Paediatric training and assessment in the UK

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Cambridge, UK
Entente Cordiale
April 8, 1904
L'ENTENTE CORDIALE

DANIEL AUTHEUIL

CHRISTIAN CLAVIER

un film de VINCENT DE BRUS

avec FRANÇOIS LEVANTAL JENNIFER SAUNDERS JOHN CLEESE FRANÇOIS MOREL
Outline

• Paediatric training in the UK
  • The structure of training
  • The curriculum
  • Specialist training
  • Assessment

• The European view
  • The ‘Common Trunk’
  • Challenges for us all
UK training structure

Level 1 Training (Specialty Training ST1-3: 24-36 months)
- General paediatrics based in acute settings to include:
  - Emergency duties
  - Inpatients/Outpatients
  - Neonates

Level 2 Training (Specialty Training ST4-5: 12-24 months)
- General Paediatrics (12 months)
- Neonatology (6 months)
- Community Paediatrics (6 months)

Level 3 Training (Specialty Training ST6-8: 24-36 months)
- General Paediatrics (24-36 months with possibility to spend 12 months in a sub-specialty)
- OR
- Sub-specialty training (24-36 months depending on programme)

Paediatric Consultant
- Community Paediatrics
- General Paediatrics (may have specialist interest)
- Sub-Specialty Paediatrics

MRCPCH EXAMINATIONS
(post grad medical qualification in paediatrics)
MUST BE COMPLETED BY THE END OF ST3

Paediatric Sub-Specialties*
- Child Mental Health
- Clinical Pharmacology and Therapeutics
- Community Child Health
- Diabetes and Endocrinology
- Emergency Medicine
- Gastroenterology, Hepatology and Nutrition (PGHAN)
- Immunology, Infectious Disease (IID) and Allergy
- Inherited Metabolic Medicine
- Intensive Care
- Neonatal Medicine
- Nephrology
- Neurodisability
- Neurology
- Oncology
- Palliative Medicine
- Respiratory Medicine
- Rheumatology

*With the exception of Community Child Health and Neonatal Medicine.
Level 1 training

**Level 1 Training**
(Specialty Training ST1-3: 24-36 months)

General paediatrics based in acute settings to include:
- Emergency duties
- Inpatients/Outpatients
- Neonates

- Two to three years
- Hospital based
- Includes newborns
- Little outpatient exposure
- No community exposure
Level 2 training

Level 2 Training (Specialty Training ST4-5: 12-24 months)

- General Paediatrics (12 months)
- Neonatology (6 months)
- Community Paediatrics (6 months)

- One to two years
- Need MRCPCH to enter
- Consolidates general paediatric training
- Has community exposure
Level 3 training

- Two to three years
- Option to remain in general paediatrics
- Can do ‘special interest’
- Options to enter subspecialty training

**Level 3 Training**
(Specialty Training ST6-8: 24-36 months)

| General Paediatrics  
| (24-36 months with possibility to spend 12 months in a sub-specialty) |
| OR |
| Sub-specialty training  
| (24-36 months depending on programme) |
'I expect you all to be independent, innovative, critical thinkers who will do exactly as I say'
Curriculum

- Detailed syllabus for general paediatric training (161 pages...!)
- Includes 36 domains in 7 sections
- Assessment is competency based
- Specialty syllabi
• Duties of a doctor
• Good clinical care
• Maintaining good medical practice
• Teaching, training, assessing, appraising
• Relationships with patients
• Working with colleagues
• Probity
### Curriculum for Paediatric Training General Paediatrics

#### Probit
Maintaining Trust

<table>
<thead>
<tr>
<th>Standard 35</th>
<th>Assessments</th>
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<tbody>
<tr>
<td><strong>Level 1 (ST1-3)</strong></td>
<td>Assessments</td>
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<tr>
<td>Reliability and responsibility in ensuring their accessibility to colleagues and patients and their families</td>
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</tr>
<tr>
<td><strong>Level 2 (ST4-5)</strong></td>
<td></td>
</tr>
<tr>
<td>Continued responsibility and accessibility to colleagues, patients and their families</td>
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<tr>
<td><strong>Level 3 (ST6-8)</strong></td>
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<tr>
<td>Responsibility for ensuring their own reliability and accessibility and that of others in their team</td>
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</tbody>
</table>

