Introduction

Welcome to the West of Scotland paediatric training programme guide. This guide is an introduction to the training programme and covers many of the common questions raised about paediatric run-through training, work based assessments and the ARCP process. It is by no means comprehensive and you will find links at the end to sites that will give more detail on other aspects of training. If you have questions on this guide, or any other question regarding your training that cannot be answered via the college or deanery website, then please get in touch with your TPD (christopher.lilley@nhs.net) deputy TPD (kerry.kasem@ggc.scot.nhs.uk) or your deanery representative (laura.armstrong@nes.nhs.uk) who will be happy to direct you further.

The programme and training requirements are constantly being developed and it is important that you have notified the deanery of your up to date secure email address to receive the latest developments and information.

How does competency-based training work?

Progression through run-through training in Paediatrics is primarily dependent on fulfilling the competency requirements of the RCPCH paediatrics and subspecialty curricula through workplace based assessments (WPBA) and other core competencies for level one, two and three training. The format of WPBA’s were changed in September 2013 in order to re-establish the formative nature of these assessments and give more detailed guidance on how the curricula should be sampled for any given training period. The new requirements can be accessed on the RCPCH website (follow this link-RCPCH training) and are outlined below (Table 1).

The main changes to WPBA’s can be summarised as follows-

- Target and minimum numbers of WPBA’s for each training level and year have been revised in line with the original intention for work based assessments to be tools for training rather than tick lists. The Target number is 20 per year.

- **CBD** and Minicex assessments now emphasise discussion points, and give trainees an opportunity to reflect on the assessment after the discussion, before uploading to Asset. Scoring has been removed to be replaced by constructive feedback and agreed action plans to be informed by the discussion.

- Asset now allows both trainers and trainees to select cases for discussion

- Trainees will be expected to sample these assessments evenly throughout the year. Trainees and trainers will receive electronic reminders if there has been a period of inactivity on asset for longer than 6 weeks. It is the trainee’s responsibility to address this.

- One CBD per year must cover a significant safeguarding element.

- If significant concerns are highlighted, as a result of a WPBA discussion, the educational supervisor is informed to allow for further discussion and development actions to be agreed
• The ‘pilot’ period refers to the new assessments one of which must be completed each year.

  These are as follows-
  
  o Handover assessment tool (HAT)
  o Acute care assessment tool (ACAT)
  o Discussion of Communication (DOC) – Please note that SAIL assessments are no longer required and have been replaced by this assessment.

  Further information on these assessments can be found on the RCPCH website (link above). At the end of 2014 these assessments will be reviewed by the college and may change as a result. Your feedback to the college on these new assessments is welcomed.

It is very important that WPBA’s are spread evenly over time and you should be aiming to do at least one for every 2 weeks of working time. It will not be acceptable to present to your ARCP with WPBA’s all grouped into the last 1-2 months of the preceding post (it is also likely that your clinical supervisors will refuse to do this given the work generated by this approach). Please also take account of the revised target number from September 2013 and the increased minimum. In the event that only the minimum number have been completed, poor quality or borderline assessments will not be accepted. This is to ensure that you are achieving the most benefit from these assessments and your training. Discretion in this area at ARCP will only be for exceptional circumstances. Please be proactive in completing your assessments before you get the warning email or your supervisor has to nag you!

Trainers report

At the end of a 6 month post, or a month before the ARCP date, the trainee should meet with his/her educational supervisor and complete a Trainer’s Report. This is compiled using the trainer’s knowledge of the trainee’s performance supported by WPBA’s and evidence of attendance at mandatory courses (APLS/NLS/Child protection etc). The newly revised trainers report also allows for the trainee’s progression against the specific curriculum requirements to be reviewed. A copy of this report is submitted to the Deanery, and is reviewed by the ARCP Committee who also examine the trainee’s portfolio, and an “outcome” is assigned. Usually the trainee will progress to the next year of training. Occasionally the Deanery may ask for some more information in order to make a decision and rarely the panel will decide that there is inadequate evidence to support progression.

Using e-portfolio

The RCPCH e-portfolio provides a mechanism for recording all your training and educational experiences. In addition it is now expected that all input to your e-portfolio is linked to curriculum competencies. You should keep your e-portfolio up-to-date in the following ways;

  • **PDP:** you should complete this at the beginning of each new training placement setting out your educational objectives for the placement. These objectives should be discussed with your educational supervisor at your first meeting
  
  • **Skills log:** you should use this to keep a record of practical skills through-out your training. This is a supplement to the DOPs and should record on-going practice with the various procedures.
  
