RCPCH Progress+

Paediatric training for excellence

General Paediatric

Specialty Syllabus

Version 3
Approved by the GMC for implementation from 1 August 2023

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

This document outlines the syllabus to be used by doctors completing General Paediatric training in the United Kingdom (UK). It accompanies the RCPCH Progress+ curriculum and Assessment Strategy.

This is Version 3. As the document is updated, version numbers will be changed and content changes noted in the table below.

Version number	Date issued	Summary of changes
Version 2	September 2021	Document reviewed as part of the Shape of Paediatrics Training review. 'Using the Syllabus with ePortfolio' (page 5) updated. Introduction statement amended. Learning Outcomes and Key Capabilities amended and re-ordered; removed vague LOs and KCs, added new LOs and KCs. Assessment Grid updated to reflect changes to the KCs.
Version 3	August 2023	Updated from Progress to Progress+. Using the syllabus (page 3) updated: reference to Level 1, 2 and 3 removed and replaced with Core and Specialty training.

Introduction

This syllabus supports the completion of the RCPCH Progress+ curriculum and should be used with the curriculum document and Assessment Strategy.

The purpose of the curriculum is to train doctors to acquire a detailed knowledge and understanding of health and illness in babies, children and young people. The curriculum provides a framework for training, articulating the standard required to work at Consultant level, through key progression points during their training, as well as encouraging the pursuit of excellence in all aspects of clinical and wider practice.

The curriculum comprises Learning Outcomes specifying the standard trainees must demonstrate to progress in training and attain a Certificate of Completion of Training (CCT). The syllabi supports the curriculum by providing further instructions and guidance as to how the Learning Outcomes can be achieved and demonstrated.

In the context of clinical training and service the term "babies, children and young people" is a common term used by those working in paediatric and child health areas to mean any of those instances in context with clinical training or service. Therefore, in relation to the assessment, the trainee needs to achieve the capabilities for either a baby, child or young person.

Using the Syllabus

Paediatric trainees are required to demonstrate achievement of generic and sub-specialty or General Paediatric Learning Outcomes throughout their training period.

For core trainees (ST1 – 4), there are 11 generic paediatric Learning Outcomes. For specialty training (ST5 – 7), there are a further 11 generic paediatric Learning Outcomes and several additional Learning Outcomes in either General Paediatrics or the sub-specialty to which the trainee has been appointed.

This syllabus contains five interlinked elements, as outlined in Figure 1 which illustrates how each element elaborates on the previous one.

Elements of the Syllabus

The **Introductory Statement** sets the scene for what makes a General Paediatrician.

The **Learning Outcomes** are stated at the beginning of each section. These are the outcomes which the trainee must demonstrate they have met to be awarded their Certificate of Completion of Training (CCT) in Paediatrics. Progress towards achievement of the Learning Outcomes is reviewed annually at the Annual Review of Competence Progression (ARCP). Each Learning Outcome is mapped to the General Medical Council (GMC) Generic Professional Capabilities framework. Each trainee must achieve all the Generic Professional Capabilities to meet the minimum regulatory standards for satisfactory completion of training.

The **Key Capabilities** are mandatory capabilities which must be evidenced by the trainee, in their ePortfolio, to meet the Learning Outcome. Key Capabilities are therefore also mapped to the GMC Generic Professional Capabilities framework.

The **Illustrations** are examples of evidence and give the range of clinical contexts that the trainee may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the trainee and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive and excellent trainees may produce a broader portfolio or include evidence that demonstrates deeper learning.

The **Assessment Grid** indicates suggested assessment methods, which may be used to demonstrate the Key Capabilities. Trainees may use differing assessment methods to demonstrate each capability (as indicated in each Assessment Grid), but there must be evidence of the trainee having achieved all Key Capabilities.

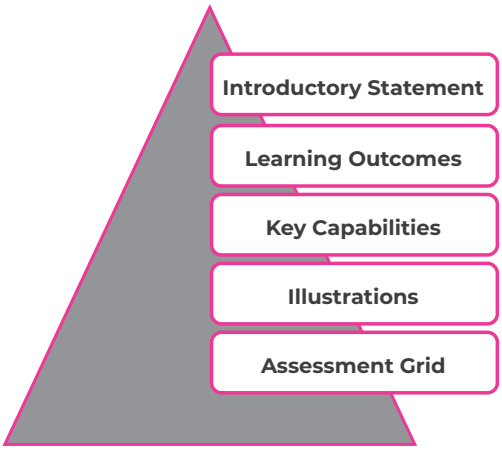

Figure 1: The five elements of the syllabus

Using the Syllabus with ePortfolio

The ePortfolio is used to demonstrate a trainee's progression using assessments, development logs and reflections. Events should be linked to the Progress+ curriculum specifically against the key capabilities at the appropriate level.

