

# Level 3 Generic Syllabus

Paediatrics Specialty Syllabus

**Version 1**

Approved by the GMC for implementation from 1st August 2018

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

This is Version 1.0. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes

## Introduction

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

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

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

### Using the Syllabus

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

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

This syllabus contains 5 interlinked elements, as outlined in Figure 1 which illustrates how each element elaborates on the previous one.

## Elements of the Syllabus

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

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

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

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

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

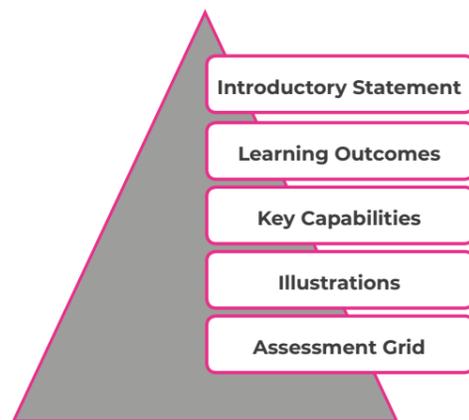


Figure 1: The 5 elements of the syllabus

## Using the Syllabus with ePortfolio

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

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

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



# Paediatrics Introductory Statement

## Introductory Statement

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

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

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

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

# Curriculum Learning Outcomes

Specialty Learning Outcomes		GMC Generic Professional Capabilities
1.	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.	GPC 1
2.	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.	GPC 2, 3
3.	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.	GPC 2, 3
4.	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.	GPC 2, 3
5.	Demonstrates leadership in the promotion of health and well-being practices in the wider community.	GPC 4
6.	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.	GPC 5
7.	Participates in investigating, reporting and resolving risks to patients, including through communication with patients and families or carers. Evaluates safety mechanisms across a range of healthcare settings, applying a reflective approach to self and team performance.	GPC 6

8.	Identifies quality improvement opportunities and supervises healthcare professionals in improvement projects, and leads and facilitates reflective evaluations.	GPC 6
9.	Independently leads the full process of safeguarding management for children, including assessment and reporting.	GPC 5, 7
10.	Demonstrates the required knowledge, skills and attitude to provide appropriate teaching, learning opportunities, supervision, assessment and mentorship in the paediatric healthcare setting.	GPC 8
11.	Demonstrates the independent development and revision of guidelines and procedures centred around current clinical research and evidence-based healthcare to improve service delivery.	GPC 9

## Professional Values and Behaviours

This domain requires the trainee to develop their knowledge of the current legislation related to children and families/carers to their clinical practice (e.g. adoption and safeguarding).

This is in the context of the skills of self-regulation and applying a self-regulatory approach to their own behaviour, and demonstrating the professional qualities required by a paediatrician undertaking independent practice.

“

We want you to show interest, be direct and know what you are doing.

RCPCH &Us@ Voice Bank 2016 ”

“

Always be friendly to young people.

RCPCH &Us@ Voice Bank 2016 ”



# Curriculum Learning Outcome 1



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.	GPC 1
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## Key Capabilities

Applies knowledge of current legislation related to children and families.	GPC 1, 2, 5
Practises independently in a safe manner.	GPC 1, 2, 3, 6

## Illustrations

1.	Prepares a court report as a professional witness and develops the skills to present such material in court, under supervision.
2.	Applies the legal and ethical guidelines available to support their work.
3.	Communicates the breadth of diagnostic possibilities to children and families so that consent is always informed and the plan of treatment is fully understood.
4.	Acts as a role model to junior medical staff and colleagues.

# Professional Skills and Knowledge: Communication



Within this domain the trainee will work increasingly in an unsupervised role within MDTs and apply communication skills with children, young people and families in a range of environments and challenging situations.

Communication skills will be developed across the entire range of paediatric healthcare settings and all levels of complexity.



