RCPCH Progress

Paediatric curriculum for excellence

Certificate of Completion of Training (CCT) Guide: Allergy, Immunology and Infectious Diseases

A practical guide for trainees

www.rcpch.ac.uk/progress

RCPCH

Royal College of Paediatrics and Child Health

Leading the way in Children's Health

This document outlines guidance for trainees to achieve Certificate of Completion of Training (CCT) for Paediatric Sub-Specialty: Allergy, Immunology and Infectious Diseases.

This is Version 2.0. As the document is updated, version numbers will be changed and content changes noted in the table below.

Version number	Date issued	Summary of changes
2	**April 2021**	Document aligned to RCPCH Progress layout.

Approved by CSAC committee – November 2018
Last Updated: April 2021
Next Review: March 2023

Content

Welcome

Congratulations on your Paediatric Allergy, Immunology and Infectious Diseases (PAIID) sub-specialty appointment! We are delighted that you have joined this small but wonderful specialty. This guide has been put together by the PAIID College Specialty Advisory Committee (CSAC) and trainee representatives to help you:

- navigate your training programme to achieve your Certificate of Completion of Training (CCT), with relative ease
- make the most of your sub-specialty training and the available development opportunities

You now have 36 months' whole time equivalent (WTE) to CCT as a consultant. Any variations in this timeline (e.g. higher degrees or previous training) should have been discussed and approved by CSAC prior to commencing your GRID post.

Your primary CCT will be in ***Paediatrics***. Specialist registration in ***PAIID*** is in addition to that, so your CCT will be as a consultant in *Paediatrics (Paediatric allergy, immunology and infectious diseases).*

For Paediatrics you will need to achieve each of the Learning Outcomes to meet the 11 generic curriculum domains for the 3 levels of training. In addition, at Level 3 training, you will need to meet additional Learning Outcomes for PAIID.

The key PAIID training documents are available on the RCPCH sub-specialty website. This is an additional guide to practically achieving a CCT in PAIID 'with ease'.

Key Documents

Firstly, do become familiar with the Progress curriculum (updated August 2021) structure, e-portfolio (Kaizen) navigation and training requirements (the earlier, the better) available at the weblinks below:

PAIID Progress Syllabus (August 2021):
https://www.rcpch.ac.uk/sites/default/files/2021-06/Sub-specialty-syllabus-PAIID-v2-2021.pdf

The Gold guide is all about your training and is incredibly useful:
https://www.copmed.org.uk/gold-guide-8th-edition/

Key RCPCH Webpages

PAIID Subspecialty page
https://www.rcpch.ac.uk/resources/paediatric-allergy-immunology-infectious-diseases-sub-specialty

PAIID CSAC Committee:
https://www.rcpch.ac.uk/membership/committees/paediatric-allergy-immunology-infectious-diseases-csac

For those interested in academia:
https://www.rcpch.ac.uk/work-we-do/research-activities

EPortfolio/Kaizen
https://www.rcpch.ac.uk/resources/rcpch-eportfolio-kaizen-guidance-trainees
Email: training.services@rcpch.ac.uk /eportfolio@rcpch.ac.uk

CCT:
And vitally, the College pages on the CCT process; there are non-negotiable deadlines for this process, so it is worth being organised and doing as much of it in advance as possible. If you submit after 365 days and have to submit via the CESR route, UK trainees are unable to be awarded anything but general paediatrics. So a UK CESR will not have PAIID attached.
https://www.rcpch.ac.uk/resources/certificate-completion-training-cct-cesr-cp
http://www.rcpch.ac.uk/training-examinations/certification/accreditation
https://www.rcpch.ac.uk/resources/completion-training-date-calculator
Email: cct@rcpch.ac.uk

Less than Full Time (LTFT) trainees

The College supports less than full time training (LTFT) and if you are following this training route you will be expected to meet the same requirements as all other trainees, but over a longer period of time. The RCPCH LTFT webpage has many hints and tips on LTFT working. Your Deanery will also have an advisor who is happy to clarify or support you. For ease everything mentioned in the rest of this document will reference WTE.

Other key resources for LTFT training:
https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006974
https://lasepgmdesupport.hee.nhs.uk/support/solutions/articles/7000018484-how-do-i-apply-for-ltft-training-all-grades-
https://heiw.nhs.wales/support/ltft/
https://www.scotlanddeanery.nhs.scot/trainee-information/less-than-full-time-training-ltft/
https://www.nimdta.gov.uk/download-category/ltft/

Return to Work

There are lots of good resources to support you on your return to work after a period of absence. There is good information on the RCPCH website.

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

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

Out of Programme (OOP) Time

OOP options are a wonderful opportunity available during your training. However, they require planning. They MUST be applied for prospectively (at least 6months prior to planned activity). Look out for application deadlines which are generally around the time of March/September changeovers. Use the GOLD GUIDE for further detailed advice.

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

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

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

Out of Programme Research (OOPR) -Trainees should be encouraged and facilitated to undertake research where they have an interest and aptitude for doing so. Time taken out for research purposes is for a higher degree (i.e. a PhD, MD or Master's degree) and will not

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

normally exceed three years. OOPR exceeding three years will need the specific prospective approval of the Postgraduate Dean. Trainees in their final year of training will not be granted OOPR.

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

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

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

Research

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

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

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

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

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

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

Training Support and Feedback/Ongoing Improvements

Throughout your training any training related feedback should be discussed with your supervisor. There will also be an opportunity during your sub-specialty Annual Review of Competency Progression (ARCP) to feedback to CSAC about your training centre. Alternatively, feedback can be sent to the CSAC trainee representatives who will provide group feedback to the CSAC body, to help improve the training opportunities available for all sub-specialty trainees at all centres.

Communicating Amongst Trainees

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

Your Placements/Rotations

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

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

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

1. Exclude any annual leave, study leave days, zero/off days.

2. Total all your sub-specialty hours (i.e. normal working days spent in sub-specialty). If you work a long day, with ID all day, and then evening ward cover i.e. = 9hr ID, 4hrs general [A].

3. Total all your working hours (include in and out of hours worked i.e. night 12.5 hour, long day 13 hour, normal working day 8 hour) [B].

