

# Level 2 Generic Syllabus

Paediatrics Specialty Syllabus

**Version 1.1**

Approved by the GMC for implementation from 1st August 2018

This document outlines the syllabus to be used by doctors completing Level 2 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
1.1	20.03.20	Changes to p21 section 12 illustrations updated

# 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 General Medical Council (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.

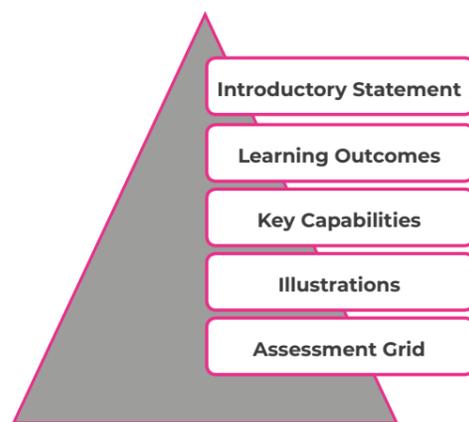


Figure 1: The 5 elements of the syllabus

## 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, in ages from the newborn to the late adolescent.

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

As a result, Paediatricians develop a wide variety of skills allowing them to provide holistic child-centred care across the full range of paediatric specialties. They may develop significant expertise in specialised paediatric areas, but will always maintain their knowledge and skills across the full breadth of child health. This allows care for the majority of sick and unwell children to be supervised by a single doctor.

# Curriculum Learning Outcome

Curriculum Learning Outcomes		GMC Generic Professional Capabilities
1.	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.	GPC 1
2.	Participates effectively in multidisciplinary teams (MDTs) and engages with patients and families, facilitating shared decision making; recognises complex discussions and when to seek assistance.	GPC 2, 3
3.	Supervises and assesses junior staff when undertaking clinical procedures; responds to and leads emergency situations, and performs advanced life support.	GPC 2, 3
4.	Refines differential diagnoses and tailors management plans in response to patient needs and/or initial treatment responses.	GPC 2, 3
5.	Considers the potential impact of cultural, social, religious and economic factors on child and family health.	GPC 4
6.	Demonstrates an awareness of their own leadership qualities, adjusting their approach to improve outcomes. Participates effectively and constructively in multidisciplinary and inter-professional teams.	GPC 5
7.	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.	GPC 6
8.	Independently applies knowledge of quality improvement processes in order to undertake projects and audits that enhance clinical effectiveness, patient safety and patient experience.	GPC 6
9.	Takes responsibility for raising concerns, seeking advice and taking appropriate action, with supervision.	GPC 7
10.	Plans and delivers teaching and learning experiences to trainees and other professionals, providing appropriate and constructive feedback.	GPC 8
11.	Implements an evidence-based approach to practice to inform decision making and enhance patient care and patient outcomes.	GPC 9

# Professional Values and Behaviours

This domain encapsulates duty of care, legal and ethical frameworks, advocacy, accountability and responsibility. The trainee now at ST3-4 will draw upon the knowledge and experience gained at ST1-2 and build upon this. The trainee can now perceive situations as a whole and apply a range of professional values and behaviours in an advanced way.

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I want doctors to try their best.

RCPCH &Us@ Voice Bank 2016

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# Curriculum Learning Outcome 1

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.

GPC 1

## Key Capabilities

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

GPC 1, 3

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

GPC 1, 2, 3

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

GPC 1, 2, 3

## Illustrations

Self-awareness and insight:	
1.	Manages uncertainty and the unexpected, makes difficult decisions and manages competing priorities, including knowing when to seek support and when to hand over appropriately.
2.	Considers stress, mental ill health and burnout in self and other professionals; uses a range of methods to obtain support; and offers support to colleagues.
3.	Recognises and deals competently with potential sources of difficulty (including over-involvement, personal identification, negative feelings, personality clashes and unreasonable demands) and maintains appropriate limits and boundaries between work and personal life.
4.	Recognises and manages personal perceptions, expectations and values around advancing disease and death; recognises how personal values and belief systems influence professional judgements and behaviours.
5.	Recognises the limitations of their own ability to evaluate and intervene by identifying opportunities for continuous professional development, life-long learning, reflective practice and effective teaching.
6.	Models constructive feedback for professional development for self and others.
Decision making and relationship building:	
1.	Recognises the need to ask for advice if first-line measures fail or are not tolerated.
2.	Demonstrates thoroughness in making accurate records and reports that would withstand scrutiny in a court of law or a complaints tribunal, making use of more experienced colleagues when necessary.
3.	Develops the skills required for effective written communication with patients and their families, colleagues and other professional organisations.
4.	Applies RCPCH and GMC guidelines for withholding and withdrawing life-saving treatment.
5.	Makes use of practical guidelines relating to organ and tissue donation.
6.	Respects and manages conflict due to people holding differing moral, religious or cultural principles.
General:	
1.	Applies the Caldicott Principles.
2.	Manages the practical issues surrounding the death of a child or young person.
3.	Recognises possible ethical issues in decision making and knows when to seek advice.

## Professional Skills and Knowledge: Communication

The trainee now uses communication skills in a more expert manner. They are able to manage more complex discussions and produce acceptable written reports without supervision.



