

Paediatrics

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Paediatrics. You will also need to read the [Paediatrics CCT curriculum](#).

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Contents

| | |
|--|----|
| Introduction | 3 |
| Submitting your evidence | 5 |
| How much evidence to submit | 5 |
| Organising your evidence..... | 7 |
| Types of evidence..... | 8 |
| Evidence of training, qualifications, and employment | 9 |
| High Level Learning Outcomes (HLLOs) | 12 |
| | |
| Annex A – Overview of the application evidence | 33 |
| Annex B – Portfolio application in a non-CCT specialty | 36 |
| Annex C – Workplace based assessments (WPBAs) | 38 |
| Annex D – Advice from a previously successful applicant..... | 40 |

Introduction

You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of Paediatrics and Child Health (RCPCH) for guidance **before** you submit your application. The RCF has a [resources page](#) for Portfolio applications and can be contacted at training.services@rcpch.ac.uk.

Standard of assessment

The standard of assessment that Portfolio applications are assessed against is the **Knowledge, Skills, and Experience (KSE) for specialist or GP practice in the UK**. The framework for assessing KSE reflects the Higher Level Learning Outcomes (HLLOs) of the Paediatrics curriculum. There should be sufficient evidence of these HLLOs as part of your ongoing clinical commitment and maintenance of skill across the specialty.

Curriculum framework

Paediatrics has 11 HLLOs, as set out in the table below. You must ensure the different types of evidence you provide covers each HLLO.

| Paediatrics Higher Level Learning Outcomes (HLLO) | |
|---|--|
| 1 | Professional values and behaviours |
| 2 | Communication |
| 3 | Clinical procedures |
| 4 | Patient management |
| 5 | Health promotion and illness prevention |
| 6 | Leadership and team working |
| 7 | Patient safety, including safe prescribing |
| 8 | Quality improvement |
| 9 | Safeguarding vulnerable groups |
| 10 | Education and training |
| 11 | Research and scholarship |

Currency of evidence

Evidence of your HLLOs and knowledge, skills, and experience should be recent. **Evidence from the last five years of your clinical practise** (WTE, does not need to be consecutive) is considered an indicator of your current level of knowledge, skills and experience.

You must submit evidence that comes from any duties within the last five years of your clinical practise to demonstrate you have either acquired the expected learning outcomes in this time or have refreshed and maintained outcomes previously acquired. You should have evidence of continued professional development and reflection from the last five years of your clinical practise.

Paediatric sub-specialties

If you are applying for Specialist Registration via a Portfolio application in a non-CCT specialty (i.e. a paediatric sub-specialty), most of the guidance below will also apply to you. However, you will need to demonstrate your practise is equivalent to the standard of a consultant in the relevant non-CCT specialty. For guidance on how the non-CCT evidence you need to submit may differ from an application in Paediatrics, please refer to [Appendix B](#).

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our [user guide](#) when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- [Anonymising \(redacting\) identifiable information](#)
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our [guidance](#). If your evidence does not meet these requirements, it may not be included in your application.

How much evidence to submit

Most applications contain no more than **150 uploaded documents**.

Quality of evidence is paramount, rather than quantity. Your evidence should be selected to demonstrate what you have been doing in your current practise and to show that you have the learning outcomes expected of a consultant. It is important to note that you will not be able to compensate for shortfalls in your evidence in one HLLO by providing extra evidence for others.

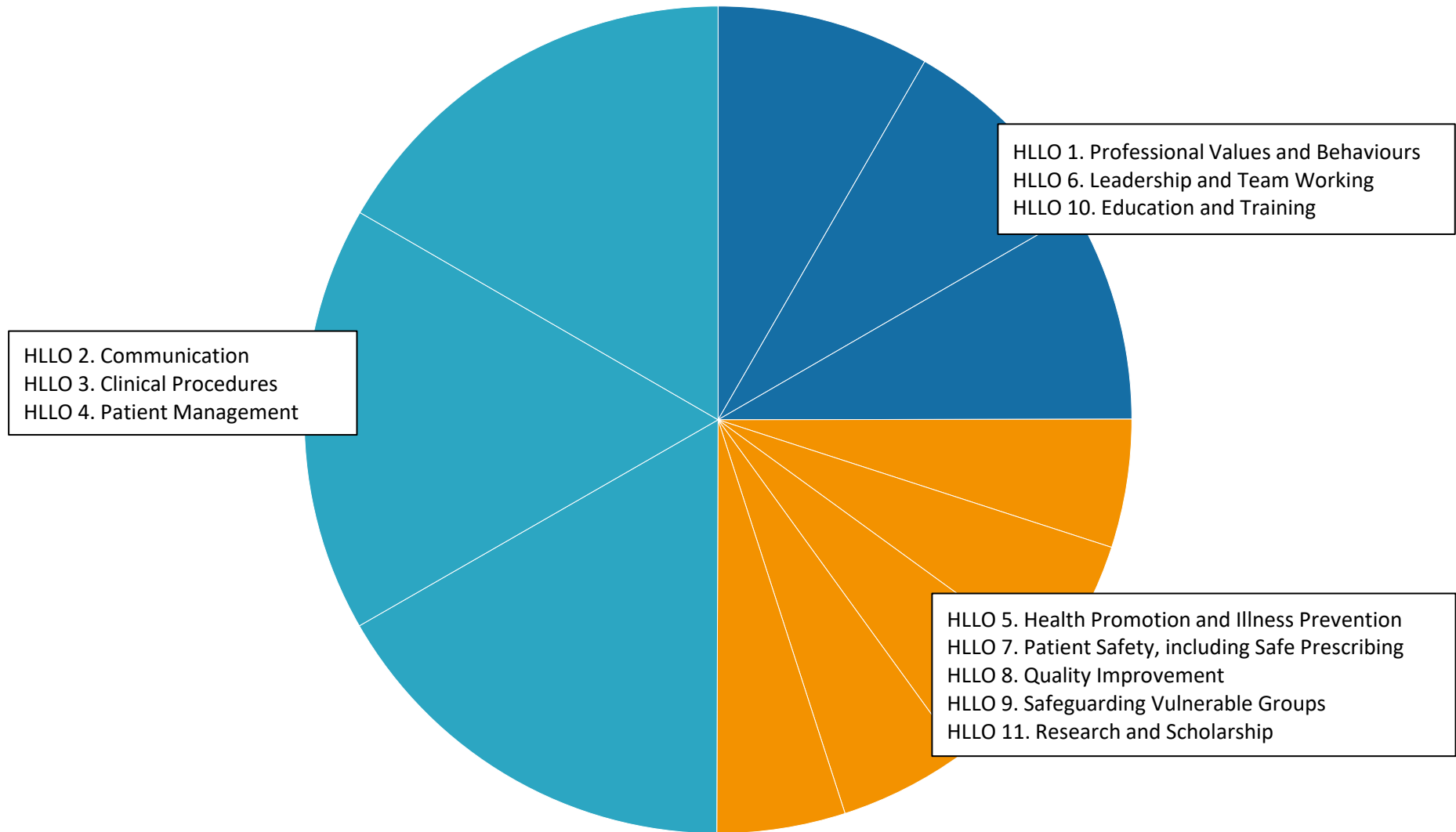
The amount of evidence needed for each HLLO will vary. The chart below sets out the approximate evidence proportions for each HLLO.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated descriptors. If you do not have all the evidence listed here, we recommend that you delay applying until you are able to gather it.