4. [A]/[B] should be at least 0.7 i.e. 70% of working hours/training time should be spent in sub-specialty (increase from 66% to 70% from 2019 onwards).

For LTFT trainees, this is calculated pro-rata (i.e. for annual leave). If you are calculating before allocation of annual/study leave subtract the relevant number of days you are entitled to multiplied by the number of hours in your standard working day shift (i.e 9 hours for a 08:30 to 17:30 shift).

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

At the start

You should discuss early (at your first induction meeting – or if you have time you could arrange to meet before the job once you have your rota) with your clinical supervisor how you are going to obtain your PAIID training needs over the whole sub-specialty program; including laboratory time, study leave for BPAIIG training days, attendance at specialist clinics/meetings etc.

We strongly recommend that you take a copy of the PAIID curriculum to your first meeting and read through it with your supervisor so you can discuss your particular training needs. Supervisors will also have been advised of this approach, from the CSAC team. Your educational supervisor should have a copy of the PAIID educational supervisor guide, which can be located here.

Recommendations for Induction Meeting discussions:

At their induction meeting we encourage trainees/supervisors to:

- Review recent PAIID progression, end of placement and Deanery ARCP reports.
- Review remaining PAIID curriculum requirements to focus short and medium-term goals.
- Review any generic paediatric curriculum items in which the trainee may want to gain additional experience.
- Discuss logistics of how/when trainees can schedule rota time for specific curriculum requirements such as:
    - o Laboratory experience days
    - o Specialist clinic attendance/observation
    - o Opportunities for SLEs
- Discuss rotation specifics:
    - o Study leave & internal opportunities
    - o START plans
    - o Expected CCT date, any OOP plans
    - o Management & Leadership opportunities

- Discuss academic requirements: ensure that there is communication/alignment between academic supervisor and ES. A joint meeting at the beginning of training would be ideal.

For trainees in their final 12 months they should ensure that there is a focus on discussing the following areas:

- Opportunities/inclusion in consultant meetings, consultant management activities.
- Stepping up roles and opportunities specific to that sub-speciality – where registrar activity can be replaced by 'stepping up' activity.
- Signpost to any regional/national NHS management or governance training for new NHS consultants.
- START assessment and opportunities for for any remedial/upskilling activities that may be required.
- Career opportunities, consultant post opportunities and applications.
- Opportunities for additional review of portfolio three to six months in advance of final ES review and report.
- Timing of CCT. Discussions about fast-tracking CCTing need to be had early as there are time frames and cut-off points put in place by different deaneries.

A wider discussion can occur with the team about the possibility of protecting time for CCT/consultant role preparation activity, with degree of reduction in some general registrar activities as capacity allows. This must be handled sensitively by the trainee if there are large rota gaps or over whelming workloads at that time, and is not a given.

Supervision

It is recommended that every trainee receives a minimum of one hour every week allocated for one-to-one supervision. This protected time should be incorporated into your job plan as a sub-specialty ES as per HEE regulations. Fixed sit down sessions may not always be needed. Additional training and supervision can be achieved through discussion and support at MDTs, 15 min reviews at the end of a ward round, telephone catch ups at the end of a clinic, review of clinic letters before posting, support in preparing for a clinic, joint clinic, joint triaging of referrals etc., and via remote activity.

At the start of your rotation, agree what is most likely to fit in with your rota, your needs and your supervisor's commitments.

Annual PAIID ARCPS/Progress Reviews

Every year you will need to attend:

A **CSAC 'ARCP' - (Progression Meeting)**

- Meetings are scheduled on two dates in the year. You normally attend one per training year. They are generally more rigorous than the Deanery ARCP. Your e-portfolio NEEDS TO BE up to date - please read our e-portfolio guidance CAREFULLY!
- Start early. Build your e-portfolio and gather Supervised Learning Events (SLEs) as you go along! The Deanery ARCP panel will comment if everything is done in the week prior to ARCP and it is much easier to do it little chunks as you go, during your placements.

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

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

A **Deanery ARCP** to achieve your outcome 1s (during your training years):

- This will review your general paediatric progress. Follow guidance on the RCPCH pages.

CSAC Progression Meeting in Detail

This will be face to face, ideally, or via a teleconference if needed.

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

- Complete a '**Trainee Led CSAC Progression Form**' under CSAC Progression forms, in Kaizen and which will be linked to the training advisor – so they can complete the remaining sections of the form at the meeting.
- **Trainee led Educational Supervisor Trainer's Report (educational supervisor and clinical supervisor sections completed**).
- A **copy of your CV** – which lists courses attended etc.
- Details of any publications, conference presentations, grant applications - particularly for academic trainees
- The developmental logs, and files you would like CSAC to review.
- It is helpful to have a **log of clinics attended/completed etc.** – to help evidence your training exposures throughout your training.
- **PDP completed** on Kaizen.

- You are also strongly encouraged to upload a completed CCT calculator of all your training to ensure your CCT dates and rotation are appropriate.RCPCH Progress Curriculum

The generic paediatric curriculum comprises:

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

The PAIID Syllabus has the following structure:

Specialty Learning Outcomes - 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). Progress towards achievement of the Learning Outcomes is reviewed annually at the ARCP. Each Learning Outcome is mapped to the GMC GPC framework. Each trainee must achieve all the GPCs to meet the minimum regulatory standards for satisfactory completion of training.

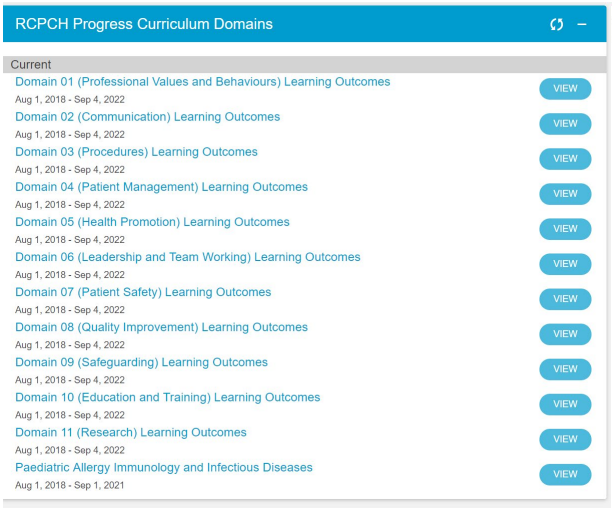
Key Capabilities - mandatory capabilities which must be evidenced by the trainee, in their Kaizen, to meet the Learning Outcome.

