



Educational Supervision Guide for
Paediatric Sub-Specialty:
Neurodisability

*A practical guide for PGDiT, Trainers
and Supervisors*



www.rcpch.ac.uk/progress+

This document outlines the Educational Supervision Guide for Paediatric Sub-Specialty: Neurodisability to be used by PGDiT 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
1	January 2024	Document aligned to RCPCH Progress+ layout.
2	May 2026	Document updated to include recent ePortfolio changes and other relevant sections

The following guide has been produced by Neurodisability College Specialty Advisory Committee (CSAC) to help support Educational Supervisors who supervise Neurodisability sub-specialty PGDiTs and guide training centres responsible for the PGDiTs. The CSAC would particularly like to thank the CSAC representatives – Dr Rebecca Scatchard for their work contributing to this document.

General guidance will be followed by Neurodisability 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.

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Who are Neurodisability subspecialty PGDiTs?

A Paediatric Neurodisability specialist is a doctor who works across all paediatric age groups to investigate, diagnose and manage children and young people with disabilities, resulting from congenital or acquired conditions of the nervous or musculoskeletal systems that impact a child's development and functioning. These conditions can manifest as physical, cognitive, communication, or social-emotional impairments, and often require a multidisciplinary approach to management.

The British Academy of Childhood Disability (BACD), British Paediatric Neurology Association (BPNA), Association for Paediatric Palliative Medicine and British Association for Community and Child Health (BACCH) are the national groups through which PGDiTs are expected to acquire further training opportunities.

Neurodisability sub-specialty application process

These Neurodisability PGDiTs will have been selected by the College Specialty Advisory Committee (CSAC) panel through a nationally competitive application process. Therefore, those PGDiTs entering this training pathway will have demonstrated dedication and enthusiasm for this speciality as well as sufficient knowledge, ability and independent achievement to complete this training successfully.

Academic PGDiTs may be directly appointed via the university and apply for sub-specialty training equivalence via national selection (as described above) once in post.

Sub-specialty training is capability based, and programmes are typically two to three years full-time equivalent. Requests for prospective approval of up to one year of full-time equivalent training can be made to CSAC prior to application to Neurodisability. No retrospective approvals are 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 sub-specialty approved centres. Sign off for capability progression and ultimately CCT needs to be agreed with the PGDiT's School of Paediatrics as well as with the Neurodisability CSAC.

Less than Full Time (LTFT) PGDiTs

Sub-specialty PGDiTs may be LTFT and can switch to this working pattern at any stage of training following discussion with the Deanery. PGDiTs are now able to switch to LTFT working without providing a reason for their choice (further information on the [RCPCH LTFT web pages](#)). In general, progression through training will be pro-rata (e.g. LTFT at 60% = progression at 60%) unless separate capability-based progression arrangements have been agreed and achieved.

Please provide early information regarding weekly activities to allow selection of working days where possible. LTFT PGDiTs working fixed days may inadvertently miss out on training opportunities such as intrathecal lists or MDT meetings. The supervisor and PGDiT should consider this at the initial induction meeting to allow time to address any obvious training gaps.

Return to Work

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

Please encourage PGDiT to take up the opportunity for 'Keep in Touch' days during any parental leave or extended time out of clinical practice.

PGDiT should be allocated an educational supervisor prior to their return, who can help support their return to training. A meeting should be arranged 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 the Trust should have a supported return to training (SuppoRRT) champion who can signpost them to this. Funding varies according to deanery. Further information can be found on the [NHSE website](#).

Academic posts

From August 2020, 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.

Out of hours work for general paediatric competencies should be negotiated with individual Trusts on a rotation-by-rotation basis with the ES and PGDiT. It is an opportunity to help fill gaps in the rota and avoid the Trust having to employ locums.

Out of Programme (OOP) opportunities

PGDiTs may take up opportunities outside their official training programme. This may include periods in research, management or education.

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 taken into account 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](#).

Discussion with the School of Paediatrics and local Training Programmes Director (TPD) is important when considering OOP opportunities, so that the correct OOP local policies are

followed as these vary across deaneries. If a PGDiT/supervisor feels a future OOP has the potential to be eligible for time to count towards training, they should contact the CSAC to discuss suitability and the process of approval prospectively. The CSAC will provide comment on the suitability for time to be counted from a Paediatric Neurodisability perspective. General paediatric capabilities also need to be considered, and therefore advice should be sought from the relevant TPD, if resolution cannot be sourced by the PGDiT and their supervisor

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

OOP panels generally sit twice a year and respond with a Yes, No or conditional further information required, i.e. you can do it but show us your funding, or job acceptance letter first (this final outcome is certainly the case in larger Deaneries but there may be different outcomes in smaller Deaneries where things are often taken on a case-by-case basis).

Out of Programme Experience (OOPE) – You go to work somewhere in a related specialty, but this is not counted towards your training, but will enrich your clinical experience, so that you may experience different working practices or gain specific experience in an area of practice.

Out of Programme Training (OOPT) – An accredited training centre affiliated to the college and will count towards your training. The GMC must prospectively approve clinical training out of programme if it is to be used towards a CCT or Portfolio Pathway (formerly known as CESR), CEGPR(CP) award (GMC | Out of Programme (OOP)). This could include overseas posts or posts in the UK that are not already part of a GMC approved programme in the same specialty. Further approval from the GMC is not required if the OOPT is already part of a GMC approved programme in the same specialty.

Out of Programme Research (OOPR) –PGDiTs should be encouraged and facilitated to undertake research where they have an interest and aptitude for doing so. Time taken out for research purposes is for a higher degree (i.e. a PhD, MD or Master's degree) and will not normally exceed three years. OOPR exceeding three years will need the specific prospective approval of the Postgraduate Dean. PGDiTs in their final year of training will not be granted OOPR.

Out of Programme Career Break (OOPC) – for any experience or life event where you need time out: family illness, volunteer work, learning Japanese in an intensive training centre in the wilds of the north island etc. You cannot earn as a doctor during this period – i.e. you cannot work as a paid doctor but can be a volunteer. The loophole is that you are allowed to locum.

Out of Programme Pause (OOPP) - A new OOP on the block this is to allow PGDiTs to continue working clinically but without the need for any of the requirements of training (except a form R at ARCP for revalidation). The OOPP has to be patient-facing and within the NHS. The key difference with OOPP is that it allows PGDiTs to step out of formal training for a period of time – currently up to one year - and have any competencies gained whilst out of training assessed upon their return. This may allow PGDiTs to minimise the impact the time out of programme has on their CCT date.

OOPs are in six-month blocks and are up to one year for OOPP, two years for OOPC, T and E, three years for R. You can mix and match six months OOPC and E, for example if you want to travel. However, less than six months will not generally be considered.

Communicating Amongst PGDiTs

There is a Neurodisability subspecialty WhatsApp group to help stay in touch with other Neurodisability PGDiTs across the country. This is used to share ideas, learning opportunities, reminders about course and conference deadlines and disseminate information from CSAC/RCPCH. If you have recently been successful in your sub-specialty application and have not yet been contacted by the PGDiT reps, do email them, and ask to be added.

Your Placements/Rotations

The Deanery will usually provide PGDiT with their expected rotations for sub-specialty training, at their appointment.

Each post should consist of no less than 70% of your weekday daytime work spent in the subspecialty (i.e. Approximately 65 days in each six-month rotation for a full-time PGDiT). If this is not the case, PGDiT should speak to their supervisor, and if still running into difficulties contact CSAC (PGDiT representative or training advisor).

How the different elements of training run, varies across the different deaneries, so it is advisable to discuss this in the initial educational supervisor meeting at the start of training. For example, few people undertake a placement of 3 calendar months in CAMHS, most access clinics and other relevant opportunities on a sessional basis and can evidence the relevant amount of time. All PGDiT's are expected to do a minimum of 6 months WTE neurology but most do 12 months.

Sub-specialty PGDiTs, including academic, are required to look after acutely unwell children (i.e. on calls) to gain paediatric competencies, but there is no requirement for day-to-day general paediatric duties. PGDiT should make the most of on-call opportunities to sign-off paediatric capabilities.

The role of the College Specialty Advisory Group (CSAC)

The Neurodisability CSAC comprises the Chair, two Training Advisors, Assessment Advisor, Quality Advisor and Trainee representative. CSAC roles are responsible to the RCPCH and the overall remit of the CSAC is to ensure high quality training within the sub-specialty.

PGDiTs will usually contact the CSAC when they develop an interest in Neurodisability training and can seek advice about the application process.

The CSAC has responsibility for:

Sub-specialty interviews

PGDiTs apply to sub-speciality training via a national competitive programme co-ordinated by the RCPCH. Successful candidates have insight into the specialty (but not necessarily significant clinical experience), with a commitment to Neurodisability, excellent communication skills, and understanding of research, teaching and quality improvement. The CSAC are responsible for shortlisting candidates for interview, the interview processes itself and providing useful feedback to unsuccessful candidates.

Career Progression Review - (also known as Annual review of competency CSAC Review)

The CSAC progression review happens every year prior to the PGDiT's ARCP. It includes a review of the PGDiTs' e-portfolio, supervisor reports, supervised learning events and reflective entries, alongside a discussion about career intention. The PGDiT must contact the CSAC representative at least 6 weeks in advance of the ARCP date to ensure a suitable time can be found for the meeting, which usually takes place on MS teams and lasts about 30 minutes to an hour depending on trainees need. On entering GRID training, PGDiT's will be allocated a CSAC representative – usually one of the training advisors, this may change through their training depending on members of the CSAC.

Further information on what is needed and timeframes for this meeting is available under Annual review of competency.

ARCPs

- The ARCP is a Deanery process, managed by the local School of Paediatrics. The CSAC progression form and ES trainers report is part of the evidence and inform the ARCP panel.
- Individual interim meetings between PGDiTs and the CSAC can and will be arranged if concerns about training or career progression are raised by PGDiT or supervisor.

Signing off for CCT

- CSACs sign of subspecialty training, and ARCP panel members sign of generic training aspect and a final sign of for subspecialty training through awarding an outcome 6.
- RCPCH then do a final sign off and make recommendation to the GMC to be added to the specialist register. This is done via a CCT form which the PGDiT needs to submit on the ePortfolio after an outcome 6 is received at the final ARCP.
- The CSAC will be guided largely by ES reports on the RCPCH ePortfolio (induction, mid-point, and end of post reviews). Therefore the CSAC depend on the ES's thorough review of the PGDiT's portfolio, curriculum coverage and [Supervised Learning Events \(SLE\)](#).
- Where applicable concerns must be raised as early as possible, and information provided of any measures you/the PGDiT's department have made to facilitate progress.

Supporting Educational Supervisors

- Educational Supervisors (ES) are encouraged to attend the [RCPCH Effective Educational Supervision course](#).
- The CSAC are always happy to be contacted by an ES for advice on the supervision of any Paediatric Neurodisability PGDiT, or to provide general information specific to sub-specialty training if needed.
- The CSAC will arrange an annual sub-specialty ES online meeting where all sub-specialty supervisors will be invited to attend for an update.
- If supervisors are experiencing difficulties in satisfactorily completing your ES roles in relation to support provided by your Trust (e.g. inadequate protected SPA time for PGDiT supervision) please contact the CSAC as soon as possible to access support to allow you to fulfil your role.
- Supervisors should contact the CSAC representative completing CSAC progression form for PGDiT's where there are concerns raised, (i.e. not only documenting in the PGDiT's supervision form). They should make contact in advance, so that support is able to be put in place. Support for PGDiT's should be through the normal process of deanery support, with CSAC able to provide specific advice regarding Neurodisability GRID.

Supporting PGDiTs

- The CSAC will support PGDiTs to proactively interact with their local training teams to maximise access and for the protection of paediatric Neurodisability training activities.
- While the majority of sub-specialty PGDiTs progress through their training without issues, there may be occasions where PGDiTs find themselves in difficulty and are struggling to progress. This is usually identified by and managed by the PGDiT and supervisor. The CSAC can, however, support both the PGDiT and supervisor, and provide specific advice related to training. Early contact is advised in these situations.
- PGIT's should go through usual hospital and deanery routes for support, the CSAC are available to be contacted for any specific questions, challenges or concerns a Neurodisability PGIT might have through the emails available on the RCPCH website.

Feedback

- The Neurodisability CSAC is committed to supporting ES and Neurodisability training centres to support PGDiTs to continue to complete their Neurodisability training to an exceptional level as services continue to adapt in this time.
- We aim to seek regular (annual) 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.
- PGDiTs are also asked to provide feedback on their training placement at the annual career progression interview. Occasionally, a concern may be raised by a PGDiT.
- If a PGDiT raises concern about their training, the CSAC will liaise with the ES and local deanery as appropriate to address the issue.
- If there are any suggestions, issues or anything the CSAC can do to support, ES's, training centres or PGDiTs with, do please reach out to any of the CSAC team. Contact details on RCPCH.