It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

You must ensure you follow our [guidance](#) on how to present and group your evidence in the online application

Approximate amount of evidence submitted under each HLO



Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application.

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's [CV guidance](#). You will also be asked to nominate referees to provide structured reports.

You should provide sufficient evidence in respect of each HLLO, or the application may fail. **If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence.** Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere, and you would like to cross-reference it.

Where we ask in our guidance, please group your evidence together to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents.

Types of evidence

Below is a list of evidence that we usually see in successful applications and which domain it primarily relates to. You may not have all the evidence listed and may wish to delay submitting your application until you are able to gather it.

Each HLLO (from [page 11](#) onwards) includes a table outlining the evidence required in other HLLOs that are relevant to the KSE in that specific HLLO. You should use this table to help you cross-reference your evidence.

Mandatory evidence

- All applicants **must** have current and valid certification in the following, at the point of application to the GMC:
 - Level 3 child protection training
 - Advanced paediatric life support (e.g. APLS)
 - Neonatal life support (e.g. NLS)
- Direct evidence of reflective practice is essential. Reflective notes or development logs reflecting on your activities and learning points encountered should be present for KSEs across all learning outcomes

Generic evidence

- You should submit your most recent workplace appraisals from the last 3-5 years of your clinical practise WTE (or trainer's report if still in a training programme)
- If you have multisource feedback or have recently undertaken revalidation, please submit the most recent version
- Please submit assessments or curricula from your training only if they are from the past five years of clinical practise

Structured reports

- You must nominate **four** referees, who will be contacted by the GMC to submit a structured report on your capabilities
- One referee will be your current supervisor/line manager
- The other three should have worked with you recently in a supervisory or senior capacity

Evidence of training, qualifications, and employment

You can see below the evidence you must submit in these general areas. It is useful to submit evidence of your training as background evidence – this allows the evaluators to see your whole career pathway.

| Evidence of training and qualifications | |
|---|---|
| Primary medical qualification (PMQ) | <p>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p>If you do not hold registration, you will need to have your PMQ independently verified before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.</p> |
| Specialist medical qualification(s) | <p>Please provide a copy of all specialist medical qualifications you hold relevant to Paediatrics, to demonstrate your eligibility for the Portfolio pathway. For example, the Membership of the Royal College of Paediatrics and Child Health (MRCPCH). If you do not provide this evidence, we may not be able to confirm your eligibility. Further details on eligibility can be found in our guidance.</p> <p>Relevant specialist medical qualifications awarded outside the UK must be authenticated in line with our guidance.</p> |
| Curriculum or syllabus (if | <p>If your specialist medical qualification is from outside the UK, you may wish to provide a copy of the curriculum or syllabus you followed during training. This evidence must be verified and translated (if applicable) in line with our guidance.</p> |

undertaken
outside the UK)

Please note this evidence is optional.

Evidence of employment in posts and duties (including training posts)

CV

You must provide an up to date copy of your CV, which includes all the details listed in the [guidance on our website](#).

Employment letters

Please provide a copy of the relevant employment letters to demonstrate your eligibility for the Portfolio pathway. For example, an employment letter confirming you held a specialist training post in Paediatrics, for at least six continuous months. If you do not provide this evidence, we may not be able to confirm your eligibility. Further details on eligibility can be found in [our guidance](#).

The information in these letters **must** match your CV. They should confirm the following:

- dates you were in post
- post title, grade, training
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)

We do not need to see contracts and terms and conditions of employment.

High Level Learning Outcomes (HLLOs)

The following pages list examples of how you might evidence your achievement of the knowledge, skills and experience (KSE) required for each HLLO. A single piece of evidence can contribute to more than one HLLO. The suggested evidence is not an exhaustive list, and you are encouraged to submit a variety of evidence. It is unlikely on piece of evidence will demonstrate the KSE required for a single HLLO completely.

HLLO 1 – Professional values and behaviours

You will have developed your knowledge of the current legal framework related to babies, children, young people, families and carers to your clinical practice (e.g. adoption and safeguarding).

