

General Paediatrics Syllabus

Level 1
Paediatrics Specialty Syllabus

Version 1

Approved by the GMC for implementation from 1st August 2018

This document outlines the syllabus to be used by doctors completing Level 3 General Paediatrics training in the United Kingdom (UK). It accompanies the RCPCH Progress curriculum and assessment strategy.

This is Version 1.0. 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

Introduction



This syllabus supports the completion of the RCPCH Progress curriculum, and should be used in conjunction with the curriculum document.

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, and at 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 of Learning Outcomes which specify the standard that trainees must demonstrate as they progress through training and ultimately attain a Certificate of Completion of Training (CCT). The syllabi support the curriculum by providing further instructions and guidance as to how the Learning Outcomes can be achieved and demonstrated.

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 all level 1 and level 2 trainees, there are 11 generic paediatric Learning Outcomes for each level. At level 3, there are a further 11 generic paediatric Learning Outcomes for all trainees, and several additional Learning Outcomes in either General Paediatrics or the GRID sub-specialty the trainee has been appointed into.

This syllabus contains 5 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 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 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. It is not expected that trainees provide ePortfolio evidence against every individual illustration (or a set quota); the aim of assessment is to provide evidence against every Key Capability.

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.

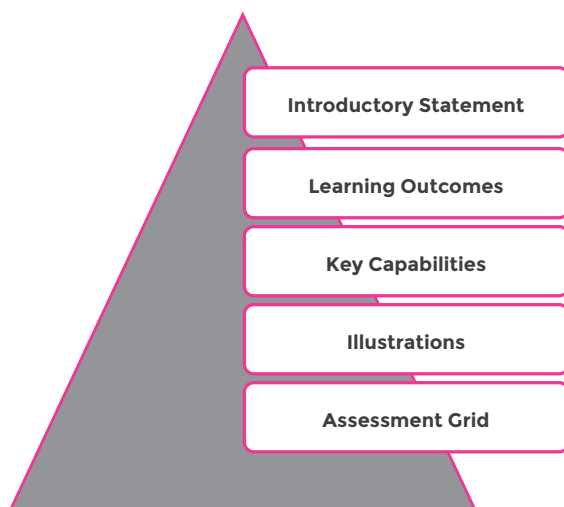


Figure 1: The 5 elements of the syllabus

Using the Syllabus with ePortfolio

Recording evidence in the ePortfolio to demonstrate progression against the learning outcomes and key capabilities can be done from any assessment or event in the ePortfolio.

At the end of any event or assessment, there is an opportunity to add tags, documents and comments. Expanding this by clicking “show more” will enable you to link your assessment to the curriculum items, where you will find the learning outcomes for each domain, key capabilities and example illustrations.

Trainees will therefore be able to track their progress in fulfilling the mandatory learning outcomes and key capabilities.



General Paediatrics

Introductory Statement



Introductory Statement

A Paediatrician is a doctor with the knowledge and skills to manage a wide range of health problems and concerns in children. Paediatricians are not bound by age group or organ. They manage children with all kinds of problems, from acute, life-threatening illness to chronic disease and health promotion, in ages from the newborn to the late adolescent.

The Paediatrician is particularly expert in the investigation and diagnosis of children with undifferentiated symptoms and signs. They initiate treatment that may be delivered and continued by themselves or by another person or team, according to the needs of the child. Paediatricians are also experts in providing an interface between other professionals and agencies to coordinate the delivery of optimal care. They are able to step in to lead and oversee individual, tailored care whenever appropriate.

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

They may develop significant expertise in specialised paediatric areas, but will always maintain their knowledge and skills across the full breadth of child health. This allows care for the majority of sick and unwell children to be supervised by a single doctor.

Curriculum Learning Outcomes

	Specialty Learning Outcomes	GMC Generic Professional Capabilities
1.	In addition to the professional values and behaviours required of all doctors (Good Medical Practice), a paediatric trainee must maintain confidentiality, but judges when disclosure may be required in relation to safeguarding, taking into account the differing legislation and health services between the four countries.	GPC 1, 3
2.	Develops effective relationships with children, families and colleagues, demonstrating effective listening skills, cultural awareness and sensitivity. Communicates effectively in the written form by means of clear, legible, and accurate written and digital records.	GPC 2,3
3.	Adapts clinical examinations to meet the needs of the child and family or carers, undertaking basic paediatric clinical procedures. Recognises emergency situations, knowing when and how to escalate appropriately; initiates basic life support and carries out advanced life support with guidance	GPC 2, 3, 6
4.	Carries out an assessment, makes a differential diagnosis, plans appropriate investigations and initiates a treatment plan	GPC 2, 3
5.	Advises on and promotes healthy behaviour from early years to adulthood.	GPC 4
6.	Recognises why leadership and team working are important in the paediatric clinical environment; works constructively within a team, valuing the contributions of others and developing personal leadership skills.	GPC 5
7.	Establishes the importance of safe prescribing and prescribes commonly used medications in an appropriate manner; recognises when a patient has been exposed to risk and escalates care in accordance with local procedures	GPC 6

7.	Applies quality improvement methods (e.g. audit and quality improvement projects) under guidance	GPC 6
8.	Promotes the professional responsibility of safeguarding children and young people (CYP), documents accurately and raises concerns to senior staff in a professional manner	GPC 7
9.	Conducts planned teaching and learning events under guidance	GPC 8
10.	Adopts an evidence-based approach to paediatric health practice and critically appraises existing published research	GPC 9

“The best doctor is someone who can change your feelings of health and can help you on the worst day possible”

RCPCH &Us® Voice Bank 2016

Professional Values and Behaviours

This domain sets out the requirements of the trainee in relation to professional values and behaviours. This will encapsulate duty of care, legal and ethical frameworks, advocacy, accountability and responsibility.

In addition to the professional values and behaviours required of all doctors (Good Medical Practice), a paediatric trainee must maintain confidentiality, understanding that disclosure may be required in relation to safeguarding.

At ST1-3, the trainee will build on the understanding of what it means to be a doctor, developed during those foundation years.

“

Doctors should treat children with a big smile”.

