RCPCH Progress+

Paediatric training for excellence

Educational Supervisor and PGDiTs Guide for Paediatric Sub-Specialty: Allergy, Immunology, and Infectious Diseases

A practical guide for PGDiTs, Trainers, and Supervisors

RCPCH

Royal College of
Paediatrics and Child Health

This document provides an Educational Supervision Guide for Paediatric Sub-Specialty 'Allergy, Immunology, and Infectious Diseases' to be used by Postgraduate Doctors in Training (PDGiTs) and Supervisors.

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
2	24.02.2025	Transition to Progress+

The following guide has been produced by PAIID College Specialty Advisory Committee (CSAC) to help support Educational Supervisors who supervise PAIID sub-specialty PGDiTs and guide training centres responsible for the PGDiTs. The CSAC would particularly like to thank the trainee representatives – Nandinee Patel and Aisleen Bennett for their work contributing to this document.

General guidance will be followed by sub-specialty advice, where this differs between sub-specialities.

Any questions for items within this guide should be addressed to the CSAC training representative who can be contacted via the sub-specialty CSAC web page.

Content

Who are PAIID subspecialty PGDiTs?

A Paediatric Allergy, Immunology, and Infectious Diseases (PAIID) specialist is a doctor who works across all paediatric age groups to investigate, diagnose and manage infectious, immunological, and allergic disorders.

A PAIID specialist doctor's primary CCT will be in **Paediatrics**. Specialist registration in **PAIID** is in addition to that, so the CCT will be as a consultant in *Paediatrics (Paediatric allergy, immunology, and infectious diseases)*. Allergy, immunology, and infectious diseases sit together under the same CSAC and there is overlap in the curriculum and competencies required for training. However, they subspecialties have separate applications, curriculum, competencies and training centres, and a PGDiT would be expected to become a consultant in the subspeciality for which they completed their training.

The British Paediatric Allergy, Immunology, and Infectious Diseases special interest group (BPAIIG) is the national group through which PGDiTs are expected to acquire further training opportunities.

PAIID sub–specialty application process

These PAIID PGDiTs will have been selected by the College Specialty Advisory Committee (CSAC) panel through a nationally competitive application process. Therefore, those PGDiTs entering this training pathway will have demonstrated dedication and enthusiasm for this speciality as well as sufficient knowledge, ability, and independent achievement to complete this training successfully.

Academic PGDiTs may be directly appointed via the university and apply for GRID equivalence via national selection (as described above) once in post.

Training is by default three years' full-time equivalence. Requests for prospective approval of up to one year of training can be made to CSAC prior to application to sub-specialty, including the PGDiT's current post (if applicable). Relevant PhDs can be counted towards training with prospective approval for up to one year of training. The CSAC will also consider some time in relevant specialties in GRID approved centres.

PGDiTs and Educational Supervisor roles

Our PGDiTs are encouraged by CSAC to be adaptive and innovative in their training opportunities in discussion with their local teams to achieve their curriculum capabilities, as well as seeking support early if gaps arise or are foreseen.

The role of the Educational Supervisor (ES) is to nurture and support PAIID PGDiTs to explore and develop the specific areas of interest within their chosen sub-speciality and also the required training in the other strands of PAIID, whilst ensuring they are equipped with appropriate access to resources and experiences to progress through all the allied curriculum areas to a high standard and work competently as a consultant in PAIID.

Less than Full Time (LTFT) PGDiTs

Sub-specialty PGDiTs may be LTFT, however only one PGDiT can be allocated to each sub-specialty National Training Number. The remainder of the post may be filled by another PGDiT in a non-sub-specialty training post (SPIN PGDiTs are ideal to co share a slot). Please provide early information regarding weekly activities to allow selection of working days where possible.

Sub-specialty PGDiTs can switch to LTFT at any stage of training, and this should be discussed with the Deanery. PGDiTs are now able to switch to LTFT working without providing a reason for their choice (further information on the RCPCH LTFT web pages).

Return to Work

There are lots of good resources to support you on your return to work after a period of absence, including: RCPCH website.

Please take up the opportunity for 'Keep in Touch' days during any parental leave or extended time out of clinical practice. For further information see: Trainee toolkit – by trainees, for trainees and download the guide[1].

You should be allocated an educational supervisor prior to your return who can help you ease your way back. You need to meet with them 12-16 weeks prior to returning to work to allow for rota planning. HEE provides funding to support supervised return to practice where necessary, and your Trust should have a supported return to training (SuppoRRT) champion who can signpost you to this. Funding varies according to deanery. Further information can be found on the NHSE website.

Academic Posts

From August 2020, nationally recruited (NIHR) Academic Clinical Lectureships (ACLs) are considered "in addition" to the training posts and the clinical rota, and will be allocated Monday-Friday slots only, as they have a different Trust funding stream.

Out of hours work for general paediatric competencies should be negotiated with individual Trusts on a rotation-by-rotation basis with the ES and PGDiTs. It is an opportunity to help fill gaps in the rota and avoid the Trust having to employ locums.

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[1] Note: the guide is a word version will need to be saved in your local drive to view.

Out of Programme (OOP) opportunities

OOPs cannot be requested to start at the beginning of sub-specialty training. If this is required, a deferment should be requested at the time of the initial sub-specialty application. Any OOPs should commence at least six months after commencement of sub-specialty training. Please note there is a possibility that the original sub-specialty training post may not be available after an OOP, and this must be considered on application.

OOPs cannot be requested in the final 12 months of training prior to Certificate of Completion of Training (CCT). Up to date information on the variety of OOPs available and when/how to apply is available in the GOLD guide.

If a PGDiT/supervisor feels a future OOP has the potential to be eligible for time to count towards training, they should **contact the CSAC** to discuss suitability and the process of approval **prospectively**. The CSAC will provide comment on the suitability for time to be counted from a PAIID perspective. General paediatric capabilities also need to be considered, and therefore advice should be sought from the relevant TPD.

Academic PGDiTs cannot undertake OOP. Any additional training needs to be incorporated into their research time or discussed with CSAC and the local deanery.

OOP panels generally sit twice a year and respond with a Yes, No or conditional further information required, i.e. you can do it but show us your funding, or job acceptance letter first (this final outcome is certainly the case in larger Deaneries but there may be different outcomes in smaller Deaneries where things are often taken on a case-by-case basis).

Out of Programme Experience (OOPE) – You go to work somewhere in a related specialty, but this is **not** counted towards your training, but will enrich your clinical experience, so that you may experience different working practices or gain specific experience in an area of practice.

Out of Programme Training (OOPT) – An accredited training centre affiliated to the college and will count towards your training. The GMC must prospectively approve clinical training out of programme if it is to be used towards a CCT or Portfolio Pathway (formerly known as CESR), CEGPR(CP) award (GMC | Out of Programme (OOP)). This could include overseas posts or posts in the UK that are not already part of a GMC approved programme in the same specialty. Further approval from the GMC is not required if the OOPT is already part of a GMC approved programme in the same specialty.

Out of Programme Research (OOPR) – PGDiTs should be encouraged and facilitated to undertake research where they have an interest and aptitude for doing so. Time taken out for research purposes is for a higher degree (i.e. a PhD, MD or Master's degree) and will not normally exceed three years. OOPR exceeding three years will need the specific

prospective approval of the Postgraduate Dean. PGDiTs in their final year of training will not be granted OOPR.

Out of Programme Career Break (OOPC) – for any experience or life event where you need time out: family illness, volunteer work, learning Japanese in an intensive training centre in the wilds of the north island etc. You cannot earn as a doctor during this period – i.e. you cannot work as a paid doctor but can be a volunteer. The loophole is that you are allowed to locum.

Out of Programme Pause (OOPP) - A new OOP on the block this is to allow PGDiTs to continue working clinically but without the need for any of the requirements of training (except a form R at ARCP for revalidation). The OOPP has to be patient-facing and within the NHS. The key difference with OOPP is that is allows PGDiTs to step out of formal for a period of time – currently up to one year - and have any competencies gained whilst out of training assessed upon their return. This may allow PGDiTs to minimise the impact on the time out of programme has on their CCT date.

OOPs are in six-month blocks and are up to one year for OOPP, two years for OOPC, T and E, three years for R. You can mix and match six months OOPC and E, for example if you want to travel. However, less than six months will not generally be considered.

