



Paediatric training for excellence

Educational Supervision Guide for Paediatric Sub-Specialty: Paediatric Rheumatology

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*A practical guide for PGDiT, Trainers
and Supervisors*



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This document outlines the Educational Supervision Guide for Paediatric Sub-Specialty: Paediatric Rheumatology to be used by PGDiT and Supervisors.

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

Version number	Date issued	Summary of changes
1.	2021	First version of guidance document
2.	August 2025	Updated to reflect changes to curriculum Progress+ and ePortfolio

The Paediatric Rheumatology College Specialty Advisory Committee (CSAC) has produced the following guide to help support Educational Supervisors who supervise Paediatric Rheumatology sub-specialty PGDiTs and guide training centers responsible for the PGDiTs. The CSAC would particularly like to thank the CSAC representatives for their work contributing to this document.

General guidance will be followed by sub-specialty advice, where this differs between sub-specialties.

Any questions for items within this guide should be addressed to the CSAC rep who can be contacted via the sub-specialty [CSAC web page](#).

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Who are Paediatric Rheumatology PGDiTs?

A Paediatric Rheumatology PGDiT (Post Graduate Doctor in Training) is a doctor specializing in Paediatric Rheumatology. They work across all paediatric age groups learning to investigate, diagnose and manage rheumatology conditions.

Paediatric Rheumatology sub-specialty application process

Paediatric rheumatology PGDiTs will have been selected by the College Specialty Advisory Committee (CSAC) panel through a national competitive application process. PGDiTs entering this training pathway may not have significant prior clinical rheumatology experience but will have demonstrated dedication and enthusiasm for this specialty, as well as sufficient knowledge, ability, and independent achievement to complete this training successfully.

Academic PGDiTs may be directly appointed via the university and apply for sub-specialty training equivalence via national selection (as described above) once in post.

Sub-specialty training is capability based, and programs are typically two to three years full-time equivalent, and at two recognized Sub-specialty centers, agreed at the point of Sub-specialty appointment. Requests for prospective approval of up to one year of full-time equivalent training can be made to the paediatric rheumatology CSAC prior to application to sub-specialty. No retrospective approvals are possible. Relevant PhDs can be counted towards training with prospective approval for up to one year of training. The CSAC can consider approving time spent in relevant allied subspecialty training posts. Sign off for capability progression and ultimately CCT needs to be agreed with the PGDiTs School of Paediatrics as well as with the paediatric rheumatology CSAC.

PGDiT and Educational Supervisor roles

Paediatric rheumatology Sub-specialty training is across two centers and includes management, quality improvement, clinical research and teaching alongside clinical training. Our PGDiTs are encouraged by CSAC to be adaptive and innovative in their training opportunities in discussion with their local teams to achieve their curriculum capabilities, as well as seeking support early if gaps arise or are foreseen.

The role of the Educational Supervisor (ES) is to nurture and support paediatric rheumatology PGDiTs to meet the required training in all areas of paediatric rheumatology. They may also

support PGDiTs to explore and develop specific areas of interest within rheumatology. They will also ensure that PGDiTs are equipped with appropriate access to resources and experiences to progress through all the allied curriculum areas to a high standard and work competently as a consultant in paediatric rheumatology.

The ideal model is one of longitudinal supervision, in which PGDiTs are allocated one ES to oversee their entire sub-specialty training program.

Less than Full Time (LTFT) PGDiTs

Sub-specialty PGDiTs may be LTFT and can switch to this working pattern at any stage of training following discussion with the Deanery. PGDiTs are now able to switch to LTFT working without providing a reason for their choice (further information on the [RCPCH LTFT web pages](#)). In general, progression through training will be pro-rata (e.g., LTFT at 60% = progression at 60%) unless separate capability-based progression arrangements have been agreed and achieved.

Paediatric rheumatology departments should provide early information regarding weekly activities to allow selection of working days where possible. LTFT PGDiTs working fixed days may inadvertently miss training opportunities such as joint injection lists or MDT meetings. The supervisor and PGDiT should consider this at the initial induction meeting to allow time to address any obvious training gaps.

Supporting PGDiTs return to work after a period of absence.

