RCPCH Progress

Paediatric curriculum for excellence

Preparing for ARCPs with

RCPCH Progress

Judging achievement of Learning Outcomes to support progression decisions

A practical guide for Trainees, Supervisors and ARCP panels

RCPCH

Royal College of Paediatrics and Child Health

Leading the way in Children's Health

This document describes what an ARCP panel will be looking for at the end points of each level of training to satisfy themselves that trainees are fulfilling the requirements of the RCPCH Progress curriculum. It is designed to guide trainees and their Educational Supervisor as to what evidence should be recorded in their ePortfolio through the intervening years, so they can meet the curriculum requirements at the ARCP at the end of each training level. Trainees and supervisors should also refer to the RCPCH Progress curriculum and syllabi.

Evidencing the curriculum

In the revised RCPCH Progress curriculum there are 11 domains which map to the GMC's Generic Professional Capabilities (GPCs). The curriculum is outcomes-based, which means that it describes the behaviours and performance required at the completion of the three stages of training (end of Level 1, end of Level 2 and at end of Level 3, on achieving CCT). Trainees will need to ensure they have provided evidence demonstrating how they have met the Learning Outcomes. Level 3 trainees will also need to meet specific additional Learning Outcomes for either General Paediatrics or their GRID sub-specialty. Supervisors and ARCP panels will make a professional judgement as to the sufficiency of this evidence.

The RCPCH Progress curriculum is supported by a set of syllabi, which contain key capabilities (the mandatory aspects that must be explicitly evidenced to satisfy the requirements of the Learning Outcome), and a range of examples ('illustrations') of additional ways in which the full scope of the Learning Outcome might be evidenced. Trainees will not be expected to provide evidence addressing each illustration; the evidence should be aimed at demonstrating each key capability and, thus, each Learning Outcome. The syllabi also suggest assessment methods that may be used for each key capability.

Trainees need to demonstrate evidence in their ePortfolio for each Learning Outcome at their level of training. This will consist of a mixture of documentation of learning from formal training courses, skills log of activities carried out in training, SLEs, workplace based assessments including Multi-Source Feedback, the other RCPCH exams and assessments, as well as reflective notes and educational supervisor reports. The ePortfolio has been configured to enable easy display of the data tagged to each domain. This will support the Educational Supervisor and ARCP panel in the way they can evaluate the evidence submitted against the curriculum domains.

How to use this document

This document aims to describe, as explicitly as possible, the standard of evidence and level of performance required for a trainee to show they have satisfactorily demonstrated achievement of the Learning Outcomes, which is a requirement before they may progress to the next level of training (or CCT). This will ensure that trainees are judged consistently throughout the UK. This guidance should be used by ARCP panels to support their decision making process, and by Educational Supervisors and trainees to help them consider the type, depth and breadth of evidence required.

This is generic guidance and does not replace any specific targeted learning objectives that may have been agreed between the trainee, Supervisor and Deanery/LETB following a previous unsatisfactory ARCP outcome. Supervisors and ARCP panels should also ensure trainees have met the assessment requirements for their stage of training, as outlined in the RCPCH Progress Assessment Strategy (e.g. a minimum of two of the three MRCPCH theory papers before ST3, completing a DOC during level 2, etc.).

For each of the 11 Learning Outcomes at each of the three levels of training, a grid has been provided, offering guidance (explicit where possible/appropriate) as to the standard of evidence and level of performance required. Learning Outcomes outline the standard required at key waypoints at the end of training:

- By the end of ST3 (Level 1)
- By the end of ST5 (Level 2)
- By the end of ST8, prior to CCT (Level 3)

Trainees who are not at the end of each level, where the guidance criteria are set, need to show some progress towards meeting the requirements by the end of their current level

In addition to describing minimum standards, guidance and pointers as to what might be deemed excellent are also included. The guidance is set out in table form as below:

Not yet achieved	*Details for expected outcomes for this grade*
Good / Acceptable	*Details for expected outcomes for this grade*
Excellent	*Details for expected outcomes for this grade*

Guidance is provided for the learning outcomes at each level, for all generic curriculum domains:

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
11. Research

The RCPCH Progress curriculum and all syllabus documents, as well as other supporting guidance, are available at **www.rcpch.ac.uk/progress**.

RCPCH Progress
Paediatric curriculum for excellence

Level 1

Decision making matrixes

Level 1   Domain 1

Professional values and behaviours
and professional knowledge

Learning Outcome

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

Key capabilities

1. Follows the principles of law with regard to consent; the right to refuse treatment; confidentiality; and the death of a child or young person.

2. Demonstrates the professional behaviours and attitudes required of doctors (and outlined in Good Medical Practice) within the scope of knowledge, skills and performance, safety and quality, communication, partnership and teamwork, and the maintenance of trust.

3. Demonstrates compassion, empathy and respect for CYP and their families.

Matrix

Not yet achieved	• Lack of evidence of reflection on, or engagement in, any aspect of this domain. • Minimal evidence of attendance at morbidity and mortality meetings. • Minimal evidence of training in issues relating to consent and capacity.
Good / acceptable	• Evidence of mandatory training at local trust - detailing consent and capacity training successfully completed. • Evidence of CBD which maps to this area (safeguarding, consent to treatment, etc.). • Some evidence of involvement in child death process or mortality review and reflection as appropriate (CBD/mini-CEX/reflective note). • Attendance and reflections from local morbidity and mortality meetings. • Evidence in MSF of mapping to elements in this domain, in particular valuing and respecting all team members. • Evidence in DOPS that consent is obtained appropriately.
Excellent	• Presentations at local governance or Morbidity and Mortality meetings.

| | • Attendance and reflections from child death review group or similar (Child Death Overview Panel).

