WALES SCHOOL OF PAEDIATRICS

ARCP GUIDE
I. What is the ARCP and why is it important?

- A satisfactory outcome at the ARCP each year is essential for seamless progression through the run-through training programme.

- ARCPs will be held in January and July (dependent on your position in the training year) this year and each subsequent year.

- ARCP is an electronic review of eportfolio and the evidence it contains (as laid down in the Reference Guide for Postgraduate Specialty Training in the UK ‘The Gold Guide’). No other evidence is considered.

- A panel consisting of 3 or more members, led by a School of Paediatrics member and possibly including a lay member and/or a deanery representative reviews each trainee’s eportfolio. All panel members receive training and a session is used at the start of the day led by the Head of School (HoS) or Training Programme Director (TPD) to ensure all panels assess trainee progression against the same criteria and to the same standard. If uncertainties arise during the course of the day these are discussed with the Head of School. There is an external oversight of the process through both a lay member and a HoS/TPD/External Advisor from another deanery.

- **Revalidation:** The GMC has stated that the Postgraduate Dean, Professor Peter Donelly is the Responsible Officer for trainees. He will recommend the trainee for revalidation to the GMC. In order to meet the revalidation requirements, a revised version of the trainer’s report incorporating additional evidence including absences, complaints and involvement in patient safety incidents has been implemented by the RCPCH. In addition you will need to complete an enhanced form R which will be sent to you via the Intrepid system. You will receive a notification when your Form R is ready for completion. See attached appendix 1 for FAQs on revalidation. It may be possible to revalidated even if you do not have an outcome 1 depending on reason e.g. examination failure but satisfactory clinical progress.
II. ARCP outcomes

<table>
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<tr>
<th>Outcome</th>
<th>What this means</th>
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<tr>
<td>1</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>2</td>
<td>Development</td>
</tr>
<tr>
<td>3</td>
<td>Inadequate</td>
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<tr>
<td>4</td>
<td>Released</td>
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<tr>
<td>5</td>
<td>Inadequate</td>
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<tr>
<td>6</td>
<td>Recommendation for completion</td>
</tr>
<tr>
<td>8</td>
<td>Out of programme</td>
</tr>
<tr>
<td>9</td>
<td>Top up training</td>
</tr>
</tbody>
</table>

III. How do I achieve outcome 1 (satisfactory progress) at the ARCP?

In one word, through documentation of appropriate competencies (OK, 4 rather than 1 word!). Please do remember that it is the documentation of your competencies that is being assessed at the ARCP rather than your competence per se. In a competency-based training programme, it is the progression with competencies and not the passage of time that determines your progress.

IV. How do I document my progression with competency achievement?

The ARCP panel will assess your progress through a number of areas in eportfolio.

A. Curriculum – The curriculum maps onto the syllabus, which underpins the competency-based framework of the training programme.

Which Curricula should I complete?

<table>
<thead>
<tr>
<th>Level of training</th>
<th>Recommended Curricula</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (ST-1 to 3)</td>
<td>RCPCH Level 1 Conditions, RCPCH Procedures (level 1), RCPCH Generic Curriculum 2010</td>
</tr>
<tr>
<td>2 (ST-4 to 5)</td>
<td>RCPCH Level 2 Conditions, RCPCH Procedures (level 2), RCPCH Generic Curriculum 2010</td>
</tr>
<tr>
<td>3 (ST6+) – Sub-specialty Grid Trainees</td>
<td>Relevant RCPCH Sub-specialty Curriculum, Relevant RCPCH Procedures (level 3), RCPCH Generic Curriculum 2010</td>
</tr>
</tbody>
</table>
3 (ST-6+) – all other trainees**

** Trainees wishing to develop special interest/expertise in a sub-specialty will in addition complete relevant Special Interest (SPIN) modules as they become available. This is in addition to (and not instead of) completion of Level 3 General Paediatrics conditions.

*** Subspecialty trainees do not need to complete the General Paediatric conditions curriculum. All grid trainees will be expected to have evidence from the CSAC that they are meeting the competencies of the programme, with a completed online CSAC progression form prior to each ARCP.

