



Royal College of Paediatrics and Child Health
Specialist Advisory Committee for Neonatal Medicine

Sub-Specialty Training in Neonatal Medicine

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- * the full syllabus is available from the RCPCH website
- ~ the full competency document is available from the RCPCH website
- + a full report on the first 2 years of the Grid is available from the CSAC

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Royal College of Paediatrics and Child Health Specialist Advisory Committee for Neonatal Medicine

Sub-Specialty Training in Neonatal Medicine

1. Introduction

The RCPCH established a College Specialist Advisory Committee for Neonatal Medicine (CSAC) to supervise training and health service matters pertaining to training in Neonatal Medicine in 1997. The first CCST (Neonatal Medicine) certificates were awarded in 1997, and 119 individuals are recorded as having completed their training with this certification between 1997 and June 2003. The CSAC has drawn up this document on behalf of the Education and Training Committee of the RCPCH, to whom it is responsible. This version (2003) is the 3rd revision and changes described in this document will take effect from full ratification at the meeting of the CSAC in September 2003.

Members of the CSAC are appointed by the College in discussion with the specialty group, the British Association for Perinatal Medicine (BAPM). Members of the committee are appointed for 3 years renewable, apart from trainee representatives who serve until they are appointed to a Consultant post. Membership comprises:

- Chair
- Specialty Training Adviser
- Deputy Specialty Training Adviser
- 2 Specialty Representatives (Nominated by BAPM)
- RCPCH Council Nominee
- Trainee Representative (A National Grid trainee, nominated by the trainees)

- 1.1. The inter-relationships between CSAC, the Royal College of Paediatrics and Child Health, and the British Association of Perinatal Medicine with respect to training are set out in the Figure overleaf. In addition the CSAC advises the RCPCH Equivalence Committee, where applications for CCST recommendation from neonatologists who have received all of their training, and completed their training, outside the European Community are processed.
- 1.2. This document specifies the process of regulating sub-specialty training in Neonatal Medicine in order that it meets the standards laid down nationally by the Postgraduate Medical Education and Training Board (PMETB)- formerly the Specialist Training Authority (STA). Further information about PMETB can be obtained from the Department of Health Website <http://www.doh.gov.uk/medicaltrainingintheuk/pmetborder.htm>.
- 1.3. For the purpose of this document the term “Consultant Neonatologist” refers to:
 - A consultant whose clinical practice is wholly within a Neonatal Intensive Care Service.

The Person Specification in Job Descriptions for these posts are required to specify CCST in Paediatrics (Neonatal Medicine) or equivalent as an essential criteria. Job descriptions for these posts must be approved by the Neonatal CSAC¹.

¹ This text is recommended for person specifications:

Registration on the Specialist Register **and**:

