hepatology in-patients: \_\_\_\_\_
  - b) Number of new patients admitted each year (“new” refers to those who are being seen by the hepatologist for the first time): \_\_\_\_\_
  - c) Average length of stay of patients on the paediatric hepatology service: \_\_\_\_\_
2. Number of consultations by paediatric hepatologist on other inpatients: \_\_\_\_\_
  - a) Are consultations provided to the NICU? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_ If yes, how many? \_\_\_\_\_
  - b) Are consultations provided to the PICU? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many? \_\_\_\_\_

## ACTIVITY DATA

(Where necessary, complete separate forms for the gastroenterology, hepatology and nutrition services)

### OUTPATIENTS

1. Is there a separate paediatric nutrition clinic?      Yes \_\_\_\_\_      No \_\_\_\_\_
2. Number of paediatric nutrition clinic sessions per week      \_\_\_\_\_
3. Number of outpatient paediatric nutrition consultations per year      \_\_\_\_\_
4. Of this number, how many new patients? (“new” refers to those who are being seen by member of the nutrition service for the first time)      \_\_\_\_\_
5. Number of new cases of TPN/enteral feeding per annum      \_\_\_\_\_
6. Estimate the number of paediatric nutrition clinics a trainee attends (will attend) in the programme:  
Year 1 \_\_\_\_\_  
Year 2 \_\_\_\_\_  
Year 3 \_\_\_\_\_

### INPATIENTS

1. Total number of admissions for whom the paediatric nutrition service assumes major clinical responsibility: \_\_\_\_\_
  - a) Average daily number of nutrition in-patients: \_\_\_\_\_
  - b) Number of new patients admitted each year (“new” refers to those who are being seen by the nutrition team for the first time): \_\_\_\_\_
  - c) Average length of stay of patients on the paediatric nutritional service: \_\_\_\_\_
2. Number of consultations by paediatric nutrition team on other inpatients: \_\_\_\_\_
  - a) Are consultations provided to the NICU?      Yes \_\_\_\_\_      No \_\_\_\_\_  
\_\_\_\_\_      If yes, how many? \_\_\_\_\_
  - b) Are consultations provided to the PICU?      Yes \_\_\_\_\_      No \_\_\_\_\_  
\_\_\_\_\_      If yes, how many? \_\_\_\_\_

**DAY CASE ACTIVITY**

Number of cases seen each year; Gastroenterology \_\_\_\_\_

Hepatology \_\_\_\_\_

Nutrition \_\_\_\_\_

**PROXIES FOR UNIT ACTIVITY**

New IBD cases seen each year \_\_\_\_\_

New neonatal jaundice/biliary atresia cases seen each year \_\_\_\_\_

New prescriptions of TPN/enterally home fed patients \_\_\_\_\_

**SKILL OBJECTIVES**

**APPENDIX 2**

Indicate whether or not the programme provides experience in each of the following procedures. Use the same 12 month period as indicated on the previous pages. **PROGRAMS MAKING NEW APPLICATION COMPLETE ONLY THE COLUMN MARKED “NUMBER PERFORMED ON SERVICES (S)” FOR EACH HOSPITAL.**

Inclusive dates: \_\_\_\_\_

	Hospital 1		Hospital 2		Hospital 3	
	Total number performed on service(s)	Number performed by trainees	Total number performed on service(s)	Number performed by trainees	Total number performed on service(s)	Number performed by trainees
1. Colonoscopy						
2. oesophago-gastro-duodenoscopy						
3. Establishment and maintenance of patients on enteral/parenteral nutrition (including nutritional assessment)						
4. Sigmoidoscopy (flexible)						
5. Paracentesis						
6. Percutaneous liver biopsy						
7. Rectal biopsy						
8. Small bowel biopsy (capsule)						
9. Anorectal manometry						
10. Breath hydrogen analysis						
11. Dilatation of oesophagus						
12. Endoscopic retrograde cholangiopancreoscopy (ERCP)						
13. Therapeutic upper panendoscopy (management of oesophageal varices)						
14. Oesophageal manometry						
15. Pancreatic stimulation test						
16. Oesophageal pH monitoring						
17. Placement of percutaneous gastrostomy						
18. Other procedures						
19. Other procedures						

### APPENDIX 3

### CONTENT OF TRAINING PROGRAMME

Complete the following chart by providing the duration of the activities specified below for each year of the training program. Answers should be provided as indicated, i.e, in months, in weeks, or in other appropriate time periods.

	First Year	Second Year	Third Year
1. Clinical training	months	months	months
Frequency of night call			
Number of clinical rounds	per week	per week	per week
2. Research training and experience	months	months	months
Frequency of on-call			
3. Teaching	hours/month	hours/month	hours/month
4. Audit activity	hours/month	hours/month	hours/month
5. Weekly meetings Histopathology Radiology Research Journal Club Postgraduate			
6. Postgraduate courses (please list)			

**EXPERIENCE:**

**SPECIALIST REGISTRARS FOR HIGHER SPECIALIST TRAINING**

Outpatients

Supervised/Unsupervised

New patients?

Ward work

Local protocols/national protocols available

Level of supervision

Consultant support

Secretarial support

**ASSESSMENT AND EDUCATION:**

**SPECIALIST REGISTRARS FOR HIGHER SPECIALIST TRAINING**

Core curriculum programme

Regional/local

Research opportunities

Audit opportunities

Teaching opportunities

MSc opportunities

Management training

Study leave

Percentage of study leave taken up by in-house and/or regional training programmes

Appraisal process

## **CONCLUSION OF VISIT**

Those present at final meeting:

Highlights of visit:

## **AREAS OF CONCERN AND RECOMMENDATIONS**

Signed:

Date: