

Paediatric Emergency Medicine (PEM): Educational Supervisor Guide for sub-specialty training

RCPCH / RCEM SUB-SPECIALITY
PEMISAC
2025

RCPCH Progress+

Paediatric training for excellence

This document outlines the Educational Supervision Guide for Paediatric Sub-Speciality: Paediatric Emergency Medicine (PEM) to be used by Trainees and Supervisors.

This is Version 1.0. As the document is updated, version numbers will be changed and content changes noted in the table below.

Version number	Date issued	Summary of changes
1.0	3/10/25	Updated to P+ template & Contributions by RCEM

The following guide has been produced by the Paediatric Emergency Medicine Intercollegiate Speciality Advisory Committee (PEMISAC) to help support Educational Supervisors who supervise PEM sub-speciality trainees and guide training centres responsible for the trainees.

General guidance will be followed by RCPCH / RCEM specific advice, where this differs between colleges.

Any questions for items within this guide should be addressed to the training advisors who can be contacted via the RCPCH / RCEM [PEMISAC](#) webpages.

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Who are Paediatric Emergency Medicine sub-speciality trainees?

A Paediatric Emergency Medicine (PEM) doctor specialises in the initial management of children presenting with a wide range of undifferentiated conditions. They need to make pragmatic and rapid decisions using a wide breadth of knowledge across a vast range of paediatric presentations.

PEM training may be accessed by trainees from RCPCH or RCEM training programmes.

Paediatric Emergency Medicine sub-speciality application process

RCPCH:

RCPCH PEM trainees will have been selected by the College Specialty Advisory Committee (PEMISAC) panel through a nationally competitive application process. Therefore, those trainees entering this training pathway will have demonstrated dedication and enthusiasm for this speciality as well as sufficient knowledge, ability and independent achievement to complete this training successfully.

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

Sub-speciality training is capability based, and programmes are typically two years full-time equivalent. Requests for prospective approval of up to one year of full-time equivalent training can be made to PEMISAC prior to application to sub-speciality (see appendix 1 for the approval process). This can be a maximum of 6 months of PEM and 6 months PICU which must be in grid-approved training centres, undertaken in Progress + specialty training (ST5+) and can only be used when the trainee does not otherwise have sufficient time left in training to complete grid. No retrospective approvals are possible. Relevant PhDs can be counted towards training with prospective approval for up to one year of training. The PEMISAC will also consider some time in relevant specialities in sub-speciality approved centres. Sign off for capability progression and ultimately CCT needs to be agreed with the trainee's School of Paediatrics as well as with the PEMISAC.

RCEM:

RCEM PEM sub-speciality training consists of training derived throughout the standard training programme, consolidated with a specific PEM year (WTE). RCEM trainees should have completed ST4 EM training prior to commencing the sub-speciality programme.

RCEM PEM recruitment is currently managed locally with individual deaneries advertising and interviewing for their PEM posts. Local PEM leads can seek advice from the PEMISAC on timelines, panel composition and sample interview questions.

Commented [SL1]: Have removed 2-3 years as it all things being equal it should just be 2 years WTE

Trainee and Educational Supervisor roles

Our trainees are encouraged by PEMISAC 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 PEM trainees to explore and develop the specific areas of interest within their chosen sub-speciality and also the required training in the other strands of PEM whilst ensuring they 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 PEM.

The ideal model is one of longitudinal supervision, in which trainees are allocated one ES to oversee their entire sub-speciality training programme.

Less than Full Time (LTFT) trainees

Sub-speciality trainees may be LTFT and can switch to this working pattern at any stage of training following discussion with their Deanery. Trainees 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.

Please provide early information regarding weekly activities to allow selection of working days where possible. LTFT trainees working fixed days may inadvertently miss out on training opportunities such as intrathecal lists or MDT meetings. The supervisor and trainee should consider this at the initial induction meeting to allow time to address any obvious training gaps.

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 hours work for generic paediatric competencies should be negotiated with individual Trusts on a rotation-by-rotation basis with the ES and trainee.

These posts are increasing in popularity and are associated with complexities in working patterns and funding. Please discuss with the PEMISAC for guidance.