• Evidence of reflection and learning from challenging cases. |

Level 1   Domain 2

Professional skills: communication

Learning Outcome

Develops effective relationships with children, families and colleagues, demonstrating effective listening skills, cultural awareness and sensitivity. Communicates effectively in the written form by means of clear, legible, and accurate written and digital records.

Key capabilities

1. Demonstrates excellent communication and interpersonal skills to enable effective collaboration with patients and their families, and colleagues in multi-professional and MDTs. This includes demonstrating courtesy and respect for different cultures and those with protected characteristics (e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender, sexual orientation).

2. Demonstrates both spoken and written communications (including electronic notes) with patients, families and colleagues that are presented in clear, straightforward English, avoiding jargon where appropriate.

Matrix

Not yet achieved	• Evidence of significant unresolved or ongoing concerns identified around written or verbal communication or interpersonal working with colleagues (MSF, reflection in developmental log, trainers' reports, mini-CEX, DOCs, etc.). • No evidence of sufficient or adequate reflection; no evidence of remediation, if concerns identified.
Good / acceptable	• Evidence of good communication skills (verbal, written and MDT working) in a wide range of clinical scenarios (MSF, reflection in developmental log, trainers' reports, mini-CEX, DOCs, etc.). • Evidence that any concerns identified within level 1 training have been adequately remediated.
Excellent	• Evidence demonstrating exceptional communication skills, across a range of clinical scenarios, including challenging or difficult consultations. • Reflection and evidence of communication feedback driving further personal development.

Level 1   **Domain 3**

Professional skills: procedures

Learning Outcome

Adapts clinical examinations to meet the needs of the child and family or carers, undertaking basic paediatric clinical procedures. Recognises emergency situations, knowing when and how to escalate appropriately; initiates basic life support and carries out advanced life support with guidance.

Key capabilities

1. Performs appropriate clinical examinations of a baby, child and young person.
2. Demonstrates that they have achieved both basic and advanced life support skills.
3. Undertakes key procedures including the following:
   - Peripheral venous cannula.
   - Lumbar puncture.
   - Advanced airway support, including tracheal intubation.
   - Umbilical venous cannulation.

Matrix

Not yet achieved	- Not completed approved resuscitation courses in children and neonates. - No evidence of successful achievement of 4 key practical procedures (DOPS for peripheral venous cannula, lumbar puncture, advanced airway support, including tracheal intubation, and umbilical venous cannulation). - Minimal evidence of engagement with simulation training. - Insufficient evidence of SLEs covering clinical examination of newborn infants and children.
Good / acceptable	- Satisfactory DOPS in 4 key procedures, as above. - Completion of generic approved paediatric and neonatal resuscitation courses (i.e. NLS and APLS or equivalent) by end of Level 1 training. - Satisfactory assessment evidenced by SLEs covering range of examinations of newborn infants, children and young people. - Satisfactory trainers' reports regarding clinical procedures. - Evidence of engagement and participation in simulation training. - Evidence of reflective practice to show improvement in clinical procedures and maintaining up-to-date skills log.
Excellent	Instructor potential identified during resuscitation courses.

	• Evidence of successful outcomes in widening range of practical procedures.

Level 1   Domain 4

Professional skills: patient management

Learning Outcome

Carries out an assessment, makes a differential diagnosis, plans appropriate
investigations and initiates a treatment plan.

Key capabilities

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

Matrix

Not yet achieved	• Insufficient evidence presented of being able to diagnose, plan investigations and initiate treatment plans for common presentations (CBD, Mini-CEX, etc.). • Trainers' reports or MSF detailing concerns regarding lack of awareness of local and national policies or lack of recognition of life threatening acute situations. • Trainers' reports or MSF detailing concerns regarding lack of awareness of when to escalate in life-threatening acute situations.
Good / acceptable	• Evidence of broad range of SLEs to demonstrate ability to diagnose, plan investigations and initiate treatment plans for common presentations (CBD, Mini-CEX, etc.). • Evidence of awareness of local and national guidance (Trainers' reports, MSF). • Evidence of awareness of limitations (Trainers' reports, MSF). • Use of SLEs to evidence recognition of life-threatening nature in acute situations with appropriate escalation.
Excellent	• Wide ranging evidence presented showing ability to recognise, and respond to life threatening emergencies. • Evidence of leading team in acute life-threatening situations.

Level 1   Domain 5

Health promotion and illness prevention

Learning Outcome

Advises on and promotes healthy behaviour from early years to adulthood.

Key capabilities

1. Understands the factors which contribute to child health inequalities and the consequences of those inequalities in terms of disability, life expectancy and health economics.

2. Understands the effects of the environmental, economic and cultural contexts of health and healthcare on illness prevention.

3. Understands the factors involved in global health.

Matrix

Not yet achieved	• Minimal evidence of involvement in this area.
Good / acceptable	• Evidence of good knowledge of breast feeding and the concepts of the baby friendly initiative (training e.g. UNICEF breast feeding module, SLEs and reflection) • Evidence of involvement in child health surveillance programme and screening through education events (local, regional meetings or conferences), training (eg NIPE training), SLEs and reflection.
Excellent	• Evidence of involvement in and understanding of Public Health issues e.g. Obesity, healthy eating, breast feeding or smoking. • Evidence of consideration and understanding of economic, cultural and lifestyle factors and their impact on child health (SLEs and reflective notes)

Level 1   Domain 6

Leadership and team working

Learning Outcome

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

Key capabilities

1. Supports appropriate decisions made within a team and communicates these effectively.

2. Participates in local clinical governance processes.

Matrix

Not yet achieved	• Evidence of significant unresolved or ongoing concerns identified around team working (MSF, other SLEs and trainers' reports). • Evidence does not demonstrate adequate reflection and remediation of concerns identified. • Inadequate evidence of any meaningful engagement with clinical governance.
Good / acceptable	• Evidence of effectively recognising limitations (including appropriate escalation), good handover skills, working constructively within MDT and support to junior colleagues (MSF, other SLEs and trainers' reports). • Evidence of participation in clinical governance, risk management and audit. • Evidence demonstrating appreciation of contribution of all MDT members (MSF, other SLEs and trainers' reports).
Excellent	• Evidence of developing leadership role within MDT.

