

Paediatrics

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Paediatrics. You will also need to read the [RCPCH curriculum documentation](#).

This is the specialty specific guidance for Paediatrics

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

Introduction

You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of Paediatrics and Child Health (RCPCH) for guidance **before** you submit your application. The RCPCH has an [information and resources page for CESR applicants](#) and can be contacted at equivalence@rcpch.ac.uk.

What is the indicative period of training for a Certificate of Completion of Training (CCT) in Paediatrics?

The indicative period of training for a CCT in Paediatrics is seven to eight years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time.

Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the paediatrics curriculum by meeting the level 3 learning outcomes for the Generic Curriculum as well as all of the level 3 General Paediatrics curriculum. Please refer to the [Paediatrics Curriculum documentation](#).

If you are applying for a CESR in a non-CCT specialty you will need to demonstrate the standard of a consultant in any of the UK health services. This is best done by demonstrating the learning outcomes in the level 3 Generic Curriculum.

If your specialty of application aligns with a paediatric sub-specialty, you may find it helpful to use the level 3 Specialty Learning Outcomes in that sub-specialty curriculum as guide for the capabilities that would be expected to demonstrate meeting the standard of a consultant in any of the UK health services.

Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a pro-forma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to this in our [important notice about evidence](#). There is a section in your online application to upload proformas.

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

Your evidence **must** be accurate, and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.
- This includes:
 - Names (first and last)
 - Addresses
 - Contact details such as phone numbers or email addresses
 - NHS numbers
 - Other individual patient numbers
 - GMC numbers

The following details don't need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

How much evidence to submit

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. We recognise that you may not have all the evidence listed here and you may wish to delay submitting an application until you are able to gather it.

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required learning outcomes and capabilities in all areas of the [Paediatrics Curriculum documentation](#). If evidence is missing from any area of the curriculum, then the application may fail.

If you have a piece of evidence that is relevant to more than one domain, do not include multiple copies in your application. Instead, upload one copy and list it in your evidence list under each relevant area, stating that the document is located elsewhere. For example, you might state that a document referring to domain 5 is already included in domain 2.

It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Evidence of your learning outcomes and capabilities should be recent. In general, evidence of skills or experience more than five years old should not be submitted, as typically it does not demonstrate that the learning outcomes and capabilities have been recently maintained.

As a general guide, we would want no more than 800 - 1000 pages of evidence.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Organising your evidence

Your evidence will need to be uploaded in the relevant section of your online application.

The [Paediatrics curriculum](#) is divided into 11 curriculum learning outcomes mapping to the GMC's Generic Professional Capabilities domains. You will need to ensure that the different types of evidence you provide cover all 11 learning outcomes. You may find it easier to gather your evidence by learning outcome and then upload this to the relevant section of your online application..

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

The amount of evidence needed for each domain will vary, according to the documentation required to cover each capability.

1. Professional values and behaviours, and professional knowledge
2. Professional skills: communication
3. Professional skills: procedures
4. Professional skills: patient management
5. Health promotion and illness prevention
6. Leadership and team working
7. Patient safety (including safe prescribing)
8. Quality improvement
9. Safeguarding
10. Education and training
11. Research

Specialty Learning Outcomes: 6 specialty learning outcomes

Along with the 11 Generic Learning Outcomes listed above, you will need to demonstrate the six specialty learning outcomes in General Paediatrics.

These outcomes are described further in the General Paediatrics Syllabus. Each of the 11 curriculum learning outcomes is related to one or more of the General Paediatrics specialty learning outcomes. The General Paediatrics Specialty Learning outcomes are indicatively demonstrated in the Standard expected description below – by demonstrating each of the Curriculum domains 1 to 11, the six General Paediatrics SLOs are shown.

<p>1. Resuscitates, stabilises, and treats acutely unwell children and young people, liaising with specialist and primary care teams as necessary.</p> <ul style="list-style-type: none"> Leads a team in the resuscitation of acutely unwell children or young people. Assesses, investigates and manages acutely unwell children or young people. Supports children or young people and their families in the event of a death. 	<ul style="list-style-type: none"> Domains 2, 3, 4
<p>2. Assumes the role of Acute Paediatric Team Leader and liaises with the primary care and other hospital and community specialist teams to effectively manage and coordinate patient flow, staffing, safety and quality in the paediatric acute assessment and inpatient units.</p>	
<ul style="list-style-type: none"> Manages and co-ordinates patient flow and allocates resources in the acute and emergency paediatrics assessment unit and inpatient ward. 	<ul style="list-style-type: none"> Domains 3, 4, 5, 6, 7, 8, 10, 11
<p>3. Recognises, investigates, initiates and continues the management of the full range of acute and chronic health problems presenting to paediatric outpatient clinics, drawing upon the expertise of other specialists as necessary.</p> <ul style="list-style-type: none"> Assesses, investigates and manages children and young people referred to outpatient care clinics with a full range of nonspecific and specific symptoms and signs. 	<ul style="list-style-type: none"> Domains 1, 4, 5, 6, 7, 11
<p>4. Recognises, investigates and manages safeguarding issues, including providing advice to general practitioners, other healthcare professionals and social care providers.</p>	