There are lots of good resources to support PGDiTs returning to work after a period of absence, including: [RCPCH website](#).

There are recommended opportunities for 'Keep in Touch' days during any parental leave or extended time out of clinical practice. For further information see: [Trainee toolkit](#)

The role of an educational supervisor is to help a PGDiT ease their way back into work. Ideally a PGDiT should meet their ES 12-16 weeks prior to returning to work to allow for rota planning. For PGDiTs in England, NHS England provides funding to support supervised return to practice where necessary, and the Trust should have a supported return to training (SuppoRRT) champion who can signpost to this. Funding varies according to the deanery. Further information can be found on the [NHSE website](#) or similar for devolved nations. Scotland links - [Return to Clinical Practice](#) or [Returning to Training after an Absence Guidance](#). Wales links - [Return to training - HEIW](#)

Academic posts

From August 2020, nationally recruited (NIHR) Academic Clinical Lectureships (ACLs) are considered "in addition" to the training posts and the clinical Rota, and will be allocated Monday-Friday slots only, as they have a different trust funding stream.

Out-of-hour work for general paediatric competencies should be negotiated with individual Trusts on a rotation-by-rotation basis with the ES and PGDiT.

Out of Programme (OOP) opportunities

PGDiTs may seek or pursue opportunities outside their official training program. This may include periods of research, management, or education.

OOPs cannot be requested to start at the beginning of sub-specialty training. If this is required, a deferment should be requested at the time of the initial sub-specialty application. Any OOPs should commence at least six months after commencement of sub-specialty training.

OOPs cannot be requested in the final 12 months of training prior to the Certificate of Completion of Training (CCT). Up to date information on the variety of OOPs available and when/how to apply is available in the [GOLD guide](#).

Academic PGDiTs cannot undertake OOP. Any additional training needs to be incorporated into their research time or discussed with CSAC and the local deanery.

Communicating Amongst PGDiTs

Paediatric Rheumatology has an active and dynamic PGDiTs forum, focused on supporting each other, organization of training events, and liaison with CSAC and the British Society of Rheumatology. PGDiTs should contact CSAC trainee representatives to be added to these groups. Your trainee representative details can be found here - [Paediatric Rheumatology CSAC | RCPCH](#)

Placements/Rotations

The Deanery will usually provide PGDiTs with their expected rotations for sub-specialty training, at time of appointment.

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

Sub-specialty PGDiTs, including academics, 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. PGDiTs should make the most of their on-call opportunities to sign off paediatric capabilities.

The role of the College Sub-Specialty Advisory Group (CSAC)

The paediatric rheumatology CSAC comprises the Chair, two Training Advisors, Assessment Advisor, Quality Advisor and Trainee representative(s). There are co-opted roles for

academia/research and adolescent training. CSAC roles are responsible to the RCPCH, and the overall remit of the CSAC is to ensure high quality training within the sub-specialty.

PGDiTs will usually contact the CSAC when they develop an interest in paediatric rheumatology training and can seek advice about the application process.

The CSAC has responsibility for: -

Sub-specialty interviews

- PGDiTs apply to sub-specialty training via a national competitive programme coordinated by the RCPCH. Successful candidates have insight into the specialty (but not necessarily significant clinical experience), with a commitment to paediatric rheumatology, managing chronic disease, team working, excellent communication skills, and understanding of research, teaching, and quality improvement. The CSAC is responsible for shortlisting candidates for interviews, participating in the interviews and providing constructive feedback to unsuccessful candidates.

SPIN (special interest module) applications.

- PGDiTs may wish to undertake SPIN training instead of sub-specialty training. This programme provides structured training to prepare them to be primarily district general consultants for paediatricians with a special interest in paediatric rheumatology. SPIN training in paediatric rheumatology does not replace sub-specialty training for a PGDiT who wishes to work as a tertiary paediatric rheumatology consultant. SPIN applications are considered twice a year in May and November. Trainees will need to complete a mid-point review and then a spin completion form at the end of their SPIN training.

