



Preparing for ARCPs with

RCPCH Progress+

Judging achievement of Learning
Outcomes to support progression
decisions

*A practical guide for Trainees,
Supervisors and ARCP panels*



www.rcpch.ac.uk/progressplus

This document describes what we believe an Annual Review of Competency Progression (ARCP) panel will be looking for at the end points of each level of training to satisfy themselves that trainees are fulfilling the requirements of the RCPCH Progress+ curriculum. It is designed to guide trainees and their Educational Supervisor on what evidence should be recorded in their ePortfolio, so they can meet the curriculum requirements at the ARCP at the end of each training level. Trainees and supervisors should also refer to the RCPCH Progress+ curriculum and syllabi.

Evidencing the curriculum

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

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

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

How to use this document

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

This is generic guidance and does not replace any specific targeted learning objectives that may have been agreed between the trainee, Supervisor and Deanery/ Local Education and Training Board (LETB) following a previous unsatisfactory ARCP outcome. Supervisors and ARCP panels should also ensure trainees have met the assessment requirements for their stage of training, as outlined in the RCPCH Progress+ Assessment Strategy (eg all three MRCPC theory papers to exit ST3, completing five DOC assessments during Core level, etc.).

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

- By the end of ST4 (Core Level)
- By the end of ST7, prior to CCT (Specialty level)

Trainees who are not at the end of each level need to show some progress towards meeting the requirements by the end of their current level.

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

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|--------------------------|---|
| Not yet achieved | <i>Details for expected outcomes for this grade</i> |
| Good / Acceptable | <i>Details for expected outcomes for this grade</i> |
| Excellent | <i>Details for expected outcomes for this grade</i> |

Guidance is provided for the Learning Outcomes at each level, for all generic curriculum domains:

1. Professional values and behaviours, and professional knowledge
2. Professional skills: communication
3. Professional skills: procedures
4. Professional skills: patient management
5. Health promotion and illness prevention
6. Leadership and team working
7. Patient safety (including safe prescribing)
8. Quality improvement
9. Safeguarding
10. Education and training
11. Research

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

Core Level

Decision making matrixes

Professional values and behaviours and professional knowledge

Learning Outcome

In addition to the professional values and behaviours required of all doctors (Good Medical Practice), a paediatric trainee must adhere to legal frameworks relating to babies, children, young people and families/carers, including relevant safeguarding legislation related to the four nations.

Key Capabilities

1. Demonstrates the professional values, behaviours and attitudes required of doctors (outlined in Good Medical Practice) within the scope of their knowledge, skills and performance.
2. Demonstrates compassion, empathy and respect for children, young people and their families.
3. Demonstrates self-awareness and insight, recognising their limits of capability and demonstrating commitment to continuing professional development (CPD).
4. Assesses the capacity of children and young people to make informed decisions about their medical care.
5. Follows the principles of the law with regard to consent, the right to refuse treatment, confidentiality and the death of a baby, child or young person.

Matrix

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|--------------------------|---|
| Not yet achieved | <ul style="list-style-type: none"> • Lack of evidence of reflection on, or engagement in, any aspect of this domain. • Minimal evidence of attendance at morbidity and mortality meetings. • Minimal evidence of involvement in issues relating to consent, capacity or equality, diversity and inclusion. • MSFs suggest lack of self-awareness or insight. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of mandatory training at local trust - detailing consent and capacity training successfully completed. • Evidence of CBD which maps to this area (safeguarding, consent to treatment, etc.). • Evidence of involvement in child death process or mortality review and reflection as appropriate (CBD/mini-CEX/reflective note). • Attendance and reflections from local morbidity and mortality meetings. |

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| | <ul style="list-style-type: none"> • Evidence in MSF of mapping to elements in this domain, valuing and respecting all team members. • Evidence in DOPS that consent is obtained appropriately. |
| Excellent | <ul style="list-style-type: none"> • Presentations at local governance or Morbidity and Mortality meetings. • Attendance and reflections from child death review group or similar (Child Death Overview Panel). • May have led the safeguarding process with evidence from Safeguarding CBD or LEADER CBD. • Evidence through reflective note or CBD of being involved in and learning from challenging cases, particularly around consent or capacity issues. |

Professional skills: communication

Learning Outcome

Develops effective professional relationships with babies, children, young people and their families/carers as well as colleagues, enabling active participation in planning and implementation of care plans - this will include demonstrating listening skills, cultural awareness and sensitivity; communicating effectively in the written form by means of clear, legible and accurate written and digital records.

Key Capabilities

1. Understands the principles of participation in decision making for children, young people and their parents in the process of improving their health.
2. Demonstrates excellent communication skills, both spoken and written (including electronic notes) with children, young people, families and colleagues.
3. Demonstrates excellent communication and interpersonal skills to enable effective collaboration with children, young people and their families, including colleagues in multi-disciplinary teams (MDTs).
4. Demonstrates courtesy and respect for different cultures and those with protected characteristics.
5. Responds appropriately and empathises with children, young people and their families in dealing with conflict and/or those who are experiencing difficulty, anxiety or distress.
6. Manages the communication of a range of differential diagnoses and where the management plan will be uncertain.