  • **Development log:** This should be used to detail your involvement in teaching and Outpatient clinics. You should up-load information on audit and academic activities and use it to keep a record of formal educational activities that you have attended. You should up-load certificates for formal courses whether on-line or attended in person. Evidence of attendance at local teaching (meeting log sheets) should also be uploaded to this area.
• **Educational Supervision:** meetings with your educational supervisors should also be recorded for each post. You need to schedule these with your supervisor (first meeting, midpoint review and final meeting/trainers report) and ask him/her to enter them on e-portfolio. ARCP outcomes are issued by the Deanery but an ARCP entry will also be made on e-portfolio sometimes documenting specific goals or objectives.

What assessments need to be done and when?

Below is the schema detailing the assessments required for each stage of training to satisfy your ARCP. As already mentioned the target number is now clearly stated along with the minimum number.

<table>
<thead>
<tr>
<th>Life Support/ALSG/Child Protection Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ST1</strong> APLS</td>
</tr>
<tr>
<td><strong>ST2</strong> NLS <em>(or other accredited paediatric or neonatal life support training such as the SMMDP neonatal resuscitation course)</em></td>
</tr>
<tr>
<td><strong>ST3</strong> Child Protection training As below</td>
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Please check the College website for safeguarding competencies at:

**RCPCH Safeguarding Link**

Specific details about training can be found on the college update page and in the Intercollegiate document on Child Protection, **RCPCH CP Update**

Expected training for each training level is as follows:

<table>
<thead>
<tr>
<th>Training Programme</th>
<th>Format/Supplier</th>
<th>Target Audience</th>
<th>SGCLev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Safeguarding Children and Young People</td>
<td>online/ e-LfH</td>
<td>All healthcare professionals (who have some contact with children)</td>
<td>1</td>
</tr>
<tr>
<td>Recognition, Response and Record</td>
<td>online/ e-LfH</td>
<td>All healthcare professionals (who have some contact with children)</td>
<td>2</td>
</tr>
<tr>
<td>Child Protection Recognition &amp; Response (CPRR)</td>
<td>face-to-face/ALSG</td>
<td>Paediatricians in training (ST 1-3) Others including GPs, A&amp;E, specialties</td>
<td>2</td>
</tr>
<tr>
<td>&gt; more information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection in Practice (CPIP)</td>
<td>online/ALSG</td>
<td>Paediatricians in training (ST 4-7) Others including GPs, A&amp;E, specialties</td>
<td>2</td>
</tr>
<tr>
<td>&gt; more information</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Maintaining and Updating Competences (MaUC)</td>
<td>online/ e-LfH</td>
<td>Consultant Paediatricians and trainees Some materials relevant to others including GPs, A&amp;E, specialties</td>
<td>3</td>
</tr>
<tr>
<td>Child Protection: from examination to court</td>
<td>face-to-face/RCPCH</td>
<td>Consultant Paediatricians and Senior Trainees (SpRs yr 4 &amp; 5, ST7-8)</td>
<td>2</td>
</tr>
<tr>
<td>Expert witnesses in child protection</td>
<td>face-to-face/RCPCH</td>
<td>Consultant Paediatricians, SASs</td>
<td>6</td>
</tr>
<tr>
<td>Evening of Evidence: Families who maltreat children; when should the child be removed?</td>
<td>face-to-face/RCPCH</td>
<td>Multi-professional - Paediatricians, nurses, GPs and other allied health professionals or those with an interest in Child Protection.</td>
<td>3</td>
</tr>
<tr>
<td>Evening of Evidence: Neglect and emotional abuse</td>
<td>face-to-face/RCPCH</td>
<td>Multi-professional - Paediatricians, nurses, GPs, other allied health professionals or those with an</td>
<td>3</td>
</tr>
</tbody>
</table>
Planning your WPBA

WPBAs ensure personalised practical training for trainees and also allows you to demonstrate the level of competence you have achieved. By selecting appropriate opportunities you can target challenging areas of clinical practice and obtain supportive feedback to develop your personal strengths. It is crucial that assessors complete the “Suggestions for Development” boxes with practical, constructive and attainable targets. This box is the educational kernel of each assessment and trainees should contribute to ensure that the advice is as useful as possible and to ensure effective improvement throughout training progression.