Research

You can complete PAIID training without a higher degree. However, for all sub-specialties the curriculum mentions:

- Research time, teaching on methodologies and first author on at least one paper
- Opportunities to present at a conference.
- Some form of higher degree: MSc, MD, or PhD in your specialist area of allergy, immunology, or ID.

CSAC would like to encourage research time; there are fantastic research networks/ infrastructure available in the UK to support you in this (NIHR Research delivery network, NIHR Biomedical Research Centres, Units and Clinical Research Facilities). Achieving a first author publication is extremely difficult, and collaborations and authorship other than first is highly applauded and recommended. Please include a short statement on your involvement and participation in research in your eportfolio, and any papers in which you have been involved.

Certain courses are **highly encouraged** such as Good Clinical Practice (felt by the CSAC to be a necessity), Human Tissue Act and Consent.

CSAC also recommend joining your sub-specialty national and international bodies (i.e. BPAIIG, BSACI, EAACI, ESPGHAN, ESPID etc.) and attending their yearly conferences/meetings.

If you want research time to count towards training, this should be prospectively approved by the CSAC chair and requested (via the OOP form) prior to commencing your OOPR. Further supporting letters may be required from your Regional academic advisor and the GMC. Consult your local TPDs for more advice early in the process.

Communicating Amongst PGDiTs

Within sub-specialties there are email groups/WhatsApp groups to help stay in touch with PAIID PGDiTs across the country, share ideas, learning opportunities, reminders about course and conference deadlines and disseminate information from CSAC/RCPCH. If you have recently been successful in your sub-specialty application and have not yet been contacted by the PGDiT reps, do email them, and ask to be added.

Your Placements/Rotations

The Deanery will usually provide you with your expected rotations for sub-specialty training, at your appointment.

Each post should consist of **no less than 70% of your weekday daytime work spent in the subspecialty (i.e. Approximately 65 days in each six-month rotation for a full-time** PGDiTs**)**. If this is not the case, speak to your supervisor, and if you are still running into difficulties contact CSAC (trainee representative or training advisor).

How to calculate if your allocated rota slot has adequate sub-specialty time provision, calculation based on your working hours over a six month (20 week) working period:

1. Exclude any annual leave, study leave days, zero/off days.
2. Total all your sub-specialty hours (i.e. normal working days spent in sub-specialty). If you work a long day, with PAIID all day, and then evening ward cover i.e. = 9hr PAIID, 4hrs general [A].
3. Total all your working hours (include in and out of hours worked i.e. night 12.5-hour, long day 13-hour, normal working day 8 hour) [B].
4. [A]/[B] should be at least 0.7 i.e. 70% of working hours/training time should be spent in sub-specialty (increase from 66% to 70% from 2019 onwards).

For LTFT PGDiTs, this is calculated pro-rata (i.e. for annual leave). If you are calculating before allocation of annual/study leave subtract the relevant number of days, you are

entitled to multiplied by the number of hours in your standard working day shift (i.e. 9 hours for a 08:30 to 17:30 shift).

Sub-specialty PGDiTs, including academic PGDiTs, are required to look after acutely unwell children (i.e. on calls) to gain paediatric competencies, but there is no requirement for day-to-day general paediatric duties. Make the most of your on-call opportunities to sign-off paediatric capabilities.

The role of the College Specialty Advisory Group (CSAC)

ARCPs
- The CSAC will undertake annual reviews of each PGDiTs to inform PAIID progress for the deanery ARCP, including review of the ES report
- Individual interim meetings between PGDiTs and the CSAC can and will be arranged if concerns about training or career progression are raised by PGDiT or supervisor.

Signing off for CCT
- The CSAC will be guided largely by ES reports on the RCPCH ePortfolio (induction, mid-point, and end of post reviews). Therefore the CSAC depend on the ES' thorough review of the PGDiT's portfolio, curriculum coverage and Supervised Learning Events (SLE). Where applicable concerns must be raised as early as possible, and information provided of any measures you/the PGDiT's department have made to facilitate progress.

