Paediatric Sub-specialty Recruitment & selection 2026-27 Confirmation of Eligibility & Selected Portfolio Guide

This document provides an overview of the main parts of the updated process, that will be followed for the 2026-27 round, including full details of how to complete the Confirmation of Eligibility (CoE) form, along with details of the 'selected portfolio' that you will be asked to put together, if you are successful in being invited to interview.

It is important that you read this carefully, so that you can optimise your application and be properly prepared for the interview stage.

A separate guidance document is also available for Educational Supervisors (ES) and Heads of School (HoS)/Training Programme Directors (TPD)*, who will be involved in the initial application stage of the process, on the Educational Supervisors webpage.

(*Depending on who is the nominated lead for approving sub-specialty applications in your region – a list of these roles can be found here).

Contents of this document:

1. Applying for Paediatric Sub-specialty Recruitment 2026-27

From October 2026, the process for sub-specialty recruitment in Paediatrics will observe the following stages:

1. CoE form completed via Risr – you will need to confirm that you meet set minimum requirements across 5 training areas, which must be verified and signed off by your Educational Supervisor (ES). N.B. You do not need to upload/attach any evidence documents to this form.
2. Oriel Application form – you must complete the standard medical application form, via the Oriel recruitment system. N.B. You will not be required to upload evidence or complete a shortlisting questionnaire as previously – this is replaced with the CoE form mentioned above.
3. If you have submitted an Oriel application and a completed CoE form that has been verified and signed off by your ES and Head of School HoS/TPD, your application will undergo a longlisting process to ensure minimum training requirements and basic eligibility criteria have been met.
4. If you are successfully longlisted, you will receive an invite to interview, via the Oriel system. All applicants will need to prepare a 'selected portfolio' of evidence that will need to be uploaded to the Qpercom system in the lead up to your interview – details of this selected portfolio can be found in section 3 of this document. N.B. This does not need to follow on from the information entered on the CoE form.
5. Interviews will be across 2 x 20-minute stations, with two questions and three assessors in each station. Applicants will to be assessed against the existing assessment areas (Motivation & understanding of sub-specialty, Clinical skills & understanding and Research/QI/Audit/Teaching) but there will be some different types of interview questions. All applicants will have at least one question based on the selected portfolio.

As with previous years, the deadline for submitting the CoE form to the RCPCH Recruitment team via Risr will be the same as the deadline for submitting the Oriel application. It does not matter which way round you submit the forms, provided they are with the RCPCH Recruitment team by that deadline – late submissions will not be accepted, under any circumstances.

For more information on the recruitment process, the interview format and types of questions, the Oriel application form and the timelines for recruitment, including the application deadline, please refer to the Sub-specialty applicant guide 2027 available of the website: Paediatric sub-specialty training - application guidance.

2. Confirmation of Eligibility (CoE) - process

Eligibility for interview will be defined by demonstrating that you meet the minimum requirements expected of a PGDiT applying for a role at specialty training level, in each of five specified training areas. Those training areas are as follows:

1. Exploration/understanding of sub-specialty
2. Leadership/Management
3. QI/Audit
4. Education - Involvement in teaching
5. Research experience

Please make particular note of the following:

- Your CoE form needs to be signed off by your ES, who must be able to confirm verification of meeting the minimum requirements
- Each training area must be discussed with your ES, sharing examples/evidence from your career to date that will allow them to verify the examples as factual and sign them off on the Risr form, as directed
- Final sign off of your CoE form will be made by the HoS/TPD, who is the designated signatory in your region – they will also need to confirm basic eligibility criteria, including ARCP outcome, time left in training, CCT date and expected completion of core training capabilities
- You must be able to meet the stated minimum requirements in all five of the training areas – if you cannot meet all the requirements, your ES will not be able to sign off your form, and you will not be eligible for this year's process
- You should make sure that your CoE form is with your ES, to complete their section, as early as you can, to avoid any problems with gaining final sign-off from your regional HoS/TPD before the final deadline

The following rules should also be followed and checked:

- In order to evidence each training area, you will need to write a brief description (aim for no more than 100 words) of the example you are using, demonstrating how you meet the minimum requirements
- You should not use the same example for more than one section
- You do not need to upload or attach any documents to the Risr form – however it is important that you can share clear, documented evidence of any examples you are using, with your ES, so they are able to verify them as factual and sign them off*
- The RCPCH Recruitment Team may ask for additional information, or verification, as part of the longlisting stage, as necessary
- Ideally, examples used should be based on existing e-portfolio evidence but significant examples from Medical School or Foundation School can be included, as appropriate

*N.B. This is particularly important in instances whereby an ES has not been directly involved in an activity that you are using as evidence, so you must therefore ensure that your ES has sight of sufficient evidence to be able to verify the example – e.g. via written confirmation from another clinician who oversaw the activity, supporting certificates, official letters etc – a full list of possible types of evidence is listed in the glossary below.

