

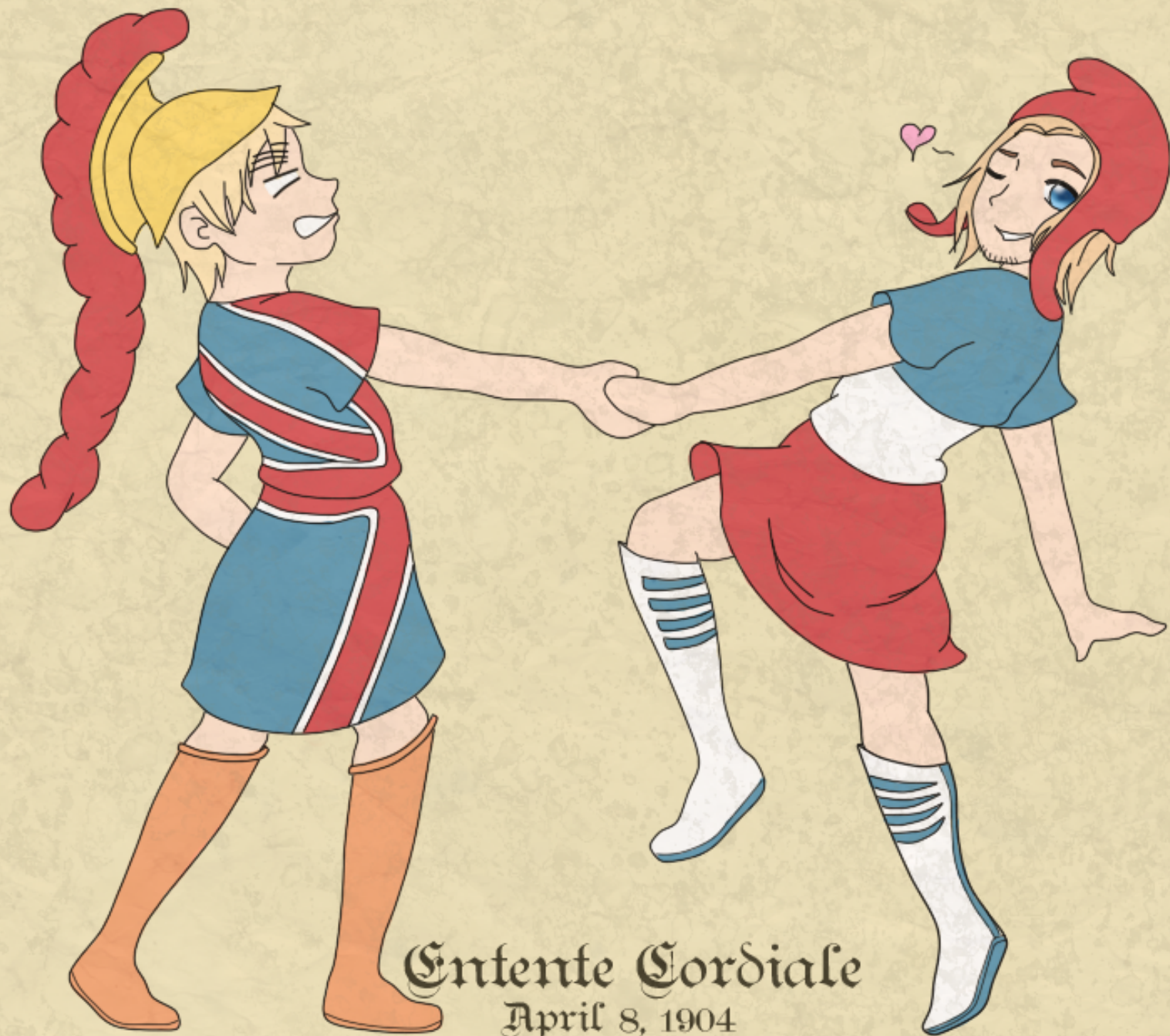


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Paediatric training and assessment in the UK

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Entente Cordiale
April 8, 1904