Out of Programme (OOP) opportunities for RCPCH trainees

Trainees may take up opportunities outside their official training programme. This may include periods in research, management or education.

OOPs cannot be requested to start at the beginning of sub-speciality training. If this is required, a deferment should be requested at the time of the initial sub-speciality application. Any OOPs should commence at least six months after commencement of sub-specialty training. Please note there is a possibility that the original sub-specialty training post may not be available after an OOP, and this must be considered on application.

Most OOPs cannot be requested in the final 12 months of training prior to 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](#).

Discussion with the School of Paediatrics and local Training Programme Director (TPD) is important when considering OOP opportunities, so that the correct OOP local policies are followed as these vary across deaneries. If a trainee/supervisor feels a future OOP has the potential to be eligible for time to count towards training, they should **contact the PEMISAC** to discuss suitability and the process of approval **prospectively**. The PEMISAC will provide comment on the suitability for time to be counted from a PEM perspective. Generic paediatric capabilities also need to be considered, and therefore advice should be sought from the relevant TPD, if resolution cannot be sourced by the trainee and their supervisor

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

The role of the Intercollegiate Speciality Advisory Group (PEMISAC)

The PEMISAC comprises the Chair, two Training Advisors, Assessment Advisor, Quality Advisor and Trainee representative from each of RCPCH and RCEM. Sometimes these roles are shared. The overall remit of the PEMISAC is to ensure high quality training within the sub-speciality.

Supporting Educational Supervisors

- Educational Supervisors are encouraged to attend the [RCPCH Effective Educational Supervision course](#), or RCEM / Deanery equivalent as appropriate.
- The PEMISAC are always happy to be contacted by an ES for advice on the supervision of any PEM trainee, or to provide general information specific to sub-speciality training if needed.
- The PEMISAC will arrange an annual sub-speciality ES online meeting where all sub-speciality supervisors will be invited to attend for an update.
- 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 trainee supervision) please contact the PEMISAC as soon as possible to access support to allow you to fulfil your role.

Commented [SL2]: I think this needs taking out. I don't think you can defer for anything other than statutory reasons. ([Paediatric sub-specialty training - application guidance | RCPCH](#))

Commented [DJ3R2]: I thought the same - interestingly this is the generic text that comes from the college though

Commented [SL4]: Again do we do this? Or intend to do so? If not to remove.

Commented [DJ5R4]: We used to once and I think we should go back to it - lets keep it in as an aspiration!

Supporting Trainees

- The PEMISAC will support trainees to proactively interact with their local training teams to maximise access and for the protection of paediatric PEM training activities. The PEMISAC also undertake an annual trainee survey for feedback on training and training centres to ensure trainees are well supported to successfully complete their sub-speciality or academic training.
- While the majority of sub-speciality trainees progress through their training without issues, there may be occasions where trainees find themselves in difficulty and are struggling to progress. This is usually identified by and managed by the trainee and supervisor. The PEMISAC can, however, support both the trainee 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 trainees regarding the training process, experience and training centres. This will be summarised in our annual update, where potential support, new initiatives and solutions can be discussed.
- RCPCH trainees are also asked to provide feedback on their training placement at the annual career progression interview. Occasionally, a concern may be raised by a trainee. If a trainee raises concern with their training, the PEMISAC will liaise with the ES and local deanery as appropriate to address the issue

Within RCPCH the PEMISAC has some additional roles, with responsibility for:

Sub-speciality interviews

- Trainees apply to sub-speciality training via a national competitive programme coordinated by the RCPCH. Successful candidates have insight into the speciality (but not necessarily significant clinical experience), with a commitment to PEM, excellent communication skills, and understanding of research, teaching and quality improvement. The PEMISAC are responsible for shortlisting candidates for interview, the interview process itself and providing useful feedback to unsuccessful candidates.

Career Progression Interviews (PEMISAC Review)

- Sub-speciality trainees are required to have an annual review with the PEMISAC to review their sub-speciality training. This is in addition to, and informs, the annual ARCP review for paediatric training, which is undertaken by the Schools of Paediatrics
- The PEMISAC ePortfolio review takes place with the trainee virtually and includes review of the trainees' e-portfolio, supervisor reports, supervised learning events and reflective entries. Following this, a PEMISAC progression form is completed on the ePortfolio.

