Confirmation of Eligibility Form
for Anaesthetic and Intensive Care Medicine PGDiTs 2027

Guidance on filling out this form

The Confirmation of Eligibility (CoE) form is required to verify a postgraduate doctor in training's (PGDiT's) eligibility for Paediatric Intensive Care Medicine. The information provided will be used during longlisting; therefore, all sections must be completed fully and accurately.

NEW FOR 2027 RECRUITMENT ROUND:

As outlined in the Confirmation of Eligibility & Selected Portfolio Guide, PGDiTs must demonstrate that they meet the minimum requirements across 5 training areas by describing their relevant professional experience (aiming for no more than 100 words per area).

This experience must be verified by their Educational Supervisor (ES). PGDiTs should provide supporting evidence directly to their ES - a table of suggested types of evidence is listed in the glossary in the guide. N.B. This evidence does not need to be submitted to the RCPCH or uploaded to the Oriel application.

Training area 1 (Exploration of sub-specialty) is the only area where PGDiT's need to provide answers specific to the sub-specialty they are applying for. For training areas 2–5, answers do not need to be sub-specialty specific.

Who completes each section?

- **Section 1:** PGDiT
- **Section 2:** Educational Supervisor*
- **Section 3:** Head of School or Training Programme Director

*Must be a consultant that has worked with PGDiT for a minimum of 3 months whole-time equivalent (WTE) within 3.5 years prior to August 2027.

Once all 3 sections are fully completed, the PGDiT should email the completed form to the RCPCH Medical Recruitment Team, copying in their Educational Supervisor and Head of School or Training Programme Director, **by 12 noon on Monday 16 November 2026 (the same deadline as the Oriel application).**

The RCPCH Medical Recruitment team will check the form as part of the longlisting process. Forms not submitted by the deadline will be longlisted out. It does not need to be uploaded to Oriel. It is the PGDiT's responsibility to ensure that their CoE form is submitted by the deadline.

For any queries, please email subspecialty@rcpch.ac.uk

SECTION 1 - PGDIT COMPLETES

PGDiT's Name:		
Sub-specialty applying for:		
Current Training programme:		
What is your current training grade?	**ST** **3 ◯ 4 ◯ 5 ◯ 6 ◯** **(Select as appropriate)**	
	Other (please indicate)	
	Full time or LTFT **If LTFT, please tell us what the WTE is**	
GMC Number:		

Evidence of the 5 training areas

All sections must be completed and verified by your ES, in order to be eligible. If any sections are left blank or cannot be verified, your application will be automatically longlisted out of this year's recruitment process.

1. Exploration 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.
Example 1:
Example 2:
Example 3:

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)

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.

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)

5. Research experience

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

APPLICANT DECLARATION

I declare that the information I have given on this Confirmation of Eligibility form, including my answers for the 5 training areas, is, to the best of my knowledge and belief true and is of my own work. ☐

Print Name:

Signed:

Date:

NB: Scanned Electronic Signatures are accepted.

SECTION 2 - EDUCATIONAL SUPERVISOR COMPLETES

Guidance on filling out this form

This section of the Confirmation of Eligibility (CoE) form is for Educational Supervisors (ESs). Please complete the form fully.

Please ensure that you have read the Paediatric Sub-specialty Recruitment 2026-27 Guidance for Educational Supervisors and watched the accompanying short briefing before completing this form.
N.B. The guidance and briefing refer to the CoE form on Risr (e-portfolio). Applicants from allied specialties need to complete this downloaded version of the form as they cannot access it on Risr.

As outlined in the Confirmation of Eligibility & Selected Portfolio Guide, PGDiTs must demonstrate that they meet the minimum requirements across 5 training areas by describing their relevant professional experience (aiming for no more than 100 words per area) in Section 1 of this form.

Educational Supervisors must verify their answers by completing Section 2 of this form and reviewing supporting evidence that PGDiTs directly share with you - a table of suggested types of evidence is listed in the glossary in the guide. This evidence does not need to be submitted to the RCPCH or uploaded to the Oriel application.

Training area 1 (Exploration of sub-specialty) is the only area where PGDiTs need to provide answers specific to the sub-specialty they are applying for. For training areas 2–5, answers do not need to be sub-specialty specific.

Once you have completed the form, please return it to the PGDiT.

Please see section 1 of this form for more information and contact the RCPCH Medical Recruitment team if you have any questions: subspecialty@rcpch.ac.uk

Educational Supervisor details	
Your name:	
Professional status:	
Current post:	
Address for correspondence:	
Email address for your institution:	
Your GMC Number:	

The 5 Training Areas

1. Exploration of sub-specialty Please view the PGDiT's 'Exploration of sub-specialty' 3 examples
I confirm that I have discussed the examples and evidence of experience with the PGDiT and can verify that they meet at least the minimum requirements. **Yes** ☐ **/ No** ☐ (Select as appropriate)
Briefly explain how you support the statement above by noting the type(s) of evidence that have been shared by the PGDiT. NB. No documents need to be submitted to the RCPCH with this form.