Key Documents

Firstly, do become familiar with the Progress+ curriculum (introduced in August 2023) structure, RISR ePortfolio (formerly known as Kaizen) navigation and training requirements (the earlier, the better) available at the weblinks below:

- [RCPCH Progress+ Curriculum and Syllabi](#)
- [Paediatric Neurodisability Sub-Specialty Syllabus](#)

The Gold guide is all about training and is incredibly useful:

- [Gold Guide - 10th Edition - Conference of Postgraduate Medical Deans \(copmed.org.uk\)](#)

Educational Supervisor 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 Educational Supervisor (ES) is to nurture and support Neurodisability PGDiTs to explore and develop the specific areas of interest within their chosen sub-speciality, as well as supporting them to progress through the required Neurodisability competencies. They should ensure they are equipped with appropriate access to resources and experiences to progress through all the allied curriculum areas to a high standard and work competently as a consultant in Neurodisability.

Educational and Clinical Supervision

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 Neurodisability consultants who have received training on the supervisor role. Training can be from Trusts, postgraduate deaneries or the [RCPCH](#). The ES should have completed their Deanery specific mandated yearly training updates, following their Deanery specific initial training programme to be an ES.

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.

It is recommended that every trainee requires a minimum of one hour every week allocated for one-to-one educational supervision, this does not need to always be fixed sit-down sessions. This will need to be flexible to whether this is with the trainees Educational or Clinical Supervisor or an appropriate alternative clinician/professional, where a discussion will promote learning. In some settings trainees will have the same clinician as their Educational and Clinical supervisor. This protected time should be incorporated into the supervisor's job plan as a sub speciality ES as per NHSE regulations. The number of patients booked on a clinic should take account of the need to supervise trainees and undertake assessments thus allowing time for this within the standard working week.

Area Specific Recommendations

Any training centre approved by the Neurodisability CSAC should be able to provide the above supervision structure, but fixed sit-down sessions may not always be needed, and trainees need to be flexible. Examples of Additional training and supervision include discussion and support at MDTs, 15 min review 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 or triaging referrals together.

At the start of the rotation, agree what is most likely to fit in with the PGDiTs rota, their needs and their supervisor's commitments

The ideal model is one of longitudinal supervision, in which PGDiTs are allocated one ES to oversee their entire sub-speciality training programme.

ES role in supporting optimisation of learning in Neurodisability

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

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

At the Start

Discussion should occur early (AT THE FIRST INDUCTION MEETING – or if possible, arranging to meet before the job) with the educational and clinical supervisor how Neurodisability training needs will be obtained over the whole sub-specialty program; including study leave for training days, attendance at specialist clinics/meetings etc.

We strongly recommend that the PGDiT takes a copy of the Neurodisability curriculum to the first meeting and reads it with their supervisor so they can discuss their training needs. It should also be discussed at the start of the training, the order of placements, most PGIT's find having neurology training earlier in the GRID program useful.

There are no specific time requirements to be spent on individual placements, with the exception of neurology where Neurodisability GRID PGDiT's should spend 6-12 months WTE (6 months minimum). PGDiT's should also have time with CAMHS, the time specified will depend on region and division of services, for areas, for example where CAMHS carries out all ADHD assessments PGDiT's may need up to 3 months or longer WTE.

Induction Meeting

Prior to the induction meeting, PGDiTs should ensure their educational and/or clinical supervisors are linked and can access their portfolio. Supervisors should familiarise themselves with the PGDiT's progress to date.

At their induction meeting with the Educational Supervisor, we encourage PGDiTs/supervisors to:

- Review recent Neurodisability progression, end of placement and Deanery ARCP reports.
- Review remaining Paediatric Neurodisability curriculum requirements to focus short and medium-term goals.
- Review any generic paediatric curriculum items in which the PGDiT may want to gain additional experience.
- Discuss logistics of how/when PGDiTs can schedule rota time for specific curriculum requirements such as:
 - Specialist clinic attendance/observation
 - National Advisory Panel/MDT attendance
 - Opportunities for SLEs
- Discussing rotation specifics:
 - Study leave & internal opportunities
 - START plans
 - Expected CCT date, any OOP plans
 - Management & Leadership opportunities
- Discuss academic requirements: ensure that there is communication/alignment between academic supervisor and ES.
- LTFT PGDiTs may have concerns about training opportunities on days they do not work. Where possible, this should be discussed at the outset and a plan made accounting for these challenges (for example, supervised learning events focused on specialist clinics etc).