Please note that trainees are expected to achieve the expected level of competence in ALL domains at the end of their level of training (e.g. all level 1 competencies must be achieved by end of ST3). At the end of each year at least proportional completion of the curriculum is expected e.g. at the end of ST1 at least a third of the level 1 curriculum competencies should be gained and at the end of ST4 half the level 2 curriculum competencies should have been acquired.

How should I complete the Curriculum?

Use the Rating drop-down box to indicate whether you have achieved or not yet achieved the described competency.

Use the Comments box to describe your knowledge, skills and clinical experience/exposure relevant to the competence (an example is provided below). All competencies should have Comments entered – simply ticking Achieved against the competency is not enough.

In addition, you must back-up your self-rating through linkage of appropriate evidence for the competency. Such evidence may be in the form of knowledge gained through reading and completion of a reflective log or attendance at educational meetings, skills as shown by DOPS/Skills logs, courses attended such as APLS/NLS etc, and most importantly through description of your actual clinical exposure and involvement in these condition through entries in the development and skills logs. WBAs/SLEs should be linked to the competencies in the curriculum. Ideally 100% of the curriculum should be evidenced. We appreciate this is difficult and so expect at least 75% of the entries in the curriculum should have supporting evidence linked to them.

The curriculum has subheadings e.g. outpatient presentations under safeguarding. This in turn has 22 subsections. It is essential that evidence is put under each of these subsections rather than just being put together at the start of the outpatient presentations of safeguarding.
**Curriculum as Learning Tool**

To get the best out of the curriculum, please use it as a *Signpost for Learning* rather than a mere record of competencies. To do so, go through the relevant portion of curriculum at the start of your post, self-rate yourself against the competencies as baseline and use this information to build your PDP in discussion with your Educational Supervisor. You should visit it periodically (the College recommends weekly) to update your competence level.

**B. Personal Development Plan (PDP)**

The ARCP Panel will look at your PDP for the posts during the training year and assess their completion. It is not always possible to achieve all the proposed PDP. Writing each objective in the PDP as a separate entry allows you to indicate those that have been achieved, and those that remain in progress at the end of the post. Those remaining *in progress or unachieved* should transfer to the PDP of your next post. If you write your PDP as a single paragraph, this opportunity to assess and comment on each objective is lost. Please use the tips on writing under the learning objectives box to understand how to write SMARTER PDP.

**C. Workplace-based Assessments (SEE APPENDIX 2 FOR CURRENT REQUIREMENTS)**

Trainees need to complete the mandatory number of WBAs/SLEs required for their level of training. Please remember that the numbers required are a minimum, and should not stop you from doing more of them to enhance your learning. High performing trainees complete many more than the minimum number.

Full details regarding workplace-based assessment can be found on the RCPCH website - http://www.rcpch.ac.uk/training-examinations-professional-development/assessment-and-examinations/assessment

The assessments should also be spread throughout your training, demonstrating learning and progression. Clustering of assessments is a marker of poor time management and organization and will therefore be taken into account by the ARCP panel.

LTFT trainees need to do a *pro rata* number of WBAs/SLEs, appropriate to the length of time (WTE) they have been in post.

Please note the requirement for a WBA/SLE to be valid, they need to be assessed as follows:

<table>
<thead>
<tr>
<th>SLEs</th>
<th>Consultants are often the most appropriate people to do these assessments. However, we would encourage trainees to record any event from which learning points arise and feedback may be given by any suitable colleague.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD</td>
<td>Trainees are advised to have their CbD assessments completed by a Consultant, Associate Specialist or senior Specialty Doctor. In certain circumstances, Senior SpRs and ST 7-8 trainees may also carry out assessments.</td>
</tr>
</tbody>
</table>
LEADER and safeguarding CbDs | Consultants
---|---
Mini-CEX | Trainees are advised to have their ePaedMiniCeX assessments completed by a Consultant, Associate Specialist or senior Specialty Doctor. In certain circumstances, Senior SpRs and ST 7-8 trainees may also carry out assessments.
HAT & ACAT | At least one of each of these to be done by a consultant. Additional assessments may be carried out by others, such as SAS doctors. Note that those conducting these assessments will need to provide feedback to the college on how successful the assessment is and suggestions for modification.
DOPS | Both summative and formative DOPS can be assessed by consultants, more senior trainees, nurse practitioners and others who are proficient in the procedure and have read and understood the guidance on DOPS.
DOC | At least one DOC should be done by a consultant. Additional assessments may be carried out by others, such as SAS or SpRs. Note that those conducting these assessments will need to provide feedback to the college on how successful the assessment is and suggestions for modification.