Matrix

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|--------------------------|---|
| Not yet achieved | <ul style="list-style-type: none"> • Evidence of significant unresolved or ongoing concerns identified around written or verbal communication or interpersonal working with colleagues (MSF, reflection in developmental log, trainers’ reports, mini-CEX, DOCs, etc.). • No evidence of sufficient or adequate reflection; no evidence of remediation, if concerns identified. • No evidence of satisfactory MDT working. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of good communication skills (verbal, written and MDT working) in a wide range of clinical scenarios (MSF, reflection in developmental log, trainers’ reports, mini-CEX, DOCs, etc.). • Evidence that any concerns identified within training have been adequately remediated. |
| Excellent | <ul style="list-style-type: none"> • Evidence demonstrating exceptional communication skills, across a range of clinical scenarios, including challenging or difficult consultations. |

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| | <ul style="list-style-type: none">• Reflection and evidence of communication feedback driving further personal development to include developing communication skills in complex/ challenging situations with patients, parents, carers or colleagues. |
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Professional skills: procedures

Learning Outcome

Undertakes key paediatric clinical procedures both elective and emergency, including responding to and leading emergency situations and performing advanced life support, recognising when and how to escalate and adapting clinical assessments to meet the needs of babies, children, young people and families/carers.

Key Capabilities

1. Performs appropriate clinical assessments of a baby, child and young person.
2. Demonstrates achievement of both basic and advanced life support skills.
3. Undertakes key procedures, including the following:
 - a. Peripheral venous cannula
 - b. Neonatal umbilical arterial catheterisation
 - c. Lumbar puncture
 - d. Emergency vascular access
4. Confirms the correct placement of arterial and venous lines.
5. Performs advanced airway support, including airway opening manoeuvres and the use of airway adjuncts to the point of intubation.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Not completed approved resuscitation courses in children and neonates or able to demonstrate skills by other means. • No evidence of successful achievement of 4 key practical procedures (DOPS for peripheral venous cannula, lumbar puncture, advanced airway support, including tracheal intubation, and umbilical venous cannulation). • Minimal evidence of engagement with simulation training. • Insufficient evidence of SLEs covering clinical examination of newborn infants and children. |
| Good / acceptable | <ul style="list-style-type: none"> • Satisfactory DOPS in 4 key procedures, as above. • Completion of generic approved paediatric and neonatal resuscitation courses (i.e. NLS and APLS or equivalent) by end of Core level, or satisfactory demonstration of these skills by other means. • Satisfactory assessment evidenced by SLEs covering range of examinations of newborn infants, children and young people. • Satisfactory trainers' reports regarding clinical procedures. • Evidence of engagement and leading/ participation in simulation training. |

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| | <ul style="list-style-type: none"> • Evidence of leading of simulation training or leading the team in emergency situations. • Evidence of reflective practice to show improvement in clinical procedures and maintaining up-to-date skills log. |
| Excellent | <ul style="list-style-type: none"> • Instructor potential identified during resuscitation courses. • Evidence of successful outcomes in widening range of practical procedures. • Increasing range of procedures (eg intubation of extreme preterm, chest drain, arterial catheterisation, peak flow measurement, intraosseous needle placement, etc.), with continued use of skills log. |

Professional skills: patient management

Learning Outcome

Conducts a clinical assessment of babies, children and young people, formulating an appropriate differential diagnosis; plans appropriate investigations and initiates a treatment plan in accordance with national and local guidelines, tailoring the management plan to meet the needs of the individual.

Key Capabilities

1. Performs an assessment of a baby, child or young person’s physical, mental and developmental status, incorporating biological, physiological and social factors across multiple clinical contexts.
2. Recognises the potential life-threatening events in babies, children and young people and leads resuscitation and emergency situations.
3. Recognises and manages a range of common childhood presentations.
4. Engages in multi-professional management of a range of common general paediatric physical and mental health presentations, both short and long term.
5. Recognises and manages the acute presentations and after-care of anaphylaxis, prescribing and training the family to use adrenaline autoinjectors, including documenting events and producing an emergency action plan with appropriate onward referrals.
6. Seeks appropriate advice and support from other teams in a timely and collaborative manner, including working effectively with colleagues in primary care.
7. Takes into consideration the individual needs of the baby, child or young person.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Insufficient evidence presented of being able to diagnose, plan investigations and initiate treatment plans for common presentations (CBD, Mini-CEX, etc.). • Trainers’ reports or MSF detailing concerns regarding lack of awareness of local and national policies or lack of recognition of life threatening acute situations. • Trainers’ reports or MSF detailing concerns regarding lack of awareness of when to escalate in life-threatening acute situations. • Insufficient evidence of being able to work within MDT. • Insufficient evidence to demonstrate ability to provide and lead both basic and advanced resuscitation. |
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| Good / acceptable | <ul style="list-style-type: none"> • Evidence of broad range of SLEs to demonstrate ability to diagnose, plan investigations and initiate treatment plans for common presentations (CBD, Mini-CEX, etc.). • Evidence of awareness of local and national guidance (Trainers' reports, MSF). • Evidence of awareness of limitations (Trainers' reports, MSF). • Use of SLEs to evidence recognition of life-threatening nature in acute situations with appropriate escalation. • Evidence of satisfactory SLEs demonstrating multi-professional management of broad range of common general paediatric conditions. |
| Excellent | <ul style="list-style-type: none"> • Wide ranging evidence presented showing ability to recognise and respond to life threatening emergencies. • Evidence of leading team in acute life-threatening situations. • Evidence of leading MDT and following through complex care pathways. • Evidence of management and learning from a clinical situation involving uncertainty, complexity and nuanced decision making (SLEs, reflective entries). |