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 outcomes (which may take place anywhere from 12-18 months prior to CCT), detailed review of the START PDP, and opportunities for safeguarding time for any remedial/upskilling activities that may be required to address any outstanding capabilities.
- 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.

Acting up as a consultant

Acting up as a consultant is an effective way to prepare for a consultant role, including having to balance risk benefits of decision-making and managing uncertainty. CSAC will support PGDiTs to do this when opportunities arise. There is a formal process to go through, and approval is needed from the PGDiT’s educational supervisor, head of school and CSAC representative. The vacant post must be either an approved UK training post or a vacant substantive post. Applications are made through the RISR ePortfolio and further details can be found on the [RCPCH Training Guide](#).

Annual Review of Competency Progression

Each PGDiT will need to complete:

- A CSAC review - (Progression Meeting)
- A Deanery ARCP to achieve your outcome 1s (during your training years): this will review your general paediatric progress. Please refer to the [RCPCH Training Guide](#).

The CSAC Training Advisor will need the PGDiT to request a meeting 6-weeks in advance of their ARCP to ensure time can be found to complete the CSAC progression form.

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 review synapse page for other required paperwork.

Annual Neurodisability reviews/Progress meetings

The CSAC progression meeting happens every year prior to the PGDiT's ARCP. It includes a review of the PGDiT's e-portfolio, supervisor reports, supervised learning events and reflective entries. The PGDiT must contact the CSAC representative at least 6 weeks in advance of the ARCP date to ensure a suitable time can be found for the meeting, which usually takes place on MS teams and lasts about 30 minutes to an hour depending on trainees need. On entering GRID training, PGDiT's will be allocated a CSAC representative – usually one of the training advisors, this may change through their training depending on members of the CSAC.

Sub-specialty PGDiTs are required to have an annual review with the CSAC to review their sub-specialty training. This is in addition to, and informs, the annual ARCP review for paediatric training, which is undertaken by the Schools of Paediatrics. This meeting happens after the PGDiTs has completed their ES ARCP form.

A CSAC review - (Progression Meeting)

- Normally one per training year. They are usually more rigorous than the Deanery ARCP. The ePortfolio needs to be up to date - please refer to the [RCPCH e-portfolio guidance](#).
- PGDiT are encouraged to Start early. Build their e-portfolio and gather Supervised Learning Events (SLEs) as they go along! The Deanery ARCP panel will comment if everything is done in the week prior to ARCP and it is much easier to do it little chunks.
- Paperwork (ES and CS forms) and any evidence to be included for CSAC review must be uploaded a minimum of 5 days before your review date.

The aim of the CSAC review is to support/facilitate the PGDiT's training. This is their chance to show they are achieving the Neurodisability competencies and to discuss their training year with the CSAC panel. The panel then produce a Progression report in time for the Deanery ARCP. If needed, some suggestions may include extending training time, move hospitals, and contact the local team to work through problems and support the PGDiT in obtaining competencies. The CSAC review helps to ensure a smooth progression to successful CCT in the final year.

The meeting will be via virtually and needs to be requested by the PGDiT 6-weeks in advance of the ARCP date. The CSAC will need completed CS and ES reports a minimum of 5 day prior to the ARCP process to allow the CSAC enough time for reviewing progression via the CSAC progression form on the RCPCH ePortfolio. It does not matter how far in advance the ES/CS forms are completed, but must be in advance, the CSAC recommends a minimum of 5 days. If the ES/CS forms are no completed, the meeting will be cancelled and due to clinicians' commitments may not be able to be rearranged intime for PGDiT to meet their ARCP deadline.

The following forms then need to be uploaded onto ePortfolio a few days before the meeting

- 'PGDiT Led CSAC Progression Form' under CSAC Progression forms, in RISR and which will be linked to the training advisor – so they can complete the remaining sections of the form at the meeting.
- PGDiT led Educational Supervisor Trainer's Report (educational supervisor and clinical supervisor sections completed). Ideally the one labelled 'for ACRP' which can be used for CSAC annual review and ARCP.
- Details of any publications, conference presentations, grant applications - particularly for academic PGDiTs.
- PDP completed on RISR ePortfolio
- It is also strongly encouraged to upload a completed [RCPCH guide to training progression](#) of all training to ensure the PGDiT CCT dates and rotation are appropriate.
- Other Deanery specific forms.

