

Evidencing relevant prior experience for sub-specialty training

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

Trainees applying to sub-specialty recruitment later than their ST4 year results allowed to evidence up to one <u>year of experience (attained prior to commencement of sub-speciality training)</u>, relevant to their sub-specialty application in order to allow them to apply from a later point in their training.

This is applicable to any trainee that does not have enough time left before their CCT date to complete sub-<u>specialty-training</u>. This includes first-time applicants and also those who have already made an attempt at the sub-specialty recruitment process but were not appointed to a post.

The generic guidance around counting prior experience is as follows:

- sub-specialty training.
 - A maximum of up to one wear of experience can be counted.
- · It must be training done in the UK and at Progress+ specialty level.
- · It needs to be in a sub-specialty approved centre
- Approval must be sought from the relevant CSAC Chair

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

Sub-specialty tables (in alphabetical order)

Community Child Health

Neonatal Medicine

Paediatric Alleray, Immunology and Infectious Diseases

Paediatric Diabetes and Endocrinology - TBC

Paediatric Emergency Medicine

Paediatric Gastroenterology, Hepatology and Nutrition

Paediatric Inherited Metabolic Medicine

Paediatric Intensive Care Medicine

Paediatric Nephrology

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Paediatric Neurology

Paediatric Oncology

Paediatric Palliative Medicine

Paediatric Pharmacology and Therapeutics - TBC

Paediatric Respiratory Medicine

Paediatric Rheumatology

Community Child Health

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

	specialty. Prior approval will be needed if the posts are not already approved for specialty level training	
Child Public Heath	All posts are usually acceptable however most trainees will undertake 2-3 days secondment to these posts from their CCH posts. These posts are usually arranged by trainees on an ad hoc basis and prior discussion around these places is to be recommended. If undertaken as a separate post, not a secondment, this will count towards the year in an allied sub-specialty.	

All other sub-specialties

Neonatal neurodevelopmental	University College London Hospitals (UCLH)	Long term outcomes after prematurity Skills in standardised assessments MDT team working
Paediatric Cardiology +/- ECMO (please be aware that most cardiology centres suggest 1 year placement)	Tertiary Paediatric Cardiology Service	Assessment and management of newborns with congenital cardiac disease Development of Echo skills
Paediatric Neurology	Tertiary Paediatric Neurolog service	MDT team working Neurological assessment of newborns Use of neuroimaging modalities in newborn Investigation and management of seizures in newborn
Paediatric Intensive Care Medicine	Training centres approved for PICM training	Intensive care management of newborns requiring intensive care +/- management of newborns with congenital heart diseas following corrective surgery Development of transferable procedural skills
Paediatric Respiratory Medicine	Tertiary respiratory paediatric service	Management of long-term oxygen therapy Sleep study assessment an interpretation Long term respiratory outcome following prematurity
Neonatal transport	x Acute Neonatal Transport Service (ANTS) x Centre x Connect NW x Embrace x NEST Bristol x Royal London NETS x West Midlands Transport Service x ScotSTAR	Triaging referrals and providing telephone advice Management of equipment for safe transfer Stabilisation and transfer of baby requiring tertiary NICU
Neonatal Intensive Care	Great Ormond Street Hospital	Exposure to complex specialist neonatal intensive care MDT working amongst multiple specialist teams
Clinical genetics		Clinical genetic assessment Use and interpretation of genetic investigations

Paediatric Palliative	Development of antenatal
Medicine	Advanced Clinical Practice
	(ACPs);
	Communication skills aroun
	difficult conversations
	Management and support o
	teams delivering End of life
	Care

Paediatric Allergy, Immunology and Infectious Diseases

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Allergy	Placements at any of the national sub-specialty training centres within Paediatric Allergy		
	Centres that have successfully hosted 12 months of an allergy SPIN: OE] • š } o U ^ š ' } OE Birmingham, Glasgow/Edinburgh, Cardiff Belfast t if they have been in the allergy specified post.		
	Acceptable posts: Allergy Respiratory 6 months Gastroenterology 6 months Dermatology 6 months Immunology 6 months Infectious Diseases 6 months		

Respiratory 6 months Microbiology 6 months	

Paediatric Emergency Medicine

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

Paediatric Gastroenterology, Hepatology and Nutrition

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Gastroenterology Hepatology and Nutrition (PGHAN)	Centre with accreditation for PGHAN training and in a post where equivalent training is being provided	Progression with knowledge skills and competencies according to the RCPCH PGHAN Curriculum evidenced on the RCPCH portfolio Exposure to and training in diagnostic endoscopy with registration and recording o experience on the JAG/JET portfolio	

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

Paediatric Intensive Care Medicine

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Anaesthesia and Intensive Care Medicine	Novice anaesthesia post	6 months (WTE) experience including contribution to the anaesthesia on call rota during those 6 months.	•

			Logbook of experience in anaesthesia post. ES report for post reflecting adequate progression of clinical and non-clinical skills.
DIOM	A delition of the said	la blacka of 0.0 months	MSF from Novice post.
PICM	Additional anaesthesia	In blocks of 3-6 months	This is in addition to a
	experience	experience (WTE)	Novice post not instead of.
Adult ICU / CICU / Neuro IC		In blocks of 3-6 months	This is in addition to a
		experience (WTE)	Novice post not instead of.
PICM	PICM approved centres	Up to one year (WTE) in a UK centre approved for PICM training programme a minimum ST4 level (on middle grade rota) and within 3 years of applying to PICM	
		Up to 6 months (WTE) in a UK centre approved as part 1329(n)2.99868(ths ()71395	

Paediatric Nephrology

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Paediatric Nephrology	nephrology training centre in the UK, in the context of an specialty level post in paediatric nephrology. All training centres: Birmingham, Belfast Nottingham, Bristol Newcastle, Glasgow Manchester, Leeds GOSH, Evelina NB: Liverpool may be included as a joint centre with Manchester. Southampton may be included as a joint centre with Evelina/GOSH. Southampton cannot offer training in kidney transplant. Therefore, a trainee would need to ensure they were appointed to a post with a significant amount of exposure in this area. The training post used must be the same as that which i offered to nephrology trainees in the same centre	training time can be used to count retrospectively (e.g. different time periods such as 3 months cannot be used) When trainees are applying to Nephrology and they are planning their eligibility, they need to contact the paediatric nephrology CSA(at least 3 months before their application to confirm whether retrospective time can be counted towards their training (if appointed). When an application is received, two members of the paediatric nephrology CSAC (excluding CSAC members working at the same centre as the applicant) will be required to approve the retrospective training time before CSAC can confirm eligibility to apply for Nephrology with retrospective training time. If insufficient documentation is presented, CSAC reserves	time retrospectively for nephrology with their educational supervisor at the start of the nephrology training time they intend to count retrospectively, so

Paediatric Neurodisability

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning



Sub-specialty:

Paediatric Palliative Medicine

Sub-specialty:	Acceptable centres/posts	Minimum specific experience/skills needed	Other, inc. learning outcomes/key capabilities related to core skills
Community Child Health	Centres approved to provide SPIN or sub-specialty training	Maximum of 3 months FTE specialty level experience o this or other sub-specialties can contribute towards training	•

Paediatric Neurodisability

Centres approved to provide Maximum of 3 months FTE SPIN or sub-specialty training

Paediatric Palliative Medicine	Centres approved to provide sub-specialty training	Subject to discussion at the time	Evidence of meeting aspects of specialty curriculum

