

## Evidencing relevant prior experience for sub-specialty training

Please read this document before emailing the appropriate CSAC Chair for approval.

Sub-specialty training is capability based and programmes are typically two to three years indicatively.

Applicants must ensure they have enough indicative time to complete the required capabilities before their agreed Certificate of Completion of Training (CCT) date, as it should not be changed to accommodate sub-specialty training.

For those applying with less than the [indicative time](#) in their chosen sub-specialty remaining before CCT, it is possible to use evidence of a maximum of one-year WTE specialty level training, UK experience or equivalent ([OOP Pause or OOP Training](#)) to ensure eligibility. This evidence must have been approved by the [relevant CSAC Chair](#) prior to the application process. N.B. Evidence of prior experience does not guarantee success in the recruitment process. There is no guarantee that capabilities will be counted towards future progress in training and they will still need to be evidenced once in a sub-specialty programme.

The generic guidance around counting prior experience are as follows:

- It can only be requested if PGDiTs do not have enough time left before their CCT date to complete sub-specialty training
- A maximum of up to one-year WTE can be requested
- It needs to be at Progress+ specialty level (ST5/6) as part of the UK paediatric training programme (e.g. not at Core level (ST1-4) or previous to joining the training programme)
- It needs to be in a sub-specialty/grid approved centre
- It requires approval from the relevant CSAC Chair

In order to help create a clearer definition of what sort of prior experience is acceptable for a trainee wishing to apply and to evidence this experience, we have asked all CSACs to complete a table which you can see below for all the sub-specialties the RCPCH recruits into.

### Paediatric Sub-specialties and duration of programmes

36 months programmes	24-36 months programmes
Neonatal Medicine	Paediatric Emergency Medicine
Community Child Health	Paediatric Nephrology
Paediatric Allergy (part of PAIID)*	Paediatric Oncology
Paediatric Clinical Pharmacology & Therapeutics	Paediatric Palliative Medicine
Paediatric Diabetes and Endocrinology	Paediatric Rheumatology
Paediatric Gastroenterology (part of PGHAN)	
Paediatric Hepatology (part of PGHAN)	
Paediatric Immunology, and Infectious Diseases (part of PAIID)	
Paediatric Inherited Metabolic Medicine	
Paediatric Intensive Care Medicine	
Paediatric Neurodisability	
Paediatric Neurology	
Paediatric Respiratory Medicine	

\* Paediatric Gastroenterology and Paediatric Hepatology programmes lead to a CCT in Paediatric Gastroenterology, Hepatology and Nutrition (PGHAN). Paediatric Allergy and Paediatric Immunology and Infectious Diseases programmes

lead to a CCT in Paediatric Allergy, Immunology, and Infectious Diseases (PAIID). These four programmes have an emphasis on only one of the paediatric specialties therefore PGDiTs need consider this when they apply and when looking to use evidence towards their application.

## **Sub-specialty tables** (in alphabetical order)

[Community Child Health](#)

[Neonatal Medicine](#)

[Paediatric Allergy, Immunology and Infectious Diseases](#)

Paediatric Diabetes and Endocrinology - TBC

[Paediatric Emergency Medicine](#)

[Paediatric Gastroenterology, Hepatology and Nutrition](#)

[Paediatric Inherited Metabolic Medicine](#)

[Paediatric Intensive Care Medicine](#)

[Paediatric Nephrology](#)

[Paediatric Neurodisability](#)

[Paediatric Neurology](#)

[Paediatric Oncology](#)

[Paediatric Palliative Medicine](#)

Paediatric Pharmacology and Therapeutics - TBC

[Paediatric Respiratory Medicine](#)

[Paediatric Rheumatology](#)

# Community Child Health

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Community Child Health	All posts which are approved for specialty level training in CCH are acceptable however some exist in highly specialist centres (e.g. The Children's Trust, Tadworth and Young Epilepsy - through the KSS Deanery) - these would count towards the year in an allied sub-specialty	Linked to CCH sub-specialty curriculum	Linked to CCH sub-specialty curriculum
Paediatric Neurodisability	All specialty level approved Paediatric Neurodisability posts which are virtually indistinguishable from specialty level Community Child Health posts can be approved for time in CCH training (as part of the mandatory 24 months in CCH posts).		