“  
Use young people friendly terms.  
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## Curriculum Learning Outcome 2

Participates effectively in multidisciplinary teams (MDTs) and engages with patients and families, facilitating shared decision making; recognises complex discussions and when to seek assistance.	GPC 2, 3
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### Key Capabilities

Demonstrates effective communication (verbal, nonverbal, and written) with children, young people and their families, colleagues and other professionals.	GPC 3, 5
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).	GPC 1, 3
Effectively communicates where there is a range of differential diagnoses and where management is uncertain.	GPC 1, 2, 3, 5



### Illustrations

1.	Ensures that written information in the form of booklets, leaflets, information sheets and websites supports verbal communications wherever possible.
2.	Manages disruptive or antisocial behaviour in a child or adolescent and their families in clinical settings if it occurs.
3.	Demonstrates an understanding of working in a complex organisation and how this impacts the care of children.
4.	Communicates effectively with people with learning and communication difficulties, commensurate with their developmental age.
5.	Explains treatments and procedures and addresses questions at the child's level of understanding.
6.	Demonstrates a range of communication skills in different settings.
7.	Recognises the need to avoid appearing to criticise other professionals in written or verbal communications.
8.	Performs an effective consultation that routinely includes biological, psychological, educational and social factors in the child and family.
9.	Conducts a consultation in such a way that a child or young person and their family feel able to talk about difficult or emotional issues.
10.	Records consultations accurately and sensitively whilst maintaining rapport.
11.	Applies the principles of information governance.
12.	Develops strategies to respond appropriately and find assistance in cases where a child or family member may not speak English or where there is an impairment or disability, such as hearing loss, that may affect understanding.
13.	Shows the confidence to be firm and diplomatic in difficult situations.
14.	Uses strategies to anticipate and respond sensitively to CYP who are uneasy about or unwilling to cooperate with a physical examination.

# Professional Skills and Knowledge: Clinical Procedures

At ST 4-5 the trainee will be expert at a number of required skills and will now take a role in supporting these more junior staff to learn those skills while also maintaining their own proficiency.



I think the children after blood tests should have a lollipop or something and praise them

RCPCH &Us@ Voice Bank 2016



# Curriculum Learning Outcome 3

Supervises and assesses junior staff when undertaking clinical procedures; responds to and leads emergency situations, and performs advanced life support.	GPC 2, 3
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## Key Capabilities

Ensures the correct placement of arterial and venous access.	GPC 2, 3
Supervises and assesses junior staff undertaking clinical procedures.	GPC 2, 3, 8
Responds to and leads emergency situations, and performs advanced life support.	GPC 2, 3, 5

## Illustrations

1.	Uses a developmental tool (e.g. schedule of growing skills) to determine the developmental age of a child up to 5 years of age
2.	Performs the following without direct supervision: <ul style="list-style-type: none"> <li>• Intubation of neonates</li> <li>• Longline/ peripherally inserted central catheter (PICC) insertion</li> <li>• Confirmation of the appropriate positioning of a percutaneous longline using imaging</li> <li>• Tracheostomy care, including changing a tracheostomy tube</li> <li>• Arterial catheterisation</li> <li>• A peak flow measurement</li> <li>• Cranial ultrasound imaging in neonates</li> <li>• Chest drain insertion and diagnostic pleural tap in an emergency</li> <li>• Abdominal paracentesis</li> <li>• Obtaining diagnostic samples post-mortem.</li> </ul>
3.	Supports internal transport of ventilated patients

# Professional Skills and Knowledge: Patient Management

At level 2 the trainee is managing the care of CYP mostly unsupervised. There is an ability to perceive stimulations as a whole and applies holistic decision making processes. They are able to draw on experience and learn from this,

“  
I want you to fix me.  
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# Curriculum Learning Outcome 4

Refines differential diagnoses and tailors management plans in response to patient needs and/or initial treatment responses.	GPC 2, 3
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## Key Capabilities

Recognises common presentations which may indicate life-threatening pathology and require urgent action.	GPC 2, 3
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.	GPC 2, 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.	GPC 2, 3
Assesses the evidence base for treatment and assessment strategies, their limitations and when to act outside them with senior support.	GPC 2, 3
Seeks advice and support from other teams in a timely and collaborative manner.	GPC 2, 3
Performs an assessment of a child's physical, mental, and developmental status, incorporating biological, physiological and social factors across multiple clinical contexts; particularly to ensure a smooth transition between primary and secondary care.	GPC 2, 3, 5
Works effectively with colleagues in primary care to manage risk in a considered manner.	GPC 2, 3, 5, 7

## Illustrations

1.	Applies a range of pain assessment tools.
2.	Uses standardised questionnaires to assess behaviour.
3.	Interprets radiological investigations, including the basic features of cranial ultrasound.
4.	<p><b>Allergy, infection and infectious diseases:</b></p> <ul style="list-style-type: none"> <li>• Recognises and initiates the investigation and management of a child with suspected or confirmed congenital or acquired immunodeficiency state.</li> <li>• Assesses and institutes appropriate management of infection in an immunocompromised child.</li> <li>• Understands aspects of the social history that are relevant to explore for fever with unknown origin.</li> <li>• Applies the principles of antimicrobial stewardship.</li> <li>• Recognises and initiates the investigation and management of suspected IgE- or non-IgE-mediated food allergy, including milk allergy.</li> <li>• Initiates and leads the immediate management of early and advanced features of septic shock.</li> <li>• Recognises and manages acute allergic reactions and anaphylaxis, including advising on future risk.</li> <li>• Recognises, investigates and initiates the management of Kawasaki disease.</li> </ul>
5.	<p><b>Cardiology:</b></p> <ul style="list-style-type: none"> <li>• Requests electrocardiogram (ECG) monitoring in the investigation of a potential arrhythmia.</li> <li>• Recognises supraventricular tachycardia and initiates medical treatment with specialist support.</li> <li>• Recognises innocent and pathological murmurs, and refers appropriately for further assessment.</li> <li>• Recognises, investigates and initiates management for heart failure.</li> <li>• Recognises, investigates and initiates management for cyanosis.</li> </ul>

