Paediatric Neurology – Further Assessment Guidance for Level 3 Trainees (ST6-8)

At level 3 the trainee is learning to work independently within their team and developing further many of the non-technical competences which will be assessed through ePortfolio and the range of assessments. Trainees will be developing expert clinical reasoning, which makes CbDs particularly valuable at this stage.

The following are currently the core assessment instruments in the RCPCH assessment system for all level 3 trainees:

i) WPBAs (Workplace Based Assessments)
- MiniCEX (Mini-Clinical Evaluation exercise)
- DOPS (Direct Observation of Practical Skills)
- CbD (Case-based Discussion)
- Safeguarding CbD
- HAT CbD (Handover Assessment Tool)
- LEADER CbD
- ACAT (Acute Care Assessment Tool)
- ePaedMSF (Multi-Source Feedback)
- DOC (Discussion of Correspondence)

ii) Portfolio review

iii) START (Specialty Trainee Assessment of Readiness for Tenure)

iv) Trainer Report

Synthesising assessment evidence

Together with workplace-based assessments, trainees are expected to maintain evidence of their progress in their ePortfolio and this, in combination with the structured trainer’s reports, contributes to their overall assessment. The RCPCH assessment system aims to track the trainee’s progress from different sources, on different occasions and using different assessment methods. This will enable us to triangulate evidence and come to an overall assessment of an individual trainee’s progress, attainment or difficulties.
The evidence provided by the required collection of workplace assessments will be synthesised in the Trainer’s report and contribute to the Annual Review of Competence Progress (ARCP). The ARCP panel will then determine whether a trainee’s progression is satisfactory overall and whether they may progress to the next year of training.

The number and nature of assessments required for each stage of training is determined and will be reviewed by the RCPCH informed by available quality assurance data and relevant published research. The number of assessments currently required is the **minimum** deemed necessary to demonstrate adequate performance. A trainee should, where possible, try to exceed the minimum number of assessments required for their own benefit.

**Table of Assessments**

The table below is to complement the assessment blueprint, giving additional guidance on the curriculum sampling for workplace based assessments. It is also important to remember the use of the ePortfolio which will be reviewed by the trainer prior to completion of a structured trainer report (see below) and will contribute to the overall assessment. The ePortfolio will underpin learning from the curriculum and act as a platform for trainers and trainees to manage various elements of professional development and assessments required. The portfolio will contain:

- Education supervision documentation
- Professional Development Plan
- Reflective entries
- Skills log
- Record of training events
- Assessment reports
- Trainer reports
- Teaching and presentation resources
- Audits and clinical governance
- Safeguarding reports

*Please see the WPBA assessment table, with examples procedures, on the following pages*
<table>
<thead>
<tr>
<th>MiniCex (min per year is 4)</th>
<th>CbD (min per year is 7)</th>
<th>Safeguarding CBD (min per year is 1)</th>
<th>DOPS (1 DOP *)</th>
<th>LEADER (Pilot** - 1 across Level 3 Training)</th>
<th>HAT (Pilot*** - 1 across Level 3 Training)</th>
<th>ACAT (Pilot - 1 across Level 3 Training)</th>
<th>DOC (5 across Level 3 Training)</th>
<th>CCF (1 **)</th>
<th>MSF (min per year is 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- paroxysmal disorders, excluding headache (to include epileptic and non-epileptic events)* - headache* - raised intracranial pressure and acute encephalopathy - movement disorders* - the floppy infant - acute paralysis - developmental delay - CNS inflammation - Spinal cord disorders - Chronic neurodisability** - Behavioural problems** - Traumatic brain injury - Neuro-psychiatric disorders** - Medically unexplained symptoms - Complex discharge planning - Chairing</td>
<td>- paroxysmal disorders, excluding headache (to include epileptic and non-epileptic events)* - headache* - raised intracranial pressure and acute encephalopathy - movement disorders* - the floppy infant - acute paralysis - developmental delay* - CNS inflammation - Spinal cord disorders - Sensory problems - Chronic neurodisability** - Behavioural problems** - Neuro-psychiatric disorders** - Medically unexplained symptoms - Neurology ** at least 1 should be discussed</td>
<td>- discussion about non-accidental acquired brain injury</td>
<td>See the level 3 curriculum</td>
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</tbody>
</table>
For the assessment marked with an asterix in MiniCEX/CBD subjects – at least 2 of these topics through the training programme must relate to adult patients and assessment must be made by an adult neurologist.

For the assessments marked with ** it is envisaged that at least 1 miniCeX and 1 CBD assessment during the training period will be undertaken by an assessor whose main speciality is child psychiatry, neuropsychology or behavioural management.

*A minimum of 1 satisfactory DOP for compulsory procedures within a specific sub-specialty curriculum. Skills log to be used to demonstrate development and continued competence.

**CCF is to be used as an additional tool where required.

*** For ARCPs during the pilot of these new assessment tools trainees are expected to complete a LEADER, HAT CbD or ACAT. They are not required to complete all 3.

*Please note that you can find further information on WPBAs, including assessment specific guidance documents, here*