You are expected to act 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.

| Knowledge, Skills and Experience | Suggested evidence |
|--|---|
| <ul style="list-style-type: none">● 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● Demonstrates self-awareness and insight, recognising their limits of capability and demonstrating commitment to continuing professional development (CPD)● Considers the capacity of children and young people to make informed decisions about their medical care● Demonstrates compassion, empathy and respect for children, young people and their families | <ul style="list-style-type: none">● CPD attendance records and training certificates, relating to self-improvement and independent practice● Responses to complaints● Revalidation (if you have worked in the UK)● Recent workplace appraisals from the last 3-5 years of your clinical practise |

- Follows the principles of the law with regard to consent, the right to refuse treatment, confidentiality and the death of a baby, child or young person

Evidence from other HLLOs

| HLLO | Evidence | KSE to support |
|--------|-----------------------------------|--|
| HLLO 2 | Clinical notes and correspondence | Practising independently in a safe manner |
| HLLO 4 | | |
| HLLO 6 | All evidence | Acting as a role model Professional conduct with colleagues |
| HLLO 2 | All evidence | Compassion, empathy and respect for children and families |

RCPCH Voice of children, young people and families/carers

Children, young people and families said that professional values and behaviours to them includes paediatricians who are:

- Professional at work
- Open minded
- Aware of their own actions
- Respectful
- Following 'Good Medical Practice'
- Friendly and approachable
- Age appropriate
- Talking to you and not at you
- Knowledgeable

HLLO 2 – Communication

You will have worked increasingly in an unsupervised role within multi-disciplinary teams and can apply communication skills with children, young people and families/carers in a range of environments and challenging situations. You will have developed your communication skills across the entire range of paediatric healthcare settings and all levels of complexity.

You are expected to apply 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. You will be able to effectively and sensitively support and communicate with families and lead the team in the actions needed when a baby, child or young person is dying or has died.

| Knowledge, Skills and Experience | Suggested evidence |
|---|--|
| <ul style="list-style-type: none">● 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● 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● Demonstrates effective communication skills with children, young people, families and colleagues, both spoken and written (including electronic notes)● Demonstrates courtesy and respect for different cultures and those with protected characteristics | <ul style="list-style-type: none">● Clinical correspondence, medical reports, case histories, discharge summaries for complex cases, showing how you communicate with colleagues and allied health professionals to coordinate multidisciplinary care plans● Records of multidisciplinary team meetings showing your involvement in coordinating and managing patient care with other professionals● Referral letters to colleagues for cases, handover documents.● Correspondence with patients, families and carers on the management of difficult cases● Patient feedback, thankyou notes, cards from patients and carers.● Workplace based assessments:<ul style="list-style-type: none">● Discussion of Correspondence (DOC)● Handover Assessment Tool (HAT)● Case notes, correspondence and reflection or other responses when communicating with colleagues, carers of children and young people in palliative care and end of life settings |

- Responds appropriately and empathises with children, young people and their families in dealing with conflict and/or those who are experiencing difficulty, anxiety or distress

Evidence from other HLLOs

| HLLO | Evidence | KSE to support |
|--------|-----------------------------------|----------------------|
| HLLO 4 | Clinical notes and correspondence | Communication skills |
| HLLO 9 | All evidence | |

RCPCH Voice of children, young people and families/carers

We asked children and young people what good communication with services means to them – they said:

- It needs to be easy to tell you what I need or what I think
- It would be good if we could email or message you our questions before the appointment in case we forget or aren't brave enough to ask
- We are the future. Services need us to be part of them to help them be what we need and this means you need to ask us and then do something with what we say
- I want to feel that I understand my doctor and what he is saying, so that I don't have to ask mum afterwards
- Communication is about building up trust, it's nice when the doctor knows I like cadets and asks me at the start. It makes me feel comfortable

HLLO 3 – Clinical procedures

You can perform all clinical skills that are required in paediatrics with babies, children and young people and can confidently teach these to junior staff.

You are expected to be capable in the full range of clinical skills relevant within paediatrics, including appropriately co-ordinating the skills of other health professionals, when required.

| Knowledge, Skills and Experience | Suggested evidence |
|--|---|
| <ul style="list-style-type: none">● Teaches, supervises and assesses junior staff undertaking clinical procedures● Recognises the potential life-threatening events and manages and co-ordinates the response to an emergency situation● Leads the resuscitation team during advanced life support● Demonstrates capability in taking consent for genetic and genomic testing and discusses the results with children, young people and their families● Performs advanced airway support, including airway opening manoeuvres and the use of airway adjuncts to the point of intubation● Undertakes key procedures, including the following:<ul style="list-style-type: none">● Peripheral venous cannula● Neonatal umbilical venous catheterisation● Lumbar puncture● Intraosseous needle insertion for emergency venous access● Performs appropriate clinical assessments of a baby, child and young person | <ul style="list-style-type: none">● Clinical notes or correspondence, medical reports, case histories, discharge summaries, discussing cases in which you performed or supervised clinical procedures● Skills logs or developmental logs for procedures and/or cases involving life-threatening events or other emergencies● DOPS assessments you have completed on colleagues● Evidence of teaching simulation training● Workplace based assessments:<ul style="list-style-type: none">● Directly Observed Procedural Skills (DOPS)● Mini-Clinical Evaluation Exercise (Mini-CEX) |

Evidence from other HLLOs

| HLLO | Evidence | KSE to support |
|---------|--|---------------------------|
| HLLO 4 | Clinical notes and correspondence | Clinical skills |
| HLLO 10 | Workplace based assessments completed for colleagues | Supervision of procedures |

RCPCH Voice of children, young people and families/carers

We asked for examples of when doctors have changed what they are doing to meet the needs of the patient. Children, young people and families shared their experiences:

- A young person with cerebral palsy and limited speech likes it when they are talked to directly and when the consultant emails before with questions and information
- A child with epilepsy liked it when they got a copy of the brain scan which was drawn all over by the doctor to explain what happens
- A young person said about how the doctor used easier words and did a drawing to explain what was going to happen
- A parent shared how the doctor works with play specialists to use play, activities and role play to explain what will happen with the needle and when they have their procedure

HLLO 4 – Patient management

You have become an expert at managing a wide range of paediatric conditions in a variety of settings and have moved towards independent practice and supervising junior staff. Your management of babies, children and young people is now fluid and highly proficient.