Further guidance on using the ePortfolio is available on our website: https://www.rcpch.ac.uk/resources/rcpch-eportfolio-guidance-doctors

General Paediatrics Introductory Statement

A General Paediatrician is a doctor with the knowledge and skills to manage a wide range of health problems and concerns in babies, children and young people. General Paediatricians are not bound by age, group or organ. They manage children from birth to late adolescence with clinical problems ranging from acute, life-threatening illnesses to chronic diseases and focus on health promotion from newborn to late adolescence.

General Paediatricians are experts in the investigation and diagnosis of babies, children and young people with both specific and nonspecific signs and symptoms. They initiate treatment which may be delivered and continued by themselves or by another person or team according to the needs of the baby, child and young person. General Paediatricians also collaborate with other professionals and agencies in order to deliver optimal care. They step in and oversee individual, tailored care whenever appropriate.

As a result, General Paediatricians develop a wide variety of skills allowing them to provide holistic, child-centred care across the full range of paediatric sub-specialties.

They may develop significant expertise in specialised paediatric areas, but they maintain their knowledge and skills across the full breadth of child health.

Specialty Learning Outcomes

	Specialty Learning Outcomes	GMC Generic Professional Capabilities
1.	Resuscitates, stabilises and treats extremely unwell babies, children and young people, liaising with specialist teams, as necessary.	GPC 1, 3, 6
2.	Co-ordinates and leads the inpatient care of babies, children and young people with a spectrum of common to complex conditions, liaising with primary care and other hospital and community specialist teams, as necessary.	GPC 3, 5, 7
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.	GPC 3, 5, 7
4.	Assumes the role of Acute Paediatric Team Leader, liaising with primary care services 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.	GPC 5, 7
5.	Recognises, investigates and manages safeguarding issues, including providing advice to general practitioners, other healthcare professionals and social care providers.	GPC 5, 7
6.	Effectively and sensitively supports and communicates with families and leads the team in the actions needed when a baby, child or young person is dying or has died.	GPC 1, 3

Specialty Learning Outcome 1

Resuscitates, stabilises and treats extremely unwell babies, children and young people, liaising with specialist teams, as necessary.	GPC 1, 3, 5, 6, 7

Key Capabilities

Leads a team in the resuscitation of extremely unwell babies, children or young people.	GPC 1, 3, 5, 7
Maintains the airway of term and preterm neonates up to and including safe intubation attempt under optimal conditions. Recognises the risks of repeated intubation attempts and if intubation is unsuccessful maintains the airway with adjuncts including supraglottic airway. Can follow a difficult airway pathway with the support of other professionals.	GPC 3, 5
Assesses, investigates and manages extremely unwell babies, children or young people.	GPC 3, 5
Supports the families and siblings of an extremely unwell baby, child or young person.	GPC 3, 5
Refers to and collaborates with secondary and/or tertiary care colleagues to provide the optimum immediate and on-going care for extremely unwell babies, children or young people.	GPC 5
Facilitates and participates in team debrief where a baby, child or young person has been acutely unwell.	GPC 1, 5

Illustrations

1.	A 15-year-old known to Child and Adolescent Mental Health Services (CAMHS) is brought to the Emergency Department; their parents are concerned they are confused and have noticed dilated pupils. The trainee notes tachycardia and discovers that the young person's mother suffers with depression for which she takes amitriptyline. The trainee initiates the investigation and treatment of possible intoxication, including tricyclic antidepressant overdose, while continuing to consider other appropriate differential diagnoses.
2.	The crash team is called as paramedics are en route to the Emergency Department with a baby found lifeless in their cot in the early hours of the morning. Liaising with the ED team, the trainee assigns roles to the team and leads the resuscitation, alerting the on call consultant and handing over to them on their arrival. The resuscitation is unsuccessful and the trainee records a detailed account of the resuscitation, subsequent examination and collects appropriate forensic samples.

