CCH Trainee's Guide to the Generic Paediatric Curriculum



British Association for Community Child Health

Every experience shapes the consultant you will become

Community Child Health (CCH) subspecialty trainees need to achieve the competencies set out in both the Community Child Health curriculum and the Generic Paediatric curriculum. We recognise that the day-to-day experience of community trainees can differ significantly from that of hospital-based colleagues, bringing both unique challenges and valuable opportunities.

This guide has been created by trainees for trainees working in the community to offer practical guidance on how generic competencies may be achieved, helping ensure all community paediatric trainees start with a shared understanding of the learning opportunities and resources that may be available and relevant. Examples are split into what experiences can be gained from acute and community settings to reflect the unique dual training experience of CCH trainees.

The examples included are not intended to be exhaustive. Rather, they reflect approaches that other trainees have found helpful. Your individual placements may offer additional or alternative opportunities that meet curriculum requirements, and we encourage you to explore these fully and make the most of what each post has to offer.

Every training journey is unique and yours is shaped by the opportunities you choose to explore - so make the most of it!

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National BACCH Trainee Representatives

This is a curriculum aid only and not a formal part of the curriculum, therefore whilst the guidance within may be helpful to orientate doctors in training entering a CCH post, it does not constitute mandatory requirements separate from those of the curriculum itself which is available on the RCPCH website.

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Users should refer to the online version to ensure the information is up to date

Domain 1

Professional values and behaviours

Overview
This domain focuses on developing professional behaviours, leadership and reflective practice when working with children, young people, families and multidisciplinary teams. As a CCH trainee, these competencies are developed across both acute and community settings, often through managing complex situations involving uncertainty, conflict and multi-agency working.

This domain sets out the requirements of the trainee in relation to professional values and behaviours. This encapsulates duty of care, legal and ethical frameworks, advocacy, accountability and responsibility. In addition to the professional values and behaviours required of all doctors (Good Medical Practice), a paediatric trainee must maintain confidentiality whilst understanding that disclosure may be required in relation to safeguarding

In addition to the professional values and behaviours required of all doctors (Good Medical Practice), a paediatric trainee must adhere to legal frameworks relating to babies, children, young people and families/carers, including relevant safeguarding legislation related to the four nations.

What this means in practice:

1. You will develop the ability to recognise, navigate and lead in situations where differing beliefs or expectations create conflict, ensuring safe, respectful and child-centred outcomes.
2. You will demonstrate and promote a holistic, child-centred approach, incorporating evidence-based medicine, reflection and the voice of the child across both acute and community care.
3. You will demonstrate increasing autonomy in clinical decision-making and leadership, while maintaining safe practice and appropriate escalation.

Guidance for Trainees:

Key Capability 1:
Demonstrates leadership in the management of relationships where religious or cultural beliefs may cause conflict between children, young people and families and healthcare professionals

Examples of ways to achieve competency:

In acute / OOH (out of hours) hospital work:

- Complete case-based discussions or reflections where conflict has been encountered, focusing on your role in resolving the conflict
- Undertake LEADER or Mini-CEX assessments demonstrating leadership within a conflict scenario
- Attend conflict resolution training
- Complete statutory and mandatory training and reflect on learning and changes to practice
- Complete online e-learning modules (e.g. e-Learning for Health Core Cultural Competence, RCPCH (Royal College of Paediatrics and Child Health) Vaccines in Practice modules)
- Gain experience with a Local Ethics Committee through attendance or observation
- Reflect on complex case discussions or perplexing presentations

- Reflect on or lead discussions where families disagree with professionals regarding diagnosis or management

In community work:

- Reflect on discussions around alternative healthcare practices in children with neurodiversity or neurodisability (e.g. folinic acid in autism)
- Lead or observe complex discussions with families around diagnosis or management disagreements
- Undertake ethics and genomics learning (e.g. Genomics Education Programme modules) and apply this to clinical discussions
- Reflect on cultural considerations within safeguarding practice (e.g. physical chastisement, circumcision practices)
- Observe adoption panels and reflect on differing professional and family perspectives
- Reflect on conflict related to educational placement (e.g. access to special school places) and the role of third-sector organisations, e.g. SENDIASS (Special Education Needs and Disability Information Advice and Support Service)
- Reflect on consultations where families do not engage with public health initiatives (e.g. vaccination)
- Reflect on or lead discussions around end-of-life decisions and advance care planning in palliative care
- Reflect on or lead discussions where families disagree with professionals regarding diagnosis or management

Recommended resources to read and reflect on:

- The General Medical Council (GMC) 'Good Medical Practice' guide
- Royal College of Surgeons 'Caring for Patients who Refuse Blood' guide

Key Capability 2:
Acts as a role model to colleagues by demonstrating a flexible, holistic, reflective, evidence-based approach to practice

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Complete e-learning modules (e.g. Public Health Ethics)
- Link relevant MSF (multi-source feedback) to this domain
- Present at journal club and reflect on changes to practice
- Reflect on use of guidelines or evidence-based practice (e.g. development log for clinical questions)
- Contribute to writing or updating a guideline
- Complete a DOC (discussion of correspondence) on a report (e.g. child protection report, adoption medical report), focusing on holistic care and the Voice of the Child
- Attend transition clinics for adolescents and complete WBAs (workplace-based assessments) reflecting on their journey

In community work:

- Lead or reflect on neurodevelopmental or special school clinics, focusing on holistic care
- Conduct a child protection examination and reflect on capturing the Voice of the Child
- Complete or reflect on WBAs following Initial Health Assessments (IHA) or adoption medicals, focusing on holistic care
- Complete WBAs demonstrating contribution to EHCPs (Educational, Health and Care Plan), including consideration of the Voice of the Child
- Undertake a public health project considering impact on the Voice of the Child

- Attend training on advance care planning (ACP) and be observed leading discussions or completing ACP documentation

Recommended resources to read and reflect on:

- Disability Matters e-learning modules
- E-learning on evidence-based medicine (critical appraisal)
- Ready, Steady, Go Programme
- NCEPOD (National Confidential Enquiry into Patient Outcome and Death) Transition Report – *The Inbetweeners*