Paediatric Neurology Paediatric Palliative Medicine	All approved specialty level posts are approved for CCH training and will count towards the year in an allied sub-specialty		
Paediatric Respiratory Medicine/ Gastroenterology/Oncology/ Neonatology	All approved sub-specialty posts are acceptable will count towards the year in an allied sub-specialty		<p>Provided that trainee can demonstrate linking to sub-specialty learning outcomes in the CCH curriculum.</p> <p>E.g. skills in the holistic (inc education/ social care) management of children/ identifying the long-term health needs of chronically unwell and vulnerable children, young people and their families/ MDT / multiagency team working/transition planning and end of life planning/ care</p>
Posts in specialist centres such as SARC, CAMHS and Genetics	These posts may not be approved for sub-specialty training but will be acceptable for CCH training and will count towards the year in an allied sub-specialty. Prior approval will be needed if the posts are not already approved for specialty level training		
Child Public Health	All posts are usually acceptable however most trainees will undertake 2-3 days secondment to these posts from their CCH posts. These posts are usually arranged by trainees on an ad hoc basis and prior discussion around these places is to be recommended. If undertaken as a separate post, not a secondment, this will count towards the year in an allied sub-specialty.		

All other sub-specialties	Time in these posts will be considered for approval to count towards the year in an allied sub-specialty.		<p>Provided that trainee can demonstrate linking to sub-specialty learning outcomes in the CCH curriculum.</p> <p>E.g. skills in the holistic (inc education/ social care) management of children/ identifying the long-term health needs of chronically unwell and vulnerable children, young people and their families/ MDT / multiagency team working/transition planning and end of life planning/ care</p>
Research posts	OOPT or OOPR Posts in CCH related research will be considered for approval to count towards the year in an allied specialty.		

## Neonatal Medicine

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Neonatal Medicine	Approved Neonatal Training Centres	Skills and competencies in “core neonatal medicine”	Skills and competencies in “core neonatal medicine”
Neonatal neurodevelopmental	University College London Hospitals (UCLH)		Long term outcomes after prematurity Skills in standardised assessments MDT team working
Paediatric Cardiology +/- ECMO (please be aware that most cardiology centres suggest a 1 year placement)	Tertiary Paediatric Cardiology Service		Assessment and management of newborns with congenital cardiac disease Development of Echo skills
Paediatric Neurology	Tertiary Paediatric Neurology service		MDT team working Neurological assessment of newborns Use of neuroimaging modalities in newborn Investigation and management of seizures in newborn

Paediatric Intensive Care Medicine	Training centres approved for PICM training		Intensive care management of newborns requiring intensive care +/- management of newborns with congenital heart disease following corrective surgery Development of transferable procedural skills
Paediatric Respiratory Medicine	Tertiary respiratory paediatric service		Management of long-term oxygen therapy Sleep study assessment and interpretation Long term respiratory outcome following prematurity
Neonatal transport	<ul style="list-style-type: none"> <li>• Acute Neonatal Transport Service (ANTS)</li> <li>• Centre</li> <li>• Connect NW</li> <li>• Embrace</li> <li>• NEST Bristol</li> <li>• Royal London NETS</li> <li>• West Midlands Transport Service</li> <li>• ScotSTAR</li> </ul>		Triaging referrals and providing telephone advice Management of equipment for safe transfer Stabilisation and transfer of baby requiring tertiary NICU
Neonatal Intensive Care	Great Ormond Street Hospital		Exposure to complex specialist neonatal intensive care MDT working amongst multiple specialist teams
Clinical genetics			Clinical genetic assessment Use and interpretation of genetic investigations
Paediatric Palliative Medicine			Development of antenatal Advanced Clinical Practice (ACPs); Communication skills around difficult conversations Management and support of teams delivering End of life Care

# Paediatric Allergy, Immunology and Infectious Diseases

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Allergy	<p>Placements at any of the national sub-specialty training centres within Paediatric Allergy</p> <p>Centres that have successfully hosted 12 months of an allergy SPIN: Bristol, St George's, Birmingham, Glasgow/Edinburgh, Cardiff, Belfast – if they have been in the allergy specified post.</p> <p>Acceptable posts: Allergy Respiratory 6 months Gastroenterology 6 months Dermatology 6 months Immunology 6 months Infectious Diseases 6 months</p>	<p>Able to demonstrate that approximately 33% of competences are tagged during the 12 months</p> <p>Attendance at British Society for Allergy &amp; Clinical Immunology (BSACI) and British Paediatric Allergy, Immunity and Infection Group (BPAIIG) training days</p>	N/A
Paediatric Infection and Immunity	<p>Placements at any of the national sub-specialty training centres within Paediatric Infection and Immunology.</p> <p>Acceptable posts: Paediatric infectious disease and/or immunology 6 months Allergy 6 months Rheumatology 6 months Gastroenterology 6 months Respiratory 6 months Microbiology 6 months</p>	<p>BPAIIG training days, laboratory attachments, DTMH/Oxford Diploma for knowledge section. For competencies CBD and examples of reflective practice in any area of PIID.</p>	