Level 1   Domain 7
Patient safety (including safe prescribing)

Learning Outcome

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

Key capabilities

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

Matrix

Not yet achieved	*Patient safety* • Trainers' reports or MSF demonstrate a lack of understanding of patient safety and lack of engagement with NHS systems and processes relating to patient safety. *Prescribing* • Multiple errors in prescribing without evidence of honest clear reflection and actions taken to remedy the lack of understanding or inappropriate attitude that led to those errors. • Lack of evidence of learning in prescribing skills beyond those of any mandatory training provided within local NHS trust.
Good / acceptable	*Patient safety* • Evidence of an understanding of patient safety and engagement in systems, such as Datix, that help to manage these risks. *Prescribing* • Evidence of safe prescribing in a range of paediatric settings, including neonates, adolescents, general paediatrics, paediatric emergencies in the acutely unwell child. For each year of training, providing evidence from a learning assessment or a statement from a clinical supervisor of learning and assessment in one or more aspects of prescribing. • Evidence of use of online learning courses, such as Paediatric SCRIPT.
Excellent	*Patient safety* • Participation in a local process that deals with patient safety and quality improvement. *Prescribing* • An audit of personal practice in prescribing, with feedback from medical, nursing and pharmacy colleagues.

	- Evidence of reflection on personal practice, particularly with errors in prescribing. - A quality improvement project related to prescribing.

Level 1   Domain 8

Quality improvement

Learning Outcome

Applies quality improvement methods (e.g. audit and quality improvement projects) under guidance.

Key capabilities

1. Demonstrates the ability to follow the local and national clinical guidelines and protocols.
2. Undertakes a quality improvement project under guidance.

Matrix

Not yet achieved	• Minimal evidence of activity in quality improvement activity.
Good / acceptable	• Evidence of engagement in quality improvement processes within the NHS Trust. • For each year of training, evidence of involvement in an audit or other process related to quality improvement (service evaluation, audit, re-audit, quality improvement, guideline development, etc.). • Presentation at local QI meeting.
Excellent	• Presentation of the findings and actions from more than one project or in more than one setting. • Demonstrates translation of findings and learning from one audit into another area of practice or another hospital.

Level 1   Domain 9

Safeguarding

Learning Outcome

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

Key capabilities

1. Recognises features in presentation, where safeguarding may be an issue.

2. Applies knowledge of local interagency procedures for children in need of safeguarding support.

3. Applies knowledge of how to act in cases of suspected abuse or disclosure, and how to escalate a safe response.

4. Applies knowledge that any communication relating to possible safeguarding issues must be documented clearly and accurately, using body charts to record the examination results of a child or young person.

5. Applies knowledge of what is required when asked to provide oral or written reports for strategy meetings and case conferences, and produces, under supervision, a written report for the police or social services.

6. Recognises the long-term impact of adverse childhood experiences, including maltreatment and the system of adoption and fostering.

Matrix

Not yet achieved	• Lack of evidence of safeguarding training of the required minimum standard.
Good / acceptable	• Evidence of level 2 Safeguarding training. • Evidence of Safeguarding CBD for each training year. • Evidence of other SLEs in this area (e.g. DOC to ensure evidence of appropriate documentation, or CBD on seeing a looked after child in clinic, or attendance at adoption panel). • Evidence of reflection of involvement in a safeguarding case. • May have evidence of being supported writing a report.
Excellent	• Evidence of regular Safeguarding CBDs across the training years, above the minimum requirement. • Evidence of attendance at strategy meeting, regional conference or other safeguarding panel. • Evidence of making a referral to social care. • Evidence of having written a medical report.

Level 1   Domain 10

Education and training

Learning Outcome

Conducts planned teaching and learning events under guidance.

Key capabilities

1. Plans and delivers small group teaching sessions (e.g. case presentation and journal club).

2. Provides evidence of obtaining feedback on teaching delivered and being able to reflect on and learn from this.

Matrix

Not yet achieved	• Minimal evidence of participation in teaching and reflection on performance. • Evidence of teaching skills needing further development or unwillingness to teach (MSF, mini-CEX, trainers report).
Good / acceptable	• Evidence of participation in local departmental teaching, for example through development log entries. • Evidence of feedback on teaching and learning events delivered by the trainee with reflection and goal setting for development of teaching skills.
Excellent	• Evidence of participation in regional or national education or training delivery. • Participation in formal teacher training programme. • Quality improvement activity in the area of education.

Level 1   Domain 11

Research

Learning Outcome

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

Key capabilities

1. Carries out a simple literature review, evaluating evidence and demonstrating the ability to identify strengths and weaknesses in all evidence sources.

2. Interprets research results and explains the findings to parents, CYP and the MDT.

Matrix

Not yet achieved	• Minimal evidence of regular involvement in research-related activity (e.g. literature review, audit, critical appraisal). • Poor use of clinical questions in ePortfolio with no critical review of the relevant literature.
Good / acceptable	• Evidence of regular involvement in research related activities, e.g. literature review, audit, critical appraisal; evidence may include, for example, reflection on audit projects or journal club presentations. • Good use of clinical questions in ePortfolio, incorporating critical review of the relevant literature.
Excellent	• Evidence of skills in interpretation and communication of research findings to children, young people and parents, plus to the multidisciplinary team; evidence may include, for example, mini-CEX and MSF feedback.