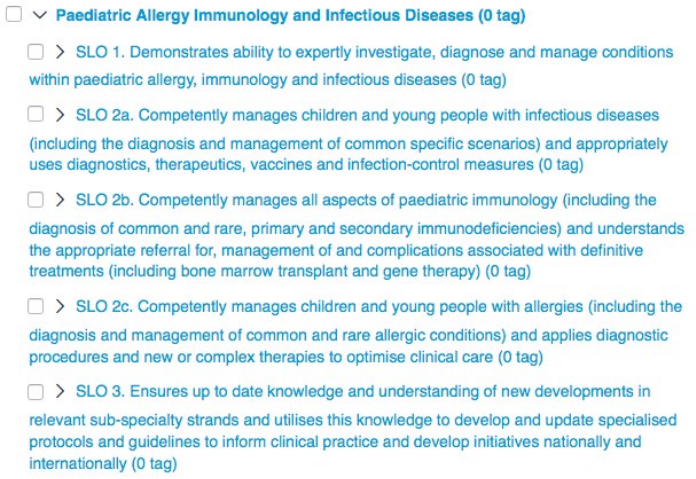
Illustrations - examples of evidence and give the range of clinical contexts that the trainee may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the trainee and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive, 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.**

Assessment Grid - 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.

e-Portfolio/Kaizen

Your training record on Kaizen should include the **Generic Paediatric Progress curriculum** and the **PAIID curriculum** (See below – left- generic domains with link to PAIID domain below, right – PAIID Learning Outcomes):



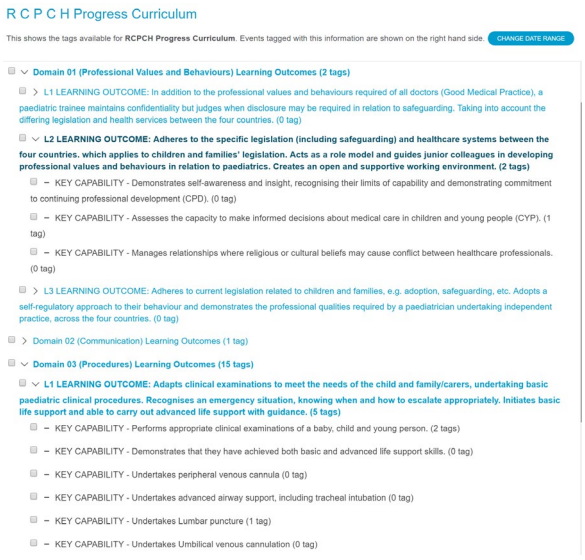


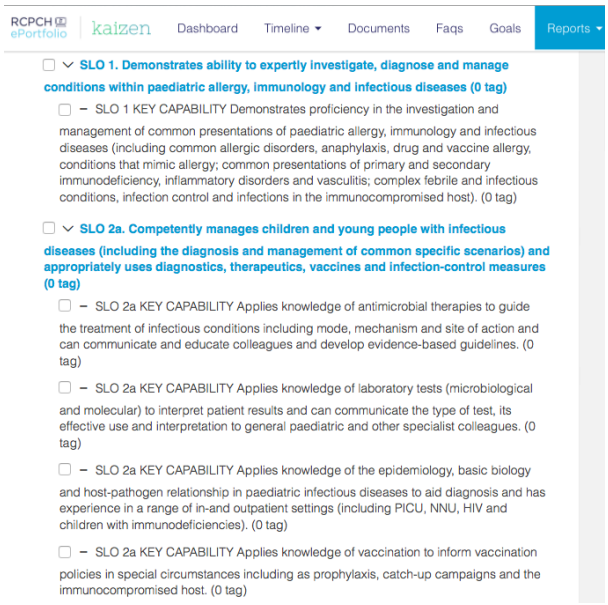
If it doesn't, contact the e-Portfolio team: training.services@rcpch.ac.uk / eportfolio@rcpch.ac.uk to have this amended.

How to complete Kaizen: https://www.rcpch.ac.uk/resources/rcpch-eportfolio-kaizen-guidance-trainees

You must demonstrate attainment of Learning Outcomes on both curriculum at the respective ARCPs and to CCT.

Each Learning Outcome has Key Capabilities. All evidence (developmental logs, WBPAs etc.) should be tagged to 1 or more Key Capabilities to demonstrate attainment of this skill. Each Key Capability is likely to have multiple tags. See below for structure on Kaizen.





