We first like to offer a welcome and congratulations to all of those new trainees appointed to the grid.

As the committee members for Trainees in Paediatric Gastroenterology, Hepatology and Nutrition (TiPGHAN) section of the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) we are here to represent you and your training needs.

Your committee consists of:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSPGHAN representative</td>
<td>Fiona Cameron</td>
<td><a href="mailto:fcameron@doctors.org.uk">fcameron@doctors.org.uk</a></td>
</tr>
<tr>
<td>CSAC representative</td>
<td>Ed Gaynor</td>
<td><a href="mailto:edgaynor@gmail.com">edgaynor@gmail.com</a></td>
</tr>
<tr>
<td>Secretary</td>
<td>Protima Amon</td>
<td><a href="mailto:protima@doctors.org.uk">protima@doctors.org.uk</a></td>
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</tbody>
</table>

We would be very happy to hear from you regarding any training enquires. There have been many changes recently in the way trainees are formally assessed and training documented. It is extremely important you keep up to date with this to ensure your training is recognised, accredited and that you have optimal career advice and prospects.

The BSPGHAN website (www.bspghan.org.uk) is being updated and so the information that is available on this site can be a little patchy. Fiona and I will aim to send out reports following our meetings with CSAC and BSPGHAN to keep you up to date. We will also maintain a presence at the Associates and Trainees Meeting (ATM) and BSPGHAN meetings and hope we can help you with any training needs.

If you change your email address or if you notice someone is missed out of the mailing lists then please let the secretary know ASAP.
ADVICE FOR NEW TRAINEES

Successful trainees are offered a rotation by the RCPCH matching scheme. The precise details of your rotation are arranged by a grid coordinator, CSAC and the deaneries. Hepatology posts will be offered by one of the 3 liver centres and this post should be arranged at the outset. Therefore, once trainees are appointed to the grid, they must get in touch with the grid coordinator to arrange their whole rotation straight away in order to be clear about changeover dates (this might vary between deaneries) and any administration e.g. removal expenses.

Grid coordinators:

North - Dr Paddy McClean (patricia.mcclean@nhs.net)
Midlands Severn and Wales - Dr Sue Protheroe (sue.protheroe@bch.nhs.uk)
London - Dr John Fell (john.fell@chelwest.nhs.uk)
Scotland - Dr Andy Barclay (andrew.barclay@ggc.scot.nhs.uk)

Once your rotation has been agreed, please email Ed (edgaynor@gmail.com) and CSAC chair (CSAC@bspghan.org.uk) with your rotation details to ensure that our central records are up to date.

DUTIES OF NATIONAL GRID COORDINATORS PGHAN

1. Liaise with programme director and grid trainers to ensure that grid trainees, potential grid trainees and SPIN doctors receive appropriate training to obtain required competencies.

2. Ensure that trainees are able to attend BSPGHAN and TIPGHAN meetings.

3. Ensure that there is at least one annual study day for local PGHAN trainees.

4. Ensure that there is an annual speciality specific assessment for local PGHAN trainees. This should be not be completed solely by the trainees usual educational supervisor and ideally should include a trainer from a different unit. Please send a copy of this assessment to the CSAC chair by the 31st January for discussion in February CSAC meeting. NB. Without this form we will not be able to complete the trainees CSAC progression form which is now required for their ARCP.

5. Lead on assessments and training for trainees in difficulty in liaison with educational supervisor & Deanery.
**JOINT DEANERY GRID PROGRAMS - RESPONSIBILITIES**

**Definition of Lead Deanery:** Within a joint deanery programme (where a trainee will move through multiple deaneries to complete their grid training) the lead deanery is the deanery which submitted the programme initially and normally where the trainee has their first grid post. Trainees remain attached to their lead deanery for the duration of their grid programme.

**Responsibilities during joint deanery grid programmes:** The below table shows where responsibilities lie within a joint deanery grid programme. This is a guide, and does not need to override any existing and mutually agreed local arrangements.