The rest of this section outlines the minimum requirements for confirming eligibility. The glossary also provides examples of the types of evidence that can be shared and discussed with your ES, in order for them to be able to verify that you meet the requirements.

Your experiences may well have evidence examples that exceed the minimum requirements, and these will be accepted – please ensure that you refer to the glossary for examples of this.

3. Confirmation of Eligibility (CoE) - requirements

1. Exploration/understanding of sub-specialty

Meeting the minimum requirements, provide 3 clear and separate examples of activities/experiences from your career to date, that show your interest in your chosen sub-specialty and demonstrate your understanding of what is required to work in this area.

The focus here is on exploration of and motivation to embark on a career in your chosen sub-specialty, so examples do not all need to be clinical.

Minimum requirements:

3 clear and separate examples of activities, relevant and/or transferable skills, that demonstrate:

- Evidence of specific skills/attributes required to work in your chosen sub-specialty
- Experience that you feel has allowed you to gain understanding of the main challenges that will be presented by a career in this sub-specialty

2. Leadership/Management:

Meeting at least the minimum requirements, describe your professional leadership and managerial experience to date (Medical School, Foundation or equivalent, or specialty training).

Minimum requirements:

Leadership/management role at local level, with evidence of responsibility/contribution and time commitment, meeting the following criteria:

- Local level: within the applicant's own hospital trust, for example resident doctors' representative at trust level
- Time commitment: regular (quarterly or more) meetings/events (inc. group sessions, classes, meet-ups for non-work examples)
- Responsibility: agenda setting/set up or additional sessions (e.g. working groups, training, one-off events); contribution to and/or oversight of papers/resources
- Contribution: any outputs and skills learnt or employed when undertaking the role

N.B. Clinical leadership undertaken as part of routine patient care (for example, leading a resuscitation, ward round or outpatient clinic) would not meet the requirements for this area.

3. QI/Audit:

Meeting at least the minimum requirements, describe your quality improvement project (QIP) or audit experience to date (Medical School, Foundation or equivalent, or specialty training).

N.B. This can be a QIP/audit that you have designed and led individually or, with the support of a colleague, e.g. senior trainee or consultant.

Minimum requirements:

Participation in a QIP/audit as a significant contributor but does not need to have designed or led the project. Evidence of involvement at the following stages:

- Design*/Data collection
- Analysis
- Presentation
- Change management

*Design does not need to be at the initial stage and can therefore describe involvement in design at any level of the project.

4. Education - Involvement in teaching:

Meeting at least the minimum requirements, describe your education and teaching experience to date (Medical School, Foundation or equivalent, or specialty training).

Minimum requirements:

Evidence of having personally designed and delivered a teaching activity at local departmental level within your employing organisation:

- Teaching at local/departmental level - within local organisation/ employing Trust. Provided to your Team/Department/Hospital/Trust/Health Board.
- Examples may include departmental teaching programmes, team teaching sessions, or teaching provided to undergraduate or postgraduate learners within your hospital, Trust or Health Board.

5. Research experience:

Meeting at least the minimum requirements, describe your research experience to date (Medical School, Foundation or equivalent, or specialty training).

N.B. You should use separate examples of projects for the Research and QI/Audit sections.

Minimum requirements:

Evidence of participation in research-related activity. Examples should include one or more of the following:

- Holds Good Clinical Practice (GCP)
- Has recruited patients into research studies and or collected research data
- Has been part of a national project
- Attendance and presenting at journal clubs
- Publication and presentation, as follows:
    - Single-case report or letter published in peer reviewed journal
      Or
    - First author poster/oral presentation at national meeting
      Or
    - Co-author poster/oral presentation at international meeting

4. Selected Portfolio

If you receive an invite to interview, you will be required to put together a selected portfolio, which will be available for assessors to read during the interview.

Your selected portfolio will need to be uploaded to the Qpercom system, in advance of the interview. Guidance regarding uploading evidence to Qpercom can be found here. A window for uploading the evidence will open, shortly after the longlisting process is complete.

You will receive further guidance regards your interview and the specific areas on which you will be questioned, when you receive your invite to interview.

