

Assessment guide

[Training Services team](#)

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This guide is for trainee paediatricians in the UK. Most of the assessments you can undertake are formative - they assist in your development and indicate possible improvements - and are called Supervised Learning Events. Some are summative, and are called Assessments of Performance. These are available in RCPCH ePortfolio. You can read more about each type below.

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RCPCH response to COVID-19 - modified assessments table

For the ARCPs (Annual Review of Competence Progression) held this academic year, we have modified the minimum evidence requirements.

This table indicates the minimum evidence requirements to allow an ARCP outcome 1 and/or trainee progression subject to conditions outlined in our new [COVID-19 ARCP and Educational Supervisor guidance](#)

COVID-19 minimum evidence requirements

	Level 1			Level 2		Level 3		
Grade	ST1	ST2	ST3	ST4	ST5	ST6	ST7	ST8
SLEs	Safeguarding CBD minimum 2 per training level Minimum 1 Handover Assessment Tool (HAT) by end of ST3			Safeguarding CBD minimum 1 per training level Minimum 1 ACAT observed by supervising clinician 1 HAT per level 1 LEADER per level		Safeguarding CBD minimum 2 per training level 2 LEADER per level		
	1x MSF during ST1	1x MSF during ST2 or ST3		1x MSF during level 2		2x MSF during level 3		
AoP	Minimum 1 satisfactory DOPS for compulsory procedures							
Life support	Valid life support evidence, APLS, NLS, EPALS or equivalent by end of ST3			Continued valid life support evidence, APLS, NLS, EPALS or equivalent		Continued relevant valid life support evidence		

	Level 1	Level 2	Level 3
Exams and other assessments	<p>ST1-2 = none mandatory</p> <p>ST3 = need all theory exams by end of ST3</p> <p>ST3 can progress to ST4 without full MRCPCH* (will need by end of ST4)</p>		<p>Completion of and reflection from RCPCH START assessment</p>
Trainer's report	<p>Satisfactory Educational supervisor report for each training year</p> <p>ST3 can progress without MRCPCH as long as ES report explicitly states suitability</p>	<p>Satisfactory Educational Supervisor report for each training year</p>	<p>Satisfactory Educational Supervisor report for each training year</p>

*ARCP outcome 10.1

Our assessments

These assessments are available on your RCPCH ePortfolio (Kaizen) - you can [log in to ePortfolio](#) and [read our guidance](#).

Alignment with RCPCH Progress curriculum

For each assessment described below, we identify which primarily and secondarily link to which Progress domains. Each domain has three levels - see [how the curriculum is structured on our Progress guidance page](#).

When selecting domains, select the **learning outcome** for your **level of training based on your training grade**. Only select a level higher than your training grade if advised by your supervisor or ARCP panel:

- If you are in training grade **ST1-ST3**, select **Level 1 learning outcomes only**
- If you are in training grade **ST4-ST5**, select **Level 2 learning outcomes only**
- If you are in training grade **ST6-ST8**, select **Level 3 learning outcomes only**

Assessment requirements

We expect you to do at least one or two Supervised Learning Events a month. However, there is no specific minimum number identified.

The below table details the expected spread of assessments.

	LEVEL 1			LEVEL 2	
	ST1	ST2	(ST3)	ST4	(ST5)
Supervised Learning Events (SLEs)					
Mini CEX & Cbd Including[6]:	No requirement for a minimum total. Aim for quality not just quantity. Usefull to uncover learning needs and provide an opportunity for reflection.				
ACAT (CEX/CbD)	Optional[5]			1[7]	
HAT (CEX)	1			1[note 7]	
LEADER (CbD)	Optional[5]			1[note 7]	
Safeguarding Cbd	1	1	1	1	
DOC	Optional[5]			5[7]	
Assessment of Performance (AoP)					
DOPS [12]	A minimum of 1 satisfactory AoP for the compulsory procedures(8)				
Paed CCF				Optional [7]	
ePaed MSF	1	1	1	1	
Other evidence required for ACP					
Evidence	Life support[10] Safeguarding[11]			Safeguarding[11]	
MRCPCH Examinations					
MRCPCH Written exams	1-2 CBT exams (desirable)	2 out of 3 CBT exams (essential)	All 3 CBT exams (essential)		
MRCPCH Clinical Exam			Essential		
Trainer's Report					
Trainer's Report (incl. ePortfolio)	1	1	1	1	

Notes accompanying table of assessments

1. The indicative times are guidelines only and are 24 months at level 1, 12 months at level 2 and 24 months at level 3 (all WTE). As long as the minimum training time of 4 years has been met, a trainee can be eligible for a CCT. Training years in parentheses (ST3), (ST5) and (ST8) might not be undertaken by all trainees, depending on individual's progress.