You are expected to consider the full range of differential diagnosis, treatment and management options available, including new and innovative therapies, relevant within paediatrics, anticipating the need for transition from paediatric services and planning accordingly.

You will be able to resuscitate, stabilise and treat extremely unwell babies, children and young people, liaising with specialist teams, as necessary. You will be able to recognise, investigate, initiate and continue the management of the full range of acute and chronic health problems presenting to paediatric outpatient clinics, drawing upon the expertise of other specialists as necessary.

| Knowledge, Skills and Experience | Suggested evidence |
|--|--|
| <ul style="list-style-type: none">● 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● Engages in multi-professional management of a baby, child or young person's physical, mental and developmental status, incorporating biological, physiological and social factors across multiple clinical contexts | <ul style="list-style-type: none">● Clinical correspondence, medical reports, case histories, discharge summaries for a variety of cases, showing how you manage cases across a variety of clinical situations expected of a paediatrician, with various degrees of difficulty● Records of multidisciplinary cases showing your involvement in coordinating and managing patient care with other professionals● Workplace based assessments:<ul style="list-style-type: none">● Case Based Discussion (CbD)● Mini-Clinical Evaluation Exercise (Mini-CEX)● Handover Assessment Tool (HAT)● Acute Care Assessment Tool (ACAT)● Clinical notes and correspondence including coverage of outpatient clinics, resuscitation and other emergencies, treatment of acutely unwell babies, children and young people |

Evidence from other HLLOs

| HLLO | Evidence | KSE to support |
|--------|----------------------------------|----------------------------------|
| HLLO 2 | Clinical note and correspondence | Experience in patient management |
| HLLO 3 | | |

RCPCH Voice of children, young people and families/carers

We asked young people what they think creates a good transition process for young patients between services – they said:

- Recognise and discuss individual needs in young people friendly terms
- Look at transition holistically, to include advice on: social, emotional, educational, geographical, employment, relationships and physical health
- Adult services to make social connections and have a long-term relationship with young people, to provide continuity of care
- Multidisciplinary teams are important and should meet regularly to prepare the young person for transition
- Signpost to local services, resources and knowledge
- Support young people with their mental health

HLLO 5 – Health promotion and illness prevention

You are able to consider the promotion of health from a leadership perspective, covering health promotion, prevention and public health, including global aspects. These concepts should be considered from the perspective of not only the individual baby, child, young person and family but also from a strategic service and population perspective.

You are expected to work with the wider healthcare community, promoting wellbeing, physical and mental health to improve the health of babies, children and young people.

| Knowledge, Skills and Experience | Suggested evidence |
|--|---|
| <ul style="list-style-type: none">● Understands the impact of wider economic, cultural and social factors which impact on mental and physical health at a population level● Applies knowledge of the factors which contribute to child health inequalities and the consequences of those inequalities in terms of disability, life expectancy and health economics● 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, including socioeconomic, cultural, psychological, which constrain the ability to make “healthy choices” and adapts practice to reduce these. | <ul style="list-style-type: none">● Clinical notes and correspondence for a variety of cases, showing your understanding of economic, cultural and social factors which affect the health and wellbeing of babies, children and young people.● Quality improvement projects you have led, showing knowledge of child health issues and wider public health and wellbeing.● Other clinical service management activities displaying your awareness of public health issues, including contributions to local, national and international initiatives.● Teaching presentations on the above topics, showing your understanding of child health in a wider context.● Communication with families, case notes or reflection on public health issues during clinical encounters, including awareness of cultural differences.● CPD attendance with reflection on learning points on health promotion. |

- 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

Evidence from other HLLOs

| HLLO | Evidence | KSE to support |
|--------|--|----------------------------------|
| HLLO 2 | Clinical notes and correspondence | Experience in patient management |
| HLLO 4 | | |
| HLLO 2 | Feedback, thank you notes/cards from patients and carers | Communication |

RCPCH Voice of children, young people and families/carers

We asked children and young people what keeps them healthy, happy and well – they said:

- Health information which is more interactive and memorable
- Having annual checks for vulnerable groups and introduce health checks in secondary school
- All doctors to have a good understanding of how to support good mental health for children and young people
- More education and awareness sessions on mental and physical health from a younger age
- Have more opportunities for parents and patients to talk to each other and get advice/support from people with lived experiences of conditions – tips to prevent crisis

HLLO 6 – Leadership and team working

You can lead 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.

You are expected to lead in multi-disciplinary teams (MDTs) and quality improvement projects, inspiring colleagues and supporting their development.

