



# Educational Supervision Guide for Paediatric Sub-Specialty: Neurology



*A practical guide for PGDiTs, Trainers,  
and Supervisors*



[www.rcpch.ac.uk/progress+](http://www.rcpch.ac.uk/progress+)

This document outlines the Training Guide for Paediatric Sub-Specialty: Paediatric Neurology to be used by PGDiTs, Trainers and Supervisors.

This is Version 1.0. As the document is updated, version numbers will be changed and content changes noted in the table below.

Version number	Date issued	Summary of changes
2	30/09/2025	Transition to Progress+ and combined PGDiTs and supervisor document.

The following guide has been produced by Paediatric Neurology College Specialty Advisory Committee (CSAC) to help support Educational Supervisors who supervise Paediatric Neurology sub-specialty PGDiTs and guide training centres responsible for the PGDiTs. It also acts to provide guidance and support to the trainee who is new to the sub-specialty as well as to signpost to further resources.

The CSAC would particularly like to thank the CSAC representatives – Audrey Soo, Abigail Lazenbury, Gary McCullagh and Dipak Ram for their work contributing to this document.

General guidance will be followed by sub-specialty advice, where this differs between sub-specialities.

Any questions for items within this guide should be addressed to the CSAC rep who can be contacted via the sub-specialty CSAC web page.

## Content

List of abbreviations .....	4
Welcome to Paediatric Neurology Sub-Specialty Training .....	4
Who are Paediatric Neurology sub-specialty PGDiTs? .....	4
Paediatric Neurology sub-specialty application process .....	5
PGDiTs and Educational Supervisor (ES) roles .....	6
Less than Full Time (LTFT) PGDiTs .....	6
Academic posts .....	6
Return to Work .....	7
Out of hours working and balance between general acute and sub-specialty training .....	7
RCPCH Training Charter .....	8
Out of Programme (OOP) opportunities .....	8
The role of the College Specialty Advisory Group (CSAC) .....	9
Annual Review of Competency Progression (ARCP) .....	9
Signing off for CCT .....	9
Supporting Educational Supervisors .....	9
Supporting PGDiTs .....	9
Feedback .....	10
Curriculum Learning Outcomes and Key Capabilities .....	10
Induction Meeting .....	11
Education Supervisor (ES) requirements .....	12
Annual Review of Competency Progression (ARCP) .....	12
Supervised Learning Events (SLE) and curriculum tagging .....	12
Specialty Trainee Assessment of Readiness for Tenure (START) .....	13
Paediatric Neurology Sub-specialty Specific Teaching .....	13
Courses and Conferences .....	14
BPNA Annual PGDiTs' Meeting and Conference .....	14
Study Leave .....	14
Paediatric Neurology courses .....	14
BPNA Distance Learning Course .....	15
Optimising the learning experience in Paediatric Neurology .....	15
Feedback .....	15
Further resources .....	15

## List of abbreviations

<b>ARCP</b>	Annual Review of Competency Progression
<b>BPNA</b>	British Paediatric Neurology Association
<b>CSAC</b>	College Specialty Advisory Committee
<b>CCT</b>	Certificate of Completion of Training
<b>ES</b>	Educational Supervisor
<b>FTE</b>	Full time equivalent
<b>LTFT</b>	Less than full time
<b>OOP</b>	Out of programme
<b>SIG</b>	Special interest group
<b>SLE</b>	Supervised Learning Events
<b>TPD</b>	Training Programme Director

## Welcome to Paediatric Neurology Sub-Specialty Training

Congratulations on your appointment to Paediatric Neurology sub-specialty training and a warm welcome to the specialty. The aim of this pack is to provide initial guidance on important factors to consider as you embark on training. It is also to signpost you and your educational supervisor to further resources to support you on your journey to becoming a paediatric neurologist. Please feel free to reach out to the trainee representative of the CSAC if you have any queries or concerns. We wish you the very best in your career and look forward to working together as colleagues. Welcome to the community!

## Who are Paediatric Neurology sub-specialty PGDiTs?

A Paediatric Neurology specialist is a doctor who works across all paediatric age groups to investigate, diagnose and manage the vast range of neurological disorders affecting children and young people.

