Paediatrics

Specialty Specific Guidance

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

This is the specialty specific guidance for Paediatrics

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

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

Can I get advice before I submit my application?

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

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

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

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

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

If your specialty of application aligns with a paediatric sub-specialty, you may find it helpful to use the level 3 Specialty Learning Outcomes in that sub-specialty curriculum as guide for the capabilities that would be expected to demonstrate meeting the standard of a consultant in any of the UK health services. We have indicated where these are most likely to be required though please ensure you check the most appropriate sub-specialty curriculum.

Submitting your evidence

Do not submit original documents.

All your copies must be verified, and anonymised. You can read an explanation of this in our important notice about evidence.

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

What evidence to submit

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated key capabilities. We have identified the following evidence that we usually see in successful applications and which domain it relates primarily to:

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<table>
<thead>
<tr>
<th>Workplace appraisals and/or trainer's reports</th>
<th>Domain 1 – Professional values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multisource feedback</td>
<td>Domain 2 – Communication</td>
</tr>
<tr>
<td>Case notes and medical reports</td>
<td>Domain 4 – Patient management</td>
</tr>
<tr>
<td>Clinical letters to patients and colleagues</td>
<td>Domain 2 – Communication</td>
</tr>
<tr>
<td>Child protection reports and/or witness statements</td>
<td>Domain 9 – Safeguarding</td>
</tr>
<tr>
<td>Skills logs</td>
<td>Domain 3 – Procedures</td>
</tr>
</tbody>
</table>

### Development logs (listed by type in RCPCH ePortfolio):
- Certified course
- Reflection
- Clinics
- Presentation
- Management
- Education meetings/ CPD
- Clinical question (literature appraisal)
- Reflective event/ critical incident
- Research
- Safeguarding
- Teaching
- Governance
- Meetings/ events

### CPD attendance record and training certificates

### Reflective notes

These could relate to any domain and reflections should be specific and focused to a single element of a case, activity or event, titled appropriately and linked to the most appropriate domain.

### Assessment and appraisal of trainees and colleagues
- Appraising trainees/ colleagues
- Assessing procedural or clinical skills of trainees/ colleagues

- Domain 1 – Professional values
- Domain 10 – Education and training

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<table>
<thead>
<tr>
<th>• Assessing non-clinical skills of trainees/ colleagues</th>
<th>• Domain 10 – Education and training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit reports and presentations</td>
<td>Domain 8 – Quality improvement</td>
</tr>
<tr>
<td>Quality improvement projects, draft protocols, guidance</td>
<td>Domain 8 – Quality improvement</td>
</tr>
<tr>
<td>Incident reports and examples of risk management</td>
<td>Domain 7 – Patient safety including safe prescribing</td>
</tr>
<tr>
<td>Participation in clinical governance meetings</td>
<td>Domain 11 - Research</td>
</tr>
<tr>
<td>Supervision and management of junior colleagues</td>
<td>Domain 6 – Leadership and team working</td>
</tr>
<tr>
<td>Responses to complaints</td>
<td>Domain 1 – Professional values &amp; Domain 2 communication</td>
</tr>
<tr>
<td>Child protection training</td>
<td>Domain 9 – Safeguarding</td>
</tr>
<tr>
<td>Multidisciplinary team meetings or case discussions</td>
<td>Domain 2 – Communication &amp; Domain 6 Leadership and Team working</td>
</tr>
<tr>
<td>APLS/NLS certification</td>
<td>Domain 3 – Procedures</td>
</tr>
<tr>
<td>Teaching schedules, presentations and feedback from attendees</td>
<td>Domain 10 – Teaching &amp; Education</td>
</tr>
</tbody>
</table>

We recognise that you may not have all the evidence listed here and you may wish to delay submitting your application until you are able to gather it.
**Workplace-based assessments**

If you are including workplace-based assessments in your evidence, the following table may offer some guidance where to list your assessments. For example, if you have an ACAT, we would ask that you add it to Domain 6 and cross reference to the other primary domains for that assessment’s focus.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>First domain to link to</th>
<th>Other primary links for assessment</th>
<th>Secondary links for assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Assessment Tool (ACAT)</td>
<td>Domain 6 Leadership and team working</td>
<td>Domain 1 Professional values and behaviours</td>
<td>Domain 3 Procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 2 Communication</td>
<td>Domain 8 Quality improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 4 Patient management</td>
<td>Domain 9 Safeguarding</td>
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<tr>
<td></td>
<td></td>
<td>Domain 7 Patient safety</td>
<td>Domain 10 Education and training</td>
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<tr>
<td>Case Based Discussion (CBD)</td>
<td>Domain 4 Patient management</td>
<td>Domain 1 Professional values and behaviours</td>
<td>Domain 5 Heath promotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 2 Communication</td>
<td>Domain 6 Leadership and team working</td>
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<tr>
<td></td>
<td></td>
<td>Domain 7 Patient safety</td>
<td>Domain 9 Safeguarding</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Domain 10 Education and training</td>
</tr>
<tr>
<td>Safeguarding Case Based Discussion (SCBD)</td>
<td>Domain 9 Safeguarding</td>
<td>Domain 1 Professional values and behaviours</td>
<td>Domain 7 Patient safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 2 Communication</td>
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<tr>
<td></td>
<td></td>
<td>Domain 4 Patient management</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Domain 6 Leadership and team working</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 7 Patient safety</td>
<td></td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise (Mini-CEX)</td>
<td>Domain 4 Patient management</td>
<td>Domain 1 Professional values and behaviours</td>
<td>Domain 5 Heath promotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 2 Communication</td>
<td>Domain 9 Safeguarding</td>
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<tr>
<td></td>
<td></td>
<td>Domain 3 Procedures</td>
<td>Domain 10 Education and training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 6 Leadership and team working</td>
<td></td>
</tr>
<tr>
<td>Directly Observed Procedural Skills (DOPS)</td>
<td>Domain 3 Procedures</td>
<td>Domain 1 Professional values and behaviours</td>
<td>Domain 1 Professional values and behaviours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 2 Communication</td>
<td>Domain 2 Communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 3 Procedures</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 6 Leadership and team working</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 7 Patient safety</td>
<td></td>
</tr>
</tbody>
</table>
Discussion of Correspondence (DOC)
- Domain 2 Communication
- Domain 1 Professional values and behaviours
- Domain 4 Patient management
- Domain 7 Patient safety
- Domain 5 Health promotion
- Domain 9 Safeguarding