<table>
<thead>
<tr>
<th>Educational Responsibility*</th>
<th>Lead Deanery</th>
<th>Deanery trainee is working in at time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides Trainee NTN</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>ARCP/RITA</td>
<td>✓</td>
<td>The supervisors from the centre trainee is working in at the time should feed into the ARCP/RITA process</td>
</tr>
<tr>
<td>Management of trainee in difficulty</td>
<td>✓</td>
<td>Joint working required - deanery the trainee is working in at the time should aid this process and support trainee</td>
</tr>
<tr>
<td>Period of Grace</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Study Leave</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>ePortfolio updates</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Other Responsibility</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Base for travel purposes</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Salary payment / Funding</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Issuing of contract</td>
<td>✓</td>
<td>Dependent on local processes this may be lead deanery for duration of training or may change between deaneries – Discussion required between individual deaneries in programme</td>
</tr>
<tr>
<td>HR responsibility (e.g. disciplinary)</td>
<td>✓</td>
<td>Joint-working required</td>
</tr>
<tr>
<td>Statutory pay (sick / maternity)</td>
<td>✓</td>
<td>Both deaneries involved – will depend on qualifying weeks</td>
</tr>
</tbody>
</table>

*The transfer of educational responsibility is permitted if it is deemed suitable, where mutually agreed between the deaneries involved and the trainee in advance of any change.*
TRAINING

GRID Trainees

Trainees can also enter the grid in ST 6, 7 or 8 in order to get a CCT in PGHN, but those applying without 3 full years of training left before their CCT must apply prospectively to the CSAC chair for approval that training is grid equivalent and in a grid centre. Their educational supervisors must demonstrate how they will meet grid competencies during this period. Retrospective approval of training cannot count towards grid training.

SPIN Trainees

Those trainees considering spin certification need to read the application advice on RCPCH website and should plan ahead and apply prospectively for this training. Updated SPIN (special interest) curriculum has been ratified by CSAC, BSPGHAN & the RCPCH. The new document is available on the BSPGHAN and the RCPCH website.

Balance between General and Subspecialty during Training

For subspecialty trainees it is assumed that their supervised programmed clinical training will be in their sub-specialty and their emergency duties will be more generally based. The College Specialty Advisory committees have agreed for those in subspecialty training 70% of time worked should be in their subspecialty. This approximately equates with the balance between supervised, programmed clinical training and emergency duties.

Trainees will be expected to participate with their colleagues in the rota/shift in operation in their department*. It is anticipated that most sub-specialty trainees will be participating in general paediatric duties to maintain the competencies they had gained in core training. However, it is not essential they do so, if that is not the rota in their department, provided they are exposed to sufficient acute care.

No more than 1/3 of hours should be anti-social hours. At least 16 hours per week should be in the delivery of emergency out of hours care (pro rata for flexible trainees)*.

Although acute duties are often provided out of hours (or anti-social hours which are usually defined as 8pm to 7am or weekends) the two are not synonymous. Therefore a minimum of 16 hours per week, but no more than one third of hours worked, should be in the provision of acute emergency duties.

* The statements in italics are direct quotes from the paediatric training handbook (September ‘03)
SUPERVISION AND REVIEWS

Supervision

You must ensure that you arrange with your local educational supervisor a beginning, midpoint and end of post appraisal EVERY 6 months, even if you remain in the same post, or are in an academic post (there is a template for academic meetings n e portfolio now).

Ensure you are undertaking the new Work place Based Assessments as detailed on the College website. The expectation is that these are done regularly throughout the year and not just prior to your ARCP.

Annual Specialty Specific Review

Be aware that CSAC are required to review your e-Portfolio annually in order to submit a CSAC progression form to your deanery before your ARCP. This acts as a quality check to ensure that you are receiving all of the necessary training opportunities and enable you to achieve the required competencies. It is most important that your e-Portfolio is up to date by the end of January including a summary of your endoscopy competencies and recent Speciality Specific Appraisal so that these can be reviewed by CSAC during February for discussion in the CSAC meeting in March.

Most ARCPs take place between April & June. Some deaneries however will do ARCP’s earlier so it is important that you arrange a Speciality Specific Reviews and send to CSAC before January 31st. Please contact your local grid coordinator in good time to arrange your Speciality Specific Appraisal if this hasn’t been done recently.