Supervised learning events (SLE)

2. The purpose of SLEs is as a means of engaging in formative learning; therefore a trainee who presents evidence of SLEs that cover only a restricted area of the curriculum runs the risk of being judged as having poor strategic learning skills.
3. Trainees should use SLEs to demonstrate that they have engaged in formative feedback. They should record any learning objectives that arise in their PDP and show evidence that these objectives have subsequently been achieved.
4. There are no minimum numbers of SLEs (other than the mandatory assessments described in note [7]). Trainees 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. Trainees do not need to achieve a prescribed ratio of mini-CEX to CbD assessments; it is anticipated that more junior trainees might undertake relatively more mini-CEX and more senior trainees undertake more CbD, reflecting the increasing complexity of decision-making etc.
5. Trainees are also encouraged to undertake the assessments indicated as optional.
6. The numbers of SLEs given for ACAT, HAT, LEADER and Safeguarding CbD are minimum requirements; senior trainees in particular should bear in mind that each of the SLEs is designed for formative assessment of different aspects of the curriculum and more than this minimum number of some types of SLE might be required, depending upon the specific requirements and clinical context of a subspecialty. Trainees are therefore advised to consult their relevant subspecialty CSAC curriculum, in case there are additional specified assessment requirements.
7. At least one of each of these SLEs must be assessed by a senior supervisory clinician (eg, Consultant or senior SASG/Specialty Doctor) – ie, ACAT and HAT during level 2 training, LEADER during level 2 and level 3 and at least one of the five DOC during level 2 and level 3.

Assessment of Performance (AoP)

8. The compulsory procedural skills are listed below in our DOPS section.
9. The ePortfolio skills log should be used to demonstrate development and continued competence.

Additional requirements

10. Trainees must also complete accredited neonatal and paediatric life support training during Level 1 training (NLS, EPALS, APLS equiv.)
11. Trainees must achieve the level 1 and 2 Intercollegiate Safeguarding Competences by the end of ST3, the majority of Level 3 competences by the end of ST5 and all Level 3 competences along with the additional paediatrician competences by the end of ST8.
12. Trainees can complete up to 25% of assessments during simulation but they are required to complete a non-simulated assessment for each of the mandatory DOPS.
13. The Paed CCF can be used as an additional tool if required.

Directly Observed Procedural Skills (DOPS)

A DOPS can demonstrate your practical procedural skill in paediatrics.

You need to be judged as competent to perform without supervision on a range of procedures. You may need to repeat a DOPS for a specific procedure until this standard is achieved. Once you have met that standard, you do not need to repeat a DOPS for that procedure. For example, if you have been signed off as meeting the standard in level 1, you do not need to demonstrate this again in level 2 or 3, though you should record further experiences of applying the procedure in your skills log.

You need to complete one satisfactory DOPS for the specific mandatory procedures stated in your level of the curriculum.

DOPS can be used as a formative development tool. It is often used as a summative tool to demonstrate proficiency in one of the curriculum's required procedures. Both formative and summative DOPS can be signed off by consultants, more senior trainees, nurse practitioners and other professional assessors.

Procedures for which DOPS are compulsory

- Bag/mask ventilation (can be evidenced by a relevant life support skills, usually demonstrated by course completion certificate)
- Peripheral venous cannulation
- Lumbar puncture
- Tracheal intubation (of newborn infants)
- Umbilical venous cannulation

Procedures for which DOPS are optional

This list should be read in conjunction with the [RCPCH Progress curriculum](#) (pages 26, 34 and 35). You will still be required to provide evidence for competence in these procedures, but the evidence need not be from a DOPS (although a DOPS would count). An alternative to a DOPS may be a supervised learning event, with reflection and entry into the skills log. For example, infrequently performed procedures carried out by middle grade staff may rarely be observed by consultant staff, so your log book entry accompanied by a reflective note or evidence from simulation could be an acceptable alternative to a DOPS.