Health promotion and illness prevention

Learning Outcome

Promotes healthy behaviour in conversations with children, young people and their families/carers, from early years through to adulthood; taking into account the potential impact of cultural, social, religious and economic factors on the physical and mental health of children and families.

Key Capabilities

1. Recognises the potential impact but also limitations of health promotion advice.
2. Applies knowledge of the factors which contribute to child health inequalities and the consequences of those inequalities in terms of disability, life expectancy and health economics.
3. Anticipates contextual factors (socioeconomic, cultural, psychological) which constrain the ability to make “healthy choices”.
4. Interprets the impact of environmental, economic, global and cultural contexts on health promotion and physical and mental health illness prevention.
5. Interacts effectively with children, young people and their families from a broad range of socioeconomic and cultural backgrounds, appropriately using translated materials and interpreters, if required.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Minimal evidence of involvement in this area. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of good knowledge of breast feeding and the concepts of the baby friendly initiative (training eg UNICEF breast feeding module, SLEs and reflection). • Evidence of involvement in child health surveillance programme and screening through education events (local, regional meetings or conferences), training (eg NIPE training), SLEs and reflection. • Evidence of practical engagement in Public Health issues during clinical encounters eg discussions with patients and parents regarding smoking, obesity, breastfeeding (SLEs or reflective notes). |
| Excellent | <ul style="list-style-type: none"> • Evidence of involvement in and understanding of Public Health issues, eg Obesity, healthy eating, breast feeding or smoking. • Evidence of consideration and understanding of economic, cultural and lifestyle factors and their impact on child health (SLEs and reflective notes). |

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| | <ul style="list-style-type: none">• Evidence of abilities in areas of health promotion and illness prevention, during involvement in MDT, discharge planning, child in need or team around the child meetings. |
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Leadership and team working

Learning Outcome

Develops personal leadership skills and demonstrates their own leadership qualities, adjusting their approach, where necessary; utilising these skills to work constructively within multi-disciplinary teams (MDTs), valuing the contributions of others.

Key Capabilities

1. Participates effectively and constructively in the multi-disciplinary (MDT) and inter-professional teams, engaging with children, young people and families, facilitating shared decision making.
2. Develops leadership and team-working skills and relevant problem-solving strategies in clinical management contexts, such as where there is limitation of resources.
3. Supports appropriate decisions made within a team and communicates these effectively.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Evidence of significant unresolved or ongoing concerns identified around team working (MSF, other SLEs and trainers' reports). • Evidence does not demonstrate adequate reflection and remediation of concerns identified. • Inadequate evidence of any meaningful engagement with clinical governance. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of effectively recognising limitations (including appropriate escalation), good handover skills, working constructively within MDT and support to junior colleagues (MSF, other SLEs and trainers' reports). • Evidence of participation in clinical governance, risk management and audit, along with quality improvement. • Evidence demonstrating leadership capabilities in a range of clinical and interpersonal scenarios. • Evidence of supportive supervision of junior colleagues. |
| Excellent | <ul style="list-style-type: none"> • Evidence of developing leadership role within MDT. • Evidence of facilitating problem-solving abilities within team, with ability to manage complexity and conflict. |

Patient safety (including safe prescribing)

Learning Outcome

Recognises the importance of patient safety, including safe prescribing and exposure to risk/hazard.

Key Capabilities

1. Understands the relationship between hazards, risks of exposure and likelihood of harm.
2. Recognises when a baby, child or young person has been exposed to a risk/hazard and escalates in accordance with local and national procedures.
3. Applies safety procedures to prescribing practice, demonstrating an understanding of pharmacogenomics, following local and national processes in instances of patient harm or medication error.
4. Applies safety procedures when ordering blood, with adherence to local and national policies.
5. Applies safety and reporting procedures to clinical care situations, responding to identified risks/hazards.
6. Applies the Duty of Candour principles to practice.
7. Recognises when the behaviours of a child or young person puts themselves or others at risk of harm.