Key Capability 3:
Practises independently in a safe manner

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Lead a resuscitation or emergency scenario and complete a LEADER assessment
- Independently manage a clinic or caseload with appropriate supervision and complete a LEADER assessment
- Be observed leading a ward round and complete a WBA or LEADER assessment
- Lead a handover and complete a HAT (Handover Assessment Tool) assessment
- Complete Advanced Paediatric Life Support (APLS)/Neonatal Life Support (NLS) or equivalent courses
- Attend leadership training locally or nationally e.g. British Medical Association (BMA), GMC, London School of Paediatrics (LSP)
- Reflect on MSF

In community work:

- Independently manage community clinic consultations with appropriate supervision, including decision-making and documentation and reflect on undertaking independent clinics
- Lead management of complex cases involving multi-agency input (e.g. safeguarding, neurodisability, looked after children)
- Demonstrate safe clinical decision-making in situations with diagnostic uncertainty, including appropriate escalation
- Complete WBAs reflecting independent practice in community settings e.g. complete a CBD (case-based discussion) following a case seen independently and discussed with a supervisor
- Reflect on balancing autonomy with seeking senior support in complex community cases

Recommended resources to read and reflect on:

- GMC 'Leadership and Management' professional standards guide
- GMC 'Good Medical Practice' guide

Domain 2

Professional skills and knowledge: Communication

Overview
This domain focuses on developing effective communication with children, young people, families and multidisciplinary teams, particularly in situations of complexity or uncertainty. As a CCH trainee, communication skills are developed across both acute (OOH/hospital) and community settings, often involving multi-agency working, sensitive discussions and adapting communication to a wide range of needs.

What this means in practice:

1. You will develop confidence in communicating clearly and collaboratively in complex situations, ensuring shared understanding across professionals and families.
2. You will demonstrate and teach high quality consultation skills, ensuring the voice of the child or young person is heard and valued.
3. You will develop the ability to teach and model effective consultation skills, including explaining complex or sensitive information clearly and appropriately.
4. You will develop leadership skills in coordinating MDT (multidisciplinary team) discussions and decision-making, particularly in complex or emotionally challenging situations.
5. You will develop confidence in communicating clearly and professionally with external agencies, including producing high-quality written documentation for legal and statutory processes.

Guidance for Trainees:

Key Capability 1:
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

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Organise and/or contribute to a Team Around the Family (TAF) meeting
- Present complex cases at departmental MDT meetings or Grand Round and complete a WBA
- Write clinic letters to families or young people explaining diagnosis or management in appropriate language and complete a DOC
- Write a chronology for a perplexing or complex presentation

In community work:

- Attend and contribute to multidisciplinary meetings in neurodisability services and complete a WBA or reflection
- Attend safeguarding strategy meetings and contribute to discussions regarding management plans
- Observe or lead discussions with prospective adopters regarding pre-adoption medicals and complete a WBA or reflection
- Complete school or preschool observations where there is diagnostic uncertainty and provide feedback to the MDT
- Liaise with MDT colleagues or chair meetings related to public health issues (e.g. obesity, vaccination uptake)
- Develop and discuss Advance Care Plans (ACP) with families in palliative care settings and complete a WBA or reflection

Recommended resources to read and reflect on:

- RCPCH guidance: Perplexing Presentations / Fabricated or Induced Illness
- NICE guidelines relevant to complex conditions (e.g. autism, safeguarding, end-of-life care)
- GMC 'Decision Making and Consent' professionals standards guide
- NHS England Personalised Care Institute 'Shared Decision Making' e-learning
- The King's Fund – resources on multidisciplinary and integrated working

Key Capability 2:
Models and teaches effective active listening skills in consultation with children and young people

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Reflect on multi-source feedback relating to consultation skills
- Complete WBAs focusing on consultation and communication skills

In community work:

- Observe or lead transition clinics and complete a WBA or reflection
- Conduct Child Protection Medical Examinations, ensuring the Voice of the Child is captured
- Conduct Initial Health Assessments (IHA) across a range of age groups, including unaccompanied asylum-seeking children
- Observe or lead consultations incorporating educational concerns and reflect on communication approaches
- Use motivational interviewing techniques when discussing public health issues (e.g. obesity, smoking)
- Spend time in a children's hospice communicating with children and families with life-limiting conditions and reflect on these experiences

Recommended resources to read and reflect on:

- RCPCH &Us – resources on engaging children and young people in their care
- UN Convention on the Rights of the Child (UNCRC), particularly Article 12
- NSPCC (National Society for the Prevention of Cruelty to Children) Learning – communicating with children and young people
- YoungMinds – resources on communicating about mental health
- NHS England – guidance on personalised care and patient-centred communication

Key Capability 3:
Demonstrates to others how to manage an effective consultation, including communicating a diagnosis and prognosis effectively to children, young people and their families

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Teach medical students or paediatric trainees how to take a paediatric history
- Contribute to developing e-learning modules (e.g. RCPCH, e-LfH (e-Learning for Health) or similar platforms)
- Write or contribute to publications on effective communication (e.g. BACCH (British Association of Community Child Health) News, BMJ (British Medical Journal), Milestones)

In community work:

- Teach how to take a developmental history, including normal milestones (neurodevelopmental settings)

- Contribute to teaching on safeguarding courses
- Explain healthcare plans to looked after children, including unaccompanied asylum-seeking young people
- Spend time in special schools observing and learning alternative communication methods
- Contribute to development of information materials for families (e.g. Healthier Together resources)
- Deliver teaching within local palliative care networks and reflect on feedback

Recommended resources to read and reflect on:

- SPIKES framework for delivering difficult news
- VitalTalk communication resources (serious illness conversations)
- RCPCH communication skills resources and learning modules
- Academy of Medical Royal Colleges – *Please write to me* guidance
- BMJ Learning – consultation and communication skills modules

Key Capability 4:
Leads MDT in a range of situations with children, young people and their families, including challenging circumstances

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Lead MDT debriefs following emergency or distressing situations and complete a LEADER or WBA
- Lead MDT discussions for complex cases and complete a WBA or reflection
- Organise or lead Team Around the Family (TAF) meetings
- Lead resuscitation or acute emergency scenarios and complete a LEADER or WBA

In community work:

- Lead MDT discussions for children with complex needs (e.g. adolescents with cerebral palsy not engaging with management)
- Organise or contribute to safeguarding professionals' meetings
- Attend fostering or adoption panels and contribute to discussions regarding suitability of carers
- Lead discussions regarding children not accessing education due to medical needs
- Present data or business cases to local Integrated Care Boards (ICBs) demonstrating MDT activity
- Attend or contribute to Child Death Review Panels and reflect on learning

Recommended resources to read and reflect on:

- NHS England – guidance on integrated care and multidisciplinary working
- The King's Fund – leadership and MDT working resources
- SCIE (Social Care Institute for Excellence) – multi-agency working guidance
- RCPCH resources on child death review processes and MDT working
- Together for Short Lives – communication in paediatric palliative care

Key Capability 5:
Demonstrates effective communication with external agencies,

Examples of ways to achieve competency:

In acute / OOH hospital work:

including authoring legal documents and child protection reports

- Reflect on documentation and communication in acute safeguarding cases
- Contribute to clinical documentation supporting escalation or referral to external agencies

In community work:

- Write or contribute to funding applications for children with complex neurodisability and complete a DOC
- Write Child Protection Medical Examination reports and complete a DOC or reflection
- Write Initial Health Assessment (IHA) reports and complete a DOC or reflection
- Write adoption medical reports and complete a DOC or reflection
- Contribute to Education, Health and Care Plans (EHCPs) and complete a DOC or reflection
- Contribute to public health reports at local or national level
- Write reports for the coroner where appropriate

Recommended resources to read and reflect on:

- RCPCH Online Learning – Information Sharing Matters
- RCPCH Statement and Report Writing Course
- RCPCH Child Protection Companion / Portal
- GMC guidance on record keeping and documentation
- Working Together to Safeguard Children (statutory guidance)
- CoramBAAF resources for adoption and looked after children reports
- E-learning for Health – Information Sharing and safeguarding modules

Domain 3

Professional skills: Procedures

Overview
This domain focuses on developing procedural competence, supervision skills and the ability to manage clinical emergencies safely and effectively. As a CCH trainee, procedural exposure may vary depending on placement. Competence is typically developed through acute (OOH/hospital) work, simulation and supervision of others, while community settings provide opportunities to consolidate understanding, teaching and application in specific contexts (e.g. neurodisability, genomics).

What this means in practice:

1. You will support the development of junior colleagues by supervising procedures, providing feedback and contributing to teaching in both clinical and simulated environments.
2. You will develop confidence in recognising, leading and coordinating emergency situations, ensuring effective teamworking and safe patient care.
3. You will maintain competence in core procedural skills, recognising that exposure may vary and proactively seek opportunities to practise and retain these skills.
4. You will develop skills in obtaining informed consent for genetic testing and communicating results sensitively and clearly, particularly relevant in community and neurodevelopmental practice.

Guidance for Trainees:

Key Capability 1:
Teaches, supervises and assesses junior staff undertaking clinical procedures

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Reflect on supervising junior staff undertaking procedures (e.g. lumbar puncture, cannulation, intubation, intraosseous access, umbilical line insertion)
- Complete Direct Observation of Procedural Skills (DOPS) assessments for junior colleagues
- Teach clinical procedures through simulation (e.g. APLS, NLS scenarios)
- Provide real-time supervision and feedback during acute clinical shifts
- Complete local training on supervising and assessing medical students

In community work:

- Teach procedural skills in simulation or teaching sessions for junior colleagues
- Support junior colleagues in understanding indications, risks and aftercare of procedures
- Contribute to local teaching programmes or induction sessions
- Reflect on adapting procedural teaching for trainees with limited acute exposure
- Complete local training on supervising and assessing medical students

Recommended resources to read and reflect on:

- RCPCH – Effective educational supervision resources

- e-Learning for Health – Medical education and supervision modules
- General Instructor Course (GIC) or equivalent simulation training
- GMC 'Good Medical Practice' Guide
- Attend a teaching course (e.g. General Instructor Course)
- Attend RCPCH course on educational / clinical supervision

Key Capability 2:
Manages and co-ordinates the response to an emergency situation

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Lead resuscitation or emergency scenarios and complete LEADER or Mini-CEX assessments
- Participate in and coordinate emergency responses during on-call shifts
- Reflect on leadership, communication and decision-making during emergency situations

In community work:

- Maintain familiarity with recognition and initial management of acutely unwell children who may present in outpatient clinics and reflect on any cases seen
- Reflect on escalation decisions and communication with acute services
- Contribute to guideline development or revision around responding to emergencies in the community e.g. non-fatal strangulation in child protection work

Recommended resources to read and reflect on:

- Advanced Paediatric Life Support (APLS) manual (latest edition)
- Newborn Life Support (NLS) manual (latest edition)
- Resuscitation Council UK guidelines
- RCPCH guidance on recognising the deteriorating child

Key Capability 3:
Where defined in the general paediatrics or sub-specialty syllabus, performs the procedures relevant to that syllabus

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Use acute shifts to opportunistically perform procedures and log experience (e.g. lumbar puncture, intraosseous access)
- Complete DOPS (Direct Observation of Procedural Skills) assessments to evidence procedural competence
- Maintain life support skills through NLS/APLS participation
- Participate in simulation training (e.g. child protection / safeguarding scenarios)

In community work:

- Develop and evidence procedural or assessment skills relevant to community paediatrics, including:
  - SOGS (Schedule of Growing Skills) assessments
  - Conners interpretation
  - Sleep study interpretation
  - EEG (electroencephalogram) interpretation
  - Growth chart interpretation
  - Audiogram interpretation
- Gain experience in safeguarding-related procedures (e.g. swabs, body mapping, CSA (Child Sexual Abuse) examinations where appropriate)
- Reflect on how community-based skills differ from acute procedural competencies

Recommended resources to read and reflect on:

- APLS and NLS course materials
- Local trust procedural guidelines and competency frameworks
- Simulation training resources
- Relevant specialty-specific courses (e.g. CSA forensic examination courses, neurodisability training)

Key Capability 4:
Demonstrates capability in taking consent for genetic and genomic testing applicable to general paediatrics or sub-specialty and discusses the results with children, young people and their families

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Obtain consent for genomic testing (e.g. karyotype testing for suspected trisomy 21) and complete a Mini-CEX or reflection
- Observe consultants feeding back genomic results and reflect on communication approaches
- Observe genetic clinics and reflect on consultation skills
- Attend genetic peer review meetings and reflect on learning

In community work:

- Obtain consent for genomic testing in neurodevelopmental settings (e.g. CGH array, R67 testing)
- Feedback genomic results to children, young people and families and complete a WBA or reflection
- Counsel or observe counselling of prospective adopters regarding genetic diagnoses

Recommended resources to read and reflect on:

- FutureLearn – *Genomics in the NHS: A Clinician's Guide to Genomic Testing for Rare Disease*
- e-Learning for Health – Genomics Education Programme
- NHS National Genomic Test Directory
- GMC – Decision Making and Consent guidance

Domain 4

Professional skills: Patient Management

Overview
This domain focuses on developing safe, evidence-based patient management, including clinical decision-making, leadership, supervision and coordination of care across services. As a CCH trainee, patient management often involves complex, multi-agency care, long-term conditions and navigating uncertainty. Skills are developed across both acute (OOH/hospital) and community settings, with increasing emphasis on holistic, coordinated care.