This list not intended to be exclusive and other procedures may also be appropriate.

- Collection of blood from central lines
- Suprapubic aspiration of urine
- Umbilical artery cannulation
- Umbilical vessel sampling
- Urethral catheterisation
- Percutaneous long-line insertion
- Intubation of preterm baby less than 28 weeks
- Administration of surfactant
- Peripheral arterial cannulation

- Intraosseous needle insertion
- Electrocardiogram (ECG)
- External cardiac massage
- Emergency needle thoracocentesis
- Chest drain insertion
- Perform basic lung function tests
- Administer intradermal injections
- Administer subcutaneous injections
- Administer intramuscular injections
- Administer intravenous injections

Links with the RCPCH Progress curriculum

DOPS assessments *primarily* link to the following curriculum domains:

- Procedures (D3)

DOPS assessments can also be used to *secondarily* demonstrate the following curriculum domains:

- Professional values and behaviours (D1)
- Communication (D2)
- Patient management (D4)
- Patient safety (D7)
- Leadership and team working (D6)
- Education and training (D10)

It would be unusual for a DOPS to demonstrate Health promotion (D5), Quality improvement (D8), Safeguarding (D9) or Research (D11) and would need to be carefully explained how a DOPS might link to these.

Paediatric Mini Clinical Evaluation Exercise (ePaedMini-CEX)

A mini-CEX is a formative assessment tool designed to generate useful feedback on your essential skills in a paediatric setting.

There is no minimum number of mini-CEX assessments required. You should aim to provide quality assessments rather than meeting a given number.

Each mini-CEX should represent a different clinical problem and could be targeted from a personal development plan you have set. You can choose the timing, problem and assessor. At least one of your mini-CEX assessments should be completed by your supervising consultant.

Using the mini-CEX

Mini-CEX is suitable for use in a broad range of settings. It can be used in outpatient, inpatient or acute care settings. Your assessor must have actually **observed** the part of the encounter they are rating, and provide you feedback in the aspects they have witnessed.

Ideal areas the mini-CEX can cover include the below.

Level 1	Level 2
Breathing difficulty	General Paediatrics
Febrile illness	Neonates
Diarrhoea	Community paediatrics
Abdominal pain	Ward setting
Seizure	Clinic setting
Rash	

Level 3 areas depend on your focus of specialty and are identified in your curriculum.

Links with the RCPCH Progress curriculum

Mini-CEX assessments *primarily* link to the following curriculum domains:

- Professional values and behaviours (D1)
- Communication (D2)
- Procedures (D3)
- Patient management (D4)
- Leadership and team working (D6)
- Patient safety (D7)

Mini-CEX assessments can also be used to *secondarily* demonstrate the following curriculum domains:

- Health promotion (D5)
- Safeguarding (D9)
- Education and training (D10)

It would be unusual for a Mini-CEX to demonstrate Quality improvement (D8) or Research (D11) and would need to be carefully explained how a Mini-CEX might link to these.

Relevant assessment standards

Question area	Level 1	Level 2	Level 3
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<p>History taking</p>	<ul style="list-style-type: none"> • effective skills in three-way consultation and examination 	<ul style="list-style-type: none"> • responsibility for an effective three-way consultation and examination 	<ul style="list-style-type: none"> • responsibility for an analytic and focused three-way consultation and examination
<p>Communication skills with child/young person and/or with parent/carer</p>	<ul style="list-style-type: none"> • effective skills in three-way consultation and examination • an understanding of effective communication and interpersonal skills with children of all ages • empathy and sensitivity and skills in engaging the trust of and consent from children and their families • understanding of listening skills and basic skills in giving information and advice to young people and their families 	<ul style="list-style-type: none"> • responsibility for an effective three-way consultation and examination • a commitment to effective communication and interpersonal skills with children of all ages • improving skills in building relationships of trust with children and their families • increasing confidence in giving advice to young people and their families 	<ul style="list-style-type: none"> • responsibility for an analytic and focused three-way consultation and examination • effective strategies to engage children in consultations and in the management of their care • effective skills in conveying and discussing difficult information, including death and bereavement, with young people and their families • effective skills in giving information and advice to young people and their families in common and complex cases