3.	A six-year-old is brought in by paramedics with febrile, tachycardic and borderline hypotensive who has a history of sore throat. The trainee initiates immediate management with fluid resuscitation and broad spectrum antibiotics. The child remains unstable following initial resuscitation measures and under supervision by the responsible consultant, the trainee coordinates further therapy with the appropriate critical care teams.
4.	An 11-year-old is brought in by ambulance with ongoing status epilepticus. The father, who is a single parent, attends shortly afterwards with the child's five-year-old brother. Both are visibly distressed by the child's condition as neither has seen a seizure before. While the consultant directs the clinical management, the trainee takes a focussed history from the father and then explains the situation to him, finding an appropriate place for the sibling to wait and be looked after and ensuring the family are continually updated with the child's progress.
5.	Along with several more junior colleagues and nursing staff, the trainee participates in the resuscitation of a very unwell child whose care is subsequently escalated to the local Paediatric Intensive Care Unit. Following retrieval of the child, the trainee facilitates an immediate debrief with the team members involved in the resuscitation and makes arrangements for a more structured discussion to support staff and identify any learning points.
6.	A neonatal crash team attend a 38 week gestation delivery where foetal distress has been noted. The trainee leads the team and manages the airway. The baby's heart rate is less than 60 at delivery but responds to inflation and ventilation breaths, however the baby is not breathing. The trainee attempts intubation after ensuring the baby is adequately oxygenated but is unsuccessful on 2 attempts. The trainee activates the difficult airway pathway and uses an i-gel to maintain good chest movement and oxygen saturations while waiting for support. After the stabilisation the trainee takes part in a debrief with the team and their consultant and takes part in simulation sessions to practice intubation further with reflection in their skills log.

Specialty Learning Outcome 2

Co-ordinates and leads the inpatient care of babies, children and young people with a spectrum of common and complex conditions, liaising with primary care and other hospital and community specialist teams, as necessary.	GPC 1, 2, 3, 4, 5, 7

Key Capabilities

Assesses, investigates and manages a baby, child and young person with specific signs and symptoms in the inpatient setting.	GPC 2, 3
Assesses, investigates and manages a baby, child and young person with undifferentiated or nonspecific signs and symptoms in the inpatient setting.	GPC 2, 3
Manages a baby, child and young person in the inpatient setting where there are different specialist aspects by providing integrated and holistic care.	GPC 2, 3
Recognises and delivers initial management for psychological and mental health presentations in children and young people, including those presenting with deliberate self-harm, physical symptoms and behavioural disturbance.	GPC 2, 3, 7
Recognises when specialist advice or review is required for the further assessment, investigation and management of babies, children and young people and refers, as necessary.	GPC 2, 3
Provides advice and guidance across a broad range of health issues for babies, children and young people, their families and other professionals.	GPC 2, 3, 4
Advocates and promotes good health for babies, children and young people.	GPC 1, 4
Facilitates timely, clear and succinct discharge plans for patients, ensuring to share these with all necessary colleagues (including those in primary and tertiary care).	GPC 2, 5

Illustrations

1.	A 15-year-old girl with anorexia who attends a local boarding school presents with restricted eating, driven by her a concern that she “looks fat”. She is accompanied by the school counsellor who explains that despite support she has continued to lose weight. Suspecting anorexia nervosa, the trainee recognises concerning features using Junior MARSIPAN resources and admits the young person. The trainee contacts the local CAMHS service and together they instigate a management plan, ensuring adequate hydration.
2.	A ten-year-old boy is referred to the paediatric inpatient team by the surgical team with recurrent attendances and inpatient admissions for abdominal pain over the last few weeks. Blood tests and appropriate imaging have been normal and there is no apparent explanation for the pain. The trainee assesses the boy and explores and explains a diagnosis of functional abdominal pain with the family, organising appropriate follow up, in conjunction with the consultant.
3.	A two-month-old baby with a known ventricular septal defect (VSD) presents to the acute inpatient ward with tachypnoea and a large liver on examination. The trainee recognises the likely issue of heart failure and instigates immediate and appropriate first line medical treatment. The trainee contacts the on-call consultant who attends to assist. The trainee liaises with the local paediatric cardiology services for advice, follows further suggested management and prepares the baby for transfer.
4.	A 12-year-old boy with cerebral palsy and epilepsy is admitted to the paediatric ward with a prolonged tonic-clonic seizure for the third time in the last month. The seizure is controlled with a second dose of a benzodiazepine. The trainee investigates why the boy’s epilepsy control has deteriorated, identifies that he has recently gained weight significantly and liaises with the responsible consultant to increase their regular antiepileptic medication appropriately.
5.	A five-year-old girl is admitted with recurrent episodes of viral induced wheeze. The trainee recognises that the child’s weight is greater than the 99th centile for age and that her parents smoke, both risk factors for her presentations. The trainee addresses these issues with the family and refers the parents to smoking cessation services and the child to the local weight management service.