Supporting Educational Supervisors
- The CSAC are always happy to be contacted by ES for advice on the supervision of any PAIID PGDiTs.
- The CSAC will arrange a sub–specialty ES online meeting where all sub–specialty supervisors will be invited to attend for an update
- If you are experiencing difficulties in satisfactorily completing your ES roles in relation to support provided by your Trust (e.g. inadequate protected SPA time for PGDiT supervision) please contact the CSAC as soon as possible.

Supporting PGDiTs
- The CSAC will support PGDiTs to proactively interact with their local training teams to maximise access and for the protection of PAIID training activities. The CSAC also undertake a two-yearly PGDiT survey for feedback on training and training centres to ensure PGDiTs are well supported to successfully complete their sub-specialty or academic training.

Feedback

- We will aim to seek regular (biannual) feedback from our PGDiTs regarding the training process, experience, and training centres. This will be summarised, in our annual update, where potential support, new initiatives and solutions can be discussed.

Key Documents

Firstly, do become familiar with the Progress+ curriculum (introduced in August 2023) structure, RISR eportfolio (formerly known as Kaizen) navigation and training requirements (the earlier, the better) available at the weblinks below:

- RCPCH Progress+ Curriculum and Syllabi
- RCPCH Progress+ PAIID sub-specialty syllabus (2023).pdf

The Gold guide is all about your training and is incredibly useful:

- Gold Guide - 10th Edition - Conference of Postgraduate Medical Deans (copmed.org.uk)

Further guidance on the eportfolio can be found below:

- RCPCH ePortfolio guidance for doctors

Certificate of Completion of training:

The College pages on the CCT process are that there are non-negotiable deadlines for this process, so it is worth being organised and doing as much of it in advance as possible. If you submit after 365 days and have to submit via the Portfolio Pathway route, UK PGDiTs are unable to be awarded anything but general paediatrics so a UK Portfolio Pathway will not have PAIID attached.

- Certificate of Completion of Training (CCT) | RCPCH

For queries regarding Progress+ curriculum and syllabi, please contact:
qualityandtrainingprojects@rcpch.ac.uk

For queries regarding Progress+ ePortfolio, please contact:
training.services@rcpch.ac.uk

Induction Meeting

At their induction meeting we encourage PGDiTs /supervisors to:
- Review recent PAIID progression, end of placement and Deanery ARCP reports.
- Review remaining PAIID curriculum requirements to focus short and medium-term goals.
- Review any generic paediatric curriculum items in which the PGDiT may want to gain additional experience.

- Discuss logistics of how/when PGDiTs can schedule rota time for specific curriculum requirements such as:
    - Laboratory experience days
    - Specialist clinic attendance/observation including performing food and drug challenges for allergy
    - Opportunities for SLEs

- Discussing rotation specifics:
    - Study leave & internal opportunities
    - START plans
    - Expected CCT date, any OOP plans
    - Management & Leadership opportunities

- Discuss academic requirements: ensure that there is communication/alignment between academic supervisor and ES.

For PGDiTs in their **final 12 months,** they should ensure that there is a focus on discussing the following areas:
- Opportunities/Inclusion in consultant meetings, consultant management activities.
- Stepping up roles and opportunities specific to that sub-speciality – where registrar activity can be replaced by 'stepping up' activity.
- Signpost to any regional/national NHS management or governance training for new NHS consultants.
- Where feasible protection of time for CCT/consultant role preparation activity, with degree of reduction in some general registrar activities as capacity allows.
- START assessment and opportunities for safeguarding time for any remedial/upskilling activities that may be required.
- Career opportunities, consultant post opportunities and applications.
- Opportunities for additional review of portfolio three to six months in advance of final ES review and report.
- Interest/recommendations regarding completing training early.

Information regarding approaching a [CCT](#) and calculator can be found on the RCPCH website.

Supervisor/supervision requirements

Educational Supervisors:

ES for PAIID PGDiTs should have completed their Deanery specific mandated yearly training updates, following their Deanery specific initial training programme to be an ES.

It is recommended that every PGDiT receives a minimum of one hour a week allocated for one-to-one supervision. This protected time should be incorporated into your job plan as a sub–specialty ES as per NHSE regulations.