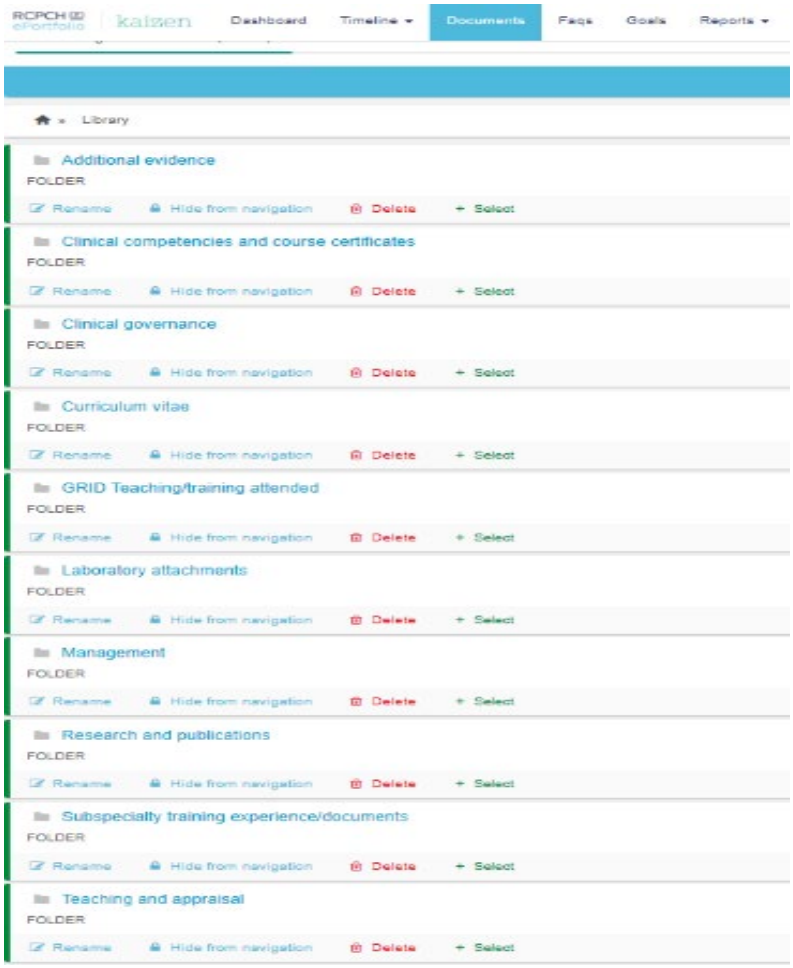
Your supervisors (and ARCP panels) will only be able to see items you tag to Key Capabilities and Learning Outcomes. **Do not tag to any illustrations.** Illustrations are there only to provide you (and your supervisor) with suggested examples of things you might like to do to show your competency in a certain area.

In Kaizen, we suggest you use the **developmental logs** and **library** option to attach documents – to upload evidence of your attainment of curriculum items.

A suggested structure is shown below. But do structure your portfolio in a way that works for you, and shows the evidence needed to your supervisor easily:

<table>
<tr><td>1. Generic Paediatrics</td><td colspan="3">Not specified</td></tr>
<tr><td rowspan="5">2. PAIID</td><td rowspan="3">a. Administrative</td><td>Year 3</td><td rowspan="3">Annually Updated info
Could Include:
-CV
-Rotation Log/rotas etc.
-Progression Forms
-Placement/OOP forms</td></tr>
<tr><td>Year 2</td></tr>
<tr><td>Year 1</td></tr>
<tr><td rowspan="2">b. Infectious Diseases, Immunology, Allergy</td><td>Clinical logs (clinics, ward sessions, patients seen)</td><td></td></tr>
<tr><td>Anonymized Clinic Letters</td><td></td></tr>
<tr><td></td><td>Teaching – Delivered</td><td>Log, pdf of slides, Feedback</td></tr>
</table>

	(Can be kept together or separated)		forms/comments certificates
		Teaching – Mandatory - Attended	i.e. BPAIIG certificates, pdfs, log
		Teaching – Attended	Pdf of slides, notes, certificates Can divide: journal clubs, courses, evidence reviews: i.e. Papers read
		Conferences	Virtual
		Research/Publications	
		Patient Feedback	i.e. Thank you cards/emails
		Laboratory Log	
		PAIID related Management/Leadership	
		PAIID clinical governance	Research/Audit
	c. Additional Evidence	i.e. Exams, awards	



Remember:

- Save things that you want CSAC to review – in the shared area of your Portfolio.
- All entries – whether developmental logs, WPBAs or uploaded attachments must have a reflective note added – if you want to link it to a curriculum capability. The CSAC want to see what you are 'taking away' from your experiences. See below for examples of reflective notes. Reflections can be brief but well thought out.
- Your supervisor can guide you about other forms of objective evidence of capabilities.
- It is helpful to provide CSAC with a list (perhaps on a word or spreadsheet file) which shows:

  ⇒ The number and dates of clinics attended and in which area
  ⇒ The number of lab days – and what was covered
  ⇒ Your study days/courses
  ⇒ Any specialist MDTs/ward rounds you cover regularly that you need to highlight.

What Can I Use As Evidence

The CSAC have thought hard about how to prove you have achieved a capability, it is not enough to simply state it, you must provide subjective evidence. You can use attachments, developmental logs, SLEs to demonstrate evidence. But all entries must have a reflection added and should be linked to curriculum Key Capabilities.

Mass linking of one evidence entry (i.e. a CBD) to lots of Key Capabilities has been removed from the Progress curriculum, with more encouragement to only link to the one or two items as mentioned above.

Suggestions include:

- Attending a lecture: i.e. Primary Immunodeficiencies – upload powerpoint or your lecture notes. Add your reflection. Link to:

  Learning Outcome 1: Key Capability:

  Demonstrates proficiency in the investigation and management of common presentations of paediatric allergy, immunology and infectious diseases (including common allergic disorders, anaphylaxis, drug and vaccine allergy, and conditions that mimic allergy; common presentations of primary and secondary immunodeficiency, inflammatory disorders and vasculitis; complex febrile and infectious conditions, infection control and infections in the immunocompromised host).

Learning Outcome 2B Immunology: Key Capability:

Applies knowledge of the ontogeny, normal and abnormal functions of the immune system to aid in diagnosing and managing primary and secondary immunodeficiencies, and has experience in a range of inpatient and outpatient settings (i.e. the PICU and NNU).

- Reading a research article and listing the learning points – i.e. IgE testing in FPIES and development of IgE-mediated food allergy over time. Upload the pdf or Pubmed reference. Add your reflection. Link to:

Learning Outcome 1: Key Capability:

Demonstrates proficiency in the investigation and management of common presentations of paediatric allergy, immunology and infectious diseases (including common allergic disorders, anaphylaxis, drug and vaccine allergy, and conditions that mimic allergy; common presentations of primary and secondary immunodeficiency, inflammatory disorders and vasculitis; complex febrile and infectious conditions, infection control and infections in the immunocompromised host).

Learning Outcome 2C allergy: Key Capability:

Manages all allergic disorders and advises on appropriate investigations and rare allergic conditions (e.g. multiple non-immunoglobulin E [non-IgE]- mediated food allergies, food protein-induced enterocolitis, eosinophilic oesophagitis angioedema, mast cell disorders, the urticarias and unusual causes of anaphylaxis).