RCPCH Progress

Paediatric curriculum for excellence

Level 2

Decision making matrixes

Level 2   Domain 1

Professional values and behaviours and professional knowledge

Learning Outcome

Adheres to the specific legislation (including safeguarding) and healthcare systems between the four counties which applies to children and families; acts as a role model and guide to junior colleagues, developing and ensuring professional values and behaviours in relation to paediatrics and encouraging an open and supportive working environment.

Key capabilities

1. Demonstrates self-awareness and insight, recognising their limits of capability and demonstrating commitment to continuing professional development (CPD).

2. Assesses the capacity to make informed decisions about medical care in children and young people (CYP).

3. Manages relationships where religious or cultural beliefs may cause conflict between healthcare professionals.

Matrix

Not yet achieved	• Lack of evidence of appropriate reflection on aspects of this domain. • MSF suggests lacks self-awareness and insight. • Minimal evidence of involvement in safeguarding process. • Minimal evidence of equality and diversity awareness.
Good / acceptable	• Evidence of level 3 child protection training. • Evidence in MSF of mapping to elements in this domain, in particular valuing and respecting all team members. • Reflection on the trainee's decision making or being involved in challenging situations demonstrating self-awareness and insight. A LEADER CBD may also be used for this domain. • Evidence of involvement in a safeguarding case with Safeguarding CBD. • Evidence through reflective note or CBD of involvement in situations where there has conflict around care or consent for treatment has been challenging, not given or there are capacity issues.
Excellent	• May have led the Safeguarding process with evidence by Safeguarding CBD or LEADER CBD. • Evidence of equality and diversity training.

Professional skills: communication

Learning Outcome

Participates effectively in multidisciplinary teams (MDTs) and engages with patients and families, facilitating shared decision making; recognises complex discussions and when to seek assistance.

Key capabilities

1. Demonstrates effective communication (verbal, nonverbal, and written) with children, young people and their families, colleagues and other professionals.

2. Responds appropriately and empathises with children, young people and their families/carers experiencing difficulty and distress (e.g. in the case of an angry or dissatisfied relative).

3. Effectively communicates where there is a range of differential diagnoses and where management is uncertain.

Matrix

Not yet achieved	• Evidence of significant unresolved or ongoing concerns identified around written or verbal communication or interpersonal working with colleagues (e.g. MSF).
	• Inadequate evidence to demonstrate ability to take on increasingly challenging communication scenarios (this is likely to be highlighted in MSF, reflection in developmental log, trainers' reports, mini-CEX, DOCs, etc.).
	• No evidence in ePortfolio relating explicitly to satisfactory MDT working.
	• Evidence of inadequate reflection and insufficient remediation.
Good / acceptable	• Evidence of good communication skills (verbal, written) in a wide range of clinical scenarios, which should include more complex discussions and MDT working (MSF, reflection in developmental log, trainers' reports, mini-CEX, DOCs, etc.).
	• Evidence that any concerns identified within level 2 training have been adequately remediated.
Excellent	• Evidence demonstrating exceptional communication skills, depth of mature reflection and evidence of communication feedback driving further personal development.
	• Evidence of maturity in managing communication issues with patients, families and colleagues in challenging / complex / stressful situations.

Level 2   **Domain 3**

Professional skills: procedures

Learning Outcome

Supervises and assesses junior staff when undertaking clinical procedures; responds to and leads emergency situations, and performs advanced life support.

Key capabilities

1. Ensures the correct placement of arterial and venous access.
2. Supervises and assesses junior staff undertaking clinical procedures.
3. Responds to and leads emergency situations, and performs advanced life support.

Matrix

Not yet achieved	• Lapsed resuscitation course certification.
	• Evidence of failure to maintain procedural competence in the 4 key practical procedures.
	• Insufficient evidence of engagement with simulation training.
Good / acceptable	• Current paediatric and newborn life support certification.
	• Evidence of satisfactory DOPS in newborn intubation and long line insertion.
	• Evidence of interpreting correct position of central lines including percutaneous long lines.
	• Evidence of leading of simulation training or leading the team in emergency situations.
	• Evidence of being able to use a developmental tool in pre-school child.
	• Evidence of supporting others within the team including junior colleagues in supervision of practical procedures; assessment of others, with ePortfolio evidence of DOPS done for junior colleagues.
Excellent	• Increasing range of procedures (e.g. intubation of extreme preterm, chest drain, arterial catheterisation, peak flow measurement, intraosseous needle placement, etc.), with continued use of skills log.
	• Instructor potential identified during resuscitation courses.

Level 2   Domain 4

Professional skills: patient management

Learning Outcome

Refines differential diagnoses and tailors management plans in response to patient needs and/or initial treatment responses.

Key capabilities

1. Recognises common presentations which may indicate life-threatening pathology and require urgent action.

2. Demonstrates the ability to provide and lead basic and advanced resuscitation, including advanced airway management with the use of airway adjuncts to the point of intubation, and seeks specialist advice for palliative care emergencies.

3. Demonstrates expertise in the multi-professional management of a range of common general paediatric conditions, both acute and chronic; adjusts protocol to the particular situations of CYP.

4. Assesses the evidence base for treatment and assessment strategies, their limitations and when to act outside them with senior support.