You will be able to assume the role of Acute Paediatric Team Leader, liaise with primary care and other hospital and community specialist teams to effectively manage and coordinate patient flow, staffing, safety and quality in the paediatric acute assessment and inpatient units. You will be able to co-ordinate and lead the inpatient care of babies, children and young people with a spectrum of common and complex conditions, liaising with primary care and other hospital and community specialist teams, as necessary.

| Knowledge, Skills and Experience | Suggested evidence |
|--|--|
| <ul style="list-style-type: none">● 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● 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● Participates effectively and constructively in the multi-disciplinary (MDT) and inter-professional teams, engaging with children, young people and families, facilitating shared decision making | <ul style="list-style-type: none">● Clinical correspondence, medical reports, case histories, discharge summaries for a variety of cases, showing how you have taken a lead role in managing cases across a variety of clinical situations, particularly when coordinating multidisciplinary care of complex cases● Clinical service management activities you have undertaken, such as rota planning or management of junior colleagues● Team meeting records showing your contributions to departmental working groups, safeguarding reviews, incident investigations● Communication with schools, charities, social services or allied health services on issues of patient care or child health● Teaching, training and assessment of junior colleagues● Involvement in the examination, recruitment or supervision of junior colleagues or trainees● Workplace based assessments:<ul style="list-style-type: none">● LEADER |

- Supports appropriate decisions made within a team and communicates these effectively

- Handover Assessment Tool (HAT)
- Acute Care Assessment Tool (ACAT)
- Clinical notes specifically relevant to further assessment, management or investigation, using specialist advice services, managing patient flow and resource allocation

Evidence from other HLLOs

| HLLO | Evidence | KSE to support |
|--------|--|--|
| HLLO 2 | Clinical notes and correspondence | Experience of taking the lead in patient management |
| HLLO 4 | | |
| HLLO 8 | Quality improvement projects, audits and/or incident responses | Experience of taking the lead in service improvement |

RCPCH Voice of children, young people and families/carers

Children, young people and families said that 'leadership and team working' to them includes paediatricians who:

- Know who your team is and how to get in touch with them
- Are helping others to understand what is going on and why
- Include other people too like schools, nans and friends – not all medical people
- Find the right person who can help you and get them to see you quickly
- Making me feel confident that you know what needs to happen next

HLLO 7 – Patient safety, including safe prescribing

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

You are expected to take 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.

| Knowledge, Skills and Experience | Suggested evidence |
|---|--|
| <ul style="list-style-type: none">● 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● Understands the relationship between hazards, risks of exposure and likelihood of harm and recognises when a baby, child or young person has been exposed to a risk/hazard and escalates in accordance with local and national procedures● Applies safety procedures to prescribing practice, following local and national processes in instances of patient harm or medication error● Applies safety procedures when prescribing blood products, with adherence to local and national policies● Applies the Duty of Candour principles to practice | <ul style="list-style-type: none">● Cases or incidents showing action you have taken where there has been an identified threat to patient safety● CPD in infection control and risk management● Team meeting records such as contributing to or chairing departmental working groups, multidisciplinary team meetings, safeguarding reviews, incident investigations● Communication with schools, charities or other allied health services on issues of patient care or child health● Development logs on management or governance issues |

| Evidence from other HLLOs | | |
|---------------------------|--|--|
| HLLO | Evidence | KSE to support |
| HLLO 2 | Clinical notes and correspondence | Experience in managing patient safety |
| HLLO 4 | | |
| HLLO 2 | Complaint responses | Communicating with patients and families |
| HLLO 5 | | |
| HLLO 8 | Quality improvement projects, audits and/or incident responses | Experience of taking the lead in managing patient safety |

RCPCH Voice of children, young people and families/carers

We asked 225 parents of children and young people with complex health needs what their biggest concerns were in relation to patient safety and safe prescribing – they said:

- Communicating with other carers and healthcare professionals about their child’s medication
- Remembering which medication to give and when
- Their child’s response to receiving the medication
- How to administer the medicine and how much to give

HLLO 8 – Quality improvement

You will demonstrate skill in optimising opportunities for improvement. This includes improvement across a range of areas, such as patient care, service delivery and management. You are an autonomous reflective practitioner.

You are expected to independently apply knowledge of quality improvement processes by initiating, planning and undertaking projects and audits to improve clinical effectiveness, patient safety and patient experience.

| Knowledge, Skills and Experience | Suggested evidence |
|---|---|
| <ul style="list-style-type: none"> ● 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 ● Proactively identifies opportunities for quality improvement | <ul style="list-style-type: none"> ● Audit reports or presentations, draft protocols, guidance or other examples of quality improvement activities ● Examples of identifying and responding to incidents or risks, identifying quality improvement issues ● Minutes, presentations or other records of participation in quality and safety meetings or other working groups focused on service improvement. ● Teaching presentations on quality issues or service improvement |

| Evidence from other HLLOs | | |
|---------------------------|---|--|
| HLLO | Evidence | KSE to support |
| HLLO 7 | Quality improvement projects, audits and incident responses | Experience of taking the lead in quality improvement |
| HLLO 5 | Reflective activity on learning points from incidents | Experience of identifying risks or service improvement |
| HLLO 7 | | |

HLLO 9 – Safeguarding vulnerable groups

Safeguarding of babies, children and young people is central to all aspects of paediatrics. You work proficiently in and advise others about this area of practice.

You are expected to independently lead the process of safeguarding for babies, children and young people, including assessment, investigations and reporting.

You will be able to recognise, investigate and manage safeguarding issues, including providing advice to general practitioners, other healthcare professionals and social care providers.

| Knowledge, Skills and Experience | Suggested evidence |
|--|---|
| <ul style="list-style-type: none">● 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 suspected abuse● Compiles and writes a range of reports which are clear and accurate as required for safeguarding work, including police statements, medical reports for social services and court reports● Recognises and acts upon safeguarding concerns, taking into account risk factors | <ul style="list-style-type: none">● Current certification of training in level 3 child protection● Medical reports and/or witness statements on cases involving safeguarding children, written for non-health professionals such as social services, the police and/or the courts● Records of meetings for looked after children case reviews.● Peer review meetings and other MDT work on cases involving safeguarding issues● Clinical correspondence with colleagues in primary care, other relevant disciplines, allied health workers on cases with safeguarding issues; teaching or training on child protection and safeguarding issues for colleagues● Workplace based assessments:<ul style="list-style-type: none">● Safeguarding CbD● ECAT |