<ul style="list-style-type: none"> Assesses, investigates and manages children referred or identified with safeguarding concerns. 	<ul style="list-style-type: none"> Domains 1, 2, 5, 6, 7, 8, 9, 11
5. Co-ordinates and leads the care of children and young people with complex conditions, liaising with primary care and other hospital and community specialist teams.	
<ul style="list-style-type: none"> Oversees and co-ordinates the care of children and young people with complex health conditions. Provides advice and guidance across a broad range of health issues for children and young people, their families and healthcare and other professionals. Recognises when specialist advice or review is required for the further assessment, investigation and management of children and young people. Advocates and promotes good health for children and young people. Recognises and delivers initial management for psychological issues in young people presenting with physical symptoms. 	<ul style="list-style-type: none"> Domains 1, 2, 3, 4, 6, 7, 9
6. Supports and communicates effectively with families when their child is extremely unwell, dying or has died.	
<ul style="list-style-type: none"> Manages the family of a child who is extremely unwell, dying or has died. 	<ul style="list-style-type: none"> Domains 2, 7

Unsuccessful applications or poor evidence

It is our experience that applications from doctors in the specialty of paediatrics are often submitted with inadequate or poor evidence in the following areas.

- Applicants do not provide evidence to cover the full breadth of the CCT curriculum. If you have not covered a specific area of the curriculum in the past five years it is advisable to postpone an application until you have been able to gain or refresh this experience. Applicants **must** ensure they can provide primary evidence of their learning outcomes and capabilities in all areas of the curriculum.
- Applicants do not have current certification in resuscitation. Applicants must provide valid certification in advanced paediatric and neonatal life support skills e.g. APLS and NLS.
- Applicants do not provide evidence for child protection. Applicants must provide valid certification in level 3 child protection training and evidence of recent experience in child protection cases.

- Applicants provide poor evidence of clinical governance. Applicants must provide evidence of various audits in which you played a lead role, together with contributions to service improvement or risk management projects you have written. The actual verified audits themselves are required as evidence, not just email correspondence or statistics. Evidence of service improvement, risk management projects or other clinical governance activity is also needed.
- Applicants provide poor evidence of training and assessing junior colleagues. These areas may not form part of your role, however it is essential that evidence is supplied that confirms that you have the skills even if you have not had the opportunity to regularly put them into practice. This may be best demonstrated by attendance at a course and the training or supervision of more junior colleagues. You must also provide evidence of your competence in teaching in the form of presentations or PowerPoint slides, in addition to evidence of feedback from students on your teaching ability and evidence of feedback you have given to students. The latter could take the form of assessments, multisource feedback, reference letters and constructive advice that you have provided to students, junior doctors and colleagues.
- Applicants provide poor evidence of management skills. It is recognised that you may not have experience of managing a department, however some forms of management should be demonstrated e.g. rota management, meeting/event management, budget management, leading ward rounds, leading on educational or research related activities.

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.

Where you have recently worked in an area of sub-specialty for a substantial period of time, you should submit evidence both that you have previously achieved the requirements and competencies of the curriculum for your specialty and that you have since maintained these skills. You will also need to provide evidence that your current specialised practice allows you to meet all of the requirements of [Good Medical Practice](#).

We also strongly recommend that your referees are able to provide detailed support for your capabilities across all or most areas, and understand the requirements for specialist training in paediatrics and Specialist Registration in the UK.

Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your CESR capabilities and dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

Primary medical qualification (PMQ)

If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.

If you do not hold registration, you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise.

You can find out more about [primary source verification](#) on our website.

You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with [our guidance](#).

Specialist medical qualification(s)

Please provide an **authenticated copy** of any specialist medical qualifications you hold. There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.

Recent specialist training

If you have worked in posts approved for a specialist training programme for a relevant paediatric qualification outside the UK in the past five years, please provide an **authenticated copy** of the curriculum or syllabus that was in place when you undertook your training.

If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.

You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.

If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.

If you have undertaken approved specialty training towards a CCT or CESR(CP) in paediatrics in the UK in the past five years, you should provide an authenticated copy of your ARCPs.

Specialist registration outside the UK

Please provide an **authenticated copy** of details of the registration requirements of that authority.

Other relevant qualifications and certificates

You **must** provide evidence of current certification in advanced paediatric and neonatal life support skills, e.g. valid APLS and NLS.

You **must** provide evidence of current valid level 3 child protection training or equivalent child protection and safeguarding skills.

You may also include postgraduate qualifications in other areas if they are relevant to associated capabilities e.g. teaching, management, research methodology.

Please provide **copies** of certificates.

Evidence of employment in posts and duties (including training posts)

Employment letters and contracts of employment

The information in these letters and contracts **must** match your CV. They will confirm the following:

- dates you were in post
- post title, grade, training
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)

Job descriptions

These **must** match the information in your CV. They will confirm the following:

- your position within the structure of your department
- your post title
- your clinical and non clinical commitment
- your involvement in teaching or training.

Curriculum domain 1: Professional values and behaviours and professional knowledge

Standard expected

Adheres to current legislation related to children and families (e.g. adoption and safeguarding). Adopts a self-regulatory approach to their own behaviour and demonstrates the professional qualities required by a paediatrician undertaking independent practice across the four countries.