**Multisource feedback**: A satisfactory ePaedMSF needs to be completed once during the training year. In core training you may need 2 in one year, as it is essential that you undertake one relating to your neonatal training.

**D. Developmental Log**

All of the following sections need to be completed for the developmental log

- Presentations
  
- Teaching with feedback evidence – this is teaching that you did; for senior trainees, include training and participation in WBAs/SLEs of junior trainees.

  *It is the evaluation of your teaching/presentation and your reflection on it rather than the PowerPoint presentation of your teaching that is of interest to the ARCP Panel. As the space on eportfolio is finite, please store your presentation on your computer’s hard disc rather than within the eportfolio.*

- Educational meetings/CPD – teaching attended

- Clinics attended
o Reflective log

ST1, 2, 3, 6, 7 and 8 trainees - minimum of 6 reflective practice summaries for each 6 month placement

ST4 and 5 trainees - minimum of 10 reflective practice summaries for each 6 month placement, to include a reflection for each core session attended

o Clinical governance – at least one full audit or quality improvement project per year, but preferably one every 6 months; for level 2 and 3 trainees, evidence of participation in guideline development is encouraged.

o Research – you will not be expected to have anything in this section until level 2/3 training; all trainees should have received training in Good Clinical Practice (GCP) by the end of level 1 training.

o Management – you will not be expected to have anything in this section until level 2 training (however it will be good if you do), thereafter, include management experience including attendance at relevant courses, MDT meetings (complex care management, safeguarding), departmental business and budget meetings etc. However we would encourage you to take opportunities in level 1 training and build upon them as you progress.

o Certified courses e.g.

- APLS and NLS by the end of level1 training
- Child protection (see RCPCH guidance)
- RCPCH paediatric prescribing module (required by the end of ST3 training and repeated by the end of ST6 training)
- Evidence of using the Paediatric SCRIPT modules

o Safeguarding – this is about the day to day cases seen in general paediatrics e.g. child with unexplained skull fracture and neonatal paediatrics e.g. infant of a drug dependent mother. There should be multiple entries for all grades each year

E. Skills Log

This should detail the breadth and complexity of your skills as you progress through the training programme. For example, a single DOPS on neonatal intubation will pass you in this respect but would it satisfy your assessor/future employer that you are proficient in this procedure? You may want to include in your skills log your success in intubation of different subjects (term, moderately preterm, and very preterm infants) in a variety of settings (emergency and elective) and of varying difficulty (e.g. Pierre Robin’s sequence) to show that you indeed are proficient. This applies to all skills and not only neonatal ones.

Achieving and maintaining proficiency is a life-long process, and with revalidation/recertification, you need to consider how your skills and competence will appear to the GMC.
The skills log should also be used to document skills that are not covered by DOPS (e.g. exchange transfusion). Entries in the skills log should be countersigned by someone who has observed you doing this procedure by (with their permission) entering their GMC or GNC number. This can be done by any doctor (junior or senior than you) or a nurse – they are not assessing how well you did the procedure (that is the purpose of DOPS) but merely confirming that you did it.

F. GMC and EPE Surveys

The GMC National Trainee Survey (NTS) and Deanery End of Placement Evaluation Surveys (EPES) process is an opportunity for you to provide feedback on your training. These survey tools form a key part of the Wales Deanery's quality management of training process. It enables us to obtain feedback about the quality of our training posts and programmes, asking key questions about your training, supervision, workload and access to educational opportunities and support.

It is your professional duty to participate in giving feedback in order to improve training and therefore the Wales Deanery is making completion of both the GMC NTS and Deanery EPEF surveys a mandatory requirement of training. Non-compliance will result in an outcome 5 at your next ARCP, pending the submission of a reflective portfolio entry reflecting the importance of completing these surveys, your reasons for non-completion and reflecting upon the quality of your training experience in your most recent training placement.