“  
I want doctors to listen  
to me when I am ill.  
”

RCPCH &Us® Voice Bank 2016

# Curriculum Learning Outcome 2



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.	GPC 2, 3
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## Key Capabilities

Models and teaches effective active listening skills in consultation with children and young people (CYP).	GPC 2, 8
Demonstrates to others how to manage an effective consultation, including communicating a diagnosis and prognosis effectively to children, young people and families.	GPC 2, 3, 8
Leads MDTs and applies communication skills in a range of environments and situations with children, young people and families, including in challenging circumstances.	GPC 2, 3, 5



## Illustrations

1.	Understands the importance of directing communication to the baby, child or young person as developmentally appropriate, as well as to parents and carers.
2.	Effectively conveys and shares significant news, including discussing end-of-life issues with children, young people and families.
3.	Encourages CYP to participate in their own care and understands the importance of seeking their views to inform decisions about their individual care.
4.	Counsels parents and CYP about serious conditions and abnormalities within their area of expertise.
5.	Communicates effectively the balance of risks and benefits in the context of interventions, such as surgery and high-risk therapies.
6.	Makes appropriate referrals to both statutory and voluntary agencies that provide support to children and their families.
7.	Communicates effectively within managed clinical networks.
8.	Uses appropriate inclusive language in all patient and family interactions.
9.	Considers the importance of inclusive language in difficult or complex discussions, recognising that lesbian, gay, bisexual and transgender (LGBT) young people may have different health needs.
10.	Respects the views of CYP in accordance with their age, maturity, gender and sexuality.

## Professional Skills and Knowledge: Clinical Procedures

The trainee will now be capable of performing all clinical skills that are required in paediatrics with CYP and can confidently teach these to junior staff.

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

RCPCH &Us® Voice Bank 2016

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## Curriculum Learning Outcome 3

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.

GPC 2, 3

### Key Capabilities

Maintains skills at the level of competency.

GPC 2, 3

### Illustrations

1. Performs an exchange transfusion.
2. Manages tracheostomy care, including changing a tube.

## Professional Skills and Knowledge: Patient Management

The trainee is now becoming expert at managing a wide range of paediatric conditions in a variety of settings.

They are moving towards independent practice and the supervising of junior staff. The management of CYP is now fluid and highly proficient.

“

Read my notes first so we don't have to answer the same questions.

RCPCH &Us® Voice Bank 2016

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# Curriculum Learning Outcome 4



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.	GPC 2, 3
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## Key Capabilities

Diagnoses and supervises treatment in the common pathologies seen in babies and CYP.	GPC 1, 2, 3, 5, 7
Encourages CYP to participate in their individual care, using expert resources appropriately.	GPC 1, 2, 3, 5, 7
Supervises colleagues in the assessment and management of cases which are complex, nuanced or perplexing.	GPC 1, 2, 3, 5, 8
Models colleagues a flexible, holistic, reflective, evidence-based approach to practice.	GPC 2, 6, 8, 9
Anticipates the need for transition to another service or is able to work jointly alongside another service to care for a patient.	GPC 2, 3, 5
Collaborates flexibly across local health systems to lead in care quality.	GPC 2, 3, 5, 6

## Illustrations

1.	Demonstrates the accurate formulation of problems, recognising the breadth of different presentations of disorders.
2.	Discusses the range of physical, psychological and social development seen in CYP.
3.	Assesses the severity of presentation of any abnormality in development, considering normal development in the appropriate domains.
4.	Responds to a child's abnormal growth by applying professional knowledge, requesting appropriate investigations and using evidence to inform the MDT.
5.	Demonstrates an understanding of how attitudes held by a family, child or young person about emotional issues may have a significant impact.
6.	Demonstrates understanding of exploratory behaviour, risk behaviours, resilience and protective factors in the context of adolescent development.
7.	Demonstrates skills in young-person-centred transition planning, nurturing self-management and resilience, and in working with the young person, parent or carer and other professionals and agencies (e.g. education, social care and primary care).
8.	Involves young people in developing, running and evaluating services.
9.	Enables young people and their families to follow agreed management and treatment plans (e.g. motivational interviewing).
10.	Uses the key elements of a management programme for a young person with chronic fatigue syndrome (CFS), myalgic encephalomyelitis (ME) and chronic idiopathic pain syndrome.
11.	Recognises need and requests specialised input in the case of serious emotional distress or mental illness, ensuring the needs are met.
12.	Assesses the causes of hiccoughs in CYP and initiates treatment.
13.	Advises and manages the young person who self-harms and identifies those at risk of self-harm.
14.	Adopts an open-minded approach to equality and diversity, including a wide range of family compositions, and recognises their impact on clinical situations.
15.	Recognises spiritual/existential issues in palliative care by paying attention to physical, psychological, social and spiritual dimensions of grief.