A paediatric neurologist needs to have expertise in a wide range of disorders from foetal life to adulthood including:

- epilepsy and paroxysmal disorders
- neuromuscular disorders
- cerebrovascular disease
- brain and spinal injury
- infections of the brain and spinal cord
- brain and spinal tumours
- neuroinflammatory disorders
- neurogenetic disorders

- movement disorders
- white matter disorders
- inborn errors of metabolism

In addition, paediatric neurologists have generic expertise in neuroimaging, neurophysiology, and molecular medicine. Some will sub-specialise and work largely or exclusively in a particular field. Paediatric Neurologists are usually based in a regional neuroscience centre providing tertiary and secondary level services working in outpatient and hospital settings.

In the acute setting, they manage a wide spectrum of disorders and provide shared care management of patients on Paediatric Intensive Care Units (PICU), Neonatal Intensive Care Units (NICU) and those undergoing neurosurgery. They provide specialist support advice to paediatric specialty colleagues. They advise on diagnosis and ongoing management of chronic and complex disease.

Paediatric Neurologists work particularly closely with Neurodisability paediatricians, Neurosurgeons, Neurophysiologists, Neuropsychiatrists, Neuroradiologists and Neuro-geneticists, amongst other colleagues.

British Paediatric Neurology Association (BPNA) is the professional organisation for medical professionals in the UK and internationally who specialise in the care of children with neurological disorders. It is a charity whose vision is to create a world where every child and young person with a neurological condition can access the care and support, they need to reach their full potential.

BPNA's mission is to work in partnership with other organisations in advancing the health and well-being of children and young people with neurological conditions by:

- Promoting equitable access to high-quality healthcare and resources.
- Supporting healthcare professionals nationally and internationally through training and education to improve clinical practice.
- Fostering research initiatives that empower clinicians, patients, and families.
- Championing healthy brain development through advocacy and collaboration.

The BPNA has a trainees' special interest group (SIG) led by a chair and deputy chair who are sub-specialty PGDiTs. They work closely with the other trainee representatives (international medical graduate, SPIN epilepsy and early career representatives) to support sub-specialty PGDiTs in the UK.

## Paediatric Neurology sub-specialty application process

Paediatric Neurology sub-specialty PGDiTs are selected by the College Specialty Advisory Committee (CSAC) panel through a nationally competitive application process. Therefore, those PGDiTs entering this pathway must demonstrate dedication and enthusiasm for this speciality as well as sufficient knowledge and capability as outlined in the curriculum.

Academic PGDiTs may be directly appointed by a university (via an Academic Clinical Lecturer route) but will still need to be appointable via the national sub-specialty recruitment process.

Paediatric neurology training is 3.5 years (42 months) full-time equivalence (FTE). Typically, PGDiTs enter sub-specialty training with 3 years remaining before CCT – their CCT date is then adjusted to add the additional 6 months to allow for total of 42 months FTE of training. Requests for prospective approval of up to one year of training can be made to the CSAC prior to sub-specialty application. Retrospective approvals are not possible. Relevant PhDs can be counted towards training with prospective approval for up to one year of training. The CSAC will also consider some time in relevant specialties in approved Paediatric Neurology training centres.

## **PGDiTs and Educational Supervisor (ES) roles**

Our PGDiTs are encouraged by CSAC to be adaptive and innovative in their training opportunities in discussion with their local teams to achieve their curriculum capabilities, as well as seeking support early if gaps arise or are foreseen.

The role of the ES is to nurture and support Paediatric Neurology PGDiTs to explore and develop the specific areas of interest within their chosen sub-speciality and the required training in other aspects of Paediatric Neurology. Supervisors should ensure PGDiTs can access resources and experiences to progress through the curriculum to an appropriate standard to be able to work as a competent consultant paediatric neurologist.

## **Less than Full Time (LTFT) PGDiTs**

Sub-specialty PGDiTs may be LTFT, however only one trainee can be allocated to each sub-specialty National Training Number. The remainder of the post may be filled by another trainee in a non-sub-specialty training post (SPIN PGDiTs are ideal to co-share a slot). Please provide early information regarding weekly activities to allow selection of working days where possible.

Sub-specialty PGDiTs can switch to LTFT at any stage of training, and this should be discussed with the Deanery. PGDiTs are able to switch to LTFT working at any stage of their training (further information on the [RCPCH LTFT web pages](#)).

## **Academic posts**

Nationally recruited (NIHR) Academic Clinical Lectureships (ACLs) are considered “in addition” to the training posts and the clinical rota, and will be allocated Monday-Friday slots only, as they have a different Trust funding stream. PGDiTs can opt to work out of hours to maximise training opportunities.

## Return to Work

There are lots of good resources to support you on your return to work after a period of absence, including: [RCPCH website](#).