6.	<p><b>Dermatology:</b></p> <ul style="list-style-type: none"> <li>• Eczema and related itchy rashes:             <ul style="list-style-type: none"> <li>» Manages simple eczema, including both the chronic disease and acute exacerbations or complications.</li> </ul> </li> <li>• Birthmarks and neonatal conditions:             <ul style="list-style-type: none"> <li>» Recognises and initiates the management of neonatal presentations of skin conditions that signify severe underlying disorders.</li> </ul> </li> <li>• Genodermatoses:             <ul style="list-style-type: none"> <li>» Recognises and initiates the management of cutaneous and systemic complications of common genetic diseases.</li> </ul> </li> <li>• General:             <ul style="list-style-type: none"> <li>» Recognises and initiates the urgent management of acute skin conditions, such as eczema herpeticum, toxic shock syndrome and staphylococcal scalded skin.</li> <li>» Recognises, investigates and initiates the management of common chronic skin complaints.</li> </ul> </li> </ul>
7.	<p><b>Diabetes and endocrine:</b></p> <ul style="list-style-type: none"> <li>• Initiates the investigation and management of hypoglycaemia</li> <li>• Assesses pubertal development status sensitively and recognises abnormalities.</li> <li>• Recognises diabetes in childhood and initiates treatment.</li> <li>• Identifies and manages diabetic ketoacidosis and its potential complications, including cerebral oedema.</li> <li>• Interprets thyroid function tests and initiates further investigation and management appropriately.</li> <li>• Assesses and initiates the investigation for polyuria and polydipsia, and refers for specialist advice appropriately.</li> <li>• Recognises the genetic and endocrine causes of obesity.</li> </ul>
8.	<p><b>Drug and alcohol-related medicine:</b></p> <ul style="list-style-type: none"> <li>• Manages the acute presentation of intoxication with alcohol or other drugs.</li> <li>• Assesses alcohol and other drug use, including taking a detailed history.</li> <li>• Recognises the effects of alcohol and other drugs on the unborn child, children and families, including foetal alcohol spectrum disorders.</li> </ul>

<b>9.</b>	<p><b>Gastroenterology, hepatology and nutrition:</b></p> <ul style="list-style-type: none"> <li>• Recognises possible inflammatory bowel disease in a child or young person and performs the initial investigations.</li> <li>• Assesses the need for and manages urgent fluid and electrolyte replacement in patients with diarrhoea and/or vomiting. Recognises a child with liver dysfunction and performs the initial investigations.</li> <li>• Recognises a child with liver dysfunction and performs the initial investigations.</li> <li>• Applies knowledge of normal gastrointestinal and liver function, and understands how diseases may result from or cause abnormal biochemical processes.</li> <li>• Recognises abdominal masses and initiates first-line investigations.</li> <li>• Recognises a gastrointestinal bleed and initiates management.</li> <li>• Recognises the consequences of undernutrition and specific nutritional deficiencies.</li> <li>• Recognises and manages acute and chronic constipation.</li> </ul>
<b>10.</b>	<p><b>Growth and development:</b></p> <ul style="list-style-type: none"> <li>• Advises on the nutritional needs of both healthy and sick CYP.</li> <li>• Assesses the underlying causes of faltering growth, arranging appropriate investigations if necessary.</li> <li>• Investigates and manages feeding problems in CYP with neurodisabilities.</li> <li>• Responds to parents' questions effectively regarding children with abnormal patterns of growth and development.</li> </ul>
<b>11.</b>	<p><b>Haematology and oncology:</b></p> <ul style="list-style-type: none"> <li>• Recognises and manages febrile neutropenia according to local network guidelines and recognises when to liaise with specialist services.</li> <li>• Recognises and initiates the management of sickle cell crisis, including the safe administration of fluid and analgesics.</li> <li>• Recognises, investigates and manages anaemia.</li> <li>• Recognises and manages acute bleeding and haemarthrosis in haemophilia and Von Willebrand disease, understanding the need to treat urgently.</li> <li>• Recognises and initiates the investigation of suspected haematological malignancy in accordance with local and national protocols.</li> <li>• Recognises and initiates the management of the short-term effects of chemotherapy.</li> <li>• Appropriately manages blood product transfusion in line with local protocols.</li> <li>• Recognises and manages immune thrombocytopenia.</li> <li>• Recognises the features which suggest that lymphadenopathy may be malignant, and investigates.</li> </ul>

<b>12.</b>	<p><b>Inherited metabolic medicine and genetics:</b></p> <ul style="list-style-type: none"> <li>• Request screening investigations for a range of metabolic disorders and interpret these tests.</li> <li>• Apply knowledge of the normal physiology and biochemistry relevant to metabolic disease, including changes during childhood</li> <li>• Apply the principles of ex vivo and in vivo gene transfer and its relevance to inherited metabolic medicine.</li> <li>• Apply the mechanisms of inheritance and understand molecular genetics, including mitochondrial DNA.</li> <li>• Apply the principles of metabolic indications and the long term follow up for liver transplantation, haematopoietic stem cell transplantation and renal transplantation</li> <li>• Apply the principles of dietary therapy for metabolic disorders</li> <li>• Recognise the consequences of under nutrition and specific nutritional deficiencies</li> </ul>
<b>13.</b>	<p><b>Intensive care:</b></p> <ul style="list-style-type: none"> <li>• Uses early warning systems and recognises their limitations.</li> <li>• Applies knowledge of the principles of neuroprotection.</li> <li>• Considers and supports nutrition in the critically ill child.</li> <li>• Prepares for and supports safe patient transport.</li> <li>• Obtains blood gas samples and interprets the results.</li> <li>• Requests appropriate microbiological samples and interprets the results.</li> <li>• Recognises the child at risk of drug withdrawal.</li> <li>• Assesses and initiates the management of a patient with burns, together with specialist support.</li> <li>• Manages a child after successful resuscitation.</li> <li>• Adopts a structured and timely approach to the recognition, assessment and stabilisation of an acutely ill patient.</li> <li>• Manages cardiopulmonary resuscitation (e.g. Advanced Paediatric Life Support [APLS] and Neonatal Life Support [NLS]).</li> <li>• Triage and prioritises patients appropriately, including performing timely admissions and referrals to the High Dependency Unit (HDU) or Intensive Care Unit (ICU).</li> <li>• Assesses and provides initial management of a trauma patient as part of an MDT team.</li> <li>• Uses fluids and initiates vasoactive/inotropic drugs to support the circulation.</li> <li>• Manages the pre- and post-operative care of a surgical patient in association with the surgical team.</li> </ul>