RCPCH &Us® Voice Bank 2016

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Curriculum Learning Outcome 1

<p>In addition to the professional values and behaviours required of all doctors (Good Medical Practice), a paediatric trainee must maintain confidentiality, but judges when disclosure may be required in relation to safeguarding, taking into account the differing legislation and health services between the four countries.</p>	<p>GPC 1, 3</p>
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Key Capabilities

<p>Follows the principles of law with regard to consent; the right to refuse treatment; confidentiality; and the death of a child or young person.</p>	<p>GPC 1, 2, 3, 5, 6, 7</p>
<p>Demonstrates the professional behaviours and attitudes required of doctors (and outlined in Good Medical Practice) within the scope of knowledge, skills and performance, safety and quality, communication, partnership and teamwork, and the maintenance of trust.</p>	<p>GPC 1, 2, 3, 5, 6, 7</p>
<p>Demonstrates compassion, empathy and respect for CYP and their families.</p>	<p>GPC 1, 3</p>

Illustrations

1.	<p>Confidentiality:</p> <p>Discusses the psychosocial health assessments of CYP with the multidisciplinary team (MDT), while respecting patient confidentiality.</p>
2.	<p>Consent:</p> <p>Demonstrates knowledge of the law regarding paediatric practice (e.g. death, data protection, confidentiality and consent), equality and diversity within their own practice.</p> <p>Demonstrates a working knowledge of national and local guidance for obtaining consent for post-mortems.</p>
3.	<p>Law and ethics:</p> <p>Demonstrates knowledge of the principles of parental responsibility.</p> <p>Demonstrates knowledge of how the religious and cultural beliefs that parents may hold about the treatment of their children impact practice, and/or responds by seeking support.</p> <p>Understands that young people may have or develop healthcare beliefs which conflict with those of parents or professionals, and knows where to find legal and ethical guidelines to inform and support their work.</p> <p>Demonstrates knowledge of local and national guidelines on withdrawing and withholding life-sustaining treatment, including in neonates.</p>
4.	<p>Advocacy:</p> <p>Identifies opportunities and shows commitment for child health advocacy in their daily practice, including examples of injustice, empathy and political influence</p> <p>Succinctly and objectively communicates the wider needs of the child verbally and in writing, with clear recommendations and justifications</p> <p>Applies knowledge of how health beliefs can affect paediatric illness</p> <p>Applies knowledge of the complexities of the social service, education and health systems pertaining to the child.</p>

5. Compassion, empathy and respect:

Applies active listening skills with CYP and understands the need to respect their views.

Responds to babies and disabled CYP who may not be able to express themselves verbally and who might be in pain or distress.

Develops strategies for careful and appropriate use of language in difficult and challenging circumstances.

Develops strategies to manage both the child and his or her personal anxieties

Develops appropriate responses and empathy for CYP and their families experiencing difficulty and distress (e.g. in the case of a child who is dying).



Professional Skills and Knowledge: Communication

This section concerns the trainee developing the range of communication skills required to be a Paediatrician. Trainees will need to be able to communicate effectively with infants, children and young people (ICYP) and their parents, families or carers.

Trainees need to develop high levels of communication skills in order to be able to respond to the complexities of paediatric medical practice. Key consultation techniques will be required along with communication skills that enable partnership development and the ability to manage difficult and challenging situations.

They must also learn to communicate effectively with the wider health and social care teams. Trainees must also have effective communication in the written form by means of clear, legible, and accurate written and digital records. While communicating effectively they must also demonstrate respect, cultural awareness and professionalism.



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“I would like doctors to explain everything to me.”
“Use words I understand.”

RCPCH &Us® Voice Bank 2016

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Curriculum Learning Outcome 2

<p>Develops effective relationships with children, families and colleagues, demonstrating effective listening skills, cultural awareness and sensitivity. Communicates effectively in the written form by means of clear, legible, and accurate written and digital records.</p>	GPC 2, 3
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Key Capabilities

<p>Demonstrates excellent communication and interpersonal skills to enable effective collaboration with patients and their families, and colleagues in multi-professional and MDTs. This includes demonstrating courtesy and respect for different cultures and those with protected characteristics (e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender, sexual orientation).</p>	GPC 2, 3
<p>Demonstrates both spoken and written communications (including electronic notes) with patients, families and colleagues that are presented in clear, straightforward English, avoiding jargon where appropriate.</p>	GPC 2, 3



Illustrations

1.	<p>Effective working relationships:</p> <ul style="list-style-type: none">• Demonstrates skills and strategies for effectively consulting with babies, young children, adolescents and their families in such a way that the child or young person and their family feel able to talk about difficult or emotional issues• Manages disruptive or antisocial behaviour in children, adolescents and families in clinical settings if it occurs• Applies knowledge of how different factors influence a patient's journey and how they may impact effective communication and cause anxiety about treatment and illness• Communicates, with support, with parents and the rest of the family of a patient who has an acute or chronic illness, is hospitalised, or has died• Discusses the indications, benefits and possible risks associated with a procedure to obtain informed consent from patients and parents or carers for a procedure that the trainee is competent themselves to perform
2.	<p>Spoken and written communication:</p> <ul style="list-style-type: none">• Completes and keeps accurate records and reports, applying the principles of information governance and appropriate information sharing with patients, families and other agencies• Demonstrates approachability and friendliness*• Applies knowledge of developmental differences and their impact on communication*• Demonstrates skills that empower CYP to speak out*• Uses information technology effectively in clinical practice and audit• Uses electronic communication media in both clinical practice and audit, taking into account the principles of confidentiality outlined in the Data Protection Act 1998 (to be replaced by the General Data Protection Regulations in May 2018)• Shows patience and sensitivity in their communications with CYP and their families, and a particular ability to explore the individual perspectives to a problem• Communicates, under supervision, diagnoses and prognoses effectively to CYP and their families• Manages communicating with a non-English speaking family using various means• Demonstrates effective written and verbal communication skills with patients and families, colleagues and other professional organisations enabling effective handover between professional teams and/or transition planning between primary and secondary care or between paediatric and adult services• Accurately records clinical information, including problems, symptoms, diagnoses and procedures, into an electronic structured and standardised patient record using SNOMED CT, where implemented• Establishes the importance of accurate record keeping and clinical theming for clinical communication, precision medicine audit, professional development, research, epidemiology and quality improvement

* These capabilities were developed by young people as part of the engagement activities.

Professional Skills and Knowledge: Clinical Procedures

At all levels of training, doctors are required to be confident and expert in many key clinical skills and procedures, including examination skills.

The learning of these skills needs to be set in the context of preserving the dignity and respect of the child or young person. The trainee should adapt clinical examinations to meet the needs of the child and family or carers.

The trainee is required to undertake basic paediatric clinical procedures and to recognise emergency situations, knowing when and how to escalate appropriately, initiate basic life support and carry out advanced life support with guidance. At ST1-3 the trainee will perform much of these activities under supervision.