Every trainee who wishes to obtain a CCT in the speciality must have an annual speciality specific review. This includes those with their own ACL, those who are OOP or doing research or if about to start a grid rotation but have had approval that on going training is grid equivalent and is being counted towards their CCT.

Please arrange to have your speciality specific review meeting each year. Your grid coordinator should offer an opportunity to do this at an annual training meeting either locally or at a national meeting. This is a review meeting with one or two educational supervisors either from another centre or from your centre (not your educational supervisor) and helps consolidate aspects of your training, target training if necessary and discuss the training on offer at the centres.
Please make sure that you discuss and include in the Annual Specialty Specific Review:

- Precise details of your whole rotation
- Whether any other training has been counted towards CCT (and you must demonstrate the evidence that CSAC has approved this retrospectively)
- OOP time
- Date of START assessment (or expected date)
- Date of next ARCP
- Anticipated CCT date

The trainees should then create a folder within the personal library of ePortfolio for each year of training and call it “Speciality Specific Review 2015”. Within that folder please upload:

- Speciality specific review form
- PDF of all endoscopy DOPS (until JETS is uploaded to ePortfolio)

The supervisor should generate a report. Please send the report from this review meeting to the CSAC Chair by the end of January every year. The CSAC chair then uses this as a template to complete the CSAC progression form. Without completion of this form annually and 3x supervision meetings per job the CSAC chair does not have evidence to complete your progression form in March to inform you ARCP in the summer of that training year. It is the responsibility of the trainee to arrange this meeting. A template for this meeting is attached to this document.

The CSAC chair aims to touch base with all trainees annually, either at the ATM meeting or BSPGHAN. Any training issues in between these times should be discussed with the CSAC trainee representative (if the trainee feels comfortable with this) or their educational supervisor who can feedback to CSAC.

CCT

CCT is based on the outcomes and evidence in your ePortfolio, including supervision meetings and CSAC progression forms and so these must be completed ahead of CCT. There are details of how to apply for CCT attached to this document and this will be uploaded to the website for you to view to avoid confusion at the time of CCT.

Doctors who already have a CCT and are consultant paediatricians who may have trained in the UK or abroad and wish to enter the specialist register as a gastroenterologist or hepatologist post CCT should liaise in the first instance with the RCPCH to see if they are eligible for CESR, not through CSAC.
A] Paediatric trainees who wish to have their special interest recognised should complete the SPIN module application form which can be downloaded from the RCPCH website.

B] There is a post CCT SPIN application form. A separate module is in preparation. The College is no longer accepting retrospective applications but will accept prospective applications (or retrospective applications for post-CCT doctors if they continue to fulfil the SPIN module competencies, e.g. carry on to train in any given SPIN module).

**ASSESSMENTS**

**ePortfolio**

The RCPCH is working towards a new portfolio that links together asset, e portfolio (and we are currently exploring whether JETS might also be incorporated). A new curriculum is in construction currently but is not expected to be available until 2017.

The required number of assessments (DOPS, CEX, CBD, MSF etc.) are detailed on the College website.

**Academic trainees**

Core academic competencies for ACF’s and ACL’s are to be set out in the RCPCH Curriculum shortly when is it updated, and will be similar to the curriculum set out by the Academy of Medical Sciences. An academic skills log is required for the ARCP as well as your clinical log. It is to be recommended that the Academic Programme Director provides academic representation at your ARCP panel as well as input from your clinical supervisor and CSAC.

**START**

We encourage all trainees in the same specialty to undertake START at the same time of the year – for PGHN trainees in the October session of their ST7 year. Also, please apply in good time for the START assessment. It is recommended that you take this early in your ST7 year. It has been suggested that all gastroenterology trainees should attend the same START assessment in an attempt to concentrate the gastroenterology/hepatology assessors.
JETS paediatric training certification: The EWG and the JAG team has successfully completed embedding training processes into the JETS e-portfolio, and this is available to trainees in centres with a JETS administrator and training lead. Upper GI endoscopy and ileocolonoscopy summative assessments are available via the online process for trainees who commenced National Grid Training from September 2014 onwards. Paper summative assessment documents are also available for trainees. (Ileo)colonoscopy certification is desirable, but not required for CCT. It is expected that applicants for CCT have at least 100 supervised (ileo)colonoscopy procedures in their logbook or e-portfolio with formative DOPS.