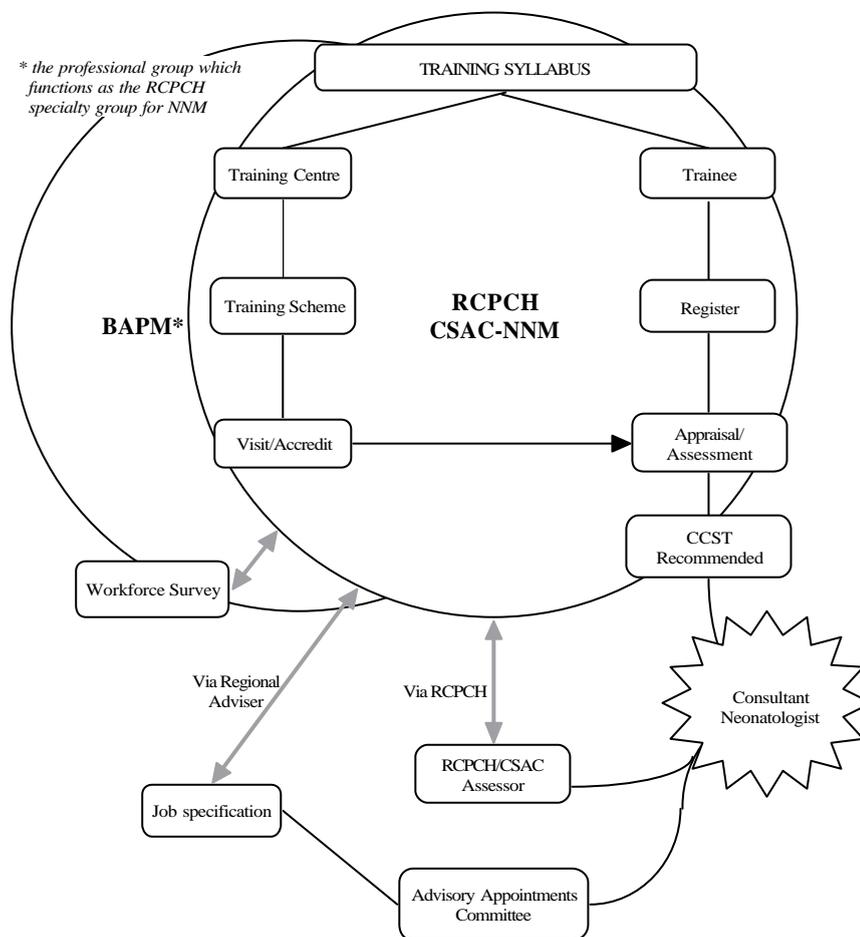
CCST in Paediatrics (Neonatal Medicine) or eligible for CCST and registration within 3 months of the interview date, or equivalent qualification.

1.4. In this document we outline:

- the process of Sub-Specialty training to achieve CCST in Paediatrics (Neonatal Medicine);
- the system for the awarding Sub-Specialty recognition for CCST;
- the establishment and approval of Neonatal Training Programmes;
- the management of the national NTN “grid” for Neonatal Subspecialty Training.

1.5. This document does not address training for individuals who wish to pursue an academic career route. The CSAC acknowledges that special arrangements will be required for individuals to gain sufficient clinical experience whilst also completing academic training. Training programmes for such individuals should be discussed with the CSAC, and several have been approved to date. The job description for these posts is usually approved by CSAC, and a member of CSAC sits on the appointments committee.

RCPCH CSAC Neonatal Medicine - Activity



2. Definition of Sub-Specialty Training

Training and training programmes which lead the trainee to seek accreditation as CCST Paediatrics (Neonatal Medicine). Sub-Specialty training does not guarantee appointment to a post as a consultant neonatologist.

3. Overview

- 3.1. To comply with the strategy of the RCPCH, it is necessary for trainees wishing to obtain certification of Sub-Specialty Training in Neonatal Medicine to have completed an approved programme of training. This has applied to doctors commencing their 3 years of Sub-Specialty Training from 1 September 2001 (Specialist registrars in years 3-5).
- 3.2. In early 2001, the CSAC invited applications for neonatal training programmes to be registered, and all were provisionally approved. The initial round of accreditation visits will be complete by the winter of 2003/4. A list of approved training programmes is contained within this document. Copies of the prospecti and the reports of the Visits made to individual contributing hospitals will be available from CSAC once the inspections are completed (mid 2004).
- 3.3. In future, hospitals who wish to apply to become registered neonatal training centres, in order to contribute their training opportunities to programmes, will need to apply to CSAC. In the first instance they will be asked to prepare a prospectus and show how they can deliver the syllabus and appropriate clinical supervision and training. The neonatal syllabus is available from the RCPCH Website. CSAC will then arrange an inspection visit.
- 3.4. Workforce planning has indicated that at present there is a reasonable match being achieved between the number of trainees achieving CCST Paediatrics (Neonatal Medicine) and the number of posts advertised. Using the best possible current information available it seems that about 20 posts are falling, and will continue to fall, vacant each year. These posts are those where the current holder spends the majority or all of his/her time in Neonatal Medicine. We believe that the plans to reconfigure neonatal services nationally into Neonatal Networks with managed care, common guidelines and practices will require an increase in the neonatal consultant workforce. The European Working Time Directive and the desire to achieve a better work/life balance are likely to be further drivers towards an increased requirement for trained neonatal consultants.
- 3.5. The neonatal CSAC will attempt to establish whether or not those individuals who have been awarded a CCST in Paediatrics (Neonatal Medicine) are indeed practising in neonatal medicine whole time, or part time, in the UK. The first CCST (Neonatal Medicine) was awarded in 1997. As discussed in section 1 (introduction) there are known to be 119 individuals who had gained the award of a CCST in Neonatal Medicine between 1997 and June 2003.
- 3.6. Since September 2002 a national matching scheme (The "National Grid") has been in place in the UK, in order to match trainees with suitable posts. Appointment to the available posts, and the "National Grid" has been by open competition. A report on "The National Grid – the first 2 years" has been prepared by the Neonatal CSAC and a copy can be obtained from them. In short, the advantages of the system are equability of access, a guarantee of a continued period of high quality training, whereas the downside is a possible lack of flexibility and a requirement to move around the country. In practice, the vast majority of trainees appointed to the National Grid have remained in their original region, which was the region of their first choice.