What this means in practice:

1. You will apply evidence-based medicine in clinical decision-making while recognising when individualised care is required.
2. You will support shared decision-making and empower children, young people and families to engage in their care.
3. You will develop leadership and supervisory skills to support safe and effective patient management.
4. You will coordinate care across services and support safe transitions, particularly into adult services.

Guidance for Trainees:

Key Capability 1:
Assesses the evidence base for treatment and assessment strategies, their limitations and when to act outside them with appropriate advice.

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Maintain awareness of local guidelines, policies and pathways
- Contribute to development or review of local guidelines
- Attend and present at journal club
- Develop clinical knowledge through acute on-call work, supported by reflection and WBAs
- Attend relevant educational courses and update training
- Maintain life support competencies (e.g. APLS, NLS)
- Complete WBAs focused on general paediatric presentations

In community work:

- Reflect on the evidence base for management of conditions (e.g. cerebral palsy, epilepsy, ADHD, autism, behavioural interventions, developmental delay investigations)
- Do an audit of local practice against national guidelines and explore where practice differs
- Develop or update local guidelines based on best practices and the current evidence base
- Reflect on use of the Child Protection Companion within safeguarding work

Recommended resources to read and reflect on:

- Local acute care guidelines or local network pathways
- NICE guidelines to support understanding of specific conditions i.e. NICE guidelines for epilepsy
- NICE Clinical Knowledge Summaries (CKS) for specific conditions

- BMJ Learning modules that relate to general paediatric presentations
- Relevant papers in Archives of Disease in Childhood related to a clinical case that you have seen
- Specific courses (eg. BPNA (British Paediatric Neurology Association)/BACCH short courses)

Key Capability 2:
Demonstrates leadership in encouraging children and young people to participate in their individual care, using external resources appropriately.

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Work collaboratively with children and young people (CYP) and families to develop individualised care plans (e.g. hospital passports, ACPs)
- Reflect on the use of support services and signposting, evaluating their impact
- Demonstrate awareness of local and national support organisations and signpost appropriately
- Use structured communication tools (e.g. HEADSSS assessments) to support engagement and do a reflection / mini-CEX on this

In community work:

- Utilise communication toolkits or alternative communication resources for non-speaking patients and reflect on this
- Shadow speech and language therapists to develop skills in engaging non-speaking children
- Support children and families in accessing appropriate services and resources e.g. tailoring signposting material

Recommended resources to read and reflect on:

- NHS Healthier Together resources
- National third sector organisations resources (e.g. National Autistic Society, YoungMinds, TOOTHpaste)
- Local authority SEND (Special Educational Needs and Disabilities) Local Offer

Key Capability 3:
Supervises junior staff and supports colleagues in the assessment and management of cases which are complex or nuanced

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Provide supervision and support to junior colleagues in developing clinical skills (e.g. cannulation, lumbar puncture) and reflect on these experiences
- Complete workplace-based assessments (WBAs) for junior colleagues
- Arrange senior observation of your supervision or feedback (Mini-CEX)
- Provide real-time clinical support during ward rounds and on-call shifts
- Lead or contribute to bedside teaching
- Support colleagues following challenging clinical situations, including participation in debriefs
- Support prioritisation and workload management during busy shifts
- Offer mentorship and pastoral support, including signposting to wellbeing resources
- Facilitate or contribute to development of a resident doctors' forum
- Seek and reflect on feedback from junior colleagues (e.g. MSF or informal feedback)

In community work:

- Encourage junior colleagues to attend or shadow community clinics
- Provide coaching on communication in complex or sensitive situations
- Contribute to induction and local teaching programmes

- Support development of a resident doctors' forum within the department

Recommended resources to read and reflect on:

- RCPCH Effective Educational Supervision course
- Teach the Teacher courses (e.g. Tomorrow's Teachers)
- Medical education conferences or courses
- e-Learning for Health medical mentoring modules

Key Capability 4:
Anticipates the need for transition to another service, or works jointly alongside another service, to care for the baby, child or young person

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Reflect on recognising clinical deterioration and need for escalation (e.g. use of STOPP tool)
- Undertake assessment of handover and communication with tertiary services e.g. Mini-CEX/CBD/HAT (Handover Assessment Tool)
- Reflect on cases requiring referral to tertiary care
- Support junior colleagues in understanding referral pathways and escalation
- Reflect on managing differing professional perspectives within MDT or multi-agency settings
- Seek feedback from MDT members on communication and collaboration (eg. MSF or informal feedback)
- Observe or participate in transition clinics or joint paediatric–adult services

In community work:

- Gain experience in completing structured transition tools (e.g. Ready Steady Go)
- Attend and contribute to multi-agency strategy discussions (health, social care, education)
- Participate in Team Around the Child (TAC) or equivalent MDT meetings
- Reflect on collaborative working with allied health professionals (e.g. SALT (Speech and Language Therapists), OT (Occupational Therapists), physiotherapy, psychology)
- Lead or contribute to MDT discussions for complex patients

Recommended resources to read and reflect on:

- Ready Steady Go transition programme
- NICE NG43 – Transition from children's to adult services
- Local authority SEND Local Offer and guidance
- Local multi-agency (TAF/TAC) guidance
- ICS (Integrated Care System) / MDT working guidance

Domain 5

Health promotion and illness prevention

Overview
This domain focuses on understanding and addressing the wider determinants of health, promoting wellbeing and preventing illness at both an individual and population level. As a CCH trainee, this domain is particularly relevant, with opportunities to work across clinical, public health and multi-agency settings, addressing health inequalities and supporting early intervention.

What this means in practice:

1. You will recognise how wider determinants of health affect outcomes and incorporate this into clinical assessment and management.
2. You will use data to understand population needs and inform service delivery and improvement.
3. You will use health data and knowledge to advocate for change and improve outcomes for children and young people.
4. You will identify barriers to care and adapt your clinical approach to improve access and equity.
5. You will promote health through teaching, service improvement and multidisciplinary collaboration.
6. You will support families to navigate healthcare systems and promote self-management and early engagement.
7. You will understand how population-level health threats are managed and apply this knowledge in clinical and public health contexts.