Career Progression Interviews (CSAC Review)

- Sub-specialty PGDiTs are required to have an annual CSAC Career Progression Interview to review their sub-specialty training. This is in addition to, and informs, the annual ARCP review for paediatric training, which is undertaken by the Schools of Paediatrics. For paediatric rheumatology, interviews are normally held alongside the annual trainees meeting in January.
- The CSAC ePortfolio review includes review of the PGDiTs' e-portfolio, supervisor reports, supervised learning events, and reflective entries. Following this, a CSAC progression form is completed on the ePortfolio.

ARCPs

- The ARCP is a Deanery process, managed by the local School of Paediatrics. The CSAC progression form and ES trainers report is part of the evidence and informs the ARCP panel.
- Individual interim meetings between PGDiTs and the CSAC can and will be arranged if concerns about training or career progression are raised by PGDiT or supervisor.

Signing off for CCT

- The CSAC will be guided largely by ES reports on the RCPCH ePortfolio (induction, mid-point, and end of post reviews). Therefore, the CSAC depend on the ES' thorough review of the PGDiTs portfolio, curriculum coverage and [Supervised Learning Events \(SLE\)](#).
- Where applicable, concerns must be raised as early as possible, and information provided about any measures you/the PGDiTs department have taken to facilitate progress.

Supporting Educational Supervisors

- Paediatric rheumatology is fortunate in having a wide group of motivated educational and clinical supervisors. As teams expand, more consultants can take on this role but may require additional support and training. CSAC are always happy to hear from new supervisors and provide information specific to Sub-specialty training as needed.
- Educational Supervisors are encouraged to attend the [RCPCH Effective Educational Supervision course](#).
- The CSAC is always happy to be contacted by an ES for advice on the supervision of any Paediatric Rheumatology PGDiT, or to provide general information specific to sub-specialty training if needed.
- If you are experiencing difficulties in satisfactorily completing your ES roles in relation to support provided by your Trust (e.g., inadequate protected SPA time for PGDiT supervision) this should be discussed at Trust and School level, as well as involving CSAC.

Supporting PGDiTs

- The CSAC will support PGDiTs to proactively interact with their local training teams to maximize access and for the protection of paediatric rheumatology training activities.
- While the majority of sub-specialty PGDiTs progress through their training without issues, there may be occasions where PGDiTs find themselves in difficulty and are struggling to progress. This is usually identified by and managed by the PGDiT and supervisor. The CSAC can, however, support both the PGDiT and supervisor, and provide specific advice related to training. Early contact is advised in these situations.

Feedback

- We aim to seek regular (annual) feedback from our PGDiTs regarding the training process, experience, and training centres. This will be summarized in our annual update, where potential support, new initiatives, and solutions can be discussed.
- PGDiTs are also asked to provide feedback on their training placement at the annual career progression interview. Occasionally, a concern may be raised by a PGDiT.
- If a PGDiT raises concern with their training, the CSAC will consult with the ES and local deanery as appropriate to address the issue.

Key Documents

Firstly, do become familiar with the Progress+ curriculum (introduced in August 2023) structure, RISR ePortfolio (formerly known as Kaizen) navigation and training requirements (the earlier, the

better) available at the weblinks below:

- [RCPCH Progress+ Curriculum and Syllabi](#)
- [RCPCH Paediatric Rheumatology Syllabus](#)

The Gold Guide is all about your training and is incredibly useful:

- [Gold Guide - 10th Edition - Conference of Postgraduate Medical Deans \(copmed.org.uk\)](#)

Certificate of Completion of training:

The [College pages](#) on the CCT process outlines the (non-negotiable) deadlines for this process, so it is worth being organized and doing as much of it in advance as possible. For most, this is a straightforward process.

If you submit after 365 days, **this will not be accepted as it is after the deadline.**

It is the PGDiT's responsibility to ensure their CCT application is submitted before the 365-day deadline.

