

Generic Syllabus for Specialty Paediatric Training

Version 3

Approved by the GMC for implementation from 1 August 2023

This document outlines the syllabus to be used by doctors completing Core Paediatrics training in the United Kingdom (UK). It accompanies the RCPCH Progress+ curriculum and Assessment Strategy.

This is Version 3. 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
Version 2	August 2023	Document reviewed as part of the Shape of Paediatrics Training review. ‘RCPCH - Using the syllabus’ (page 3) updated - reference to Level 1, 2 and 3 removed and replaced with core and specialty training. ‘Using the Syllabus with ePortfolio’ (page 6) updated. Learning Outcomes and Key Capabilities amended. Illustrations rewritten into scenarios
Version 3	October 2024	LO6 – a new illustration covering an audit concerning sustainability. LO7 – a new illustration covering project work addressing sustainability. LO11 – a new illustration covering the review of policies through a sustainability lens.
Version 3	February 2026	LO3 – Removed asterisk and footnote referring to DOPS as not relevant to specialty level

Introduction



This syllabus supports the completion of the RCPCH Progress+ curriculum and should be used with the curriculum document and Assessment Strategy.

The purpose of the curriculum is to train doctors to acquire a detailed knowledge and understanding of health and illness in babies, children and young people. The curriculum provides a framework for training, articulating the standard required to work at Consultant level, through key progression points during their training, as well as encouraging the pursuit of excellence in all aspects of clinical and wider practice.

The curriculum comprises Learning Outcomes specifying the standard trainees must demonstrate to progress in training and attain a Certificate of Completion of Training (CCT). The syllabi support the curriculum by providing further instructions and guidance on how the Learning Outcomes can be achieved and demonstrated.

In the context of clinical training and service the term “babies, children and young people” is a common term used by those working in paediatric and child health areas to mean any of those instances in context with clinical training or service. Therefore, in relation to the assessment, the trainee needs to achieve the capabilities for either a baby, child or young person.

Using the Syllabus

Paediatric trainees are required to demonstrate achievement of generic and sub-specialty or General Paediatric Learning Outcomes throughout their training period.

For core trainees (ST1 – 4), there are 11 generic paediatric Learning Outcomes. For specialty training (ST5 – 7), there are a further 11 generic paediatric Learning Outcomes and several additional Learning Outcomes in either General Paediatrics or the sub-specialty to which the trainee has been appointed.

This syllabus contains five interlinked elements, as outlined in Figure 1, which illustrates how each element elaborates on the previous one.

Elements of the Syllabus

The Introductory Statement sets the scene for what makes a Paediatrician.

The Learning Outcomes are stated at the beginning of each section. These are the outcomes which the trainee must demonstrate they have met to be awarded their Certificate of Completion of Training (CCT) in Paediatrics. Progress towards achievement of the Learning Outcomes is reviewed annually at the Annual Review of Competence Progression (ARCP).

Each Learning Outcome is mapped to the General Medical Council (GMC) Generic Professional Capabilities framework. Each trainee must achieve all the Generic Professional Capabilities to meet the minimum regulatory standards for satisfactory completion of training.

The Key Capabilities are mandatory capabilities which must be evidenced by the trainee, in their ePortfolio, to meet the Learning Outcome. Key Capabilities are therefore also mapped to the GMC Generic Professional Capabilities framework.

The Illustrations are examples of evidence and give the range of clinical contexts that the trainee may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the trainee and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive and excellent trainees may produce a broader portfolio or include evidence that demonstrates deeper learning.

The Assessment Grid indicates suggested assessment methods, which may be used to demonstrate the Key Capabilities. Trainees may use differing assessment methods to demonstrate each capability (as indicated in each Assessment Grid), but there must be evidence of the trainee having achieved all Key Capabilities.

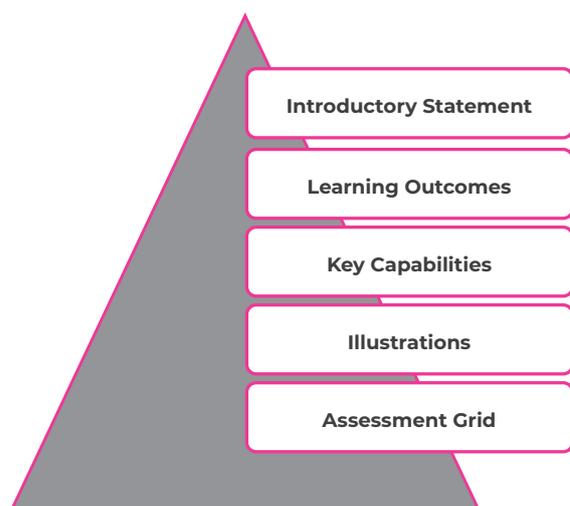


Figure 1: The five elements of the syllabus

Using the Syllabus with ePortfolio

The ePortfolio is used to demonstrate a trainee's progression using assessments, development logs and reflections. Events should be linked to the Progress+ curriculum specifically against the Key Capabilities at the appropriate level.

Further guidance on using the ePortfolio is available on our website: <https://www.rcpch.ac.uk/resources/rcpch-eportfolio-guidance-doctors>



Paediatrics Introductory Statement

A Paediatrician is a doctor with the knowledge and skills to manage a wide range of health problems and concerns in babies, children and young people. Paediatricians are not bound by age group or organ. They manage patients with all kinds of problems, from acute, life-threatening illness to chronic disease and health promotion in ages from the newborn to the late adolescent.

The Paediatrician is particularly expert in the investigation and diagnosis of babies, children and young people with undifferentiated symptoms and signs. They initiate treatment that may be delivered and continued by themselves or by another person or team, according to the needs of the patient.

Paediatricians are also experts in providing an interface between other professionals and agencies to co-ordinate the delivery of optimal care. They are able to step in to lead and oversee individual, tailored care whenever appropriate.

As a result, Paediatricians develop a wide variety of skills allowing them to provide holistic child-centred care across the full range of paediatric specialties.

They may develop significant expertise in specialised paediatric areas but will always maintain their knowledge and skills across the full breadth of child health. This allows care for the majority of sick and unwell babies, children and young people to be supervised by a single doctor.