Any training centre approved by the PAIID CSAC should provide the above supervision structure, but fixed sit-down sessions may not always be needed. Additional training and supervision may be achieved through discussion and support at MDTs, 15 min reviews at the end of a ward round, telephone catchups at the end of a clinic, review of clinic letters before posting, support in preparing for a clinic, joint triaging of referrals etc., and via remote activity.

Area Specific Recommendations

Allergy
• A minimum of two allergy clinics a week, up to a maximum of four for a FT PGDiT. • Specified attendance in clinical immunology by means of ward round or clinics which can be paediatric or adult. PGDiTs also find it useful to organise specific immunology teaching sessions to ensure that they cover curriculum requirements. • Attendance at a broad range of specialist and joint allergy/speciality clinics with dedicated time pre-scheduled into weekly rotas. Clinics include, but are not limited to, paediatric gastroenterology, respiratory, dermatology, ENT, ophthalmology, immunology, as well as transition and adult allergy. Weekly MDT, Regional allergy group meetings. The key purpose of these clinics is to learn how to manage complex patients relevant to paediatric allergy and to reflect on what you have learned. For example, respiratory for difficult asthma patients, gastro for eosinophilic oesophagitis, ENT for disordered breathing and overlap with rhinitis. The number of clinics needed will depend on the quality/relevance of the cases seen. • Regular attendance at food and drug challenges (both standard and high risk) covering consent, decision to proceed, preparing food / drug doses and making decisions regarding reactions. • Laboratory experience via specific laboratory time, microbiology ward rounds and organised teaching.

Immunology:
• Minimum of 15 outpatient clinics and 10 MDT in six months, to include two BMT protocol planning meetings and four long-term follow up clinics. • Immunology lab time. • Defined time for discussion/teaching at the end of ward rounds • Time for discussion/teaching at the end of MDTs. • Review of clinic lists pre-clinic, and complex patients/management plans post clinic.

Infectious Diseases:
• Infection control, Antibiotic Review Group/OPAT, and Stewardship meetings/rounds. • TB, general ID, HIV meetings/clinics, rheumatology/complex respiratory/adding up to 20 clinics per six months. • Immunology and microbiology lab time equivalent to a minimum of six weeks. • Defined time for discussion/teaching at the end of ward rounds and MDTs. • Review of clinic lists pre-clinic, and complex patients/management plans post clinic. • Review/discussion of external referrals/consults at a defined time each day.

Annual Review of Competency Progression

The CSAC will need completed Clinical and ES reports a minimum of two weeks prior to the ARCP process to allow the CSAC enough time for reviewing progression via the CSAC progression form on the RCPCH ePortfolio.

For PGDiTs taking time out for research, the Out of Programme Research/Academic Supervision form on ePortfolio should also be completed prior to the ARCP. Preparing for your ARCP guidance can be found on the RCPCH website.

Annual PAIID reviews/Progress meetings

Every year you will need to attend:

A CSAC review - (Progression Meeting)
• Meetings are scheduled on two dates in the year. You normally attend one per training year. They are usually more rigorous than the Deanery ARCP. Your eportfolio **needs to up to date** - please refer to the RCPCH e-portfolio guidance.
• Start early. Build your e-portfolio and gather Supervised Learning Events (SLEs) as you go along! The Deanery ARCP panel will comment if everything is done in the week prior to ARCP and it is much easier to do it little chunks as you go, during your placements.

- **Paperwork and any evidence you want to include for CSAC review must be uploaded a minimum of 14 days before your review date.**

The aim of this review is to support/facilitate your training. This is your chance to show you are achieving your PAIID competencies and discuss your training year with the PAIID CSAC panel. The panel then produce a Progression report in time for your Deanery ARCP. If needed, some suggestions may include extending your training time, moving hospitals, and contacting your local team to work through problems and support you in obtaining competencies. The CSAC review helps to ensure your smooth progression to successful CCT in your final year.

A **Deanery ARCP** to achieve your outcome 1s (during your training years): this will review your general paediatric progress. Please refer to the [RCPCH Training Guide](#).

CSAC review (Progression Meeting) in detail

The meeting will be via a **teleconference**.