#### Trainees will:
- **Competencies**
  - demonstrate a commitment to the highest standards of care and ethical and professional behaviour within their specialty and with the medical profession as a whole
  - recognise and support colleagues who may be under pressure
  - demonstrate responsibility for ensuring reliability and accessibility of both themselves and others in the team
Specialist training

- List of recognised specialties
- Each group has a training committee
  - The committees remain under the jurisdiction of the RCPCH
- For some areas (eg PICU) there is an intercollegiate committee
## Specialist training

### Paediatric Sub-Specialties*

- Child Mental Health
- Clinical Pharmacology and Therapeutics
- Community Child Health
- Diabetes and Endocrinology
- Emergency Medicine
- Gastroenterology, Hepatology and Nutrition (PGHAN)
- Immunology, Infectious Disease (IID) and Allergy
- Inherited Metabolic Medicine
- Intensive Care
- Neonatal Medicine
- Nephrology
- Neurodisability
- Neurology
- Oncology
- Palliative Medicine
- Respiratory Medicine
- Rheumatology

*With the exception of Community Child Health, sub-specialty training is via competitive entry to the NTN Grid.*
It is assessment which helps us distinguish between teaching and learning.
Assessment

- **Formative**
  - CBD, mini CEX, HAT ...
  - Specific numbers of assessments per year
  - Need to include feedback and reflection

- **Summative**
  - MRCPCH exam
  - ARCP
<table>
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<tr>
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<th>ST1</th>
<th>ST2</th>
<th>ST3*</th>
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<tr>
<td>Mini-Cex</td>
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<tr>
<td>Cbd</td>
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<tr>
<td>DOPS</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>A minimum of 1 satisfactory DOP for each compulsory procedure</td>
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<tr>
<td></td>
<td>Skills log to be used to demonstrate development and continued competence</td>
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<td></td>
</tr>
<tr>
<td>LEADER</td>
<td>1 across level 1 training</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>HAT</td>
<td>1 across level 1 training</td>
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<td>1</td>
</tr>
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<td>ACAT</td>
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<td></td>
<td>Not essential</td>
</tr>
<tr>
<td>DOC</td>
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<td></td>
<td>Not essential</td>
</tr>
<tr>
<td>ePaed CCF</td>
<td></td>
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<td>Not essential**</td>
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</tr>
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<td>MRCPCH (Written)</td>
<td>1-2 papers desirable</td>
<td>2 out of 3 papers essential</td>
<td>All 3 papers essential</td>
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<tr>
<td>MRCPCH (Clinical)</td>
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<td></td>
<td>Essential</td>
</tr>
<tr>
<td>NLS or similar</td>
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<td></td>
<td>Must complete during level 1 training</td>
</tr>
<tr>
<td>APLS or similar</td>
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<td></td>
<td>Must complete during level 1 training</td>
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<tr>
<td>Safeguarding</td>
<td></td>
<td></td>
<td>Trainees must achieve level 1 and 2 intercollegiate safeguarding competencies by end of ST3</td>
</tr>
<tr>
<td>Trainers report</td>
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An informative guide to
formative and summative assessment
for Paediatric Trainees and Trainers

September 2014

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children’s Health
Completion of training

- Awarded a ‘Certificate of Completion of Training’ (CCT)
- Entered on to register as ‘Paediatrician’ (with or without a special interest) or as a specialist in a particular area
The Perfect European Should Be...

Like a Brit... Available...

Like the French... Technical...

As a Belgian... Talkative... As a Finn

As a Portuguese... Controlled...

Famous... As a Swede

As an Italian... Discreet...

Flexible... As a Luxembourger

As a Spanish... Humble...

As a Dutchman... Generous...

As a Greek... Organised...

As the Irish... As a Spaniard

As a Dane...
The European model

• ‘Decision by committee’
• Agree to a ‘Common Trunk’ in paediatrics
• Specialty training with agreed syllabi
European Issues

• Primary Care
• Recognition of specialties

• Liaison with ‘adult’ specialties
• ‘Joint’ training (eg PICU)
• UEMS approval
Summary

- The UK has a structured training program, that is ‘mature’ and has a clearly defined and regulated structure.
- Assessment of training is well developed, and uses both formative and summative evaluation.
• Developing a common training program across Europe will be a big challenge, and will need to acknowledge several different models of paediatric care

• However...