Curriculum Learning Outcomes

	Core Learning Outcomes	GMC Generic Professional Capabilities
1.	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.	GPC 1, 5, 6, 9
2.	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.	GPC 2, 3, 5, 8
3.	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.	GPC 2, 3, 5, 8
4.	Considers the full range of differential diagnosis, treatment and management options available, including new and innovative therapies, relevant within <GENERAL PAEDIATRIC/SUB-SPECIALITY>; anticipating the need for transition from paediatric services and planning accordingly.	GPC 2, 3, 5, 8
5.	Works with the wider healthcare community promoting wellbeing, physical and mental health to improve the health of babies, children and young people.	GPC 1, 4, 5
6.	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.	GPC 5
7.	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.	GPC 1, 2, 3, 4, 6

8.	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.	GPC 6
9.	Independently leads the process of safeguarding for babies, children and young people, including assessment, investigations and reporting.	GPC 1, 2, 3, 5, 7
10.	Demonstrates the required knowledge, skills and attitudes to provide appropriate teaching, learning opportunities, supervision, assessment and mentorship in the paediatric healthcare setting.	GPC 2, 8
11.	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.	GPC 2, 5, 9



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**We want you to show
interest, be direct and know
what you are doing..**

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Professional Values and Behaviours

This domain requires the trainee to develop their knowledge of the current legal framework related to babies, children, young people, families and carers to their clinical practice (eg adoption and safeguarding).

This is in the context of the skills of self-regulation and applying a self-regulatory approach to their own behaviour and demonstrating the professional qualities required by a paediatrician undertaking independent practice.

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Always be friendly to young people.

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Curriculum Learning Outcome 1

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.	GPC 1, 5, 6, 9
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Key Capabilities

Demonstrates leadership in the management of relationships where religious or cultural beliefs may cause conflict between children, young people and families and healthcare professionals.	GPC 1, 5
Acts as a role model to colleagues by demonstrating a flexible, holistic, reflective, evidence-based approach to practice.	GPC 1, 5, 9
Practises independently in a safe manner.	GPC 1, 6

Illustrations

1.	The trainee reviews a 15-year-old girl in the Emergency Department following an overdose of paracetamol. She has told the nurse that she is pregnant, but afraid to tell her mum or boyfriend who is 20-years-old. Her paracetamol level at four hours does not require immediate interventions. The trainee discusses her concerns and how the team might support her decision making. Afterwards, the trainee reflects on the case in their developmental log also considering the safeguarding concerns and the young persons perception of consent to sexual activity and healthy relationships.
2.	The trainee sees a 14-year-old boy brought to hospital by the police having been caught after coming off a stolen motorcycle. He regularly truants from school and gets into trouble. His dad has been contacted and refuses to come saying "I am sick of him, he's on his own now, I don't want him home". He has a broken arm. The trainee considers issues about consent, parental responsibility and the safeguarding concerns and explain these to the police, the paediatric team and the young person. Following this, the trainee discusses the case with their supervisor and completes a LEADER-CBD.

3.	<p>In the clinic the trainee sees a young person for a history of constipation and abdominal pain. They notice that the young person is obese. They explain what this might mean for the young person and what help is available to support them in losing weight. The trainee agrees a plan with them and their family and makes a referral to the local weight loss clinic.</p>
4.	<p>The trainee arrives for a night shift to find that a team member is unwell and there are a large number of children awaiting a review on the Assessment Unit. The trainee receives handover from their colleagues and plans with the nurse in charge the order in which children will be reviewed. They contact the on-call Consultant to explain the situation and ask them to provide support as they do not feel the current workload is safe.</p>
5.	<p>The trainee undertakes a routine new patient clinic. The trainee sees each patient in turn and agrees management plans with the families. After the clinic, they discuss any particularly difficult cases with their supervising Consultant. They dictate clinic letters confirming the management plan and any changes for each patient and review the letters when they are sent back for validation. The trainee reflects on this using their developmental log.</p>
6.	<p>You are working closely with the Community Children's Nurses and they ask you how to write a death plan for some of the children under their care. You are asked to comment on:</p> <ul style="list-style-type: none"> • What should the content of a death plan be? • How would you go about engaging families in writing a death plan?
7.	<p>A girl aged 14 visits her GP alone. She says that she has been sexually assaulted by a 19 year old boy from the youth club. She does not want the GP to tell anyone she just wants to be "checked over" to make sure she has not "been damaged". The GP phones for advice. What would you tell the GP to do?</p>

Professional Skills and Knowledge: Communication

Within this domain, the trainee will work increasingly in an unsupervised role within multi-disciplinary teams and apply communication skills with children, young people and families/ carers in a range of environments and challenging situations.

Communication skills will be developed across the entire range of paediatric healthcare settings and all levels of complexity.



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I want doctors to listen to me
when I am ill.

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Curriculum Learning Outcome 2

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.	GPC 2, 3, 5, 8
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Key Capabilities

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.	GPC 2, 3
Models and teaches effective active listening skills in consultation with children and young people.	GPC 2, 3, 8
Demonstrates to others how to manage an effective consultation, including communicating a diagnosis and prognosis effectively to children, young people and their families.	GPC 2, 3
Leads MDT in a range of situations with children, young people and their families, including challenging circumstances.	GPC 2, 3, 5
Demonstrates effective communication with external agencies, including authoring legal documents and child protection reports.	GPC 2, 3, 5