**14. Mental health:**

- Manages common behavioural problems (e.g. temper tantrums, sleep problems, oppositional behaviour, encopresis and school refusal).
- Considers the emotional effect of abuse on CYP and liaises with specialist colleagues as appropriate.
- Recognises the effects of developmental difficulties and physical diseases on behaviour and vice versa, and recognises when these occur.
- Recognises the possibility of fabricated or induced illness in “medically unexplained symptoms” and starts a management plan, liaising with MDT members.
- Develops strategies and skills to support and engage parents of children with emotional or mental health difficulties.
- Recognises the signs and symptoms that could indicate serious conditions such as attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), depression and psychosis.
- Assesses to what degree physical presentation is due to psychological factors (e.g. using a biopsychosocial model) and manages accordingly.
- Assesses and manages acute presentations of psychological distress (self-harm, overdose and somatic symptoms of distress) and refers on when appropriate.
- Assesses and manages the acute presentation of eating disorder and liaises with an MDT where appropriate.
- Takes a mental health family history and considers the impacts on the CYP, including early attachment and the current presentation.
- Describes the commonly used medications for mental health disorders, their side effects and interactions.

**15. Neonates:**

- Assesses nutritional status and identifies when supplementation is required.
- Supports and promotes breastfeeding, including directing mothers to additional support when needed.
- Recognises when neonates may benefit from nitric oxide therapies.
- Recognises and investigates the possible causes and effects of seizures in the neonatal period.
- Recognises and manages the early signs of neonatal sepsis and initiates appropriate antimicrobial therapy and supportive management.
- Refers appropriately to community services before discharge, including provision for long-term oxygen, and begins to participate in the follow-up of at-risk neonates.
- Initiates the investigation for causes of conjugated and unconjugated jaundice.
- Recognises and manages the long-term implications of hypoxic-ischaemic injury and discusses these with the family.
- Describes the role of foetal medicine and the available interventions.
- Manages the fluid requirements of preterm, sick and growth-restricted babies.
- Recognises the need to adhere to local protocols in relation to safe blood transfusion practices.
- Recognises, investigates and initiates the management of suspected necrotising enterocolitis.
- Diagnoses pneumothorax and recognises when chest drainage is indicated.
- Explains the principles and complications of different ventilation techniques.

**16. Nephrology:**

- Recognises and initiates the management of nephrotic syndrome and its complications.
- Recognises and initiates the management of nephritis and its complications.
- Manages Henoch–Schönlein purpura.
- Renal failure:
  - » Recognises and initiates the investigation and management of acute renal failure and its complications.
  - » Recognises and initiates the investigation and management of chronic renal failure and its complications.
- Hypertension:
  - » Measures blood pressure accurately, and investigates and initiates the management of hypertension
- Voiding problems:
  - » Investigates and manages enuresis and other voiding disorders according to clinical guidelines
- Urology:
  - » Assesses for testicular torsion and refers appropriately.
  - » Recognises and initiates the investigation of renal stones.

**17. Neurodisability and neurology:**

- Recognises and initiates the investigation of common causes of altered consciousness in CYP.
- Recognises and initiates the investigation of common causes of ataxia, clumsiness and abnormal movement patterns (e.g. tics and chorea).
- Recognises and initiates the investigation of common causes of hypotonia, neuropathies and myopathies.
- Recognises and initiates the management of brachial plexus injury and other neurological trauma.
- “Funny turns”, faints, seizures and epilepsy:
  - » Forms a differential diagnosis for fits, faints and funny turns.
  - » Uses electroencephalogram (EEG) features to help identify and manage the common epileptic syndromes.
  - » Initiates treatment of epilepsy with antiepileptic drugs and discusses the long-term implications of epilepsy (including different epilepsy syndromes, the risk of learning difficulties and accidental or sudden death) and demonstrates the ability to counsel families regarding these.
- Headache:
  - » Formulates a management plan for headaches, including the appropriate investigations.
  - » Assesses for and initiates the management of raised intracranial pressure.
  - » Recognises and initiates management for the different manifestations of migraine.
- Altered consciousness and neuromuscular:
  - » Investigates and manages a child presenting with acute altered consciousness.
  - » Initiates the investigation for common neuromuscular conditions.
- Hearing:
  - » Applies knowledge of the risk factors for developing sensorineural hearing impairment to identify which CYP require screening tests.
  - » Applies knowledge of the importance of hearing assessment in children with speech and communication problems, such as autistic spectrum disorders.
- Head shape and size:
  - » Recognises, and initiates investigations for and the management of abnormal head shapes and growth, differentiating between serious and non-serious causes.

- Neurodisability and neurodevelopment:
  - » Formulates an initial management plan for children with disordered development.
  - » Recognises regression of development skills, defines the level of regression and seeks senior help.
  - » Recognises and manages the complications of neural tube defects.
  - » Recognises and manages common developmental disorders.
  - » Initiates the management of common complications of children with neurodisability, including aspiration and oesophageal reflux.