5. Seeks advice and support from other teams in a timely and collaborative manner.

Matrix

Not yet achieved	• Trainers' reports or MSF detailing concerns regarding inability to recognise common presentations which may indicate life-threatening pathology and require urgent action. • Minimal evidence presented that demonstrates the ability to provide and lead both basic and advanced resuscitation. • Insufficient evidence of being able to work within MDT in a timely way.
Good / acceptable	• Evidence of satisfactory SLE in leading basic and advanced resuscitation. • Evidence of satisfactory SLEs demonstrating multi-professional management of broad range of common general paediatric conditions. • Provides satisfactory evidence of being able to assess the evidence base for treatment and assessment strategies e.g. following guidelines or recommendations and knowing when to deviate from them if evidence is weak or lacking. • Evidence of effective MDT working; reflective practice to demonstrate working within the team in a timely and collaborative way.
Excellent	• Evidence of leading MDT and following through complex care pathways. • Evidence of management and learning from a clinical situation involving uncertainty, complexity and nuanced decision making (SLEs, reflective entries).

Level 2   Domain 5
Health promotion and illness prevention

Learning Outcome
Considers the potential impact of cultural, social, religious and economic factors on child and family health.

Key capabilities
1. Interacts effectively with children, young people and their families from a broad range of socioeconomic and cultural backgrounds, including via translators and interpreters when required.

2. Applies knowledge of how cultural, social, religious, environmental and economic factors impact child and family health.

3. Applies knowledge of the health system to promote child physical and mental health and disease prevention.

Matrix

Not yet achieved	• Lack of evidence of abilities in this domain.
Good / acceptable	• Evidence of communication in the context of cultural differences and ethnic origin, for example use of interpreter – may be a reflective note, Mini-CEX or CBD. • Evidence of practical engagement in Public Health issues during clinical encounters e.g. discussions with patients and parents regarding smoking, obesity, breastfeeding (SLEs or reflective notes). • Evidence of ongoing involvement in child health surveillance programme and screening appropriate to level 2 should be documented during core neonatal and core community placements as a minimum.
Excellent	• Evidence of abilities in areas of health promotion and illness prevention, during involvement in MDT, discharge planning, child in need or team around the child meetings.

Level 2   Domain 6
Leadership and team working

Learning Outcome

Demonstrates an awareness of their own leadership qualities, adjusting their approach to improve outcomes. Participates effectively and constructively in multidisciplinary and inter-professional teams.

Key capabilities

1. Demonstrates the qualities of a safe and effective leader.

2. Demonstrates leadership and team-working skills and relevant problem-solving strategies in clinical and management contexts, such as when there is a shortage of beds, medical staff or other resource.

3. Takes an active role in promoting the optimum use of healthcare resources.

4. Retains leadership qualities in situations of stress and conflict.

Matrix

Not yet achieved	• Evidence of significant unresolved or ongoing concerns identified around team working (MSF, other SLEs and trainers' reports). • Inadequate evidence of developing leadership qualities (MSF, other SLEs and trainers' reports). • Evidence does not demonstrate adequate reflection and remediation of concerns identified. • Inadequate evidence of meaningful engagement with clinical governance.
Good / acceptable	• Evidence of effectively recognising limitations (including appropriate escalation), good handover skills, working constructively within MDT and support to junior colleagues. • Evidence of participation in clinical governance, risk management and audit and application to quality improvement. • Evidence demonstrating leadership capabilities in a range of clinical and interpersonal scenarios. • Evidence of supportive supervision of junior colleagues.
Excellent	• Evidence of facilitation of problem-solving abilities within team, with ability to manage complexity and conflict.

Level 2   Domain 7
Patient safety (including safe prescribing)

Learning Outcome
Applies appropriate procedures to both prescribing and clinical care situations, and takes safe action when presented with a risk; identifies potential risks and plans how to mitigate them.

Key capabilities
1. Applies safety procedures to prescribing practice.
2. Applies safety procedures to clinical care situations, reacting to identified risks.
3. Identifies and works towards avoiding and/or mitigating potential risk.

Matrix

Not yet achieved	*Patient safety*
	• Minimal evidence of action following any identified risks.
	Prescribing
	• Multiple errors in prescribing without any evidence of honest clear reflection and actions taken to remedy the lack of understanding or inappropriate attitude that led to those errors. Lack of evidence of learning in prescribing skills beyond those of any mandatory training provided within NHS trust.
	• Minimal evidence of competence in prescribing in more complex situations.
Good / acceptable	*Patient safety*
	• Evidence of action taken where there has been an identified threat to patient safety.
	Prescribing
	• Evidence of safe prescribing in a range of paediatric settings, including neonates, adolescents, general paediatrics, community paediatrics, some subspecialties, and paediatric emergencies in the acutely unwell child.
	• Evidence of an ability to manage independently the prescription of emergency medicines. Providing evidence from a learning assessment or a statement from a clinical supervisor of learning and assessment in one or more aspects of prescribing.
	• Evidence of use of online learning courses, such as Script, at a level appropriate to more advanced prescribing.
	• Reflection on a process of quality improvement activity such as a clinical governance meeting.
Excellent	*Patient safety*

- Evidence of reflection on a serious incident within the trust, and of willingness to learn from errors involving systems and processes within local trust.

Prescribing
- An audit of personal practice in prescribing, with feedback from medical, nursing and pharmacy colleagues.

- Evidence of reflection on personal practice, particularly with any errors in prescribing.

- A quality improvement project related to prescribing.

- Evidence of ability to teach and supervise less experienced colleagues in the prescription of medicines.

- Evidence of reflection on communicating with patients, parents and families in circumstances where there have been errors in prescribing.

Level 2   Domain 8

Quality improvement

Learning Outcome

Independently applies knowledge of quality improvement processes in order to undertake projects and audits that enhance clinical effectiveness, patient safety and patient experience.