Illustrations

1.	<p>A 14-year-old girl with chronic fatigue syndrome has felt unable to return to school despite a realistic management plan for a phased reintroduction. She is afraid of becoming more unwell if she exerts herself and her parents continue to be concerned that she requires further investigations to rule out a treatable cause for her fatigue. The trainee reviews the notes and explains previous investigations to the family. The trainee explains the diagnosis and invites a Physiotherapist into the clinic to discuss a graded exercise plan. Together they agree a return to school plan with the young person and her family.</p>
2.	<p>A two-year-old child with spinal muscular atrophy is seen in the clinic following admission with a chest infection. This is now the third admission to hospital in seven weeks. His parents understand this is a life limiting condition and want to discuss an “end of life plan”. The trainee listens to the family’s concerns allowing time for them to share their conflicting feelings about this step. The trainee refers the family to the local palliative care lead and after discussion of the case, they complete a CBD together.</p>
3.	<p>The trainee is joined by a medical student in the clinic. Together they see an eight-year-old child with a history of abdominal pain. The GP has sent bloods, including a tissue transglutaminase which is raised at 400. The trainee explains the diagnosis of coeliac disease to the family and offers written information and links to the Coeliac UK charity. The trainee asks their Consultant and dietician to join the consultation to make a follow-up plan.</p>

4.	A teenage girl with juvenile idiopathic arthritis emails her Consultant to report ongoing and increasing pain in multiple joints. She is due a telephone clinic appointment and has asked to speak with the Physiotherapist, Occupational Therapist and medical team at the same time. The trainee discusses this with the other members of the MDT and organises for several team members to join a video consultation. The trainee chairs the discussion, ensuring that the young person is heard and that there is input from all professionals present.
5.	A five-year-old child is brought in for a child protection medical following an allegation of physical abuse. The trainee conducts the medical and produces a comprehensive written report to be shared with the social services team. They then attend the child protection conference and verbally communicate the concerns they raised in the report to the other agencies in attendance. They are supported by their Consultant, who proofreads the medical report and completes a DOC assessment for the trainee.
6.	A seven-year-old presents unwell to the Emergency Department and is found to be a new diagnosis of type 1 diabetes in DKA. He is admitted to the ward for management. Whilst there the trainee explains the diagnosis to the patient and his family, goes through the immediate and more long term management and prognosis with them and answers the many questions they have with empathy and clarity.
7.	An eight-year-old boy presents to the Emergency Department with a life-threatening exacerbation of asthma. He is intubated and stabilised by the local team. The trainee makes the referral to the retrieval service and provides them with a thorough verbal handover when the retrieval team arrives.
8.	A 15 year old trans girl is admitted to the hospital for IV antibiotics for pneumonia. The trainee acknowledges her gender dysphoria in the hospital, where her name has not yet been changed on NHS spine and affirms her identity by using the correct name and pronouns when addressing the young person, as well as in the notes and handover.

Professional Skills and Knowledge: Clinical Procedures

The trainee performs all clinical skills that are required in paediatrics with babies, children and young people and confidently teaches these to junior staff.

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I would like to know exactly what is going to happen before any procedure.

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Curriculum Learning Outcome 3



Capable in the full range of clinical skills relevant within GENERAL PAEDIATRICS/ SUB SPECIALITY, including appropriately co-ordinating the skills of other health professionals, when required.	GPC 2, 3, 5, 8
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Key Capabilities

Teaches, supervises and assesses junior staff undertaking clinical procedures.	GPC 2, 3, 8
Manages and co-ordinates the response to an emergency situation.	GPC 2, 3, 5
Where defined in the GENERAL PAEDIATRICS/ SUB SPECIALITY syllabus, performs the procedures relevant to that syllabus.	GPC 2, 3
Demonstrates capability in taking consent for genetic and genomic testing applicable to GENERAL PAEDIATRICS / SUB SPECIALITY and discusses the results with children, young people and their families.	GPC 1, 2, 3

Illustrations

1.	A 14-year-old girl presents with delayed puberty. In the history, the mother mentions that she is under cardiology care for a heart condition. On examination, the trainee notes that she has very short stature. The trainee takes consent for genetic bloods to look for chromosomal abnormalities, specifically Turner syndrome and explains the reasoning behind it to both the parents and the patient.
2.	A three-day-old baby comes in with possible sepsis. The trainee talks the ST1 through the process of performing a lumbar puncture and then supervises them performing it, completing an assessment for their ePortfolio.
3.	An eight-year-old with asthma presents with a life-threatening exacerbation of wheeze. The trainee leads the resuscitation response, including preparing for intubation and instigating the medical management, as per APLS and local guidelines.
4.	A 24-week preterm baby has been in NICU for several weeks. They are known to have bilateral grade 3 IVH and due their next cranial ultrasound. The trainee performs the cranial ultrasound and then discusses the interpretation of the images with the Consultant of the week.
5.	To gain more experience of intubation, the trainee arranges a day attending an elective theatre list with the anaesthetics team. They observe and then practice airway management skills throughout the day and the Anaesthetics Consultant completes a DOPS on airway management to record this.
6.	The trainee reviews the National Test Directory, requests and consents for appropriate genomic testing, where appropriate attends MDM for test interpretation and discusses results with the family.

Professional Skills and Knowledge: Patient Management

The trainee is now becoming an expert at managing a wide range of paediatric conditions in a variety of settings.

They are moving towards independent practice and supervising junior staff. The management of babies, children and young people is now fluid and highly proficient.

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Read my notes first so we
dont have to answer the
same questions..

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Curriculum Learning Outcome 4

<p>Considers the full range of differential diagnosis, treatment and management options available, including new and innovative therapies, relevant within <GENERAL PAEDIATRIC/SUB-SPECIALITY>; anticipating the need for transition from paediatric services and planning accordingly.</p>	<p>GPC 2, 3, 5, 8</p>
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Key Capabilities

<p>Assesses the evidence base for treatment and assessment strategies, their limitations and when to act outside them with appropriate advice.</p>	<p>GPC 2, 3</p>
<p>Demonstrates leadership in encouraging children and young people to participate in their individual care, using external resources appropriately.</p>	<p>GPC 2, 3, 5</p>
<p>Supervises junior staff and supports colleagues in the assessment and management of cases which are complex or nuanced.</p>	<p>GPC 2, 3, 8</p>
<p>Anticipates the need for transition to another service, or works jointly alongside another service, to care for the baby, child or young person.</p>	<p>GPC 2, 3</p>