Specialty Learning Outcomes 3, 4, 5

Key capabilities

- Demonstrates self-awareness and insight, recognising their limits of capability and demonstrating commitment to continuing professional development (CPD).
- Assesses the capacity to make informed decisions about medical care in children and young people (CYP).
- Manages relationships where religious or cultural beliefs may cause conflict between healthcare professionals
- Applies knowledge of current legislation related to children and families.
- Practises independently in a safe manner.

Evidence of capability

- Evidence of level 3 safeguarding training.

Documentation required

- Current certification of training in level 3 child protection.

<ul style="list-style-type: none"> • Evidence of valuing and respecting all team members. • Reflection on decision making or being involved in challenging situations demonstrating self-awareness and insight. • Evidence of involvement in situations where there has conflict around care or consent for treatment has been challenging, not given or there are capacity issues. 	<ul style="list-style-type: none"> • Workplace appraisals and/or trainer's reports describing awareness of limitations and working relationships with colleagues. • Anonymised medical reports, case notes, case histories, referral letters and correspondence with colleagues, patients and carers. • Reflective notes on managing conflict, decision making and self-awareness. • Certificates of attendance at relevant courses. • Multisource feedback. • Responses to complaints. • No restrictions on your registration (UK based doctors) or other Certificate of Good Standing (overseas based doctors).
<ul style="list-style-type: none"> • Evidence of involvement in safeguarding cases. • Evidence of involvement in the specific areas of legislation relating to children and families - may be a course, CBD or reflective notes. • Evidence from Supervised Learning Events of independent working (clinic, ward round, resuscitation, acute take, handover, etc.). • Evidence of involvement in local morbidity and mortality meetings. 	<ul style="list-style-type: none"> • Anonymised medical reports, case notes, case histories, referral letters and correspondence with colleagues, patients and carers. • Anonymised medical reports and/or witness statements by the applicant on cases involving safeguarding children, written for non-health professionals such as social services, the police and/or the courts. • Workplace-based assessments showing abilities in child safeguarding issues. • Minutes or presentations from morbidity and mortality meetings. • Skills and development logs reflecting knowledge applied in a clinical setting. • Workplace appraisals and/or trainer's reports describing clinical capabilities. • Reflective notes on difficult or complex cases. • Multisource feedback.

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| <ul style="list-style-type: none">• Evidence of engagement with clinical governance and quality and safety process, including supporting more junior trainees. | <ul style="list-style-type: none">• Reports or presentations of clinical audits for which the applicant took a lead role.• Draft protocols, guidance or other examples of service improvement.• Minutes or other records of participation in clinical governance meetings or other working groups focused on service improvement.• Incident reports or other examples of risk management.• Reflective notes on learning points from incidents, identifying risks or service improvement.• Workplace appraisals and/or trainer's reports describing working relationships with colleagues.• Correspondence regarding supervision and management of junior colleagues.• Workplace-based assessments of junior colleagues.• Participation in recruitment, examination, training, assessments, supervision or management of junior colleagues. |
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Curriculum domain 2: Professional skills: communication

Standard expected

Leads multidisciplinary teams (MDTs) and demonstrates effective communication skills in a range of environments and situations with children, young people and families, including in challenging circumstances; communicates effectively with external agencies, such as through the authoring of legal documents and child protection reports.

Specialty Learning Outcomes 1, 4, 5, 6

Key capabilities

- Demonstrates effective communication (verbal, nonverbal, and written) with children, young people and their families, colleagues and other professionals.
- Responds appropriately and empathises with children, young people and their families/carers experiencing difficulty and distress (e.g. in the case of an angry or dissatisfied relative).
- Effectively communicates where there is a range of differential diagnoses and where management is uncertain.
- Models and teaches effective active listening skills in consultation with children and young people (CYP).
- Demonstrates to others how to manage an effective consultation, including communicating a diagnosis and prognosis effectively to children, young people and families.
- Leads MDTs and applies communication skills in a range of environments and situations with children, young people and families, including in challenging circumstances

Evidence of capability

- Evidence of good communication skills (verbal, written) in a wide range of clinical scenarios, which should include more complex discussions, leading MDT working, liaison effectively with external agencies, communicating challenging diagnosis and prognosis discussions and safeguarding.
- Evidence that any concerns recently identified have been adequately remediated.

Documentation required

- Anonymised medical reports, case notes, case histories, referral letters and correspondence with colleagues, patients and carers, allied health workers and outside agencies, including complex cases needed multidisciplinary care.
- Records of multidisciplinary team meetings or case discussions.
- Workplace appraisals and/or trainer's reports describing communication skills.
- Workplace-based assessments showing abilities in discussion and clinical examination.
- Reflective notes on difficult or complex cases.
- Multisource feedback.
- Workplace-based assessments, workplace appraisals and/or trainer's reports showing development.
- Anonymised medical reports, case notes, case histories, referral letters or correspondence.
- Reflective notes on learning points.
- Responses to complaints.
- Multisource feedback from colleagues.