Depending on the requirements of the sub-specialty, you may have up to two portfolio-based questions:

1. Motivation and understanding of sub-specialty – following a similar format to portfolio stations used both previously and currently for ST1 and ST3 recruitment
2. Research/QI/Audit/Teaching – will focus on one or more of experience in research (including publications, posters or presentations), QI, Audit and/or Teaching

When creating your selected portfolio, you should consider the following:

- The selected portfolio should comprise up to 5 pieces of evidence from your career in medicine to date. You should choose items that allow you to best demonstrate your understanding, motivation and commitment to a career in your chosen sub-specialty.
- Uploading more than 5 pieces of evidence will not be directly penalised but it is unlikely that you or your assessors will be able to cover them all sufficiently in the time allotted – as such you should be focussed on what you select.
- While you are discussing the items in your portfolio, the assessors will be able to look at the evidence you are presenting in order to explore your understanding and ask additional questions.
- You will be assessed based on the answer(s) that you provide, not the direct content of documentation provided for assessment (e.g. whether the documentation is complete, what format it is in etc).
- Aim to use pieces of evidence that are not more than 1-2 pages per upload and can therefore be easily referred to at interview – assessors will have a limited time to review evidence while interviewing.
- It is therefore up to you, to select pieces of evidence that you can use to start a conversation that will allow you to demonstrate your skills and understanding and why you are the right person for a career in your chosen sub-specialty.
- Your portfolio can be presented in whatever format you choose – i.e. direct downloads from your e-portfolio etc are not mandatory.
- The scoring framework for any portfolio-based question is tailored towards the individual sub-specialty and will therefore be focussing on specific attributes, skills and challenges relevant to them.
- The format of any portfolio-based questions will be the same for any one day of interviews, but the opening question is likely to vary from day to day, if a sub-specialty is interviewing on more than one date.
- The opening question will be standardised, but the assessors will then use follow-up questions to gain further understanding of your personal experiences and understanding, based on the evidence you present.

N.B. We recommend that you start working out what evidence you are going to use in your selected portfolio, while you are completing your CoE form – do not leave it until you receive confirmation of being invited to interview, to maximise the time you have to prepare.

5. Glossary

1. Exploration of sub-specialty	
3 clear and separate examples	Examples do not all need to be based on clinical experience/ understanding but could include: • Specific skills/attributes relevant to your chosen sub-specialty e.g. leadership skills used during stabilisation • Demonstrating proficiency in essential procedures relevant to the sub-specialty • Examples of caring for a child unwell with a condition relevant to the sub-specialty • Demonstrating good multi-disciplinary team working skills • Examples of experiences/activities that allowed you to gain understanding of specific challenges or ways of working that have prepared you for a career in your chosen sub-specialty
2. Leadership/management	
Leadership or management role	Applicant is able to demonstrate that they have taken on a role of responsibility in addition to their normal clinical duties where they have made significant contribution in terms of period of time that they have undertaken this role and personal input.
This may therefore include roles outside your work environment, but importantly, should not be a clinical leadership role	The role should therefore be something other than where an applicant has taken a role in a clinical situation and should focus more on associated roles for example resident doctors' representative or organisation of health campaigns or rota coordinator.
Evidence of responsibility/contribution and time commitment	Must include clear evidence of both responsibility/ contribution and time commitment, in order to meet minimum requirements. Evidence of time commitment could be: regular (quarterly or more) meetings/events (inc. group sessions, classes, meet-ups for non-work examples). Evidence of responsibility could include agenda setting/set up or additional sessions (e.g. working groups, training, one-off events); contribution to and/or oversight of papers/resources. Evidence of contribution could include examples of any outputs and skills learnt or employed when undertaking the role.
Local level	E.g. a leadership role within the applicant's own hospital trust, for example resident doctors' representative at trust level.
Examples that would exceed the minimum requirement (and are therefore also acceptable):	
Roles at regional level	E.g. a leadership role within the applicant's school of paediatrics, participation in regional health campaigns, involvement in work across multiple trusts or representative for specific areas of the nation e.g. North Wales, South East Scotland etc
Roles at National level	E.g. across NHSE/HEIW/NES/NIMDTA, or HSE Ireland regions, involvement in college work, national health campaigns, representative for the national health board, being part of a government initiative or involvement in national health