Handover Tool (HAT)
- Domain 6 Leadership and team working
- Domain 1 Professional values and behaviours
- Domain 2 Communication
- Domain 4 Patient management
- Domain 7 Patient safety
- Domain 8 Quality improvement
- Domain 9 Safeguarding
- Domain 10 Education and training

LEADER
- Domain 6 Leadership and team working
- Domain 1 Professional values and behaviours
- Domain 2 Communication
- Domain 4 Patient management
- Domain 7 Patient safety
- Domain 5 Health promotion
- Domain 8 Quality improvement
- Domain 9 Safeguarding
- Domain 11 Research

*NB: Please note, workplace-based assessments alone would likely be insufficient to demonstrate any domain’s breadth for curriculum completion.*

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

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

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

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

As a general guide, we would want no more than 800 pages of evidence (see indicative evidence proportions below).

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

**Organising your evidence: the 11 curriculum learning outcomes**

The [Paediatrics curriculum](#) is divided into 11 curriculum learning outcomes mapping to the GMC's Generic Professional Capabilities domains. You will need to ensure that the different types of evidence you provide cover all 11 learning outcomes.

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

The amount of evidence needed for each domain will vary, according to the documentation required to cover each capability. Based on the evidence supplied across domains for trainees on the CCT training programmes, we have identified the approximate evidence proportions displayed in the chart below. This indicates that nearly half of evidence submitted will cover communication, procedures and patient management.

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Page 9 of 42
Approximate guide of how much evidence will be submitted for each domain

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

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Unsuccessful applications or poor evidence

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

- Applicants do not provide evidence to cover the full breadth of the CCT curriculum. If you have not covered a specific area of the curriculum in the past five years it is advisable to postpone an application until you have been able to gain or refresh this experience. Applicants must ensure they can provide primary evidence of their learning outcomes and capabilities in all areas of the curriculum.

- Applicants do not have current certification in resuscitation. Applicants must provide valid certification in advanced paediatric and neonatal life support skills eg, APLS and NLS.

- Applicants do not provide evidence for child protection. Applicants must provide valid certification in level 3 child protection training and evidence of recent experience in child protection cases.

- Applicants provide poor evidence of clinical governance. Applicants must provide evidence of various audits in which you played a lead role, together with contributions to service improvement or risk management projects you have written. The actual verified audits themselves are required as evidence, not just email correspondence or statistics. Evidence of service improvement, risk management projects or other clinical governance activity is also needed.

- Applicants provide poor evidence of training and assessing junior colleagues. These areas may not form part of your role, however it is essential that evidence is supplied that confirms that you have the skills even if you have not had the opportunity to regularly put them into practice. This may be best demonstrated by attendance at a course and the training or supervision of more junior colleagues. You must also provide evidence of your competence in teaching in the form of presentations or PowerPoint slides, in addition to evidence of feedback from students on your teaching ability and evidence of feedback you have given to students. The latter could take the form of assessments, multisource feedback, reference letters and constructive advice that you have provided to students, junior doctors and colleagues.

- Applicants provide poor evidence of management skills. It is recognised that you may not have experience of managing a department, however some forms of management should be demonstrated e.g. rota management, meeting/event management, budget management, leading ward rounds, leading on educational or research related activities.

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

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

We also strongly recommend that your referees can provide detailed support for your capabilities across all or most areas of the curriculum and they understand the requirements for specialist training in paediatrics and Specialist Registration in the UK.
Anonymising your evidence

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

- All patient identifying details
- Details of patients’ relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details don’t need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our website.
### Evidence of training and qualifications

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

<table>
<thead>
<tr>
<th>Primary medical qualification (PMQ)</th>
<th>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If you do not hold registration, please provide an <strong>authenticated copy</strong> of your PMQ.</td>
</tr>
<tr>
<td>Specialist medical qualification(s)</td>
<td>Please provide an <strong>authenticated copy</strong> of any specialist medical qualifications you hold.</td>
</tr>
<tr>
<td></td>
<td>There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant’s whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</td>
</tr>
<tr>
<td>Recent specialist training</td>
<td>If you have worked in posts approved for a specialist training programme for a relevant paediatric qualification outside the UK in the past five years, please provide an <strong>authenticated copy</strong> of the curriculum or syllabus that was in place when you undertook your training.</td>
</tr>
<tr>
<td></td>
<td>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</td>
</tr>
<tr>
<td></td>
<td>You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</td>
</tr>
<tr>
<td></td>
<td>If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.</td>
</tr>
<tr>
<td></td>
<td>If you have undertaken approved specialty training towards a CCT or CESR(CP) in paediatrics in the UK in the past five years, you should provide an authenticated copy of your ARCPs.</td>
</tr>
<tr>
<td>Specialist registration outside the UK</td>
<td>Please provide an <strong>authenticated copy</strong> of details of the registration requirements of that authority.</td>
</tr>
<tr>
<td>Other relevant qualifications and certificates</td>
<td>You must provide evidence of current certification in advanced paediatric and neonatal life support skills, e.g. valid APLS and NLS. You must provide evidence of current valid level 3 child protection training or equivalent child protection and safeguarding skills. You may also include postgraduate qualifications in other areas if they are relevant to associated capabilities e.g. teaching, management, research methodology. Please provide copies of certificates.</td>
</tr>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Employment letters and contracts of employment</th>
<th>The information in these letters and contracts must match your CV. They will confirm the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• dates you were in post</td>
</tr>
<tr>
<td></td>
<td>• post title, grade, training</td>
</tr>
<tr>
<td></td>
<td>• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job descriptions</th>
<th>These must match the information in your CV. They will confirm the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• your position within the structure of your department</td>
</tr>
<tr>
<td></td>
<td>• your post title</td>
</tr>
<tr>
<td></td>
<td>• your clinical and non clinical commitment</td>
</tr>
<tr>
<td></td>
<td>• your involvement in teaching or training.</td>
</tr>
</tbody>
</table>
Curriculum domain 1. Professional values and behaviours and professional knowledge