Please take up the opportunity for 'Keep in Touch' days during any parental leave or extended time out of clinical practice. For further information see: : [Trainee toolkit – by trainees, for trainees](#) and download the [guide](#)<sup>1</sup>.

You should be allocated an educational supervisor prior to your return who can help you ease your way back. You need to meet with them 12-16 weeks prior to returning to work to allow for rota planning. HEE provides funding to support supervised return to practice where necessary, and your Trust should have a supported return to training (SuppoRRT) champion who can signpost you to this. Funding varies according to deanery. Further information can be found on the [NHSE website](#).

## Out of hours working and balance between general acute and sub-specialty training

Previously, the [RCPCH Training Guide](#) issued specific guidance regarding the [balance between general and sub-specialty training](#), and suggested that 70% of time should be spent within sub-specialty as a minimum. Currently, the new GOLD guide no longer specifies a minimum time requirement but instead focuses on the need for PGDiTs to be proactive to ensure that curriculum competencies can be gained during their time in training.

Paediatric Neurology PGDiTs and their trainers must be mindful of the need to maintain and develop acute paediatric competencies throughout Specialty level training. All paediatric PGDiTs achieving CCT in the UK receive accreditation in paediatrics and so must be competent in delivering acute paediatric and neonatal care. While PGDiTs in many sub-specialties may not anticipate performing general paediatric on-call duties once qualified as a consultant, it is important that they recognise the value of these competencies in ensuring they can deliver safe care to the children for whom they are responsible.

Out of hours working offers training opportunities which are often difficult to obtain within normal working hours. The need to deliver paediatric neurology services will continue and with careful planning, training opportunities can be maximised within service delivery.

Out of hours work for generic paediatric competencies should be negotiated with individual Trusts on a rotation-by-rotation basis with the ES and trainee.

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<sup>1</sup> Note: the guide is a word version will need to be saved in your local drive to view.

# RCPCH Training Charter

[RCPCH Training Charter](#) outlines what the College expects from every training unit in the UK, across key domains including:

1. Educational supervision
2. Teaching
3. Rotas
4. Fatigue, rest facilities and breaks
5. Less than full time training
6. Training environment
7. Training programme.

The College expects PGDiTs to have adequate time within their work schedule to complete all mandatory requirements of training including activity which is not direct patient care (e.g. quality improvement (QI), audit, leadership, ePortfolio, etc.) It is recommended that the time allocated for these supporting professional activities (SPA) is a minimum of 16 hours a month for PGDiTs on a tier 2 specialty rota (pro rata for LTFT PGDiTs). This is in addition to departmental teaching and clinical admin time.

## Out of Programme (OOP) opportunities

OOPs are designed to enable a trainee to gain specific experience which cannot typically be obtained within their training programme. This should be done in addition to training rather than used to shorten the existing training requirements.

OOPs cannot be requested to start at the beginning of sub-specialty training. If this is required, a deferment should be requested at the time of the initial sub-specialty application. Any OOPs should commence at least six months after commencement of sub-specialty training. Please note there is a possibility that the original sub-specialty training post may not be available after an OOP, and this must be considered on application.

OOPs cannot be requested in the final 12 months of training prior to Certificate of Completion of Training (CCT). Up to date information on the variety of OOPs available and when/how to apply is available in the [GOLD guide](#).

OOPs usually do not count as training and if a trainee/supervisor feels a future OOP has the potential to be eligible for time to count towards training, they should contact their TPD and the Neurology CSAC to discuss this. Generic paediatric capabilities also need to be considered, and therefore advice should be sought from the relevant Training Programme Director (TPD).

Academic PGDiTs cannot undertake OOP. Any additional training needs to be incorporated into their research time or discussed with CSAC and the local deanery.



# The role of the College Specialty Advisory Group (CSAC)

## Annual Review of Competency Progression (ARCP)

- All PGDiTs (including those on OOP) will have an Educational Supervisor.
- The CSAC will have an annual progression review with each trainee to assess their progress with the curriculum to inform the deanery ARCP process. The trainee is expected to complete a CSAC progression form with their educational supervisor in advance of their meeting with the Neurology CSAC. This meeting will typically take place in May/June for those with a summer ARCPs and in November/December for those with a winter ARCPs.
- The trainee should format their CSAC progression form within Kaizen to include inpatient and outpatient experience in each area (e.g. epilepsy, neuromuscular etc), as well as signpost courses and assessments done within each of these areas. All new sub-specialty PGDiTs will have an induction session with the Neurology Trainee Representative to go through this in more detail.
- Individual interim meetings between PGDiTs and CSAC can be arranged and is highly recommended, particularly if the trainee or supervisor feels additional support may be needed to ensure smooth progression in training and career progression. This includes if there have been any circumstantial factors (e.g. personal, family, health etc) and/or if there are any concerns about training raised by trainee or supervisor.