Matrix

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| Not yet achieved | <p><i>Patient safety</i></p> <ul style="list-style-type: none"> • Trainers’ reports or MSF demonstrate a lack of understanding of patient safety and lack of engagement with NHS systems and processes relating to patient safety. <p><i>Prescribing</i></p> <ul style="list-style-type: none"> • Multiple errors in prescribing without evidence of honest clear reflection and actions taken to remedy the lack of understanding or inappropriate attitude that led to those errors. • Lack of evidence of learning in prescribing skills beyond those of any mandatory training provided within local NHS trust. |
| Good / acceptable | <p><i>Patient safety</i></p> <ul style="list-style-type: none"> • Evidence of an understanding of patient safety and engagement in systems, such as Datix, that help to manage these risks. • Participation in a local process that deals with patient safety and quality improvement. <p><i>Prescribing</i></p> <ul style="list-style-type: none"> • Evidence of safe prescribing in a range of paediatric settings, including neonates, adolescents, general paediatrics, paediatric emergencies in the acutely unwell child. For each |

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| | <p>year of training, providing evidence from a learning assessment or a statement from a clinical supervisor of learning and assessment in one or more aspects of prescribing.</p> <ul style="list-style-type: none"> • Evidence of use of online learning courses, such as Paediatric SCRIPT. |
| Excellent | <p><i>Patient safety</i></p> <ul style="list-style-type: none"> • Evidence of reflection on a serious incident within the trust, and of willingness to learn from errors involving systems and processes within local trust. <p><i>Prescribing</i></p> <ul style="list-style-type: none"> • An audit of personal practice in prescribing, with feedback from medical, nursing and pharmacy colleagues. • Evidence of reflection on personal practice, particularly with any errors in prescribing. • A quality improvement project related to prescribing. • Evidence of ability to teach and supervise less experienced colleagues in the prescription of medicines. • Evidence of reflecting on communicating with patients, parents and families in circumstances where there have been errors in prescribing. |

Quality improvement

Learning Outcome

Applies quality improvement (QI) methodology to clinical practice, thereby learning and reflecting to foster positive change.

Key Capabilities

1. Proactively identifies opportunities for quality improvement.
2. Undertakes projects and audits to improve clinical effectiveness, patient safety and patient experience.
3. Participates in local clinical governance processes.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Minimal evidence or initiative in audits or activity in quality improvement activity. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of engagement in quality improvement processes within the NHS Trust, and how this improved patient safety/ quality with reflection in ePortfolio. • For each year of training, evidence of involvement in an audit or other process related to quality improvement (service evaluation, audit, re-audit, quality improvement, guideline development, etc.). • Presentation at local QI meeting. • Initiating and leading on at least one QI project before the end of Core level. • Demonstrates translation of findings and learning from one audit into another area of practice or another hospital. |
| Excellent | <ul style="list-style-type: none"> • Presentation of the findings and actions from more than one project or in more than one setting. • Significant contribution to either regional quality improvement, regional guideline development or some contribution to national guideline development or national audit. |

Safeguarding

Learning Outcome

Understands the professional responsibility of safeguarding babies, children and young people; accurately documents and raises concerns in a proficient manner to appropriate staff and agencies.

Key Capabilities

1. Recognises and acts upon safeguarding concerns, taking into account risk factors.
2. Conducts an assessment for possible maltreatment, including sexual abuse which incorporates attention to the broader family function and the baby's, child's or young person's developmental, physical and mental health status.
3. Applies knowledge of the indications for a skeletal survey and relevant blood tests in safeguarding.
4. Documents clearly and accurately, using body charts, to record the examination results of a baby, child or young person within a safeguarding context.
5. With supervision provides oral or written reports for:
 - a. strategy meetings and case conferences;
 - b. police or social services.
6. Recognises the long-term impact of physical and mental adverse childhood experiences, including maltreatment and when a baby, child or young person and families are vulnerable, distressed and in need of early support and intervention.
7. Applies an understanding of consent and parental responsibility in relation to safeguarding procedures of "looked after" children.
8. Applies knowledge regarding forensic assessment in relation to child abuse and establishes the importance of the chain of evidence.
9. Follows the local system of referral for assessment and arranges follow-up for babies, children or young people who may have been sexually abused.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Lack of evidence of safeguarding training of the required minimum standard. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of Level 2 Safeguarding training during Core level and evidence of Level 3 by the end of Core. • Evidence of Safeguarding CBD for each training year. • Evidence of other SLEs in this area (eg DOC to ensure evidence of appropriate documentation, or CBD on seeing a looked after child in clinic, or attendance at adoption panel). • Evidence of reflection of involvement in a safeguarding case. |

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| | <ul style="list-style-type: none"> • May have evidence of being supported writing a report. |
| Excellent | <ul style="list-style-type: none"> • Evidence of regular Safeguarding CBDs across the training years, above the minimum requirement. • Evidence of attendance at strategy meeting, regional conference or other safeguarding panel. • Evidence of making a referral to social care. • Evidence of having written a medical report. • Further evidence of independent working in some areas of safeguarding, with support where necessary. |

Education and training

Learning Outcome

Plans and delivers teaching and learning activities to a wide range of audiences and provides appropriate feedback to others.