4. Process of Training

Summary of process – This is approximate as CCST dates vary within and between Deaneries.

The current system of applying to the National Grid is under review and may change to year 2, so that a full 3 year training programme can be mapped out for successful trainees including an elective year.

Year 1-2	<ul style="list-style-type: none"> • Trainee indicates to local RCPCH Regional Adviser and SpR programme director of wish to train as Sub-Specialist in neonatal medicine • Declares intention to HST Office using the appropriate form (see 4.1)
Year 3	<ul style="list-style-type: none"> • Placed by Regional Adviser in accredited Sub-Specialty training post (Year 1 of Sub-Specialty training)
Year 3	<ul style="list-style-type: none"> • Applies for “National Grid” neonatal interview (posts advertised nationally, usually December/early January) * see above – may change to year 2 • Expresses preference for nationally available programmes, consisting of posts within approved neonatal training centres • Interviewed (usually in March), competes with peers, ranked and appointed to “national Grid” training programme to commence in September of that year, if the trainee is considered suitable for further training in neonatal medicine
Year 4	<ul style="list-style-type: none"> • Takes up second year of Sub-Specialty training • Annual appraisal process – in future likely to be a RCPCH process
Year 5	<ul style="list-style-type: none"> • Third and final year of Sub-Specialty training
Year 5 Month 12	<ul style="list-style-type: none"> • Eligible for CCST Paediatrics (Neonatal Medicine)

- 4.1. Trainees who are in year 1 or 2 of their training and wish to go on to Sub-Specialty training in Neonatal Medicine must declare their intention to seek a place on a training programme by completing a form obtainable from the HST office at the RCPCH. Trainees are required to do this as it is essential to know how many trainees are considering neonatal Sub-Specialty training. This information is vital to the CSAC, Regional Advisers, and programme directors in the planning of programmes. However completion of this form this will not be a firm commitment on behalf of the trainee, nor will it require the CSAC to provide neonatal training.
- 4.2. Completion of the form expressing an intention to seek a place in a neonatal training programme will result in an allocation of a number. This is not a Training Number, nor is it a specific neonatal training number. The number will be termed a neonatal reference code. The number is essential for administration purposes and should be quoted in all further correspondence between the trainee and CSAC. The form is available from the RCPCH Website.
- 4.3. Trainees will not be considered for a Sub-specialty Training post unless they have completed, or are about to complete, their core training (2 years), hold a National Training Number, and fulfil one of the following:
 - 4.3.1. are in a Year 3 Neonatal Sub-Specialty Training Post i.e. in a post in a hospital contributing to a training programme (this is to change to allow applications in year 2 from individuals who possess a National Training Number and are about to complete core training for other subspecialties but is likely to remain as it is for neonatal training) or
 - 4.3.2. hold a national training number, have completed (or are about to complete) core training and are in a post that can count towards an elective year (e.g. a neonatal research post, other

intensive care discipline). Examples of such posts are paediatric cardiology, neonatal research, paediatric intensive care, posts in neurodevelopmental paediatrics or genetics.