Guidance for Trainees:

Key Capability 1:
Understand the impact of wider economic, cultural and social factors which impact on mental and physical health at a population level

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Reflect on a case seen acutely where social factors were contributing to the problem eg. mould, poverty
- Create or update local guidelines for improving understanding of population health problems or run a QIP (Quality Improvement Project) to improve local signposting practices to support wider economic, cultural and social factors which impact health e.g. screen time

In community work:

- Attend Child Death Overview Panel (CDOP) meetings and reflect on learning
- Complete a survey on use of HEADSS assessment in acute settings and deliver teaching based on findings
- Complete a CBD on an Initial Health Assessment (IHA) for a looked after child
- Use the WHAM (Wellbeing Health Action Movement) 1 Minute Tool on Poverty during clinic and reflect on its use
- Reflect on adverse childhood experiences (ACEs) identified during child protection medicals and their short- and long-term impact

Recommended resources to read and reflect on:

- National Child Mortality Database (NCMD)
  Wellbeing Health Action Movement (WHAM)
- Complete Disability Matters Finance Matters course

Key Capability 2:
Demonstrates leadership and understanding of the systems that enable clinicians to analyse data relating to the patients under their care

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Use national data sources (e.g. BadgerNet) to understand patient populations
- Use local IT system to generate report to identify trends to a particular issue e.g. recurrent emergency department attenders to guide QIP

In community work:

- Review local data regarding children seen in child protection medicals
- Complete an audit on compliance with Child Protection Improvement Programme (CPIP) standards
- Attend or present at an Integrated Care Board (ICB) meeting
- Attend Child Death Review meetings and reflect on findings
- Review data from the British Paediatric Surveillance Unit and reflect on local population needs
- Access and interpret local public health data (e.g. Fingertips) and compare with national data

Recommended resources to read and reflect on:

- Attend BACCH Population Health Problems teaching
- British Paediatric Surveillance Unit
- NCMD (National Childhood Mortality Database) webinars
- NHS Atlas of Variation in Children and Young People
- RCPCH Informatics for Quality

Key Capability 3:
Utilises local, national and international health information in order to advocate for systems and policies which promote health and reduce inequalities

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Identify patterns of inequality in acute presentations (e.g. frequent attenders, delayed presentations) and reflect on underlying drivers
- Discuss health inequalities identified in acute settings during handover, teaching or case discussions

In community work:

- Complete WHAM assessment in clinic and reflect on its use
- Use local or national data to inform advocacy or service improvement (e.g. safeguarding trends, neurodisability prevalence)
- Work alongside health visitors and school nurses to understand universal services and health promotion

Recommended resources to read and reflect on:

- e-Learning for Health – Health Inequalities modules
- BACCH Population Health Problems

Key Capability 4:
Understands contextual barriers to accessing

Examples of ways to achieve competency:

In acute / OOH hospital work:

healthcare and adapts practice to reduce these	• Reflect on challenges of using interpreters in clinical consultations • Reflect on barriers to accessing acute care (e.g. delayed presentations, parental understanding, transport or language barriers) • Apply principles from Making Every Contact Count or Oliver McGowan training in clinical encounters and reflect on impact **In community work:** • Complete a CBD on challenges faced by unaccompanied asylum-seeking children (UASC) • Complete a CBD on safeguarding cases involving neglect • Reflect on barriers to accessing healthcare for children with complex disabilities (e.g. access to weighing equipment, hoists) • Undertake audit or reflection on accessibility of outpatient or community clinic environments Recommended resources to read and reflect on: • UASC Health resources • Weigh to Go campaign (BACD) • e-Learning for Health – Making Every Contact Count • Oliver McGowan training
Key Capability 5: Demonstrates leadership in health promotion by undertaking educational and/or quality improvement activity in this area across professional groups	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Deliver teaching sessions to colleagues or nursing staff (e.g. weight management, vaccination schedules) • Incorporate opportunistic health promotion into acute consultations (e.g. safety-netting, lifestyle advice) **In community work:** • Participate in quality improvement work assessing inclusion of health promotion in community clinics (e.g. immunisation status, oral health, smoking cessation) • Work with MDT colleagues (e.g. health visitors, school nurses) to embed health promotion into routine care • Contribute to development of patient-facing health promotion resources Recommended resources to read and reflect on: • Example projects running near you e.g. Mini Mouth Care Matters, Oxford Knowledge Project, My Voice Matters
Key Capability 6: Evaluates the way that patients and families use the health system and adapts their practice to encourage self-management and early engagement	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Reflect on safety-netting advice provided following acute presentations • Reflect on how families use urgent care services (e.g. emergency department attendance patterns) • Use transition tools (e.g. Ready Steady Go) in clinical encounters and reflect on impact **In community work:** • Reflect on resources available to families awaiting or following diagnosis (e.g. autism) and barriers to access • Undertake quality improvement work to improve access to information for common health issues (e.g. sleep, toileting, feeding)

- Explore how families engage with community services and identify barriers to early engagement

Recommended resources to read and reflect on:

- NHS Healthier Together
- Ready Steady Go transition tools

Key Capability 7:
Shows involvement in the process of anticipation, prevention, preparation, detection, response (contain, delay and mitigate), communication, research and control of an epidemic in order that the population health impacts are minimised

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Attend teaching or updates on anticipated health events (e.g. RSV surge planning, measles outbreaks) and reflect on learning
- Reflect on experience of working during infectious disease surges (e.g. COVID-19, Group A Strep, measles)
- Reflect on changes to vaccination schedules and their population health impact
- Participate in infection control practices during outbreaks

In community work:

- Reflect on challenges of providing safe care for children with complex needs during infectious disease surges
- Consider the impact of outbreaks on vulnerable populations (e.g. low vaccination uptake, access to services)
- Reflect on the role of community services in prevention and early detection

Recommended resources to read and reflect on:

- BMJ Learning – Vaccine Hesitancy
- RCPCH webinars on infectious disease outbreaks (e.g. measles)

Domain 6

Leadership and team working

Overview
This domain focuses on developing leadership skills, effective team working and understanding how paediatric services are delivered, managed and improved. As a CCH trainee, leadership is often demonstrated through multi-agency working, service development and managing complexity across systems**,** with opportunities in both acute (OOH/hospital) and community settings.