The Wales Deanery requires all trainees to provide evidence of completion of the most recent GMC NTS and Deanery EPEF survey as part of the evidence submitted to the ARCP panel. Failure to do so will result in the award of an outcome 5. Those trainees who did not complete the most recent GMC NTS or Deanery EPEF surveys will be required to complete the reflection proforma and submit this to the ARCP panel. If you require evidence of completion of the most recent surveys please contact Robert McGowan (mcgowanr@cf.ac.uk).

Persistent failure to engage with this process over 2 ARCPs will result in you being awarded an outcome 2.

Please note: If you are currently out of programme (e.g. OOPR, OOPE, sick leave, maternity leave etc.) then you do not need to complete the surveys.

G. Trainer’s Report

This is the cornerstone of the evidence for the ARCP. Apart from yourself, no one knows your strengths and developmental needs as well as your readiness for progression better than your educational supervisor and the local trainers. Your educational supervisor will receive feedback on your performance from your clinical supervisors so that a consensus view is reached on your performance. This is important as with shift patterns of work you may have never or very rarely been on the wards at the same time as your educational supervisor. The education supervisor for the second 6 months of your training year needs to complete the trainer’s report for the entire training year (taking into consideration the end
of post report by your educational supervisor for the first post). **This must be completed by the end of June for July ARCPs or end of December for January ARCPs.** If your educational supervisor arranges a meeting and you do not turn up for the meeting and you do not provide a very good reason for cancellation then the report will be done without you being present.

The trainer’s report is an open document and there is a space for the trainee to comment on their trainer’s report. You should enter your comments there but this needs to be done before your trainer submits it as a final version. We recommend that the trainer’s report be filled in with the trainee in the same meeting, or the trainer saves it in a draft version to enable the trainee to enter their comments.

**H. Absences**

The GMC has directed that a total absence of 14 days or more in a year (apart from annual and study leave) should trigger a review of trainee’s CCT date at the ARCP. It is therefore essential that trainees enter all their absences (other than annual and study leave) in their eportfolio. The GMC guidance states that it is each individual trainee’s responsibility under good medical practice to be honest and open and act with integrity and as such, to ensure that the deanery are aware of their absences through the deanery reporting requirements.

**I. Academic trainees**

Trainees in academic posts (e.g. ACF, ACL) or on OOPR will have a joint ARCP with the clinical ARCP panel and an academic representative. For your academic/research component, you need to provide a statement detailing your proposed research objectives and your progress so far, a report from your research supervisor, evidence of any courses attended, presentations and publications arising out of your academic/research component and provide an up to date copy of your CV – in short, bring in your research/academic portfolio! Some of these documents can also be filed under the research section of RCPCH ePortfolio. If your post also involves clinical work that would be recognized towards training, then you should detail your clinical competencies in ePortfolio similar to other clinical trainees.

**J. Format of ARCPs**

The majority of ARCPs are conducted virtually (i.e. trainees do not meet with a panel).

The panels meet and review the eportfolio accounts for all paediatric trainees being reviewed in that ARCP window. This is completed without any trainees being present. Following this there are 3 scenarios:

**Scenario 1**

- The panel are able to view all required evidence and assess it as being of the required standard.
- The panel will award an outcome 1 and this will be the end of the ARCP process for this training year.
- The trainee will be notified of the outcome and will be able to move to the next level of training (or complete training in the case of ST8 trainees).
Scenario 2

- The panel are unable to view all required evidence.
- The trainee will be awarded an outcome 5 (incomplete evidence presented – additional training time may be required). The outcome form detailing the missing evidence will be available on eportfolio.
- The trainee will be given 10 working days to upload the missing evidence to their eportfolio account.
- If the required evidence has been submitted and is satisfactory, an outcome 1 will be awarded.
- If the required evidence has not been submitted or it is not to the required standard the trainee will be required to meet with the Panel Chair and a final outcome will be awarded.

Scenario 3

- The panel are able to view all the required evidence, but feel this is not of the required standard and the trainee may require an adverse outcome (i.e. an outcome 2, 3 or 4).
- The trainee will be required to meet with the Panel Chair and will be advised of the outcome.

There are a number of trainees who will be asked to attend a face to face meeting with a panel and these trainees will be contacted directly with a time slot. This includes trainees who have not completed all required exams, those awarded an adverse outcome at their last ARCP and those currently receiving support from the Wales Deanery Professional Support Unit.