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“I would like to know exactly what is going to happen before any procedure”

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Curriculum Learning Outcome 3

<p>Adapts clinical examinations to meet the needs of the child and family or carers, undertaking basic paediatric clinical procedures. Recognises emergency situations, knowing when and how to escalate appropriately; initiates basic life support and carries out advanced life support with guidance.</p>	<p>GPC 2, 3, 6</p>
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Key Capabilities

<p>Performs appropriate clinical examinations of a baby, child and young person.</p>	<p>GPC 2</p>
<p>Demonstrates that they have achieved both basic and advanced life support skills.</p>	<p>GPC 2, 6</p>
<p>Undertakes key procedures including the following:</p> <ul style="list-style-type: none"> • Peripheral venous cannula. • Lumbar puncture. • Airway maintenance (Neonatal) to include airway opening manoeuvres and the use of airway adjuncts to maintain an airway to the point of intubation. • Umbilical venous cannulation. 	<p>GPC 2</p>

Illustrations

1. Clinical examinations and life support:

- Determines how an electroencephalogram (EEG) can assist in the diagnosis of epilepsy
- Performs newborn and infant physical examinations
- Initiates effective strategies for the management of pain and begins to apply these to practice
- Recognises the diseases and host characteristics which make certain presentations life-threatening in children and knows when to ask for help

2. Procedures:

- Performs the following procedures appropriately and safely:
- BCG vaccination and Mantoux test
- Oxygen therapy using a variety of administration devices
- Endotracheal suction
- Defibrillation and cardioversion
- Nasogastric tube insertion and placement confirmation
- Urinary catheterisation in babies and young children
- Takes respiratory samples for microbiology
- Applies the principles of strict asepsis
- Uses techniques for blood pressure management
- Needle thoracocentesis
- Obtains appropriate microbiological samples
- Demonstrates an understanding of the indications and contraindications for lumbar puncture and interpretation of cerebral spinal fluid
- Inserts an intraosseous needle and recognises potential complications
- Interprets a chest x-ray
- Collects a urine sample, recognises its limitations, and interprets urine microscopy

Professional Skills and Knowledge: Patient Management

The treatment and management of CYP across a range of health scenarios is at the heart of what Paediatricians do.

At the level 1 stage of training (ST1-3), the focus will be on recognising manifestations of issues in CYP and being able to carry out an assessment, make a differential diagnosis, initiate investigations, manage and treat with supervision.

This will require the trainee to draw on existing clinical knowledge and build on their foundation of learning. This section will consider patient management as a whole.

“

Make me better.

RCPCH &Us® Voice Bank 2016

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Curriculum Learning Outcome 4

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Carries out an assessment, makes a differential diagnosis, plans appropriate investigations and initiates a treatment plan.	GPC 2, 3
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Key Capabilities

Recognises the life-threatening nature of some acute situations in CYP and knows when to call for help or seek personal support.	GPC 2, 3
Carries out an assessment, makes a differential diagnosis, plans appropriate investigations and initiates a treatment plan in accordance with national and local policies.	GPC 2, 3,5



Illustrations

1.	Takes a history accurately and sensitively that routinely includes biological, physiological, educational and social factors in the child and family or carers, and demonstrates an accurate assessment of signs and symptoms to be able to formulate a differential diagnosis.
2.	Recognises case histories which suggest serious or unusual pathology in children and initiates management.
3.	Establishes the importance of negotiated management plans for individual patients and families, including self-care strategies.
4.	Applies clinical reasoning to initiate diagnostic tests for common disorders, and interprets and explains the results to parents.
5.	Interprets radiological investigations, including the basic features of cranial ultrasound, and can explain basic findings to parents.
6.	Applies knowledge of the indications and contraindications for lumbar puncture and knows how to interpret spinal fluid findings.
7.	Recognises and manages blocked ventricular shunts.



1. Allergy, infection and infectious diseases:

- Recognises the clinical implications of maternal-to-foetal transmission of infection and recognises the clinical manifestations of these infections
- Recognises, investigates and initiates treatment for common infections of the foetus, newborn, and child in the United Kingdom (UK) as well as important worldwide infections (e.g. TB, HIV, hepatitis B, malaria and polio)
- Follows local and national guidelines on the notification of infectious diseases, including the policies for notifying communicable diseases
- Recognises the conditions and therapies which may predispose to an immunocompromised state
- Recognises and initiates investigations and management of sepsis
- Recognises the possible causes of fever of unknown origin
- Recognises and manages anaphylaxis
- Applies knowledge of the features of cow's milk allergy and initiates acute management
- Recognises common presentations of food allergy and initiates management
- Constructs a family tree and interprets patterns of inheritance
- Applies knowledge of the indications, contraindications and complications of routine childhood immunisations

2. Cardiology:

- Applies knowledge of the cardiac associations and sequelae which may require specialist assessment (e.g. Trisomy 21, 22q11 deletion syndrome, Marfan syndrome and Duchenne muscular dystrophy)
- Distinguishes features of murmurs
- Recognises and investigates syncope, including "red flags" for significant pathology
- Recognises non-cardiac causes of palpitations, including emotional and endocrine causes, substance ingestion and prescribed medications
- Recognises and applies knowledge about the features of supraventricular tachycardia as a cause of palpitations
- Applies knowledge about ventricular septal defects (VSD) as a cause of heart failure in infancy
- Recognises and investigates heart failure

3. **Dermatology:**

Eczema and related itchy rashes:

- Recognises and initiates management of eczema and its complications (e.g. eczema herpeticum)
- Recognises and initiates management of infestations such as scabies

Skin infections:

- Recognises, investigates and initiates management of viral, bacterial and fungal skin infections, including cellulitis

Birthmarks and neonatal conditions:

- Recognises common birth marks and Mongolian blue spots, and knows when to refer
- Advises parents about common problems, such as nappy rash and cradle cap
- Recognises, investigates and initiates management of blistering skin conditions in the neonate

Skin appendages:

- Recognises and investigates the common causes of hair loss and hypotrichosis

Genodermatoses:

- Recognises and investigates skin markers of common genetic diseases

Systemic conditions:

- Recognises and investigates rashes associated with serious systemic conditions (e.g. staphylococcal scalded skin syndrome, toxic shock and Stevens–Johnson syndrome)
- Recognises rare skin conditions, such as genetic skin fragility, and their complications

Cutaneous drug reactions:

- Recognises, investigates and manages different patterns of drug reactions

General:

- Describes rashes using appropriate terminology
- Recognises, investigates and manages non-accidental injury presenting as a dermatological condition
- Recognises, investigates and manages the complications of common immunosuppressive drugs used in skin conditions

4. Diabetes and endocrine:

Application of knowledge:

- Recognises the features of congenital adrenal hyperplasia and initiates early management
- Recognises ambiguous genitalia
- Accurately identifies the stages of puberty in girls and boys
- Recognises the requirement for condition-specific growth charts in children with conditions such as Down's syndrome and Turner's syndrome
- Recognises the negative impact of emotional neglect upon growth
- Recognises, investigates and manages diabetic ketoacidosis
- Recognises the causes of polyuria and polydipsia, including diabetes mellitus and insipidus
- Makes necessary adjustments in insulin therapy in children with diabetes during an acute illness or perioperatively
- Manages the potential complications of diabetic ketoacidosis and its treatment, including cerebral oedema
- Recognises and initiates management of obesity, including its complications
- Recognises and initiates treatment for the early features of a child presenting with diabetes mellitus
- Applies knowledge of the causes, complications and treatment of hypoglycaemia in the neonatal period and beyond in their initial management
- Makes changes to steroid therapy in children with hypoadrenalism during an acute illness or perioperatively
- Recognises features of hypo- and hyper-thyroidism

5.

Drug and alcohol-related medicine:

- Recognises the effects, common presentations and potential for harm of alcohol and other drugs on CYP
- Applies knowledge about the addictive potential of alcohol and other drugs, including prescribed and over-the-counter medicines, to the management of CYP
- Recognises the likelihood of impact on a child's mental health of all types of abuse

6. Gastroenterology, hepatology and nutrition:

Nutrition and malnutrition:

- Recognises, investigates and manages the common causes of malabsorption and malnutrition and their consequences (e.g. iron, zinc and vitamin deficiencies)
- Applies knowledge of the relevance of nutritional requirements for healthy and sick children and considers the principles and methods of dietary supplementation
- Recognises the need for enteral and parenteral nutrition and is aware of the complications

Constipation:

- Recognises, investigates and manages simple constipation, and identifies red flags

Gastro-oesophageal reflux and dysphagia:

- Recognises, investigates and manages gastro-oesophageal reflux and reflux oesophagitis with support

Diarrhoea and vomiting:

- Recognises, investigates and manages acute and chronic diarrhoea and/or vomiting with support
- Recognises, investigates and manages dehydration appropriately

Gastrointestinal bleeding:

- Recognises, investigates and manages upper and lower gastrointestinal bleeding

Inflammatory bowel disease:

- Recognises, investigates and manages inflammatory bowel disease and acute colitis and their complications

Liver disease:

- Recognises, investigates and manages neonatal and childhood jaundice and acute liver failure and its complications
- Recognises and initiates management of paracetamol poisoning with support

Abdominal pain:

- Recognises and initiates management of acute and chronic abdominal pain, abdominal distention, acute intestinal obstruction and the acute surgical abdomen

7. Genetics and dysmorphology:

- Explains patterns of inheritance to families
- Refers appropriately for chromosome disorders
- Advises families about genetic screening
- Recognises how the environment can effect peri-natal development and its impact on long term health

8.	<p>Growth and development:</p> <ul style="list-style-type: none"> • Normal development: • Applies knowledge of the relationships among physical, emotional, intellectual and social factors and their influence on development and health, including the impact of how an infant is fed • Applies knowledge to monitor the patterns of normal development, including motor, adaptive, language and social components from birth to adulthood, emotional and social development • Recognises and begins to manage abnormal growth
9.	<p>Haematology and oncology:</p> <ul style="list-style-type: none"> • Management: • Recognises, investigates and initiates treatment for anaemia, and discusses the predisposing factors for, consequences and treatment of iron deficiency anaemia • Recognises, investigates and initiates treatment of sickle cell anaemia and thalassaemia, understanding the hereditary basis for the diseases and their clinical features • Recognises, investigates and initiates treatment of polycythaemia in the newborn • Recognises that children with cyanotic congenital heart disease are vulnerable to polycythaemia • Recognises, investigates and initiates treatment of hereditary anaemia, understanding the long-term complications of hereditary anaemia and the potential consequences of haemolytic anaemia • Recognises, investigates and initiates treatment of the following symptoms in the newborn: purpura and bruising, immune thrombocytopenia and haemorrhagic disease • Recognises, investigates and initiates treatment of the hereditary basis, presentation, investigations and treatment of haemophilia and other coagulation disorders • Recognises the complications of neutropenic fever
10.	<p>Inherited Metabolic Medicine</p> <ul style="list-style-type: none"> • Recognises normal and abnormal metabolism, including clinical features • Interprets biochemical results and refers for screening • Understands acid base balance
11	<p>Intensive care:</p> <p>Early warning:</p> <ul style="list-style-type: none"> • Applies knowledge of early warning systems and limitations • Interprets and reacts to early warning charts • Gets the right people to the patient in a timely manner • Integrates clinical findings with laboratory investigations to form a differential diagnosis

<p>12.</p>	<p>Mental health:</p> <p>Patient management:</p> <ul style="list-style-type: none"> • Recognises children and families with psychological problems • Recognises the impact of parental mental health problems on the health of CYP • Recognises the impact of mental health problems on physical health and the impact of physical health problems on mental health. • Recognises the implications of compliance with mental health treatments • Recognises the possibility of a psychological cause for a physical presentation • Manages the CYP presenting with deliberate self-harm • Recognises the signs and symptoms of common and serious mental health conditions such as attention deficit hyperactivity disorder, autistic spectrum disorder, depression and psychosis • Recognises and initiates the acute management of young people with severe eating disorders
<p>13.</p>	<p>Neonates:</p> <p>Management:</p> <ul style="list-style-type: none"> • Assesses nutritional status • Recognises the early signs of sepsis and initiates appropriate anti-microbial therapy and supportive management • Recognises, investigates and initiates treatment of neonatal abnormal neurology and understands the possible causes of abnormal findings • Investigates and manages prolonged neonatal jaundice • Assesses developmental dysplasia of the hip and makes appropriate referrals • Identifies those babies at risk of retinopathy and cataracts for screening • Recognises the signs, symptoms and complications of necrotising enterocolitis and intestinal obstruction, and refers appropriately • Discharges a baby from a neonatal unit • Adheres to the local and national guidelines for the management of breastfeeding and knows when to refer to a breastfeeding counsellor or accredited lactation consultant • Applies the national guidelines on breastfeeding, local formula and Department of Health policy on soya milk supplement
<p>14.</p>	<p>Nephrology:</p> <ul style="list-style-type: none"> • Urinary tract infection: • Recognises and initiates management of urinary tract infections in different ages of children • Nephrotic, nephritic and tubular presentations: • Recognises and initiates management of oedema and differentiates between pitting and non-pitting