<p>Physical examination</p>	<ul style="list-style-type: none"> • effective skills in three-way consultation and examination 	<ul style="list-style-type: none"> • responsibility for an effective three-way consultation and examination 	<ul style="list-style-type: none"> • responsibility for an analytic and focused three-way consultation and examination
<p>Clinical judgement</p>	<ul style="list-style-type: none"> • effective skills in paediatric assessment • effective responses to challenge, complexity and stress in paediatrics • skills in formulating an appropriate differential diagnosis in paediatrics 	<ul style="list-style-type: none"> • responsibility for conducting effective paediatric assessments and interpreting findings appropriately • increasing credibility and independence in response to challenge and stress in paediatrics • improving skills in formulating an appropriate differential diagnosis in paediatrics 	<ul style="list-style-type: none"> • commitment to focussed and analytic assessments of common and complex clinical problems in paediatrics • responsibility for an effective response to complex challenges and stress in paediatrics • effective skills in making a safe decision about the 'most likely' diagnosis in paediatrics

<p>Initial management</p>	<ul style="list-style-type: none"> • effective initial management of ill-health and clinical conditions in paediatrics seeking additional advice and opinion as appropriate • professional respect for the contribution of colleagues in a range of roles in paediatric practice 	<ul style="list-style-type: none"> • responsibility for the effective management of common acute and chronic conditions in paediatrics seeking additional advice and opinion as appropriate • increasing confidence in team-work and the ability to collaborate with a range of external agencies about the needs of children 	<ul style="list-style-type: none"> • leadership skills in the management of common and complex conditions in general paediatrics and paediatric subspecialties seeking additional advice and opinion as appropriate • a commitment to effective multi-agency and multi-disciplinary team-working for the care of children
<p>Professionalism</p>	<ul style="list-style-type: none"> • ethical personal and professional practice 	<ul style="list-style-type: none"> • sound ethical personal and professional practice 	<ul style="list-style-type: none"> • exemplary professional and personal conduct so as to act as a role model to others

<p>Organisation/ efficiency</p> <p>Time management</p>	<ul style="list-style-type: none"> • effective time management skills • effective skills in paediatric assessment 	<ul style="list-style-type: none"> • effective leadership and management skills in clinical and nonclinical settings • responsibility for conducting effective paediatric assessments and interpreting findings appropriately 	<ul style="list-style-type: none"> • effective managerial skills in taking on a positive managerial role to support effective service provision • commitment to focused and analytic assessments of common and complex clinical problems in paediatrics
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Paediatric Case Based Discussion (ePaedCbD)

A CbD is a formative assessment tool designed to develop and assess clinical reasoning and decision making.

As with mini-CEX, there is no stated minimum requirement, as we ask trainees to provide quality assessments rather than quantity. Good practice recommends that half your assessments for CbD should be selected by you and half by assessors, covering a range of clinical areas.

Using the CbD

The focus of discussion should be around an actual entry made in notes to explore clinical reasoning and decision making.

Example questions that might prove effective:

- Can you outline your thought processes when devising that management plan?
- There are a number of different investigations; can you talk me through how you expected the results to help you?
- You have referenced the ward guidelines in your notes; please could you explain your thinking on using these guidelines for planning patient management and any aspects that didn't fit in this case?
- You have treated a child with [x] - talk me through your decision to prescribe and what alternatives you considered
- You've mentioned you would ask Dr X for advice - what specifics did you want to discuss with them, why was it important in this case, how did their advice help and what did you learn?

Links with the RCPCH Progress curriculum

CBD assessments *primarily* link to the following curriculum domains:

- Professional values and behaviours (D1)
- Communication (D2)
- Patient management (D4)
- Patient safety (D7)

CBD assessments can also be used to *secondarily* demonstrate the following curriculum domains:

- Health promotion (D5)
- Leadership and team working (D6)
- Safeguarding (D9)
- Education and training (D10)

It would be unusual for a CBD to demonstrate Procedures (D3), Quality improvement (D8) or Research (D11) and would need to be carefully explained how a CBD might link to these.