2. Leadership/Management: I confirm that I have discussed the examples and evidence of experience with the PGDiT and can verify that they meet at least the minimum requirements. **Yes** ☐ **/ No** ☐ (Select as appropriate)
Briefly explain how you support the statement above by noting the type(s) of evidence that have been shared by the PGDiT. NB. No documents need to be submitted to the RCPCH with this form.

3. QI/Audit: I confirm that I have discussed the examples and evidence of experience with the PGDiT and can verify that they meet at least the minimum requirements. **Yes** ☐ **/ No** ☐ (Select as appropriate)
Briefly explain how you support the statement above by noting the type(s) of evidence that have been shared by the PGDiT. NB. No documents need to be submitted to the RCPCH with this form.

4. Education - Involvement in teaching: I confirm that I have discussed the examples and evidence of experience with the PGDiT and can verify that they meet at least the minimum requirements. **Yes** ☐ **/ No** ☐ (Select as appropriate)
Briefly explain how you support the statement above by noting the type(s) of evidence that have been shared by the PGDiT. NB. No documents need to be submitted to the RCPCH with this form.

5. Research experience: I confirm that I have discussed the examples and evidence of experience with the PGDiT and can verify that they meet at least the minimum requirements. **Yes** ☐ **/ No** ☐ (Select as appropriate)
Briefly explain how you support the statement above by noting the type(s) of evidence that have been shared by the PGDiT. NB. No documents need to be submitted to the RCPCH with this form.

Any additional comments Please use this space if you have any additional information regarding the PGDiT's eligibility to apply for Paediatric Intensive Care Medicine that may be relevant:

EDUCATIONAL SUPERVISOR DECLARATION I confirm that I have discussed with the PGDiT how they have prepared for their chosen sub-specialty and I support their application ☐ I can verify that the information, examples and evidence that the PGDiT has given on this form, are, to the best of my knowledge and belief, true and of their own work. ☐ **Print Name:** **Signed:** **Date:** NB: Scanned Electronic Signatures are accepted.

SECTION 3 – HEAD OF SCHOOL OR TRAINING PROGRAMME DIRECTOR COMPLETES

Head of School/Training Programme Director Details	
Your name:	
Professional status:	
Current post:	
Address for correspondence:	
Email address for your institution:	
Your GMC Number:	

Please complete the relevant section below for your PGDIT confirming all the criteria listed.

ANAESTHETIC PGDITS	
1. Does this PGDiT have a National Training Number (NTN) in Anaesthetics?	Yes ☐ No ☐
2. Does this PGDiT have 24 months WTE Out of Programme (OOP) approved for Paediatric Intensive Care Medicine (PICM) training?	Yes ☐ No ☐
3. Does this PGDiT have FRCA?	Yes ☐ No ☐
4. Will this PGDiT have completed ST5 by the time of entry into PICM training? (August/September 2027)	Yes ☐ No ☐
INTENSIVE CARE MEDICINE PGDITS	
1. Does this PGDiT have an NTN in Intensive Care Medicine?	Yes ☐ No ☐
2. Does this PGDiT have FRCA, MRCEM/intermediate FRCEM, MRCP (UK) or equivalent?	Yes ☐ No ☐
3. Will they have completed Stage 1 of the ICM Training Programme (ST4) by the time of entry into PICM training? (August/September 2027)	Yes ☐ No ☐
4. If this applicant is a dual CCT ICM PGDiT (with either AIM or EM or Anaesthesia) do they have approval to extend their training to complete PICM training? N.B. Single ICM CCT PGDiTs will have no extension to training.	Yes ☐ No ☐

Please complete all the sections below:

Current assessment progress	
Is this PGDiT on an ARCP outcome 1? N.B. If PGDiT is currently on an outcome 8 for an OOP and they were previously on an outcome 1, please select 'yes'.	Yes ☐ No ☐
Completion of Training	
What is the PGDiT's expected CCT date?	
Concerns and Disciplinary Record / Fitness to Practise	
Do you have any concerns about this PGDiT's overall capabilities or performance?	Yes ☐ No ☐
If you have answered yes, please elaborate on the nature of the concerns you might have:	

Please give details of any existing disciplinary/fitness to practise record or outstanding disciplinary/fitness to practise matter, together with the relevant details if known:

Any additional comments

Please use this space if you have any additional information regarding this PGDiT's eligibility to apply for Paediatric Intensive Care Medicine that may be relevant:

HEAD OF SCHOOL OR TRAINING PROGRAMME DIRECTOR DECLARATION

I confirm that this PGDiT is eligible to apply for Paediatric Intensive Care Medicine and I support their application. ☐

Print Name:

Signed:

Date:

NB: Scanned Electronic Signatures are accepted.

Once you have completed Section 3, please email it back to the PGDiT, so that they can email the completed form to the RCPCH Medical Recruitment Team.