Key capabilities

1. Proactively identifies opportunities for quality improvement.

2. Undertakes projects and audits to improve clinical effectiveness, patient safety and the patient experience.

Matrix

Not yet achieved	• Lack of any initiative in audits or other quality improvement activities.
Good / acceptable	• Initiating and leading on at least one QI project during Level 2 training. • Evidence of how QI project has improved patient safety/quality, with reflection on the lessons learnt.
Excellent	• Significant contribution to regional quality improvement initiatives. • Significant contribution to regional or some contribution to national guideline development. • Significant contribution to regional or some contribution to national audit.

Level 2   Domain 9

Safeguarding

Learning Outcome

Takes responsibility for raising concerns, seeking advice and taking appropriate action, with supervision.

Key capabilities

1. Applies an understanding of consent and parental responsibility in relation to safeguarding examinations and the health needs of "looked after" children, and explains the relevance of the child care status.

2. Recognises when families are vulnerable, distressed and in need of early support and intervention.

3. Applies knowledge of the impact of adverse childhood experiences in working with vulnerable CYP across a variety of clinical settings.

4. Applies knowledge of the adoption and fostering system to work effectively with fostered or adopted children in a range of settings.

5. Conducts an assessment for possible maltreatment which incorporates attention to the broader family function and the child's developmental, physical and mental health status, recording findings accurately and reaching a conclusion about the nature of the findings.

6. Contributes to case conferences and strategy meetings.

7. Applies knowledge regarding forensic assessment in relation to child abuse and establishes the importance of the chain of evidence.

8. Follows the local system of assessment and follow-up for children who may have been sexually abused.

9. Applies knowledge of the indications for a skeletal survey and relevant blood tests in suspected child abuse.

Matrix

Not yet achieved	• Lack of evidence of appropriate training.
	• Lack of evidence of abilities to manage a safeguarding case.
Good / acceptable	• Evidence of level 3 Safeguarding training and ongoing Safeguarding training.
	• Evidence of attendance at strategy meeting, regional conference or other safeguarding panel.
	• Evidence of other SLEs in this area (e.g. DOC to ensure evidence of appropriate documentation).
	• Evidence of reflection of involvement in a safeguarding case.
	• Evidence of making a referral to social care.
	• Evidence of writing a medical report for a safeguarding case.

Excellent	• Further evidence of independent working in some areas of safeguarding, with support where necessary.

Level 2

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Domain 10

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Education and training

Learning Outcome

Plans and delivers teaching and learning experiences to trainees and other professionals, providing appropriate and constructive feedback.

Key capabilities

1. Demonstrates the ability to plan and deliver teaching in a range of clinical contexts.

2. Shows the ability to assess the different learning needs, levels of support and supervision required by each member of the team they clinically supervise.

3. Provides appropriate feedback.

Matrix

Not yet achieved	• Minimal evidence of involvement in teaching and education of the wider healthcare team.
Good / acceptable	• Evidence of developing and leading multi-professional learning events or training (for example multi-professional team training, simulation or safeguarding training). • Evidence of using feedback effectively (for example through reflection on multisource feedback). • Evidence of assessing the learning needs of healthcare professionals (for example assessment, observation and feedback using supervised learning events).
Excellent	• Involvement as faculty in regional or national training programmes or courses. • Working towards or completion of formal teaching qualification (e.g. certificate in medical education).

Level 2

Domain 11

Research

Learning Outcome

Implements an evidence-based approach to practice to inform decision making and enhance patient care and patient outcomes.

Key capabilities

1. Participates in research activity (e.g. national projects, journal clubs, publications and presentations).
2. Applies knowledge of different research principles when critiquing a research article.

Matrix

Not yet achieved	• Minimal evidence of engagement with evidence-based clinical practice.
Good / acceptable	• Evidence of critical appraisal of original research and application of research findings to everyday clinical practice. • Evidence of contribution to department research activity or journal club.
Excellent	• Formal training in research methodology and best practice in consent (e.g. Good Clinical Practice), with reflection on learning outcomes achieved. • Presentation or publication of research activity in regional meetings. • Evidence of acting as an investigator in local or national research projects.

RCPCH Progress

Paediatric curriculum for excellence

Level 3

Decision making matrixes

Level 3

RCPCHStart assessment

All Level 3 trainees are required to undertake the RCPCH Specialty Trainee Assessment of Readiness for Tenure (RCPCHStart) assessment.

In addition to the criteria outlined in each Level 3 decision making matrix, any specific concerns identified during the RCPCHStart assessment will also need to have been resolved prior to the final ARCP.

Level 3   Domain 1

Professional values and behaviours and professional knowledge

Learning Outcome

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

1. Applies knowledge of current legislation related to children and families.

2. Practises independently in a safe manner.

Matrix

Not yet achieved	• Concerns from supervisors about independent working. • Lack of evidence of involvement in legal processes. • Lack of evidence of learning from involvement in any critical incidents.
Good / acceptable	• Evidence of involvement in the specific areas of legislation relating to children and families – may be a course, CBD or reflective notes. • Evidence from SLEs of independent working (clinic, ward round, resuscitation, acute take, handover, etc.). • Evidence of engagement with clinical governance and quality and safety process, including supporting more junior trainees.
Excellent	• Presentation of legal issues locally at clinical governance or at a regional meeting. • Evidence of multi-agency working across specialities and health care boundaries. • Evidence of management of leading a safeguarding case, may have chaired a strategy meeting. • May have attended court.