For queries regarding Progress+ curriculum and syllabi, please contact:

qualityandtrainingprojects@rcpch.ac.uk

For queries regarding Progress+ ePortfolio, please contact:

training.services@rcpch.ac.uk

The role of the Supervisor

- Sub-specialty PGDiTs will have an Educational Supervisor and a Clinical Supervisor. They may or may not be the same person. The Educational Supervisor will ideally oversee their education and progress over the entire training programme. The Clinical Supervisor is the person responsible for the PGDiT whilst in an individual clinical placement.
- Educational and Clinical Supervisors for sub-specialty PGDiTs should be substantive paediatric rheumatology consultants who have received training in the supervisor role. Training can be from Trusts, postgraduate deaneries or the [RCPCH](#).
- PGDiTs should know how to seek early contact with their supervisor and to arrange their induction meeting as close to the start of their placement as possible.

Induction Meeting

Prior to the induction meeting, PGDiTs should ensure their educational and/or clinical supervisors are linked and can access their portfolio. Supervisors should familiarize themselves with the PGDiTs progress to date.

At their induction meeting with the Educational Supervisor, we encourage PGDiTs/supervisors to:

- Review of recent paediatric rheumatology progression, end of placement, and Deanery ARCP reports.

- Review remaining paediatric rheumatology curriculum requirements to focus on short and medium-term goals.
- Review any generic paediatric curriculum items in which the PGDiT may want to gain additional experience.
- Discuss logistics of how/when PGDiTs can schedule rota time for specific curriculum requirements such as:
 - Specialist clinic attendance/observation: network/outreach, transition, specialist
 - National meetings/MDT attendance
 - Opportunities for SLEs
- Discussing rotation specifics:
 - Study leave & internal opportunities.
 - START plans.
 - Expected CCT date, any OOP plans.
 - Management & Leadership opportunities
 - planned self-development time (to engage in activities such as ePortfolio, teaching, quality improvement, research, and career planning)
- Discuss academic requirements: ensure that there is communication/alignment between academic supervisor and ES.
- LTFT PGDiTs may have concerns about training opportunities on days they do not work. Where possible, this should be discussed at the outset and a plan made accounting for these challenges (for example, supervised learning events focused on specialist clinics, etc.).

For PGDiTs 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 paediatric rheumatology– where registrar activity can be replaced by 'stepping up' activity.
- Signpost to any regional/national NHS management or governance training for new NHS consultants.
- Where feasible protection of time for CCT/consultant role preparation activity, with degree of reduction in some general registrar activities as capacity allows.
- START assessment outcomes (which may take place anywhere from 12-18 months prior to CCT), detailed review of the START PDP, and opportunities for safeguarding time for any remedial/upskilling activities that may be required to address any outstanding capabilities.
- 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.

Supervisor/supervision requirements

Educational Supervisors:

The ES for paediatric rheumatology PGDiTs should have completed their Deanery specific

mandated yearly training updates, following their Deanery specific initial training programme to be an ES.

PGDiTs differ in the amount of formal supervision they require. However, at a minimum, formal supervision should be documented at induction, mid-point review, and end of post. Paediatric rheumatology teams are generally small enough that trainees and supervisors are together much more frequently, and supervision may happen formally and informally within this time. It is recommended that every PGDiT receives a minimum of one hour a week allocated for one-to-one supervision. This protected time should be incorporated into your [job-plan](#) as a sub-specialty ES as per NHSE regulations or equivalent for devolved nations and should have evidence of training and ongoing CPD relating to supervision. 1-1 protected supervision time is essential, but in addition training and supervision may be achieved through discussion and support of a clinic, review of clinic letters before posting, support in preparing for a clinic, joint triaging of referrals and via remote activity.

Any training centre approved by the paediatric rheumatology CSAC should provide the above supervision structure, but regular fixed sit-down sessions may not always be needed. Additional training and supervision may be achieved through discussion and support at MDTs, 15 min reviews at the end of a ward round, telephone catchups at the end of a clinic, review of clinic letters before posting, support in preparing for a clinic, joint triaging of referrals etc., and via remote activity.

Annual Review of Competency Progression (ARCP) - Rheumatology reviews/Progress meetings

The CSAC will need completed CS and ES reports, a minimum of two weeks prior to the ARCP process to allow the CSAC enough time for reviewing progression via the CSAC progression form on the RCPCH ePortfolio.

For PGDiTs taking time out for research, the Out of Programme Research/Academic Supervision form on ePortfolio should also be completed prior to the ARCP. Preparing for your ARCP guidance can be found on the [RCPCH website](#).