What this means in practice:

1. You will develop an understanding of how healthcare resources are used and contribute to delivering efficient, effective care.
2. You will collaborate with a wide range of professionals to deliver coordinated, patient-centred care.
3. You will manage conflict within teams and maintain professional leadership in challenging situations.
4. You will work with stakeholders to shape and improve services that meet the needs of children, young people and families.
5. You will work collaboratively with managerial and non-clinical colleagues to support service delivery and development.
6. You will demonstrate leadership and professionalism in high-pressure or emotionally challenging situations.

Guidance for Trainees:

Key Capability 1:
Takes an active role in promoting the optimum use of healthcare resources

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Complete a CBD on cases involving signposting and appropriate use of healthcare resources
- Reflect on challenges of managing expectations in busy acute settings (e.g. perceived vs actual urgency, long waits)
- Complete an ACAT (Acute Care Assessment Tool) focusing on management of staff, equipment and bed pressures during acute care
- Participate in or reflect on involvement in research trials relating to optimal management strategies (e.g. BACHb)

In community work:

- Reflect on the use of eg. Patient Initiated Follow Up (PIFU) in community clinics or therapy services
- Complete a CBD on managing care challenges due to drug shortages
- Complete a CBD on triaging referrals and managing waiting lists appropriately

Recommended resources to read and reflect on:

- NICE guidelines relevant to resource use and clinical decision-making

Key Capability 2:
Works closely with all professional groups

Examples of ways to achieve competency:

In acute / OOH hospital work:

involved in creating a comprehensive care pathway	• Attend business or management meetings related to service development and reflect on learning • Work with play specialists, learning disability nurses and acute care teams to facilitate planned admissions for children with complex needs **In community work:** • Reflect on the value of MDT working across health, education and social care • Attend multidisciplinary panels (e.g. autism assessment panels) and reflect on different professional perspectives and assessment approaches • Reflect on patient/carer forums and how feedback influences service design Recommended resources to read and reflect on: • Local guidance or resources on service development and business cases
Key Capability 3: Addresses challenging behaviour within the team and retains leadership qualities in situations of stress and conflict	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Reflect on managing challenging interactions within the clinical team during busy or high-pressure situations • Reflect on situations involving conflict between colleagues and your role in resolving these **In community work:** • Reflect on managing conflict within multidisciplinary teams where differing professional opinions create challenges • Reflect on supporting or managing a junior colleague demonstrating challenging behaviour Recommended resources to read and reflect on: • e-Learning for Health – Conflict Resolution modules
Key Capability 4: Engages effectively with stakeholders such as children, young people, families, charities and other healthcare organisations to create and/or sustain a family centred service	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Deliver teaching sessions (e.g. HEADSSS assessment) and reflect on how this supports patient-centred care • Attend clinical governance meetings and reflect on patient feedback (e.g. Friends & Family Test, complaints) **In community work:** • Reflect on engagement with local Parent-Carer Forums and how their input shapes services • Undertake audit of clinic documentation to assess whether the voice of the child is captured Recommended resources to read and reflect on: • RCPCH &Us resources
Key Capability 5: Works with non-clinical and managerial colleagues to promote an	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Attend departmental business meetings

effective paediatric service which meets the needs of children, young people and their families	• Attend clinical governance or risk meetings **In community work:** • Attend departmental business meetings • Support departmental audit, working in partnership with managerial colleagues • Develop a standard operating procedure (SOP) in partnership with managerial colleagues Recommended resources to read and reflect on: • E-learning modules on service commissioning via the NHS Learning Hub or e-LfH
Key Capability 6: Retains leadership qualities in situations of stress and conflict	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Complete a CBD on leading a resuscitation or emergency event • Reflect on multi-source feedback relating to leadership skills **In community work:** • Complete a Safeguarding CBD on leading a challenging safeguarding case • Complete a CBD on leading a challenging community case • Reflect on difficult interactions with patients or families in clinic Recommended resources to read and reflect on: • e-Learning for Health – Leadership and conflict management modules

Domain 7

Professional skills: Patient Management

Overview
This domain focuses on safe prescribing, supporting compliance with care plans, managing clinical risk and contributing to patient safety processes. As a CCH trainee, these skills are developed across both acute (OOH/hospital) and community settings, including long-term condition management, safeguarding contexts and communication with children, young people and families about treatment and risk.

What this means in practice:

1. You will support children, young people and families to understand treatments, promote concordance and engage in shared decision-making.
2. You will recognise and manage risks within clinical environments, including infection risks, personal safety and challenging interactions.
3. You will contribute to patient safety by recognising, reporting and learning from incidents and communicating openly with families.

Guidance for Trainees:

Key Capability 1:
Advises children, young people and their families about the importance of concordance and about the actions of medications, including their side effects

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Use opportunistic presentations (e.g. poorly controlled asthma or diabetes) to provide education on medication use and concordance
- Support children and young people to understand their medications during acute admissions and reflect on communication approaches

In community work:

- Reflect on initiating medications (e.g. baclofen) and discussions around concordance and side effects
- Review epilepsy medications in clinic and reflect on shared decision-making
- Reflect on ADHD medication reviews, including monitoring and engagement
- Use transition tools (e.g. Ready Steady Go) to support understanding and ownership of health

Recommended resources to read and reflect on:

- Medicines for Children
- Ready Steady Go transition tools
- e-Learning for Health – Safe Prescribing modules
- SCRIPT prescribing modules

Key Capability 2:
Takes account of risks to themselves and others within the clinical environment, including

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Complete a HAT assessment identifying patients who may present additional risks or require specific considerations

those related to personal interactions and biohazards	• Reflect on managing challenging or aggressive patient or parent interactions • Reflect on cases involving suspected highly infectious disease (e.g. measles) and safe management within hospital settings **In community work:** • Review processes for safe handover to community teams, including identification of risks (e.g. lone working policies) • Reflect on managing risk in community settings, including safeguarding and environmental considerations Recommended resources to read and reflect on: • e-Learning for Health – Conflict Resolution modules • Local infection control and safety guidance
Key Capability 3: Participates in investigating, reporting and resolving serious incidents, including through communication with children, young people and their families	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Attend teaching on the Patient Safety Incident Response Framework (PSIRF) and reflect on learning • Complete and reflect on incident reports and subsequent actions • Attend Clinical Governance or morbidity and mortality meetings and reflect on learning • Reflect on Duty of Candour and its application in clinical practice **In community work:** • Attend Clinical Governance meetings within community services and reflect on incident review processes • Reflect on incidents within community settings, including communication with families and multi-agency learning Recommended resources to read and reflect on: • e-Learning for Health – Patient Safety modules • GMC guidance on Duty of Candour

Domain 8

Quality improvement

Overview
This domain focuses on developing skills in quality improvement (QI), audit and service development to improve care for children, young people and families. As a CCH trainee, QI work often spans both acute (OOH/hospital) and community settings, with opportunities to improve clinical pathways, documentation, patient information and service delivery, often within complex multi-agency systems.