You will need to upload the following forms onto RISR ePortfolio **at least two weeks** before the meeting:

- Complete a '**PGDiT Led CSAC Progression Form**' under CSAC Progression forms, in RISR and which will be linked to the training advisor – so they can complete the remaining sections of the form at the meeting.
- **Trainee-led Educational Supervisor Trainer's Report** (**educational supervisor and clinical supervisor sections completed**). Ideally use the one labelled 'for ACRP' which can be used for CSAC annual review and ARCP.
- A **copy of your CV** – which lists courses attended etc.
- Details of any publications, conference presentations, grant applications - particularly for academic PGDiTs.
- The developmental logs, and files you would like CSAC to review.
- It is recommended to have a **log of interesting patients reviewed/outside consults/clinics attended/completed etc.** – to help evidence your training exposures throughout your training.
- **PDP completed** on RISR eportfolio
- You are also strongly encouraged to upload a completed [CCT calculator](#) of all your training to ensure your CCT dates and rotation are appropriate.

RCPCH Progress+ Curriculum

The generic paediatric curriculum comprises:

- **The RCPCH Progress+ has 11 'Domains'** containing **Learning Outcomes** to be achieved by PGDiTs at each stage of specialty training; capturing the skills, knowledge and behaviours required, including the General Medical Council's (GMC) Generic Professional Capabilities (GPCs) for all doctors in training.
- **The Progress+ core and sub-specialty generic syllabi 'Key Capabilities'** that elaborate on the Learning Outcomes, with further requirements and guidance on how to demonstrate satisfactory achievement of the Learning Outcomes.
- A detailed **Assessment Guide**, specifying the range of assessment instruments to be used by PGDiTs to develop and demonstrate their knowledge and skills throughout their time in training.

The PAIID sub-specialty curriculum has the following structure:

PAIID Sub-specialty Learning Outcomes - stated at the beginning of each section. These are the outcomes which the PGDiTs must demonstrate they have met to be awarded their Certificate of Completion of Training (CCT). Progress towards achievement of the Learning Outcomes is reviewed annually at the ARCP. Each Learning Outcome is mapped to the GMC GPC framework. Each PGDiT must achieve all the GPCs to meet the minimum regulatory standards for satisfactory completion of training.

Key Capabilities - mandatory capabilities which must be evidenced by the PGDiT, in their RISR eportfolio, to meet the Learning Outcome.

Illustrations - examples of evidence and give the range of clinical contexts that the PGDiTs may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the PGDiT and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive, and excellent PGDiTs may produce a broader portfolio or include evidence that demonstrates deeper learning. It is not expected that PGDiTs provide ePortfolio evidence against every individual illustration (or a set quota); **the aim of assessment is to provide evidence against every Key Capability.**

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

Further information on the sub-specialty syllabi can be found via **– RCPCH | Paediatric Sub-specialties.**

Supervised Learning Events (SLEs), Workplace based assessments (WPBA) and curriculum tagging

PGDiTs and supervisors should aim for **quality** not quantity. A useful SLE will stretch the PGDiT, act as a stimulus and mechanism for reflection, uncover learning needs and provide an opportunity for the PGDiTs to receive developmental feedback.

Please review the appropriateness of tagged items and completion of the competencies during your mid-point and end of placement review with the PGDiTs. Each SLE or ePortfolio item can only be tagged to one (max two) curriculum item. Multiple tagging will not improve the quality of their portfolio.

Examples of all SLEs can be found within the curriculum document:
- **PAIID sub-specialty syllabus 2023.pdf**

Curriculum Capabilities

At the start of their rotation, please clarify with the PGDiTs how parts of their PAIID rota can be protected for achieving curriculum capabilities gaining exposure in the other sub-specialist areas – e.g. micro rounds, rheumatology etc.

This should be within allocated clinical days for the PGDiTs. Off days/annual leave/study leave should not be used for these activities. PGDiTs should not be required to swap into clinics on other days to attend specialist clinics during admin time as this often leads to administrative activities being pushed into OOH activities.

For all PGDiTs

Cancellation of one-week blocks of registrar activity at least twice per rotation to allow PGDiTs to organise: laboratory time/clinic observation/ day-case/ adult allergy in those slots.