WPBA should not be viewed as threatening. No trainee can be expected to perform perfectly at any given assessment opportunity and it is not expected that you will necessarily attain good marks on your first attempt(s). The feedback that your assessor gives you is the most valuable part of the exercise and your progression will be reflected in subsequent assessments.

Some points to note:

- As already mentioned, spread your assessments throughout the year. This will maximise your learning and also avoid a stressful period near your ARCP deadline.

- Spread your assessments throughout the specialties e.g. don’t do them all during your community placement and none during your neonatal placement.

- The Trainer’s Report for ARCP must be submitted 3 months before the actual date of progression to the next training year, so in fact you have 9 months to do at least the minimum and, ideally, your target number of assessments.

Less than full time trainees do have an ARCP every year but the number of WPBA is calculated on a pro-rata basis e.g. a yearly target of 12 of 20 target for a 0.6 Whole time equivalent trainee. The full number of WPBA need to be complete to progress to the next level of training.

a) Directly Observed Procedures (DOPS)

DOPS should represent “real-life” activities and are best assessed opportunistically.

Who can assess DOPS?
Any trainee further ahead in training than yourself, specialty grade, consultant or experienced nurse can assess your DOPS. In general the assessor should be a training level higher however, where ST3’s are working in a middle grade capacity they can assess ST1/2 colleagues. In order for a nurse to become an assessor they can register on the ASSET website using their Royal College of Nursing identity (PIN) number when asked for GMC number.
Which DOPS are compulsory and over what time scale?
For a full list of DOPS, please see the RCPCH website (RCPCH-DOPS). You will be expected to undertake DOPS from a range of supplementary procedures at each level of training but there are some DOPS which are compulsory at different levels. The compulsory DOPS are listed below:

**Compulsory Assessments: Level 1 (ST1-ST3)**

More than one of each of these must be done over the three year period to demonstrate that you are competent to perform the procedure.

- Bag, valve and mask ventilation
- Capillary blood sampling
- Lumbar Puncture
- Peripheral venous cannulation
- Tracheal intubation of newborn babies
- Umbilical venous cannulation

**Compulsory Assessments Level 2 (ST4-ST5)**

More than one of each of these must be done over the three year period to demonstrate that you are competent to perform the procedure.

- Administration of surfactant
- Intubation of pre-term baby
- Percutaneous long-line insertion
- Umbilical artery cannulation
- Umbilical venous cannulation

b) **Mini CEX**

Mini clinical Evaluation Exercises are equivalent to “short cases”. They are probably best done opportunistically and can be done during ward rounds, in clinic, overnight in A+E and occasionally by specific arrangement with an assessor.

**Who can assess Mini-CEX?**

Any experienced trainee further ahead in training than yourself, consultant or specialty grade doctor can assess your Mini-CEX.
c) Case Based Discussions (CBDs)

These are planned discussions with a consultant around a particular case (or cases) and, when done well, can be very educational. They are designed to test extended clinical judgement, management planning and aspects of team working.

Who can assess CBDs?

Consultants only at present.

d) Multisource Feedback (ePaedMSF)

This online tool asks for questionnaire responses from 10 raters, chosen by the trainee and compares the results to that of the trainee’s self-assessment. A response rate of >70% is required. You must complete a self-assessment for the summary report to be released. The report from this tool is fed back to the trainee and the educational supervisor, with whom the trainee should discuss the results, to guide interpretation and support action points. The College notifies trainees by email when each of the two ePaedMSF seasons start each year. You are expected to complete one ePaedMSF for each 6 month post and at least one each year if you spend a longer period of time in the same post.

Entering WPBAs onto ASSET

How can one register with ASSET?

Anyone eligible to be an assessor can register with ASSET. Registering is simple. If your consultant says they are not registered, go to a computer and register with them. You can access ASSET either via the RCPCH website or directly. Go to: www.asset.rcpch.ac.uk and follow the link “Register Here”. Assessors need their GMC or RCPCH number to register. They will be sent an email with a password, which enables the user to log in to ASSET and perform any outstanding assessments. Assessments initiated by the trainee will ‘trigger’ an email to their assessor to complete the assessment form.

Once registered, does ASSET know when I have progressed in training?

No! ASSET needs to be updated with each year of progression; otherwise all the automatically generated forms will refer to your previous year of training. Ensure that you email asset@rcpch.ac.uk to let them know when you start each new year of training.