Illustrations

1.	A seven-year-old boy is admitted with an exacerbation of asthma. They are unable to tolerate a dose of oral prednisolone and the trainee discusses with their Consultant the efficacy of offering dexamethasone as a more palatable alternative. They agree that this would be appropriate and the trainee completes a CBD later in the day to record their conversation.
2.	A 10-year-old girl with type 1 diabetes finds it difficult to tolerate her mother giving subcutaneous insulin injections which is leading to suboptimal treatment. The trainee helps the patient to learn how to administer their own injections which she finds easier to tolerate. The young person writes a thank you note which the trainee anonymises and scans onto their portfolio.
3.	A 14-year-old boy who is at the early stages of transition from female to male presents with abdominal pain. The trainee explains to their STI colleague about preferred pronouns and using the young person's preferred name, even when this is not the name on the patient record. They discuss the importance of considering gynaecological causes for abdominal pain and how to explore this openly with the young person. Afterwards the trainee completes a reflection in their portfolio.
4.	A 15-year-old girl is seen in the clinic for management of her epilepsy. The trainee explains the process of transition to adult services and offers the young person part of the consultation on their own, without a parent present. They plan the next clinic review in the joint transition clinic. The trainee records this experience in their developmental log.
5.	A two-year-old boy who was born at 24 weeks gestation is seen in the neonatal follow up clinic. The trainee recognises that there is significant motor delay and that there is an increased tone on the left side. They explain the findings to the family and organise further investigations with referral to physiotherapy and the cerebral palsy clinic.
6.	The trainee recognises family histories, case histories and clinical assessments that may suggest an underlying genetic diagnosis and arranges appropriate genomic investigation.

Capabilities in Health Promotion and Illness Prevention

This domain requires the trainee to consider the promotion of health from a leadership perspective. The domain covers health promotion, prevention and public health, including global aspects.

The trainee considers these concepts from the perspective of not only the individual baby, child, young person and family but also from a strategic service and population perspective.

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It needs to be information for different ages.

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Curriculum Learning Outcome 5

Works with the wider healthcare community promoting wellbeing, physical and mental health to improve the health of babies, children and young people..	GPC 1, 4, 5
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Key Capabilities

Understand the impact of wider economic, cultural and social factors which impact on mental and physical health at a population level.	GPC 4
Demonstrates leadership and understanding of the systems that enable clinicians to analyse data relating to the patients under their care.	GPC 4, 5
Utilises local, national and international health information in order to advocate for systems and policies which promote health and reduce inequalities.	GPC 1, 4
Understands contextual barriers to accessing healthcare and adapts practice to reduce these.	GPC 4
Demonstrates leadership in health promotion by undertaking educational and/or quality improvement activity in this area across professional groups	GPC 4, 5
Evaluates the way that patients and families use the health system and adapts their practice to encourage self-management and early engagement.	GPC,4
Shows involvement in 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.	GPC 4, 5

Illustrations

1.	The trainee notes that there has been an increase in children and young people presenting with mental health difficulties during the COVID-19 crisis and undertakes a review of locally available support for children and young people. They supervise a junior trainee in designing a patient information leaflet, signposting children and young people to these and presents the work at a regional quality improvement forum.
2.	The trainee would like to better understand patients' and families' use of telephone and video consultations as well as barriers to use and undertakes a service evaluation of remote consultation work being carried out in their Trust. They then present their work at the departmental meeting and work with senior Clinicians and MDT outpatient staff to develop a remote consultation pathway for the department, taking into account the broader principles including safeguarding and digital poverty/availability.
3.	The trainee reads about the British Paediatric Surveillance Unit. They discuss the role of the BPSU with their supervisor, observe reporting of a case and then complete a CBD, focusing on systems enabling data analysis.
4.	The trainee identifies that opportunities for health promotion (smoking cessation advice, vaccination promotion, highlighting current public health guidance etc.) are being missed when patients are admitted to the short stay unit. They undertake an audit of the proforma use and then work with the senior nursing team to develop a new admission proforma with a section that specifically addresses health promotion. They deliver a teaching session to the medical and nursing teams and then re-evaluate the proforma after a period in use.
5.	The trainee reads and analyses literature on the COVID-19 pandemic to better understand the process of epidemic and pandemic management. They attend a local management meeting focusing on the topic and complete a CBD discussion with their supervisor.
6.	<p>A 12 year girl with asthma comes to clinic for review she tells you that she is thinking of stopping her inhalers because they contribute to the climate crisis.</p> <p>You respond by acknowledging her anxiety about the planet and then explain that the best thing for her and the planet is to have good asthma control so that she does not get poorly, need to use her rescue treatment and need hospital admission. She should have a review of her inhaler technique, a step up /step down plan and can be monitored using exhaled nitric oxide. Depending on her ability and wishes, her preventers could be changed to DPIs which would reduce carbon footprint. She should be reassured that if her control is good she should need less rescue salbutamol from her MDI. She should be encouraged to return empty/out of date inhalers to the pharmacy for safer disposal.</p>
7.	A 15 year trans old boy is seen in ED. The trainee uses their understanding of both racism and transphobia as social determinants of health to form an intersectional understanding of their physical and mental health
8.	A trainee moves to a new geographical area and is unfamiliar with the ethnic and cultural make up of the new local population. By seeking to learn more about these population differences they are demonstrating a keenness for social awareness and recognising the importance of equality, diversity and inclusion as part of healthcare management.

Capabilities in Leadership and Team Working

The trainee leads a multi-disciplinary team, promoting an open culture of learning and accountability by challenging and influencing the behaviour of colleagues and supporting the development of their leadership qualities and critical decision-making skills.

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I would like more activities in waiting areas..