Curriculum domain 3: Professional skills - procedures

Standard expected

Demonstrates competence in the full range of clinical skills relevant within paediatrics and either general paediatrics or their chosen sub-speciality. Utilises the skills of other health professionals when required.

Specialty Learning Outcomes 1, 2, 5

Key capabilities

- Performs appropriate clinical examinations of a baby, child and young person.
- Demonstrates that they have achieved both basic and advanced life support skills.
- Undertakes key procedures including the following:
 - Peripheral venous cannula
 - Lumbar puncture
 - Advanced airway support, including tracheal intubation
 - Umbilical venous cannulation.
- Supervises and assesses junior staff undertaking clinical procedures.
- Responds to and leads emergency situations, and performs advanced life support.

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Evidence of capability

- Evidence of advanced paediatric and newborn life support training.
- Evidence of satisfactory performance of key procedures including newborn intubation and long line insertion, interpreting correct position of central lines including percutaneous long lines.
- Evidence of conducting examinations of a range of cases across newborn infants, children and young people.
- Evidence of leading of simulation training or leading the team in emergency situations.
- Evidence of supporting others within the team including junior colleagues in supervision of practical procedures.

Documentation required

- Current certificate of completion advanced paediatric and neonatal life support training (e.g. APLS, NLS).
- Workplace-based assessments (e.g. DOPS) confirming that the necessary capabilities have been obtained.
- Anonymised logs of patients or procedures showing key procedures undertaken successfully.
- Anonymised medical reports, case notes and correspondence with colleagues or patients reflecting skills in procedures.
- Anonymised medical reports, case notes, case histories, referral letters and correspondence with colleagues, patients and carers.
- Anonymised logs of patients showing range of cases examined and managed.
- Skills and development logs reflecting knowledge and procedures applied in a clinical setting.
- Workplace appraisals and/or trainer's reports describing clinical capabilities.
- Workplace-based assessments showing abilities in case-based discussion and clinical examination.
- Reflective notes on difficult cases, emergency situations or working as a team.

Curriculum domain 4: Professional skills - patient management

Standard expected

Considers the full range of treatment and management options available, including new and innovative therapies that are relevant within paediatrics; anticipates the need for transition from paediatric services and plans accordingly.

Specialty Learning Outcomes 1, 2, 3, 5

Key capabilities

- Diagnoses and supervises treatment in the common pathologies seen in babies and CYP.
- Encourages CYP to participate in their individual care, using expert resources appropriately.
- Supervises colleagues in the assessment and management of cases which are complex, nuanced or perplexing.
- Models colleagues a flexible, holistic, reflective, evidence-based approach to practice.
- Anticipates the need for transition to another service or is able to work jointly alongside another service to care for a patient.
- Collaborates flexibly across local health systems to lead in care quality.

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Evidence of capability

- Evidence demonstrating independent initiation/decision making of management of common paediatric conditions.
- Evidence of supervising other colleagues in complex case management.

- Evidence of ability to work across specialities and multi-agency working; leading MDT groups.
- Evidence of reflection which encompasses a flexible and holistic approach to care.

- Evidence of supervising others in evidence based practice e.g. supervising audits, QI projects.

Documentation required

- Anonymised medical reports, case notes, case histories, referral letters and correspondence with colleagues, patients and carers.
- Anonymised logs of patients showing range of cases managed.
- Skills and development logs reflecting knowledge applied in a clinical setting.
- Workplace appraisals and/or trainer's reports describing clinical capabilities.
- Workplace-based assessments showing abilities in case-based discussion and clinical examination.
- Reflective notes on difficult or complex cases.
- Multisource feedback.

- Anonymised medical reports, case notes, case histories, referral letters and correspondence with colleagues, patients and carers, allied health workers and outside agencies (e.g. social services, education).
- Logs, rotas or patient lists showing range of cases across curriculum.
- Records of multidisciplinary team meetings or case discussions.
- Workplace appraisals and/or trainer's reports describing clinical capabilities in multidisciplinary cases.
- Workplace-based assessments showing abilities in working with multiple agencies.
- Reflective notes on working as part of a multidisciplinary team, showing consideration of wider holistic issues of care.
- Multisource feedback.

- Audit reports or presentations showing a lead role.
- Draft protocols, guidance or other examples of service improvement showing a lead role.
- Incident reports or examples of taking the initiative in risk management.
- Reflective notes on involvement in quality improvement.

<ul style="list-style-type: none"> • Evidence of successful lead in the transition of care to another speciality or care provider. 	<ul style="list-style-type: none"> • Anonymised medical reports, case notes, case histories, referral letters and correspondence with colleagues, patients and carers, allied health workers. • Workplace-based assessments for handover, showing abilities in working with multiple agencies.
<ul style="list-style-type: none"> • Evidence of appropriate shared decision making with children, young people and their carers. 	<ul style="list-style-type: none"> • Anonymised case notes, and correspondence with, patients and carers. • Reflective notes on cases showing consideration of wider holistic issues of care. • Workplace appraisals and/or trainer's reports, multisource feedback on building relationships with patients. • Anonymised feedback from patients.

Curriculum domain 5: Health promotion and illness prevention

Standard expected

Demonstrates leadership in the promotion of health and well-being practices in the wider community.