Relevant assessment standards

The table below highlights the relevant RCPCH assessments standards relating to each question

Question area	Level 1	Level 2	Level 3
Medical record keeping	<ul style="list-style-type: none">• clear record-keeping and report-writing	<ul style="list-style-type: none">• improving skills in written communications for a range of audiences	<ul style="list-style-type: none">• effective skills in written communications for a range of audiences, for children and their families, colleagues and other organisations

Question area	Level 1	Level 2	Level 3
Clinical assessment	<ul style="list-style-type: none"> • effective skills in three-way consultation and examination • effective skills in paediatric assessment • skills in formulating an appropriate differential diagnosis in paediatrics 	<ul style="list-style-type: none"> • responsibility for an effective three-way consultation and examination • responsibility for conducting effective paediatric assessments and interpreting findings appropriately • improving skills in formulating an appropriate differential diagnosis in paediatrics 	<ul style="list-style-type: none"> • responsibility for an analytic and focused three-way consultation and examination • commitment to focused and analytic assessments of common and complex clinical problems in paediatrics • effective skills in making a safe decision about the 'most likely' diagnosis in paediatrics
Investigations and referrals	<ul style="list-style-type: none"> • effective initial management of ill-health and clinical conditions in paediatrics seeking additional advice and opinion as appropriate • reliable responses to investigations in paediatrics 	<ul style="list-style-type: none"> • responsibility for the effective management of common acute and chronic conditions in paediatrics seeking additional advice and opinion as appropriate • effective leadership skills in undertaking initial investigations in children, based on an understanding of the risks and benefits in each case 	<ul style="list-style-type: none"> • leadership skills in the management of common and complex conditions in general paediatrics and paediatric subspecialties seeking additional advice and opinion as appropriate • effective collaboration with other specialists in using and interpreting complex investigations undertaken in children

Question area	Level 1	Level 2	Level 3
Management of challenging and complex situations	<ul style="list-style-type: none"> • effective initial management of ill-health and clinical conditions in paediatrics seeking additional advice and opinion as appropriate • knowledge, understanding and recognition of common behavioural, emotional and psychosocial aspects of illness in children and families • effective responses to challenge, complexity and stress in paediatrics 	<ul style="list-style-type: none"> • responsibility for the effective management of common acute and chronic conditions in paediatrics seeking additional advice and opinion as appropriate • effective skills in recognising and responding to behavioural, emotional and psychosocial aspects of illness in children and families • increasing credibility and independence in response to challenge and stress in paediatrics 	<ul style="list-style-type: none"> • leadership skills in the management of common and complex conditions in general paediatrics and paediatric subspecialties seeking additional advice and opinion as appropriate • effective skills in ensuring the management of behavioural, emotional and psychosocial aspects of illness in children and families • responsibility for an effective response to complex challenges and stress in paediatrics

Question area	Level 1	Level 2	Level 3
Risk assessment	<ul style="list-style-type: none"> • an understanding of an evidence-based approach to paediatric practice • an understanding of clinical governance activities and audit in paediatric practice 	<ul style="list-style-type: none"> • development and refinement of evidence-based clinical guidelines in paediatrics • participation in clinical governance activities and audit in paediatric practise 	<ul style="list-style-type: none"> • independent thinking to enable them to challenge guidelines and procedures in paediatrics where appropriate • an application of risk assessment strategies through involvement in the development, evaluation and implementation of policy and clinical governance activities in paediatric practice
Treatment	<ul style="list-style-type: none"> • knowledge and skills in safe prescribing of common drugs in paediatrics • a reflective approach to improvement of professional practice as a paediatrician 	<ul style="list-style-type: none"> • improving skills in safe prescribing in paediatrics and in advising others appropriately • a commitment to reflective practice and continuing improvement of practice as a paediatrician 	<ul style="list-style-type: none"> • responsibility for safe prescribing in paediatrics in common and complex situations and for the supervision of others • effective skills to maintain and develop knowledge and clinical skills required of a specialist in paediatrics

Paediatric Multi-source feedback (ePaedMSF)

MSF gathers a range of views on your work around clinical care, applying *Good Medical Practice*, assessing and teaching, working with colleagues and relationship with patients.