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Curriculum Learning Outcome 6

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.	GPC 5
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Key Capabilities

Takes an active role in promoting the optimum use of healthcare resources.	GPC 5
Works closely with all professional groups involved in creating a comprehensive care pathway.	GPC 5
Addresses challenging behaviour within the team and retains leadership qualities in situations of stress and conflict.	GPC 5
Engages effectively with stakeholders such as children, young people, families, charities and other healthcare organisations to create and/or sustain a family centred service.	GPC 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.	GPC 5
Retains leadership qualities in situations of stress and conflict.	GPC 5

Illustrations

1.	The trainee reads an article on the efficacy of antibiotics in the treatment of tonsillitis and otitis media in children. They use data from a local prescribing audit to highlight local practice to their team and organise departmental teaching to share their learning and advocate for best practice. They complete a developmental log to record their learning.
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2.	<p>A nine-year-old boy is recovering from spinal surgery. The trainee co-ordinates a meeting of the medical team, physiotherapy, occupational therapy, the play therapist and the family to discuss the plan for rehabilitation and a referral to the regional neurorehabilitation service. Afterwards the trainee sends an invitation for Multi-Source Feedback to the different members of the MDT.</p>
3.	<p>The parent of a seven-year-old girl is stood at the nursing station demanding their child be seen immediately. The parent is becoming aggressive and intimidating. The trainee introduces themselves to the parent and apologises that they have been waiting. They politely and clearly ask the parent to remain civil with all members of the team and agree a plan to briefly review the child to ensure they are safe to wait for a full assessment. The trainee completes a developmental log to record their feelings on the event.</p>
4.	<p>A five-year-old boy with a degenerative neurological condition requires an ultrasound of his kidneys. He has significant sensory difficulties and has not tolerated previous investigations or admissions. The trainee speaks to the family on the phone to organise an elective admission around the time of the scan. They coordinate this with the play therapist, learning disabilities nurse, radiologist and the child's Consultant to ensure there is a clear plan of support in place for the attendance. They anonymise a copy of this plan and upload it to their ePortfolio..</p>
5.	<p>A 14-year-old young person is admitted with an acute exacerbation of their asthma. A paediatric trainee notices that they have been prescribed sulbutamol metered dose inhalers for management of their acute symptoms. They talk to the young person about medical management of their asthma. The trainee asks them if they would like information on the carbon footprint of their treatment including lower carbon options and they are keen to discuss this. They disclose that they had worried about disposal of their inhalers due to plastic waste but did not know what to do about this.</p> <p>Between them, they agree that a dry powdered inhaler would be a suitable choice for them, and the trainee signposts them to the YouTube video on dry powder inhaler technique.</p> <p>The trainee discusses this with the consultant who suggests an audit of inhaler prescribing by paediatric consultants in your department. The trainee leads on this, the results of which highlight variation in practice. They present this along with the specialist respiratory nurses at a grand round. They link in with the paediatric pharmacists to update the local asthma guidance to incorporate recommendations around inhaler types. Together they work with the waste management team to set up an inhaler recycling point in their out-patient department.</p> <p>They reflect on the experience as an example of Leadership and Management.</p>

Capabilities in Patient Safety, including Safe Prescribing

Trainees will consider all aspects of patient safety and prescribing practice. This will occur unsupervised and the trainees will be role modelling to junior staff.

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Nothing should be more than two pages if you give us information and it has to have pictures so it is clear.

RCPCH &Us® Voice Bank 2016

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Curriculum Learning Outcome 7

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.	GPC 1, 2, 3, 4, 6
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Key Capabilities

Advises children, young people and their families about the importance of concordance and about the actions of medications, including their side effects.	GPC 4, 6
Takes account of risks to themselves and others within the clinical environment, including those related to personal interactions and biohazards.	GPC 1, 6
Participates in investigating, reporting and resolving serious incidents, including through communication with children, young people and their families.	GPC 2, 3, 6

Illustrations

1.	The trainee is asked to provide a statement for a significant event investigation. Using their notes, they produce a detailed and thorough statement, clearly communicating a factual and objective account of the events that they were involved with.
2.	The trainee is asked to assist with repeat prescription requests. The medication is a controlled drug with potential addictive qualities and the repeat prescription is out of sync, suggesting possible excessive use. They flag their concerns and make contact with the requester to gather more information
3.	A department introduces a new policy for managing aerosol generating procedures. The trainee takes part in local teaching in order to become familiar with the available personal protective equipment and how to safely don and remove this in the clinical environment.

4.	<p>The trainee is asked to prescribe an unfamiliar medication for a patient they have not met before. The trainee makes time to read the BNF and local protocol for prescribing the medication and checks their prescription with the hospital pharmacist.</p>
5.	<p>Whilst working on their local paediatric assessment unit a paediatric trainee notices that the default option on the electronic prescribing protocols is often in liquid form for all ages of children. They are aware that tablet options are available and switching to tablets would help to reduce the carbon footprint associated with medications as well as the cost.</p> <p>The trainee works with their paediatric department to review the prescribing practices on your assessment. They work with the pharmacy team to update guidelines and electronic prescribing protocols to ensure that tablet options at appropriate doses can be prescribed for children of different ages instead of having only liquid options. They engage the staff working on the assessment unit, from healthcare workers, play therapists, nurses and doctors, and encourage them to complete training on Kidzmed (https://www.e-lfh.org.uk/programmes/kidzmed/) to enable them to teach children from 5 years, and their parents, to take tablets. This training also helps to change prescribing practices on the assessment unit as more staff become aware that many children can take tablets and consider this when starting medications.</p> <p>They reflect on this as a Development Log – Governance.</p>

Capabilities in Quality Improvement

The trainee will demonstrate skill in optimising opportunities for improvement. This includes improvement across a range of areas, such as patient care, service delivery and management. The trainee is now an automatic reflective practitioner.

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We don't like leaflets with lots of words as we can't read them.

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Curriculum Learning Outcome 8

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.	GPC 6
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Key Capabilities

Responds appropriately to health service targets and participates in the development of clinical services.	GPC 6
Employs the principle of evaluation, audit, research and development to improve healthcare, including children and young people's experiences.	GPC 6
Applies understanding of national and local regulatory bodies, particularly those involved in standards of professional behaviour, clinical practice and education, training and assessment.	GPC 6

Illustrations

1.	The trainee notices that a large number of urine cultures sent by their department come back contaminated. The trainee reviews the guidelines on when to send a urine sample in different circumstances and explores the evidence around different ways to collect urine from children, reducing the risk of contamination. They share their learning with the department and design information posters to help parents and staff collect urine samples in an appropriate way to reduce the risk of contamination.
2.	The trainee would like to improve care for children and young people admitted with wheeze in their hospital. They review the available guidelines to establish a standard of care and perform an audit of current practice in their unit. They share this learning with the team and make recommendations to support adherence to the guidelines.
3.	A department wants to review the ways in which it supports trainees to work safely at night. The trainee reviews guidance from regional and national bodies on safe shift working for doctors and regulations on Junior Doctors' rota patterns. They use an understanding of the guidance to agree changes to the departmental rota and establish a hospital at night approach to paediatrics, supporting team members to take rest breaks in an appropriate environment.