# Capabilities in Health Promotion and Illness Prevention

This domain requires the trainee to consider the promotion of health from a leadership perspective. The domain covers health promotion, prevention and public health, including global aspects.

The trainee is now able to consider these concepts from the perspective of not only the individual child and family but also from a strategic service perspective.

“  
**It needs to be information  
 for different ages for  
 different ages.**  
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 RCPCH &Us® Voice Bank 2016



# Curriculum Learning Outcome 5

Demonstrates leadership in the promotion of health and well-being practices in the wider community.	GPC 4
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## Key Capabilities

Demonstrates understanding of the systems that enable clinicians to analyse data relating to the patients under their care.	GPC 4, 9
Applies health information data to a wider community, whether this be regional, national or international.	GPC 2, 4, 5, 9
Evaluates the way that patients and families use the health system and adapts practice to encourage self-management and early intervention.	GPC 4, 5, 8

## Illustrations

Promoting good health information:	
1.	Diagnoses and effectively manages common causes of illness in child travellers and recent migrants to the United Kingdom (UK) (e.g. malnutrition, pneumonia, diarrhoea and human immunodeficiency virus [HIV]/acquired immune deficiency syndrome [AIDS]) and is able to follow the British HIV Association (BHIVA) guidance on HIV and infant feeding, measles and malaria, seeking specialist advice where appropriate.
2.	Considers how to contribute to local, national and international initiatives (including advocacy) aimed at reducing inequalities in child health and well-being.
3.	Gives immunisation advice for children newly arrived in the United Kingdom.
4.	Demonstrates a thorough understanding of the importance of standards for record structure and content, including their shared use by multidisciplinary professionals.
5.	Discusses important health behaviours comfortably with adolescents such as smoking, alcohol, recreational drugs, diet, intimacy and sexual activities (including LGBT issues), and promotes appropriate strategies for these in young people with chronic conditions.
Health politics:	
1.	Summarises the national sources of information relevant to the specialty such as the ChiMat's Atlas of Variation (England), the Public Health Observatory (Wales) and the equivalent in Scotland.
2.	Assesses the impact of environmental factors on the physical, cognitive and social development of children. Explains national policies concerning the healthcare of young people, including those which help reduce teenage pregnancy.
3.	Assesses the difficulties of asylum seekers, refugees, travelling families, armed forces families and young carers, and in particular, the needs of unaccompanied asylum seekers.
4.	Uses healthcare and other statistics, reports and the literature to make a case for health service developments.
5.	Demonstrates a legal knowledge that extends to special educational needs and disability (SEND) legislation, as well as safeguarding and adoption.

## Capabilities in Leadership and Team Working

The trainee leads an MDT, promoting an open culture of learning and accountability by challenging and influencing the behaviour of colleagues and supporting the development of their leadership qualities and critical decision-making skills.

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I would like more  
activities in waiting areas.  
”  
RCPCH &Us@ Voice Bank 2016



# Curriculum Learning Outcome 6



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.	GPC 5
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## Key Capabilities

Engages effectively with stakeholders such as patients, families, charities and other healthcare organisations to create and/or sustain a patient-centred service.	GPC 2, 5
Meets patient need through working with non-clinical or managerial colleagues to develop the skills pertinent to the effective running of a paediatric department.	GPC 1, 2, 3, 5
Leads in multidisciplinary team working.	GPC 2, 5
Addresses challenging behaviour within the team.	GPC 2, 5

## Illustrations

1.	Assumes a variety of leadership and management roles to improve paediatric care.
2.	Supports colleagues in developing their own leadership and management skills.
3.	Acts as an advocate for quality and consistency in patient care when factors (e.g. political, economic or organisational change) threaten to negatively impact services.
4.	Demonstrates understanding of systems of management and decision making in healthcare.
5.	Demonstrates ability to chair a MDT.
6.	Makes effective decisions and takes responsibility for them.
7.	Demonstrates high-level skills which result in effective participation in local management meetings.
8.	Develops effective relationships within education and social services.