Key Capabilities

1. Demonstrates the ability to plan and deliver teaching in a range of clinical and non-clinical contexts.
2. Shows the ability to adapt their teaching methods to the different learning needs of individual team members.
3. Provides evidence of obtaining feedback on teaching delivered by them; reflects on and learns from this feedback.
4. Provides appropriate feedback to others.

Matrix

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|--------------------------|---|
| Not yet achieved | <ul style="list-style-type: none"> • Minimal evidence of participation in teaching and reflection on performance. • Evidence of teaching skills needing further development or unwillingness to teach (MSF, mini-CEX, trainers report). • Minimal evidence of teaching and education of the wider healthcare team by the end of Core. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of participation in local departmental teaching, for example through development log entries. • Evidence of feedback on teaching and learning events delivered by the trainee with reflection and goal setting to develop teaching skills. • Evidence of using feedback to improve teaching delivery (eg MSF). |
| Excellent | <ul style="list-style-type: none"> • Evidence of participation in regional or national education or training delivery. • Participation in formal teacher training programme. • Quality improvement activity in the area of education. • Involvement as faculty in regional or national training programmes or courses. • Working towards, or completing, formal teaching qualifications (eg certificate in medical education). |

Research and scholarship

Learning Outcome

Adopts an evidence-based approach to baby, child, young people and family's/carers health practices, including critically appraising published research.

Key Capabilities

1. Carries out a systematic literature review, evaluating evidence and identifies strengths and weaknesses in all evidence sources.
2. Interprets research results and explains the findings to children, young people, families and the multi-disciplinary team (MDT).
3. Participates in research-related activity (eg national projects, journal clubs, publications and presentations).
4. Implements an evidence-based approach to practice to inform decision making and enhance patient care and patient outcomes.
5. Constructively analyses patient management and formulates questions for the literature.
6. Maintains Good Clinical Practice (GCP) throughout training.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Minimal evidence of regular involvement in research-related activity (eg literature review, audit, critical appraisal). • Poor use of clinical questions in ePortfolio with no critical review of the relevant literature. • Minimal evidence of engagement with evidence-based clinical practice by end of Core level. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of regular involvement in research related activities, eg literature review, audit, critical appraisal; evidence may include, for example, reflection on audit projects or journal club presentations. • Good use of clinical questions in ePortfolio, incorporating critical review of the relevant literature, along with applying findings to everyday practice. |
| Excellent | <ul style="list-style-type: none"> • Evidence of skills in interpretation and communication of research findings to children, young people and parents, plus to the multidisciplinary team; evidence may include, for example, mini-CEX and MSF feedback. • Formal training in research methodology and best practice in consent (eg Good Clinical Practice), with reflection on Learning Outcomes achieved. • Presentation or publication of research activity in regional meetings. |

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| | <ul style="list-style-type: none">• Evidence of acting as an investigator in local or national research projects. |
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Specialty Level

Decision making matrixes

Specialty level

RCPCH START assessment

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

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

Professional values and behaviours and professional knowledge

Learning Outcome

Acts as a role model by taking a self-regulatory approach in ensuring professional values and behaviours, demonstrating the qualities required by a paediatrician, undertaking independent practice.

Key Capabilities

1. Demonstrates leadership in the management of relationships where religious or cultural beliefs may cause conflict between children, young people and families and healthcare professionals.
2. Acts as a role model to colleagues by demonstrating a flexible, holistic, reflective, evidence-based approach to practice.
3. Practises independently in a safe manner.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Concerns from supervisors about independent working. • Lack of evidence of involvement in legal processes. • Lack of evidence of learning from involvement in any critical incidents. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of involvement in the specific areas of legislation relating to children and families – may be a course, CBD or reflective notes. • Evidence from SLEs of independent working (clinic, ward round, resuscitation, acute take, handover, etc.). • Evidence of engagement with clinical governance and quality and safety process, including supporting more junior trainees. |
| Excellent | <ul style="list-style-type: none"> • Presentation of legal issues locally at clinical governance or at a regional meeting. • Evidence of multi-agency working across specialities and health care boundaries. • Evidence of management of leading a safeguarding case, may have chaired a strategy meeting. • May have attended court. |

Professional skills: communication

Learning Outcome

Applies communication skills in a range of contexts, for example, in multi-disciplinary teams (MDTs), with children, young people, families/carers, external agencies and other professionals, across a range of media, including legal and child protection reports.

