

A Guide to RCPCHStart Assessment Feedback and Targeted Development for Educational Supervisors

Introduction

The RCPCHStart assessment provides formal assessment of Level 3 competencies. The purpose of this is to assess a trainee's readiness for consultant practice, including an assessment of skills in the following domains:

- Decision making and prioritisation
- Application of knowledge
- Management of complexity
- Professional approach
- Safety and quality
- Communication skills

RCPCHStart offers a formative assessment and should help inform a trainee's learning needs prior to CCT and working as a consultant. The assessment can suggest the areas where further development is advised. These areas represent competencies expected of the newly appointed consultant which should be achieved before the trainee takes up a post as a Consultant Paediatrician.

The RCPCHStart assessment has been informed by pilots in 2009 and 2010. In 2010, the pilot built on earlier work in 2009 and included sub-specialities. This assessment is now part of the RCPCH assessment strategy and all level 3 trainees are required to participate. All trainees are likely to identify at least some developmental needs but a small number may have more significant gaps identified in their knowledge and skills and will need more targeted developmental opportunities during their remaining training. Trainees will need to document their needs and proposed ways of meeting those needs in a Personal Development Plan and provide evidence that they have subsequently achieved an appropriate level of competence. It is not currently proposed that Trainees undertake a repeat RCPCHStart assessment.

Timing of the RCPCHStart assessment

Each trainee is different but it is generally advised to take the RCPCHStart assessment at some point during the ST7 training year. This will allow time for the trainee to plan to meet any learning needs and allow time for the School to assess whether any identified development needs have been met. Taking the assessment during ST6 is likely to be too early for most trainees unless they are planning to complete level 3 training in less than three years (the minimum length of level 3 training is two years).

Feedback: Role of the Educational Supervisor

RCPCHStart helps trainees to understand the areas where they have deficiencies in required competencies before they complete their training and become consultants. All trainees receive feedback on their performance after the assessment and they are sent a report containing feedback plus their scores and a graphical interpretation of their performance in relation to their peer group. It is important to remember that feedback is completed during 'real time' on the day of the assessment, so the style may not be highly polished – it is the overall content of that feedback that will be of use to the trainee. The report is released into e-Portfolio, where it can be accessed by both the trainee and their educational supervisor.

All trainees should be using the feedback to plan their personal development and to discuss these plans with their educational supervisor. Together, a PDP should be agreed, which will address any suggested training needs during the remainder of ST7 and ST8. The majority of trainees will complete the assessment to a satisfactory standard (although it is usual to have suggested areas for development in some of the scenarios). It is important that the trainee views the feedback as formative and in the context of their remaining time for training. It would be unrealistic to expect all trainees to perform well in all areas, given that they still have a significant period of training remaining before CCT. Trainees may wish to access a variety of the suggestions and resources outlined below as well as e-learning packages such as those provided by the BMJ & Doctors.net with appropriate certification at the conclusion of the package.

A small number of trainees may demonstrate significant gaps in knowledge & skills in some stations. This document offers potential approaches to supporting such trainees in achieving appropriate level of competence in the highlighted areas. The College appreciates that local resources and more detailed knowledge of trainees will require personalisation of the development plan offered. Trainees must be able to provide evidence of gaining experience and or knowledge in areas where they have performed below an acceptable standard, with evidence of improvement.

Should trainees re-take RCPCHStart?

Usually trainees should not have to retake RCPCHStart. Instead the trainee and their educational supervisor should focus on how to develop any areas for further development identified by RCPCHStart. The feedback from RCPCHStart needs to be triangulated with existing assessments (including workplace-based assessments) and the e-Portfolio (including current Trainers' reports). It may be that a trainee has skills in those areas that have been demonstrated by other evidence in their portfolio. Generally, there are enough methods of assessment within the workplace (WPBAs, trainer reports, multi-source feedback, etc) to enable a trainee to demonstrate competence at the ARCP, without the need to re-take RCPCHStart, which is designed as a formative assessment. Therefore it is anticipated that a trainee will only need to re-take the RCPCHStart assessment in very exceptional circumstances.

Suggested ideas for development and documentation:

Critical appraisal

- Attend critical appraisal skills course (online or taught)
- Lead Journal Club and actively participate in Journal Club situations
- Develop a local guideline or lead an EBM teaching session for students / junior staff / multidisciplinary group
- Review College-approved guidelines and discuss with a Clinical or Educational supervisor.
- [Clinical Audit](#)
- [NICE Guidance - Evidence into Practice](#)
- [Research and Audit](#)

Handover

- Encourage trainee to lead handover
- Observation of trainee's handover with constructive feedback: consider using the Handover Assessment Tool (HAT). (Klaber, R. E. and MacDougall, Colin

(2009) Maximizing learning opportunities in handover. Archives of Disease in Childhood. Education and Practice Edition, Vol.94 (No.4). pp. 118-122

- Trainee to constructively critique handovers
- Attend a communication skills course, assertiveness course or presentation skills course
- [Hospital at Night](#)
- Education in SBAR technique (Situation, Background, Assessment, Recommendation) used in the NHS for prompt and appropriate communication.
- http://www.institute.nhs.uk/safer_care/paediatric_safer_care/paediatric_sbar_.html
- CbD, Reflective notes in ePortfolio or as hard copy.

