

BACCH ASM 2009



Training workshop: for trainees and trainers

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Training workshop

- CSAC
- Calman training requirements
- Modernising Medical Careers and PMETB
- New training pathway
- Run through or uncoupling?
- Assessment
- Standards and quality assurance
- Trainee survey
- Future plans

- Happy to take questions as we go along

College Specialist advisory committee (Community Child Health)

- College Committees for each speciality with a recognised training programme
- Offer advice on training, health service and workforce planning issues
- Has a Chair, 2 speciality training advisors, a trainee rep and a Council rep.
- CCH also has representatives for public health, neurodisability, child protection, psychiatry/psychology and an academic advisor

Speciality training advisors: what do they do?

- Ensure that trainees have satisfied the training requirements for subspecialty recognition in community child health
- Consider trainees applications for CCT promptly, countersign the application
- Advise trainees on aspects of their training
- Support the workplan for CSAC

"Calman" Sub-specialty training: post core

- Subspecialty recognition on the specialist register requires 60 months training at SpR level
- Only paediatric experience can be accredited towards paediatric CCT
- Require 24 months in a post recognised for training in the sub-specialty plus 12 months in a relevant post which may include research
- Must complete the syllabus/competences

Balance between general and subspecialty training at Level 3

- A minimum of 16 hours a week, but no more than 1/3 of hours worked, should be in the provision of acute emergency duties (just CP does not count)
- Should participate in acute emergency duties for a minimum of 48 months of training so that on completion of training, trainees are competent in delivery of core acute paediatric and neonatal care
- It is acceptable for 3 months of this time to be maternity leave
- Approximately 70% of time worked should be in the subspecialty (but less after taking study/annual leave)

Appraisal and assessment

- Appraisal is an informal and largely confidential process in which progress is reviewed by the Educational Supervisor
 - Should establish a personal learning plan to set and record educational objectives
- Assessment is a formal process, informed by training reports providing feedback on three broad areas: personal attributes, interpersonal skills and clinical skills
 - Annual interviews with conclusions documented as a Record of In-Training Assessment (RITA)
 - Check the RCPCH website for details and copies of forms
 - May make use of the new assessment materials

RCPCH enrolment and assessment

- All in training posts must enrol so that the College has accurate information
- SpRs are not required to take up assessment, eSPRAT and e-portfolios unless their Deanery says so
- If you wish to make use of these you must pay a fee and inform the College (can choose eSPRAT only or all materials)

Applying for your CCT (1)

- Completion of a CCT programme is marked by the issue of a RITA G by the Postgraduate Deanery
- The trainee must submit an application for confirmation of completion of specialist training to the College (contact the HST administrator)
- You are strongly advised to begin your application process as soon as possible (up to 6 months before CCT date)
- The College will assess your application and make a recommendation to PMETB

Applying for your CCT (2)

- Make it easy for the assessor
- Those applying for subspecialty recognition e.g. Paediatrics (community) need to have their forms signed by the CSAC training advisor
- Prepare a good and relevant CV (check BACCH website)
- Demonstrate that you have covered the syllabus

Useful information

- The Orange Book – a guide to specialist registrar training
- BACCH website
- RCPCH website and the competency guides
- PMETB website

PMETB

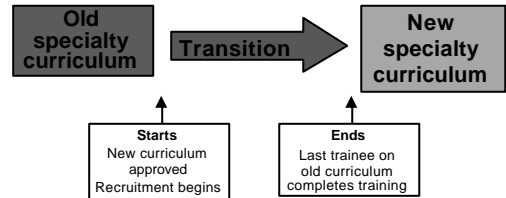
Post graduate medical education and training board

- Has the authority to approve the specialist training of doctors and certifying that they have reached the level of required competence to be included in the Specialist Register, maintained by the GMC
- It is independent of the Colleges
- It regulates training and quality manages programmes
- PMETB assesses equivalence
- PMETB approves new posts/training programmes
- Worked with the Colleges to set criteria and standards for training, including approving the curricula