Is it essential to fill in the online assessment form at the time of Mini-CEX and CBD assessment?

Learning experiences are most effective if assessments are completed contemporaneously and online. For those currently unable to submit reports due to IT issues, the forms may be printed out either from the RCPCH website (Assessment StR page) or by clicking on the “print” button at the top of each personalised ASSET assessment form. The assessor will then need to submit the assessment later, back dating the assessment appropriately using the pop-up calendar.

When WPBAs are submitted onto ASSET they will automatically appear in the trainee’s ePortfolio 24 hours later.

Can we use paper forms and send them to RCPCH to enter onto ASSET?

The ASSET department at RCPCH has no facility available to turn paper forms into online ASSET assessments. Therefore, it is best to resolve local IT problems promptly (with the help of consultants where necessary) to allow assessments to be entered online at work, at the time of the assessment.
It may occasionally be that some paper assessments are necessary. However, the aim is that each trainee uses the online service to build a cumulative record of evidence-based competence as proof of training, so it is worthwhile taking the initiative to tackle any online ASSET accessibility issues.

If we cannot access personal email accounts, how can we perform assessments at work?

There are two ways of accessing ASSET assessments; the most commonly used is to click on the link contained within the “Invitation to Assess” email. However, one may also log onto ASSET (www.asset.rcpch.ac.uk) and choose the appropriate assessment from the “To Do List” menu on the left hand side of the screen.

I can call up individual assessment screens, but I cannot successfully submit them; what can I do?

Some trainees have reported that they have spent time filling out forms and then lost the information in the submission process. In order to avoid losing your information, make sure you print out a copy before submitting it.

There are two common reasons for this happening;

1) When you click “Submit” on the assessment screen, a pop-up is programmed to appear, checking you are happy to proceed. In some situations hospitals block pop-ups for individual users, which can prevent the submission process. Your local IT department should enable the ASSET pop-up; it seems to be an essential part of the process.

2) If the pop-up mentioned above does appear and you click “OK”, you may find that the screen goes blank as the computer connects with ASSET and then times out. Your local IT department should be able to configure your account to improve processing speed, allowing you to submit the assessment before it times out.

ASSET also has its own list of helpful Frequently Asked Questions (FAQs) under the “Help” section of the ASSET website, which may solve your problems. The Royal College has posted the same information - ASSET. If this doesn’t help and your local IT team fails to solve the problem, please contact the ASSET team, Joanne or Claire, on asset@rcpch.ac.uk. They are always happy to help.

Trainer’s Report

The Trainer’s Report must be completed online via e-Portfolio with your educational supervisor. It is completed at your final meeting with your Educational Supervisor and a paper copy sent to the Deanery. A paper version is available from the College website; select “Training” from the “Popular Pages” menu on the right of the College home page, followed by “Educational Supervision” link in the left column. Completing the report involves going through evidence of your “competence”. This means jointly reviewing your e-Portfolio, your WPBAs, courses undertaken and progress through MRCPCH as described in Table 1 above.

Your educational supervisor should have access to your e-Portfolio. If he/she doesn’t, you should contact the deanery to rectify this.

If you are doing a Trainer’s Report at the end of a placement, an End of Post Review is not necessary.
What is the best way to submit the Trainer’s Report?

Take a photocopy for your own records and send the original/s by post, to;

Laura Armstrong  
NHS Education for Scotland (West)  
3rd Floor, 2 Central Quay  
89 Hydepark St  
Glasgow G3 8BW

ARCP and examinations

I am concerned that I have not passed the appropriate examination to progress to the next stage of training; what should I do?

You cannot progress from ST2 to ST3 without having completed 2 of the 3 written papers, or from ST3 to ST4 without completing MRCPCH clinical. If you are concerned that you are having difficulty with part of the exam please speak about this with your educational supervisor early, so that help can be sought with regard to your exam preparation. If you know that you will not be able to complete the exam target for progression to ST3 or ST4 please let the Programme Director know as soon as possible. It may be possible to continue in your training programme for an extra year although you will still officially remain in the same year of training. You may be able to “catch up” if other competencies are done later. An appropriate plan will be made for each trainee depending on individual circumstances.