Any candidate contemplating an application from a non-Training Programme post is advised to discuss it with the CSAC Chair or Specialty Training Adviser for Neonatal Medicine before taking up the post. In 2004 applications from other posts will be considered.

- 4.4. Entry to years 4 and 5 of the UK Neonatal Training Programme is competitive, following national advertisement and interview.
- 4.5. Following appointment to a Neonatal Training Programme, each trainee will have a named educational supervisor who will be retained throughout the period of training, even when the trainee moves to a second post. Each year, educational objectives will be set and the trainee's general and educational progress will be appraised.
- 4.6. Feedback to CSAC is sought from the trainees, and the neonatal programme directors, and the trainers in order that the programme can be improved and standards maintained.
- 4.7. The Specialty Training Adviser will approve Sub-Specialty training after core training has been approved by the Regional Adviser and postgraduate Dean. The Specialty Training Adviser will approve training once the Sub-Specialty training requirements outlined in this document have been fulfilled. The trainee will then be recommended to the STA (will become the PMETB) for CCST Paediatrics (Neonatal Medicine) via the RCPCH Education and Training Committee.
- 4.8. The CSAC will receive further feedback from the reports of the College representative at Advisory Appointments Committees. This feedback is designed to evaluate the effectiveness of the Neonatal Training Programmes.
- 4.9. Overseas training. At the present time up to one year of overseas training can be approved to count towards the three year period of Higher Specialist Training. The centre and the programme must have prior approval. The neonatal CSAC is building up a portfolio of overseas centres with approval. For overseas centres not on the "approved" list a full prospectus must be provided together with details of expected clinical training opportunities; the trainee should ensure that approval is gained before taking up the post. If a trainee chooses to spend longer than one year in such a post, then the excess time cannot be counted. Approval has to be sought from the Postgraduate Dean and the Regional Adviser. .
- 4.10. Research experience. Up to a year of research experience can be counted towards the three years total spent in Higher Specialist Training. A maximum of one year can be counted towards Higher Specialist Training.
- 4.11. Maternity leave. Up to three months maternity leave can be counted towards HST.
- 4.12. Locum Consultant experience. Up to three months experience acting as a consultant locum in a post with prior approval – usually a full time neonatal Consultant post in the UK – can be counted towards HST. The appropriate form can be obtained from the HST office.

5. Syllabus

- 5.1. The RCPCH has published a syllabus for trainees in Neonatal Medicine (Available from RCPCH Education and Training Division and the RCPCH website) which meets the requirements of the European Syllabus as approved by CESP. This details the range of subjects that training units should cover during Sub-Specialist Training. The Training Programme documentation submitted to the RCPCH should indicate how the individual trainee will achieve the complete training package included in the syllabus.
- 5.2. The syllabus should be used in conjunction with the competency framework (available from the neonatal CSAC or the RCPCH Website) to develop a portfolio for each trainee.

6. Assessment and quality assurance of training at exit

- 6.1. Because of the need for quality in medical training, the following will form the criteria by which the Trainee is recommended for CCST in Paediatrics (Neonatal Medicine):
 - 6.1.1. Training in an approved programme under supervision by an educational supervisor
 - 6.1.2. Each training programme will be regularly accredited by inspection against agreed criteria (see section 9)
 - 6.1.3. Each trainee will be assessed using the RITA process.
 - 6.1.4. The portfolio of each trainee will detail the standard achieved against the syllabus measured using:
 - The competency record
 - External course certification
 - Self assessment in key areas detailed in the syllabus
 - Clinical and educational supervisors reports

7. Training Centres

- 7.1. Standards are described in the following sections for training centres contributing to a Sub-Specialty Training Programme in Neonatal Medicine leading to CCST Paediatrics (Neonatal Medicine).
- 7.2. All contributing centres will be required to work towards the clinical standards described in the document “Standards For Hospitals Providing Neonatal Intensive and High Dependency Care” (second edition: London BAPM 2001) and the National Service framework (NSF) for Neonatal Services. Centres will be required to prepare an annual report of clinical activity, which is presented in a form which is described in the BAPM Neonatal Dataset (London BAPM 1997).
- 7.3. In general, training centres are based in hospitals with Neonatal Intensive Care Units acting as referral units within managed clinical networks.
- 7.4. All training programmes are included in a rolling programme of Visits aimed at ensuring continuation of quality training.