- Anonymised clinic letters with evidence of managing a condition.
- CBDs or MiniCex eg. Demonstration of teaching how to give an intra-dermal injection.
- Clinical Question answered during an MDT.
- Evidence of writing and article or presentation on a topic.
- Evidence of teaching delivered and your reflection on questions the audience asked.
- Evidence of an exam curriculum where you have passed the exam (some CSAC members may not be aware of what is on the curriculum of a higher degree such as an MSc or the exams listed above so the curriculum or programme is useful to link).
- Attendance certificate and programme/lecture notes from a study day.
- APLS course eg. Upload certificate. Add a reflection. Link to management of anaphylaxis.
- Patient Encounters during an on-call shift.

The CSAC are keen on variety and breadth of evidence. They have to provide a written report when you CCT about what you have achieved, but they also provide advice for your future CPD on what you may like to focus on.

Supervised Learning Events (SLEs)

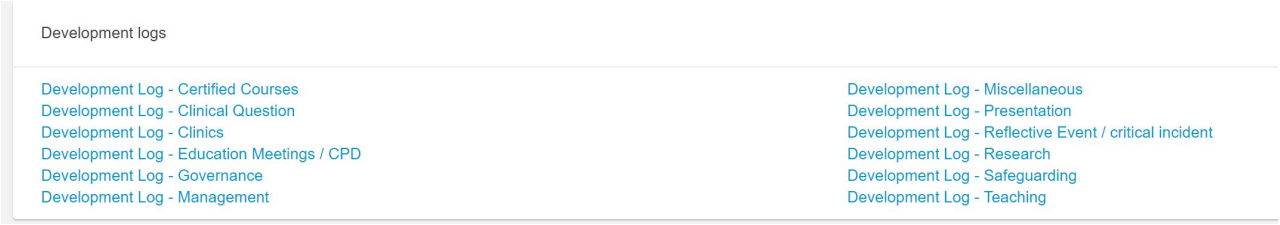
These can be used to meet generic paediatric and sub-specialty curriculum requirements. Some examples of use within the sub-specialty are listed below.

Allergy	Infectious Diseases	Immunology
MiniCex:		
Demonstrate a variety of adrenaline auto-injectors, nasal sprays and inhaler devices to parents and children and select appropriate devices for clinical situation	Initiation of TB or retroviral therapy in a patient with explanation to the patient/family	Initiating immunoglobulin therapy (counselling)
Be observed performing a food/drug challenge	Conducting and infectious diseases ward round/handover of infectious diseases patients	Discussion with a patient about management of hereditary angioedema
Initiation of sublingual/ subcutaneous immunotherapy	Consult of a patient with a suspected infection	Conducting a ward round on a BMT unit
Interpretation of Oesophageal PH monitoring	Interpretation of results (Virology/microbiology/ Immunology) whilst on a laboratory placement	Consultation with an immunocompromised patient with /without infections
CBD		
Allergy testing interpretation	Discussion about initiating antibiotic prophylaxis and rationale for choice of antibiotic	BMT patient with infection/GvHD and investigation and management
Food allergy management including anaphylaxis	Discussion about management of Kawasaki disease/PUO or other acute complicated infection in a patient presenting to hospital	Role of antibiotic prophylaxis in a patient
Eczema and hay fever management	Discussion about infection control measures in hospital	
Interpretation of lung volume and exercise tests	Discussion about investigating an immunocompromised patient with suspected infection	
Discussion about whether Immunotherapy should be instigated		
Management of acute/chronic urticaria		

DOPS		
Performing Skin prick testing	Perform tuberculin testing	Administer IV and SC immunoglobulin
Perform intradermal testing		
Administration of subcutaneous immunotherapy		
Perform basic spirometry		

Development Logs

You can use any of these logs to enter evidence of achieving competencies. Please see below for examples:



RCPCH Guidance on Completion of Developmental logs

Please remember all entries and attachments and reflections should be anonymised, with no patient identifiable information.

Reflections

- Include a brief reflection for all evidence items included in your portfolio.
- SLEs automatically ask you for a reflection once the assessor has completed their section.
- For all other entries – there may be a text box for 'reflective notes' or you can put a comment in another text box that starts: 'Reflections:'.
- A reflection should briefly say what you took away from the experience/what you thought about after/what it prompted you to look up/how your practice has been changed/what you might do differently i.e. Any reflective notes that show you are learning from your experiences.
- **It can be brief.**

The contents of the entry – i.e. copy/paste notes from a lecture/attached handout from a lecture - **don't count as reflective notes** – but if multiple curriculum items are completed within one lecture, they can all be linked, with only one reflective note needed.

Further guidance on reflections, including potential legal implications, can be found on the RCPCH and GMC websites.

Linking

Remember to LINK YOUR EVIDENCE TO YOUR Key Capabilities and Learning Outcomes in your CURRICULUM!

Provide enough breadth of evidence for each key capability to demonstrate a range of skills. Use the illustrations to guide you regarding what kind of evidence to provide. The emphasis is on QUALITY not QUANTITY.

Do this over the two - three years and it will save you much heart ache.

The CSAC requires you to have met ALL your KEY CAPABILITIES for PAIID. You may have more evidence tags for your chosen area of focus i.e. Infectious diseases, and fewer for the other areas (i.e. Immunology and allergy), but there should be some evidence for all the Key Capabilities in the PAIID syllabus. It is now a requirement that your educational supervisor signs off all your level 3 Learning Outcomes as achieved for both PAIID and the generic curriculum before you can CCT, so factor this into your educational supervisor meetings. It is helpful to signoff outcomes as they are achieved rather than to do this all just before your final ARCP. Guidance on how to sign off outcomes can be found here

Training Requirements

The training requirements are listed below by activity:

Courses

Training courses are a useful adjunct to the daily clinical activity, providing time to learn, reflect and seek out training you have not achieved yet from the curriculum. Deaneries study leave expenses are now centrally funded, and as such you need to provide codes for accessing this funding.

The mandatory courses for PAIID training are provided by the BPAIIG and you can reclaim expenses through them. For other courses they are listed as “optional”, with “aspirational” courses or conferences dependent on your specific interests.