Within this domain, a doctor should be able to demonstrate their knowledge of current legislation related to children and families/carers in their clinical practice (e.g., adoption and safeguarding).

RCPCH Voice of children, young people and families/carers.

Children, young people and families said that professional values and behaviours to them includes paediatricians who are:
- professional at work
- open minded
- aware of their own actions
- respectful
- following “good medical practice”
- friendly and approachable
- age appropriate
- talking to you not at you
- knowledgeable

This is in the context of the skills of self-regulation, professional behaviour and demonstrating the professional qualities required by a paediatrician in independent practice.

Standard expected

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

Key capabilities

- Applies knowledge of current legislation related to children and families.
- Practises independently in a safe manner.

<table>
<thead>
<tr>
<th>Evidence of capability</th>
<th>Documentation expected</th>
<th>Other relevant documents (if submitted elsewhere, do not submit in this domain as well and cross reference instead as indicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies knowledge of current legislation related to children and families.</td>
<td>Anonymised court reports, witness statements</td>
<td>[Domain 2] demonstrating obtaining consent working with patients, families and carers</td>
</tr>
</tbody>
</table>

Reflective notes relating to medico-legal work

This is the specialty specific guidance for Paediatrics

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<table>
<thead>
<tr>
<th>Practises independently in a safe manner</th>
<th>Appraisals</th>
<th>Structured reports</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Development logs relating to medico-legal work</td>
<td>Domain 4] Involvement in adoption cases</td>
</tr>
<tr>
<td></td>
<td>Domain 9] Safeguarding training, current certification of level 3 child protection, safeguarding CBD assessments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practises independently in a safe manner</td>
<td>Revalidation (if in UK)</td>
</tr>
<tr>
<td></td>
<td>Reflective notes of independent practice</td>
<td>Certificate of good standing (overseas based doctors) or restriction free registration with GMC</td>
</tr>
<tr>
<td></td>
<td>Evidence of learning and remediation of any identified deficiencies</td>
<td>Evidence of learning and remediation of any identified deficiencies</td>
</tr>
<tr>
<td></td>
<td>CPD attendance records and training certificates relating to developing independent practice</td>
<td>CPD attendance records and training certificates relating to developing independent practice</td>
</tr>
<tr>
<td></td>
<td>Structured reports</td>
<td>Domain 2 workplace-based assessment: discussion of correspondence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 2] MSF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 3 workplace-based assessment: DOPS</td>
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<td></td>
<td></td>
<td>Domain 4 workplace-based assessment: Case Based Discussion</td>
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<tr>
<td></td>
<td></td>
<td>Domain 4 workplace-based assessment: mini-CEX</td>
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<td>Domain 6 workplace-based assessment: LEADER</td>
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<td></td>
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<td>Domain 6 workplace-based assessment: HAT</td>
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<tr>
<td></td>
<td></td>
<td>Domain 6 workplace-based assessment: ACAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain 9 workplace-based assessment: Safeguarding Case Based Discussion</td>
</tr>
</tbody>
</table>
Curriculum domain 2. Professional skills: communication

Within this domain, a doctor should be able to demonstrate working in an unsupervised role within multidisciplinary teams and apply communication skills with children, young people and families in a range of environments and challenging situations. Communications skills should be demonstrable across the range of paediatric healthcare settings and all levels of complexity.

RCPCH Voice of children, young people and families/ carers

We asked children and young people what good communication with services means to them and they said:
- It needs to be easy to tell you what I need or what I think
- It would be good if we could email or message you our questions before the appointment in case we forget or aren’t brave enough to ask
- We are the future. Services need us to be part of them to help them be what we need and this means you need to ask us and then do something with what we say
- I want to feel that I understand my doctor and what he is saying, so that I don’t have to ask mum afterwards
- Communication is about building up trust, it’s nice when the doctor knows I like cadets and asks me at the start. It makes me feel comfortable

Standard expected

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

Key capabilities

- Models and teaches effective active listening skills in consultation with children and young people (CYP).
- Demonstrates to others how to manage an effective consultation, including communicating a diagnosis and prognosis effectively to children, young people and families.
- Leads MDTs and applies communication skills in a range of environments and situations with children, young people and families, including in challenging circumstances.

Evidence of capability Documentation expected Other relevant documents (if submitted elsewhere, do not submit in this domain as well and cross reference instead as indicated)

<p>| Models and teaches effective active listening skills in consultation with children and young people (CYP). | MSF | [Domain 1] Appraisal |
| Testimonials from patients/ carers | Reflective notes on consultations | [Domain 4] Workplace based assessment: Case Based Discussion |</p>
<table>
<thead>
<tr>
<th>Evidence of capability</th>
<th>Documentation expected</th>
<th>Other relevant documents (if submitted elsewhere, do not submit in this domain as well and cross reference instead as indicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manages the family of a child who is extremely unwell, dying or has died</td>
<td>Testimonials from patients/ carers</td>
<td>[Domain 1] Appraisal</td>
</tr>
<tr>
<td></td>
<td>Case histories of communicating with carers of CYP in palliative setting</td>
<td>[Domain 6] Workplace based assessment: ACAT</td>
</tr>
<tr>
<td></td>
<td>Workplace-based assessments: DOC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MSF</td>
<td>[Domain 1] Appraisal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[Domain 9] Development log: safeguarding</td>
</tr>
</tbody>
</table>

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**Curriculum domain 3. Professional skills: procedures**

Within this domain a doctor should be capable of performing all clinical skills that are required in paediatrics with CYP and can confidently teach these to junior colleagues and staff.