	<ul style="list-style-type: none"> • Recognises and initiates management of proteinuria and haematuria, acute renal failure and hypertension • Voiding problems: • Initiates management of nocturnal enuresis, daytime enuresis and other voiding disorders
15.	<p>Neurodisability and neurology:</p> <p>Fits, faints and “funny turns”:</p> <ul style="list-style-type: none"> • Initiates management of seizures in CYP • Recognises that headache can indicate serious illness and knows the red flag symptoms and signs <p>Head injury:</p> <ul style="list-style-type: none"> • Recognises and initiates investigations for head injury • Head shape and size: • Initiates management of the common causes of hydrocephalus, macrocephaly and microcephaly • Neurodisability and neurodevelopment: • Recognises and initiates investigations of developmental delay, disordered development, learning difficulties and disability • Recognises and initiates investigations of the common causes of microcephaly, macrocephaly and hydrocephalus • Recognises and initiates investigations for common dysmorphic symptoms and congenital abnormalities
16.	<p>Ophthalmology:</p> <ul style="list-style-type: none"> • Recognises visual impairment and diseases of the eye and refers appropriately • Screens for visual impairment in children
17.	<p>Palliative care:</p> <p>Symptom control:</p> <ul style="list-style-type: none"> • Identifies and treats pain in CYP according to the World Health Organisation (WHO) pain guidelines for children • Initiates management of the following: • Nausea, vomiting, constipation and diarrhoea in CYP <p>Management:</p> <ul style="list-style-type: none"> • Understands that the last few days of life necessitate specific approaches to therapy that are different from the rest of the palliative phase

18.

Respiratory and sleep medicine:

Asthma:

- Applies the current British Thoracic Society (BTS) guidelines for management of both acute and chronic asthma
- Recognises, investigates and initiates management of viral-induced wheeze and bronchiolitis
- Cystic fibrosis:
 - Recognises, investigates and initiates management of cystic fibrosis
 - Recognises and initiates investigations of respiratory failure associated with predisposing chronic illness
- Upper respiratory tract and ears, nose and throat:
 - Recognises, investigates and initiates management of common causes and complications of sore throat and/or mouth, earaches and nose bleeds
 - Recognises, investigates and initiates management of snoring and obstructive sleep apnoea, understanding the association between the two
 - Recognises, investigates and initiates management of otitis media with effusion
 - Recognises, investigates and initiates management of cervical lymphadenopathy
- Airway obstruction:
 - Recognises, investigates and manages allergic and infective causes of acute upper airway obstruction
 - Recognises, investigates and initiates management of foreign body inhalation
- Respiratory tract infection:
 - Recognises, investigates and manages upper and lower respiratory tract infections
 - Recognises, investigates and initiates management of common presenting symptoms of tuberculosis (TB)

Chronic lung disease (CLD) of prematurity:

- Recognises, investigates and initiates management of CLD of prematurity and its complications

Sleep medicine:

- Uses normal sleep physiology to explain common sleep problems to children and their families
- Recognises, investigates and initiates management of sleep problems and recognises the importance of sleep routine and 'sleep hygiene'

19. Rheumatology:

Musculoskeletal:

- Takes a musculoskeletal history from a child and parents or carers, taking into account the child's developmental stage and growth
- Performs a clinical examination of a child with suspected rheumatic or musculoskeletal disorder (including a spinal deformity); performs, as a minimum, a basic examination such as the paediatric gait, arms, legs and spine (pGALS) screen
- Makes a differential diagnosis for children presenting with musculoskeletal symptoms (e.g. joint pain, swelling and limp), including considering referred pain remote from the site of symptoms
- Recognises red flag features in the clinical presentation, examination and investigation findings which lead to the consideration of serious musculoskeletal pathology (e.g. malignancy, infection or vasculitis)
- Recognises the association of inflammatory diseases in other organ systems and arthritis (e.g. the associations between juvenile arthritis and eye disease, and between psoriasis and inflammatory bowel disease)
- Recognises the different features present in non-inflammatory and inflammatory musculoskeletal pain
- Recognises that normal development of the musculoskeletal system includes features which change with age (e.g. bow legs, knock knees, in-toeing and flat feet) and features which may lead to non-inflammatory or biomechanical musculoskeletal pain (e.g. abnormal foot posture and hypermobility)
- Recognises features in the musculoskeletal system examination of vitamin D deficiency and rickets, and understands the risk factors for them

20. Young people's health:

- Engages young people effectively in consultations
- Accurately and sensitively takes an age-appropriate history that routinely includes biological, psychological, educational/vocational and social factors (home, employment, eating activities, drugs and alcohol, sexuality, suicide and depression, and safety assessment, or HEADSS)
- Develops the skill of routinely consulting with a young person on their own
- Promotes the elements of a young-people-friendly health service
- Considers issues relating to gender and sexual identity, including specific health risks as well as issues such as acceptance
- Uses inclusive language when interacting with adolescents and their families
- Advises on contraceptive and sexual health issues, including lesbian, gay, bisexual and transgender (LGBT) young people, and advises patients where to go for further advice
- Demonstrates sensitivity to the issues faced by families with same gender or transgender parents

Capabilities in Health Promotion and Illness Prevention

This domain includes all aspects of health promotion, be that with individuals, groups or populations. Global health is a new addition to this syllabus, as is the concept of sustainable medicine.

At ST1-3 the trainee will begin to consider these concepts in relation to paediatric medicine and recognise opportunities for the promotion of healthy lifestyles.