Mandatory **Use code PAED0015**	**Optional** **Use code PAED0004**
ID	
BPAIIG training days (expenses can be claimed through the BPAIIG if Deanery will not fund) **Attendance for all trainees is at least 75% of events** (cycle over 2yrs) – demonstrate by uploading your attendance list to kaizen/CV/progres s report.	ESPID (specific code PAED0011) Oxford Infection and Immunity course (Trainee bursaries are available if you contact early) http://www.oxfordiic.org/ PENTA HIV/congenital infections course http://penta-id.org/education/trainforpedhiv.html Mycology course UK (previously funded through BPAIIG) Modern Trends in Infectious Diseases and Immunity (in Seville, so may not get funding) ESPID online courses – wiser immuniser antibiotic stewardship https://education.espid.org/espid/#!*menu=24*browseby=9*sortby=1*trend=15331 Diploma in Tropical Medicine and Hygiene (London, Liverpool) https://www.lshtm.ac.uk/study/courses/short-courses/DTMH Paediatric ID diploma/MSc, University of Oxford : https://www.conted.ox.ac.uk/about/pgdip-in-paediatric-infectious-diseases
Immunology	
BPAIIG training days (see above notes)	UKPIN https://www.ukpin.org.uk/meetings/meetings ESID conference (esid.org) ESID Summer school https://esid.org/In-Focus/ESID-Summer-School-2019 Advanced Immunology winter school https://esid.org/News-Events/Scientific-meetings/Advances-in-Primary-Immunodeficiency-Winter-School IEWP (EBMT) https://www.ebmt.org/working-parties/inborn-errors-working-party-iewp
Allergy	
BPAIIG training days (see above notes)	BSACI training days (registration free, expenses not covered) https://www.bsaci.org/meetings-and-events/training-for-trainees Allergy Academy days http://www.allergyacademy.org/events/upcoming-events Allergy MSc at Imperial College London https://www.imperial.ac.uk/study/pg/medicine/allergy/ Allergy MSc at Southampton University https://www.southampton.ac.uk/medicine/postgraduate/taught_courses/msc_allergy.page Allergy E-learning modules from Newcastle University: https://www.ncl.ac.uk/medicalsciences-online/module-library/chs8005/ PID short course Immunology short course Dermatology/ENT course RSM allergy days

As per GMC guidance, no additional exams are essential to achieving the PAIID curriculum. The following are advised from the CSAC as routes to doing this, if time and finances allow. You may choose to complete some of the below to enhance your training. The CSAC body would strongly support you, with the support of your local supervisors to complete these should you wish to.

European allergy exam: http://www.eaaci.org/activities/eaaci-exam/upcoming-exam.html
Paediatric ID diploma/MSc: https://www.conted.ox.ac.uk/about/pgdip-in-paediatric-infectious-diseases
ESID Summer school https://esid.org/In-Focus/ESID-Summer-School-2019
Advanced Immunology winter school https://esid.org/News-Events/Scientific-meetings/Advances-in-Primary-Immunodeficiency-Winter-School

Get in touch with other trainees early, who may be sitting the exam too, just before the annual EAACI congress (May/June).

Societies

Trainees are encouraged to join their preferred National OR European professional organisations, i.e. BPAIIG, BSACI, ESPID, EAACI, ESID, UK-PIN, CHIVA.

Experience Requirements

You should be supported by your local supervisor and training centres to get the full range of experiences in the list below. You should discuss your needs at your induction meeting so your supervisor can help you make adequate provision for these during your placement.

Allergy:

- PA trainees should spend the majority of their training in an accredited tertiary paediatric allergy centre providing extensive experience in food and drug challenges and immunotherapy service (SCIT and SLIT)
- A minimum of two allergy clinics a week and maximum of four for FT (virtual and/or face to face) during allergy time and excluding nights and acute time.
- Specified attendance in clinical immunology by means of ward round or clinics which can be paediatric or adult. Trainees also find it useful to organise specific immunology teaching sessions to ensure that they cover curriculum requirements.
- Attendance at a broad range of specialist and joint allergy/specialty clinics with dedicated time pre-scheduled into weekly rotas (minimum of **five clinics** of each of the core allied sub-specialties by the end of the training period). Clinics include, but not limited to, paediatric gastroenterology, respiratory, dermatology, ENT, ophthalmology, immunology as well as transition and adult allergy.
- Laboratory experience via specific laboratory time, microbiology ward rounds and organized teaching
- Weekly MDT, Regional allergy group meetings and dietetic time (can be a mixture of face to face or virtual)

Infectious Diseases:

- PID trainees should spend the majority of their attachment in an accredited tertiary paediatric ID centre with close working relationships with diagnostic laboratories

- Infection control, antibiotic review group/OPAT and Stewardship meetings/rounds
- TB, general ID, HIV meetings/clinics, rheumatology/complex respiratory aiming for 20 clinics per 6 months
- The requirement to obtain adequate training in HIV management may involve spending time in a London or Birmingham/Manchester HIV centre, but this can be tailored to the needs of the trainee and the availability of HIV exposure in the training centre
- Immunology and microbiology lab time of a minimum of 6 weeks
- Defined time for discussion/teaching at the end of ward rounds and MDTs
- Review of clinic lists pre-clinic, and complex patients/management plans post clinic
- Review/discussion of external referrals/consults at a defined time each day

Immunology:

- PIM trainees should spend the majority of their training in an accredited supra-regional paediatric immunology centre with bone marrow transplant facilities for primary immunodeficiency
- Aim to attend at least 15 outpatient clinics and 10 MDT in six months, to include two BMT protocol planning meetings and four long-term follow up clinics
- Immunology lab time
- Defined time for discussion/teaching at the end of ward founds
- Time for discussion/teaching at the end of MDTs
- Review of clinic lists pre-clinic and complex patients/management plans post clinic

Procedure Requirements

There are currently no compulsory PAIID DOPS in the curriculum. However, CSAC recommend you gather evidence of training in the procedures listed above (suggested DOPS) to show proficiency to perform these procedures (i.e. Intra-dermal injections). These will be reviewed at your CSAC progress meetings.