**Key capabilities**

- Demonstrates advanced life support skills.
- Undertakes key procedures including the following:
  - Peripheral venous cannula
  - Lumbar puncture
  - Advanced airway support, including tracheal intubation
  - Umbilical venous cannulation.
- Supervises and assesses junior staff undertaking clinical procedures.
- Responds to and leads emergency situations and performs advanced life support.

**RCPCH Voice of children, young people and families/ carers**

We asked for examples of when doctors have changed what they are doing to meet the needs of the patient. Children, young people and families shared their experiences:

- A young person with cerebral palsy and limited speech likes it when they are talked to directly and when the consultant emails before with questions and information
- A child with epilepsy liked it when they got a copy of the brain scan which was drawn all over by the doctor to explain what happens
- A young person said about how the doctor used easier words and did a drawing to explain what was going to happen
- A parent shared how the doctor works with play specialists to use play, activities and role play to explain what will happen with the needle and when they have their procedure

**Standard expected**

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

**Evidence of capability**

<table>
<thead>
<tr>
<th>Documentation expected</th>
<th>Other relevant documents (if submitted elsewhere, do not submit in this domain as well and cross reference instead as indicated)</th>
</tr>
</thead>
</table>
| Demonstrates advanced life support skills | APLS, NLS, EPALS or equivalent | [Domain 1] Appraisal  
[Domain 2] MSF  
|------------------------------------------|--------------------------------|------------------------------------------------|
| • Undertakes key procedures including the following:  
  o Peripheral venous cannula  
  o Lumbar puncture  
  o Advanced airway support, including tracheal intubation  
  o Umbilical venous cannulation | Directly Observed Procedural Skills (DOPS)  
  workplace-based assessments on each procedure assessed as “competent to perform unsupervised”  
  Anonymised procedure logs  
  Skills logs for procedures  
  Evidence of simulation training  
  Reflective practice on performing procedures | [Domain 1] Appraisals  
[Domain 2] referral letters  
[Domain 4] Anonymised patient logs, medical reports, case notes  
| Supervises and assesses junior staff undertaking clinical procedures | DOPS assessments completed on colleagues  
Evidence of teaching simulation training | [Domain 1] Appraisal  
[Domain 2] MSF  
| Responds to and leads emergency situations and performs advanced life support | APLS, NLS, EPALS or equivalent | [Domain 1] Appraisal  
[Domain 2] MSF  
[Domain 7] Incident reporting and risk management |

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Curriculum domain 4. Professional skills: patient management

Within this domain a doctor needs to demonstrate expertise in a wide range of paediatric conditions in a variety of settings. They will practise independently demonstrating proficient management of children and young people.

**Key capabilities**

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

**Evidence of capability**

<table>
<thead>
<tr>
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**RCPC Voice of children, young people and families/carers**

We asked young people what they think creates a good transition process for young patients between services and they said:

- Recognise and discuss individual needs in young people friendly terms
- Look at transition holistically, to include advice on: social, emotional, educational, geographical, employment, relationships and physical health
- Adult services to make social connections and have a long-term relationship with young people, to provide continuity of care
- Multidisciplinary teams are important and should meet regularly to prepare the young person for transition
- Signpost to local services, resources and knowledge
- Support young people with their mental health

**Standard expected**

Considers the full range of treatment and management options available, including new and innovative therapies that are relevant within paediatrics; anticipates the need for transition from paediatric services and plans accordingly.
| Encourages CYP to participate in their individual care, using expert resources appropriately | Anonymised patient logs, medical reports, case notes  
Workplace based assessment: Case based Discussion | [Domain 2] MSF |
|---|---|---|
| Supervises colleagues in the assessment and management of cases which are complex, nuanced or perplexing | Anonymised patient logs, medical reports, case notes  
Reflective notes on difficult or complex cases  
Case based discussions or mini-CEX assessments on colleagues | [Domain 1] Appraisal  
[Domain 2] MSF  
[Domain 2] MDT meeting notes demonstrating active role in leading MDT |
| Models colleagues a flexible, holistic, reflective, evidence-based approach to practice | Reflective notes on evidence based medicine | [Domain 1] Appraisal  
[Domain 2] MSF  
[Domain 11] |
| Anticipates the need for transition to another service or is able to work jointly alongside another service to care for a patient | Anonymised patient logs, medical reports, case notes  
Workplace based assessment: Case based Discussion | [Domain 1] Appraisal  
[Domain 2] MDT meeting notes demonstrating active role in leading MDT  
[Domain 2] Workplace based assessment: Discussion of Correspondence (DOC)  
[Domain 2] MSF  
| Collaborates flexibly across local health systems to lead in care quality | Anonymised patient logs, medical reports, case notes  
Workplace based assessments of Case based Discussion | [Domain 1] Appraisal  
[Domain 2] MDT meeting notes demonstrating active role in leading MDT  
[Domain 2] MSF |
<table>
<thead>
<tr>
<th>General Paediatrics SLO</th>
<th>Resuscitates, stabilises, and treats acutely unwell children and young people, liaising with specialist and primary care teams as necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evidence of capability</strong></td>
<td><strong>Documentation expected</strong></td>
</tr>
</tbody>
</table>
| Leads a team in the resuscitation of acutely unwell children or young people | Anonymised patient logs, medical reports, case notes for resuscitation activity  
Reflective notes on resuscitation activity | [Domain 1] Appraisal  
[Domain 2] MSF  
| Assesses, investigates and manages acutely unwell children or young people | Anonymised patient logs, medical reports, case notes on acutely unwell children and young people  
Reflective notes on difficult or complex cases  
Case based discussions or mini-CEX assessments on colleagues  
Workplace based assessments of Case based Discussion | [Domain 1] Appraisal  
[Domain 2] MSF  
| Supports children or young people and their families in the event of a death | Reflective notes on breaking bad news  
Case histories of communicating with children and young people and families in the event of a death  
Workplace based assessments of Case based Discussion | [Domain 1] Appraisal  
[Domain 2] MSF |