Educational Supervisors should be aware that the JETS e-portfolio is mandatory for any trainee wishing to apply for JAG certification. Access to the portfolio requires permissions, which are set by the local Trust JETS administrator. If any unit is without access to JETS, the Education Supervisor can ask the Paediatric Regional BSPGHAN EWG representative for advice and guidance.

The relevant paperwork, including curriculum and requirements for certification are available on the JETS Download Centre webpages:
http://www.thejag.org.uk/AboutUs/DownloadCentre.aspx

New DOPS forms: The JAG is changing DOPS form levels. Paediatric DOPS forms have been derived and are expected to be included in JETS later this year. GI bleeding DOPS forms are to be developed.

Endoscopy Working Group Area Training Reps:

GI London/South: David Rawat
GI Birmingham, Wales & South West: Ronald Bremner
GI Yorkshire, East Midlands & North East: Mike Thompson
GI Liverpool, Manchester & Northwest: Balaji Krishnamurthy
GI Scotland: Sabarinathan Loganathan
Hepatology: Sanjay Rajwal
TRAINING OPPORTUNITIES/MEETINGS

Mandatory meeting
There are two meetings a year which are specifically designated for Grid trainees which are mandatory for you to attend. Grid co-ordinators are aware if this and should be able to support this.

- Associates and Trainees meeting (ATM Meeting). This is usually held in September/October. It is a good meeting for abstract submission and presentations as it is a very relaxed forum.
- BSPGHAN postgraduate day at the winter meeting. This is usually held at the end of January. Abstract submission is encouraged at this meeting and those selected will be asked to either give an oral presentation or a poster.

Endoscopy courses
It is mandatory to have completed a JAG accredited paediatric upper and lower GI endoscopy course during your training if you entered grid on or after Sept 2014. These can be booked through the JETs website.

Other courses/meetings of interest
- The BSG have an annual meeting which incorporates a paediatric section and is well worth going to. There are a number of meetings aimed at trainees which are open to paediatric trainees and are well worth attending. Being a member of BSG is encouraged as it gives reduced registration to their meeting and a subscription to Gut.
- ESPGHAN (European Society of Paediatric Gastroenterology Hepatology and Nutrition) Annual meeting is a major meeting and an excellent one to attend. There are meetings annually except when there is a world congress which is every four years. This is a good meeting to submit research applications. If your research is accepted then make sure you apply to the ESPGHAN bursary committee to help with funding. Trainee membership of ESPGHAN is also available which gives reduced registration to their meeting. Consider applying for the ESPGHAN Summer School – it is a great meeting where you can mix with other trainees from around the world and share their experiences. There is opportunity to present at this meeting also. It has been intermittently funded by industrial sponsors over the past few years so this makes things easier for us. Have a look on the ESPGHAN website for updates.
- The RCPCH Annual meeting is a good meeting and the BSPGHAN annual dinner is held at this meeting and is a good opportunity to meet the other trainees and members of BSPGHAN.
- The RCPCH are running day long courses now on a variety of topics including gastroenterology in the “How to manage” series. The next one is a nutrition meeting on 12th March. This “How to manage nutrition” day has been developed with suggestions from us as trainees and after the last meeting, held last year. It is run and booked through the RCPCH. Keep an eye on the RCPCH website for updates.
• Salzburg paediatric seminars – I heard about these from some of our European Colleagues who reported them to be very good. They run in September and are often funded I believe. If any of you are thinking of going I would be interested in what you thought about them.

Management

Management is an important component of training. The BSG run a trainee management weekend every year with a 2 year rolling programme, it is a very good programme and the BSG welcome paediatric trainees on this course.

There are many working groups within BSPGHAN that look at the challenges facing our speciality. These working groups often welcome a trainee member to add to their committee so if you are developing an interest within an area it may be worth contacting the chairperson of the group to ask if you might join. This will also enhance your management training.

SUPPLEMENTARY DOCUMENTS

Available on college and BSPGHAN websites:

1. ANNUAL SPECIALITY SPECIFIC REVIEW TEMPLATE
2. HOW TO APPLY TO CCT