**18. Palliative care:**

- Symptom management:
  - » Recognises and initiates the management of common problems associated with the end of life in CYP, including pain, nutrition, agitation, gastrointestinal issues and breathlessness.
  - » Recognises features of nonpathological behaviours and psychological responses associated with life-limiting conditions (e.g. anger and adjustment reactions).
  - » Recognises the need to involve specialised paediatric palliative care early enough to anticipate and address issues.
  - » Recognises palliative care emergencies and knows when to seek advice or refer appropriately.
  - » Demonstrates good judgement in correctly recognising and anticipating transition into the dying phase.
- Supporting families:
  - » Discusses local bereavement support services with parents and families, including respite and hospice care.
  - » Recognises factors influencing how a family and its members mourn the death of a child, including adverse reactions.
- General:
  - » Anticipates and recognises abnormal, prolonged and complicated grief in children and adults.
  - » Identifies the changing long-term needs in life-limiting conditions (e.g. symptom management, respite and educational needs).

**19. Respiratory:**

- Recognises features which suggest serious pathology in patients with sore throat and mouth.
- Recognises when an investigation is needed for cervical lymphadenopathy.
- Recognises and initiates management for respiratory problems associated with neuromuscular disorders.
- Manages acute problems in children receiving long-term mechanical respiratory support.
- Recognises when and how to investigate acute and chronic stridor.
- Recognises features in the presentation of acute respiratory symptoms which suggest serious or unusual pathology, and investigates appropriately.
- Recognises the typical patterns of abnormality in lung function tests in common conditions.
- Recognises when to refer for sleep studies.
- Recognises when a child needs respiratory support.
- Engages specialist help to facilitate the removal of a foreign body causing airway compromise.
- Recognises and initiates the management of tuberculosis (TB), including onward referral.
- Recognises and manages the complications of acute lower respiratory tract infections (e.g. empyema).
- Assesses and manages a child with a chronic cough.
- Manages acute exacerbations of chronic lung disease of prematurity.
- Recognises the need for continued management of asthma following an episode, including access to emergency treatment at school and other settings.



**20. Rheumatology:**

- Understands the natural history of juvenile idiopathic arthritis and its potential to progress into adulthood.
- Recognises, investigates and initiates the management of bone and joint infections.
- Recognises the causes of spinal problems and to whom they should be referred.
- Applies knowledge of the importance of physiotherapy and other non-drug therapies in musculoskeletal disease.
- Explains how somatisation syndromes, generalised pain syndromes and chronic fatigue syndrome can present with musculoskeletal symptoms.
- Recognises and initiates the management of chronic regional pain syndrome and assesses for comorbidities.
- Recognises the features of musculoskeletal pain that might suggest serious or unusual pathology.
- Recognises the features of hypermobility syndromes and assesses them using a scoring system.
- Recognises the features of benign adolescent knee pain syndrome and its management.
- Recognises the multisystem nature and the presenting features of some autoimmune conditions and rare multi-system connective tissue diseases.
- Explains the indications for and complications of immunosuppressive treatment.
- Explains how and when to prescribe and monitor treatment with oral and parenteral corticosteroids and methotrexate.
- Advises on immunisations in children receiving steroids and disease-modifying drugs.

**21. Sleep medicine:**

- Recognises the range of presentations of sleep disruption in CYP, including night-time symptoms and effects on daytime performance and behaviour, and initiates appropriate management.
- Recognises the impact of sleep-disordered breathing, including obstructive sleep apnoea.
- Recognises the secondary consequences of common and complex medical conditions on children's sleep.
- Advises that medications to treat behavioural sleep disorders should only be considered after non-pharmacological interventions have been tried and failed, and a formal diagnosis of a sleep disorder has been made by an experienced clinician.

**22. Young people's health:**

- Develops effective relationships that enable young people to participate in their own care.
- Demonstrates understanding of the importance of psychosocial development in chronic disease self-management and concordance.
- Communicates effectively with young people about substance misuse and implements appropriate intervention plans.
- Explains normal and abnormal variations in common somatic symptoms in adolescence including fatigue, headache, sleep problems and abdominal and musculoskeletal pain.
- Explains the importance of an open-minded approach to equality and diversity, including a wide range of family compositions.



# Capabilities in Health Promotion and Illness Prevention

The trainee must become increasingly proficient in considering the child as a whole, taking into account those wider aspects of culture, economy, social and educational perspectives, optimising opportunities to promote healthy lifestyle education.



**Don't use scare tactics.**

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# Curriculum Learning Outcome 5

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

GPC 4

## Key Capabilities

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.

GPC 2, 3, 4

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

GPC 2, 4, 5

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

GPC 1, 2, 4, 5, 6

## Illustrations

1. Compares the epidemiology of child and adolescent illness and death in low-, middle- and high-income countries, specifically contrasting child mortality rates in the United Kingdom (UK) with other countries in Western Europe and low-income settings.
2. Recognises how malnutrition (undernutrition and overnutrition) and micronutrient deficiencies (e.g. iron, vitamin A and D, zinc and iodine deficiencies) contribute to child morbidity and mortality globally.
3. Advises how children should be protected from major vector-borne diseases (e.g. malaria and dengue fever) and diarrheal diseases when travelling to countries where these conditions are common, and where to seek specialist travel advice.
4. Demonstrates an effective approach to assessing and managing the returning child traveller presenting with fever; takes a travel and contact history and performs the appropriate investigations, seeking specialist advice if required.
5. Evaluates the effects of inequitable access to healthcare globally and the barriers to accessing healthcare that children and families face in the UK, including language, immigration status and fear of stigma.
6. Recognises environmental, social and psychological factors as important contributors to asthma symptoms.
7. Assesses the effectiveness of interventional strategies to lessen the impact of obesity on health.
8. Evaluates the special health needs of children in the UK who are immigrants from low-income countries (as refugees or asylum-seekers) and of those who have been affected by armed conflict or natural disasters; considers growth and nutrition, imported infections, immunisation status, mental health and sexual health.