Safe prescribing

- Practical exercises (prescribing by weight and by surface area, fluids, infusions, inhalers, controlled drugs, TTO, writing patient drugs onto hospital charts etc). Some trusts have workbooks they use for induction which can be helpful.
- Review and critique of trainee's prescriptions on ward/TTO with pharmacist/senior doctor
- Awareness of BNFC and standards in prescribing (<http://bnfc.org/bnfc/> and <http://bnfc.org/bnfc/bnfc/current/29420.htm>)
- RCPCH prescribing module (<http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/assessment-tools/safe-prescribing-tool/p>)
- Prescribing courses. Some trusts run these locally but the RCPCH also run a course <http://www.rcpch.ac.uk/courses/how-manage-safe-effective-prescribing-you-your-team>
- Meds IQ, the online learning platform www.medsiq.org
- Paediatric Script E-Learning package: <http://www.medsiq.org/course/paediatric-script>
- [Paediatric Prescribing Principles](#)
- [Clinical Pharmacology and Prescribing](#)

Acute management

- Consultant initiated MiniCEX, CbD, ACAT, reflective notes
- Leading ward rounds in the capacity of consultant with observation & support
- Discussing management at handovers or in weekly changeover situations
- [Leadership for Clinicians](#)

Chronic case management

- CbD, MiniCEX, reflective notes
- Leading / contributing to MDT / discharge planning meeting
- May need targeted outpatient experience in other areas of current Trust or other local or related Trusts
- Paediatric CCF Carers of Children feedback

Decision making, management of complexity

- Acute Care Assessment Tool (ACAT)
- LEADER CBD
- [Leadership for Clinicians](#)

- [e-Learning for Shared Decision Making](#)
- [Building Community Capacity](#)
- [Quality Improvement & Patient Safety](#)

Communication skills and leadership

- Courses: communication skills, negotiation skills, presentation skills
- Mini-CEX with parents / patients
- Experience in chairing MDT meetings.
- LEADER CBD
- [Leadership for Clinicians](#)

Ethics

- Trainee to present teaching session on a medical ethical dilemma
- Courses in medical ethics and law, consent, safeguarding
- CBD and reflective summaries
- [Healthy Child Programme](#) (Module 2: record keeping)
- [Adolescent Health Programme](#) (Module 3: legal framework: confidentiality; consent; ethics)
- Healthy Development in YP (e-Learning): for professionals working with substance use in young people

Safeguarding

- Trust training
- Multi Agency Training packages
- Courses (e.g. those run by ALSG, NSPCC, Allied Child Protection Consultants Ltd) – Investigate which courses run locally
- [Safeguarding Children and Young People](#)
- [Healthy Child Programme](#) (Module 4: Safeguarding)
- [Adolescent Health Programme](#) (Module 9: Sexual Assault in YP)
- Attendance at local multi-agency meetings such as Strategy meetings & provide either written report or reflection on the case.
- Safeguarding CBD

Preparing for consultancy

- [Paediatric Educators' Programme](#)
- [Effective Educational Supervision](#)
- [E-learning resources for clinical audit](#)
- [Leadership for Clinicians](#)

It is imperative that trainees feel supported and able to access further training. Educational supervisors should be encouraging that the process will better prepare the trainee for life as a consultant.

For many trainees there is the likelihood that they will have a change of Educational Supervisor and placement. For all trainees, but particularly for the small group with greater development needs, it is imperative to set clear objectives in their current post in their Personal Development Plan that can be completed or carried over to the next post but remain achievable. There must be an agreement of firm objectives for this placement and inform the trainees PDP for their final placements before CCT. Any anticipated problems with the trainee's ability to achieve the PDP goals needs to be flagged to the College Tutor / TPD / School, so that ongoing support and monitoring can be offered, which spans any changes in placements.

As with all feedback

- Be supportive
- Agree objectives and targets with the trainee
- Agree method of demonstrating competence
- For each area please assess whether the trainee has achieved the necessary competency in relation to:
 - Decision making and prioritisation
 - Application of knowledge
 - Management of complexity
 - Professional approach
 - Safety and quality
 - Communication skills
- Set target date for completion
- Incorporate into normal work based assessment program
- Utilise e-Portfolio and Personal Development Plans

Where else can you as Educational Supervisors find support?

- Your local College Tutor or overarching Trust Clinical Tutor/Director of Medical Education, the Paediatric Training Programme Director and Head of Paediatric School & via them the resources of your LETB

Feedback to RCPCH

Finally, we need your help with this process. Feedback to RCPCH from Educational Supervisors, Trainers, Schools and, naturally, trainees is essential & very welcome. We are keen to identify examples of good practice & innovation to enable our trainees to achieve the necessary competencies for consultant practice. Please feel free to contact the RCPCHStart Team (Start@rcpch.ac.uk).