# Paediatric Emergency Medicine

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Emergency Medicine	Current training centres for PEM and PICU (general PICU) only	6 months PEM or 6 months PICU or 12 months PEM, with appropriate PEM related capabilities gained	<p>Appropriate PEM capabilities gained – must obtain prospective approval from PEMISAC chairs, and therefore gain access to RCPCH PEM portfolio capabilities.</p> <p>Progress will be reviewed by PEMISAC prior to commencing training in order to help inform learning needs and identify gaps.</p>

# Paediatric Gastroenterology, Hepatology and Nutrition

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Gastroenterology, Hepatology and Nutrition (PGHAN)	Centre with accreditation for PGHAN training and in a post where equivalent training is being provided	<p>Progression with knowledge, skills and competencies according to the RCPCH PGHAN Curriculum evidenced on the RCPCH portfolio</p> <p>Exposure to and training in diagnostic endoscopy with registration and recording of experience on the JAG/JETS portfolio</p>	<p>Up to one year whole-time equivalent (WTE) can be counted in the corresponding specialty. Note: A maximum of six months WTE in a complementary specialty may be counted — for example, up to 6 months WTE in gastroenterology if applying to hepatology, and up to 6 months WTE in hepatology if applying to gastroenterology.</p>

# Paediatric Inherited Metabolic Medicine

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Inherited Metabolic Medicine	PIMM and other relevant specialities must have been undertaken in a current approved sub-specialty training centre in the UK.	<p>Relevant experience must be at specialty level</p> <p>Up to 6 months in each of these specialities (to a maximum of 1 year in total)</p> <p>When trainees are applying to PIMM and they are planning their eligibility, they need to contact the PIMM CSAC at least 3 months before their sub-specialty application to confirm whether retrospective time can be counted towards their training (if appointed).</p>	All experience relevant
Paediatric Neurology	As above	As above	Exposure to Neurometabolic conditions and management of neurodegenerative conditions
Paediatric Hepatology	As above	As above	Exposure to liver-metabolic conditions and experience of transplantation for inherited metabolic disease (IMD)
Clinical Genetics	As above	As above	Exposure to children with dysmorphic syndromes, experience with genetic and genomic investigations and consent

# Paediatric Intensive Care Medicine

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Anaesthesia and Intensive Care Medicine	Novice anaesthesia post	6 months (WTE) experience including contribution to the anaesthesia on call rota during those 6 months.	<p>Completion of Entrustable professional activities (EPAs) or similar as required by the Royal College of Anaesthetists (RCOA) for a novice anaesthetist post. Logbook of experience in anaesthesia post.</p> <p>ES report for post reflecting adequate progression of clinical and non-clinical skills.</p> <p>MSF from Novice post.</p>
PICM	Additional anaesthesia experience	In blocks of 3-6 months experience (WTE)	This is in addition to a Novice post not instead of.
Adult ICU / CICU / Neuro ICU		In blocks of 3-6 months experience (WTE)	This is in addition to a Novice post not instead of.
PICM	PICM approved centres	<p>Up to one year (WTE) in a UK centre approved for PICM training programme.</p> <p>Up to 6 months (WTE) in a UK centre approved as part of a rotation for PICM training e.g. CICU</p>	<p>Able to evidence appropriate progress with the PICM LOs on ePortfolio.</p> <p>Be able to complete all the assessments including 10 Extended Case Summaries within the remaining training time.</p> <p>Have a satisfactory Multi-Source Feedback (MSF) for the retrospective year. Input to the MSF should have been requested from all consultants on the PICU.</p> <p>Have satisfactory Educational Supervisor (ES) reports and Annual Review of Competency Progression (ARCP) for the retrospective year reflecting suitability for</p>

			entry to PICM training at a senior level.
Paediatric transport		3 months in a stand-alone transport service approved for PICM training	Completion of the capabilities as outlined in the National Paediatric Transport Passport (or local equivalent) together with a satisfactory clinical supervisor report. Log book reflecting range of transport work undertaken.