Level 3

Domain 2

Professional skills: communication

Learning Outcome

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

1. Models and teaches effective active listening skills in consultation with children and young people (CYP).

2. Demonstrates to others how to manage an effective consultation, including communicating a diagnosis and prognosis effectively to children, young people and families.

3. Leads MDTs and applies communication skills in a range of environments and situations with children, young people and families, including in challenging circumstances.

Matrix

Not yet achieved	• Evidence of significant unresolved or ongoing concerns identified around written or verbal communication or interpersonal working with colleagues (e.g. MSF).
	• Inadequate evidence to demonstrate ability to take on increasingly challenging communication scenarios (this is likely to be highlighted in MSF, reflection in developmental log, trainers' reports, mini-CEX, DOCs, etc.).
	• Evidence of inadequate reflection and insufficient remediation.
Good / acceptable	• Evidence of good communication skills (verbal, written) in a wide range of clinical scenarios, which should include more complex discussions, leading MDT working, liaison effectively with external agencies, communicating challenging diagnosis and prognosis discussions and safeguarding. (MSF, reflection in developmental log, trainers' reports, mini-CEX, DOCs, LEADER, RCPCHStart, etc.).
	• Evidence that any concerns identified within level 3 training have been adequately remediated.
Excellent	• Evidence demonstrating exceptional communication skills, depth of mature reflection and evidence of communication feedback driving further personal development.
	• Evidence of maturity in leading communication issues with patients, families and colleagues in challenging / complex / stressful situations.

	• Evidence of ability to develop strategies to resolve systemic communication difficulties.

Level 3

Professional skills: procedures

Learning Outcome

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.

Key capabilities

1. Maintain skills at level of competency.

Matrix

Not yet achieved	• Lapsed resuscitation course certification.
Good / acceptable	• Evidence of leading of simulation training or leading the team in emergency situations. • Evidence of supporting others within the team including junior colleagues in supervision of practical procedures.
Excellent	• Evidence of continued development as a course instructor during resuscitation courses. • Evidence of development and design of simulation scenarios and/or other novel ways of teaching and improving practical procedure performance in clinical settings. • Evidence of successful outcomes in widening range of specialty specific practical procedures.

Level 3 — Domain 4

Professional skills: patient management

Learning Outcome

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.

Key capabilities

1. Diagnoses and supervises treatment in the common pathologies seen in babies and CYP.

2. Encourages CYP to participate in their individual care, using expert resources appropriately.

3. Supervises colleagues in the assessment and management of cases which are complex, nuanced or perplexing.

4. Models colleagues a flexible, holistic, reflective, evidence-based approach to practice.

5. Anticipates the need for transition to another service or is able to work jointly alongside another service to care for a patient.

6. Collaborates flexibly across local health systems to lead in care quality.

Matrix

Not yet achieved	• RCPCHStart assessment showing multiple areas of patient management that still require development.
	• Multiple complaints regarding treatment of patients.
Good / acceptable	• Evidence demonstrating independent initiation/decision making of management of common paediatric conditions.
	• Evidence of ability to work across specialities and multi-agency working; leading MDT groups.
	• Evidence of supervising other colleagues in complex case management.
	• Participation in RCPCHStart and evidence of completion of areas identified as competencies requiring development.
	• Evidence of reflection which encompasses a flexible and holistic approach to care.
	• Evidence of supervising others in evidence based practice e.g. supervising audits, QI projects.
	• Evidence of successful lead in the transition of care to another speciality or care provider.
	• Evidence of appropriate shared decision making with CYP.

Excellent	• Evidence of recognition of excellence in treatment of babies and children and young people.
	• Publication in peer reviewed journals.
	• Lead in regional or national guideline development or audit.

Level 3   Domain 5
Health promotion and illness prevention

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

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

Matrix

Not yet achieved	• Lack of evidence of abilities in this domain.
Good / acceptable	• Evidence of reading health informatics in published data. • Attendance at conferences, which cover aspects of this domain. • Evidence in SLEs in this domain. • Evidence of involvement and engagement in clinical governance process. • Completed audit or Quality Improvement project on aspect of care in this domain.
Excellent	• Further training in evidence based medicine, quality improvement or other activities in this area. • Evidence of involvement in health system planning (e.g. through attendance at meetings of regional networks, public health boards, antenatal and newborn screening boards, commissioning groups, or transformation programmes such as local maternity systems) with reflection and learning documented. • May have contributed to a business case to develop a service. • May have published in this area.

Level 3   Domain 6

Leadership and team working

Learning Outcome

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.

Key capabilities

1. Engages effectively with stakeholders such as patients, families, charities and other healthcare organisations to create and/or sustain a patient-centred service.

2. Meets patient need through working with non-clinical or managerial colleagues to develop the skills pertinent to the effective running of a paediatric department.

3. Leads in multidisciplinary team working.

4. Addresses challenging behaviour within the team.

Matrix

Not yet achieved	• Evidence of significant unresolved or ongoing concerns identified around team working (MSF, other SLEs and trainers' reports). • Inadequate evidence of developing leadership qualities (MSF, other SLEs and trainers' reports). • Evidence does not demonstrate adequate reflection and remediation of concerns identified. • Inadequate evidence of meaningful engagement with clinical governance.
Good / acceptable	• Evidence of ability to lead effectively MDT and support junior colleagues. • Evidence of ability to challenge colleagues constructively. • Evidence of ability to work with non-clinical colleagues to develop management skills relating to clinical service provision. • Evidence of participation in clinical governance, risk management and audit and application to quality improvement. • Evidence demonstrating leadership capabilities in a range of clinical and interpersonal scenarios.

| Excellent | • Evidence of ability to deliver effective quality improvement plans at local, regional or national level. |
| | • Evidence of exceptional leadership skills in complex and challenging scenarios. |

Level 3   Domain 7
Patient safety (including safe prescribing)

Learning Outcome

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.