All trainees must be aware that they may have to attend a face to face meeting if scenario 2 or 3 detailed above is applicable, but due to the nature of the ARCP process notification regarding this will be at relatively short notice.

L. Review and appeals Process

Details regarding the review and appeals process can be found in ‘The Gold Guide’ section 7.124 – 7.146 (page 75-78)

Trainees have 10 working days from the date the letter from the Wales Deanery confirming their ARCP outcome is sent (via email) to request a review or appeal.

Please note that you are required to present a robust case in writing to be granted a review or appeal.

Dr Helen Fardy, HoS
Appendix 1

Revalidation FAQs

Q - What is a Responsible Officer?

A Responsible Officer is a senior clinician in a Designated Body who ensures that the doctors for whom they are the prescribed connection continue to practice safely and are properly supported and managed in maintaining their professional standards.

Q - Who is my responsible officer?

Professor Peter Donelly, your Postgraduate Dean, is your Responsible Officer.

As a doctor in foundation or specialty training, you will revalidate in a similar way to other licensed doctors. When the time comes for you to be revalidated your Responsible Officer will make a recommendation to the GMC that you are up to date, fit to practice and should be revalidated.

Q - What do I need to do for this process?

You will need to complete an enhanced Form R. The Form R is the document that all specialty trainees sign annually, and this enhanced version requires you to answer questions about whether you have been involved in any complaints or investigated incidents over the last year.

Q – On the Form R do I need to list all of the significant events/complaints over the past 12 months?
Any events or complaints that were not investigated do not need to be listed. Resolved significant events/complaints should be reflected upon in your portfolio however please list them on the Form R. For any investigations that are unresolved or ongoing, or any you have not reflected upon in your portfolio you must list these on the Form R along with a brief summary and your reflection.

**Q – In relation to completing the Enhanced Form R, what is a significant event?**

The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented, which is significant enough to be investigated by your employing organisation.

It is an educational requirement that all doctors as part of the evidence they will submit for revalidation, are required to record and reflect on significant events in their work with the focus on what they have learnt as a result of the event/s.

**Q – What role does my employer have in my revalidation?**

Your employer will be supplying information to the Deanery in order to inform the revalidation process through your ARCP. Your employer will be asked whether there are any active concerns regarding your fitness to practice that have or may result in a referral to the GMC.

**Q – How will I know if my employer has indicated they have concerns about my fitness to practice?**

If your employer has indicated that there are concerns then supporting information has to be provided to the Deanery. You should receive a copy of this from your employer. In addition if concerns have been raised these will be discussed at your ARCP.

**Q - What will happen if I do not complete my Form R and return it before the ARCP panel?**

The Form R will now form an essential component of the ARCP. The panel will be required to review the information pertaining to revalidation in this Form. If this Form is not available the panel will be required to provide you with an Outcome 5. The Form R needs to be submitted to the panel by the required timeframe in order for the Outcome 5 to be transferred to a more appropriate outcome.

**Q - I have submitted my revalidation information but my employer has not provided the required information. Will I be penalised at my ARCP because of this?**

No you will not be penalised, but the ARCP panel will be required to issue you with a provisional outcome. This outcome will be confirmed as soon as the information has been obtained from your employer.

**Q – How will I know if I have been recommended or not for revalidation?**

This will form part of the ARCP process and will be informed as part of the ARCP outcome.
Q – I am due to obtain my CCT in 3 months time at which point I plan to take up a locum consultant post. Who is my responsible officer?