ARCPs

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

Signing off for CCT

- The PEMISAC will review all available evidence on the doctor's e portfolio in order to assess their readiness for CCT. An important part of this is the ES report and therefore we depend on the ES' thorough review of the trainee's ePortfolio. Where applicable, concerns must be raised as early as possible, and information provided of any measures you/the trainee's department have made to facilitate progress.

Commented [SL6]: I worry about this statement when in the past we have been in the situation where the ES is supportive of CCT but the documented entries within the eportfolio is clearly lacking...

Commented [DJ7R6]: I think the idea was to try to push on the ES how important their report is but I agree that we need to be balanced and avoid this document being used against us if we disagree with an ES. Have a look at my revised version

The role of the Supervisor

- Sub-speciality trainees will have an ES and a Clinical Supervisor (CS). They may or may not be the same person. The ES will ideally oversee their education and progress over the entire training programme. The CS is the person responsible for the trainee whilst in an individual clinical placement.
- ES and CS for sub-speciality trainees should be substantive PEM or PICU consultants who have received training on the supervisor role. Training can be from Trusts, postgraduate deaneries or RCPCH / RCEM.
- Trainees should know 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

There is no national induction programme for PEM training and therefore trainees should receive local induction to their new Trust, department and supervisor incorporating all necessary clinical and non-clinical information. The PEMISAC arranges a virtual meeting for trainees near the beginning of their training as an informal introduction and opportunity to ask questions, but this does not replace the local requirements.

Prior to their ES induction meeting, trainees should ensure their educational and/or clinical supervisors are linked and can access their portfolio. Supervisors should familiarise themselves with the trainee's progress to date.

At their induction meeting with the ES, we encourage trainees/supervisors to:

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

- Provision of surgical secondment time if this is incorporated through their PEM placements for RCPCH trainees
- START / FRCEM examination plans
- Expected CCT date and future career plans
- Management & Leadership opportunities
- Discuss academic requirements: ensure that there is communication/alignment between academic supervisor and ES.
- LTFT trainees 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, SLEs focused on specialist clinics etc.).

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

- Opportunities/Inclusion in consultant meetings, consultant management activities.
- Stepping up roles and opportunities specific to that sub-speciality – where registrar activity can be replaced by 'stepping up' activity.
- Signpost to any regional/national NHS management or governance training for new NHS consultants.
- 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.

Information regarding approaching a [CCT](#) can be found on the RCPCH website.

Supervisor/supervision requirements

Educational Supervisors

The ES for PEM trainees should have completed their Deanery specific mandated yearly training updates, following their Deanery specific initial training programme to be an ES. All trainers should also now be registered as an Educator on the GMC Register.

It is recommended that every trainee 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.

Any training centre approved by the PEMISAC should provide the above supervision structure, but fixed sit-down sessions may not always be needed. Additional training and supervision may be achieved through a variety of settings which may include:

- Supervised Learning Events in the clinical setting
- Case based discussions
- Attendance at morbidity and mortality / trauma review meetings
- Involvement in incident investigations and complaint responses
- Discussion and support at MDTs
- ESLEs or equivalent – see section below
- Evidence of team leadership including Trauma Team Leader (TTL)

Educational Supervisor reports

The Educational Supervisor report (for RCPCH trainees) or STR (for RCEM trainees) is vital to the running of the PEMISAC progress reviews / ARCPs. Along with the MSF it provides the panel with the richest feedback about the trainee on which the panel can make their recommendations. We appreciate that supervision takes time, but the following points are of particular benefit:

- Written in advance of progress review
- Written with reference to expectation of stage of training
- Written with reference to PDP
- Comments on particular areas of strength and achievements
- Provides a resolution level for each of the 6 Specialty Learning Outcomes where observed with comments if able
- Review of MSF with explanation of additional conversations as indicated
- Comments on specific support that may be required to achieve completion of training

Annual Review of Competency Progression

RCPCH:

The PEMISAC will need completed CS and ES reports a minimum of two weeks prior to the ARCP process to allow the PEMISAC enough time for reviewing progression via the PEMISAC progression form on the RCPCH ePortfolio. The trainees will be made aware of who their PEMISAC reviewer is, and therefore who to send their CSAC progression form to. PEMISAC provides a recommendation of progression to the ARCP panel.