## Signing off for CCT

- The CSAC will be guided largely by ES reports on the RCPCH ePortfolio (induction, mid-point, end of post reviews and CSAC progression forms). Therefore, the CSAC depend on the ES' thorough review of the trainee's portfolio and [Supervised Learning Events \(SLE\)](#). Any concerns must be raised as early as possible, and information provided of any measures which have made to facilitate progress.

## Supporting Educational Supervisors

- The CSAC are always happy to be contacted by ES for advice on the supervision of any Paediatric Neurology sub-specialty trainee.
- The CSAC typically arranges an annual sub-specialty ES online meeting where all sub-specialty supervisors will be invited to attend for an update.
- If you are experiencing difficulties in satisfactorily completing your ES roles in relation to support provided by your Trust (e.g. inadequate protected SPA time for trainee supervision), please contact the CSAC as soon as possible.

## Supporting PGDiTs

- The CSAC will support PGDiTs to proactively interact with their local training teams to maximise access and for the protection of Paediatric Neurology training activities. The CSAC also undertake an annual trainee survey through BPNA for feedback on training and training centres to ensure PGDiTs are well supported to successfully complete their sub-specialty or academic training.

## Feedback

- We will aim to seek regular feedback from our PGDiTs regarding the training process, experience and training centres. This will be summarised, in our annual update, where potential support, new initiatives and solutions can be discussed.

## Curriculum Learning Outcomes and Key Capabilities

PGDiTs in Paediatric Neurology are expected to achieve learning outcomes and key capabilities for two curriculums:

- [Progress+: Paediatric Neurology Sub-specialty Syllabus](#)
- [Progress+: Generic Syllabus for Specialty Paediatric Training](#)\*

*\*Please note that this is not the same as the Progress+: General Paediatric Specialty Syllabus. Paediatric Neurology PGDiTs do **not** need to complete the Progress+: General Paediatric Specialty syllabus.*

If the trainee does not have these two curriculums added to their ePortfolio at the start of Paediatric Neurology sub-specialty training, they should contact the RCPCH ePortfolio team ([eportfolio@rcpch.ac.uk](mailto:eportfolio@rcpch.ac.uk)) to ensure the correct curriculums are added to their ePortfolio.

At the start of their rotation, please clarify with the trainee how parts of their Paediatric Neurology rota can be protected for achieving curriculum capabilities and gaining exposure in the other sub-specialist areas. Some centres divide the entirety of Paediatric Neurology training into acute general neurology and rotations in sub-specialty areas (e.g. in adult neurology (with on-calls in paediatrics), Neurodisability, neuromuscular, neurophysiology etc.). Adult neurology competencies are a key element of paediatric neurology training and local negotiation will be necessary to ensure PGDiTs can maximise their training in the domains of adult neurology which are closely linked to paediatric neurology practice (e.g. demyelination, neuromuscular, neurovascular, movement disorders and epilepsy).

The final structure of the training is dependent on the training centre but the breadth of exposure to the various sub-specialty areas of Paediatric Neurology curriculum should be within allocated clinical days for the PGDiTs. Zero hours days/annual leave/study leave should not be used for these activities. Flexibility is encouraged in discussion with fellow PGDiTs working on the same rota to maximise training opportunities.

If there are specific aspects of paediatric neurology that are not delivered at a training centre (e.g. national specialist clinics or highly specialised services) that are of interest to the trainee, where possible, they should be supported in being released from their rota to gain this experience. PGDiTs and educational supervisors should also consider other ways that their exposure to highly specialised topics could be facilitated, such as through attending specialist services team MDTs and/or BPNA special interest groups.

## The role of the Supervisor

- Sub-specialty PGDiTs will have an Educational Supervisor and a Clinical Supervisor. They may or may not be the same person. The Educational Supervisor will ideally oversee their education and progress over the entire training programme. The Clinical Supervisor is the person responsible for the PGDiT whilst in an individual clinical placement.
- Educational and Clinical Supervisors for sub-speciality PGDiTs should be substantive paediatric Neurology consultants who have received training on the supervisor role. Training can be from Trusts, postgraduate deaneries or the [RCPCH](#).
- PGDiTs should know to seek early contact with their supervisor and to arrange their induction meeting as close to the start of their placement as possible.

