

Paediatric Sub-specialty Recruitment Guidance for Educational Supervisors

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1. Paediatric Sub-specialty Recruitment – Some background details

- Currently managed & run by the College team in collaboration with NHS England Paediatric National Recruitment Office (PaedsNRO)
- 4-nation recruitment
- Input from CSACs at most stages
- Single round of recruitment for all 18 paediatric sub-specialties
- Applications in October/November
- Shortlisting in December
- Interviews in January/February
- Offers & appointments in February
- Posts start in August/September

2. Paediatric Sub-specialties and duration of programmes

Paediatric training is capability based and time spent in sub-specialty programmes is indicative. As such, PGDiTs may complete training in less time.

36 months programmes	24-36 months programmes
Neonatal Medicine	Paediatric Diabetes and Endocrinology
Community Child Health	Paediatric Emergency Medicine
Paediatric Allergy	Paediatric Intensive Care Medicine (30-36 months including anaesthetics training)
Paediatric Clinical Pharmacology & Therapeutics	Paediatric Nephrology
Paediatric Gastroenterology	Paediatric Oncology
Paediatric Hepatology	Paediatric Palliative Medicine
Paediatric Immunology, and Infectious Disease	Paediatric Rheumatology
Paediatric Inherited Metabolic Medicine	Child Mental Health*
Paediatric Neurodisability	
Paediatric Neurology	
Paediatric Respiratory Medicine	

* Child Mental Health currently do not have any available programmes and PGDiTs are advised to contact the CSAC for more information on gaining experience in this sub-specialty.

3.What you need to do

Supervisors should be aiming to discuss their PGDiT's career options on a regular basis. Ideally this should once a year, (potentially on or around ARCP time) from at least ST2 onwards, so will be suitably prepared.

From at least April onwards, you should start discussions with your PGDiT about their career aspirations and potential options. If you are both in agreement that a sub-specialty application is appropriate to realise their plans, you will then need to support them with completing their Confirmation of Eligibility form on RISR/e-portfolio. Firstly by helping them to select their examples and evidence, and then by filling out section 2 of the form.

N.B. From 2026 the form will be available as soon as the recruitment round has concluded i.e. early April.

4.Things to consider when meeting with your PGDiT

Discuss suitability and understanding of potential career path(s)

- Do they meet the rest of the basic eligibility criteria?
- Is this the right time for the PGDiT to apply?
- Is it the right sub-specialty for them?
- Is there evidence that the PGDiT has prepared themselves adequately for a career in the sub-specialty?
- Is the PGDiT likely to be ready for entry into a sub-specialty programme by the time the post would start (August/September), if they are appointed to one?
- Discuss what relevant evidence they have already got in their e-portfolio
- Have they applied before but didn't rank high enough for an offer? Or perhaps they didn't get through shortlisting? They may need to reflect on their previous application and see what they could improve on.
- Has the PGDiT got enough indicative time left in training, to complete a programme in their chose sub-specialty/ties?

5.Main eligibility criteria

- Completion of MRCPCH examinations (must have passed by Monday 12 January 2026).
- Completion or expected completion of Core Level paediatric training by the time of entry to the sub-specialty training programme.
- Annual Review of Competency Progression (ARCP) must be an outcome 1 at the point of application. If currently on an outcome 8 for OOP, their previous outcome must have been a 1. If PGDiT has joined the training pathway at ST3, after 1st January 2025, and they have not yet had an ARCP, they are required to be on outcome 1 by the point of interview. As such, an (interim) ARCP must be arranged, so that their outcome 1 can be confirmed by Monday 12 January 2026.
- Must have enough time to complete sub-specialty training before CCT date (demonstrated on the Confirmation of Eligibility form on RISR/e-portfolio).

6.Confirmation of Eligibility Form

- All applicants need to submit this to demonstrate their eligibility to apply.
- One form is needed for each applicant, not for each application, unless sub-specialty training experience is being counted towards different applications (see [time left in training](#) for more information).
- In preparation, applicants should have a formal careers discussion with their Educational Supervisor about how they have prepared for their chosen sub-specialty/ies and discuss the examples required with them.

- Form available for PGDiTs to access and submit via RISR/e-portfolio.

➤ **Sections where evidence is required**

1. For each sub-specialty being applied to (maximum of two sub-specialties), PGDiTs are required to include three examples of clinical activities/experience from their career to date that show their interest in their chosen sub-specialty and demonstrate understanding of what is required to work in this area.

N.B. If applying to two sub-specialties the examples must be different - this includes examples for paediatric gastroenterology and paediatric hepatology, or paediatric allergy and paediatric immunology and infectious diseases.

2. Also, PGDiTs are required to describe their most significant quality improvement project (QIP) or audit to date. If applying to two sub-specialties they can choose whether they use the same QIP/audit for both or have separate examples.

Examples must be the same as those that will be submitted on their Oriel application form. If not the application will be longlisted out.

Supporting evidence from PGDiT's e-portfolio must be uploaded for each example, so it can be verified by their Educational Supervisor.

N.B. Approval from the Educational Supervisor does not guarantee a maximum score at shortlisting. Answers will still be scored independently by the sub-spec shortlisting panels.

➤ **Examples of clinical activities/experience**

- The example should relate to a particular incident, case, or placement rather than something that they did routinely over a period of time.
- This includes specific skills/attributes relevant to PGDiTs chosen sub-specialty e.g. leadership skills used during stabilisation, demonstrating proficiency in essential procedures relevant to the sub-specialty providing examples and caring for a child unwell with a condition relevant to the sub-specialty and demonstrate good multi-disciplinary team working skills - Extract from the [Scoring for sub-spec shortlisting 2025-26 glossary on our website](#)

➤ **Evidence to upload**

Evidence from within PGDiT's e-portfolio needs to be downloaded to PDF then uploaded to their Confirmation of Eligibility form – one upload per example required.