- Conducts an assessment for possible maltreatment which incorporates attention to the broader family function and the baby’s, child’s or young person’s developmental, physical and mental health status
- Follows local and national policies for possible sexual abuse
- Applies an understanding of consent and parental responsibility in relation to safeguarding procedures of “looked after” children

Evidence from other HLLOs

| HLLO | Evidence | KSE to support |
|--------|-----------------------------------|---|
| HLLO 4 | Clinical notes and correspondence | Experience in child protection and safeguarding |

RCPCH Voice of children, young people and families/carers

We asked children and young people what they think keeps them safe – they said:

- Adults that we know and trust to speak with about things that are going on in our lives
- Safe places to go in our local area which helps us to see friends, do things together and not be out on the street
- An environment that is safe, clean, fixed up and doesn’t encourage bad things to happen
- Not being judged by services or staff – just because we have a social worker or need a bit of help doesn’t make us a bad person
- To give us access to support when we need it, so we don’t have to wait or be worse to qualify for help

HLLO 10 – Education and training

You will have highly effective teaching skills. You will also evaluate the impact of teaching and make adjustments accordingly.

You are expected to demonstrate the required knowledge, skills and attitudes to provide appropriate teaching, learning opportunities, supervision, assessment and mentorship in the paediatric healthcare setting.

| Knowledge, Skills and Experience | Suggested evidence |
|---|--|
| <ul style="list-style-type: none"> Evaluates teaching practice in a range of contexts using a variety of methods and adapts their teaching to suit different learning needs 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) Demonstrates the ability to plan and deliver teaching in a range of clinical and non-clinical contexts Provides appropriate feedback and assessment of others | <ul style="list-style-type: none"> Teaching schedules and rotas, logs of ward rounds, journal clubs. Teaching or training presentations you have given to colleagues. Feedback from attendees at your teaching sessions Workplace-based assessments of trainees or junior colleagues. CPD in teaching and supervision skills, e.g. 'Training the Trainer', Effective Educational Supervision, etc Contributions to information sheets written for patients and their families and carers |

| Evidence from other HLLOs | | |
|---------------------------|---|--|
| HLLO | Evidence | KSE to support |
| HLLO 2 | Clinical notes and correspondence | Experience in taking the lead in patient management |
| HLLO 4 | | |
| HLLO 8 | Presentations on quality improvement projects | Teaching skills |
| HLLO 6 | Assessing and supervising junior colleagues | Experience of supervision, assessment and mentorship |

RCPCH Voice of children, young people and families/carers

We asked children and young people about training paediatricians – they said:

- Children and young people have to be involved!
- We want to help you to learn as well as you teaching us about our condition
- It's not only doctors that need to learn new things, we wish that all school staff understood more about our conditions like epilepsy and asthma. Maybe doctors or nurses could visit the schools?
- The most important thing for us is that doctors are taught how to understand what I am not saying, especially as a teenager!
- We need all doctors to be taught about mental health so that if we see them in the hospital or in A&E or in our school they know how to help us or who is the best person that can help quickly

HLLO 11 – Research and scholarship

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

You are expected to demonstrate 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.

| Knowledge, Skills and Experience | Suggested evidence |
|--|--|
| <ul style="list-style-type: none"> ● Undertakes research and/or practises evidence-based medicine with an evaluation of the strengths and limitations to inform decision making and enhance patient care and patient outcomes ● 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 | <ul style="list-style-type: none"> ● Publications and conference presentations on medical research ● Presentations at regional meetings and evaluation of presentation performance ● Examples of involving families, children and young people in research and guideline developments ● Records of developing clinical questions e.g. literature appraisal |

| Evidence from other HLLOs | | |
|---------------------------|---|---|
| HLLO | Evidence | KSE to support |
| HLLO 2 | Clinical notes and correspondence | Experience in taking the lead in patient management |
| HLLO 4 | | |
| HLLO 8 | Presentations on quality improvement projects | Research skills |
| HLLO 10 | Teaching and training colleagues | |

RCPCH Voice of children, young people and families/carers

We asked children and young people how they want to get involved in research with paediatricians and they said:

- Raising awareness of research with children and young people
- Encouraging children and young people to get involved in child health research from the start
- Developing the research design – from the question, to choosing how to do the research and who is involved
- Helping children and young people to be able to give informed consent
- Helping to do the research and checking it is doing what it is meant to be doing

Annex A – Overview of the application evidence

Below is an outline of what a typical application will include for HLLO. This will give you an idea of the overall structure of your evidence once it is compiled. This can be used as a reference for how best to organise your evidence to avoid repetition.

| | |
|--|---|
| HLLO 1 – Professional values and behaviours | Your appraisals, multisource feedback or revalidation documents will cover all 11 HLLOs. This HLLO may include more specific examples of your work in clinical practice, quality improvement, teaching and safeguarding – but only if they address pertinent issues raised in the KSE under this HLLO. The evidence you submit for the remainder of the HLLOs will demonstrate your professional values and behaviours throughout your application. |
| HLLO 2 – Communication | Your application should include good primary evidence of cases where you have taken the lead in communicating with colleagues, allied health workers, patients, families and carers. A lot of your evidence for managing cases under HLLO 4 will also contribute to this HLLO. There should be examples of incidental evidence showing your professional involvement with patients, families and colleagues. Relevant workplace-based assessments are also useful evidence if available. |
| HLLO 3 – Clinical procedures | Your application should include good primary evidence of cases where you have taken a lead in performing or supervising clinical procedures. A lot of your evidence for managing cases under HLLO 4 will also contribute to this outcome. Reflection on cases and incidents involving your actions in acute or emergency presentations is highly useful here. Relevant workplace-based assessments are also useful evidence if available. You are expected to have supervised and assessed junior colleagues (e.g. DOPS). You should have current certification in advanced paediatric and neonatal life support. |
| HLLO 4 – Patient management | Your application should include good primary evidence of cases where you have taken a lead in diagnosing and formulating care plans for patients. These should include examples across various clinical settings such as acute presentations, inpatient and outpatient work, neonatal cases and community child health. Your |