## Paediatric Nephrology

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Nephrology	<p>Must be undertaken in a current approved paediatric nephrology training centre in the UK, in the context of a specialty level post in paediatric nephrology.</p> <p>All training centres: Birmingham, Belfast Nottingham, Bristol Newcastle, Glasgow Manchester, Leeds GOSH, Evelina</p> <p>NB: Liverpool may be included as a joint centre with Manchester.</p> <p>Southampton may be included as a joint centre with Evelina/GOSH. Southampton cannot offer training in kidney transplant. Therefore, a trainee would need to ensure they were appointed to a post with a significant amount of exposure in this area.</p>	<p>Maximum 6 months of WTE training time can be used to count retrospectively (e.g. different time periods such as 3 months cannot be used)</p> <p>When trainees are applying to Nephrology and they are planning their eligibility, they need to contact the paediatric nephrology CSAC at least 3 months before their application to confirm whether retrospective time can be counted towards their training (if appointed).</p> <p>When an application is received, two members of the paediatric nephrology CSAC (excluding CSAC members working at the same centre as the applicant) will be required to approve the retrospective training time before CSAC can confirm eligibility to apply for</p>	<p>Trainees must discuss their intention to use training time retrospectively for nephrology with their educational supervisor at the start of the nephrology training time they intend to count retrospectively, so that the curriculum and documentation requirements can be met.</p> <p>The end of placement report for ARCP completed by the nephrology educational supervisor must outline that the trainee has met the equivalent competencies for the Nephrology curriculum for the amount of training time they wish to count retrospectively.</p> <p>Trainees should start to map evidence in their ePortfolio to the Nephrology curriculum where possible. Trainees will need to contact the RCPCH to ask them to add</p>

	The training post used must be the same as that which is offered to nephrology trainees in the same centre (e.g. the trainee must have the same proportion of sub-specialty training time as sub-specialty trainees)	Nephrology with retrospective training time.  If insufficient documentation is presented, CSAC reserves the right to request additional documentation or to contact the nephrology educational supervisor for the trainee to confirm sufficient competencies have been acquired retrospectively.	the Nephrology curriculum to their ePortfolio in aspiration of joining nephrology sub-specialty training.
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## Paediatric Neurodisability

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Community Child Health	Any centre approved for sub-specialty training	<p>Key areas of focus for experience:</p> <p>Adequate opportunities to gain experience in the assessment, investigation and ongoing management of neurodevelopmental disorders such as ASC and ADHD as well as wider developmental concerns.</p> <p>Co-ordinating and leading the multi-disciplinary team, including the child/young person and family as central to planning and decision-making</p> <p>Assessment of the child with developmental concerns or complex neurodevelopmental needs.</p>	<p>Evidence particularly covering the following learning outcomes:</p> <p>D02: L3 – all KCs</p> <p>D04: L3 - all KCs</p> <p>D05: L3 - Understands how patients and families use the health system and adapts practice to encourage self-management and early intervention</p> <p>D06: L3 – all KCs</p>
Paediatric Neurology	Any tertiary centre approved for sub-specialty training	<p>Key areas of focus for experience:</p> <p>Adequate outpatient exposure to develop skills in non-acute assessment and management of</p>	<p>Evidence particularly covering the following learning outcomes:</p> <p>D02: L3 – all KCs</p> <p>D04: L3 - all KCs</p>

		<p>epilepsies, hypertonia and atypical motor development.</p> <p>Co-ordinating and leading the multi-disciplinary team, including the child/young person and family as central to planning and decision-making.</p> <p>Assessment of the child with developmental concerns or complex neurodevelopmental needs.</p>	<p>D05: L3 - Understands how patients and families use the health system and adapts practice to encourage self-management and early intervention</p> <p>D06: L3 – all KCs</p>
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## Paediatric Neurology

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Neurology	<p>Tertiary Paediatric Neurology Post for 12 months in any UK tertiary centre (those with 24/7 out-of-hours neurology services preferable)</p> <p>OR</p> <p>6 months of Tertiary Paediatric Neurology post (as above) + 6 months of Tertiary Neurodisability post</p>	Minimum experience of 12 months in acceptable posts as outlined	Would expect the trainee to cover roughly 30% of the neurology curriculum during the 12-month posting across different KCs and SLOs