Laboratory Requirements

Laboratory training

Always a thorny issue, but as it stands, all sub-specialties must gain clinical lab experience in virology, microbiology and immunology, the focus of your time may reflect your sub-specialty.

You can include microbiology ward rounds as part of your days, and the BPAIIG lab training days. Research time can account for only four weeks of this block (if they can demonstrate relevance to future clinical practice). This training should be available within your training time, rather than being carried out on your own time. Speak with your supervisor at your induction meeting about how these days can fit into your timetable. You should aim for a minimum of 6 weeks laboratory time in total e.g. 2 weeks microbiology, 2 weeks virology, 2 weeks immunology depending on previous experience/competencies. This can be mix and match as per your training needs.

The balance of the placements reflects the trainee's main sub-specialty; but it must include each of:

1. Microbiology, Mycology
2. Virology
3. Immunology

The rest can be in the main strength of the trainee. Please do CBD/CEX here too, reflect on what you have learned, and it is useful to attend the adult ID/micro bench round teaching etc. Keep a log book of dates, location of laboratory and learning points...it will be vital! There is guidance as to the laboratory activities/tests/procedures that should be observed and understood in the table below.

There are rolling six month opportunities to do an OOP in microbiology. If this is of interest to you and so make early contact with CSAC and training advisors to explore the options.

Microbiology	**Virology**	**Immunology**
Blood culture bench Gram staining CSF culture bench Respiratory bench ENT bench Urine bench Stool bench Cat III facilities TB bench Fungal lab Serology Chlamydia Specimen processing Media production Role of quality controls	NPA / throat swab processing Stool processing Swab processing Quantitative PCR i.e. HIV, CMV Qualitative PCR Respiratory swab processing; immunofluorescence and PCR Serology including hepatitis Viral culture Electron microscopy if still performed, must know basics Quality controls	Understand principles of Flow cytometry Immunoglobulin measurement Lymphocyte subsets Lymphocyte proliferation i.e. PHA, CFSE NBT / DHR / oxidative burst Immunoglobulin measurements ANA / ANCA Specific IgE measurement Haemolytic Complement TRECS assay V beta studies Understand principles of quantitative PCR Quality controls

Other Opportunities

Conferences

Attendances at conferences is not compulsory, but valuable learning opportunities and can contribute to your course requirements i.e. BPAIIG, BSACI.

Getting the Most from Your Centre

CSAC have an agreed set of standards for what should be available at any PAIID sub-specialty training centre. These are reviewed with each re-application from a training centre to make a fresh sub-specialty trainee post.

These standards are in place to ensure you can get the most support, access to PAIID training and opportunities as possible.

Some of these standards include an educational supervisor who is a Consultant Paediatric Allergist or Consultant in Paediatric Infectious Diseases/Immunology trained in assessment and appraisal, an educational supervisor who provides an average of one hour of time (i.e. face to face or virtual) per week of educational supervision, a minimum of two consultants in specialty to support and supervise (allergy and ID).

If you have any concerns that any of these are not available at your centre, speak to your supervisor, as they may be available at a neighboring centre. If there are on-going problems, do contact CSAC, who may be able to facilitate alternative solutions.

Acting up as a Consultant

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

There is separate guidance for trainees stepping up to consultant level in the context of Covid workforce planning.

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

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

If you want to CCT early it is important to plan in advance. Check the college guidance and your deanery timelines, and discuss your plans early with your educational supervisor, CSAC and your TPD.

The CSAC will not agree to bringing CCT dates forward that will mean the trainee does less than the stated amount of sub-specialty time. The minimum amount of training time at ST6-8 is 24 months full time equivalent (indictive time 36 months) and shortening of training needs to be prospectively approved. Bringing forward your CCT date also requires general paediatrics approval as your primary CCT is Paediatrics, with PAIID subspecialty.

Once you have an ARCP outcome 6 available on eportfolio then you can create a new event – 'Completion form (CCT and CESR-CP) – on Kaizen. Details of the process can be found on the college website.

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

Get it signed by:

- Your regional training advisor within your region – does not have to be within the same hospital
- Head of Deanery
- CSAC advisor

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

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

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

The GMC makes a suggestion as to your suitability for the register and request £420. Then you will be put on the register as a Pediatrician with a sub-specialist listing of paediatric allergy, immunology and infectious diseases.

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

Good luck in your training and congratulations once again and do get in touch if you have any questions along the way!

Liam, Aisleen and Ru-Xin
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l.j.reilly@doctors.net.uk
ruxinfoong@gmail.com (Allergy CSAC Trainee Rep)

Appendix 1: Example Reflective Notes

Syllabus Tag:
Learning Outcome 2A (ID): Key Capability: Applies knowledge of laboratory tests (microbiological and molecular) to interpret patient results and demonstrates ability to communicate the type of test, its effective use and its interpretation to general paediatric and other specialist colleagues.
Comments:
Two-week rotation in the microbiology laboratory at GOSH. Observed and participated in the analysis of samples from the blood, stool, urine, wound, respiratory, MRSA, TB benches. Identifying organism by morphology, Gram stain, biochemical testing, antibiotic sensitivities, E test, CPR screens, microscopy. Twice weekly microbiology ward rounds on the NICU, PICU, CICU and haem/onc patients, advising on the infection concerns. Case discussions about complex patients with microbiology team.
Reflection:
I discussed the value of advocating for good quality samples (volume of blood cultures), body fluid samples, to ensure accurate diagnostics with the microbiology consultants and laboratory staff. From the perspective of the one taking those samples, I know it can be really challenging, but it plays a major role in the later interpretation and management decisions.