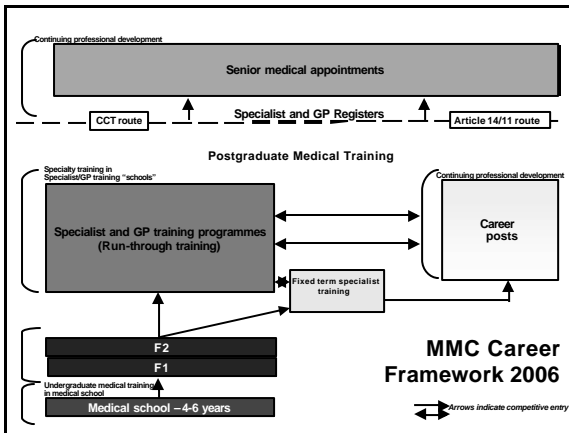
MMC and Run-through training

- In 2007, there was a move away from a syllabus completed over a set period of time to a single specialty training grade was introduced - Specialty Registrars (StR)
- Each training programme has a curriculum which has been approved by PMETB from year 1 (ST1) to year 8
- Defined set of competences at levels 1 (BST), 2 (core) and 3 (post core)
- The number of years that a trainee spends in the programme can vary
- Trainees are assessed against these competences by the PMETB-agreed assessment programme

Transition



- New curricula commenced August 2007
- Entry to SHO grade closed in August 2007
- Recruitment to Specialist Registrar grade ended in December 2006



Fixed term specialist training

- These are one year approved training posts but you can apply for a second year
- They provide doctors with equivalent training to the first, second or third year of the run-through programme
- Doctors in these posts are known as specialty registrars but will not have an NTN
- Thereafter doctors may apply for entry to a run-through programme, or a career post in the appropriate specialty

Completion of programmes

- Successful completion of a training programme is subject to satisfactory progress.
- Subspecialists will be expected to be competent in general paediatrics
- This will lead to a Certificate of Completion of Training (CCT) or application for a Certificate of Eligibility for Specialist Registration (CESR)
- After receiving a CCT or CESR, doctors will be eligible for entry to the Specialist Register and can apply for an appropriate senior medical appointment

The Tooke report

- Modernising Medical Careers (MMC) established a single seamless 'run-through' training grade ST1-8
- In 2008 the Tooke report 'Aspiring to Excellence' suggested abandoning the Foundation Programme, having a broad based core training programme ST1-3 followed by competitive entry into higher specialist training: "uncoupling"

Run through or uncoupling?

Advantages of run through:

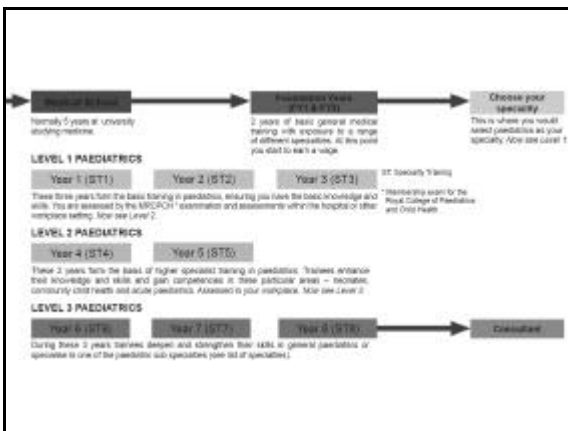
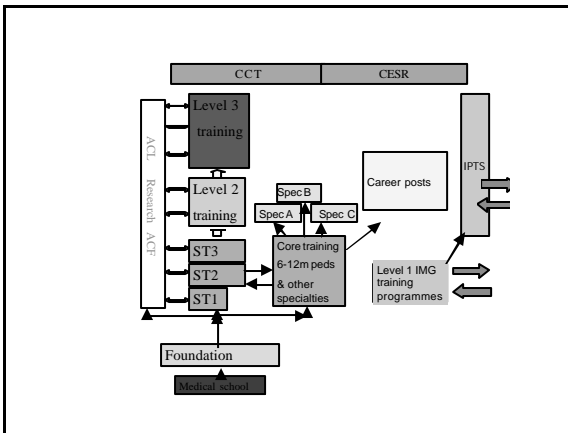
- Stability and certainty for trainees
- Integrated training across the programme
- Progress dependent on demonstration of competency and performance in the workplace
- May have a comparative advantage in attracting good applicants

Disadvantages of run through:

- Lack of competition - ? Decreases motivation
- May be difficult to remove unsuitable trainees
- Forces early career choice
- Less flexible

Paediatrics: a mixed economy

- RCPCH has decided to maintain run through, to evaluate further and review
- Encourage direct entry from Foundation for those who are sure
- Explore establishment of core posts to provide paediatric experience for those who are unsure about final career
- Trainees will gain transferable competences
- Must move towards reducing the number of FTSTAs in the run through model and ensuring that the numbers in core training match the numbers of those in higher specialist training in the uncoupled model



Progressing as a Specialty Registrar

- Need to follow curriculum that sets standards and competences
- Must have an assessment strategy in place
- Need a "training environment within the context of service delivery"
- Regular appraisal, assessment and annual planning contribute to the:
 - Annual review of competency progression the ARCP

