

Educational supervision Guide for Paediatric sub-specialty: Child Mental Health

A practical guide for Trainers and Supervisors



You have been sent this guide because you are the educational supervisor (ES) for a trainee appointed to the Child Mental Health higher specialist training programme in paediatrics.

The guide will have been sent on by your training programme director or by the trainee themselves.

The aim of this document is to clarify expectations of the Child Mental Health CSAC for educational supervisors, to enable the ARCP and CCT process to progress smoothly and supervision to be standardised across the programme.

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Structure of the Child Mental Health Programme

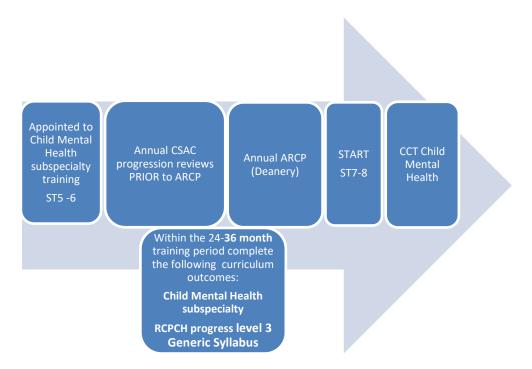


Figure 1: 36 month NTN for trainees appointed since August 2018

Yearly CSAC progression reviews give external supervision to ensure the trainee is on track to complete competencies within the training time. Quality assurance of the training programme is also provided.

Posts within Child Mental Health training

- Indicative minimum of 24 months (WTE) of Child Mental Health training post within an approved training centre, including:
 - o 12 months in Child and Adolescent Mental Health Services (CAMHS). This is a unique higher level training speciality with 12 months sub-specialty training in CAMHS during normal working hours with continued out-ofhours work in acute Paediatrics during these 12 months.
 - Another 12 months in post(s) where a range of Child Mental Health experience is available
- Up to an additional 12 months
 - o in research (prospectively approved by CSAC)
 - o overseas posts (prospectively approved by CSAC)

Trainees who joined the programme prior to August 2018

• Will be using RCPCH progress

- In addition they may still be using the aligned framework
- Still require annual CSAC progression reviews

Expectations of Educational Supervisors

CSAC rely on local educational supervisors to monitor progression through the curriculum and to provide evidence for the CSAC progression review, which feeds into the ARCP.

- Please complete the regular meetings described in this document as a minimum
- Please track progress on Kaizen as recommended in this document
- Please complete an annual CSAC progression review form for the Child Mental Health CSAC and send it to the Child Mental Health CSAC representative at least 2 weeks prior to the CSAC progression review (the trainee should have been informed which CSAC member is doing the review)
- Due to the unique cross-specialty training in child mental health, the child mental health CSAC requires the trainee to have both a Paediatric and a Psychiatric (Child and Adolescent Psychiatrist) educational supervisor. Liaison between the two is important. Joint meetings, if possible, work well.

Induction Meeting

- In addition to usual meeting requirements (PDP, review of training, MSF etc)
 please confirm with the trainee that they have access to the Child Mental Health
 Subspecialty Curriculum AND the RCPCH progress level 3 generic syllabus. If they
 don't the trainee can request these for their Kaizen account- details on the
 trainee's guide
- Review CSAC progression form (unless new to the programme) from previous training year and use the targets to form PDP for the year
- Review START (if available) and incorporate recommended goals into PDP
- Set PDP to ensure appropriate coverage of both syllabi for that training year- use the "Start Goals" tab to document this
- During the CAMHS post, it would be most helpful to liaise with the consultant psychiatrist supervising the trainee in CAMHS prior to induction and review meeting and essential to do so prior to end of year meeting.

Midpoint Review (optional, recommended)

• Check curriculum coverage. Review this by looking at the Goals section for the trainees' portfolio and review the number of learning events tagged to each Key Capability. It is very important that events are tagged to a key capability and not a learning outcome or domain. This provides a "zoom- in" view of curriculum coverage eg knowledge of management of a patient with a particular condition, an acquired skill or an ability to contribute high level decisions (eg risk assessment and management).

- Each Key capability of the generic curriculum should have a minimum of 1 tag by completion of the Child Mental Health sub-specialty training programme
- Each Child Mental Health key capability should be evidenced by completion of the Child Mental Health sub-specialty training programme. CSAC will advise on amount of evidence at progression reviews. Please discuss coverage of the programme with your trainee and ensure they have had opportunity to access those parts of the curriculum only available at your centre during their placement. This is particularly important during placement in Child and Adolescent Mental Health setting.
- By completion of the training programme, the trainee must have had sufficient exposure to outpatient work (to enable independent working after CCT). Please review opportunities for outpatient working with your trainee.
- Check that the trainee is not using the same evidence for multiple places on the curriculum
- One event should not be tagged in more than 2 domains or subspecialty learning outcomes but the same single event can be used for both the Child Mental Health subspecialty curriculum and the generic curriculum
- Check trainee is linking events to the Goals set in the PDP at the induction meeting
- During the CAMHS post, it would be most helpful to liaise with the consultant psychiatrist supervising the trainee in CAMHS prior to induction and review meeting and essential to do so prior to end of year meeting.

End of training year meeting: preparation for CSAC progression review and ARCP

- Meet 4 weeks prior to ARCP.
 - o Is the trainee making appropriate progress?
 - o Review gaps- what still needs to be achieved?
- Review curriculum coverage- both for Child Mental Health subspecialty and RCPCH progress level 3 generic syllabus- use the Goals tab on kaizen to get an overview of curriculum coverage
- Identify gaps for focus of the next training year- each key capability will need 1 or 2 events tagged by completion of the training programme
- Review MSF (if available)
- Complete CSAC progression review form
- There are trainee-led sections which the trainee will have completed prior to your meeting to give an overview of their learning for the year
- Review depth- check that evidence provided by the trainee is of good quality
- Mark the Goals Section of the portfolio- some goals will be completed that training year

- Send CSAC progression form to CSAC member responsible for the annual review meeting with the trainee (the trainee should know which CSAC team member is doing their progression review)
- During the CAMHS post, it would be most helpful to liaise with the consultant psychiatrist supervising the trainee in CAMHS prior to induction and review meeting and essential to do so prior to end of year meeting.

Contacts for queries and support

- Queries about Kaizen eg adding sub-specialty curriculum or changing expiry dates: training.services@rcpch.ac.uk
- You can find the contact details for the current CSAC members here https://www.rcpch.ac.uk/membership/committees/child-mental-health-csac
 should you need advice on regarding capabilities, OOP, assessment, host centres/
 programme provision, SPIN, CCT dates and all other queries relevant to training in CMH.