# Patient Safety, Including Safe Prescribing

Trainees will consider all aspects of patient safety and prescribing practice. This will occur unsupervised and the trainees will be role models to junior staff.

“  
**Nothing should be more than 2 pages if you give us information and it has to have pictures so it is clear.**  
 ”  
 RCPCH &Us@ Voice Bank 2016



# Curriculum Learning Outcome 7

Participates in investigating, reporting and resolving risks to patients, including through communication with patients and families or carers. Evaluates safety mechanisms across a range of healthcare settings, applying a reflective approach to self and team performance.	GPC 6
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## Key Capabilities

Advises CYP and their families about the importance of concordance, and about medications and their side effects.	GPC 2, 3, 6
Takes account in their practice of risks to themselves and others, including those related to personal interactions and biohazards.	GPC 2, 6
Participates in investigating, reporting and resolving serious incidents, including through communication with patients and families or carers.	GPC 2, 5, 6
Applies the principles of the Duty of Candour.	GPC 2, 5, 6

## Illustrations

1.	Demonstrates a working knowledge of risk assessment and its application to personal, professional, clinical and organisational practice.
2.	Takes account in their practice of measures to reduce clinical risk.
3.	Effectively manages a complaint and learns from clinical errors.
4.	Works toward reducing clinical risk, demonstrating a sound knowledge of risk management.

# Capabilities in Quality Improvement

The trainee will demonstrate skill in optimising opportunities for improvement.

This includes improvement across a range of areas such as patient care, service delivery and management. The trainee is now an automatic reflective practitioner.

“  
**We don't like leaflets  
 with lots of words as we  
 can't read them.**

RCPCH &Us@ Voice Bank 2016



# Curriculum Learning Outcome 8

Identifies quality improvement opportunities and supervises healthcare professionals in improvement projects, and leads and facilitates reflective evaluations.	GPC 6
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## Key Capabilities

Responds appropriately to health service targets and participates in the development of services.	GPC 3, 5, 6
Employs the principles of evaluation, audit, research and development in standard settings to improve quality.	GPC 6, 9
Applies understanding of national and local regulatory bodies, particularly those involved in standards of professional behaviour, clinical practice and education, training and assessment.	GPC 3, 5, 6, 9

## Illustrations

1.	Demonstrates an understanding of the relationship between local health, educational and social care provisions.
2.	Applies recommendations from bodies involved in professional standard setting.
3.	Applies systems of management and decision making in healthcare organisations.
4.	Participates effectively in local management meetings.
5.	Applies and evaluates local and national clinical guidelines and protocols in paediatric practice and public health, and recognises the individual patient needs when using them.
6.	Develops clinical guidelines, critically assesses the limitations of guidelines, uses guidelines effectively and, when appropriate, works outside them.
7.	Participates in and takes responsibility for clinical governance activities, and encourages and supports colleagues in their participation.
8.	Carries out quality improvement projects in a range of settings in partnership with all stakeholders to identify best practices.
9.	Discusses quality improvement tools and plans for their use in interventions.
10.	Applies process mapping, stakeholder analysis and goal and aim setting, implementing change and sustaining improvement.

# Capabilities in Safeguarding Vulnerable Groups

Safeguarding of children is central to all aspects of work. The trainee is now working proficiently and can advise others about his area of practice.