Specialty Learning Outcomes 2, 3, 4

Key capabilities

- Interacts effectively with children, young people and their families from a broad range of socioeconomic and cultural backgrounds, including via translators and interpreters when required.
- Applies knowledge of how cultural, social, religious, environmental and economic factors impact child and family health.
- Applies knowledge of the health system to promote child physical and mental health and disease prevention.
- Demonstrates understanding of the systems that enable clinicians to analyse data relating to the patients under their care.
- Applies health information data to a wider community, whether this be regional, national or international.
- Evaluates the way that patients and families use the health system and adapts practice to encourage self-management and early intervention.

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Evidence of capability

- Evidence of communication in the context of cultural differences and ethnic origin.
- Evidence of practical engagement in Public Health issues during clinical encounters e.g. discussions with patients and parents regarding smoking, obesity, breastfeeding.
- Attendance at conferences which cover aspects of this domain.
- Evidence in Supervised Learning Events in this domain.
- Evidence of ongoing involvement in child health surveillance programme and screening.
- Evidence of involvement and engagement in clinical governance process.
- Evidence of reading health informatics in published data.
- Completed audit or Quality Improvement project on aspect of care in this domain.

Documentation required

- Anonymised medical reports, case notes and correspondence with patients and carers.
- Records of multidisciplinary team meetings or case discussions.
- Workplace appraisals and/or trainer's reports describing communication skills.
- Guidance or information leaflets written for patients and carers.
- Reflective notes on communication with patients and carers.
- Multisource and patient feedback.
- Responses to complaints.
- Letters and cards from patients and carers.
- CPD record certificates and certificates of attendance.
- CPD registration points from medical colleges or equivalent bodies.
- Reflective notes on attendance at conferences and CPD events.
- Reports or presentations of clinical audits for which the applicant took a lead role. showing the aims, outcomes and recommendations for each audit: definition of criteria and standards, data collection, assessment of performance against criteria and standards, identification of changes.
- Draft protocols, guidance or other examples of service improvement.
- Minutes or other records of participation in clinical governance meetings or other working groups focused on service improvement.
- Incident reports or other examples of risk management.
- Reflective notes on learning points from incidents, identifying risks or service improvement.

Curriculum domain 6: Leadership and team working

Standard expected

Leads in multidisciplinary team working and promotes an open culture of learning and accountability by challenging and influencing the behaviour of colleagues, supporting the development of leadership qualities and critical decision-making skills.

Specialty Learning Outcomes 2, 3, 4, 5

Key capabilities

- Demonstrates the qualities of a safe and effective leader.
- Demonstrates leadership and team-working skills and relevant problem-solving strategies in clinical and management contexts, such as when there is a shortage of beds, medical staff or other resource.
- Takes an active role in promoting the optimum use of healthcare resources.
- Retains leadership qualities in situations of stress and conflict.
- Engages effectively with stakeholders such as patients, families, charities and other healthcare organisations to create and/or sustain a patient-centred service.
- Meets patient need through working with non-clinical or managerial colleagues to develop the skills pertinent to the effective running of a paediatric department.
- Leads in multidisciplinary team working.
- Addresses challenging behaviour within the team.

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Evidence of capability

- Evidence of effectively recognising limitations (including appropriate escalation), good handover skills, working constructively within MDT and support to junior colleagues.
- Evidence of ability to lead effectively multidisciplinary teams and support junior colleagues.
- Evidence of ability to work with non-clinical colleagues to develop management skills relating to clinical service provision.
- Evidence demonstrating leadership capabilities in a range of clinical and interpersonal scenarios.
- Evidence demonstrating leadership capabilities in a range of clinical and interpersonal scenarios.
- Evidence of supportive supervision of junior colleagues.
- Evidence of ability to challenge colleagues constructively.

Documentation required

- Records of multidisciplinary team meetings or case discussions.
- Anonymised medical reports, case notes, case histories, referral letters and correspondence with colleagues, patients and carers, allied health workers and outside agencies (e.g. social services, education).
- Workplace appraisals and/or trainer's reports describing capabilities in multidisciplinary cases.
- Personal development plans or revalidation.
- Workplace-based assessments showing abilities in working with multiple agencies.
- Reflective notes on working as part of a multidisciplinary team, showing consideration of wider holistic issues of care.
- Multisource feedback.
- Workplace appraisals and/or trainer's reports describing working relationships with colleagues.
- Chairing of team meetings.
- Contributions to service improvement and management.
- Correspondence regarding supervision and management of junior colleagues.
- Involvement in organising staff rotas.
- Workplace-based assessments of junior colleagues.
- Participation in recruitment, examination, training, assessments, supervision or management of junior colleagues.
- Reflective notes on working with colleagues and responding to incidents.
- Multisource feedback.

- Evidence of participation in clinical governance, risk management and audit and application to quality improvement.
- Reports or presentations of clinical audits for which the applicant took a lead role. showing the aims, outcomes and recommendations for each audit: definition of criteria and standards, data collection, assessment of performance against criteria and standards, identification of changes.
- Draft protocols, guidance or other examples of service improvement.
- Minutes or other records of participation in clinical governance meetings or other working groups focused on service improvement.
- Incident reports or other examples of risk management.
- Reflective notes on learning points from incidents, identifying risks or service improvement.