## Paediatric Oncology

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Oncology	<p>Tertiary Paediatric Oncology/Haematology Post for 12 months in any UK tertiary centre (PTC)</p> <p>OR</p>	Maximum experience of 12 months in acceptable posts as outlined	Would expect the trainee to cover roughly 30% of the oncology curriculum in the prior experience

	6 months of Tertiary Paediatric Oncology Post (PTC) + 6 months of chemotherapy-delivering POSCU/SPIN experience		
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## Paediatric Palliative Medicine

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Community Child Health	Centres approved to provide SPIN or sub-specialty training	Maximum of 3 months FTE specialty level experience of this or other sub-specialties can contribute towards training	Evidence of meeting following outcome(s) relevant to this specialty curriculum: CCM Sub-specialty LO5: Contributes with other professionals to the management of physical and mental health of children and young people with life-limiting complex disability. Evidence of advance care planning.
Neonatal Medicine	Centres approved to provide SPIN or sub-specialty training	Maximum of 3 months FTE specialty level experience of this or other subspecialties can contribute towards training	Evidence of meeting following outcome(s) relevant to this specialty curriculum: Neonatal Sub-specialty LO2: Communicates expertly with parents or carers and other staff in the antenatal and postnatal environment. For key capability “Manages and provides support to families and other team members at the end of a baby’s life”
Paediatric Intensive Care Medicine	Centres approved to provide SPIN or sub-specialty training	Maximum of 3 months FTE specialty level experience of this or other subspecialties can contribute towards training	Evidence of meeting following outcome(s) relevant to this specialty curriculum: PICM Sub-specialty LO5: Demonstrates expertise in the management of life-threatening and life-limiting conditions across the paediatric spectrum,

			from the unborn baby, neonate and infant, to the child and young person, providing support and communicate appropriately. Evidence of advance care planning.
Paediatric Neurodisability	Centres approved to provide SPIN or sub-specialty training	Maximum of 3 months FTE specialty level experience of this or other sub-specialties can contribute towards sub-specialty training	Evidence of meeting following outcome(s) relevant to this specialty curriculum: Paediatric Neurodisability sub-specialty LO1: Demonstrates specialist expertise in the management of children and young people with disabilities, resulting from congenital or acquired long term conditions. Evidence of advance care planning.
Paediatric Neurology	Centres approved to provide SPIN or sub-specialty training	Maximum of 3 months FTE specialty level experience of this or other subspecialties can contribute towards training	Evidence of meeting following outcome(s) relevant to this specialty curriculum: Paediatric neurology sub-specialty LO2: Coordinates urgent and complex clinical management, including the provision of non-acute clinic services and ward-based neurogenetic, neuroradiological or neurophysiological multidisciplinary meetings; completes appropriate onward referrals and discharges; and communicates clearly with colleagues. Evidence of advance care planning.
Paediatric Oncology	Centres approved to provide SPIN or sub-specialty training	Maximum of 3 months FTE specialty level experience of this or other subspecialties can contribute towards training	Evidence of meeting following outcome(s) relevant to this specialty curriculum: Paediatric oncology sub-specialty LO1: Recognises, assesses and manages the full range of paediatrics. oncology conditions.

			Key Capabilities Demonstrates proficiency in recognising and managing all paediatric cancers at presentation, relapse and during palliative and terminal care. Evidence of advance care planning.
Paediatric Palliative Medicine	Centres approved to provide sub-specialty training	Subject to discussion at the time	Evidence of meeting aspects of specialty curriculum

## Paediatric Respiratory Medicine

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Respiratory Medicine	Respiratory experience in a centre recognised for training in PRM 6/12 PICU experience 6/12 specialty level neonatal experience 6/12 ID/allergy experience 6/12 neurodisability experience	Would need to complete respiratory training logbook of experience that can be reviewed by CSAC.  Would also need to complete a CSAC progress form with an educational supervisor who has experience of supervising trainees on the sub-specialty programme.	Evidence of completion of key capabilities identified in the respiratory curriculum. Evidence should be demonstrated on the respiratory logbook and trainees should complete a CSAC progression form. Presentation of this evidence does not guarantee entry to the respiratory programme as this remains a competitive process.

## Paediatric Rheumatology

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Rheumatology	Paediatric Rheumatology centres	Clinical experience within paediatric rheumatology including patient management (inpatient and outpatient) and working within the multidisciplinary team	Performs high level clinical skills required in paediatric rheumatology (history taking, examination, communication and knowledge of key conditions)
Paediatric Immunology	Paediatric Immunology centres	Up to 6 months	