Key Capabilities

1. Effectively communicates with the multi-disciplinary team (MDT), children, young people and their families, where there is a range of differential diagnoses and management is uncertain.
2. Models and teaches effective active listening skills in consultation with children and young people.
3. Demonstrates to others how to manage an effective consultation, including communicating a diagnosis and prognosis effectively to children, young people and their families.
4. Leads MDT in a range of situations with children, young people and their families, including challenging circumstances.
5. Demonstrates effective communication with external agencies, including authoring legal documents and child protection reports.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Evidence of significant unresolved or ongoing concerns identified around written or verbal communication or interpersonal working with colleagues (eg MSF). • Inadequate evidence to demonstrate ability to take on increasingly challenging communication scenarios (this is likely to be highlighted in MSF, reflection in developmental log, trainers' reports, mini-CEX, DOCs, etc.). • Evidence of inadequate reflection and insufficient remediation. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of good communication skills (verbal, written) in a wide range of clinical scenarios, which should include more complex discussions, leading MDT working, liaison effectively with external agencies, communicating challenging diagnosis and prognosis discussions and safeguarding. (MSF, reflection in developmental log, trainers' reports, mini-CEX, DOCs, LEADER, RCPCH Start assessment, etc.). • Evidence that any concerns identified within Specialty training have been adequately remediated. |
| Excellent | <ul style="list-style-type: none"> • Evidence demonstrating exceptional communication skills, depth of mature reflection and evidence of communication feedback driving further personal development. |

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| | <ul style="list-style-type: none">• Evidence of maturity in leading communication issues with patients, families and colleagues in challenging/complex/stressful situations.• Evidence of ability to develop strategies to resolve systemic communication difficulties. |
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Professional skills: procedures

Learning Outcome

Capable in the full range of clinical skills relevant within <GENERAL PAEDIATRIC/ SUB-SPECIALITY>, including appropriately co-ordinating the skills of other health professionals, when required.

Key Capabilities

1. Teaches, supervises and assesses junior staff undertaking clinical procedures
2. Manages and co-ordinates the response to an emergency situation.
3. Leads the resuscitation team during advanced life support.
4. Where defined in the <GENERAL PAEDIATRIC/SUB-SPECIALITY> syllabus, performs the procedures relevant to that syllabus.
5. Demonstrates capability in taking consent for genetic and genomic testing applicable to <GENERAL PAEDIATRIC/SUB-SPECIALITY> and discusses the results with children, young people and their families.
6. Performs advanced airway support, including intubation.

Matrix

| | |
|--------------------------|---|
| Not yet achieved | <ul style="list-style-type: none"> • Lapsed resuscitation course certification. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of leading of simulation training or leading the team in emergency situations. • Evidence of supporting others within the team including junior colleagues in supervision of practical procedures. |
| Excellent | <ul style="list-style-type: none"> • Evidence of continued development as a course instructor during resuscitation courses. • Evidence of development and design of simulation scenarios and/or other novel ways of teaching and improving practical procedure performance in clinical settings. • Evidence of successful outcomes in widening range of specialty specific practical procedures. |

Professional skills: patient management

Learning Outcome

Considers the full range of differential diagnosis, treatment and management options available, including new and innovative therapies, relevant within <GENERAL PAEDIATRIC/SUB-SPECIALTY>; anticipating the need for transition from paediatric services and planning accordingly.

Key Capabilities

1. Assesses the evidence base for treatment and assessment strategies, their limitations and when to act outside them with appropriate advice.
2. Demonstrates leadership in encouraging children and young people to participate in their individual care, using external resources appropriately.
3. Supervises junior staff and supports colleagues in the assessment and management of cases which are complex or nuanced.
4. Anticipates the need for transition to another service, or works jointly alongside another service, to care for the baby, child and young person.

Matrix

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|--------------------------|---|
| Not yet achieved | <ul style="list-style-type: none"> • RCPCH Start assessment showing multiple areas of patient management that still require development. • Multiple complaints regarding treatment of patients. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence demonstrating independent initiation/decision making of management of common paediatric conditions. • Evidence of ability to work across specialities and multi-agency working; leading MDT groups. • Evidence of supervising other colleagues in complex case management. • Participation in RCPCH Start and evidence of completion of areas identified as competencies requiring development. • Evidence of reflection which encompasses a flexible and holistic approach to care. • Evidence of supervising others in evidence based practice eg supervising audits, QI projects. • Evidence of successful lead in the transition of care to another speciality or care provider. • Evidence of appropriate shared decision making with CYP. |
| Excellent | <ul style="list-style-type: none"> • Evidence of recognition of excellence in treatment of babies and children and young people. • Publication in peer reviewed journals. • Lead in regional or national guideline development or audit. |

Health promotion and illness prevention

Learning Outcome

Works with the wider healthcare community promoting wellbeing, physical and mental health to improve the health of babies, children and young people.

Key Capabilities

1. Understand the impact of wider economic, cultural and social factors which impact on mental and physical health at a population level.
2. Demonstrates leadership and understanding of the systems that enable clinicians to analyse data relating to the patients under their care.
3. Utilises local, national and international health information in order to advocate for systems and policies which promote health and reduce inequalities.
4. Understands contextual barriers to accessing healthcare and adapts practice to reduce these.
5. Demonstrates leadership in health promotion by undertaking educational and/or quality improvement activity in this area across professional groups.
6. Evaluates the way that patients and families use the health system and adapts their practice to encourage self-management and early engagement.
7. Leads the process of anticipation, prevention, preparation, detection, response (contain, delay, and mitigate), communication, research and control of an epidemic in order that the population health impacts are minimised.