For trainees 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](#).

RCEM:

For RCEM trainees, the ARCP process is completed locally by each deanery based on ePortfolio evidence and ES reports. If there are specific concerns or queries, the PEMISAC can provide advice to TPD's or trainees.

Supervised Learning Events, Workplace based assessments and curriculum tagging

There are no minimum numbers of SLEs other than the mandatory ones outlined by the Colleges themselves. Trainees and supervisors should aim for quality not quantity. A useful SLE will stretch the trainee, act as a stimulus and mechanism for reflection, uncover learning needs and provide an opportunity for the trainee 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 trainee. Each SLE or ePortfolio item can only be tagged to one (max two) curriculum item for RCPCH trainees. Multiple tagging will not improve the quality of their portfolio. Most trainees add 1-2 pieces of evidence to their e-portfolio per week during their PEM subspecialty training.

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

EDT

RCEM guidance states that higher level trainees should receive 320 hours per year (8 hours per week) of Educational Development Time (EDT). This can be a mix of clinical and non-clinical activities and must be educationally directed and tailored to the individual trainee's learning needs.

Each PEM trainee, regardless of their college, should be afforded 320 hours per year of EDT. It should be used to enhance opportunities for the PEM sub-speciality trainee. EDT should be a component part of each section of PEM sub-speciality training. It does not replace any section of the current PEM sub-speciality training programme. The recommended RCPCH Supporting Professional Activities time of 16 hours per month would be expected to be incorporated into this EDT.

EDT can include:

- Time spent acquiring additional clinical competencies
- Time spent on non-clinical management and governance work
- Personal development time including time working on their ePortfolio

It is up to the local regional training team to work EDT into their existing model, and it can be spread over the training period as locally agreed. EDT should not include rostered out-of-hours clinical shifts or on call commitments.

It is up to the ES and trainee to maintain an up-to-date PDP that makes the most of this time with regular progress reviews to ensure the trainee is on track.

Secondment time

PEM training is capability based. The PEMISAC recognises that many of these capabilities are achievable in day-to-day PEM work and that some additional competencies require time in other departments. There are differing models to how this is achieved, including blocks of secondment time, or day release from the PED. The following are likely timescales to achieve these additional competencies to the level expected of a PEM consultant:

- PICU - RCPCH trainees 6 months
- RCEM trainees 3 months (combined with 3 months paediatric medicine)
- Surgical Specialities - RCPCH trainees 6 months (including out of hours rota commitments agreed locally)

Courses and Conferences

Training days and learning points should be recorded using development logs and reflective practice logs in the RCPCH /RCEM ePortfolio. It is not sufficient to just upload a certificate of attendance.

RCPCH Trainees may be supported by their Deanery to attend up to one international conference in their Level 3 training. Early discussion of study leave requirements can facilitate administrative team arrangements.

International study leave for RCEM trainees is at the discretion of the TPDs and is likely to be restricted to one per year.

Study Leave

Although not mandatory we recommend trainees are supported to attend the following:

- RCEM / RCPCH Conferences
- PEM Trainee Conference
- Acute trauma course (ETC/ATLS/CAT)

These are in addition to the mandatory requirements for APLS and safeguarding level 3 courses (and NLS for RCPCH / ALS for RCEM) which should be kept up to date.

The courses listed in **Appendix 2** (not an exclusive list) are also considered appropriate for PEM training but must be discussed with the ES.

Learning points should be recorded using development logs in the RCPCH / RCEM ePortfolio and the PEMISAC encourage reflections based on all learning events.

All courses listed provide a framework for demonstrating expertise and capability – it is recognised that this can be demonstrated via other routes in the portfolio

Optimising the learning experience in PEM

The ES can help to maximise the achievement of their trainee potential through:

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

Feedback

The PEMISAC is committed to supporting ES and PEM training centres to support trainees to continue to complete their PEM training to an exceptional level as services continue to adapt in this time.

Therefore, if you have any suggestions, issues or think of anything you feel the PEMISAC can support you, other ESs, training centres or trainees with, do please reach out to any of the PEMISAC team.