9.	Recognises the wide range of acute and long-term presentations (e.g. trauma, depression, hypertension) related to the use of alcohol or other drugs.
10.	Explores cultural beliefs regarding health and recognises how these may impact health behaviours.
11.	Effectively manages (including by accessing relevant legal and ethical guidelines) the difficulties that can occur when parents' or carers' religious or cultural beliefs about the treatment of their child conflict with established good practice.
12.	Discusses with mothers the factors influencing feeding decisions, such as supportive perinatal practices (i.e. "baby friendly" guidelines), effective positioning and attachment, breastfeeding of premature babies, the importance of milk expression to sustain lactation when mother and baby are separated, and the World Health Assembly International Code on the Marketing of Breastmilk Substitutes and subsequent resolutions.
13.	Applies understanding of how local and global environmental factors (e.g. climate change, air pollution, safe transport systems and urban environments, and access to green spaces) promote a healthier environment for children.
14.	Recognises that environmental, social and psychological factors are important contributors to asthma symptoms.
15.	Recognises the wide range of acute and long-term presentations related to the use of alcohol and other drugs (e.g. trauma, depression, hypertension).
16.	Encourages activities and lifestyle interventions that help prevent musculoskeletal problems.
17.	Applies the principles of the United Nations Convention on the Rights of the Child and works for the protection of these rights.
18.	Utilises the role of the health visitor effectively to promote child health.
19.	Works collaboratively with the General Practitioner in managing long-term conditions to encourage early interaction and proactive care.
20.	Elicits patient perspectives using tools such as Patient-Reported Outcome Measures (PROMS), Patient-Reported Experience Measures (PREMS) and 'What Matters to Me'.
21.	Explains how referrals arise from screening and surveillance programmes (including the risk of false positive and false negative referrals) and how to manage them.
22.	Describes the principles of public health assessment as it applies to CYP, including the Joint Strategic Needs Assessment (JSNA).
23.	Recognises and provides appropriate or evidence-based advice on common normal variants in child behaviour and development (e.g. feeding, crying, sleep, bowel habits and temper tantrums).
24.	Accesses and advises appropriately on unusual immunisation histories such as incomplete immunisations, children moving to the UK from countries with a different schedule (in conjunction with immunisation teams), and selective vaccines (e.g. Hepatitis B and Bacillus Calmette–Guérin [BCG]).
24.	Analyses the cause of infection outbreaks, the principles of their investigation and their control measures in high- and low-income countries.
26.	Explains the epidemiology of injuries in CYP, recognising which injuries may be preventable and the principles of programmes to prevent such injuries.

## Capabilities in Leadership and Team Working

AT ST4-5 the trainee must be demonstrating autonomous leadership qualities. They must be able to effectively participate in MDT meetings and wider inter-professional teams to optimise the wellbeing of the child.



I would like to be seen quicker.

RCPCH &Us@ Voice Bank 2016



## Curriculum Learning Outcome 6



Demonstrates an awareness of their own leadership qualities, adjusting their approach to improve outcomes. Participates effectively and constructively in multidisciplinary and inter-professional teams.	GPC 5
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### Key Capabilities

Demonstrates the qualities of a safe and effective leader.	GPC 1, 3, 5, 6
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.	GPC 2, 3
Takes an active role in promoting the optimum use of healthcare resources.	GPC 1, 5, 6
Retains leadership qualities in situations of stress and conflict.	GPC 1, 3, 5

### Illustrations

1.	Demonstrates commitment to developing and improving their own leadership and management skills in clinical and non-clinical settings, supported by mentorship and supervision.
2.	Uses leadership and management skills in multidisciplinary and inter-professional teams to improve outcomes for patients.
3.	Contributes effectively to MDTs led by others.
4.	Demonstrates the ability to participate in and contribute to organisational decision making.
5.	Contributes to work in managed clinical networks and outreach clinics.

## Patient Safety, Including Safe Prescribing



The trainee must now be able to identify risk autonomously and promote patient safety at all times. This applies not only to prescribing practice but all aspects of paediatric management.



Always get a print out or copy of clinic notes to share with school as this improves understanding.

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## Curriculum Learning Outcome 7

Applies safety procedures to prescribing practice. 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.

GPC 6

### Key Capabilities

Applies safety procedures to prescribing practice.

GPC 1, 2, 3, 6

Applies safety procedures to clinical care situations, reacting to identified risks.

GPC 1, 2, 3, 6

Identifies and works towards avoiding and/or mitigating potential risk.

GPC 1, 2, 3, 6

### Illustrations

1.	Applies knowledge about simple analgesics and opioids, the indications and side effects, and the principles guiding their use.
2.	Accesses and applies conversion factors for opioids.
3.	Safely prescribes oral and intravenous hydration.
4.	Applies knowledge of the range of immunosuppressive therapies that may be used and their complications.
5.	Applies the principles of parenteral nutrition and prescribes it safely.
6.	Initiates antiepileptic drug therapy and monitors for complications.
7.	Uses therapeutic drug monitoring to adjust dosing schedules.
8.	Accesses and uses a palliative care formulary.
9.	Applies local policies for risk reporting.
10.	Applies knowledge about issues relating to insulin and applies local guidelines to safeguard the prevention of insulin errors.

## Capabilities in Quality Improvement

Improving the quality of care and service provision is a key aspect of all doctors duties. At ST4-5 the trainee is demonstrating increasing confidence in using quality improvement tools and participating in improvement projects.

“

Not to wait long in hospital.