Matrix

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|--------------------------|---|
| Not yet achieved | <ul style="list-style-type: none"> • Lack of evidence of abilities in this domain. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of reading health informatics in published data. • Attendance at conferences, which cover aspects of this domain. • Evidence in SLEs in this domain. • Evidence of involvement and engagement in clinical governance process. • Completed audit or Quality Improvement project on aspect of care in this domain. |
| Excellent | <ul style="list-style-type: none"> • Further training in evidence based medicine, quality improvement or other activities in this area. • Evidence of involvement in health system planning (eg through attendance at meetings of regional networks, public health boards, antenatal and newborn screening boards, commissioning groups, or transformation programmes such as local maternity systems) with reflection and learning documented. |

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| | <ul style="list-style-type: none">• May have contributed to a business case to develop a service.• May have published in this area. |
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Leadership and team working

Learning Outcome

Leads in multi-disciplinary teams (MDTs) promoting an open culture of learning and accountability by challenging and inspiring colleagues, supporting the development of leadership qualities and critical decision-making skills.

Key Capabilities

1. Takes an active role in promoting the optimum use of healthcare resources.
2. Works closely with all professional groups involved in creating a comprehensive care pathway.
3. Addresses challenging behaviour within the team and retains leadership qualities in situations of stress and conflict.
4. Engages effectively with stakeholders such as children, young people, families, charities and other healthcare organisations to create and/or sustain a family centred service.
5. Works with non-clinical and managerial colleagues to promote an effective paediatric service which meets the needs of children, young people and their families.
6. Retains leadership qualities in situations of stress and conflict.

Matrix

| | |
|--------------------------|---|
| Not yet achieved | <ul style="list-style-type: none"> • Evidence of significant unresolved or ongoing concerns identified around team working (MSF, other SLEs and trainers' reports). • Inadequate evidence of developing leadership qualities (MSF, other SLEs and trainers' reports). • Evidence does not demonstrate adequate reflection and remediation of concerns identified. • Inadequate evidence of meaningful engagement with clinical governance. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of ability to lead effectively MDT and support junior colleagues. • Evidence of ability to challenge colleagues constructively. • Evidence of ability to work with non-clinical colleagues to develop management skills relating to clinical service provision. • Evidence of participation in clinical governance, risk management and audit and application to quality improvement. • Evidence demonstrating leadership capabilities in a range of clinical and interpersonal scenarios. |

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| Excellent | <ul style="list-style-type: none">• Evidence of ability to deliver effective quality improvement plans at local, regional or national level.• Evidence of exceptional leadership skills in complex and challenging scenarios. |
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Patient safety (including safe prescribing)

Learning Outcome

Takes responsibility for investigating, reporting, resolving and evaluating risk/hazard incidents within different paediatric healthcare settings, including communication with affected children or young people and their families/carers.

Key Capabilities

1. Advises children, young people and their families about the importance of concordance and about the actions of medications, including their side effects.
2. Takes account of risks to themselves and others within the clinical environment, including those related to personal interactions and biohazards.
3. Participates in investigating, reporting and resolving serious incidents, including through communication with children, young people and their families.

Matrix

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| Not yet achieved | <p><i>Patient safety</i></p> <ul style="list-style-type: none"> • Evidence of inaction following identified risks or patient safety incidents. <p><i>Prescribing</i></p> <ul style="list-style-type: none"> • Multiple errors in prescribing without any evidence of honest clear reflection and actions taken to remedy the lack of understanding or inappropriate attitude that led to those errors. • Lack of evidence of learning in prescribing skills beyond those of any mandatory training provided within NHS trust. • Minimal evidence of competence in prescribing in more complex situations. • Prescribing issues identified in a RCPCH Start assessment and not subsequently addressed adequately. |
| Good / acceptable | <p><i>Patient safety</i></p> <ul style="list-style-type: none"> • Evidence of providing feedback to patients, families or carers where there has been an error that has had an impact on patient safety. <p><i>Prescribing</i></p> <ul style="list-style-type: none"> • Safe prescribing of medications that have complex safety issues or are more rarely prescribed. • Evidence of use of online learning courses, such as Paediatric SCRIPT, at a level appropriate to more advanced prescribing. • Evidence of an ability to give appropriate advice about potential side effects of medications and what actions should be taken. • Evidence of understanding of patient, professional and personal safety in the prescription and administration of |

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| | <p>medications that might cause harm, eg chemotherapy medications.</p> <ul style="list-style-type: none"> • Reflection and remediation on any issues relating to prescribing that have been identified in RCPCH Start assessment. |
| Excellent | <p><i>Patient safety</i></p> <ul style="list-style-type: none"> • Evidence of involvement in feedback and explanation given to patients, families or carers in situations where there has been a patient safety issue or a complaint. • A higher qualification relating to patient safety and quality improvement. <p><i>Prescribing</i></p> <ul style="list-style-type: none"> • Evidence of teaching and supervising less experienced colleagues in the prescription of medicines. • Evidence of major contribution to a quality improvement project involving safe prescribing. |

Quality improvement

Learning Outcome

Independently applies knowledge of quality improvement (QI) processes by initiating, planning and undertaking projects and audits to improve clinical effectiveness, patient safety and patient experience.