| | |
|--|--|
| | evidence should include complex cases requiring the coordination of a multidisciplinary team. Reflection on learning points from cases you have attended is highly useful here. Relevant workplace-based assessments are also useful evidence if available. |
| HLLO 5 – Health promotion and illness prevention | Your application should include good primary evidence of contributions to quality improvement in your workplace. Your clinical evidence here and throughout the application should show that you maintain awareness of socioeconomic and cultural factors in patients’ health and how this may be affected by inequalities. Your submitted examples of communication should also reflect your awareness of the need to promote good health with patients, their families and carers. |
| HLLO 6 – Leadership and team working | Your application should include good primary evidence of examples of you taking the lead in managing complex cases, quality improvement projects and audits, assessing and supervising junior colleagues. The combination of primary evidence with development and reflection should show your abilities in delegating tasks effectively and working as a team player. |
| HLLO 7 – Patient safety, including safe prescribing | Your application should include good primary evidence of you working with patients, families and carers to maintain patient safety. In your clinical and your quality improvement activities, you should be able to show your awareness of patient safety issues and safe prescribing. If you have received complaints, your reflective responses to them are also useful evidence. The combination of primary evidence with development and reflection should show your abilities in understanding and acting on patient safety. |
| HLLO 8 – Quality improvement | Your application should include good primary evidence of presentations, reports or proposals for clinical audits where you have taken the lead. This does not need to show a complete audit cycle, but your evidence should show you have been involved in each stage of the process, even if not for the same audit. Other primary evidence for quality improvement projects, guideline and protocol drafts and revisions are needed. These can be supplemented by records of participation in departmental and working group meetings. Responses to incidents are also useful, or at least evidence showing your understanding of the principles in responding to incidents. |

| | |
|---|--|
| <p>HLLO 9 – Safeguarding vulnerable groups</p> | <p>Your application should include good primary evidence of examples of you taking the lead in managing safeguarding issues such as child protection cases, suspected abuse or non-accidental injury. These may include medical reports or witness statements. You may also have had experience in panel reviews or assessments for looked-after children. Additional evidence showing further training or reflecting your awareness of safeguarding issues in clinical practice is also beneficial. All applicants, regardless of sub-specialty, must have current certification in level 3 child protection.</p> |
| <p>HLLO 10 – Education and training</p> | <p>Your application should include good primary evidence of examples of you taking the lead in managing complex cases, quality improvement projects and audits, assessing and supervising junior colleagues. The combination of primary evidence with development and reflection should show your abilities in delegating tasks effectively and working as a team player.</p> |
| <p>HLLO 11 – Research and scholarship</p> | <p>Much of the evidence for this outcome will already be present in your evidence for clinical knowledge and experience, quality improvement and teaching. If you have not been recently involved in research projects, then your evidence should show your ability to critically appraise and apply research to your practice.</p> |

Annex B – Portfolio application in a non-CCT specialty

Some doctors may be eligible to apply for specialist registration via the Portfolio pathway in a non-CCT specialty (i.e. a paediatric sub specialty). Doctors who follow this route are listed on the specialist register in their chosen area of specialty only, as their HLLOs are not the same as those of a consultant in Paediatrics.

If you are applying in a non-CCT specialty related to Paediatrics, you will be expected to demonstrate that your practise is equivalent to a consultant in any of the UK health services. The below information provides guidance on the types of evidence you should submit.

Consultants in the UK health services who practise in a paediatric sub specialty area are expected to demonstrate the knowledge, skills and experience set under the 11 HLLOs in this SSG. However, some of the KSE in the HLLOs may not be relevant to your sub specialty area.

You should review the [list of GMC approved paediatric sub specialties](#) to see which areas you can submit a non-CCT application in. There is further guidance on the [GMC's website](#). The GMC can also provide you with specific advice on your eligibility for making a Portfolio application in a non-CCT specialty.

Areas of difference in knowledge, skills and experience (KSE) for non-CCT specialty applicants

Different KSE may be expected under the following HLLOs. You should refer to the relevant sub specialty syllabus learning outcomes for an indication of what is expected in the sub specialty most closely related to your specialty area.

| HLLO | Differences in KSE |
|------------------------------|---|
| HLLO 2 – Communication | The skills expected to demonstrate you provide effective and sensitive support for patients, families and carers may vary by sub specialty. Some sub specialties may not require evidence for leading a team in the actions needed when a baby, child or young person is dying or has died. |
| HLLO 3 – Clinical procedures | These skills will vary according to the sub specialty |

| | |
|---|---|
| HLLO 4 – Patient management | These skills will vary according to the sub specialty, particular regarding your experience in resuscitation, stabilisation and treatment of extremely unwell babies, children and young people. Your ability to recognise, investigate, initiate and continue the management of acute and chronic health problems presenting to paediatric outpatient clinics will also depend on the sub specialty learning outcomes defined in the relevant syllabus. |
| HLLO 6 – Leadership and team working | Your ability to act as acute paediatric team leader, liaise with primary care and other hospital and community specialist teams to effectively manage and coordinate patient flow, staffing, safety and quality in acute assessment and inpatient units will depend on the relevant to your sub specialty. |
| HLLO 9 – Safeguarding vulnerable groups | <p>You must have valid certification of training in child protection, however not all sub specialties require experience in recognising, investigating and managing safeguarding issues.</p> <p>Unless specified in the relevant sub specialty syllabus, you are not expected to have written reports and/or witness statements on cases involving safeguarding children, or taking a lead in peer review meetings for safeguarding cases or looked after children.</p> |

Mandatory evidence for all non-CCT specialty applicants

- **Resuscitation:** all applicants must provide evidence of current certification in advanced paediatric and neonatal life support skills (e.g. APLS and NLS)
- **Child protection:** all applicants must provide validation certification in Level 3 child protection training

Annex C – Workplace based assessments (WPBAs)

If you are providing evidence of WPBAs in your application, the below table may offer some guidance on where to list your assessments.