What this means in practice:

1. You will contribute to service development and improvement, aligning practice with local and national priorities.
2. You will evaluate current practice and use findings to improve services and patient experience.
3. You will develop an understanding of how regulatory bodies influence clinical practice, training and service delivery.

Guidance for Trainees:

Key Capability 1:
Responds appropriately to health service targets and participates in the development of clinical services

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Participate in a departmental quality improvement project aimed at meeting national (e.g. NICE) or local targets (e.g. infection rates)
- Attend or contribute to hospital or departmental meetings that discuss service development and strategic planning and reflect on this experience

In community work:

- Develop or revise a clinical guideline
- Develop or revise a patient information leaflet
- Contribute to service development within community pathways and reflect on impact

Recommended resources to read and reflect on:

- e-Learning for Health – Research, Audit and Quality Improvement modules
- The Health Foundation – *QI Made Simple*
- Local/regional/national on quality improvement

Key Capability 2:
Employs the principle of evaluation, audit, research and development to improve healthcare, including children and young people's experiences

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Conduct an audit (e.g. documentation, safeguarding status, clinical processes)

Reflect on the effectiveness of a local guideline or protocol

In community work:

- Conduct an audit (e.g. waiting times for IHAs, service access)

- Use audit or feedback results to suggest service improvements
- Co-design a quality improvement project with children and young people

Recommended resources to read and reflect on:

- NHS England – Co-production and Quality Improvement guidance

Key Capability 3:
Applies understanding of national and local regulatory bodies, particularly those involved in standards of professional behaviour, clinical practice and education, training and assessment

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Participate in training or workshops on professional behaviour, consent or documentation

In community work:

- Be an examiner for medical student OSCE examinations
- Support junior colleagues in understanding and preparing for MRCPCH examinations
- Support junior colleagues in understanding and preparing for START examinations

Recommended resources to read and reflect on:

- RCPCH guidelines and curriculum resources
- NICE guidelines
- GMC e-learning resources

Domain 9

Safeguarding

Overview
This domain focuses on recognising, assessing and managing safeguarding concerns, working effectively within multi-agency systems and ensuring the safety and wellbeing of children and young people. As a CCH trainee, safeguarding is a core component of practice, with significant exposure in both acute (OOH/hospital) and community settings, including child protection medicals, strategy discussions and complex multi-agency working.

What this means in practice:

1. You will recognise vulnerability, understand the impact of adverse experiences and incorporate this into assessment and care.
2. You will understand your role within safeguarding systems and contribute effectively to multi-agency management.
3. You will understand and contribute to SUDIC processes, recognising urgency and multi-agency coordination required.
4. You will assess, investigate and contribute to safeguarding processes, including escalation and inter-agency collaboration.
5. You will develop skills in writing clear, accurate and legally robust safeguarding documentation.

Guidance for Trainees:

Key Capability 1:
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.

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Perform safeguarding medical assessments on the assessment unit with consultant supervision
- Reflect on cases presenting with safeguarding concerns, including psychosocial context
- Use structured tools (e.g. HEADSSS) to explore psychosocial needs and reflect on their use

In community work:

- Attend and contribute to multi-agency strategy discussions
- Attend Team Around the Child (TAC) meetings and contribute to holistic care planning
- Attend and present cases at safeguarding peer review meetings
- Reflect on how the voice of the child was sought and incorporated into care
- Perform safeguarding medical assessments in clinics with supervision

Recommended resources to read and reflect on:

- RCPCH Child Protection Companion
- Evidenced based developments in practice eg. My Voice Matters: improving the quality and quantity of the voice of the child captured in child protection medical assessments by introducing a visual communication toolkit PMID: 40533116

Key Capability 2:
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.

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Participate in safeguarding discussions and referrals from acute settings
- Reflect on communication and decision-making in safeguarding cases

In community work:

- Attend and contribute to multi-agency strategy discussions
- Complete child protection medical assessments under supervision
- Maintain Level 3 safeguarding training
- Reflect on safeguarding cases focusing on communication and multi-agency working
- Reflect on application of statutory and mandatory training (e.g. Oliver McGowan training)

Recommended resources to read and reflect on:

- E Learning for Health modules on safeguarding
- RCPCH Safeguarding companion / Child protection Portal
- *RCPCH Learning Online Courses:*
    - *Emotional Abuse and Emotional Neglect (Level 3)*
    - *Exploitation of Children & Young People*
    - *Professional Witness Report Writing*
- ALSG Safeguarding Courses
    - Child Protection: Recognition and Response (CPRR)
    - Child Protection in Practice (CPIP)
- RCPCH Safeguarding Courses
    - Child Protection: From examination to Court
    - Statement and report writing
    - Safeguarding in the Digital World
    - A general paediatricians guide to common anogenital presentations
    - Expert Witness in Child Protection
    - Children, Violence and Safeguarding
    - Child sexual assault and the forensic examination
    - Safeguarding, Neurodevelopmental disorders and Neurodisability

Key Capability 3:
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

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Perform safeguarding or SUDIC-related assessments under supervision
- Participate in initial response and escalation processes

In community work:

- Attend Joint Agency Response (JAR) meetings
- Attend Child Death Overview Panel (CDOP) meetings and reflect on learning
- Reflect on safeguarding and SUDIC cases, including escalation and communication
- Reflect on how the voice of the child/family is incorporated
- Participate in preparation of reports or documentation for safeguarding/SUDIC processes
- Participate in debriefs following safeguarding or SUDIC cases

Recommended resources to read and reflect on:

- RCPCH – *When a Child Dies: The Role of the Paediatrician*

Key Capability 4:
Instigates appropriate medical investigations, initiating and contributing to multi-agency involvement in all forms of abuse

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Reflect on safeguarding cases presenting to acute services and escalation decisions

In community work:

- Attend safeguarding strategy meetings and contribute to discussions
- Spend time with the Multi-Agency Safeguarding Hub (MASH)
- Reflect on safeguarding investigations and your role in multi-agency working
- Participate in debriefs following safeguarding investigations
- Reflect on CSA referral processes and documentation
- Arrange time at a Sexual Assault Referral Centre (SARC) and attend peer review where possible
- Attend safeguarding peer review meetings

Recommended resources to read and reflect on:

- RCPCH Safeguarding Courses (Child Sexual Assault and the Forensic Examination and a general paediatrician's guide to common ano-genital presentations
- The Havens (London) - Paediatric Complex Cases in Child Sexual Abuse; The Havens Introductory Training course in Sexual Offence Medicine
- St Mary's Centre (Manchester) - Paediatric Ano-Genital Study Day (Online)

Key Capability 5:
Compiles and writes a range of reports required for safeguarding work, including police statements, medical reports for social services and court reports

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Contribute to safeguarding documentation and referrals and complete a DOC for these where possible

In community work:

- Complete medical reports for safeguarding cases
- Participate in preparation of police statements, social services reports and court documentation
- Gain experience recognising and documenting suspected CSA cases
- Seek feedback on report writing from supervisors

Recommended resources to read and reflect on:

- RCPCH course - Writing Reports for Court

Domain 10

Education and training

Overview
This domain focuses on developing skills in teaching, supervision and supporting the learning of others, as well as facilitating understanding for children, young people and their families. As a CCH trainee, education and training occurs across both acute (OOH/hospital) and community settings, including formal teaching, workplace-based supervision and patient education in complex and often multidisciplinary contexts.

What this means in practice:

1. You will deliver teaching, gather feedback and reflect on your effectiveness to improve your educational practice.
2. You will support the development of junior colleagues through assessment, feedback and supervision.
3. You will communicate effectively to support understanding, shared decision-making and engagement in care.

Guidance for Trainees:

Key Capability 1:
Evaluates teaching practice in a range of contexts using a variety of methods

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Deliver teaching sessions to medical students or colleagues (e.g. bedside teaching, tutorials)
- Gather feedback using verbal or formal tools (e.g. questionnaires)
- Reflect on teaching delivered during acute placements

In community work:

- Deliver teaching sessions within community teams (e.g. neurodisability, safeguarding teaching)
- Observe senior colleagues teaching and reflect on different teaching styles
- Reflect on adapting teaching for different audiences (e.g. MDT, schools, parents)

Recommended resources to read and reflect on:

- BMJ Learning – Teaching skills modules
- Medical education courses
- e-Learning for Health – Medical educator training resources

Key Capability 2:
Effectively uses supervised learning events (SLEs) on colleagues to develop and facilitate their learning

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Conduct Mini-CEX, CBD or DOPS assessments for junior colleagues and provide structured feedback
- Supervise clinical skills (e.g. lumbar puncture, venepuncture) and reflect on teaching provided

In community work:

- Supervise and assess skills relevant to community paediatrics (e.g. SOGS assessments)
- Request and reflect on feedback from learners on your supervision
- Reflect on how feedback has informed changes to your teaching approach

Recommended resources to read and reflect on:

- RCPCH courses – Effective Educational Supervision
- Mentoring skills courses

Key Capability 3:
Facilitates children, young people and their families' understanding of their condition(s)

Examples of ways to achieve competency:

In acute / OOH hospital work:

- Complete a Mini-CEX or CBD focused on explaining a diagnosis or management plan
- Reflect on communication of complex or acute diagnoses

In community work:

- Reflect on use of age-appropriate language and visual aids to explain conditions
- Reflect on shared decision-making with children, young people and families
- Co-produce patient information leaflets with children and young people

Recommended resources to read and reflect on:

- Third sector organisation patient information resources

Domain 11

Research and scholarship

Overview
This domain focuses on developing skills in research, critical appraisal and applying evidence-based medicine to improve patient care and service delivery. As a CCH trainee, research and scholarship may take place across both acute (OOH/hospital) and community settings, with opportunities to engage in audit, guideline development, research projects and dissemination of findings.

What this means in practice:

1. You will apply evidence to clinical practice and critically evaluate its quality and applicability.
2. You will contribute to improving clinical practice through guideline development and evaluation.
3. You will support children, young people and families to understand research and participate appropriately.
4. You will develop skills in presenting and disseminating research, audit and quality improvement work.

Guidance for Trainees:

Key Capability 1: Undertakes research and/or practises evidence-based medicine with an evaluation of the strengths and limitations	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Apply evidence-based guidelines in acute clinical decision-making and reflect on their strengths and limitations • Participate in or present at journal club and reflect on clinical application **In community work:** • Conduct a literature review on a clinical question relevant to community paediatrics • Apply evidence-based guidelines to community cases and reflect on applicability • Participate in or contribute to a research project (prospective or retrospective), including aspects such as gaining consent • Participate in local journal club or BACCH national trainees Research Ready programme Recommended resources to read and reflect on: • NIHR Good Clinical Practice training • NIHR Learning Academy • NICE guidelines and standards (including *Developing NICE guidelines: the manual*) HEE (Health Education England) e-learning modules on clinical governance
Key Capability 2: Leads the development and revision of guidelines	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Contribute to development or updating of local clinical guidelines

and procedures to improve service delivery	**In community work:** • Develop or update local clinical guidelines • Lead MDT discussions to agree procedural or pathway changes • Audit implementation of new guidelines against national standards and present findings Recommended resources to read and reflect on: • RCPCH e-learning and webinars on guideline development, evidence appraisal and service improvement
Key Capability 3: Explains the purpose of research trials to children, young people and their families and identifies potentially eligible patients	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Participate in identifying and recruiting eligible patients for research studies under supervision • Deliver age-appropriate explanations of research participation **In community work:** • Support discussions with families about research opportunities where appropriate • Document informed consent discussions clearly Recommended resources to read and reflect on: • HEE e-learning modules on clinical governance
Key Capability 4: Evaluates and presents their own or other's research findings to clinical or wider audiences	Examples of ways to achieve competency: **In acute / OOH hospital work:** • Present audit, QI or research findings at departmental meetings or teaching sessions **In community work:** • Prepare posters or oral presentations for regional or national meetings • Write summaries of research articles for journal clubs • Write articles for professional publications (e.g. BACCH News) Recommended resources to read and reflect on: • NIHR (National Institute for Health and Care Research) Learn - presenting research