You can start you own MSF in your ePortfolio at any point in the training year. It will remain

an open assessment until you close it after receiving at least seven responses. You cannot receive more than 20 replies.

The purpose of this Paediatrics MSF is to provide you with information about your work in the eyes of your colleagues. Only Clinical Staff are meant to complete an MSF for you to help inform your further development. If you mistakenly ask someone who is not a Clinical Staff member, please ask them to ignore.

Note for respondents

Respondents can expect anonymity for their replies. We would expect responses to be professional and objective. We would also encourage respondents to discuss with the trainee requesting the MSF if there are areas for development.

- Be honest and helpful: trainees will get the most from honest and helpful feedback about things they can improve on.
- Explain your ratings: more information on the ratings you give and specific examples are key to offering a more useful MSF outcome to the trainee.

If there are any comments that are untoward, inappropriate, offensive, or malicious, for example comments about protected characteristics in the Equality Act, the RCPCH reserves the right to override a respondent's expectation of anonymity to address these concerns by informing the educational supervisor and training programme director of individual comments.

They may choose to advise the trainee as part of their internal process. We will, however, where possible, inform you if we notify the educational supervisor and training programme director of our concerns.

Who to include

Your assessors must include your educational supervisor and 2/3 medical staff - of which half should be consultant level. It is entirely appropriate that the remaining 1/3 can be nursing or allied health professional.

Removing content or responses

We, the RCPCH, do not, as a rule, remove written feedback submitted to your MSF on your RCPCH ePortfolio. We would encourage you to discuss your feedback with your educational supervisor. You should reflect on the feedback with your educational supervisor and it might be appropriate for your supervisor to discuss with other members of the local team.

We encourage all MSF respondents to have discussed any concerns with you before submitting feedback, however, we recognise this is not always done in practice. The data submitted as part of your MSF are not subject to data regulation requests and we are not required to attribute comments in your MSF to individual respondents.

Guidance

An MSF is required every year of training and will be considered in your ARCP.

Level 1	Level 2	Level 3
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One MSF per year of training, of which one should cover neonatal and general paediatric practice	One MSF per year of training, of which one should cover neonatal, community and general paediatric practice	One MSF per year of training. If in subspecialty training, one of the reports needs to cover the range of aspects of the sub-specialty
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Discussion of Correspondence (DOC)

This is a supervised learning event that assesses your clinic letters and other forms of written communication.

As detailed in the table of assessments, from ST4 (start of level 2) you will need to have five letters or communications reviewed per training level. In level 1 (ST1-ST3) DOC assessments are optional.

Please insert a brief summary of the case

This is to be completed at the time of selecting the assessment online, using ePortfolio. It is visible to the assessor or trainee when the notification for completing the assessment is received by them.

Please document your discussion with regard to one of:

- Outpatient letter
- Discharge summary
- Transfer letter
- Safeguarding report
- Education healthcare plan (EHCP)

Your assessor will review using these three boxes with details of the discussion in the following areas:

- **Clarity:** This section focuses on the usability of the letter. How easily understandable is it? Is it well structured?
- **Clinical assessment:** This is the space to document discussion of the accuracy of documentation of clinical findings. Is the history, examination, investigation results, treatment and follow up documented accurately? Is anything important missing?
- **Communication:** Does the letter update the reader on communication with the patient or parents? From review of the notes are all involved professionals sent a copy? Would you as the reader understand any actions asked of you?

Agreed learning objectives

When your assessor has reviewed your DOC, there may be an opportunity to agree learning objectives. Please document clear and achievable learning objectives from any issues highlighted during the discussion.

Links with the RCPCH Progress curriculum

DOC assessments *primarily* link to the following curriculum domains:

- Professional values and behaviours (D1)
- Communication (D2)
- Patient management (D4)
- Patient safety (D7)

DOC assessments can also be used to *secondarily* demonstrate the following curriculum domains:

- Health promotion (D5)
- Safeguarding (D9)

It would be unusual for a DOC to demonstrate Procedures (D3), Leadership and Team (D6), Quality improvement (D8), Education and training (D10) or Research (D11) and would need to be carefully explained how a DOC might link to these.