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</table>
| Assesses, investigates and manages children and young people referred to outpatient care clinics with a full range of nonspecific and specific symptoms and signs. | Anonymised patient logs, medical reports, case notes for outpatient clinics  
Development logs focused on outpatient clinics  
Workplace based assessments of Case based Discussion  
Workplace based assessments of Mini-CEX | [Domain 1] Appraisal  
Curriculum domain 5. Health promotion and illness prevention

Within this domain, a doctor should demonstrate considering health promotion, illness prevention and public health from a leadership perspective. They should be able to demonstrate considering these concepts from the perspective of the individual child and family plus from a strategic service perspective.

RCPCH Voice of children, young people and families/ carers

We asked children and young people what keeps them healthy, happy and well and they said
- Health information which is more interactive and memorable
- Having annual checks for vulnerable groups and introduce health checks in secondary school
- All doctors to have a good understanding of how to support good mental health for children and young people
- More education and awareness sessions on mental and physical health from a younger age
- Have more opportunities for parents and patients to talk to each other and get advice/support from people with lived experiences of conditions – tips to prevent crisis

Standard expected

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

Key capabilities

- Demonstrates understanding of the systems that enable clinicians to analyse data relating to the patients under their care.
- Applies health information data to a wider community, whether this be regional, national or international.
- Evaluates the way that patients and families use the health system and adapts practice to encourage self-management and early intervention.

<table>
<thead>
<tr>
<th>Evidence of capability</th>
<th>Documentation expected</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates understanding of the systems that enable clinicians to analyse data relating to the patients under their care</td>
<td>Reflective notes</td>
<td>[Domain 8] Quality improvement projects</td>
</tr>
<tr>
<td>Applies health information data to a wider community, whether this be regional, national or international</td>
<td>Reflective notes, CPD certificates or anonymised patient records of illnesses in child travellers and recent migrants to the UK</td>
<td>[Domain 8] Quality improvement projects</td>
</tr>
</tbody>
</table>
| Evaluates the way that patients and families use the health system and adapts practice to encourage self-management and early intervention | Evidence of communication in the context of cultural differences and ethnic origin  
Evidence of practical engagement in Public Health issues during clinical encounters e.g. discussions with patients and parents regarding smoking, obesity, breastfeeding | [Domain 2] Referral letters  
[Domain 2] MSF |
Curriculum domain 6. Leadership and team working

Within this domain, a doctor should demonstrate leadership within paediatric settings covering all areas of interest and promote a strong teamworking ethos.

Key capabilities

- Engages effectively with stakeholders such as patients, families, charities and other healthcare organisations to create and/or sustain a patient-centred service.
- Meets patient need through working with non-clinical or managerial colleagues to develop the skills pertinent to the effective running of a paediatric department.
- Leads in multidisciplinary team working.
- Addresses challenging behaviour within the team.

RCPCH Voice of children, young people and families/carers

Children, young people and families said that “leadership and team working” to them includes paediatricians who:

- Know who your team is and how to get in touch with them
- Are helping others to understand what is going on and why
- Include other people too like schools, nan’s and friends – not all medical people
- Find the right person who can help you and get them to see you quickly
- Making me feel confident that you know what needs to happen next