Curriculum domain 7: Patient safety (including safe prescribing)

Standard expected

Participates in investigating, reporting and resolving risks to patients, including through communication with patients and families or carers. Evaluates safety mechanisms across a range of healthcare settings, applying a reflective approach to self and team performance.

Specialty Learning Outcomes 2, 3, 4, 5, 6

Key capabilities

- Applies safety procedures to prescribing practice.
- Applies safety procedures to clinical care situations, reacting to identified risks.
- Identifies and works towards avoiding and/or mitigating potential risk.
- Advises children, young people and their families about the importance of concordance, and about medications and their side effects.
- Takes account in their practice of risks to themselves and others, including those related to personal interactions and biohazards.
- Participates in investigating, reporting and resolving serious incidents, including through communication with patients and families or carers.
- Applies the principles of the Duty of Candour.

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Evidence of capability

- Evidence of action taken where there has been an identified threat to patient safety.
- Evidence of providing feedback to patients, families or carers where there has been an error that has had an impact on patient safety.
- Safe prescribing of medications that have complex safety issues or are more rarely prescribed.
- Evidence of an ability to give appropriate advice about potential side effects of medications and what actions should be taken.
- Evidence of understanding of patient, professional and personal safety in the prescription and administration of medications that might cause harm.
- Reflection and remediation on any issues relating to prescribing that have been identified.
- Reflection on a process of quality improvement activity such as a clinical governance meeting.
- Evidence of safe prescribing in a range of paediatric settings, including neonates, adolescents, general paediatrics, community paediatrics and paediatric emergencies in the acutely unwell child.
- Evidence of use of online learning courses, such as Paediatric SCRIPT, at a level appropriate to more advanced prescribing.

Documentation required

- Anonymised medical reports, case notes, case histories, referral letters or correspondence.
- Records of multidisciplinary team meetings or case discussions.
- Workplace-based assessments showing abilities in prescribing or managing patient safety.
- Reflective notes on learning points from incidents, identifying risks or service improvement.
- Responses to complaints.
- Multisource feedback from colleagues, patients and carers.
- Letters and cards from patients and carers.
- CPD record certificates and certificates of attendance.
- CPD registration points from medical colleges or equivalent bodies.
- Reflective notes on attendance at CPD events.

Curriculum domain 8: Quality improvement

Standard expected

Identifies quality improvement opportunities and supervises healthcare professionals in improvement projects, and leads and facilitates reflective evaluations.

Specialty Learning Outcomes 2, 4

Key capabilities

- Proactively identifies opportunities for quality improvement.
- Undertakes projects and audits to improve clinical effectiveness, patient safety and the patient experience.
- Responds appropriately to health service targets and participates in the development of services.
- Employs the principles of evaluation, audit, research and development in standard settings to improve quality.
- Applies understanding of national and local regulatory bodies, particularly those involved in standards of professional behaviour, clinical practice and education, training and assessment.

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Evidence of capability

- Evidence of learning and remediation of any identified deficiencies.
- Initiating and leading on at least one QI project.
- Evidence of how QI project has improved patient safety/quality, with reflection on the lessons learnt.
- Evidence of leadership and innovation in Quality Improvement activities.
- Evidence of Quality Improvement activity in response to health service targets.
- Participation in one or more projects related to service development.

Documentation required

- Workplace-based assessments, workplace appraisals and/or trainer's reports showing development.
- Anonymised medical reports, case notes, case histories, referral letters or correspondence.
- Reflective notes on learning points.
- Responses to complaints.
- Multisource feedback from colleagues.
- Reports or presentations of clinical audits for which the applicant took a lead role.
- Draft protocols, guidance or other examples of service improvement.
- Minutes, presentations or other records of participation in clinical governance meetings or other working groups focused on service improvement.
- Incident reports or other examples of risk management.
- Reflective notes on learning points from incidents, identifying risks or service improvement.

Curriculum domain 9: Safeguarding

Standard expected

Independently leads the full process of safeguarding management for children, including assessment and reporting.

Specialty Learning Outcomes 4, 5

Key capabilities

- Assesses the role of the paediatrician as it relates to those of other agencies in the management of children in need and those in need of protection, and ensures suitable follow-up.
- Accesses the health lead for sudden unexpected death in infants and children (SUDIC), including the rapid response teams when the death of a child is sudden and unexpected. Recognises the urgency of this when abuse is suspected.
- Instigates appropriate medical investigations and initiates and contributes to multi-agency involvement in all forms of abuse.
- Compiles and writes a range of reports required for safeguarding work, including police statements, medical reports for social services and court reports.