## Induction Meeting

At their induction meeting at the start of each placement/rotation, we encourage PGDiTs /supervisors to:

- Review recent Paediatric Neurology progression, end of placement and deanery ARCP reports.
- Review remaining Paediatric Neurology curriculum requirements to focus short and medium-term goals.
- Review any generic paediatric curriculum items in which the trainee may want to gain additional experience.
- Discuss logistics of how/when PGDiTs can schedule rota time for specific curriculum requirements such as:
  - Neurophysiology, neuroradiology and neurogenetics exposure
  - Specialist clinic attendance/observation
  - Opportunities for SLEs
  - Research opportunities and training
- Discussing rotation specifics:
  - Study leave & internal opportunities
  - START plans
  - Expected CCT date, any OOP plans
  - Management & leadership opportunities
- (If relevant) discuss academic training requirements: ensure that there is communication/alignment between academic supervisor and ES.

For PGDiTs in their **final 12 months**, they should ensure that there is a focus on discussing the following areas:

- Opportunities/Inclusion in consultant meetings, consultant management activities.
- Stepping up roles and opportunities specific to that sub-speciality – where registrar activity can be replaced by ‘stepping up’ activity.
- Signpost to any regional/national NHS management or governance training for new NHS consultants.

- Where feasible protection of time for CCT/consultant role preparation activity, with degree of reduction in some general registrar activities as capacity allows.
- START assessment and opportunities for safeguarding time for any remedial/upskilling activities that may be required.
- Career opportunities, consultant post opportunities and applications.
- Opportunities for additional review of portfolio three to six months in advance of final ES review and report.
- Interest/recommendations regarding completing training early.

Information regarding approaching a [CCT](#) can be found on the RCPCH website.

## Education Supervisor (ES) requirements

ES for Paediatric Neurology PGDiTs should have completed their deanery specific ES requirements for accreditation.

It is recommended that every trainee receives a minimum of one hour a week allocated for one-to-one supervision. This protected time should be incorporated into your [job plan](#) as a sub-specialty ES as per NHSE regulations.

Any training centre approved by the Paediatric Neurology CSAC should provide the above supervision structure, but fixed sit-down sessions may not always be needed. Additional training and supervision may be achieved through discussion and support at MDTs, 15 min reviews at the end of a ward round, telephone catchups at the end of a clinic, review of clinic letters before posting, support in preparing for a clinic, joint triaging of referrals etc., and via remote activity.

## Annual Review of Competency Progression (ARCP)

The CSAC will need completed Clinical and ES reports a minimum of two weeks prior to the CSAC progression meeting to allow enough time for reviewing progression on the RCPCH ePortfolio.

For PGDiTs taking time out for research, the Out of Programme Research/Academic Supervision form on ePortfolio should also be completed prior to the ARCP. Preparing for your ARCP guidance can be found on the [RCPCH website](#). Please also consult local deanery pages about ARCP for other required paperwork. The Neurology CSAC would encourage all OOP PGDiTs to continue annual progression meetings with the CSAC, even if they do not require a deanery ARCP.

## Supervised Learning Events (SLE) and curriculum tagging

Specialty PGDiTs are required to complete 1 [LEADER](#), 1 [Safeguarding Case Based Discussion \(SCBD\)](#) and 1 [Paediatric Multisource Feedback \(MSF\)](#) per training year. Apart from these, there are no minimum numbers of SLEs. PGDiTs 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.

Please review the appropriateness of tagged items and completion of the competencies during your mid-point and end of placement review with the trainee. Each SLE or ePortfolio item can only be tagged to one (max two) curriculum item. Multiple tagging will not improve the quality of their portfolio.

Details of the various SLEs can be found on the [RCPCH Assessment Guide](#) which also has a useful [assessments table](#) that indicates the minimum evidence requirement for outcome 1 and/or trainee progression. It also describes which curriculum domain each SLE primarily links to within the Progress+ curriculum.

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

PGDiTs are expected to complete their START assessment, usually in the penultimate year of training. START is a three-hour assessment with consultant paediatricians which assesses the trainee's abilities relating to clinical decision-making as a new consultant. It helps the trainee to address any gaps that they may have in training.