Specialty Learning Outcome 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.	GPC 2, 3, 4, 5, 7

Key Capabilities

Triages outpatient clinic referrals efficiently and effectively, including recognising the urgency of the review required.	GPC 2, 3
Proactively prepares for outpatient clinics and undertakes administrative duties efficiently, such as dictating and signing clinic letters and requesting following up and acting on results.	GPC 2
Assesses, investigates and manages a baby, child and young person with a full range of specific signs and symptoms in the outpatient setting.	GPC 2, 3
Assesses, investigates and manages a baby, child and young person with undifferentiated or nonspecific signs and symptoms in the outpatient setting.	GPC 2, 3
Manages a baby, child and young person in the outpatient setting where there are different specialist aspects by providing integrated and holistic care.	GPC 2, 3
Manages the care of a baby, child and young person and expectations of their family, when the outcome of the outpatient assessment is uncertain.	GPC 2, 3
Addresses the needs of the baby, child and young person, balancing the clinical with non-clinical to support the optimal management plan.	GPC 2, 3
Addresses and manages the mental health and wellbeing needs of children and young people alongside physical needs.	GPC 2, 3
Recognises the need for specialist and/or tertiary paediatric referral and refers a baby, child and young person accordingly.	GPC 2, 3, 7
Supports patients and families to self-manage.	GPC 4, 5

Illustrations

1.	The trainee is familiar with the weekly review process for outpatient referrals. Following a complaint about a delay in being seen, under consultant supervision, the trainee liaises with primary care and the appointment booking department to trial a new triage process and measures its impact using a Plan-Do-Study-Act (PDSA) approach.
2.	A 14-year-old girl is seen in a general paediatric clinic with symptoms consistent with tension headaches. The trainee notices that the young lady has a goitre and performs some thyroid function tests which reveal a very elevated thyroid stimulating hormone (TSH) and positive thyroid peroxidase antibodies. Under consultant supervision, the trainee explains the diagnosis of autoimmune hypothyroidism to the family, initiates treatment with levo-thyroxine and organises further follow up for blood monitoring and dose adjustment.
3.	A 12-year-old child is seen by the trainee in a general paediatric clinic with a three-month history of poor appetite, weight loss and abdominal pain. Examination and investigations are consistent with inflammatory bowel disease. Following the clinic, the trainee discusses with the supervising consultant and refers the patient to the tertiary gastroenterology service. The trainee contacts the child and their family to inform them of the results and the next steps in assessment and management.
4.	Whilst reviewing their outpatient community paediatric clinic list, the trainee notes that one of the patients has a rare genetic disorder. The trainee reads up on the condition and reviews past clinic letters so that they are aware of how this may impact on the patient's health and development. Having done this the trainee feels more confident in the consultation and has a productive consultation with the family to form a management plan.
5.	A six-month-old girl is referred with faltering growth to the general paediatric outpatient clinic. During the consultation the trainee recognises that the baby's mother has low mood which has interfered with her bonding with her daughter. The trainee formulates an appropriate plan to investigate and manage the child's growth and contacts the health visitor to find out more information about the family and arrange additional support for the mother.
6.	A three-year-old child is referred with lymphadenopathy. He is generally well but found to have a two cm cervical lymph node with a recent history of sore throat. The family feel that he has not gained weight as quickly as his brother over the past six months, but they do not have any measurements. The trainee conducts a thorough history and examination and having identified no evidence for a sinister cause, arranges a review in four weeks to monitor the lymph node and the child's weight, providing interim safety netting advice.
7.	Following an outpatient general paediatric clinic, the trainee dictates letters in a timely fashion and keeps a job list of results to review. They discuss any results they are unsure of with the responsible consultant and communicate the results and subsequent management plan with the family. The trainee ensures appropriate follow up is in place.