4.	<p>The RCPCH Facing the Future paper sets out aspirational standards for paediatric departments providing acute care. The trainee reviews this guidance and uses key elements which they think would improve services in their department to write a presentation advocating for changes. They work with other members of their department to plan and implement achievable goals and assess their impact. They present their work at a regional quality improvement conference.</p>
5.	<p>A new STI approaches a senior colleague to ask if she can become involved in climate action QI projects.</p> <p>Her colleague is not aware of what is happening in the trust but has seen the RCPCH CCWG resources. She suggests that they find a quiet moment and look at the website together and see what they can bring to the local department. They contact the Sustainability lead at the trust to ask what activities are ongoing that the paediatric team could get involved with. They also message colleagues in the local programme to suggest that they set up a regional paediatric climate action group to support each other to develop QI projects together.</p>

Capabilities in Safeguarding Vulnerable Groups

Safeguarding of babies, children and young people is central to all aspects of paediatrics. The trainee now works proficiently and advises others about this area of practice.

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I want doctors to believe me..

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Curriculum Learning Outcome 9

Independently leads the process of safeguarding for babies, children and young people, including assessment, investigations and reporting.	GPC 1, 2, 3, 5, 7
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Key Capabilities

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.	GPC 7
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.	GPC 5, 7
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.	GPC 1, 7
Instigates appropriate medical investigations, initiating and contributing to multi-agency involvement in all forms of abuse.	GPC 5, 7
Compiles and writes a range of reports required for safeguarding work, including police statements, medical reports for social services and court reports.	GPC 2, 3, 7

Illustrations

1.	A five-year-old is admitted following an asthma attack for which her parents have been treating her at home. This is the third similar attack in many weeks but the parents are very reluctant to let the child be admitted and are wanting to take her home now. The trainee explains to the parents the importance of concordance with treatment and the risks of undertreatment of severe asthma. The trainee considers thresholds for harm within neglect and how to help the family and keep the child safe.
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2.	A 15-year-old boy has been brought to the Emergency Department by the police for assessment after he was seen putting something in his mouth and swallowing it. In his possession were some individually wrapped packets of cannabis and two phones. He has been reported missing from home on a number of occasions by his mother and has some unexplained absences from school. The trainee recognises the implications of these findings and documents the information given by the young person and the police carefully. The trainee explains to the police that they cannot share a copy of the notes and escalates appropriately to their Consultant. They are aware of a local charity supporting young people involved in County Lines and pass the details of this onto the young person.
3.	A 15-year-old girl presents with abdominal pain and is found to be pregnant. She has not been attending school and she states she is unsure who the father is, but thinks it is likely to be a 30-year-old man whom she met recently. The trainee escalates this to the safeguarding team and organises sexual health screening for the young person. The trainee contacts the duty social worker to ensure good information sharing between agencies and may be supported to make the social care referral and discuss the need for help with the girl.
4.	A 14-year-old girl is referred by her GP due to persistent and severe headaches. She attends clinic with a 19-year-old male who says is her cousin and is present to translate for her during the consultation. The trainee organises an impartial interpreter and offers the young person the opportunity to be seen without her cousin present.
5.	The trainee is informed by a midwife that the mother of a baby girl on the neonatal unit has previously undergone female genital mutilation (FGM). The Neonatal Consultant asks the trainee to discuss this with the safeguarding lead and establish if any further action is required to protect the child or share information. The trainee looks up the local FGM policy and the national guidance to inform their discussion with the safeguarding team.
6.	The trainee undertakes the formal medical examination for a non-mobile child who presented with an unexplained bruise on their face. The trainee records the history and examination and writes a medical report based on their findings and using appropriate evidence. Their departmental safeguarding lead proofreads the report and makes suggestions for improvements.
7.	A six-month-old baby presents with a history of wrist swelling and not using the right arm. An x-ray of the arm shows a mid-shaft spiral fracture of the radius. The trainee discusses the case with their Consultant and refers to social care who open a section 47 assessment. The trainee goes on to organise appropriate investigations, including a skeletal survey and medical photography. The trainee explains the investigations to the parents and obtains consent.
8.	The trainee receives a referral from a GP who has noticed an unexplained mark on a child during their six-week check. The parents do not have transport and the GP asks if they can be seen later in the week. The trainee explains the importance of a timely clinical review to the GP and organises for the child to be seen the same day.

Capabilities in Education and Training

Trainees will demonstrate the knowledge, skills and attitude to provide highly effective teaching, learning opportunities, supervision, assessment and mentorship in the paediatric healthcare setting. They will also evaluate the impact of teaching and make adjustments accordingly.



Make sure what you are saying is clear.

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Curriculum Learning Outcome 10

Demonstrates the required knowledge, skills and attitudes to provide appropriate teaching, learning opportunities, supervision, assessment and mentorship in the paediatric healthcare setting.	GPC 8
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Key Capabilities

Evaluates teaching practice in a range of contexts using a variety of methods.	GPC 2,8
Effectively uses supervised learning events (SLEs) on colleagues to develop and facilitate their learning.	GPC 8
Facilitates children, young people and their families' understanding of their condition(s).	GPC 2, 8

Illustrations

1.	A medical student joins the trainee for their out of hours shift. Together they talk to a parent who is angry that they have been kept waiting in the Assessment Unit. The trainee listens to the parent, apologises and explains why this has happened. Afterwards, the trainee explains to the student why it was important to be calm and polite with the upset parent and shares a previous experience where this helped the outcome for an unwell child.
2.	The trainee delivers a workshop at a regional conference. At the end they hand out evaluation forms to the attendees and collate the responses. They read through the evaluations, writing down the things which went well, what could have been better and then make notes on what they will do differently next time.
3.	The trainee supports a junior colleague who is interested in applying for a SPIN in their specialty, suggesting courses to attend and devising an audit together. They reflect that they find it difficult to help the colleague without just telling them what to do and therefore attend a mentoring course to learn how to build their practice in the future.