Appendix 1: RCPCH Trainees seeking pre-approval of prior training to count towards PEM sub-specialty training

RCPCH PEM sub-specialty training is 2 years (WTE) duration comprising 12 months PED, 6 months PICU, and 6 months surgical specialties. Trainees may, if they so wish, count up to 12 months training (undertaken during specialty level ST5-7) towards PEM sub-specialty training (comprising a maximum of 6 months of PED and/or 6 months PICU) following the **prospective** approval from the RCPCH PEMISAC i.e. in advance of starting any rotation trainees are wishing to count.

How do I go about requesting approval?

Trainees wishing to seek such prospective approval must in the first instance approach a member of the RCPCH PEMISAC of their intention to do this. In order for approval to be granted the proposed training must fulfil 4 requirements:

1. The training is undertaken in a PEM sub-specialty training approved centre.
2. The trainee will have the same training opportunities as a grid trainee proper. This must be confirmed **in writing** to the CSAC by the educational supervisor.
3. Once 1 and 2 are established, the trainee will be granted access to the PEM sub-specialty curriculum on the ePortfolio.
4. Following successful appointment to a grid post, an early CSAC review will take place to determine if the trainee has demonstrated and documented their learning and acquisition of key capabilities on the ePortfolio (as is expected of all grid trainees once in post).

Do not underestimate the length of time required for points 1-3 to be achieved. It would be in your interests to seek out approval as early as possible as well as liaising with your local TPD so that any future suitable rotations can be carefully planned.

The rest of this document concerns the above point 4.

What if I don't evidence my training prior to starting grid proper?

Training is capability- and not time-based. Therefore, undertaking a PED or PICU rotation does not in itself mean that this time is automatically counted towards PEM sub-specialty training.

The RCPCH PEMISAC **will not recognise** time spent in these rotations without the sufficient documentary evidence of learning and acquisition of key capabilities against the PEM sub-specialty curriculum in the ePortfolio (commensurate to the amount of training time wishing to be counted).

In this situation the trainee would need to apply to their TPD/HoS for consideration of their training time to be extended to allow them to complete sub-specialty training.

What do I need to do once I have access to the PEM sub-specialty curriculum?

Good engagement with the ePortfolio is required in order to reflect your experience and development as a PEM clinician. Don't forget that you will need to address any curricular and evidence gaps for all subsequent CSAC reviews, so you should include the following:

- Evidence of your resuscitation courses and safeguarding courses completed and in date.
- Supervised Learning Events and MSF should be used to document your experiences and learning with a variety of cases and assessors.
- Documentation of initial educational supervision meeting and a current Educational Supervisor Trainers report, with a separate clinical supervisor's report if your Ed Supervisor is not also your clinical supervisor.
- Personal Development Plans in a SMART format. Please ensure that where available, evidence to support that learning objectives have been met is included. We recognise that some PDP items will not have been completed.
- Evidence that you are achieving key capabilities in each speciality learning outcome of the PEM sub-specialty curriculum. Evidence uploaded to your portfolio should be tagged to the PEM curriculum. Multi-tagging single pieces of evidence to multiple domains and key capabilities should **not** be done.
- Regular reflective practice. It is useful to also include a reflective summary of each post. In particular reflection on any serious untoward incident (SUI) or complaint you have been involved in.
- Use of the different Development logs that include clinics; teaching; presentation; education meetings; management; governance; certified courses; clinical question; research; reflective event; service experience.
- Skills log should be utilised to document procedures that you have undertaken including (but not just) airway management, vascular access, POCUS, fracture reduction and manipulation etc.
- Record of teaching activities ideally with feedback and reflection.
- Attendance at educational meetings/training/courses with reflection and specific learning points.
- Involvement in research and audit.
- Management experience such as:
 - Governance - incidents and complaints, audit and QI
 - Management - service planning and departmental meetings
 - PED shop floor ESLE

As you are not formally undertaking PEM sub-specialty training your Deanery still expects you to achieve competencies against the General Paediatric sub-specialty curriculum, as well as those of the generic specialty syllabus i.e. you will need to evidence against 3 curricula in total. This is especially important in the event of an unsuccessful PEM grid application where you will default to the General Paediatrics training pathway.