Specialty Learning Outcome 4

Assumes the role of Acute Paediatric Team Leader, liaising with 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.	GPC 2, 3, 4, 5, 6, 7

Key Capabilities

Manages and co-ordinates patient flow and allocates resources in the acute and emergency paediatric assessment unit and inpatient ward.	GPC 3, 5, 6
Utilises the resources that are available both in and out of hospital to support acute presentations and long-term conditions.	GPC 5
Supports primary care to manage children and young people's health.	GPC 5, 7
Supports a population of children and young people by engaging with and encouraging preventive measures, for example, accident prevention, immunisations, child health teaching in schools and community venues.	GPC 4, 5
Leads acute paediatric inpatient unit handover and undertakes a full post-take ward round.	GPC 2, 5

Illustrations

1.	The trainee undertakes a day of 'acting up' as the acute receiving (hot week) consultant. The trainee leads the team in handover and undertakes a full post-take ward round with the support of the duty consultant. The trainee facilitates a post-ward round discussion to update the team of progress and plans and ensure jobs have been allocated appropriately. Following this, the consultant and trainee meet to reflect on the day and complete an ACAT assessment.
2.	During a busy winter assessment unit shift, the trainee recognises that there are a large number of children and young people awaiting triage and medical assessment. The trainee alerts the consultant on call and organises a brief meeting with the nurse in charge. Together they review a list of all the children on the unit, prioritising them in order of clinical need for assessment. The trainee utilises the available medical staffing resource to ensure the safety of all the patients in the department.

3.	After a busy outpatient clinic, the trainee recognises from a number of referrals that there are a number of common conditions that might be managed initially in primary care which might obviate the need for referral. In conjunction with local GPs, the trainee produces a written resource to empower the initial assessment and management of these conditions, with clear advice about when to refer.
4.	The trainee contributes to a local primary school-based programme to support health promotion in relation to exercise, healthy eating and dental hygiene, by visiting schools with other health professionals to talk to individual classes and conduct whole school assemblies.

Specialty Learning Outcome 5

Recognises, investigates and manages safeguarding issues, including providing advice to general practitioners, other healthcare professionals and social care providers.	GPC 2, 3, 5, 7

Key Capabilities

Assesses, investigates and manages a baby, child and young person referred or identified with safeguarding concerns.	GPC 2, 3
Provides advice to primary and secondary care colleagues about safeguarding concerns.	GPC 5, 7

Illustrations

1.	An 18-month-old baby is referred after an unexplained linear bruise is noted on their upper arm by their child minder. The trainee undertakes a full child protection medical, including body map and explains to the family the concern of a potential non-accidental injury. In conjunction with their consultant, the trainee arranges for the baby to have appropriate investigations and writes a comprehensive child protection report. The trainee attends and contributes to the subsequent strategy meeting.
2.	The trainee is asked for advice by the Emergency Department in relation to a 14-year-old girl who has presented with vaginal bleeding and a positive pregnancy test. She is accompanied by her school friend and does not wish to tell her parents. The trainee determines that she has been having consensual sex with her 15-year-old boyfriend. The trainee counsels the girl in relation to telling her parents, organises for her to be seen by the gynaecology team and seeks consent to alert the school health advisor for ongoing support in relation to emotional and sexual health.
3.	Whilst undertaking a general outpatient clinic, the trainee notices a 10-year-old boy has now not been brought to three appointments for asthma follow-up. In the last 12 months he has had four hospital admissions with exacerbations of asthma and the trainee is concerned that his asthma is not well controlled. Efforts to contact the family have been unsuccessful. The trainee discusses the case with the named consultant for safeguarding and together they make a plan to contact the GP for further information. The GP advises the family are not known to have changed address and have not requested repeat prescriptions for asthma treatment in over 18 months. The trainee discusses next steps with their consultant, including a multi-agency referral and considers arranging a Team Around the Child meeting.

4.	A 14-year-old boy is admitted to the ward from the Emergency Department having been stabbed in the leg. The wound requires surgical exploration and the boy is admitted to the ward pending this. The nursing staff looking after the young person voice their concerns over a mobile telephone conversation they heard the boy having. He was heard to be having a heated discussion about a financial transaction involving drugs. The trainee requests the nursing staff to document what they heard fully in the notes. They are concerned the young person may be a victim of child criminal exploitation (CCE) and alert the duty consultant. A multi-agency referral is made and strategy meeting held.