Annual progression meetings

Every year you will need to attend a CSAC review/Progression Meeting –

- Meetings are scheduled for January with the annual trainee meeting. You normally attend one per training year. Your ePortfolio **needs to be up to date** - please refer to the [RCPCH e-portfolio guidance](#).
- 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 in 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 are achieving your paediatric rheumatology competencies and discuss your training year with the CSAC panel. The panel then produces a Progression report in time for your Deanery ARCP. If needed, CSAC may suggest contacting your supervisory team to support you in achieving your competencies or work through any problems. This may include seeking opportunities with other teams (e.g., pain, adult rheumatology) or in network clinics. Occasionally, CSAC may suggest extending training time, which will be discussed further at ARCP.

The CSAC review helps to ensure your smooth progression to successful CCT.

CSAC review (Progression Meeting) in detail

The meeting will be virtual or in person; this will be confirmed each year.

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

- Complete a '**PGDiT Led CSAC Progression Form**' under CSAC Progression forms, in RISR and which will be linked to the training advisor – so they can complete the remaining sections of the form at the meeting.
- **PGDiT led Educational Supervisor Trainer's Report (educational supervisor and clinical supervisor sections completed)**. Ideally use the one labelled 'for ACRP' which can be used for CSAC annual review and ARCP.
- Details of publications, conference presentations, grant applications - particularly for academic PGDiTs.
- **PDP completed** on RISR ePortfolio.
- You are also strongly encouraged to upload a completed [RCPCH guide to training progression](#) of all your training to ensure your CCT dates and rotation are appropriate.

Supervised Learning Events, Workplace-based Assessments, and curriculum tagging.

There are no minimum numbers of SLEs. PGDiTs and supervisors should aim for quality not quantity. A useful SLE will stretch the PGDiT, act as a stimulus and mechanism for reflection, uncover learning needs, and provide an opportunity for the PGDiT to receive developmental feedback.

Please review the appropriateness of tagged items and completion of the competencies during your mid-point and end of placement review with the PGDiT. Each SLE or ePortfolio item can only be tagged into one (max two) curriculum item. Multiple tagging will not improve the quality of their portfolio.

Examples of all SLEs can be found within the [curriculum document](#).

Curriculum Capabilities

At the start of their rotation, please clarify with the PGDiT how parts of their paediatric rheumatology rota can be protected for achieving curriculum capabilities.

This should be within allocated clinical days for the PGDiTs. Off days/annual leave/study leave should not be used for these activities. PGDiTs should not be required to swap into clinics on other days to attend specialist clinics during admin time as this often leads to administrative activities being pushed into OOH activities.

Cancellation of clinical activities well in advance for mandatory and essential training specified events is important.

PGDiTs are encouraged to demonstrate evidence of understanding and experience of laboratory tests and investigations appropriate to paediatric rheumatology.

Courses, conferences, and study leave

PGDiTs must attend local paediatric training days as advised by the School of Paediatrics. They should ensure mandatory requirements are met including life support and leadership and management training.

PGDiTs may be supported by their Deanery to attend up to one international conference in specialty training. Early discussion of study leave requirements can facilitate administrative team arrangements. All study leave applications should follow local deanery procedures.

In addition:

- The trainees meeting is held annually (usually in January) and includes the mandatory CSAC Career Progression Interviews. Attendance is therefore essential and should be planned well in advance. PGDiTs take turns hosting meetings at different centres.
- The BSR Annual Conference (particularly paediatric and adolescent specific days) should be attended where possible, ideally a minimum of twice in a 3-year rotation.
- Additional educational courses are run by the BSR and are often especially useful although not always paediatric-specific. PGDiTs should discuss these with their supervisor.
- The educational activities of PReS are overseen by the PReS Education and Training Committee (ETC), which is aligned to the 2016 [European Syllabus for Training in Paediatrics](#). PGDiTs may wish to attend PReS and should be

encouraged to submit abstracts of their project work. The Young Investigator Meeting (YIM) is usually of high quality and trainees should be encouraged to apply to YIM at least once during their Sub-specialty training.