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Evidence of capability

Documentation required

<ul style="list-style-type: none"> • Evidence of independent working in this area with appropriate liaison with other services. • Evidence of making a referral to social care. • Evidence of writing medical reports for safeguarding cases. • Evidence of reflection of involvement in a safeguarding case. 	<ul style="list-style-type: none"> • Anonymised medical reports and/or witness statements by the applicant on cases involving safeguarding children, written for non-health professionals such as social services, the police and/or the courts. • Anonymised assessments, reports or letters for looked-after children for non-health professionals. • Workplace-based assessments showing abilities in child safeguarding issues. • Reflective notes on cases with safeguarding issues.
<ul style="list-style-type: none"> • Evidence of attendance at case conferences and reflection of lead role. • Evidence of having chaired a strategy meeting (with supervision). 	<ul style="list-style-type: none"> • Minutes or other records of participation in safeguarding meetings or other working groups focused on safeguarding.
<ul style="list-style-type: none"> • Continued evidence of keeping up to date with Supervised Learning Events and reflection in this area, including child death process. 	<ul style="list-style-type: none"> • Reflective notes on cases with safeguarding issues, learning points from CPD. • CPD record certificates or certificates of attendance.
<ul style="list-style-type: none"> • Evidence of level 3 safeguarding training. 	<ul style="list-style-type: none"> • Current certification of training in level 3 child protection.

Curriculum domain 10: Education and training

Standard expected

Demonstrates the required knowledge, skills and attitude to provide appropriate teaching, learning opportunities, supervision, assessment and mentorship in the paediatric healthcare setting.

Specialty Learning Outcomes 2

Key capabilities

- Demonstrates the ability to plan and deliver teaching in a range of clinical contexts.
- Shows the ability to assess the different learning needs, levels of support and supervision required by each member of the team they clinically supervise.
- Provides appropriate feedback.
- Evaluates teaching practice in a range of contexts using a variety of methods.
- Effectively uses structured learning events (SLEs) to facilitate learning.
- Teaches patients, families, junior colleagues and other healthcare professionals about a range of general paediatric conditions.

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Evidence of capability

Documentation required

<ul style="list-style-type: none"> • Evidence of assessing the learning needs of healthcare professionals (for example assessment, observation and feedback using supervised learning events). • Critical appraisal of education and training delivery within a department or region. 	<ul style="list-style-type: none"> • Workplace appraisals and/or trainer's reports describing working relationships with colleagues. • Chairing of team meetings. • Correspondence regarding supervision and management of junior colleagues. • Invitations to appraisals, assessments or recruitment of junior staff. • Workplace-based assessments of junior colleagues. • Multisource feedback.
<ul style="list-style-type: none"> • Reflection on experience as a learner and how that influences personal teaching style and performance. 	<ul style="list-style-type: none"> • Reflective notes on working with colleagues and responding to incidents.
<ul style="list-style-type: none"> • Participation in education skills training and development (e.g. RCPCH EES – Effective Educational Supervision – course). 	<ul style="list-style-type: none"> • CPD record certificates or certificates of attendance at training for teaching, management and leadership. • Reflective notes on learning points from CPD.
<ul style="list-style-type: none"> • Evidence of developing and leading multi-professional learning events or training. • Evidence of participation in supervised learning events for other trainees with provision of effective feedback. 	<ul style="list-style-type: none"> • Participation in leading ward rounds, recruitment, examination, training, assessments, supervision or management of junior colleagues. • Teaching rotas. • Teaching presentations. • Correspondence indicating your involvement in specialty trainee formal education programmes. • Attendant feedback from teaching sessions.

- Evidence of using feedback effectively.
- Evidence of reflection on feedback received when teaching children, young people and families about well-being or chronic illness.
- Anonymised medical reports, referral letters or correspondence.
- Draft guidance or information handouts for patients and carers.
- Workplace-based assessments showing abilities in working with patients and carers.
- Reflective notes on learning points from incidents, identifying risks or service improvement.
- Responses to complaints.
- Multisource feedback from colleagues, patients and carers.
- Letters and cards from patients and carers.

Curriculum domain 11: Research

Standard expected

Demonstrates the independent development and revision of guidelines and procedures centred around current clinical research and evidence-based healthcare to improve service delivery.

Specialty Learning Outcomes 2, 3, 4

Key capabilities

- Participates in research activity (e.g. national projects, journal clubs, publications and presentations).
- Applies knowledge of different research principles when critiquing a research article.
- Practises evidence-based medicine and critically analysing its limits.
- Leads in the development and revision of local guidelines and procedures to improve service delivery.

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Evidence of capability

- Evidence of critical appraisal of original research and application of research findings to everyday clinical practice.
- Evidence of integration of evidence-based medicine into clinical practice.
- Evidence of contribution to department research activity or journal club.
- Presentation at a regional meeting and evaluation of presentation performance.

Documentation required

- Anonymised medical reports, case notes, case histories, referral letters and correspondence with colleagues, patients and carers, allied health workers.
- Workplace appraisals and/or trainer's reports.
- Reflective notes on learning points from incidents, identifying risks or service improvement.
- Reports or presentations of clinical audits for which the applicant took a lead role.
- Draft protocols, guidance or other examples of service improvement.
- Minutes or other records of participation in clinical governance meetings or other working groups focused on service improvement.
- Incident reports or other examples of risk management.
- Multisource feedback.
- Teaching or working group presentations.
- Attendant feedback from teaching sessions.