“  
I want doctors to believe me.  
”  
RCPCH &Us® Voice Bank 2016

## Curriculum Learning Outcome 9

Independently leads the full process of safeguarding management for children, including assessment and reporting.	GPC 5, 7
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### 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.	GPC 2, 3, 5, 6, 7
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.	GPC 1, 2, 3, 5, 7
Instigates appropriate medical investigations and initiates and contributes to multi-agency involvement in all forms of abuse.	GPC 2, 3, 5, 7
Compiles and writes a range of reports required for safeguarding work, including police statements, medical reports for social services and court reports.	GPC 2, 3, 5, 7

### Illustrations

1.	Applies knowledge of the Common Assessment Framework (CAF) in relation to children in need and the factors contributing to the three main components (i.e. developmental needs, family and environmental factors and parenting capacity).
2.	Manages uncertainty and risk in the management of suspected child abuse.
3.	Applies knowledge of the immediate and long-term impact of parental factors on outcomes for children in need (e.g. substance abuse, domestic violence, mental health problems, chronic illness and learning disabilities).
4.	Applies knowledge of the Medical Advisor on adoption.
5.	Recognises when additional expert advice is needed (e.g. radiology, orthopaedics, neurology and ophthalmology).
6.	Provides input to case conferences, strategy meetings and court hearings.
7.	Applies knowledge of the role of the forensic odontologist in relation to human bite marks.
8.	Assesses a child presenting with genital bleeding, recognising when to refer to Children’s Social Care and/or the on-call child sexual abuse (CSA) consultant/Children’s Sexual Assault Referral Centre (SARC) for advice.
9.	Applies knowledge of which presentations may be associated with sexually transmitted infections (STIs) and knows, in particular, when to refer to Children’s Social Care and/or the on-call CSA consultant/Children’s SARC..
10.	Demonstrates knowledge of the local referral pathway for a child who has had or is at risk of female genital mutilation (FGM).
11.	Applies knowledge of the local referral pathways for child sexual exploitation.
12.	Recognises the potential warning signs of child trafficking, forced marriage, forced labour and female genital mutilation, and describes the health problems that may ensue.
13.	Recognises and manages possible fabricated or induced illness.
14.	Instigates the appropriate investigations (e.g. radiological studies, blood tests, medical photography and forensic tests) and management of physical injuries related to abuse.
15.	Applies knowledge of the long-term effects of cyber bullying on CYP.

# Capabilities in Education and Training

Trainees will demonstrate the knowledge, skills and attitude to provide highly effective teaching, learning opportunities, supervision, assessment and mentorship in the paediatric healthcare setting. They can evaluate the impact of teaching and make adjustments accordingly.



**Make sure what you are saying is clear.**

RCPCH &Us® Voice Bank 2016



# Curriculum Learning Outcome 10

Demonstrates the required knowledge, skills and attitude to provide appropriate teaching, learning opportunities, supervision, assessment and mentorship in the paediatric healthcare setting.	GPC 8
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## Key Capabilities

Evaluates teaching practice in a range of contexts using a variety of methods.	GPC 2, 5, 8
Effectively uses structured learning events (SLEs) to facilitate learning.	GPC 1, 2, 3, 5, 8
Teaches patients, families, junior colleagues and other healthcare professionals about a range of general paediatric conditions.	GPC 2, 3, 5, 8

## Illustrations

1.	Acts as a role model.
2.	Provides reflective evidence of learner and peer feedback on teaching.
3.	Provides reflective evidence of developing mentoring skills and may have undertaken formal training or participated in a mentoring programme.
4.	Provides evidence of moving towards becoming an educational supervisor.
5.	Responds to the needs of learners to create an environment suitable for learning.
6.	Uses assessment to facilitate learning.
7.	Provides evidence of attending a training course in teaching or medical education.
8.	Provides clinical supervision to junior colleagues and delivers constructive feedback.

## Research and Scholarship

Trainees are now capable in the skills of finding and using evidence-based practice to support patient care. They now also use these skills to support the development of guidelines, protocols and procedures.



Be truthful, honest and direct.

RCPCH &Us® Voice Bank 2016



## Curriculum Learning Outcome 11

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

GPC 9

### Key Capabilities

Practises evidence-based medicine and critically analysing its limits.