Certified courses
Log title
Advanced Paediatric Life Support
Renewal date
01 February 2020
What were the key learning points?
Advanced resuscitation of systems with focus on airway, breathing, circulation, disability. Leadership of the resuscitation team in medical and trauma situations. Recognition of anaphylaxis signs early. Administration of adrenaline intramuscularly.
Notes on teaching style:
Small group seminars and demonstrations Simulations Lectures Personal feedback and mentoring
Reflection:
I learnt the benefits of early intramuscular adrenaline administration. It was easy to see how staff may be nervous about administration so I will aim to encourage early use and patient self-administration where appropriate. IV adrenaline is not a substitute for IM

administration and requires careful use. We reviewed the techniques for best IM administration – i.e. in the thigh rather than the shoulder which has a better absorption profile. I plan to include this in our local anaphylaxis management guideline currently being updated.
Syllabus Tag:
Learning Outcome 1: Key Capability: Demonstrates proficiency in the investigation and management of common presentations of paediatric allergy, immunology and infectious diseases (including common allergic disorders, anaphylaxis, drug and vaccine allergy, and conditions that mimic allergy; common presentations of primary and secondary immunodeficiency, inflammatory disorders and vasculitis; complex febrile and infectious conditions, infection control and infections in the immunocompromised host).

Clinics
Log Title: Adrenaline Auto-Injector Indications and Technique
Type of clinic: General Allergy Clinic
What did I learn or see that was interesting?
14 year old seen in clinic with a new diagnosis of shell-fish allergy. Questioning the need for a adrenaline auto-injector. Discussion re: indications, risk management and patient choice. Discussion with patient and family to allow patient choice on management and frank discussion of risks and benefits of alternative management strategies. Reviewed the ability of IgE in shell-fish allergy to predict the severity of reaction, likelihood of resolution and need for food challenge to confirm. Pubmed search for value of modified extract skin-prick testing in a range of shell-fish. Reviewed the BSACI guidelines on prescription of adrenaline-autoinjectors, with a dept discussion on the number of devices required per person. Refreshed new guidance on reduced injection time to administer adrenaline intramuscularly. Read the following documents. http://www.bsaci.org/Guidelines/adrenaline-auto-injector http://www.bsaci.org/announcements/new-legislation-allows-spare-emergency-adrenaline-auto-injectors-in-schools https://www.anaphylaxis.org.uk/2017/10/05/changes-instructions-administration-epipen-epipen-junior-adrenaline-autoinjector/
Reflection:
It was helpful to discuss in the department how different consultants weigh up the risk of ease of allergen avoidance, against likelihood of severe reaction and bring in the child and family into the discussion to convey risk and allow them to choose what is right for them, to reduce anxiety. I will involve the patient in discussions about Adrenaline autoinjector prescription, in future consultations.
Syllabus Tag:

Learning Outcome 2C: Key Capability:

Manages all allergic disorders and advises on appropriate investigations and rare allergic conditions (i.e. multiple non-immunoglobulin E [non-IgE]- mediated food allergies, food protein-induced enterocolitis, eosinophilic oesophagitis angioedema, mast cell disorders, the urticarias and unusual causes of anaphylaxis).

Applies knowledge of laboratory and clinical tests – in vitro, in vivo and molecular (i.e. microarray) – to interpret patient results, and can communicate effectively the type of test, it's appropriate use and interpretation to general paediatric and other specialist colleagues.

Educational Meetings/CPD
Log Title BPAIIG training day
Topic: Immunology, Epidemiology, Tropical med
Type of activity: lectures
Length: 2 days
What were the key learning points?
Lecture Titles: Neutrophil disorders Immunotherapy replacement therapy Zika in pregnancy Paediatric malaria Health in child refugees Vaccine policy and surveillance Lecture notes (attached in library) Zika: Less prominent fever pattern. More prominent conjunctivitis than Dengue and Chikungunya. In preg: Preterm, IUGR, overlapping cranial sutures, prominent occiput and redundant scalp skin, as it interrupts cerebral growth but not scalp skin; Microcephaly, Fetal growth restriction, Cerebral and/or ocular calcifications, Oligohydramnios, Talipes, Ventriculomegaly, Periventricular cysts, Callosal abnormalities, Microphthalmia, Cerebellar atrophy (transverse diameter <5th percentile), Mega cisterna magna (>95th percentile), Blake's cyst, Choroid plexus cyst. How PHE are monitoring and planning overseas patterns. transmitted by daytime biting Aedes mosquitoes, commonly aegypti. The following cannot be recommended as insect repellents: citronella oil-based repellents (these have a very short duration of action); vitamin B12 complex; vitamin B1; tea tree oil **Malaria prophylaxis** Bite avoidance: Nets – impregnated with permethrin are safe, tuck them in

Protective clothing – if thick enough to avoid bites getting through, cover long sleeves, legs
Coils/mats – smoke is repellent, some asthma reactions so test at home first
Repellents – DEET safe in children, most extensively tested. IR3535 and PMD for >3yr olds.
Plant based citronella/eucalyptus work but they only last for 20-30 mins
50% for jungle tropical exposure
20-40% (sold as 35%) for all else, the higher concentration the longer it lasts
Put on top of sunscreen on exposed areas only
Weekly – mefloquine, but tastes bad, can be split/crushed into food (nutella/jam)
Daily – malarone, doxycyline, more palatable but cannot crush/split
Age-based dosing required
SE – affect 30% of all patients (adults)
Mefloquine – 5% psychiatric, 95 vivid dreams
Malarone – 50% diarrhoea, nausea 50% psychiatric
Doxy – GI
Give the parents information about malaria (98% efficacy). – fever, flu like, diarrhoea
Not recommended to give standby treatment and RDTs
Malarone cannot be used in renal function reduced (renally excreted)
Mefloquine cannot be used in liver failure (liver metabolised)
Mefloquine cannot be given in cardiac arrhythmias
All can be used in sickle cell or G6PD or splenic dysfunction

Notes on teaching style

Notes: saved in kaizen library: BPAIIGTD2017

Do you wish to add reflective comments?

I will use the Nathnac maps as a good quick resource to use when giving advice and remember the importance of the taste issues in malaria prophylaxis which might reduce adherence.

Remember to warn families citronella based products have a very short duration of action.

I was reminded of the importance to ask about eye signs, which can be helpful in differentiating Zika, Dengue, and Chikungunya.
Remember to look at the PHE website for up to date outbreak info.

Syllabus Tag:

Learning Outcome 2A ID: Key Capability:
Demonstrates management skills in special paediatric infectious disease scenarios (e.g. HIV and mycobacterial infections, and travel and refugee health).