Cancellation of clinics well in advance for mandatory and essential training specified events.

Secondments in related PAIID specialties must be planned early e.g. immunology experience for allergy PGDiTs, immunology experience for ID PGDiTs and 12 months in immunology for immunology PGDiTs.

PGDiTs are required to demonstrate evidence of understanding and experience of laboratory tests and investigations found in the PGDiT's guide to CCT in PAIID.

Courses and Conferences

PGDiTs must attend BPAIIG training days, so please consider pre-emptively cancelling all PGDiT clinics for these dates. The CSAC will aim to send these dates to you in advance, and dates can also be found on the BPAIIG website: http://www.bpaiig.org/.

These training days and learning points should be recorded using development logs in the RCPCH ePortfolio.

PGDiTs may receive support from their Deanery to attend up to one international conference in their Level 3 training. Early discussion of study leave requirements can facilitate administrative team arrangements.

Study Leave

PGDiTs can use the following codes for requests for study budget:
- **Mandatory course: Use code PAED0015**
- **Optional course: Use code PAED0004**

Study Leave process and FAQs:
https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000016490

NB. PGDiTs are NOT required to request study leave for: laboratory visits and experience, observing in specialist clinics or any other items listed within the curriculum requirements for PAIID competencies. These activities should be arranged within the trainee's PAIID rota. Although not mandatory we recommend trainees are supported to attend the following:

Allergy:
- BSACI annual meeting, BSACI trainee days, EAACI/PAAM/FAAM meetings   - We encourage trainees to undertake the EAACI exam EAACI Knowledge Exam   - Please support trainees in the attendance of conferences associated with the exam as possible (e.g. submission of abstract for qualification for junior member travel scholarship).
Immunology:
- UK PIN (Primary Immunodeficiency Network) bi-annual meeting   - ESID (European Society of Immunodeficiency) bi-annual meeting   - ESID Summer school https://esid.org/In-Focus/ESID-Summer-School-2019   - Advanced Immunology Winter school: https://esid.org/News-Events/Scientificmeetings/Advances-in-Primary-Immunodeficiency-Winter-School.

Infectious Disease:
- ESPID www.espid.org;   - ECCMID/ESCMID www.escmid.org   - Oxford Hot Topics in Infection and Immunity in Children https://www.paediatrics.ox.ac.uk/upcoming-events/event-1   - Paediatric ID postgraduate certificate/diploma/MSc: https://www.conted.ox.ac.uk/about/pgdip-in-paediatric-infectious-diseases

These training days and learning points should be recorded using development logs in the RCPCH ePortfolio. The CSAC encourage reflections based on all learning events.

Considerations to acute changes in rota due to unforeseen circumstances

Change in weekly timetabled activities:

The CSAC recognises occasionally (as occurred with the Covid 19 pandemic) the previously stated PGDiT weekly schedules submitted by sub-specialty training centres (during sub-specialty centre applications) may undergo substantial changes, including reduced face-to-face outpatient speciality activity and reduced time within speciality. RCPCH guidance can be found here. If this occurs:

ES may support PGDiTs through:
- Advocating for sub-specialty PGDiTs (if redeployed) to be prioritised for return to at least some sub-speciality activity.
- Undertaking SLEs related to PAIID with PGDiTs based on patients seen during redeployment.
- Building in a transition phase of return to the full PAIID timetabled activities, which allows PGDiTs to catch up on any lost time for specific PAIID activities e.g. Laboratory visits, observing specialist clinics.

The CSAC are happy to consider accepting different and innovative ways of accomplishing the curriculum competencies.

Please consider:
- Joining consultant video/phone clinics or specialist nurse clinics in the virtual format.
- PGDiTs can arrange to catch up with an adult speciality senior PGDiT/consultant to discuss patients from their adult clinic list.
- Arrange a virtual session with the laboratory team or when laboratory teams may be arranging virtual teaching.

- Join a virtual 'Micro round,' 'AMS board round,' ward round or MDT with any allied specialty.
- Any format of 'clinic' or patient reviews (video, audio, face-to-face) can count towards clinical experience.
- Virtually join in on a Hub clinic (where consultant is supporting a GP).
- Arrange to virtually join allied speciality teams when they triage outpatient referrals – if these are timetabled department activities (can be used as CBD opportunity).
- Webinars in related specialties.

