RCPCH Guidance for ARCPs 2016

Throughout training there should be engagement with Good Medical Practice and the learning process (curriculum, formative and summative assessment) by regularly taking part in SLEs and utilising the ePortfolio to demonstrate that the requirements of the GMC approved curriculum and associated assessment system have been met. This should be evidenced by:

1. Educational supervision documentation (reviews etc.)
2. Regular participation in SLEs that sample the curriculum (as laid out in the assessment system)
3. Examination outcomes
4. Professional development plan
5. Trainers’ reports
6. Reflective entries
7. Skills log
8. Record of training events
9. Teaching resources
10. Audits
11. Clinical governance/quality improvement activities
12. Presentations/research/publications

The Educational supervisor should utilise much of this evidence when completing the trainer’s report, as this will be used to inform the ARCP panel. Educational supervisors will also find useful information in the College Assessment Guide for Trainees and Trainers

The trainee should be keeping their ePortfolio up to date and well organised with

- A current CV
- An active Personal Development Plan
- Evidence of regular reflective practice
- Evidence of teaching
- Evidence of educational meetings/CPD
- Evidence of governance/QI
- Evidence of research/presentations/publication
- Mandatory school training days

This will all be relevant to the trainee’s stage of training.
Satisfactory completion of Level 1 training requirements

1. MRCPCH. Trainees cannot progress from beyond Level 1 (ST3) without passing all MRCPCH written examinations and the MRCPCH Clinical examination. Trainees cannot progress from ST2-3 without passing 2 out of the 3 written examination papers.

2. Accredited paediatric and neonatal life support training

3. 12-20 SLEs (aiming for ratio of 2:1 CEX:Cbd) per FTE training year covering:
   a. A minimum of 6 core acute conditions (respiratory, gastroenteritis, convulsions, fever, rash, abdominal pain) to be covered using Mini-CEX and Cbd
   b. A minimum of 1 case (per FTE training year) with a safeguarding element (Safeguarding Cbd)
   c. A minimum of 1 HAT (CEX) (during the period of level 1 training)
   d. The LEADER (Cbd) and ACAT (Cbd/CEX) are optional, although their use should be encouraged.

4. 1 satisfactory DOPs (Assessment of Performance) to cover the compulsory procedures:
   a. Bag, valve and mask ventilation
   b. Capillary blood sampling
   c. Venesection
   d. Peripheral venous cannulation
   e. Lumbar puncture
   f. Non-invasive blood pressure measurement
   g. Tracheal intubation of the newborn and pre-term babies
   h. Umbilical venous cannulation
   
   And the skills log within ePortfolio completed and maintained for all practical procedures in the level 1 framework.

5. Minimum of 1 satisfactory ePaedMSF per year (not pro rata)

6. Up to date ePortfolio.

7. An annual trainer's report that summarises the evidence to be presented to the ARCP.

8. Enhanced Form R.

9. GMC Survey Receipt.
Satisfactory completion of Level 2 training requirements

1. Up to date accredited paediatric and neonatal life support training
2. 12-20 SLEs (aiming for ratio of 1:1 CEX:CbD) per FTE training year covering work in general, neonatal and community paediatrics; on wards and in clinic settings that include:
   a. A minimum of 1 case per training year with a safeguarding element (Safeguarding CbD)
   b. A minimum of 1 LEADER (CbD) per training year*
   c. A minimum of 1 HAT (CEX) per training year*
   d. A minimum of 1 ACAT (CbD/CEX) (during the period of level 2 training)*
   
   * At least one of these SLEs must be assessed by a senior supervisory clinician (e.g. Consultant or senior SASG/Specialty Doctor).

3. Skills log within ePortfolio updates showing continued competence for all level 1-2 practical procedures.
4. Minimum of 5 satisfactory DOC assessments over the period of level 2 training - at least one of the DOC must be assessed by a senior supervisory clinician (e.g. Consultant or senior SASG/Specialty Doctor).
5. Minimum of 1 satisfactory ePaedMSF per year (not pro rata).
6. Achievement of the Level 2 RCPCH General Paediatric curriculum safeguarding competences (Safeguarding CbD's) and the majority of the Intercollegiate Safeguarding Level 3 competences
7. The Paediatric CCF (Paediatric Carers of Children Feedback Tool) can be used as an additional tool if required.
8. An up to date ePortfolio.
9. An annual trainer’s report that summarises the evidence to be presented to the ARCP.
10. Enhanced Form R.
11. GMC Survey Receipt.
Satisfactory completion of Level 3 training requirements

1. Accredited paediatric and neonatal life support training
2. 12-20 SLEs (aiming for ratio of 1:2 CEX:CbD) per FTE training year to include core conditions required by specialty/sub-specialty and to include:
   a. A minimum of 1 case per training year with a safeguarding element (Safeguarding CbD)
   b. A minimum of 1 LEADER (CbD) per training year*
   c. The HAT (CEX) and ACAT (CbD/CEX) are optional, although their use should be encouraged, depending upon subspecialty context.
* At least one of these SLEs must be assessed by a senior supervisory clinician (e.g. Consultant or senior SASG/Specialty Doctor).

3. Satisfactory DOPS to cover for each practical procedure in level 3 framework if relevant for subspecialty (provide feedback for level 1 and level 2 trainees)
4. Minimum of 5 satisfactory DOC assessments over the period of level 3 training - at least one of the DOC must be assessed by a senior supervisory clinician (e.g. Consultant or senior SASG/Specialty Doctor).
5. Minimum of 1 satisfactory ePaedMSF per year (not pro rata).
6. Achievement of the Level 3 RCPCH General Paediatric curriculum safeguarding competences (Safeguarding CbD’s) and the Intercollegiate Safeguarding Level 3 competences and the additional competences for Paediatricians
7. The Paediatric CCF (Paediatric Carers of Children Feedback Tool) can be used as an additional tool if required.
8. Completion of START assessment and evidence of implementing targeted feedback through the trainees’ PDP.
9. An up to date ePortfolio.
10. An annual trainer’s report that summarises the evidence to be presented to the ARCP.
11. A relevant subspecialty CSAC Progression form for GRID trainees, where applicable with a recommended ARCP outcome for the sub-specialty element of their training.
12. Enhanced Form R.
13. GMC Survey Receipt.