Key Capabilities

1. Responds appropriately to health service targets and participates in the development of clinical services.
2. Employs the principle of evaluation, audit, research and development to improve healthcare, including children and young people's experiences.
3. Applies understanding of national and local regulatory bodies, particularly those involved in standards of professional behaviour, clinical practice and education, training and assessment.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Minimal evidence of initiative, leadership, or activity in quality improvement activities or service development. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of learning and remediation of any deficiencies identified at RCPCH Start assessment. • Evidence of leadership and innovation in Quality Improvement activities. • Evidence of Quality Improvement activity in response to health service targets. • Participation in one or more projects related to service development. • Participation in a substantial area of quality improvement or service development, such as a regional or national guideline. |
| Excellent | <ul style="list-style-type: none"> • Participation in a substantial area of quality improvement or service development, such as a regional or national guideline. |

Safeguarding

Learning Outcome

Independently leads the process of safeguarding for babies, children and young people, including assessment, investigations and reporting.

Key Capabilities

1. Applies knowledge of the impact of adverse childhood experiences in working with vulnerable babies, children and young people, including those with complex needs, across a variety of clinical settings.
2. Applies knowledge of the role of the paediatrician as it relates to those of other agencies in the management of babies, children and young people in need of protection.
3. Following sudden unexpected death in babies and children (SUDIC), applies local procedures, including involvement of a rapid response team when appropriate and recognises the urgency when abuse is suspected.
4. Instigates appropriate medical investigations, initiating and contributing to multi-agency involvement in all forms of abuse.
5. Compiles and writes a range of reports required for safeguarding work, including police statements, medical reports for social services and court reports.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Lack of on-going evidence to demonstrate independent working. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of independent working in this area with appropriate liaison with other services. • Evidence of attendance at case conferences and reflection of lead role. • Continued evidence of keeping up to date with SLEs and reflection in this area, including child death process. • Evidence of having chaired a strategy meeting (with supervision). • Evidence of at or above competency in Safeguarding performance in RCPCH Start scenario. • Evidence of report writing - accompanied by DOC or CBD, as appropriate. |
| Excellent | <ul style="list-style-type: none"> • Extended accredited safeguarding training. • Evidence of involvement in the full process for a Sudden Unexpected Death in Infancy or Childhood. |

Education and training

Learning Outcome

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

Key Capabilities

1. Evaluates teaching practice in a range of contexts using a variety of methods.
2. Effectively uses supervised learning events (SLEs) on colleagues to develop and facilitate their learning.
3. Facilitates children, young people and their families' understanding of their condition(s).

Matrix

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|--------------------------|---|
| Not yet achieved | <ul style="list-style-type: none"> • Minimal evidence of reflection on performance as an educator or personal teaching skills. |
| Good / acceptable | <ul style="list-style-type: none"> • Critical appraisal of education and training delivery within a department or region. • Reflection on experience as a learner and how that influences personal teaching style and performance. • Participation in education skills training and development (eg RCPCH EES - Effective Educational Supervision - course). • Evidence of participation in supervised learning events for other trainees with provision of effective feedback. • Evidence of reflection on feedback received when teaching children, young people and families about well-being or chronic illness. |
| Excellent | <ul style="list-style-type: none"> • Educational leadership, for example coordination of regional or national teaching programme. • Formal qualification in medical education. • Evidence of role-modelling as an educator. |

Research and scholarship

Learning Outcome

Demonstrates the independent development and revision of guidelines and policies, ensuring these are centred on current clinical research and evidence-based healthcare, to improve babies, children and young people’s health and paediatrics service delivery.

Key Capabilities

1. Undertakes research and/or practises evidence-based medicine with an evaluation of the strengths and limitations.
2. Leads the development and revision of guidelines and procedures to improve service delivery.
3. Explains the purpose of research trials to children, young people and their families and identifies potentially eligible patients.
4. Evaluates and presents their own or other’s research findings to clinical or wider audiences.

Matrix

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| Not yet achieved | <ul style="list-style-type: none"> • Minimal evidence of application of the principles of evidence-based practice. • Minimal evidence of any critical thought or academic activity. |
| Good / acceptable | <ul style="list-style-type: none"> • Evidence of integration of evidence-based medicine into clinical practice. • Presentation at a regional meeting and evaluation of presentation performance. |
| Excellent | <ul style="list-style-type: none"> • Evidence of involvement as a local or principal investigator in multicentre research. • Presentation of research output at national or international meeting. • Achieving an award from a research funding body, eg NIHR/MCRN. |

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

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

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