The ARCP (1)

- Assessment – emphasis on work based using a range of validated tools, blue printed against the curricula and the GMC Standards of Good Medical Practice
- Appraisal – focuses on the trainee and his/her personal and professional needs
- Educational objectives (SMART) and learning plan
- A portfolio of evidence

The ARCP (2)

- The evidence is submitted to the ARCP panel (trainee not expected to attend)
- The panel will consider and approve the evidence and make a judgement about progression
- The panel will recommend an outcome

ARCP: Outcomes

- Outcome 1 – Satisfactory progress
- Outcome 2 – Development of specific competences required (no additional time needed)
- Outcome 3 – Inadequate progress (additional time required)
- Outcome 4 – Released from programme if insufficient and sustained lack of progress
- Outcome 5 – Insufficient evidence submitted (may require additional time)
- Outcome 6 – Gained all required competences, recommended for CCT/CESR

Work based assessment

- Range of tools:
 - Mini-Clinical Evaluation exercise (MiniCEX)
 - Direct Observation of Practical Skills (DOPS)
 - Case based discussion (CbD)
 - Multi source feedback (eSPRAT)
 - Sheffield Assessment Instrument for Letters (SAIL)
 - Sheffield Parent Assessment Tool (SHEFFPAT)
- Portfolio
- Trainer reports

WBA: Level 3 CCH

- 4 Minicex a year – will need to cover breadth of curriculum e.g neurodisability, child protection, behavioural/social
- 6 CbD a year – will need to cover breadth of curriculum and some specific conditions e.g genetic, communication, behavioural and physical disorders, sensory impairment, child protection and reports on child public health topics
- DOPs – likely to include structured developmental assessment and hearing assessment

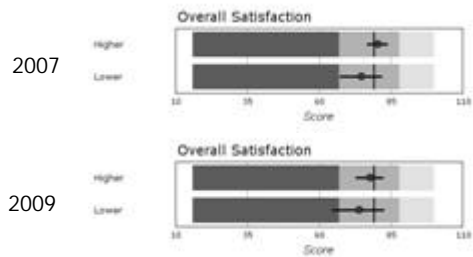
Useful information

- The Gold Guide: a guide to postgraduate specialty training in the UK
 - Web based and updated annually
 - Tells you all the regulations
 - Explains the new terminology which keeps changing!
- RCPCH website
- PMETB website
- Competency documents

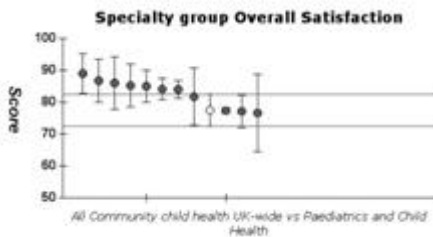
PMETB and quality management

- National survey of trainees and trainers – check out how you did
- Deanery wide visits and triggered visits
- Development of sub-specialty questionnaires
- Much more specific
 - E.g. did you receive training in safeguarding, child public health, developmental assessment?
 - What is the average number of the following have you been exposed to? e.g. number of children assessed with CP

Trainee survey – how did we do? Overall satisfaction



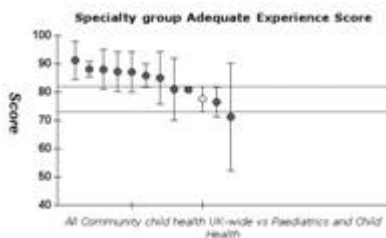
Trainee survey – comparison with other subspecialties: Higher 2009 (n=33)



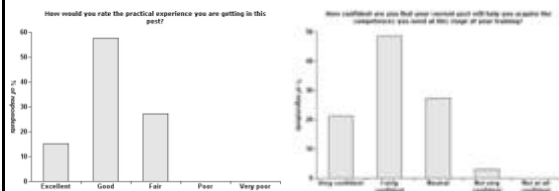
Trainee survey

- Where we did well
 - Work load not excessive and work intensity
 - EWTD compliance
 - Educational supervision
 - Other learning opportunities and study leave
 - Clinical supervision
- Where we did less well
 - Adequate experience (practical and achieving competences)
 - Induction
 - Educational resources and local teaching

Adequate experience



Adequate experience?



Future plans – Over to you.....

- How do we ensure our trainees get adequate experience?
- Competency review – what would you like to change?
- E portfolios mapped to competency and assessment materials – what should we be assessing?
- Resource pack – will it help to have educational resources/ideas mapped to the competences?
- What should we ask in the questionnaires for trainers and trainees to assess quality of training offered?
- How do we attract the best to paediatrics and to community paediatrics?