“

Learn about all issues relevant to the children and young people's life – school, work, university, physical, mental health, friends and family”

RCPCH &Us® Voice Bank 2016

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Curriculum Learning Outcome 5

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Advises on and promotes healthy behaviour from early years to adulthood.	GPC 4
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Key Capabilities

Understands the factors which contribute to child health inequalities and the consequences of those inequalities in terms of disability, life expectancy and health economics.	GPC 3, 4, 7
Understands the effects of the environmental, economic and cultural contexts of health and healthcare on illness prevention.	GPC 3, 4
Understands the factors involved in global health.	GPC 4,5

Illustrations

1. **Child health inequalities:**

- Analyses the way health, education and social care work together to support CYP in the UK, and knows the statutory processes for assessing need (e.g. special educational needs and disability, child in need and child protection)
- Explains the principles of health promotion and health education, and is knowledgeable of current health promotion activities carried out in the community, including how the wider healthcare team (which includes general practitioners, health visitors and school nurses) work together to deliver the Healthy Child Programme (2009), universal screening, surveillance and immunisation programmes
- Describes the mechanisms of exercise-induced asthma and its management in school or college
- Gives advice on normal infant skin care practices and how these may contribute to the maintenance of healthy skin or exacerbate skin problems, especially eczema
- Applies knowledge of the impact of chronic skin conditions on family well-being, especially due to sleep deprivation
- Recognises children at risk of tuberculosis
- Recognises support needs for families whose skin condition interferes with schooling and has a severe impact on quality of life
- Promotes a healthy heart lifestyle through healthy eating, appropriate exercise, early recognition of excess body mass index (BMI) and the avoidance of potentially harmful activities, including smoking and substance misuse
- Promotes dental health and avoidance of unnecessary bacteraemia as part of endocarditis prevention according to national guidance
- Applies knowledge of the principal determinants of good mental health in CYP, including a stable family and good physical health.

2. **Environment, economy and culture:**

- Explains to patients and families about the effect of the media on the public perception of health care issues
- Advises children and families about environmental risk factors within the home in relation to respiratory disease management
- Applies knowledge of the effects of family composition, socio-economic factors and poverty on child health
- Discusses the effect of non-health policies on healthcare issues
- Discusses the incidence of a range of paediatric conditions
- Applies knowledge of the social determinants of children's mental health
- Applies knowledge of the principles and the rationale behind the national immunisation policy for children in the UK
- Discusses environmental factors which may affect prenatal development (e.g. alcohol and drugs).

- Recognises the effects that school and other social settings may have on childhood illness and vice versa
- Advises on the usual immunisation schedule that applies in the UK, the vaccines used and their common side effects

3. Global health:

- Applies knowledge of the measures commonly used to monitor child health at the population level: perinatal, neonatal and under 5 mortality rates, and disability-adjusted life-years
- Recognises the importance of the continuum of care for reproductive, maternal, neonatal and child health, and the interdependence of maternal and child health
- Finds information on the prevalence and incidence of disease in different countries
- Describes the key social, economic and environmental determinants of child health and well-being globally, including the effects of armed conflict
- Describes the key components of a health system according to the WHO definition (e.g. service delivery, health of the workforce, health information systems, access to essential medications, financing and leadership/governance) and the outcome measures that can be used to evaluate health systems (e.g. equity, efficiency, access, quality and responsiveness)
- Applies knowledge of key goals in international development and child survival: the Millennium Development Goals, and post-2015, the Sustainable Development Goals
- Applies knowledge about the implications of sustainable development in low income countries



Capabilities in Leadership and Team Working

Leading and working effectively in teams is not merely something to be achieved in the later stages of training; they should be considered essential skills within the trainee toolkit from the very early stages.

Working across a range of teams within both primary and secondary care (including social care), the trainee must be able to apply leadership and team-working skills in this variety of settings to promote the well-being of the child.

The trainee needs to understand why leadership and team working are important in the paediatric clinical environment as well as how to work constructively within a team, valuing the contributions of others and developing personal leadership skills.

“

Know about support mechanisms available. You don't have to do it all on your own.

RCPCH &Us® Voice Bank 2016

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Curriculum Learning Outcome 6

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Recognises why leadership and team working are important in the paediatric clinical environment; works constructively within a team, valuing the contributions of others and developing personal leadership skills.	GPC 5
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Key Capabilities

Supports appropriate decisions made within a team and communicates these effectively.	GPC 1, 2, 3, 5
Participates in local clinical governance processes.	GPC 1, 5,6



Illustrations

1.	Leadership and management: <ul style="list-style-type: none">• Describes the roles of the clinical and medical directors• Applies knowledge of the importance of leadership and management roles within the paediatric clinical environment.
2.	Decision making: <ul style="list-style-type: none">• Recognises the need for timely senior support in serious clinical situations and is effective in requesting it.
3.	Team working: <ul style="list-style-type: none">• Recognises the roles of the MDT in the management of children with a range of conditions• Collaborates, consults and promotes good team working• Ensures continuity of care through the effective hand-over of clinical information• Works effectively with colleagues in MDTs to ensure consistency, continuity and a holistic approach to the treatment and care of CYP• Works in complementary roles within the different communities of practice in which they are located (e.g. hospitals, Illustrations).
4.	Clinical governance: <ul style="list-style-type: none">• Participates in clinical governance activities, risk management and audit.

Patient Safety, Including Safe Prescribing

Doctors at every stage in their career must be able to demonstrate that they prioritise, promote and encourage patient safety.

Trainees must understand the importance of safe prescribing and show that they are able to prescribe commonly used medications in a safe manner, recognising when a patient has been exposed to risk and escalating care in accordance with local procedures.

“

We would like more explanation on medication and tablets and what they do and what we should know about them, how they will help, when they will help and what to do if it doesn't help.

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Curriculum Learning Outcome 7

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Establishes the importance of safe prescribing and prescribes commonly used medications in an appropriate manner; recognises when a patient has been exposed to risk and escalates care in accordance with local procedures.	GPC 6
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Key Capabilities

Adhere to the local process following a medication error.	GPC 1, 2, 3, 6
Prescribes commonly used medications safely.	GPC 2, 6
Follows the local processes for reporting serious incidents and risks.	GPC 2, 3, 5, 6

Illustrations

1. Explains the complications of the long-term use of asthma medications
2. Applies knowledge of the pharmacokinetics and pharmacodynamics of commonly prescribed drugs (e.g. paracetamol, antibiotics and antiepileptic medications)
3. Recognises the indications for antimicrobial prophylaxis
4. Applies knowledge of the basics of topical treatments for eczema and psoriasis, including emollients and soap
5. Applies knowledge of the rationale for prescribing common antimicrobials, including knowledge of the indications for antimicrobial prophylaxis and mechanisms of drug resistance
6. Applies knowledge of the factors affecting concordance of medicine use and analyses the factors behind the issues in relation to medicines in children
7. Recognises the risk associated with insulin prescribing and administration errors
8. Applies knowledge of the pharmacological basis for common treatments to prescribing practice
9. Considers the possible drug interactions of commonly used drugs when more than one drug is prescribed
10. Considers the risks for infants of some medications in breastfeeding mothers
11. Modifies prescribing within the context of renal and liver dysfunction
12. Applies knowledge about the licensing of medicines for paediatric patients and unlicensed and off-label use
13. Considers the weight and BMI of the child as part of the prescribing process
14. Applies knowledge of the mechanisms and problems of drug resistance
15. Explains the importance of therapeutic drug monitoring and which medicines require it
16. Applies knowledge of the roles of the regulatory agencies involved in drug use, monitoring and licensing
17. Prescribes appropriate fluid for preterm and growth-restricted babies, including the mother's expressed milk and the option of donor milk from a milk bank

Capabilities in Quality Improvement

Doctors in all stages of their career must promote and encourage all aspects of quality improvement, striving for improved experiences and patient outcomes.