GPC 6, 9

Leads in the development and revision of local guidelines and procedures to improve service delivery.

GPC 6, 9

## Illustrations

1.	Applies knowledge of statistical methods of assessing variation.
2.	Considers research that takes into account sociological and economic aspects of paediatric care.
3.	Uses an evidence base to support acute interventions and understands the specific challenges of undertaking research in acute care settings.
4.	Applies knowledge of the use of a placebo in clinical trials in children.
5.	Applies knowledge of the differences between adults and children in relation to the use of healthy volunteers for clinical trials and pharmacokinetic studies.
6.	Applies the principles of Good Clinical Practice and explores this in detail in relation to research trials in children.
7.	Applies knowledge of the complexities of the recruitment and retention of paediatric patients in a trial, enabling successful recruitment to a child study.
8.	Applies the principles of randomisation and the use of controls, placebos and blinding, applying these in detail to the investigation of medicinal products.
9.	Applies the principles of sampling and measurement techniques in clinical trials, including early phase clinical trials.
10.	Demonstrates understanding of the role of the ethics committee in clinical studies and the process of ethics application.
11.	Evaluates the techniques used in epidemiological studies.
12.	Applies knowledge of the issues surrounding collaborative working, both nationally and internationally, in the development of clinical trials for childhood malignancy.
13.	Applies knowledge of how prevalence is monitored in the population and demonstrates the ability to use population registers.
14.	Applies knowledge of different observational and interventional trial designs, retrospective case series, cohort studies, randomised control trials, randomised withdrawal trials, cross-over trials and Bayesian design in relation to paediatric medicine.
15.	Accurately collects the appropriate data to record the level of organ dysfunction and predict the risk of mortality.
16.	Uses national disease registries.
17.	Applies knowledge of the organisation of research within the health services of the devolved nations.
18.	Describes the principles of ethical research in children, outlining the differences between adults and children.
19.	Critically evaluates an ethics committee submission for a clinical trial in children.
20.	Applies knowledge of the risks within a study, determining the nature and frequency of invasive procedures..

## Assessment Grid

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

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

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaeds Cbd)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	RCPCHStart
Applies knowledge of current legislation related to children and families.	✓	✓				✓		✓		✓
Practises independently in a safe manner.	✓	✓				✓	✓	✓		✓
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.	✓	✓				✓	✓	✓		✓
Maintains skills at the level of competency.	✓	✓	✓	✓						

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaeds Cbd)	Directly Observed Procedure / Assessment of Performance (DOP/Aop)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	RCPCHStart
Diagnoses and supervises treatment in the common pathologies seen in babies and CYP.	✓	✓		✓		✓	✓	✓		✓
Encourages CYP to participate in their individual care, using expert resources appropriately.	✓	✓				✓		✓		
Supervises colleagues in the assessment and management of cases which are complex, nuanced or perplexing.	✓	✓				✓	✓			✓
Models colleagues a flexible, holistic, reflective, evidence-based approach to practice.	✓	✓				✓	✓			
Anticipates the need for transition to another service or is able to work jointly alongside another service to care for a patient.	✓	✓			✓	✓	✓			✓
Collaborates flexibly across local health systems to lead in care quality.	✓	✓			✓	✓	✓			✓
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.	✓	✓				✓		✓		
Engages effectively with stakeholders such as patients, families, charities and other healthcare organisations to create and/or sustain a patient-centred service.	✓	✓			✓	✓		✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaeds Cbd)	Directly Observed Procedure / Assessment of Performance (DOP/Aop)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	RCPCHStart
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.	✓	✓				✓		✓		✓
Advises CYP 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.	✓	✓				✓				
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.	✓	✓				✓		✓		✓

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaeds Cbd)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	RCPCHStart
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.	✓	✓			✓	✓		✓		
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.	✓	✓				✓		✓	✓	✓
Practises evidence-based medicine and critically analysing its limits.	✓	✓				✓				✓
Leads in the development and revision of local guidelines and procedures to improve service delivery.	✓	✓				✓		✓		