Curriculum and MSc Proposals

The competencies required by the Paediatric Curriculum are detailed in the Framework of Competency documents published by RCPCH. These documents can be downloaded from the RCPCH website and all trainees should familiarise themselves with their content. There are framework documents for level 1 training (ST1-3), level 2 training (ST4-5) and level 3 training (ST6-8) in different subspecialties. The competency documents contain cover both practical competencies and knowledge base. The MRCPCH is taken as evidence that you have addressed the knowledge base for level 1 training and is required before you can be signed off at an ARCP to progress to ST4. At the end of level 2 training you will be required to produce evidence that you have covered the level 2 curriculum.

In 2010 we introduced a formal course to cover the knowledge base for the level 2 curriculum co-ordinated by Glasgow University and delivered through 20 days of face-to-face teaching with additional personal study and assessments. Successful completion of this will result in the award of a Certificate in Child Health from the University and from 2012 this certificate will be accepted at ST5 ARCP as evidence of completion of the level 2 curriculum. Individuals without this certificate from 2012 onwards will be required to produce alternative evidence that they have comprehensively covered the level 2 curriculum. Entry to this certificate is currently offered to those entering ST4 training and those in ST3 who have completed MRCPCH.

We anticipate that trainees will then have the option of taking this course further by accessing additional modules available from 2013, including a research methods module that involves preparing a research/audit proposal. If successfully completed this would result in an award of a Diploma in Child Health. The diploma could be up-graded to an MSc if a trainee completed the proposed research or audit project and submitted it to the University in the form of a dissertation.
Subspecialty Training

National Grid for Subspecialty Training
Individuals wishing to pursue dedicated subspecialty training need to apply to the National Grid for the relevant subspecialty for entry in level 3 training. Each subspecialty programme is overseen by the relevant RCPCH specialty advisory committee (CSAC). Each CSAC has a chair and specialty training advisor whose contact details can be obtained from the College and anyone considering pursuing grid training in the future would be well advised to seek advice on future training from the CSAC well in advance of grid application. Grid appointments are competitive and may well require you to move Deanery to complete training. You can apply to the grid on two occasions and should carefully consider when the best time is to apply. Please take local advice from the training leads in your specialty of interest and flag your interest up to the TPD and training committee as early as possible.

RCPCH subspecialty Special Study Modules.
These are available in the following areas: Neurodisability, Young People’s Health (Adolescent Medicine), Diabetes, Nephrology, High Dependency Care, Epilepsy, Allergy, Rheumatology, Oncology, Gastroenterology, Respiratory Medicine, palliative Medicine and Cardiology. Safeguarding Children and paediatric allergy are currently under review.
These modules are intended for individuals who wish to develop a special interest in one of these areas short of completing grid training. If you wish to be able to claim a specific clinical interest at the end of your training you should seriously consider completing the appropriate module during level 3 training. You will need to discuss this with your educational supervisors and with the relevant training lead for the area of clinical interest. Just because you say you want to do one of these modules does not mean that 12 months of RHSC training in the specialty can be guaranteed, so you will need to identify how you can you can make progress with the different competencies within a variety of posts including potential specialty placements and DGH general placements.
You should notify Lara Smith at RCPCH if you plan to pursue one of these modules. Lara’s e-mail is lara.smith@rcpch.ac.uk
Details of the modules can be found on the RCPCH website: RCPCH-SPIN modules

Further Help...
If you have a question about using ASSET, please email Joanne and Claire on asset@rcpch.ac.uk. You can speak to them by ringing the RCPCH switchboard on 0207092600.
If you wish for further advice please contact the Deanery Administrator, Training Programme Director, a local consultant or trainee representative member of the Deanery Specialty Training Committee as detailed on the next page.
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Base</th>
<th>Contact</th>
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</thead>
<tbody>
<tr>
<td>Laura Armstrong</td>
<td>Administrative Lead</td>
<td>Central Quay</td>
<td><a href="mailto:laura.armstrong@nes.scot.nhs.uk">laura.armstrong@nes.scot.nhs.uk</a></td>
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<td>Programme Director</td>
<td>Princess Royal Maternity</td>
<td><a href="mailto:christopherlilley@nhs.net">christopherlilley@nhs.net</a></td>
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<td>Kerry Kasem</td>
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<td>Ian Ramage</td>
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<td>Glasgow Gen Paeds rep</td>
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<td>Brian Kelly</td>
<td>Paisley rep</td>
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<tr>
<td>Carol Dryden</td>
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<td>Wishaw General</td>
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<tr>
<td>Bridget Oates</td>
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