8. Sub-Specialty Training Programmes in Neonatal Medicine

- 8.1. Centres will only be approved for Sub-Specialty Training in Neonatal Medicine if they are part of a CSAC-approved Training Programme.
 - The constituent centres in any programme will be determined by local negotiation.

- The numbers of Sub-Specialty trainees in Neonatal Medicine will be centrally determined and thus an individual scheme may not have a Sub-Specialty trainee on that scheme at any particular time.
- 8.2. Existing programmes and contributing centres accredited for training are listed in the table on page 7. Further details, copies of prospecti and Visit reports, are available from CSAC.
 - 8.3. Approval for schemes has been the basis of documentation submitted by the Training Programme Director (see panel) to the CSAC, and a Visit. CSAC will consider applications from centres who wish to be included, can meet the requirements, provide the documentation, and host a visit. New centres will have to demonstrate how they can contribute to the existing training programmes.
 - 8.4. Feedback from all trainees has been sought at each Visit.
 - 8.5. Where unsatisfactory reports are obtained, a direct approach to Training Programme Director will be made and the deficiencies addressed informally. The CSAC retains the right to bring forward an Education and Training Visit if the training deficiencies appear to warrant it and the deficiencies have not been addressed by informal negotiation. The CSAC also reserves the right to reallocate trainees from failing programmes.
 - 8.6. Core elements of a Neonatal Training Programme are shown in the panel and a checklist of criteria which has been used in the Visits process is shown on the following page.
 - 8.7. The agreed aims and process of the Visits can be studied in a document prepared by CSAC and available from them.

Table: Training Programmes with accreditation (September 2003)

- § indicates Belfast – currently, arrangements are made for Belfast trainees to rotate to a post elsewhere in the UK to complete and augment their training

* Hope hospital will be revisited in January 2004, and approval is temporary at this time

Programme	Programme Director	Constituent Hospitals	Hospital lead
South East (North London/Oxbridge)	Jane Hawdon	Hammersmith Homerton University College Addenbrookes, Cambridge John Radcliffe Oxford	Meran Thomson Shahid Husain Jane Hawdon Jag Ahluwalia Kevin Ives
South East (South London/Oxbridge)	Dorothy Garvie	King's College Hospital St George's Chelsea & Westminster*	Sean Devane Sandy Calvert Neena Modi Michael Hird
South East (West London/Oxbridge)	Nim Subedhar	Hope (Salford)* Liverpool Women's St Mary's (Manchester)	Nim Subedhar Anthony Emmerson
South West	David Evans	St Michael's Hospital, Bristol Southmead Hospital, Bristol	Alison Leaf David Evans
Northern	David Milligan	James Cook (Middlesbrough) Royal Victoria Hospital	Sunil Sinha David Milligan
Northern Ireland	Richard Tubman §	Royal Maternity (Belfast)	Richard Tubman
Scotland	Paul Duffy	Queen Mother's, Glasgow Royal Maternity, Glasgow Simpson Memorial, Edinburgh Aberdeen Royal Infirmary Tayside University Hospitals	Jonathan Coutts Leyla AlRoomi Ben Stenson Paul Duffy Peter Fowlie
Trent	Andy Currie	Jessop Hospital for Women Leicester Royal Infirmary Nottingham City Hospital Queen's Medical Centre, Nottingham	Alan Gibson Andy Currie Craig Smith Craig Smith
Wales	Carol Sullivan	Royal Gwent (Newport) Singleton (Swansea) University Hospital of Wales	Carol Sullivan Carol Sullivan Mark Drayton
Wessex	Michael Hall	Princess Anne (Southampton) Portsmouth	Michael Hall Liz Donovan
West Midlands	Geoff Durbin	Birmingham Women's Birmingham Heartlands North Staffordshire	Geoff Durbin Mike Watkinson David Brookfield
Yorkshire	Lawrence Miall	Bradford Royal Infirmary Leeds General Infirmary St James, Leeds	Chris Day Bryan Gill Laurence Miall