Key capabilities

1. Advises CYP and their families about the importance of concordance, and about medications and their side effects.

2. Takes account in their practice of risks to themselves and others, including those related to personal interactions and biohazards.

3. Participates in investigating, reporting and resolving serious incidents, including through communication with patients and families or carers.

4. Applies the principles of the Duty of Candour.

Matrix

Not yet achieved	*Patient safety* • Evidence of inaction following identified risks or patient safety incidents. *Prescribing* • Multiple errors in prescribing without any evidence of honest clear reflection and actions taken to remedy the lack of understanding or inappropriate attitude that led to those errors. • Lack of evidence of learning in prescribing skills beyond those of any mandatory training provided within NHS trust. • Minimal evidence of competence in prescribing in more complex situations. • Prescribing issues identified in a RCPCHStart assessment and not subsequently addressed adequately.
Good / acceptable	*Patient safety* • Evidence of providing feedback to patients, families or carers where there has been an error that has had an impact on patient safety. *Prescribing* • Safe prescribing of medications that have complex safety issues or are more rarely prescribed. • Evidence of use of online learning courses, such as Paediatric SCRIPT, at a level appropriate to more advanced prescribing. • Evidence of an ability to give appropriate advice about potential side effects of medications and what actions should be taken.

	• Evidence of understanding of patient, professional and personal safety in the prescription and administration of medications that might cause harm e.g. chemotherapy medications. • Reflection and remediation on any issues relating to prescribing that have been identified in RCPCHStart assessment.
Excellent	*Patient safety* • Evidence of involvement in feedback and explanation given to patients, families or carers in situations where there has been a patient safety issue or a complaint. • A higher qualification relating to patient safety and quality improvement. *Prescribing* • Evidence of teaching and supervising less experienced colleagues in the prescription of medicines. • Evidence of major contribution to a quality improvement project involving safe prescribing.

Level 3   Domain 8

Quality improvement

Learning Outcome

Identifies quality improvement opportunities and supervises healthcare professionals in improvement projects, and leads and facilitates reflective evaluations.

Key capabilities

1. Responds appropriately to health service targets and participates in the development of services.

2. Employs the principles of evaluation, audit, research and development in standard settings to improve quality.

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

Matrix

Not yet achieved	• Minimal evidence of initiative, leadership, or activity in quality improvement activities or service development.
Good / acceptable	• Evidence of learning and remediation of any deficiencies identified at RCPCHStart assessment. • Evidence of leadership and innovation in Quality Improvement activities. • Evidence of Quality Improvement activity in response to health service targets. • Participation in one or more projects related to service development. • Participation in a substantial area of quality improvement or service development, such as a regional or national guideline.
Excellent	• Participation in a substantial area of quality improvement or service development, such as a regional or national guideline.

Level 3   Domain 9

Safeguarding

Learning Outcome

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

Key capabilities

1. 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.

2. 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.

3. Instigates appropriate medical investigations and initiates and contributes to multi-agency involvement in all forms of abuse.

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

Matrix

Not yet achieved	• Lack of on-going evidence to demonstrate independent working.
Good / acceptable	• Evidence of independent working in this area with appropriate liaison with other services. • Evidence of attendance at case conferences and reflection of lead role. • Continued evidence of keeping up to date with SLEs and reflection in this area, including child death process. • Evidence of having chaired a strategy meeting (with supervision). • Evidence of at or above competency in Safeguarding performance in RCPCHStart scenario. • Evidence of report writing - accompanied by DOC or CBD, as appropriate.
Excellent	• Extended accredited safeguarding training. • Evidence of involvement in the full process for a Sudden Unexpected Death in Infancy or Childhood.

Level 3   Domain 10

Education and training

Learning Outcome

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

Key capabilities

1. Evaluates teaching practice in a range of contexts using a variety of methods.

2. Effectively uses structured learning events (SLEs) to facilitate learning.

3. Teaches patients, families, junior colleagues and other healthcare professionals about a range of general paediatric conditions.

Matrix

Not yet achieved	• Minimal evidence of reflection on performance as an educator or personal teaching skills.
Good / acceptable	• Critical appraisal of education and training delivery within a department or region. • Reflection on experience as a learner and how that influences personal teaching style and performance. • Participation in education skills training and development (e.g. RCPCH EES – Effective Educational Supervision – course). • Evidence of participation in supervised learning events for other trainees with provision of effective feedback. • Evidence of reflection on feedback received when teaching children, young people and families about well-being or chronic illness.
Excellent	• Educational leadership, for example coordination of regional or national teaching programme. • Formal qualification in medical education. • Evidence of role-modelling as an educator.

Level 3   Domain 11

Research

Learning Outcome

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

1. Practises evidence-based medicine and critically analysing its limits.

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

Matrix

Not yet achieved	• Minimal evidence of application of the principles of evidence-based practice. • Minimal evidence of any critical thought or academic activity.
Good / acceptable	• Evidence of integration of evidence-based medicine into clinical practice. • Presentation at a regional meeting and evaluation of presentation performance.
Excellent	• Evidence of involvement as a local or principal investigator in multicentre research. • Presentation of research output at national or international meeting. • Achieving an award from a research funding body, e.g. NIHR/MCRN.

Preparing for ARCPs with RCPCH Progress: Judging achievement of Learning Outcomes to support progression decisions. *A practical guide for Trainees, Supervisors and ARCP Panels.*

See www.rcpch.ac.uk/progress to download this guidance and relevant curriculum and syllabus documents, or for more information regarding the RCPCH Progress curriculum.

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