- PGDiTs should also prioritize joining the trainee run teleconferences and study afternoons which will be shared through the trainee social media group.

NHS England Study Leave process and FAQs:

England - <https://lasepgmdsupport.hee.nhs.uk/support/solutions/7000016490>

Scotland - <https://www.scotlanddeanery.nhs.scot/trainee-information/study-leave/>

NB. PGDiTs are NOT required to request study leave for: laboratory visits and experience, observing specialist clinics or any other items listed within the curriculum requirements for paediatric rheumatology competencies. These activities should be arranged within the PGDiTs paediatric rheumatology rota.

These training days and learning points should be recorded using development logs in the RCPCH ePortfolio. The CSAC encourages reflections based on all learning events.

Considerations to acute changes in Rota due to unforeseen circumstances

Change in weekly timetabled activities:

The CSAC recognizes that since mid-2020 the previously stated PGDiT weekly schedules submitted by sub-specialty training centres (during sub-specialty centre applications) may have had to undergo substantial changes, including reduced face-to-face outpatient specialty activity. RCPCH guidance can be found [here](#).

The ES may support PGDiTs through:

- Advocating for sub-specialty PGDiTs (if redeployed) to be prioritized for return to at least some sub-specialty activity.
- Undertaking SLEs related to paediatric rheumatology with PGDiTs based on patients seen during redeployment.
- Building in a transition phase of return to the full paediatric rheumatology timetabled activities, which allows PGDiTs to catch up on any lost time for specific paediatric rheumatology activities e.g., observing specialist clinics.

CSAC are happy to consider accepting different and innovative ways of accomplishing the curriculum competencies. Please consider:

- Joining consultant video/phone clinics or specialist nurse clinics in the virtual format.
- PGDiTs can arrange to catch up with an adult specialty senior PGDiT/consultant to discuss patients from their adult clinic list.

- Arrange a virtual session with radiology / laboratory / allied health professionals or attend virtual teaching.
- Join a virtual 'Micro round' or 'Board round' or ward round with any allied specialty.
- Any format of 'clinic' or patient reviews (video, audio, face-to-face) can count towards clinical experience.
- Virtually join in on a network or hub clinic
- Webinars in related specialties.

Optimizing the learning experience in Paediatric Rheumatology

The ES can help to maximize the achievement of their PGDiT potential through:

1. Facilitating ease of access to experiences and resources required for their training. Optimize learning opportunities, creating a good learning environment and being creative in learning experiences.
2. Supporting the development of their interest areas where capacity allows.
3. Highlighting areas where targeted upskilling may be required and supporting personal development in these areas.
4. Overseeing sustained achievement of generic paediatric capabilities.
5. Capitalizing on peer observation and feedback also including that of other health professionals and colleagues.
6. Ensuring adequate meetings with PGDiTs to check progress and develop educational reports for CSAC reviews and ARCPs.

CCT process

You must do this in a specific period – six months before CCT date to 364 days post CCT.

Once you have an ARCP outcome 6 available on ePortfolio then you can create a new event – Completion form (CCT) to be completed via the RISR ePortfolio. Details of the process can be found on the [RCPCH | Certificate of Completion of Training \(CCT\)](#).

Further guidance on the Portfolio Pathway can be found via – [RCPCH | Portfolio Pathway](#)

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 to be a consultant. You must have START, your college membership, and an up-to-date e-portfolio.

Once you complete filling in the CCT form, you send it to the College. They validate the information and then send for final sign off, which is done by the RCPCH Officer for Training. They will then make a recommendation to the GMC.

The GMC offers a recommendation as to your suitability for the register and requests a fee to be paid (see online for current fees). Then you will be put on the register as a Paediatrician with a

sub-specialist listing of Paediatric Rheumatology.

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

Acting up as a consultant

Acting up as a consultant is an effective way to prepare yourself for a consultant role and CSAC will support PGDiTs 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 the RISR ePortfolio and further details can be found on the [RCPCH Training Guide](#).

Feedback

If you have any suggestions, issues or think of anything you feel the CSAC can support you, other ESs, training centres or PGDiTs with, do please reach out to any of the CSAC team.