This could essentially be any event that the PGDiT has tagged on their e-portfolio which provides evidence for their example e.g. Mini Clinical Evaluation Exercise or Case Based Discussion.

7. Time left in training

- PGDiTs must have enough indicative time left in training to complete a sub-specialty programme.
- If they have less than the indicative time and are applying at Specialty Level (progress+ ST5/ST6), PGDiTs may be able to gain approval to use towards their training, up one year WTE of relevant UK specialty level experience, subject to CSAC Chair approval and enough time left before their CCT date to complete the programme (12 or 24 months left from when they would start in post, depending on the programme).
- If PGDiTs are applying at Core Level (progress+ ST3/ST4) and have 36 months WTE before their CCT date then this option cannot be applied.

8.Resources and contact:

- [Paediatric sub-specialty training - application guidance webpage](#)
- [Educational supervisors webpage](#)

For any queries regarding any part of the process, please contact the RCPCH Medical Recruitment team at: subspecialty@rcpch.ac.uk

Appendix A

Confirmation of eligibility form for sub-specialty training

Please note this is a preview of the form in RISR/e-portfolio:

Appendix B

Relevant excerpts from Scoring for sub-spec shortlisting 2025-26

See the full scoresheet [here](#).

Scoring domains, questions and assessment criteria

Clinical experience - Exploration of sub-specialty

Provide three clear and separate examples of clinical activities/experiences from your career to date, that show your interest in your chosen sub-specialty and demonstrate your understanding of what is required to work in this area.

For each example, you will need to complete the following three sections:

- i. Describe the clinical activity/experience, including specific skills/attributes relevant to your sub-specialty application (50 words maximum)
- ii. How has the experience prepared you for a career in this sub-specialty? (50 words maximum)
- iii. How does this evidence a patient-centred approach? (50 words maximum)

N.B. Each example will be scored on a scale of 0-3, so for this section there will be a total of 9 possible points.

Scoring:

No evidence or generic description of example with little relevance to the sub-specialty and/or poor attempt to explain relevance of skills	0
Clear example of activity and evidence of skills, demonstrating relevance to the sub-specialty	1
Clear example of activity and evidence of skills, demonstrating clear relevance to the sub-specialty and description of how it has prepared the applicant for a career in the sub-specialty	2
Clear example of activity and evidence of skills, demonstrating clear relevance to the sub-specialty and description of how it has prepared the application for a career in the sub-specialty with explanation of a patient-centred approach	3

QI/Audit:

Describe your most significant quality improvement project (QIP) or audit, providing evidence where you have identified an opportunity for quality improvement and subsequently looked to improve clinical effectiveness, patient safety or the patient experience. Be sure to state your specific level of involvement with each stage in any project mentioned, highlight what has changed as a result of each project and describe what you have learnt about the quality improvement/audit process.

N.B. The scoring below applies to quality improvement/audit that you have designed and led individually or, with the support of a colleague, e.g. senior trainee or consultant. *You should use separate examples of projects for the Research and QI/Audit sections.*

- i. What is the name of your most significant quality improvement project (QIP) or audit?
- ii. How did you identify the opportunity for QIP/audit? (50 words max.)
- iii. Describe exactly what your role in the project entailed: (50 words max.)
- iv. Describe the findings, along with any changes and/or subsequent improvements in service made, as a result of the project (50 words max.)

Scoring:

No projects undertaken	0
Participation in a QIP/audit as a significant contributor, but did not design or lead the QI/audit	1
Evidence of having designed OR led a good quality project and described the findings	2
Evidence of having designed AND led a good quality project, and described how the need for QI/audit was identified, and what the findings were	3
Evidence of having designed AND led a good quality project, and described how the need for QI/audit was identified, what the findings were and how they have subsequently changed local practice/guidelines and/or evidence of subsequent improvements in service	4

Relevant excerpts from the shortlisting scoring criteria glossary:

Clinical experience - Exploration of sub-specialty	
Clinical activity/experience	<p>This includes specific skills/attributes relevant to your chosen sub-specialty e.g. leadership skills used during stabilisation, demonstrating proficiency in essential procedures relevant to the sub-specialty providing examples and caring for a child unwell with a condition relevant to the sub-specialty and demonstrate good multi-disciplinary team working skills.</p> <p>Reminder: examples must be the same as those used and verified on the Confirmation of Eligibility form.</p>
Quality Improvement/Audit	
Designed and led with clear description of how the need for QI/audit was identified...	<p>Applicant clearly states how they set up QIP/audit and took lead in collecting and analysing data, recruiting participants etc (this can be with support of a colleague, e.g. senior trainee, consultant etc).</p> <p>The emphasis is on having identified something and designed it, proactively, as opposed to being asked by your supervisor.</p>
Designed and led... and what subsequent change in local practice/ guidelines	As well as the above applicant describes how they disseminated information through local governance structure and what was the impact of the QIP/audit.

Evidence of subsequent improvements in service	<p>Essentially looking for evidence of completing a full cycle and re-auditing.</p> <p>N.B. Doesn't have to have been re-audited by the applicant themselves, but the question is looking for evidence of completing the loop, making some improvements if appropriate, and showing understanding of the process. .</p> <p>As such, if the findings were that no changes to practice should be made, this should be stated and will be accepted, as evidence of outcomes.</p>
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