Handover Tool (HAT)

This is a formative supervised learning event assessing your ability to safely handover patients.

The assessment seeks information on your capability in some or all of the following areas:

- structure of handover and organisation (eg action planning, SBAR)
- safety briefing (eg high risk patients, safeguarding)
- unit ward management (eg staffing and bed status)
- workload (eg discharges, follow-ups and expected patients)
- non-technical skills (eg, time management and prioritisation).

We recommend trainees complete a minimum of one HAT in level 1 and two HAT in level 2. They are optional for level 3. At least one of these should be completed by a supervising consultant.

Links with the RCPCH Progress curriculum

HAT assessments *primarily* link to the following curriculum domains:

- Professional values and behaviours (D1)
- Communication (D2)
- Patient management (D4)
- Leadership and team working (D6)
- Patient safety (D7)

HAT assessments can also be used to *secondarily* demonstrate the following curriculum domains:

- Quality improvement (D8)
- Safeguarding (D9)
- Education and training (D10)

It would be unusual for a HAT to demonstrate Procedures (D3), Health promotion (D5) or Research (D11) and would need to be carefully explained how a HAT might link to these.

Acute Care Assessment Tool (ACAT)

This assessment is most effective when contemporaneously completed with your assessor. We recommend you select an occasion when you and your assessor will both be present during acute paediatric care. Indicatively this would be post take ward round, acute take in the emergency setting or when carrying the "consultant on call" bleep (for more senior trainees).

Observing the whole shift is unnecessary as long as the majority of the following areas can be commented on (but not intended to have each area ticked off in turn):

- Clinical assessment
- Medical record keeping
- Investigations and referrals
- Safe prescribing
- Management of the acutely unwell patient
- Time management
- Team management
- Conflict resolution
- Clinical leadership
- Decision making
- Teaching

From these areas, an assessor will be able to advise on an overall rating. Assessors may ask for and take account of comments from other team members. For this reason, we recommend that ACATs are assessed by consultant supervisors as likely being the most senior member of the medical team.

Links with the RCPCH curriculum

ACAT assessments *primarily* link to the following curriculum domains:

- Professional values and behaviours (D1)
- Communication (D2)
- Patient management (D4)
- Leadership and team working (D6)
- Patient safety (D7)

ACAT assessments can also be used to *secondarily* demonstrate the following curriculum domains:

- Procedures (D3)
- Quality improvement (D8)

- Safeguarding (D9)
- Education and training (D10)

It would be unusual for an ACAT to demonstrate Health promotion (D5) or Research (D11) and would need to be carefully explained how an ACAT might link to these.

LEADER

A LEADER is a formative assessment that focuses more on your leadership and team working capabilities than on the clinical elements in the case. Your assessor is likely to focus in one or two of the following domains:

- Leadership in a team
- Effective services
- Acting in a team
- Direction setting
- Enabling improvement
- Reflection

We recommend you complete one LEADER per year in each year from ST4 (level 2). In level 1, a LEADER is optional.

Links with the RCPCH Progress curriculum

LEADER assessments *primarily* link to the following curriculum domains:

- Professional values and behaviours (D1)
- Communication (D2)
- Patient management (D4)
- Leadership and team working (D6) (most common)
- Patient safety (D7)
- Education and training (D10)

LEADER assessments can also be used to *secondarily* demonstrate the following curriculum domains:

- Health promotion (D5)
- Quality improvement (D8)
- Safeguarding (D9)
- Research (D11)

It would be unusual for a LEADER to demonstrate Procedures (D3) and would need to be carefully explained how a LEADER might link.

Safeguarding Case Based Discussion (SCBD)

A Safeguarding CBD is to be used like a CBD with a focus on managing safeguarding.

One Safeguarding CBD should be done for each training grade.