4.	The trainee is asked to support a new Advanced Nurse Practitioner in their department who is revising for their prescribing module. The trainee has a meeting with their colleague to plan how they might revise and organise some dates for teaching on particular topics they find difficult. To support this process, the trainee attends an RCPCH course on effective Educational Supervision.
5.	In order to improve lunchtime departmental teaching, the trainee organises for a regular room to be booked and shares the teaching schedule in advance. They agree that the Consultant on-call will hold and answer any bleeps and phones for the duration of teaching. They initiate a “no stupid questions” box so that members of the department can anonymously ask any question they like without the fear of judgement from others.
6.	The consultant of the week asks the trainee to lead the ward round for the morning and offers to discuss this afterwards and complete an assessment for their portfolio. During their discussion, the trainee and consultant both highlight what they think went well and share ideas about how this could be made even better. That afternoon, the trainee offers to observe an ST1 colleague assess a patient who has been admitted with abdominal pain and together they complete the same process, documenting this using a Mini-CEX.
7.	To further their skills as an educator, the trainee attends a Teach the Teachers course offered by their Regional Training Programme. They reflect on what they have learned and how to put this into practice in their workplace. They decide that they would like to explore this further and enrol on a Postgraduate Certificate in Medical Education, using examples of their practice in the workplace to evidence their course assessments and in return, taking the course skills back to their department to try out new ways of teaching.
8.	A young child is admitted following an episode of first suspected seizure. The trainee offers to observe an ST1 colleague in their assessment and examination of the child. Afterwards, the trainee makes time to explore their observation and comments that the ST1’s interaction with the parent and child was friendly and reassuring and that they could focus on their neurological examination in order to become more efficient and help explain the process to the child. They document this using a CBD in the ST1’s portfolio and then reflect on it using a developmental log in their own portfolio.

Capabilities in Research and Scholarship

Trainees are now capable of finding and using evidence-based practice to support patient care. They also use skills to support the development of guidelines, protocols and procedures.

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Be truthful, honest and direct.

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Curriculum Learning Outcome 11

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.	GPC 9
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Key Capabilities

Undertakes research and/or practises evidence-based medicine with an evaluation of the strengths and limitations.	GPC 9
Leads the development and revision of guidelines and procedures to improve service delivery.	GPC 5, 9
Explains the purpose of research trials to children, young people and their families and identifies potentially eligible patients.	GPC 2, 9
Evaluates and presents their own or other's research findings to clinical or wider audiences.	GPC 2, 5, 9

Illustrations

1.	Following a discussion about how to best manage pre-school children presenting with wheeze, the trainee forms an appropriately structured research question and uses appropriate search techniques to find papers that may help answer the question. They interpret this research to consider what would be the best practice and present this to their department at lunchtime teaching.
2.	A trainee's supervisor wants to undertake a systematic review and is looking for assistance. The trainee volunteers to participate in the systematic review, formulating a search strategy and agreeing the research question with their supervisor. They upload a copy of the methodology to their ePortfolio as evidence.
3.	A trainee volunteers to help produce a guideline for their paediatric department. They look at the published evidence in this area and apply critical appraisal techniques to identify the most appropriate evidence to inform the guideline. They work with other members of the team to review their guideline and ensure this works for the local population. They submit their work to a national conference and produce a poster for presentation.

4.	<p>A department is taking part in a multi-centre trial comparing a new medication for reflux in infants to standard management. The trainee completes Good Clinical Practice (GCP) training and is enrolled as a co-investigator. As part of their role, they identify patients who meet the trial criteria and explain to families what the trial will involve. They discuss the risks and benefits of participating and enable families to make an informed decision about their participation.</p>
5.	<p>A 13-year-old girl with congenital myotonic dystrophy is seen by the trainee in the paediatric clinic. The trainee is aware of a new trial which this young person is eligible for. The trainee explains what they know of the trial and gains consent from the young person and her parents to pass their information onto the research nurse coordinating recruitment for the study. They provide written information that is age appropriate for the young person and separate information for the parents with contact details if the family have any further questions.</p>
6.	<p>A six-year-old girl presents with perplexing symptoms and is subsequently found to have a rare condition. The trainee conducts a literature search about the condition and finds very little information on the prevalence of this condition in the UK. They contact the British Paediatric Surveillance Unit (BPSU) and become involved in a surveillance study for this condition to collect data and improve recognition and care of other children and young people.</p>
7.	<p>A paediatric trainee is doing a general paediatric clinic in a large children's hospital. A 4-month-old on your clinic list was not brought to their appointment. The trainee calls the parents at the time of the appointment as an alternative means of making contact. The dad tells them that he does not have a car and would have to take two buses to get to the hospital which is 40 miles from their home. The mum is at work and does not get paid if she takes time off which is a financial stressor for the family. The 4-month-old has dry, itchy skin. The trainee offers a video appointment which the family accept. On the video call the trainee can see that the baby has eczema and advises accordingly. They contact the health visitor who meets the family and carries out growth measurements which demonstrate that the baby is thriving and will continue to support the family.</p> <p>This experience prompts the trainee to review a recent audit of the outcomes of young people who 'were not brought'. They identify variability in practice around using alternative means to contact CYP and families who do not attend clinic. They identify that the clinic service could be adapted to deliver care in a more equitable way. Alongside the lead consultant the trainee updates the non-attendance policy to include active phone contact for all CYP who are not brought. Having reviewed the policy with a sustainability lens they recognise that by offering phone or video calls as an alternative where appropriate, it would reduce travel to the hospital site, thus reducing travel related carbon emissions with the co-benefit of reducing barriers to accessing healthcare for vulnerable families.</p> <p>The trainee reflects on the experience as a development log – Governance.</p>

Assessment grid

This table suggests assessment tools which may be used to assess the Key Capabilities for these Learning Outcomes.