Optimising the learning experience in PAIID

ES can help to maximise the achievement of their PGDiT potential through:
1. Facilitating ease of access to experiences and resources required for their training. Optimise learning opportunities, creating a good learning environment and being creative in learning experiences.
2. Supporting the development of their interest areas where capacity allows.
3. Highlighting areas where targeted upskilling may be required and supporting personal development in these areas.
4. Overseeing sustained achievement of generic paediatric capabilities.
5. Capitalising on peer observation and feedback also including that of other health professionals and colleagues.
6. Ensuring adequate meetings with PGDiTs to check progress and develop educational reports for CSAC reviews and ARCPs.

Acting up as a consultant

Acting up as a consultant is a really effective way to prepare yourself for a consultant role and CSAC will support PGDiTs to do this when opportunities arise. There is a formal process to go through, and approval is needed from your educational supervisor, head of school and CSAC representative. The vacant post must be either an approved UK training post or a vacant substantive post. Applications are made through the RISR eportfolio and further details can be found on the RCPCH Training Guide.

So, How Do you CCT Once You Have Done All This?!

You must do this in a specific time frame – six months before CCT date to 364 days post CCT. DO NOT go over the one-year rule as if you are only one day over then you will have to go the Portfolio Pathway route (which is a complete pain).

If you want to CCT early, it is important to plan well in advance. You will need to announce this in the ARCP before the one in which you wish to CCT (e.g. 15 months prior to your desired CCT). Check the college guidance and your deanery timelines, and discuss your plans early with your educational supervisor, CSAC and your TPD. Please note CCT dates are generally rounded up to the following training post 'change over' date.

The CSAC will not agree to bringing CCT dates forward that will mean the PGDiT does less than the stated amount of sub-specialty time. The minimum amount of subspecialty (PAIID) training time is 24 months full time equivalent (indictive time 36 months) and shortening of training needs to be prospectively approved. Bringing forward your CCT date also requires general paediatrics approval as your primary CCT is Paediatrics, with PAIID subspecialty.

Once you have an ARCP outcome 6 available on eportfolio then you can create a new event – Completion form (CCT and Portfolio Pathway) to be completed via the RISR eportfolio. Details of the process can be found on the [RCPCH | Certificate of Completion of Training (CCT)](#).

Further guidance on the Portfolio Pathway can be found via – [RCPCH | Portfolio Pathway](#)

Fill in the dates - this is very precise and requires the day, month, and year, so do keep a record. This includes OOP and parental leave. Please remember with parental leave that your finishing date is the day you return to work – i.e., before your accumulated annual leave starts. Leave no day uncounted…

Then, this can be signed off by:
- Your regional training advisor within your region – does not have to be within the same hospital.
- Head of Deanery
- CSAC advisor

The College can provide up to date names and email addresses of these people.

This all takes longer than you think, though the advent of an electronic date record, and electronic signatures on RISR eportfolio has been helpful. The Deanery will want every ARCP you have ever had – all final outcome 1s and your final outcome 6 etc. If you bring your CCT forward for any reason you must have documentation from the educational supervisor and CSAC review to confirm that they deem this possible, and you are ready to be a consultant. You must have START, your college membership and an up-to-date e-portfolio. The CSAC provide a recommendation letter as well.

Then when all signatures are in place, you send to the College. They collate it and validate it, which is done by the RCPCH Officer for Training. They will then make a recommendation to the GMC.

The GMC offers a recommendation as to your suitability for the register and request a fee to be paid (see online for current fees). Then you will be put on the register as a Paediatrician with a sub-specialist listing of paediatric allergy, immunology, and infectious diseases.

This can take six months if not longer...plan ahead!

Feedback

The PAIID CSAC is committed to supporting ES and PAIID training centres to support PGDiTs to continue to complete their PAIID training to an exceptional level as services continue to adapt in this time.

Therefore, if you have any suggestions, issues or think of anything you feel the CSAC can support you, other ESs, training centres or PGDiTs with, do please reach out to any of the CSAC team via – RCPCH | PAIID CSAC Committee webpage.