Standard expected

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

Evidence of capability | Documentation expected | Other relevant documents (if submitted elsewhere, do not submit in this domain as well and cross reference instead as indicated)
--- | --- | ---
Engages effectively with stakeholders such as patients, families, charities and other healthcare organisations to create and/or sustain a patient-centred service. | Workplace based assessments of LEADER, Handover Tool (HAT) and Acute Care Assessment Tool (ACAT) | [Domain 1] Appraisal
Assessments of looked-after children
Letters for schools, charities or other healthcare organisations | [Domain 2] MSF
[Domain 4] Clinical notes and records of patient handovers |
<table>
<thead>
<tr>
<th>Meets patient need through working with non-clinical or managerial colleagues to develop the skills pertinent to the effective running of a paediatric department</th>
<th>Involvement in organising staffing rotas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace based assessments of LEADER, Handover Tool (HAT) and Acute Care Assessment Tool (ACAT)</td>
<td>[Domain 1] Appraisal</td>
</tr>
<tr>
<td>Demonstrable involvement in organising staffing rotas</td>
<td>[Domain 2] MSF</td>
</tr>
<tr>
<td>Development logs on management or governance</td>
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<tr>
<th>Leads in multidisciplinary team working</th>
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<tbody>
<tr>
<td>Records of multidisciplinary team meeting</td>
<td>[Domain 1] Appraisal</td>
</tr>
<tr>
<td>Records of chairing team meetings</td>
<td>[Domain 2] MSF</td>
</tr>
<tr>
<td>Evidence of managing colleagues and other staff members</td>
<td>[Domain 4] Anonymised patient logs, medical reports, case notes</td>
</tr>
<tr>
<td>Development logs on management or governance</td>
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<tr>
<th>Addresses challenging behaviour within the team</th>
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<tbody>
<tr>
<td>Reflective notes demonstrating recognition of limitations</td>
<td>[Domain 1] Appraisal</td>
</tr>
<tr>
<td>Records of multidisciplinary team meeting</td>
<td>[Domain 2] MSF</td>
</tr>
<tr>
<td>Records of chairing team meetings</td>
<td></td>
</tr>
<tr>
<td>Evidence of managing colleagues and other staff members</td>
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<tr>
<td>Development logs on management or governance</td>
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<thead>
<tr>
<th>General Paediatrics SLO</th>
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<tbody>
<tr>
<td>Assumes the role of Acute Paediatric Team Leader and liaises with the primary care and other hospital and community specialist teams to effectively manage and coordinate patient flow, staffing, safety and quality in the paediatric acute assessment and inpatient units</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence of capability</th>
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<table>
<thead>
<tr>
<th>Manages and co-ordinates patient flow and allocates resources in the acute and emergency paediatrics assessment unit and inpatient ward</th>
<th>Workplace based assessments of LEADER, Handover Tool (HAT) and Acute Care Assessment Tool (ACAT) Reflective notes focused on managing patient flow and resource allocation Development log on management or governance</th>
<th>[Domain 2] MSF [Domain 4] CBD assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Paediatrics SLO Co-ordinates and leads the care of children and young people with complex conditions, liaising with primary care and other hospital and community specialist teams</td>
<td>Evidence of capability Documentation expected Other relevant documents (if submitted elsewhere, do not submit in this domain as well and cross reference instead as indicated)</td>
<td></td>
</tr>
<tr>
<td>Oversees and co-ordinates the care of children and young people with complex health conditions</td>
<td>Workplace based assessments of LEADER, Handover Tool (HAT) and Acute Care Assessment Tool (ACAT) Reflective notes on managing complex health conditions in a multidisciplinary setting Development logs on leadership or management, including personal development plans</td>
<td>[Domain 1] Appraisal [Domain 2] MSF [Domain 4] workplace-based assessment: CBD</td>
</tr>
<tr>
<td>Provides advice and guidance across a broad range of health issues for children and young people, their families and healthcare and other professionals</td>
<td>Workplace based assessments of LEADER, Handover Tool (HAT) and Acute Care Assessment Tool (ACAT) Development logs on management or governance Reflective notes on providing guidance with children, young people and families/ carers</td>
<td>[Domain 2] MSF [Domain 4] workplace-based assessment: CBD [Domain 4] workplace-based assessment: mini-CEX [Domain 6]</td>
</tr>
<tr>
<td>Recognises when specialist advice or review is required for the further assessment, investigation and management of children and young people</td>
<td>Case histories specifically relevant to further assessment, management or investigation Reflective notes on using specialist advice services</td>
<td>[Domain 2] MSF [Domain 2] MDT meeting notes demonstrating active role in leading MDT [Domain 4] workplace-based assessment: CBD</td>
</tr>
</tbody>
</table>

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| Advocates and promotes good health for children and young people | Reflective notes health promotion for children and young people | [Domain 2] MSF
[Domain 4] workplace-based assessment: CBD
[Domain 4] workplace-based assessment: mini-CEX
[Domain 5] Evidence of communication in the context of cultural differences and ethnic origin
[Domain 5] Evidence of practical engagement in Public Health issues during clinical encounters e.g. discussions with patients and parents regarding smoking, obesity, breastfeeding |
| Recognises and delivers initial management for psychological issues in young people presenting with physical symptoms | Workplace based assessments of LEADER, Handover Tool (HAT) and Acute Care Assessment Tool (ACAT) | [Domain 2] MSF
[Domain 4] workplace-based assessment: CBD
[Domain 4] workplace-based assessment: mini-CEX |

**Curriculum domain 7. Patient safety (including safe prescribing)**

Within this domain, a doctor should demonstrate considering all aspects of patient safety and prescribing in an unsupervised capacity, acting as a role model to other members of staff.

**RCPCH Voice of children, young people and families/ carers**

We asked 225 parents of children and young people with complex health needs what their biggest concerns were in relation to patient safety and safe prescribing and they said:

- Communicating with other carers and healthcare professionals about their child’s medication
- Remembering which medication to give and when
- Their child’s response to receiving the medication
- How to administer the medicine and how much to give
### Key capabilities

- Advises children, young people and their families about the importance of concordance, and about medications and their side effects.
- Takes account in their practice of risks to themselves and others, including those related to personal interactions and biohazards.
- Participates in investigating, reporting and resolving serious incidents, including through communication with patients and families or carers.
- Applies the principles of the Duty of Candour.

<table>
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<tr>
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</table>
| Advises children, young people and their families about the importance of concordance, and about medications and their side effects | Evidence of safe prescribing in a range of paediatric settings, including neonates, adolescents, general paediatrics, community paediatrics and paediatric emergencies in the acutely unwell child  
Anonymous medical reports, case notes, case histories, referral letters or correspondence | [Domain 1] Appraisal  
[Domain 2] MSF |
| Takes account in their practice of risks to themselves and others, including those related to personal interactions and biohazards | Evidence of action taken where there has been an identified threat to patient safety  
Reflective notes on learning points from incidents, identifying risks or service improvement  
CPD in infection control and risk management | [Domain 1] Appraisal  
[Domain 2] MSF |
| Participates in investigating, reporting and resolving serious incidents, including through communication with patients and families or carers | Reflective notes on learning points from incidents, identifying risks or service improvement  
Evidence of managing and responding to complaints | [Domain 2] MSF  
[Domain 2] Workplace based assessment: Discussion of Correspondence |
### Curriculum domain 8. Quality improvement

Within this domain, a doctor should demonstrate identifying improvement opportunities across a range of areas such as patient care, service delivery and management. They should extol reflective practice demonstrating improvements based on reviews.

#### Standard expected

Identifies quality improvement opportunities and supervises healthcare professionals in improvement projects, leading and facilitating reflective evaluations.

#### Key capabilities

- Responds appropriately to health service targets and participates in the development of services.
- Employs the principles of evaluation, audit, research and development in standard settings to improve quality.
- Applies understanding of national and local regulatory bodies, particularly those involved in standards of professional behaviour, clinical practice and education, training and assessment.