How will my prior training be assessed?

If you are successfully appointed to a grid training post proper a review panel comprising 2 members of the RCPCH PEMISAC will review your ePortfolio. This will take place upon formally entering grid training. The panel members will already have access to your ePortfolio and review the documentary evidence pertaining to the training rotation/s that are wishing to be counted.

The purpose of the CSAC review is to gauge your sub-speciality PEM progress only. You must also ensure adequate progress against and achievement of the generic speciality level paediatric competencies. These are assessed by your own local deanery at ARCP. If you have any queries regarding this you should address them with your own educational supervisor/TPD/HoS.

What can I expect to happen at the CSAC review?

The CSAC review panel will meet virtually with you to discuss your ePortfolio and determine your sub-speciality progress based on the evidence presented. Your nominated ePortfolio reviewer will have looked at your submitted ePortfolio and will then make a recommendation for the training period that you wish to be counted. Your reviewer will communicate this to you at the meeting. They will offer feedback regarding your attainment of the Progress+ PEM curriculum learning outcomes as well suggesting future goals and objectives for your remaining training time. You will have an opportunity to discuss your prior training as well as raise any queries you may have. After the meeting the panel's decision will be recorded on a CSAC progression review form that you will have sent them in advance.

If there is insufficient evidence for the training time to be counted, this will be communicated to your local ES/TPD/HoS so that an extension of your training time can be considered to allow you to complete sub-specialty training. An extension to your training time can only be conferred by your deanery and it is not in the gift of PEMISAC to either provide or guarantee this.

Appendix 2: Course suggestions

Learning outcome	Key capability	Suggested courses
Recognises, assesses and manages the full range of paediatric emergency conditions	Manages the critically ill neonate, child and young person	APLS/EPALS NLS
Recognises, assesses and manages the full range of paediatric emergency conditions	Assesses, diagnoses and manages the patient presenting to the PED with major trauma	ETC CAT (Sheffield Children's Advanced Trauma) ATLS EMSB (Acute burns course)
Recognises, assesses and manages the full range of paediatric emergency conditions	Assesses, diagnoses and manages the patient presenting to the PED with minor trauma	PLUM (HEE YH) Specific musculoskeletal courses e.g. Pulvertaft Hand Course (Derby) EM radiology Course
Recognises, assesses and manages the full range of paediatric emergency conditions	Identifies and manages acute mental health conditions in the PED	APEX
Recognises, assesses and manages the full range of paediatric emergency conditions	Assesses and manages presentations that suggest physical or psychological abuse	ELfH level 3 safeguarding
Recognises, assesses and manages the full range of paediatric emergency conditions	Manages the processes following an unexpected death in the PED	
Assumes the role of paediatric emergency team leader and takes responsibility for this domain of service	Leads a multi-speciality trauma team	ETC CAT (Sheffield Children's Advanced Trauma) course ATLS APLS/EPALS EMSB (Emergency Management of Severe Burns)
Performs high-level clinical and technical skills and procedures in the paediatric emergency setting	Demonstrates the clinical knowledge necessary to manage the range of problems seen in the PED	APLS/EPALS Cadaveric airway course RSI simulation course

		Paediatric Sedation course POCUS/CACTUS course PEM Sub-speciality Trainees Conference Acute Toxicology Course
Performs high-level clinical and technical skills and procedures in the paediatric emergency setting	Employs the technical skills required to manage patients in the PED	APLS/EPALS Cadaveric airway course RSI simulation course Paediatric Sedation course POCUS/CACTUS course PEM Sub-speciality Trainees Conference
Liases effectively with pre-hospital, hospital and community specialist teams	Manages a PEM department and its interactions with the hospital and community	EM Leaders Equality and diversity training
Effectively manages and coordinates patient flow, staffing, safety and quality in a PED	Recognises ED crowding, and implements effective strategies to relieve it as quickly as possible while maintaining safety and quality of care	QIP courses Management and Leadership Courses
Demonstrates the ability to make pragmatic and rapid decisions across a broad range of paediatric emergencies	Leads and manages a paediatric emergency	HMIMMS MIMMS PEM Sub-speciality Trainees Conference