This is not an exhaustive list, and trainees are permitted to use other methods within the RCPCH Assessment Strategy to demonstrate achievement of the Learning Outcome, where they can demonstrate these are suitable.

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Paediatric Case-based Discussion (ePaed Cbd)	Paediatric Mini Clinical Evaluation (Mini-CEX)
Learning Outcome 1 – Key Capabilities										
Demonstrates leadership in the management of relationships where religious or cultural beliefs may cause conflict between children, young people and families and healthcare professionals.								✓		
Acts as a role model to colleagues by demonstrating a flexible, holistic, reflective, evidence-based approach to practice.									✓	
Practises independently in a safe manner.						✓			✓	
Learning Outcome 2 – Key Capabilities										
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.								✓	✓	
Models and teaches effective active listening skills in consultation with children and young people.									✓	
Demonstrates to others how to manage an effective consultation, including communicating a diagnosis and prognosis effectively to children, young people and their families.									✓	✓

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Paediatric Case-based Discussion (ePaed CbD)	Paediatric Mini Clinical Evaluation (Mini-CEX)
Leads MDT in a range of situations with children, young people and their families, including challenging circumstances.			✓		✓			✓	✓	
Demonstrates effective communication with external agencies, including authoring legal documents and child protection reports.			✓		✓				✓	
Learning Outcome 3 – Key Capabilities										
Teaches, supervises and assesses junior staff undertaking clinical procedures.					✓				✓	✓
Manages and co-ordinates the response to an emergency situation.						✓				✓
Where defined in the GENERAL PAEDIATRICS/ SUB SPECIALITY syllabus, performs the procedures relevant to that syllabus.							✓			
Demonstrates capability in taking consent for genetic and genomic testing applicable to GENERAL PAEDIATRICS/ SUB SPECIALITY and discusses the results with children, young people and their families.			✓					✓	✓	
Learning Outcome 4 – Key Capabilities										
Assesses the evidence base for treatment and assessment strategies, their limitations and when to act outside them with appropriate advice.			✓						✓	✓
Demonstrates leadership in encouraging children and young people to participate in their individual care, using external resources appropriately.			✓						✓	✓
Supervises junior staff and supports colleagues in the assessment and management of cases which are complex or nuanced.			✓						✓	✓
Anticipates the need for transition to another service, or works jointly alongside another service, to care for the baby, child or young person.			✓						✓	✓

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (Mini-CEX)	Paediatric Case-based Discussion (ePaed Cbd)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Learning Outcome 5 – Key Capabilities										
Understand the impact of wider economic, cultural and social factors which impact on mental and physical health at a population level.		✓								
Demonstrates leadership and understanding of the systems that enable clinicians to analyse data relating to the patients under their care.						✓		✓		
Utilises local, national and international health information in order to advocate for systems and policies which promote health and reduce inequalities.		✓				✓				
Understands contextual barriers to accessing healthcare and adapts practice to reduce these.		✓				✓				
Demonstrates leadership in health promotion by undertaking educational and/or quality improvement activity in this area across professional groups.	✓	✓				✓				
Evaluates the way that patients and families use the health system and adapts their practice to encourage self-management and early engagement.		✓				✓				
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.		✓								
Learning Outcome 6 – Key Capabilities										
Takes an active role in promoting the optimum use of healthcare resources.		✓				✓		✓		
Works closely with all professional groups involved in creating a comprehensive care pathway.	✓	✓				✓		✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Paediatric Case-based Discussion (ePaed CbD)	Paediatric Mini Clinical Evaluation (Mini-CEX)
Addresses challenging behaviour within the team and retains leadership qualities in situations of stress and conflict.					✓			✓		
Engages effectively with stakeholders such as children, young people, families, charities and other healthcare organisations to create and/or sustain a family centred service.					✓			✓		
Works with non-clinical and managerial colleagues to promote an effective paediatric service which meets the needs of children, young people and their families.			✓		✓					
Retains leadership qualities in situations of stress and conflict.			✓		✓					
Learning Outcome 7 – Key Capabilities										
Advises children, young people and their families about the importance of concordance and about the actions of medications, including their side effects.	✓	✓								✓
Takes account of risks to themselves and others within the clinical environment, including those related to personal interactions and biohazards.		✓			✓					✓
Participates in investigating, reporting and resolving serious incidents, including through communication with children, young people and their families.		✓			✓					✓
Learning Outcome 8 – Key Capabilities										
Responds appropriately to health service targets and participates in the development of clinical services.		✓			✓					
Employs the principle of evaluation, audit, research and development to improve healthcare, including children and young people's experiences.		✓			✓					
Applies understanding of national and local regulatory bodies, particularly those involved in standards of professional behaviour, clinical practice and education, training and assessment.		✓			✓					

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Paediatric Case-based Discussion (ePaed CbD)	Paediatric Mini Clinical Evaluation (Mini-CEX)
Learning Outcome 9 – Key Capabilities										
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.					✓			✓	✓	
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.			✓		✓			✓		
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.					✓			✓		
Instigates appropriate medical investigations, initiating and contributing to multi-agency involvement in all forms of abuse.					✓			✓		
Compiles and writes a range of reports required for safeguarding work, including police statements, medical reports for social services and court reports.					✓	✓		✓		
Learning Outcome 10 – Key Capabilities										
Evaluates teaching practice in a range of contexts using a variety of methods.					✓			✓	✓	
Effectively uses supervised learning events (SLEs) on colleagues to develop and facilitate their learning.					✓			✓	✓	
Facilitates children, young people and their families' understanding of their condition(s).	✓				✓			✓	✓	
Learning Outcome 11 – Key Capabilities										
Undertakes research and/or practises evidence-based medicine with an evaluation of the strengths and limitations.					✓			✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Paediatric Case-based Discussion (ePaed CbD)	Paediatric Mini Clinical Evaluation (Mini-CEX)
Leads the development and revision of guidelines and procedures to improve service delivery.					✓				✓	
Explains the purpose of research trials to children, young people and their families and identifies potentially eligible patients.									✓	
Evaluates and presents their own or other's research findings to clinical or wider audiences.			✓		✓				✓	