Panel:**Sub-Specialty Training Programmes in Neonatal Medicine – Outline**

- Each Neonatal Training Programme will be organised by a neonatal training programme (NTP) Director.
- Schemes will involve at least two years clinical training in UK approved centres. The strong recommendation of CSAC is for training in two different centres, in order that the trainee experiences a range of management styles. However, training in one centre may be approved in certain circumstances, providing that centre can cover the whole range of the syllabus including neonatal surgery and fetal medicine. The circumstances which are envisaged include academic training, unreasonable travel time and exceptional personal circumstances/disability which preclude long-distance travel or require special facilities.
- The options for “elective” arrangements for the third year of training should be included in the Programme prospectus (e.g. research posts and likely availability, enhanced training in specific specialist skills, overseas contacts etc.). CSAC is attempting to build up a range of overseas centres which have prior approval and are suitable for the “elective” year of training.
- Each contributing service will have a nominated Consultant Neonatologist responsible for the local organisation of the programme.
- Neonatal Programme Directors should develop a prospectus for trainees which details the services included in the neonatal programme, including for each site:
 - Infrastructure (consultants, colleagues, facilities and support services).
 - The patient base.
 - A specimen timetable for education, an indication of departmental, hospital and local/regional educational opportunities.
 - Opportunities for enhanced training, research and audit.
 - Competencies achievable in each training post.
 - A list of Consultants prepared to take on the role of educational supervisor.
 - The name of the Consultant responsible for the training scheme at each site.
- This prospectus, together with the following, will comprise the documentation required for provisional accreditation:
 - Checklist (see below) – this comprises mandatory and desirable characteristics for each scheme. Schemes must achieve a significant number of desirable options besides all the mandatory requirements (see 6.4).
 - The most recent Annual Report for each service as above ²

(²The BAPM Neonatal Dataset. London: BAPM 1997)

9. Implementation of the National Grid for Sub-Specialty Trainees

The implementation of a National Grid for Trainees took place during the 12 months from September 2001. This process was agreed with the Postgraduate Deans (COPMED) and the HST Committee of the RCPCH, and is now complete. A full report of the first 2 years is now available from the CSAC, and we continue to work towards ironing out the remaining problems and to implementing this process which has largely been welcomed by trainees and trainers. The first trainees started their programmes in September 2002 and will achieve CCST after September 2004.

- 9.1. Shortlisting has been undertaken using common generic criteria agreed by the contributing CSACs. Shortlisting has been done by the interview panel which comprises an independent chair, a member of the CSAC and two other Training programme Directors. Membership will rotate each year.
- 9.2. Candidates were asked to rank their preferences and declare any programmes they would not accept before the interview. Following interview they are ranked and posts offered sequentially in order of ranking, by the Lead Postgraduate Dean's Office. Communication between the Lead Postgraduate Dean's office, the candidates, the programme directors and the Neonatal CSAC has been difficult but has already improved considerably.
- 9.3. It will not be possible to defer the uptake of a Grid post for various reasons (e.g. having just commenced a research training post; having arranged an elective year). This is because of the ranking process – if a candidate chooses UCH, for example, and does not take the post up he or she may prevent the next year's highest ranked candidate from choosing this option. Candidates who decide to defer entry (for example, because they learn that an application for research funding has been successful) will have to re-apply to the Grid and be re-ranked with a fresh cohort of their peers. This is no different to historical systems which involved a competitive job interview for each individual post.
- 9.4. The Lead Postgraduate Dean will ensure an even distribution of NTN's within the deaneries and no deanery will gain or lose training posts overall.

10. Sources of support for Neonatal Sub-specialty trainees

- 10.1. Trainees will have an educational supervisor, and can contact their programme directors. Trainees can also contact any member of CSAC by phone, e mail or letter for advice about their programme and professional development.