START has anchor statements which allow assessors to make judgments on PGDiTs at each station. This covers six domains, and all stations cover all domains. These are: decision making and prioritising, knowledge, management of complexity, professional approach, safety and risk management and communication. A global rating is also made as an assessment of performance overall in the scenario.

Further details including the START assessor feedback forms can be found on the [RCPCH START page](#).

## Paediatric Neurology Sub-specialty Specific Teaching

Paediatric Neurology sub-specialty PGDiTs should have access to a teaching programme that is relevant and addresses their curriculum competencies. This may be delivered locally through various forms (e.g. regular consultant teaching, ward round or clinic-based teaching clinics, simulation training etc.).

BPNA sub-specialty virtual training days occur regularly. Although not mandatory, attendance is strongly encouraged and Paediatric Neurology sub-specialty PGDiTs should be prioritised over other PGDiTs /fellows working in the department.

# Courses and Conferences

## BPNA Annual PGDiTs' Meeting and Conference

PGDiTs should attend the 2-day BPNA Annual PGDiTs Meeting which usually takes place in May in Birmingham, so please consider pre-emptively cancelling all trainee clinics. The BPNA aims to send these dates to PGDiTs well in advance and so that sufficient notice can be provided to local rota coordinators and educational supervisors. These training days and learning points should be recorded using development logs in the RCPCH ePortfolio.

PGDiTs should also be encouraged and supported in submitting abstracts for the annual BPNA conference. Where possible, consider cancelling elective activities and going down to on-call service to allow the trainee to be released to attend the conference.

PGDiTs may be supported by their deanery to attend up to one international conference in specialty training. Early planning is encouraged.

## Study Leave

PGDiTs can use the following codes for requests for study budget as per HEE (Health Education England):

- **PAED0046** National courses or training directly relevant to GRID or SPIN competencies
- **PAED0058** National conference directly relevant to GRID or SPIN

Local deanery process for study leave processes and forms should be consulted.

NB. PGDiTs are NOT required to request study leave for observing specialist clinics or any other items listed within the curriculum requirements for Paediatric Neurology competencies. These activities should be arranged within the trainee's Paediatric Neurology rota.

## Paediatric Neurology courses

Although not mandatory we recommend PGDiTs are supported to attend the following:

- [BPNA Special Interest Group](#) Meetings
- [BPNA Webinars and Short Courses](#) including:
  - Paediatric Epilepsy Training 1, 2, 3
  - Movement Disorder Education (movED)
  - Neonatal Neurology (NeoNATE)
  - Children's Headache Training (CHaT)
  - Acute Paediatric Neurology Course
  - Approaching Children's Tone (ACT)

## BPNA Distance Learning Course

The [BPNA Distance Learning Course](#) complements clinical training. It has been developed as a virtual platform for clinicians specialising in paediatric neurology and/or paediatrics. PGDiTs may complete one or more units. Paediatric neurology PGDiTs are encouraged to complete units that complement their training. There are study groups that meet to complete specific units over several weeks.

All Paediatric Neurology sub-specialty PGDiTs can get access to all 12 online units for a heavily discounted price of £100.

For more information about the course, study groups and discount, please contact the BPNA distance learning team ([dladmin@bpna.org.uk](mailto:dladmin@bpna.org.uk)) or PGDiTs' SIG chair.

## Optimising the learning experience in Paediatric Neurology

ES can help to maximise the achievement of their trainee potential through:

1. Facilitating ease of access to experiences and resources required for their training.
2. Optimise learning opportunities, creating a good learning environment and being creative in learning experiences.
3. Supporting the development of their interest areas where capacity allows.
4. Highlighting areas where targeted upskilling may be required and supporting personal development in these areas.
5. Overseeing sustained achievement of generic paediatric capabilities.
6. Capitalising on peer observation and feedback also including that of other health professionals and colleagues.
7. Ensuring adequate meetings with PGDiTs to check progress and develop educational reports for CSAC reviews and ARCPs.

## Feedback

The Paediatric Neurology CSAC is committed to supporting ES and Paediatric Neurology training centres to support PGDiTs to continue to complete their Paediatric Neurology training to an exceptional level as services continue to adapt in this time.

If you encounter any difficulties or have any suggestions to improve training in your region, please reach out to the Neurology CSAC to discuss these.

## Further resources

The following BPNA Neurology Training Guide was developed to help PGDiTs, and their supervisors maximise training opportunities available in their unit and outlines how to evidence these within the portfolio.

<https://www.rcpch.ac.uk/resources/paediatric-neurology-training-guide-2019>)