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</thead>
<tbody>
<tr>
<td>Responds appropriately to health service targets and participates in the development of services</td>
<td>Minutes, presentations or other records of participation in clinical governance meetings or other working groups focused on service improvement Reflective notes on service development and health service target adherence</td>
<td>[Domain 11] Participation in clinical governance meetings</td>
</tr>
</tbody>
</table>
Employs the principles of evaluation, audit, research and development in standard settings to improve quality

Audits, draft protocols, guidance or other examples of service improvement based on the driver from an identified service need

([Domain 11] Development log: research

Applies understanding of national and local regulatory bodies, particularly those involved in standards of professional behaviour, clinical practice and education, training and assessment

Initiating and leading on at least one QI project demonstrating how QI has improved patient safety with reflective notes on lessons learnt

([Domain 11] Development log: research

Curriculum domain 9. Safeguarding

Within this domain, a doctor should demonstrate proficiency in safeguarding being able to advise others about their area of practice.

RCPCH Voice of children, young people and families/ carers

We asked children & young people what they think keeps them safe and they said:

- Adults that we know and trust to speak with about things that are going on in our lives
- Safe places to go in our local area which helps us to see friends, do things together and not be out on the street
- An environment that is safe, clean, fixed up and doesn't encourage bad things to happen
- Not being judged by services or staff – just because we have a social worker or need a bit of help doesn't make us a bad person
- To give us access to support when we need it, so we don't have to wait or be worse to qualify for help

Standard expected

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

Key capabilities

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

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| Assesses the role of the paediatrician as it relates to those of other agencies in the management of children in need and those in need of protection and ensures suitable follow-up | Anonymised medical reports and/or witness statements by the applicant on cases involving safeguarding children, written for non-health professionals such as social services, the police and/or the courts  
Workplace based assessment: Safeguarding Case Based Discussion (SCBD)  
Minutes or other records of participation in safeguarding meetings or other working groups focused on safeguarding | [Domain 2] MSF  
[Domain 4] Workplace based assessment: Case Based Discussion |
| Accesses the health lead for sudden unexpected death in infants and children (SUDIC), including the rapid response teams when the death of a child is sudden and unexpected. Recognises the urgency of this when abuse is suspected | Workplace based assessment: Safeguarding Case Based Discussion (SCBD)  
Reflective notes of involvement in SUDIC cases | [Domain 2] MSF  
[Domain 4] Workplace based assessment: Case Based Discussion  
[Domain 6] Multidisciplinary team meetings |
| Instigates appropriate medical investigations and initiates and contributes to multi-agency involvement in all forms of abuse | Workplace based assessment: Safeguarding Case Based Discussion (SCBD)  
Reflective notes of involvement in multi-agency abuse cases  
Development log: safeguarding  
Minutes or other records of participation in safeguarding meetings or other working groups focused on safeguarding | [Domain 2] MSF  
[Domain 4] Workplace based assessment: Case Based Discussion  

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Compiles and writes a range of reports required for safeguarding work, including police statements, medical reports for social services and court reports

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| Assesses, investigates and manages children referred or identified with safeguarding concerns | Anonymised medical reports and/or witness statements by the applicant on cases involving safeguarding children, written for non-health professionals such as social services, the police and/or the courts
Current certification of training in level 3 child protection Child protection reports and/or witness statements | [Domain 2] MSF
[Domain 4] Workplace based assessment: Case Based Discussion

General Paediatrics SLO
Recognises, investigates and manages safeguarding issues, including providing advice to general practitioners, other healthcare professionals and social care providers

<table>
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<tr>
<th>Evidence of capability</th>
<th>Documentation expected</th>
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</table>
| Overall | Anonymised medical reports and/or witness statements by the applicant on cases involving safeguarding children, written for non-health professionals such as social services, the police and/or the courts
Current certification of training in level 3 child protection Child protection reports and/or witness statements |

[Domain 4] Workplace based assessment: Case Based Discussion
Curriculum domain 10. Education and training

Within this domain, a doctor should demonstrate the knowledge, skills and attitudes of a highly effective teaching, evaluating impact and feedback from their teaching and adjusting accordingly.

RCPCH Voice of children, young people and families/ carers

We asked children and young people about training paediatricians and they said:
• Children and young people have to be involved!
• We want to help you to learn as well as you teaching us about our condition
• It’s not only doctors that need to learn new things, we wish that all school staff understood more about our conditions like epilepsy and asthma. Maybe doctors or nurses could visit the schools?
• The most important thing for us is that doctors are taught how to understand what I am not saying, especially as a teenager!
• We need all doctors to be taught about mental health so that if we see them in the hospital or in A&E or in our school they know how to help us or who is the best person that can help quickly

Standard expected

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

Key capabilities

• Evaluates teaching practice in a range of contexts using a variety of methods.
• Effectively uses structured learning events (SLEs) to facilitate learning.
• Teaches patients, families, junior colleagues and other healthcare professionals about a range of general paediatric conditions.

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<tr>
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</table>
| Evaluates teaching practice in a range of contexts using a variety of methods | Teaching schedules, presentations and feedback from attendees | [Domain 1] Appraisal  
[Domain 2] MSF  

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| Correspondence demonstrating your involvement in specialty trainee formal education programmes  
| Reflective notes on range of teaching styles used  
| Development log teaching  |

| Effective uses structured learning events (SLEs) to facilitate learning  |
| Evidence of assessing procedural or clinical skills of trainees/colleagues  
| Evidence of assessing non-clinical skills of trainees/colleagues  
| Certificates of participating in education skills training and development (e.g., RCPCH Effective Educational Supervision Course)  
| Reflective notes on use of SLEs to help other professionals develop  
| Development log teaching  |

| Teaches patients, families, junior colleagues and other healthcare professionals about a range of general paediatric conditions  |
| Evidence of assessing procedural or clinical skills of trainees/colleagues  
| Evidence of assessing non-clinical skills of trainees/colleagues  
| Evidence of engaging other healthcare professionals and non-clinical staff by delivering teaching sessions and using feedback to improve teaching  
| Reflective notes on teaching in wider community paediatric settings  |

**Curriculum domain 11. Research**

Within this domain, a doctor should demonstrate capabilities in using evidence-based practice to support patient care, as well as developing guidelines, protocols and procedures.