RCPCH &Us@ Voice Bank 2016

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## Curriculum Learning Outcome 8

Independently applies knowledge of quality improvement processes in order to undertake projects and audits that enhance clinical effectiveness, patient safety and patient experience.	GPC 6
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### Key Capabilities

Proactively identifies opportunities for quality improvement. Applies safety procedures to prescribing practice.	GPC 5, 6, 9
Undertakes projects and audits to improve clinical effectiveness, patient safety and the patient experience.	GPC 1, 2, 5, 6, 9

### Illustrations

<b>1. Audit:</b>	<ul style="list-style-type: none"> <li>· Uses the principles of evaluation, audit, research, development and standard setting in improving quality.</li> </ul>
<b>2. Governance:</b>	<ul style="list-style-type: none"> <li>· Gives an evidence-based presentation and can critically analyse those given by others.</li> <li>· Demonstrates how critical reflection on the planning, implementation, measurement and response to data in a quality improvement project influences planning for future projects.</li> </ul>
<b>3. Quality tools:</b>	<ul style="list-style-type: none"> <li>· Contributes to the development of high-quality clinical guidelines, understanding how they are produced nationally and how they will guide future practice.</li> <li>· Evaluates and develops local and national clinical guidelines and protocols in paediatric practice and recognises individual patient needs when using them.</li> <li>· Describes and evaluates tools for quality improvement interventions.</li> </ul>

## Capabilities in Safeguarding Vulnerable Groups

The trainee now understands the professional responsibility for safeguarding CYP, documenting accurately and raising concerns to senior staff in a professional manner. They role model excellent safeguarding practice to junior staff and consider environmental aspects that impact safeguarding (e.g. addictions and social deprivation).

“

I would like the doctors to speak to me as well as my parents.

RCPCH &Us® Voice Bank 2016

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# Curriculum Learning Outcome 9



Takes responsibility for raising concerns, seeking advice and taking appropriate action, with supervision.	GPC 7
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## Key Capabilities

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.	GPC 1, 5, 7
Recognises when families are vulnerable, distressed and in need of early support and intervention.	GPC 1, 2, 4, 5, 7
Applies knowledge of the impact of adverse childhood experiences in working with vulnerable CYP across a variety of clinical settings.	GPC 1, 2, 3, 7
Applies knowledge of the adoption and fostering system to work effectively with fostered or adopted children in a range of settings.	GPC 1, 3, 5, 7
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.	GPC 1, 2, 3, 7
Contributes to case conferences and strategy meetings.	GPC 2, 5
Applies knowledge regarding forensic assessment in relation to child abuse and establishes the importance of the chain of evidence.	GPC 2, 3, 7
Follows the local system of assessment and follow-up for children who may have been sexually abused.	GPC 2, 3, 5, 7
Applies knowledge of the indications for a skeletal survey and relevant blood tests in suspected child abuse.	GPC 2, 3, 7

## Illustrations

<p><b>1. Consent and parental responsibility:</b></p> <ul style="list-style-type: none"> <li>• Obtains valid consent for examination in the case of suspected abuse, including a child who is subject to court orders or who attends without an adult with parental responsibility.</li> <li>• Applies understanding of the difference between professional and expert witnesses.</li> <li>• Participates in the management of children in need of protection, and uses local pathways to ensure referral and follow-up.</li> <li>• Applies understanding of the roles of named and designated professionals for safeguarding and looked after children.</li> <li>• Demonstrates understanding of the difference between civil and criminal proceedings in relation to safeguarding.</li> <li>• Assesses and supports the needs of children in families where there are safeguarding issues.</li> <li>• Recognises that behaviour changes, including soiling and/or bed wetting, can be a presentation of emotional abuse or neglect.</li> <li>• Assesses, with supervision, injuries in relation to history, developmental stage and ability of the child.</li> <li>• Recognises the possible signs of factitious and induced illness and perplexing symptomatology.</li> <li>• Recognises the significance of repeated or bizarre physical (and emotional) symptoms.</li> <li>• Contributes to court hearings, under supervision.</li> <li>• Identifies the risk factors for child sexual exploitation (e.g. missing from home or school and presenting with a controlling adult).</li> <li>• Applies the mandatory requirements to refer cases of female genital mutilation (FGM), including visible signs, for children and young women under the age of 18; differentiates between the different types of FGM.</li> <li>• Identifies the risk factors for child sexual exploitation (e.g. missing from home or school and presenting with a controlling adult).</li> <li>• Responds to the safeguarding needs of the unborn child, including in situations with evidence of domestic abuse.</li> </ul>
<p><b>2. Vulnerability:</b></p> <ul style="list-style-type: none"> <li>• Recognises the health indicators of possible neglect, including dental caries, failure to meet the child’s routine health needs, school absence and severe, untreated dental caries.</li> <li>• Identifies the physical and behavioural indicators of sexual abuse and is aware of the local referral pathways for each.</li> </ul>

**3. Assessment:**

- Identifies the early signs of potential radicalisation in CYP and knows what action to take.
- Undertakes and documents a comprehensive initial assessment of the looked after child.
- Recognises which children are at risk of FGM.
- Recognises that recurrent self-harm may be an indicator of sexual abuse or exploitation and other forms of abuse.
- Identifies the presenting features of possible abusive head trauma in infants and knows the conditions that might mimic such presentations (e.g. inherited metabolic disorder).
- Recognises that internet bullying, grooming or abuse may present as self-harm or psychological disturbances.

**4. Process and reporting:**

- Identifies the pathways to gather medical, educational and social care information on a child.
- Compiles a medical report for the police or court under supervision.

## Capabilities in Education and Training

This domain requires doctors to develop skills that enable them to provide safe supervision and training activities for those in junior positions and for other healthcare professionals. This is achieved through the creation of effective learning opportunities.



Young people like technology. Use it more.