Appendix A

CESR in a non-CCT specialty

Some doctors may be eligible to apply for a CESR in a non-CCT specialty. Doctors following this route are listed on the Specialist Register in their chosen area of specialty only, as their specialty learning outcomes are not equivalent to those of a full CCT programme.

To be eligible to apply doctors must have either:

- a specialist medical qualification in any non-CCT specialty from outside the UK
or
- at least six months specialist medical training any non-CCT specialty from outside the UK.

Please consult the list of GMC-approved [sub-specialties in paediatrics](#) to see which sub-specialties may be certified by this route. The GMC can advise if you are eligible to apply.

Specialty specific guidance for non-CCT applicants

Applicants applying in a non-CCT specialty related to Paediatrics will be expected to demonstrate competences equivalent to a consultant in any of the UK health services. The above information will provide guidance on the types of evidence you should submit. Consultants in the UK health services in paediatric specialties would be expected to demonstrate broad competences, which are set out in the above 11 curriculum learning outcomes.

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You should also refer to the curriculum's sub-specialty syllabus learning outcomes for an indication of what is expected in the sub-specialty most closely related to your specialty.

Required evidence for all non-CCT applicants

Resuscitation: all applicants must provide evidence of current certification in advanced paediatric and neonatal life support skills, e.g. valid APLS and NLS.

Child protection: all applicants must provide valid certification in level 3 child protection training. You do not need to submit evidence of recent experience in child protection cases, unless this is component relevant to the specialty you're applying in (e.g. community child health).

Appendix B

Advice from a successful CESR applicant

A paediatric consultant who recently entered the Specialist Register through CESR has offered the following points of guidance and advice for doctors considering applying for CESR.

1. Understand the time and effort that is required to make a successful application. You are asked to provide evidence that you have fulfilled all the learning outcomes defined in the CCT curriculum. Doctors who have gone through the formal training programme will normally have taken around eight years to gain these outcomes, so it is not something you can gather overnight.
Depending on your recent work history and experience, the CESR may be a matter of starting an application now, or it may be a more long-term process to work towards as a goal in your career development.
2. Good preparation is key. Make sure you look carefully at:
 - a. [the current curriculum in paediatrics](#) .
 - b. this Specialty Specific Guidance.
 - c. [the Royal College of Paediatrics and Child Health guidance for applicants](#).
3. Recognise that you will need others to support you in the application process. Think about who can help, explain to them what help you need and ask if they can support you.
4. Try benchmarking yourself against this guidance. For each domain of learning outcomes, try looking at:
 - a. where you already have evidence of capability and start to gather this in one place.
 - b. where you have capabilities, but as yet cannot provide evidence. Think about what evidence you could provide. Try to gain some work based assessments, such as Directly Observed Procedural Skills (DOPS) and Mini Clinical Evaluation Exercises (MiniCEX) across a range of clinical presentations.

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- c. where you have previously obtained learning outcomes but need to gather evidence to show that your skills are still up to date. For example, if you have specialised in community paediatrics, make sure you have current certification in paediatric and neonatal resuscitation. If you specialise in acute paediatrics, ensure you have current certification in level 3 child protection.
 - d. where you do not yet have learning outcomes. Make a plan of how you could address these gaps. Discuss these gaps with your lead consultant in your specialty and ask if they can support you in getting experience to meet these gaps.
5. The CESR places most emphasis on evidence gathered in the last five years. If you are providing evidence from before this time, think about what you can do now to show that you still have these capabilities. For example, if you still have contacts in that unit you could ask if they would be prepared for you to go back and have some workplace-based assessments in that area. The Trust would probably want you to have an honorary contract for this.
6. Choose the referees for your structured reports carefully. The GMC provides guidance on who should give structured reports, but you should also think about who values you enough to put in the time and effort to ensure that their report provides the information you need.
Think about what you can do to support them in this process. The structured reports they provide have to be from their own direct observation of your practice. Do not assume they can remember everything you have done; like you, they are busy people. Consider drafting a prompt sheet to help them recall the clinical experience you have, any safeguarding experience, any management you have done and any governance work. It is entirely up to them what they write, but there is no harm in reminding them of the good work you have carried out.
7. Make sure you understand which evidence needs to be verified and that you follow the correct verification procedure, to ensure that all your evidence is accepted and does not need to be resubmitted. If in doubt, the GMC can advise on what needs to be verified and what types of verification can be accepted.
[Check the GMC's guidance on verifying evidence.](#)
Verification can be a time-consuming task for whoever you are asking to do this on your behalf. It is not just a case of signing off your documents; they need to be sure that it is honest evidence. Try to meet in advance with someone who can verify your evidence and discuss how they would prefer to do this task, e.g. waiting until you have gathered all your evidence and verifying everything at once, or in instalments while you are compiling it.
8. Take care to arrange your evidence following the order it is set out in this guidance, so it is easier for assessors to find the evidence they need for each of the sections.
9. Finally: keep going and don't lose heart! There will probably be a point in the middle where the task feels huge. When this happens, allow yourself a couple of weeks off CESR then look at it afresh.

Additional guidance on applications in paediatrics is on the web at <https://www.rcpch.ac.uk/resources/certificate-eligibility-specialist-registration-cesr> and the College can be contacted at equivalence@rcpch.ac.uk.