Quality improvement also applies to service development, process review and evaluation. At ST1-3 the trainee will begin to recognise opportunities for improvement and under supervision apply improvement techniques.

“

We want our voices and choice to make a difference..

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Curriculum Learning Outcome 8

Applies quality improvement methods (e.g. audit and quality improvement projects) under guidance.	GPC 6
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Key Capabilities

Demonstrates the ability to follow the local and national clinical guidelines and protocols.	GPC 6, 9
Undertakes a quality improvement project under guidance.	GPC 6, 9

Illustrations

1. Applies knowledge of how to access clinical databases and find web-based information
2. Explains the complaints procedure to parents and families
3. Establishes the importance of accurate record-keeping and clinical theming for clinical communication, precision medicine audit, professional development, research, epidemiology and quality improvement
4. Applies knowledge of the principles of evaluation, audit, research, development and standard-setting and their roles in quality improvement
5. Applies knowledge of how national and local policy initiatives impact medical practice and social health and well-being
6. Applies knowledge of national service frameworks and managed clinical networks within paediatrics and the roles of the National Institute for Clinical Excellence (NICE), the RCPCH and the GMC in professional life and professional regulation
7. Applies knowledge of how clinical guidelines are produced and how they might be used appropriately within the context of clinical practice
8. Applies knowledge of the principles of balancing risk and benefit when considering an intervention

9. Defines what quality means in healthcare and describes ways to measure quality
10. Recognises the need for continuous improvement in the quality of care and for audit to promote standard setting and quality assurance
11. Designs, implements, completes and evaluates a simple quality improvement project using improvement methodology as part of an MDT
12. Uses tools available for planning and executing quality improvement projects (e.g. the Plan, Do, Study, Act [PDSA] cycle and audits); uses the Model for Improvement to implement change and sustain improvement
13. Maps existing processes, measures variation in practice and assesses patient experiences



Capabilities in Safeguarding Vulnerable Groups

This domain requires the trainee to consider safeguarding as an essential element of all aspects of paediatric healthcare practice.

The safety of all children is paramount and the divine factor of all areas of paediatrics.

At ST1-3 the trainee is developing skills that enable them to consider safeguarding at every doctor/child encounter.

“

Empower young people to speak up.

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Curriculum Learning Outcome 9

Promotes the professional responsibility of safeguarding children and young people (CYP), documents accurately and raises concerns to senior staff in a professional manner.	GPC 7
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Key Capabilities

Recognises features in presentation, where safeguarding may be an issue.	GPC 2, 3, 7
Applies knowledge of local interagency procedures for children in need of safeguarding support.	GPC 2, 3, 5, 7
Applies knowledge of how to act in cases of suspected abuse or disclosure, and how to escalate a safe response.	GPC 2, 3, 5, 7
Applies knowledge that any communication relating to possible safeguarding issues must be documented clearly and accurately, using body charts to record the examination results of a child or young person.	GPC 2, 3, 7
Applies knowledge of what is required when asked to provide oral or written reports for strategy meetings and case conferences, and produces, under supervision, a written report for the police or social services.	GPC 2, 3, 5, 7
Recognises the long-term impact of adverse childhood experiences, including maltreatment and the system of adoption and fostering.	GPC 7

Illustrations

1. Recognition:

- Recognises and outlines the management of children in need, including children at risk of maltreatment
- Applies knowledge of the different categories of abuse and recognises that they commonly occur together (e.g. physical, emotional, sexual, neglect and falsification of an illness by a child or young person)
- Recognises the risk factors which contribute to vulnerability, including disability in children
- Recognises the risk factors for maltreatment in the unborn child
- Recognises that frequent emergency department attendance may be a presentation of child abuse and/or neglect
- Applies knowledge to recognise the diversity of physical signs and symptoms that might indicate or mimic child abuse, including skin injury and genital warts
- Recognises when families are vulnerable, distressed and in need of early support and intervention

2. Guidance:

- Applies knowledge of the principles and practice of common legal processes and legislation relating to safeguarding children and the vulnerable

3. Management:

- Applies knowledge of the ways in which personal beliefs, experiences and attitudes might influence professional involvement in safeguarding work
- Applies knowledge of the potential emotional impacts of abuse and neglect on the child, families and professionals
- Applies knowledge about child exploitation issues, including child trafficking, child sexual exploitation, child labour, child soldiers and unaccompanied asylum seekers
- Applies knowledge about the effects of armed conflict on children
- Applies knowledge that child abuse has to be considered as part of the urogenital history and examination
- Applies knowledge of fabricated illness, induced illness and perplexing symptomatology in CYP
- Initiates a social services inquiry or referral under supervision

4. **Communications:**

- Applies knowledge of how different disciplines and agencies collaborate locally with respect to “looked after” children and children with disabilities, and over safeguarding issues

5. **Reporting:**

- Applies knowledge of what is required when asked to give evidence in court as a professional witness (a witness of fact)
- Recognises the importance of noting all observations of child demeanour and interactions with parents or carers
- Takes a safeguarding history and records all relevant findings on suitable pro forma under immediate supervision

Capabilities in Education and Training

This domain requires trainees to develop skills that enable them to be able to teach patients/families/carers and other health professionals.

At ST1-3 the trainee begins to recognise opportunities and practise these skills under supervision.

“

Include young people
in education/training
programmes.

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RCPCH &Us® Voice Bank 2016



Curriculum Learning Outcome 10

Conducts planned teaching and learning events under guidance.	GPC 8
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Key Capabilities

Plans and delivers small group teaching sessions (e.g. case presentation and journal club).	GPC 8
Provides evidence of obtaining feedback on teaching delivered and being able to reflect on and learn from this.	GPC 1, 8

Illustrations

1. Establishes the importance of mentoring relationships for their own career development

Research and Scholarship

Doctors at all levels are required to demonstrate that they can apply an evidence-based approach to their practice.