*This is the specialty specific guidance for Paediatrics*

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
We asked children and young people how they want to get involved in research with paediatricians and they said by:
- Raising awareness of research with children and young people
- Encouraging children and young people to get involved in child health research from the start
- Developing the research design – from the question, to choosing how to do the research and who is involved
- Helping children and young people to be able to give informed consent
- Helping to do the research and checking it is doing what it is meant to be doing

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

Key capabilities
- Practises evidence-based medicine and critically analysing its limits.
- Leads in the development and revision of local guidelines and procedures to improve service delivery.

<table>
<thead>
<tr>
<th>Evidence of capability</th>
<th>Documentation expected</th>
<th>Other relevant documents (if submitted elsewhere, do not submit in this domain as well and cross reference instead as indicated)</th>
</tr>
</thead>
</table>
| Practises evidence-based medicine and critically analysing its limits | Evidence of critical appraisal of original research and application of research findings to everyday clinical practice  
Evidence of integration of evidence-based medicine into clinical practice  
Evidence of contribution to department research activity or journal club  
Development logs: clinical question (literature appraisal)  
Skills log: research | [Domain 2] MSF  
[Domain 8] Quality improvement project initiation and contribution |
| Leads in the development and revision of local guidelines and procedures to improve service delivery | Presentation at a regional meeting and evaluation of presentation performance  
Evidence of involving children and young people in research and guideline developments  
Development logs: clinical question (literature appraisal)  
Skills log: research | [Domain 2] MSF  
[Domain 8] Quality improvement project initiation and contribution, audits, draft protocols, service improvement, governance meetings |
Appendix A

CESR in a non-CCT specialty

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

To be eligible to apply doctors must have either:

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

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

Specialty specific guidance for non-CCT applicants

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

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

Required evidence for all non-CCT applicants

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

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

Advice from a successful CESR applicant

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

1. Understand the time and effort that is required to make a successful application. You are asked to provide evidence that you have fulfilled all the learning outcomes defined in the CCT curriculum. Doctors who have gone through the formal training programme will normally have taken around eight years to gain these outcomes, so it is not something you can gather overnight.

   Depending on your recent work history and experience, the CESR may be a matter of starting an application now, or it may be a more long-term process to work towards as a goal in your career development.

2. Good preparation is key. Make sure you look carefully at:
   a. the current curriculum in paediatrics.
   b. this Specialty Specific Guidance.
   c. the Royal College of Paediatrics and Child Health guidance for applicants.

3. Recognise that you will need others to support you in the application process. Think about who can help, explain to them what help you need and ask if they can support you.

4. Try benchmarking yourself against this guidance. For each domain of learning outcomes, try looking at:
   a. where you already have evidence of capability and start to gather this in one place.
   b. where you have capabilities, but as yet cannot provide evidence. Think about what evidence you could provide. Try to gain some work based assessments, such as Directly Observed Procedural Skills (DOPS) and Mini Clinical Evaluation Exercises (MiniCEX) across a range of clinical presentations.
   c. where you have previously obtained learning outcomes but need to gather evidence to show that your skills are still up to date. For example, if you have specialised in community paediatrics, make sure you have current certification in paediatric and neonatal resuscitation. If you specialise in acute paediatrics, ensure you have current certification in level 3 child protection.
   d. where you do not yet have learning outcomes. Make a plan of how you could address these gaps. Discuss these gaps with your lead consultant in your specialty and ask if they can support you in getting experience to meet these gaps.

This is the specialty specific guidance for Paediatrics

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
5. The CESR places most emphasis on evidence gathered in the last five years. If you are providing evidence from before this time, think about what you can do now to show that you still have these capabilities. For example, if you still have contacts in that unit you could ask if they would be prepared for you to go back and have some workplace-based assessments in that area. The Trust would probably want you to have an honorary contract for this.

6. Choose the referees for your structured reports carefully. The GMC provides guidance on who should give structured reports, but you should also think about who values you enough to put in the time and effort to ensure that their report provides the information you need.

Think about what you can do to support them in this process. The structured reports they provide have to be from their own direct observation of your practice. Do not assume they can remember everything you have done; like you, they are busy people. Consider drafting a prompt sheet to help them recall the clinical experience you have, any safeguarding experience, any management you have done and any governance work. It is entirely up to them what they write, but there is no harm in reminding them of the good work you have carried out.

7. Make sure you understand which evidence needs to be verified and that you follow the correct verification procedure, to ensure that all your evidence is accepted and does not need to be resubmitted. If in doubt, the GMC can advise on what needs to be verified and what types of verification can be accepted. Check the GMC's guidance on verifying evidence.

Verification can be a time-consuming task for whoever you are asking to do this on your behalf. It is not just a case of signing off your documents; they need to be sure that it is honest evidence. Try to meet in advance with someone who can verify your evidence and discuss how they would prefer to do this task, e.g. waiting until you have gathered all your evidence and verifying everything at once, or in instalments while you are compiling it.

8. Take care to arrange your evidence following the order it is set out in this guidance, so it is easier for assessors to find the evidence they need for each of the sections.

9. Finally: keep going and don’t lose heart! There will probably be a point in the middle where the task feels huge. When this happens, allow yourself a couple of weeks off CESR then look at it afresh.

Additional guidance on applications in paediatrics is on the web at https://www.rcpch.ac.uk/resources/certificate-eligibility-specialist-registrationCESR and the College can be contacted at training.services@rcpch.ac.uk.