Specialty Learning Outcome 6

Effectively and sensitively supports and communicates with families and leads the team in the actions needed when a baby, child or young person is dying or has died.	GPC 1, 2, 3, 5, 7

Key Capabilities

Recognises the value of advanced care plan documentation and when it may be helpful for a baby, child or young person and their family.	GPC 1, 3, 5, 7
Supports and guides the family of a baby, child or young person when they are dying or have died.	GPC 1, 2
Uses a range of treatment modalities when a baby, child or young person is at the end of life, including referral to or liaison with palliative care specialists and hospice services, if available.	GPC 5, 6
Supports colleagues when a baby, child or young person is dying or has died.	GPC 5
Supports colleagues and teams to perform the tasks necessary when a baby, child or young person is dying or has died.	GPC 5
Applies knowledge and coordinates the local and national statutory processes following the death of a baby, child or young person.	GPC 1

Illustrations

1.	A six-week-old baby is bought into the Emergency Department following an out of hospital cardiac arrest. Resuscitation efforts are started by the paramedics and continued in the Emergency Department. Despite the best efforts of the team, there is no response to resuscitation attempts and the team decide to stop treatment. The ST1 who attended the arrest had never experienced the death of a child before. The trainee supports the ST1 over the next few days, talking to them about the experience and helping them to reflect and process what had happened. The trainee also speaks to the ST1's Educational Supervisor so that they can also provide appropriate support.
2.	Following the death of a child in the Emergency Department who had taken an overdose, the trainee recognises the need for and attends the rapid response meeting with the wider multidisciplinary team. The trainee contributes information to the ongoing investigations and the wider context of that young person and their family.

3.	A three-day old baby is rushed into the Emergency Department by their parents and assessment of the baby reveals no signs of life. The team begin resuscitation attempts lead by the on-call consultant. The trainee stays with the parents in the resuscitation room, explaining to them everything that is happening and helping to guide them through the resuscitation attempt. The trainee gives the parents the opportunity to be with their baby when resuscitation efforts are stopped if that is something they want to do. The trainee also arranges for the on-call chaplain to be contacted at the parents' request.
4.	A 14-year-old boy with complex neurodisability comes into the Emergency Department with a significant respiratory infection. His mother provides a copy of his emergency health care plan, which includes an advanced care plan that he is not for PICU admission, but for full treatment up to that ceiling of care. The trainee confirms that this is still the family's wish and in conjunction with the consultant, makes a plan for ward-based care, liaising with the palliative care team in case further symptom management is required.

Assessment Grid

This table suggests assessment tools which may be used to assess the Key Capabilities for these Learning Outcomes.

This is not an exhaustive list and trainees are permitted to use other methods within the RCPCH Assessment Strategy to demonstrate achievement of the Learning Outcome, where they can demonstrate these are suitable.