To enable them to achieve this, a level of research understanding is expected. At ST1-3 the trainee will build on those research skills gained during foundation level and apply these to the discipline of paediatrics.

“

Share information about health things.

RCPCH &Us® Voice Bank 2016

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Curriculum Learning Outcome 11

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Adopts an evidence-based approach to paediatric health practice and critically appraises existing published research.	GPC 9
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Key Capabilities

Carries out a simple literature review, evaluating evidence and demonstrating the ability to identify strengths and weaknesses in all evidence sources.	GPC 1, 9
Interprets research results and explains the findings to parents, CYP and the MDT.	GPC 1, 2, 5, 8, 9

Illustrations

1. **Finding evidence:**

- Practises using database searching and critical appraisal research techniques
- Critiques both quantitative and qualitative data
- Forms a research question, searches for an answer and demonstrates how findings could be applied in practice

2. **Interpreting evidence:**

- Applies an ethical foundation to research practice
- Promotes evidence-based medicine where possible and gives an evidence-based presentation
- Applies knowledge of the development of Cochrane systematic reviews and the principles of meta-analysis
- Demonstrates an understanding of how research translates into clinical practice
- Applies the principles of Good Medical Practice to good study design

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 (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaed 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)	MRCPCH			Other	
							FOP (Foundations of Practice exam)	TAS (Theory of Science exam)	AKP (Applied Knowledge & Practice exam)	CLINICAL (Exam practical)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)
Follows the principles of law with regard to consent; the right to refuse treatment; confidentiality; and the death of a child or young person.	✓	✓				✓	✓	✓	✓		✓	
Demonstrates the professional behaviours and attitudes required of doctors (and outlined in Good Medical Practice) within the scope of knowledge, skills and performance, safety and quality, communication, partnership and teamwork, and the maintenance of trust.	✓	✓									✓	
Demonstrates compassion, empathy and respect for CYP and their families.	✓	✓									✓	✓

Key Capabilities	Assessment / Supervised Learning Event suggestions													
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	CLINICAL (Exam practical)	AKP (Applied Knowledge & Practice exam)	TAS (Theory of Science exam)	FOP (Foundations of Practice exam)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/Aop)	Paediatric Case-based Discussion (ePaed Cbd)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Demonstrates excellent communication and interpersonal skills to enable effective collaboration with patients and their families, and colleagues in multi-professional and MDTs. This includes demonstrating courtesy and respect for different cultures and those with protected characteristics (e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender, sexual orientation).		✓	✓	✓				✓	✓			✓	✓	✓
Demonstrates both spoken and written communications (including electronic notes) with patients, families and colleagues that are presented in clear, straightforward English, avoiding jargon where appropriate.				✓				✓				✓	✓	✓
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: <ul style="list-style-type: none"> • Peripheral venous cannula. • Lumbar puncture. • Advanced airway support, including tracheal intubation. • Umbilical venous cannulation. 												✓	✓	✓

Key Capabilities	Assessment / Supervised Learning Event suggestions													
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	CLINICAL (Exam practical)	AKP (Applied Knowledge & Practice exam)	TAS (Theory of Science exam)	FOP (Foundations of Practice exam)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/Aop)	Paediatric Case-based Discussion (ePaed Cbd)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Recognises the life-threatening nature of some acute situations in CYP and knows when to call for help or seek personal support.			✓	✓	✓	✓	✓				✓	✓	✓	✓
Carries out an assessment, makes a differential diagnosis, plans appropriate investigations and initiates a treatment plan in accordance with national and local policies.			✓	✓	✓	✓	✓		✓		✓			
Understands the factors which contribute to child health inequalities and the consequences of those inequalities in terms of disability, life expectancy and health economics.					✓	✓	✓						✓	✓
Understands the effects of the environmental, economic and cultural contexts of health and healthcare on illness prevention.					✓	✓	✓						✓	✓
Understands the factors involved in global health.					✓	✓	✓						✓	✓
Supports appropriate decisions made within a team and communicates these effectively.								✓	✓					✓
Participates in local clinical governance processes.									✓					✓
Adheres to the local process following a medication error.													✓	✓
Prescribes commonly used medications safely.					✓	✓	✓				✓			
Follows the local processes for reporting serious incidents and risks.								✓	✓					
Demonstrates the ability to follow the local and national clinical guidelines and protocols.					✓	✓	✓		✓		✓			

Key Capabilities	Assessment / Supervised Learning Event suggestions													
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	CLINICAL (Exam practical)	AKP (Applied Knowledge & Practice exam)	TAS (Theory of Science exam)	FOP (Foundations of Practice exam)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/Aop)	Paediatric Case-based Discussion (ePaed Cbd)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Undertakes a quality improvement project under guidance.					✓	✓	✓		✓				✓	✓
Recognises features in presentation, where safeguarding may be an issue.			✓		✓	✓	✓	✓	✓				✓	✓
Applies knowledge of local interagency procedures for children in need of safeguarding support.			✓		✓	✓	✓				✓		✓	
Applies knowledge of how to act in cases of suspected abuse or disclosure, and how to escalate a safe response.			✓		✓	✓	✓		✓				✓	✓
Applies knowledge that any communication relating to possible safeguarding issues must be documented clearly and accurately, using body charts to record the examination results of a child or young person.			✓					✓	✓				✓	✓
Applies knowledge of what is required when asked to provide oral or written reports for strategy meetings and case conferences, and produces, under supervision, a written report for the police or social services.			✓						✓				✓	✓
Recognises the long-term impact of adverse childhood experiences, including maltreatment and the system of adoption and fostering.					✓	✓	✓		✓				✓	✓
Plans and delivers small group teaching sessions (e.g. case presentation and journal club).									✓				✓	✓

Key Capabilities	Assessment / Supervised Learning Event suggestions													
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	CLINICAL (Exam practical)	AKP (Applied Knowledge & Practice exam)	TAS (Theory of Science exam)	FOP (Foundations of Practice exam)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/Aop)	Paediatric Case-based Discussion (ePaed Cbd)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Provides evidence of obtaining feedback on teaching delivered and being able to reflect on and learn from this.			✓										✓	
Carries out a simple literature review, evaluating evidence and demonstrating the ability to identify strengths and weaknesses in all evidence sources.					✓								✓	
Interprets research results and explains the findings to parents, CYP and the MDT.			✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	