Certificate of Completion of training:

The College pages on the CCT process are that there are non-negotiable deadlines for this process, so it is worth being organised and doing as much of it in advance as possible. If the PGDiT submits after 365 days and have to submit via the Portfolio Pathway route, UK PGDiTs are unable to be awarded anything but general paediatrics so a UK Portfolio Pathway will not have Neurodisability recognition attached.

Once an ARCP outcome 6 is available on ePortfolio then a new event can be created – Completion form (CCT) to be completed via the RISR ePortfolio. Details of the process can be found on the [RCPCH | Certificate of Completion of Training \(CCT\)](#).

Further guidance on the Portfolio Pathway can be found via – [RCPCH | Portfolio Pathway](#)

If CCT has been brought forward for any reason there must be documentation from the educational supervisor and CSAC review to confirm that they deem this possible, and that the PGDiT is ready to be a consultant.

- [Certificate of Completion of Training \(CCT\) | RCPCH](#)

For queries regarding Progress+ curriculum and syllabi, please contact:
qualityandtrainingprojects@rcpch.ac.uk

For queries regarding Progress+ ePortfolio, please contact:
training.services@rcpch.ac.uk

Supervised Learning Events, Workplace based assessments and curriculum tagging

There are no minimum numbers of SLEs. PGDiTs and supervisors should aim for quality not quantity. A useful SLE will stretch the PGDiT, act as a stimulus and mechanism for reflection,

uncover learning needs and provide an opportunity for the PGDiT to receive developmental feedback.

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

Examples of all SLEs can be found within the curriculum document [Progress+ curriculum](#).

Curriculum Capabilities

At the start of the rotation, the PGDiT and their supervisor should discuss how parts of their Neurodisability rota can be protected for achieving curriculum capabilities and gaining exposure in the other sub-specialist areas – e.g. gastroenterology, palliative care.

This should be within allocated clinical days for the PGDiTs. Off days/annual leave/study leave should not be used for these activities. PGDiTs should not be required to swap into clinics on other days to attend specialist clinics during admin time as this often leads to administrative activities being pushed into OOH activities.

Cancellation of clinics well in advance for mandatory and essential training specified events.

Courses and Conferences

PGDiTs must attend deanery mandated training days, so please consider pre-emptively cancelling all PGDiT clinics as required to facilitate attendance at these.

PGDiT are recommended to undertake BACD- Sheffield Neurodisability Diploma and the CSAC will support study leave time required but please note that decision around funding is dependent on the local deanery.

PGDiT should aim to attend the TNC webinars for which the dates can also be found on the BACD website.

These training days and learning points should be recorded using development logs in the RCPCH ePortfolio.

PGDiTs may be supported by their Deanery to attend up to one international conference in specialty training. Early discussion of study leave requirements can facilitate administrative team arrangements.

Study Leave process and FAQs:

<https://lasepgmdsupport.hee.nhs.uk/support/solutions/7000016490>

NB. PGDiTs are NOT required to request study leave for: laboratory visits and experience, observing in specialist clinics or any other items listed within the curriculum requirements for Neurodisability competencies. These activities should be arranged within the PGDiT's Neurodisability rota.

in the RCPCH ePortfolio. The CSAC encourage reflections based on all learning events.

Other Opportunities and information

The British Academy of Childhood Disability

The BACD is a multi-disciplinary organisation for all professionals working with disabled children and their families and Neurodisability sub-specialty trainees are strongly encouraged to become members. There is also the option of subscribing to the BACD official journal, Developmental Medicine and Child Neurology.

The website for the BACD is <https://www.bacdis.org.uk> and here you will find sections on membership, education and training, news and resources. There is also a conferences section with a good list of relevant conferences / courses / study days and the 'DMCN pick of the month' highlights a useful article each month, helping you to keep up to date!

In addition to the CSAC trainee rep role, the BACD also has two trainee representatives, currently.

BACD team will forward any emails to the following email to the BACD trainee reps.

Every year there is the BACD Trainees' study day, arranged by the BACD trainee reps, which aims to cover clinical topics relevant to Neurodisability training as well as wider training topics. The day is a good opportunity to meet and network with other trainees and CSAC provide an update on training.