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (Mini-CEX)	Paediatric Case-based Discussion (CbD)	Directly Observed Procedure / Assessment of Performance (DOP/ AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Leads a team in the resuscitation of extremely unwell babies, children or young people.	✓	✓				✓				
Maintains the airway of term and preterm neonates up to and including safe intubation attempt under optimal conditions. Recognises the risks of repeated intubation attempts and if intubation is unsuccessful maintains the airway with adjuncts including supraglottic airway. Can follow a difficult airway pathway with the support of other professionals.	✓		✓	✓						
Assesses, investigates and manages extremely unwell babies, children or young people.	✓	✓	✓	✓						
Supports the families and siblings of an extremely unwell baby, child or young person.	✓	✓				✓		✓	✓	
Refers to and collaborates with secondary and/or tertiary care colleagues to provide the optimum immediate and on-going care for extremely unwell babies, children or young people.	✓	✓						✓	✓	
Facilitates and participates in team debrief where a baby, child or young person has been acutely unwell.	✓	✓				✓		✓		
Assesses, investigates and manages a baby, child and young person with specific signs and symptoms in the inpatient setting.	✓	✓	✓	✓			✓	✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (Mini-CEX)	Paediatric Case-based Discussion (CbD)	Directly Observed Procedure / Assessment of Performance (DOP/ AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Assesses, investigates and manages a baby, child and young person with undifferentiated or nonspecific signs and symptoms in the inpatient setting.	✓	✓	✓	✓			✓	✓		
Manages a baby, child and young person in the inpatient setting where there are different specialist aspects by providing integrated and holistic care.	✓	✓		✓		✓		✓		
Recognises and delivers initial management for psychological and mental health presentations in children and young people, including those presenting with deliberate self-harm and physical symptoms.	✓	✓		✓		✓				
Recognises when specialist advice or review is required for the further assessment, investigation and management of babies, children and young people and refers, as necessary.	✓	✓		✓	✓	✓	✓			
Provides advice and guidance across a broad range of health issues for babies, children and young people, their families and other professionals.	✓	✓		✓	✓	✓			✓	
Advocates and promotes good health for babies, children and young people.	✓	✓		✓					✓	
Facilitates timely, clear and succinct discharge plans for patients, ensuring to share these with all necessary colleagues (including those in primary and tertiary care).	✓	✓		✓	✓	✓	✓	✓		
Triages outpatient clinic referrals efficiently and effectively, including recognising the urgency of the review required.		✓				✓				
Proactively prepares for outpatient clinics and undertakes administrative duties efficiently, such as dictating and signing clinic letters and requesting, following up and acting on results.		✓			✓	✓				
Assesses, investigates and manages a baby, child and young person with a full range of specific signs and symptoms in the outpatient setting.	✓	✓				✓				
Assesses, investigates and manages a baby, child and young person with undifferentiated or nonspecific signs and symptoms in the outpatient setting.	✓	✓				✓				

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (Mini-CEX)	Paediatric Case-based Discussion (CbD)	Directly Observed Procedure / Assessment of Performance (DOP/ AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Manages a baby, child and young person in the outpatient setting where there are different specialist aspects by providing integrated and holistic care.	✓	✓				✓		✓	✓	
Manages the care of a baby, child and young person and expectations of their family, when the outcome of the outpatient assessment is uncertain.	✓	✓				✓		✓	✓	
Addresses the needs of the baby, child and young person, balancing the clinical with non-clinical to support the optimal management plan.	✓	✓				✓		✓	✓	
Addresses and manages the mental health and wellbeing needs of children and young people alongside physical needs.	✓	✓		✓		✓			✓	
Recognises the need for specialist and/or tertiary paediatric referral and refers a baby, child and young person accordingly.	✓	✓		✓	✓	✓				
Supports patients and families to self-manage.	✓	✓		✓	✓	✓			✓	
Manages and co-ordinates patient flow and allocates resources in the acute and emergency paediatric assessment unit and inpatient ward.	✓	✓				✓	✓	✓		
Utilises the resources that are available both in and out of hospital to support acute presentations and long term conditions.	✓	✓				✓				
Supports primary care to manage children and young people's health.		✓			✓	✓		✓		
Supports a population of children and young people by engaging with and encouraging preventive measures, for example, accident prevention, immunisations, child health teaching in schools and community venues.		✓				✓		✓	✓	
Leads acute paediatric inpatient unit handover and undertakes a full post-take ward round.				✓		✓	✓			
Assesses, investigates and manages a baby, child and young person referred or identified with safeguarding concerns.	✓	✓		✓	✓	✓	✓			
Provides advice to primary and secondary care colleagues about safeguarding concerns.	✓	✓			✓	✓				

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (Mini-CEX)	Paediatric Case-based Discussion (CbD)	Directly Observed Procedure / Assessment of Performance (DOP/ AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Recognises the value of advanced care plan documentation and when it may be helpful for a baby, child or young person and their family.		✓			✓	✓			✓	
Supports and guides the family of a baby, child or young person when they are dying or have died.	✓	✓		✓		✓		✓	✓	
Uses a range of treatment modalities when a baby, child or young person is at the end of life, including referral to or liaison with palliative care specialists and hospice services, if available.	✓	✓		✓	✓	✓				
Supports colleagues when a baby, child or young person is dying or has died.	✓	✓				✓		✓		
Supports colleagues and teams to perform the tasks necessary when a baby, child or young person is dying or has died.	✓	✓	✓			✓		✓		
Applies knowledge and coordinates the local and national statutory processes following the death of a baby, child or young person.	✓	✓			✓	✓		✓		