RCPCH &Us@ Voice Bank 2016



# Curriculum Learning Outcome 10

Plans and delivers teaching and learning experiences to trainees and other professionals, providing appropriate and constructive feedback.	GPC 8
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## Key Capabilities

Demonstrates the ability to plan and deliver teaching in a range of clinical contexts.	GPC 2, 5, 8
Shows the ability to assess the different learning needs, levels of support and supervision required by each member of the team they clinically supervise.	GPC 5, 8
Provides appropriate feedback.	GPC 5, 8

## Illustrations

1.	Identifies methods for evaluating teaching and begins to show evidence of using this feedback to improve as an educator.
2.	Provides reflective evidence of developing skills as a learner and teacher.
3.	Teaches basic and advanced practical procedures.
4.	Provides constructive feedback to support the professional development of peers and other members of the MDT.
5.	Differentiates between mentoring and educational or clinical supervision.

# Research and Scholarship

At ST 4-5 the trainee is becoming increasingly confident at making evidenced based decisions to enhance the care they provide to CYP and their families.



When you don't know, find somebody who does.

RCPCH &Us@ Voice Bank 2016



# Curriculum Learning Outcome 11

Implements an evidence-based approach to practice to inform decision making and enhance patient care and patient outcomes.	GPC 9
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## Key Capabilities

Participates in research activity (e.g. national projects, journal clubs, publications and presentations).	GPC 1, 2, 9
Applies knowledge of different research principles when critiquing a research article.	GPC 9

## Illustrations

1.	Applies research evidence when reflecting on situations encountered in clinical practice.
2.	Participates in systematic reviews.
3.	Describes how systematic reviews differ from narrative reviews and explains the principles of meta-analysis.
4.	Integrates evidence from research with individual patient situations and preferences to plan care.
5.	Applies critical appraisal of published evidence to produce local clinical guidelines.
6.	Interprets medical statistics appropriately (e.g. p-values and confidence intervals).

# 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)	Other
Demonstrates self-awareness and insight, recognising their limits of capability and demonstrating commitment to continuing professional development (CPD).	✓	✓				✓	✓			
Assesses the capacity to make informed decisions about medical care in children and young people (CYP).	✓	✓				✓	✓			
Manages relationships where religious or cultural beliefs may cause conflict between healthcare professionals.	✓	✓				✓	✓			
Demonstrates effective communication (verbal, nonverbal, and written) with children, young people and their families, colleagues and other professionals.	✓	✓	✓			✓	✓	✓		
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).	✓	✓						✓		
Effectively communicates where there is a range of differential diagnoses and where management is uncertain.	✓	✓	✓			✓	✓			
Ensures the correct placement of arterial and venous access.	✓	✓	✓							
Supervises and assesses junior staff undertaking clinical procedures.	✓	✓	✓				✓			
Responds to and leads emergency situations, and performs advanced life support.	✓	✓	✓	✓	✓		✓			

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)	Other
Recognises common presentations which may indicate life-threatening pathology and require urgent action.	✓	✓		✓	✓					
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.	✓	✓	✓	✓	✓					
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.	✓	✓						✓		
Assesses the evidence base for treatment and assessment strategies, their limitations and when to act outside them with senior support.	✓	✓								
Seeks advice and support from other teams in a timely and collaborative manner.	✓	✓						✓		
Performs an assessment of a child's physical, mental, and developmental status, incorporating biological, physiological and social factors across multiple clinical contexts; particularly to ensure a smooth transition between primary and secondary care.										
Works effectively with colleagues in primary care to manage risk in a considered manner.							✓			

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)	Other
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.	✓	✓				✓		✓		
Applies knowledge of how cultural, social, religious, environmental and economic factors impact child and family health.	✓	✓					✓			
Applies knowledge of the health system to promote child physical and mental health and disease prevention.	✓	✓				✓				
Demonstrates the qualities of a safe and effective leader.	✓	✓				✓	✓			
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.	✓	✓				✓	✓			
Takes an active role in promoting the optimum use of healthcare resources.	✓	✓				✓				
Retains leadership qualities in situations of stress and conflict.	✓	✓				✓	✓			
Applies safety procedures to prescribing practice.	✓	✓				✓	✓			
Applies safety procedures to clinical care situations, reacting to identified risks.	✓	✓				✓	✓			

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)	Other
Identifies and works towards avoiding and/or mitigating potential risk.	✓	✓				✓				
Proactively identifies opportunities for quality improvement.	✓	✓				✓		✓		
Undertakes projects and audits to improve clinical effectiveness, patient safety and the patient experience.	✓	✓				✓				
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.	✓	✓				✓				
Recognises when families are vulnerable, distressed and in need of early support and intervention.	✓	✓				✓		✓	✓	
Applies knowledge of the impact of adverse childhood experiences in working with vulnerable CYP across a variety of clinical settings.	✓	✓						✓	✓	
Applies knowledge of the adoption and fostering system to work effectively with fostered or adopted children in a range of settings.	✓	✓				✓				
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.	✓	✓				✓				

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)	Other
Contributes to case conferences and strategy meetings.	✓	✓					✓			
Applies knowledge regarding forensic assessment in relation to child abuse and establishes the importance of the chain of evidence.	✓	✓				✓	✓			
Follows the local system of assessment and follow-up for children who may have been sexually abused.										
Applies knowledge of the indications for a skeletal survey and relevant blood tests in suspected child abuse.										
Demonstrates the ability to plan and deliver teaching in a range of clinical contexts.	✓	✓				✓	✓	✓		
Shows the ability to assess the different learning needs, levels of support and supervision required by each member of the team they clinically supervise.	✓	✓				✓				
Provides appropriate feedback.	✓	✓				✓	✓			
Participates in research activity (e.g. national projects, journal clubs, publications and presentations).	✓	✓				✓	✓			
Applies knowledge of different research principles when critiquing a research article.	✓	✓				✓				