Links with the RCPCH Progress curriculum

Safeguarding CBD assessments *primarily* link to the following curriculum domains:

- Professional values and behaviours (D1)
- Communication (D2)
- Patient management (D4)
- Leadership and team working (D6)
- Safeguarding (D9)

Safeguarding CBD assessments can also be used to *secondarily* demonstrate the following curriculum domains:

- Patient safety (D7)

It would be unusual for a Safeguarding CBD to demonstrate Procedures (D3), Health promotion (D5), Quality improvement (D8), Education and training (D10) or Research (D11) and would need to be carefully explained how a Safeguarding CBD might link to these.

RCPCHStart

RCPCHStart means Specialty Trainee Assessment of Readiness for Tenure, and it guides trainees as they prepare for completion of training and practice as a new consultant paediatrician. Our [RCPCHStart guidance for trainees](#) lets you know how to check your eligibility, apply and pay and understanding how it fits in with your educational supervision.

Entrustment with Care Assessment Tool (ECAT) - pilot

What is the ECAT?

The ECAT is an assessment modelled on an Entrustable Professional Activity (EPA), which can be defined as:

a unit of professional practice that can be fully entrusted to a trainee, as soon as he or she has demonstrated the necessary competence to execute this activity unsupervised

Ten Cate et al 2015

Why might we need the ECAT?

[Excellence by Design](#) standards from the GMC and our [shape of paediatric training](#) work will move the MRCPCH requirement to the end of ST4. This means we need a way of determining doctors are ready to move to tier 2 working (ST4 level).

We commonly hear from tier 1 doctors who are worried about stepping up. This tool will help you to gain experience, gather specific, constructive feedback about your work and evidence, when you are ready to progress.

How to use the ECAT with your supervisor

The ECAT presents you with an opportunity to get feedback on your tier 2 readiness. The feedback should enable you to reflect and focus your development towards the next level of responsibility.

We suggest the ECAT is used by you and your supervisor to record observations of you undertaking normal core middle grade activities in your workplace such as:

- Post-take ward round
- Managing admissions
- Ongoing care for infants on neonatal units
- Running acute take
- Covering an assessment unit

To facilitate this, you should be given the opportunity to "act-up" and perform the role of a tier 2 doctor when being observed and assessed. Your supervisor or other supervising consultant might be present the whole time or available remotely depending on how you set it up. Information from your colleagues may also be included in your feedback from nursing staff, allied health professionals, peers and other consultants.

Towards the end of ST3 there would be a local faculty 'entrustment decision' detailing the level of independence to which your consultants feel you can be entrusted to work at tier 2. This would be reviewed by your ARCP panel to decide on progress to ST4.

Examples of activities suited to ECAT

It is important to note you do not have to complete an ECAT for all these activities. ARCP panels will be looking for entrustment decisions in core areas. The following is not an exhaustive list of areas for an ECAT:

- Running acute paediatric take
- Coordinating patient care with common acute presentations across multiple care settings (ie, an assessment unit, paediatric ward, neonatal ward, postnatal ward)
- Leading a discharge planning meeting
- Managing admissions (including pre-term infants) to the Neonatal Unit, over the course of a shift
- Supervising management of infants receiving high dependency and special care on the neonatal unit, over the course of a shift

Assessment parameters

You will be assessed whether you:

- Can undertake activity with reactive supervision, ie on request and quickly available,
OR

Cannot yet undertake activity without direct, proactive supervision

There will be space to detail what you and your supervisor determine is needed to progress to the next stage of entrustment, or to improve your practise further.

Completing an ECAT

The ECAT form is housed in your RCPCH ePortfolio. You and your assessor should select an occasion when you are both present during an appropriate episode of paediatric care

It is not necessary for the whole shift or ward round to be observed though sufficient time must be allowed for observing the domains outlined in each ECAT form. The form also contains optional domains as the opportunity to demonstrate these may not naturally occur.

A short period should be set aside for feedback at the end of the observation, either immediately or soon after.

Feedback and reflection

Following the discussion, the assessment can be completed on your ePortfolio making reference to the [RCPCH Progress curriculum level 1 learning outcomes](#). Feedback will identify areas performed well and suggestions for development along with actions that could be added to your PDP.

You should take the the opportunity to reflect on the episode and feedback, recalling what went well and where development might be needed.