Note that submitting WPBAs alone would be insufficient to demonstrate the KSE required for a HLLO in its entirety.

| WPBA | Most relevant HLLO | Other applicable HLLOs |
|--|---|---|
| Acute care assessment tool (ACAT) | HLLO 6 – Leadership and Team Working | HLLO 1 – Professional Values and Behaviours HLLO 2 – Communication HLLO 4 – Patient Management HLLO 7 – Patient Safety, including Safe Prescribing |
| Case based discussion (CBD) | HLLO 4 – Patient Management | HLLO 1 – Professional Values and Behaviours HLLO 2 – Communication HLLO 7 – Patient Safety, including Safe Prescribing |
| Safeguarding case based discussion (SCBD) | HLLO 9: –Safeguarding Vulnerable Groups | HLLO 1 – Professional Values and Behaviours HLLO 2 – Communication HLLO 4 – Patient Management HLLO 6 – Leadership and Team Working |
| Mini-clinical evaluation exercise (Mini-CEX) | HLLO 4 – Patient Management | HLLO 1 – Professional Values and Behaviours HLLO 2 – Communication HLLO 3 – Clinical Procedures |

| | | |
|--|--------------------------------------|---|
| | | HLLO 6 – Leadership and Team Working HLLO 7 – Patient Safety, including Safe Prescribing |
| Directly observed procedural skills (DOPS) | HLLO 3 – Clinical Procedures | |
| Discussion of correspondence (DOC) | HLLO 2 – Communication | HLLO 1 – Professional Values and Behaviours HLLO 4 – Patient Management HLLO 7 – Patient Safety, including Safe Prescribing |
| Handover tool (HAT) | HLLO 6 – Leadership and Team Working | HLLO 1 – Professional Values and Behaviours HLLO 2 – Communication HLLO 4 – Patient Management HLLO 7 – Patient Safety, including Safe Prescribing |
| LEADER | HLLO 6 – Leadership and Team Working | HLLO 1 – Professional Values and Behaviours HLLO 2 – Communication HLLO 4 – Patient Management HLLO 7 – Patient Safety, including Safe Prescribing HLLO 10 – Education and Training |

Annex D – Advice from a previously successful applicant

A paediatric consultant who recently entered the Specialist Register has offered the following points of guidance and advice for doctors considering a Portfolio pathway application:

- 1) Understand the time and effort that is required to make a successful application. You are asked to provide evidence that you have fulfilled all the learning outcomes expected of a 'day one' consultant in your specialty. Doctors who have completed the formal training programme will usually have taken 7-8 years to gain these outcomes, so it is not something you can gather overnight.

Depending on your recent work history and experience, you may be ready to start an application now – or it may be a more long-term process to work towards as a goal in your career development.

- 2) Good preparation is key. Make sure you look carefully at this SSG. Reading the relevant curriculum may give you further insight into the knowledge, skills and experience you are expected to show in your evidence. It might also be helpful to refer to the [RCPCH's guidance for applicants](#).
- 3) Recognise that you'll need others to support you in the application process. Think about who can help; explain to them what help you need and ask if they can support you.
- 4) Try benchmarking yourself against this guidance. For each of the HLLOs, try looking at:
 - Where you already have evidence of KSE and start to gather this in one place
 - Where you have KSE but can't provide evidence of this. Think about what evidence you could provide – e.g. try to gain some WBAs across a range of clinical presentations
 - Where you have previously obtained KSE, but need to gather evidence to show your skills are still up to date – e.g. if you have specialised in community paediatrics, make sure you have current certification in paediatric and neonatal resuscitation. If you specialise in acute paediatrics, ensure you have currently level 3 child protection

- Where you do not yet have KSE, make a plan of how you could address these gaps. Discuss these gaps with your lead consultant in your specialty and ask if they can support you in getting experience to fill these gaps
- 5) The Portfolio application places most emphasis on evidence you have gathered in the last 5 years of your clinical practise (WTE). If you are providing evidence from before this time, think about what you can do now to show that you still have these KSEs – e.g. if you still have contacts in that unit, you could ask if they are happy to support you returning to complete WBAs in that area.
 - 6) Choose the referees for your structured reports carefully. The GMC provides guidance on who should give these, but you should also think about who values you enough to put in the time and effort to ensure their report provides the information you need.

Think about what you can do to support them in this process. The structured reports must be from your referees' own direct observation. Do not assume they can remember everything you have done; like you, they are busy people. Consider drafting a prompt sheet to help them recall the clinical experience you have, any safeguarding experience, any management you have done and any quality improvement work. It is entirely up to them what they write, but there is no harm of reminding them of the good work you have carried out.

- 7) Make sure you understand which evidence needs to be verified and that you follow the correct verification procedure, to ensure all your evidence is accepted and does not need to be resubmitted. If in doubt, the GHMC can advise on what needs to be verified – check the [GMC's website guidance on verification](#).
- 8) Take care to arrange your evidence following the order it is set out in this SSG, so that it's easier for your assessors to find the evidence they need for each of the HLLOs.
- 9) Finally – keep going and don't lose heart! There will probably be a point in the middle where the task feels huge. When this happens, allow yourself a couple of weeks off and then look at it afresh.

Additional guidance on applications in Paediatrics is available on the [RCPCH website](#).

You can contact the RCPCH at training.services@rcpch.ac.uk