As a trainee in Wales your responsible officer is Professor Derek Gallen, Postgraduate Dean. Professor Gallen will remain your responsible officer whilst you remain a trainee even if you change employers. When you complete your training (i.e. reach CCT), your postgraduate deanery will no longer be your designated body unless you take up your period of grace in which case the Deanery will remain your designated body until this placement is completed. Once you have completed your training your designated body will change to the organisation in which you spend most or all of your practice. You will need to inform the GMC when your designated body changes by using GMC Online.
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<td><strong>Mini CEX &amp; Cbd</strong> Including [6]</td>
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<td>(ST3)[1]</td>
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<tr>
<td>HAT (CEX)</td>
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<tr>
<td>Safeguarding Cbd</td>
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<td>1[note7]</td>
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<thead>
<tr>
<th>Assessment of Performance (AoP)</th>
<th>LEVEL 1</th>
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<tr>
<td><strong>DOPS</strong>[12]</td>
<td>A minimum of 1 satisfactory AoP for the compulsory procedures [8][9]</td>
<td>1 satisfactory AoP for the compulsory procedures [8][9]</td>
<td>A minimum of 1 satisfactory AoP for the compulsory procedures within the relevant sub-specialty curriculum [8][9]</td>
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<tr>
<td>Paed CCF</td>
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<td>1[note13]</td>
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<tr>
<td>ePaed MSF</td>
<td>1</td>
<td>1[note13]</td>
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</table>

### Other evidence required for ARCP progression

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<tr>
<th>Evidence</th>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
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<td>Life Support [10]</td>
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<tr>
<td>Safeguarding [11]</td>
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</table>

**MRCPCH Examinations**

<table>
<thead>
<tr>
<th>MRCPCPCH CBT exams (FOP, TAS, AKP)</th>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 CBT exams (desirable)</td>
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<tr>
<td>2 out of 3 CBT exams (essential)</td>
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<tr>
<td>All 3 CBT exams (essential)</td>
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</tbody>
</table>
Table of Assessments August 2016

NOTES

1. The statutory minimum training times are 24 months at level 1, 12 months at level 2 and 24 months at level 3 (all WTE); thus, training years in parentheses (ST3), (ST5) and (ST8) might not be undertaken by all trainees, depending upon an individual’s progress.

SUPERVISED LEARNING EVENTS (SLE)

2. The purpose of SLEs is as a means of engaging in formative learning; therefore, a trainee who presents evidence of SLEs that cover only a restricted area of the curriculum runs the risk of being judged as having poor strategic learning skills.
3. Trainees should use SLEs to demonstrate that they have engaged in formative feedback; they should record any learning objectives that arise in their PDP and show evidence that these objectives have subsequently been achieved.
4. There are no minimum numbers of SLEs (other than the mandatory assessments described in note [7]). Trainees and supervisors should aim for quality not quantity; a useful SLE will stretch the trainee, act as a stimulus and mechanism for reflection, uncover learning needs and provide an opportunity for the trainee to receive developmental feedback. Trainees do not need to achieve a prescribed ratio of mini CEX to CbD assessments; it is anticipated that more junior trainees might undertake relatively more mini-CEX and more senior trainees undertake more CbD, reflecting the increasing complexity of decision-making, etc.
5. Trainees are also encouraged to undertake the assessments indicated as optional.
6. The numbers of SLEs given for ACAT, HAT, LEADER and Safeguarding CbD are minimum requirements; senior trainees in particular should bear in mind that each of the SLEs is designed for formative assessment of different aspects of the curriculum and more than this minimum number of some types of SLE might be required, depending upon the specific requirements and clinical context of a subspecialty. Trainees are therefore advised to consult their relevant subspecialty CSAC curriculum, in case there are additional specified assessment requirements.
7. At least one of each of these SLEs must be assessed by a senior supervisory clinician (e.g. Consultant or senior SASG/Speciality Doctor) – i.e. ACAT and HAT during level 2, LEADER during level 2 and level 3 and at least one of the five DOC during level 2 and level 3.

ASSESSMENT OF PERFORMANCE (AoP)

8. The compulsory procedural skills are listed on the RCPCH website: http://www.rcpch.ac.uk/training-examinations-professional-development/quality-training/work-based-assessments-asset/assess-0
9. The e-Portfolio skills log should be used to demonstrate development and continued competence.

ADDITIONAL REQUIREMENTS

10. Trainees must also complete accredited neonatal and paediatric life support training during Level 1 training (NLS, EPALS, APLS or equiv).
11. Trainees must achieve the level 1 and 2 Intercollegiate Safeguarding Competences by the end of ST3, the majority of Level 3 competences by the end of ST5 and all Level 3 competences along with the additional paediatrician competences by the end of ST8.
12. Trainees can complete up to 25% of assessments during simulation but they are required to complete a non-simulated assessment for each of the mandatory DOPS.
13. The Paed CCF can be used as an additional tool if required.