	campaigns.
3. Quality Improvement/Audit	
Design/data collection	The planning and development of a quality improvement or audit project, including defining aims, standards or measures, methodology, and the systematic collection of relevant data to assess current practice, outcomes, or performance.
Analysis	The review and interpretation of collected data to identify trends, variations, areas of good practice, and opportunities for improvement, with comparison against agreed standards, benchmarks, or project objectives where appropriate.
Presentation	The communication of project findings, conclusions, and recommendations to relevant audiences through written reports, posters, presentations, meetings, or other dissemination methods to support learning and service improvement.
Change management	The planning, implementation, and evaluation of actions arising from quality improvement or audit findings, including engaging stakeholders, introducing changes to practice, monitoring impact, and supporting sustainable improvement.
4. Education - Involvement in teaching	
Local departmental teaching	At departmental level - within local organisation/ employing Trust. A local example will be provided to either your Team/ Department/Hospital/Trust/Health Board and may include team meetings or local teaching sessions for e.g. you taught postgraduates or undergraduates on placement in your hospital where you work.
Designed and delivered	Clear evidence of the purpose of the teaching; also how and/or why put together and structured the teaching module/course. Emphasis is on proactivity and not being asked/told to by a supervisor etc.
Examples that would exceed the minimum requirement (and are therefore also acceptable): **N.B. If your teaching example is at a regional level or wider, it is acceptable to have either designed or led the activity; both are not required.**	
Regional teaching	E.g. across NHSE/HEIW/NES/NIMDTA, or HSE Ireland regions. A regional example will be provided to an audience across a region and/or multi-site network (ICB/Deanery/Specialty Network/Medical School) and may be delivered at your local hospital. For example, you organised teaching at your local hospital for undergraduate paediatrics societies, not just the students on placement where you work.
5. Research achievements	
Recruiting patients into research studies and or collecting research data	Active participation in research studies through identifying, screening, consenting, and/or recruiting participants, and the accurate collection, recording, and management of research data in accordance with study protocols and relevant governance requirements.
Part of a national project	Contribution to a research project that is conducted across multiple organisations, regions, or centres at a national level.

Attendance and presenting at journal clubs	Participation in journal clubs through the critical appraisal and discussion of published research, including presenting articles, evaluating methodology and findings, and considering their relevance to clinical practice.
Letter	Letter to author/editor of peer reviewed journal in response to published article or topical area for discussion which has been published in peer reviewed journal.
Peer reviewed	Publication which has been independently appraised by relevant professionals before being accepted for publication. N.B. Abstracts of presentations or posters will not be counted as publications and should be marked according to whether or not the applicant was the first author for a poster or oral presentation at a national or international meeting.
Co-author	Applicant is listed in authorship but is not first author.
National meeting	Meeting organised by a national organisation, e.g. The British Medical Association (BMA) or RCPCH.
International meeting	Meeting organised by an international organisation, e.g. The European Academy of Paediatrics or the North American Society.
Examples that would exceed the minimum requirement (and are therefore acceptable):	
Book chapter	This could be a chapter in a hard copy book, an e-book or an educational website e.g., FOAMED (Free Open-Access Medical Education) or DFTB (Don't Forget the Bubbles) provided it is peer reviewed.

When selecting evidence to share with your ES, to show that you meet the minimum requirements for each training area, here are some suggestions of the types of evidence that you could use. These examples may also provide ideas for documents that could be used in the selected portfolio.

N.B. You do not need to upload/attach any specific pieces of evidence to your CoE form

Section:	Examples of evidence:
Exploration of specialty	1. Reflections/logbook on shadowing/placements/situations/relevant opportunities sought to gain understanding etc 2. Supervisors report 3. WBAs relevant to specialty or demonstrating transferable skills 4. Evidence of relevant skills, or courses attended to gain those skills 5. CEX and CBD
Leadership & Management	1. Consultant feedback 2. Relevant meeting attendance/membership 3. Courses/programmes
QI/Audit	1. Presentations/reports/abstracts/publications 2. Supervisor summary 3. Certificates of participation/meeting minutes to confirm involvement 4. Departmental approval documentation/audit proposal with write up 5. Reflections on role and impact 6. New guidance/guideline as a result of a project 7. Written summary with details of role, methods, results, where presented and changes made

Education	1. Presentation slides 2. Certificate/feedback questionnaire/faculty appointment letter/educational programme schedules 3. Consultant feedback/reflections 4. Written summary with details of role and input
Research	1. Written summary with reflections 2. Related publications/conference abstracts/posters/oral presentations/research protocols/ethics or governance approvals/grant applications/submission acknowledgment 3. GCP certificate/evidence of higher degree 4. Supervisor feedback/evidence of outputs 5. Actual Publications, posters, presentations 6. Authorship position and contribution, the quality and reach of dissemination (local, national, or international), peer review where applicable, impact on clinical practice or policy, and relevance to the applicant's sub-specialty