The BACD also hold an Annual Scientific Meeting with trainees networking events scheduled, as well as regional education meetings, which are useful learning opportunities.

To find out details about regional meetings and other local events, please get in touch with your regional BACD representative. Their details can be found here <https://www.bacdis.org.uk/pages/8-regional-representatives> or please get in touch with the trainee representatives bacd@rcpch.ac.uk

The Neurodisability Community (TNC)

The Neurodisability Community is an on-line platform run through BACD website. <https://www.bacdis.org.uk/pages/TNC> The TNC is trainee-led, there are live webinars

which are accessed without membership; however, you need membership to access recordings. and content is uploaded by users.

Please note that whilst we encourage trainees to attend these sessions where possible, they are not mandatory and as such protected time for these sessions is not built into the training program.

Neurodisability Diploma- Sheffield

Sheffield Children's NHS Foundation Trust works in partnership with the BACD to offer the Paediatric Neurodisability Diploma. The distance learning course includes twelve units covering many aspects of paediatric disability and complements the sub-specialty curriculum well. It is run over 2 years and in addition to the distance learning there are online training days. The diploma is a valuable resource to those undertaking training in paediatric Neurodisability and is highly recommended to those undertaking sub-specialty training. It is, however, recognized that it is entirely feasible to complete sub-specialty training without completing the course and as such, completion is not mandatory in order to obtain sub-specialty accreditation in paediatric Neurodisability.

The funding of the diploma historically has been variable across the different training regions, which can be an issue for some trainees. Please note that the modules can now be taken individually to complement certain aspects of training, if undertaking the full course is not feasible. Taking individual modules does not give you a diploma at the end. For Neurodisability GRID trainees you are still eligible to attend the online training days if not undertaking the full diploma but purchasing independent modules.

Peer Support

Current trainees have highlighted the importance of peer support and meeting trainees from other regions. Ways that trainees have found useful include:

- Being part of the Neurodisability What's app groups
- Contacting trainee representatives through email or WhatsApp groups.
- Attending BACD Annual Trainees' Meeting and network events at the Annual scientific BACD meeting
- Through the Sheffield Paediatric Disability Distance Learning Course

Other relevant information

- In addition to the BACD, BACCH (British Association for Community Child Health), the BPNA (British Paediatric Neurology Association), APPM (Association for Paediatric

Palliative Medicine) and EACD (European Academy of Childhood Disability) are relevant to Neurodisability training (membership is optional and not compulsory). They have various online teaching sessions that members are able to attend.

- Specific time in a palliative care service is not essential during Neurodisability training, but the importance of parallel planning and advance care planning is recognised.
- There are no courses which are mandatory during your training. Information on educational activities that as a Neurodisability PGDiT that maybe of benefit are on the BACD website.

Considerations to acute changes in rota due to unforeseen circumstances

Change in weekly timetabled activities:

The CSAC recognises that since mid-2020 the previously stated PGDiT weekly schedules submitted by sub-specialty training centres (during sub-specialty centre applications) may have had to undergo substantial changes, including reduced face-to-face outpatient speciality activity and reduced time within speciality. RCPCH guidance can be found [here](#).

The ES may support PGDiTs through:

- Advocating for sub-specialty PGDiTs (if redeployed) to be prioritised for return to at least some sub-speciality activity.
- Undertaking SLEs related to Neurodisability with PGDiTs based on patients seen during redeployment.
- Building in a transition phase of return to the full Neurodisability timetabled activities, which allows PGDiTs to catch up on any lost time for specific Neurodisability activities e.g. Laboratory visits, observing specialist clinics.

The CSAC are happy to consider accepting different and innovative ways of accomplishing the curriculum competencies. Please consider:

- Joining consultant video/phone clinics or specialist nurse clinics in the virtual format.
- PGDiTs can arrange to catch up with an adult speciality senior PGDiT/consultant to discuss patients from their adult clinic list.
- Arrange a virtual session with the laboratory team or when laboratory teams may be arranging virtual teaching.
- Join a virtual 'Micro round' or 'AMS board round' or ward round with any allied speciality.
- Any format of 'clinic' or patient reviews (video, audio, face-to-face) can count towards clinical experience.
- Virtually join in on a Hub clinic (where consultant is supporting a GP).
- Arrange to virtually join allied speciality teams when they triage outpatient referrals – if these are timetabled department activities (can be used as CBD opportunity).
- Webinars in related specialties.