Membership of the RCPCH CSAC Neonatal Medicine July 2003

• Chair	Dr Janet M Rennie
• Specialty Training Adviser	Dr Bryan Gill
• Deputy Specialty Training Adviser	Dr Ian Laing
• Specialty Representatives	Professor David Field Dr Brendan Harrington
• RCPCH Council Nominee	Vacant, awaiting new nomination from Council
• Trainee Representative	Dr Karen Turnock

Glossary

Advisory Appointment Committees

Committees constituted by NHS Trusts to recommend to the respective Trust Boards the appointment of successful applicants for consultant posts

CCST

Certificate of Completion of Specialist Training. Awarded by the Specialist Training Authority on the recommendation of the RCPCH. RCPCH approval requires the signature of the Regional Postgraduate Dean, the Regional Advisor in Paediatrics (q.v.) and, for Sub-Specialty Trainees, the Specialty Training Advisor or Deputy. CCST is awarded in Paediatrics with the suffix "Neonatal Medicine" if the individual has been signed off by the Specialty Training Advisor following the completion of a recognised period of training.

Consultant Neonatologist

Consultants whose clinical practice is wholly within a Neonatal Intensive Care Service

Core Training

Year 1-2 of SpR training, include a minimum of 4mo Neonatal Training. Note that most paediatricians will need a total of 12 months neonatal training to support their general paediatric practice (see RCPCH training handbook)

CSAC

RCPCH College Specialist Advisory Committee, appointed to advise the RCPCH on Training and Health Service Matters, works through the Education and Training Committee and is responsible for developing and implementing this training programme

Education and Training Visits

RCPCH training post accreditation visits, to determine the quality of facilities and activity to support trainees, not a service benchmarking process which is part of the Trust Clinical Governance process.

Equivalence Committee

RCPCH Committee established to assess the suitability of candidates whose training has been wholly outside the UK for recommendation to the STA for registration. This may be in Paediatrics or in a Sub-specialty and entitles the individual to a certificate of equivalence of training to European Standard.

General Paediatricians

Generic paediatric training, most often over a 5 year period to equip the doctor with skills to underpin general paediatric practice including routine, special and intensive neonatal care. This training includes a total of 12 months in a neonatal unit.

HST

Higher Specialist Training – years 3-5 of SpR training during which Sub-specialty training may be undertaken or may comprise a selection of training posts to lead to a CCST Paediatrics, without Sub-specialty recognition.

HST Committee

The RCPCH Committee which supervises HST and includes the work of CSAC; it is part of the Education and Training Committee

National Grid

A UK wide system for assessing trainees as suitable for further training, ranking them, and matching them with available accredited neonatal training programmes.

Neonatal Intensive Care Service

A Neonatal Service which meets the specifications laid down in the Document "Standards for Hospitals providing Neonatal Intensive Care" (London BAPM 1996).

Neonatal reference code

An administrative number used by CSAC, and the Specialty Training Advisor, to keep records. This number is purely for administrative purposes and is required because of the large number of neonatal trainees. It is not a national training number, and it does not guarantee further neonatal training.

NTN

A National Training Number, allocated to trainees on appointment to a Specialist Registrar post (SpR). A national Grid of NTN is planned for several Sub-specialties to facilitate their workforce planning as outlined in the text.

OOPE

Out of programme experience. A term applied to a period of training in excess of the requirements e.g. time longer than a year abroad or in research. Approval of the Dean needs to be sought for a trainee to obtain OOPE.

PMETB

Postgraduate Medical Education and Training Board. A Government statutory body which oversees specialist training and awards a CCT (Certificate of Completion of Training). Will come into force to replace the Specialist Training Authority in 2004

Regional Advisers

RCPCH Appointees who take a responsibility for the supervision of trainees and development of consultant posts in a specified area, in addition to other responsibilities.

Sub-Specialist (Sub-Specialty Training)

An individual who has satisfied the syllabus requirements for Neonatal Medicine and has completed a RCPCH training post approved for Sub-Specialty Training.

Syllabus/Training Record

RCPCH Document which outlines the skills, knowledge and competencies necessary for training in the specified area. The CSAC Neonatal Medicine has published a competency framework for Sub-Specialty Trainees.