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Outline



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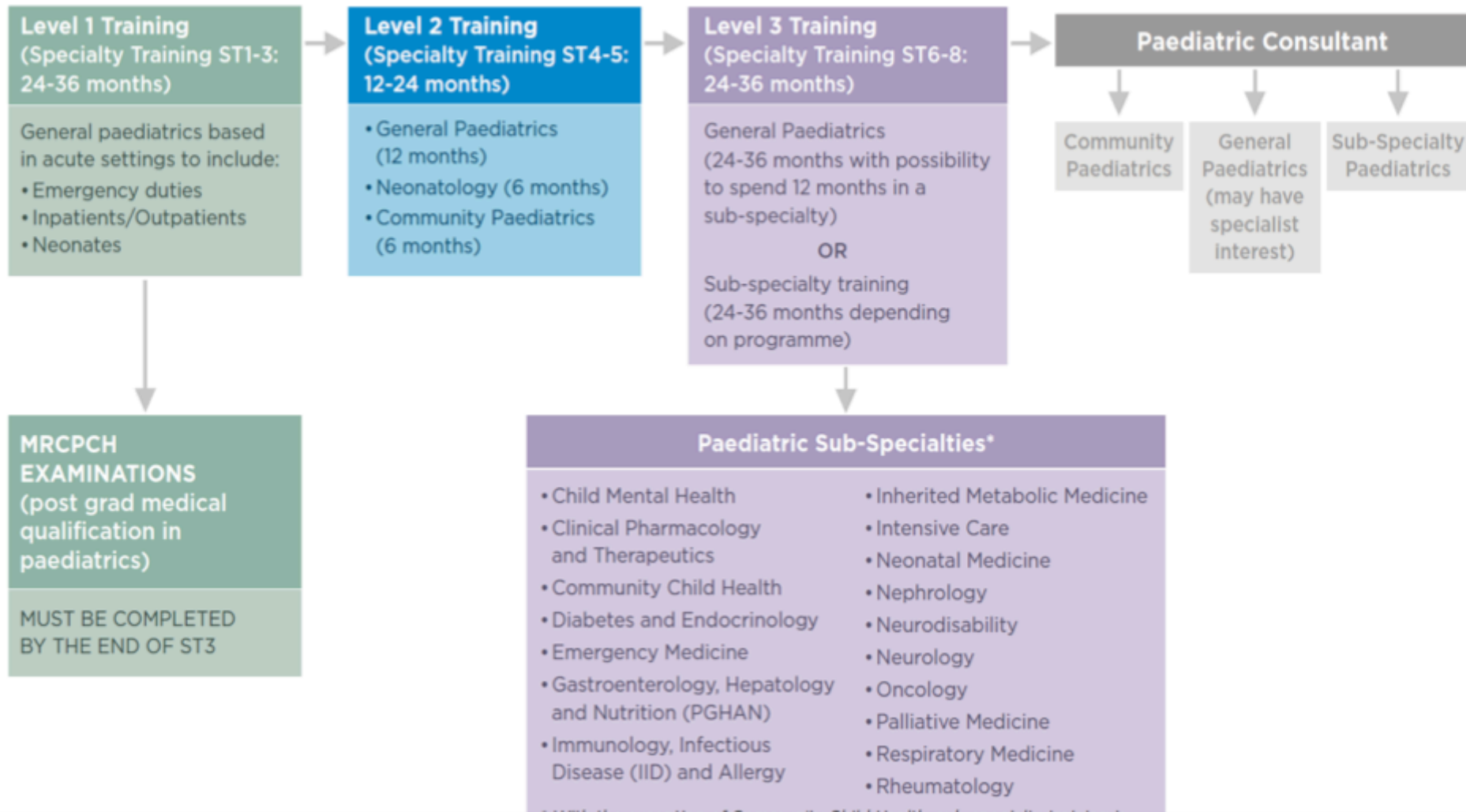
- Paediatric training in the UK
 - The structure of training
 - The curriculum
 - Specialist training
 - Assessment
- The European view
 - The 'Common Trunk'
 - Challenges for us all



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UK training structure

Fixed term training appointments / Career posts recruited at trust level / Academic Training





Level 1 training



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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



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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



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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)

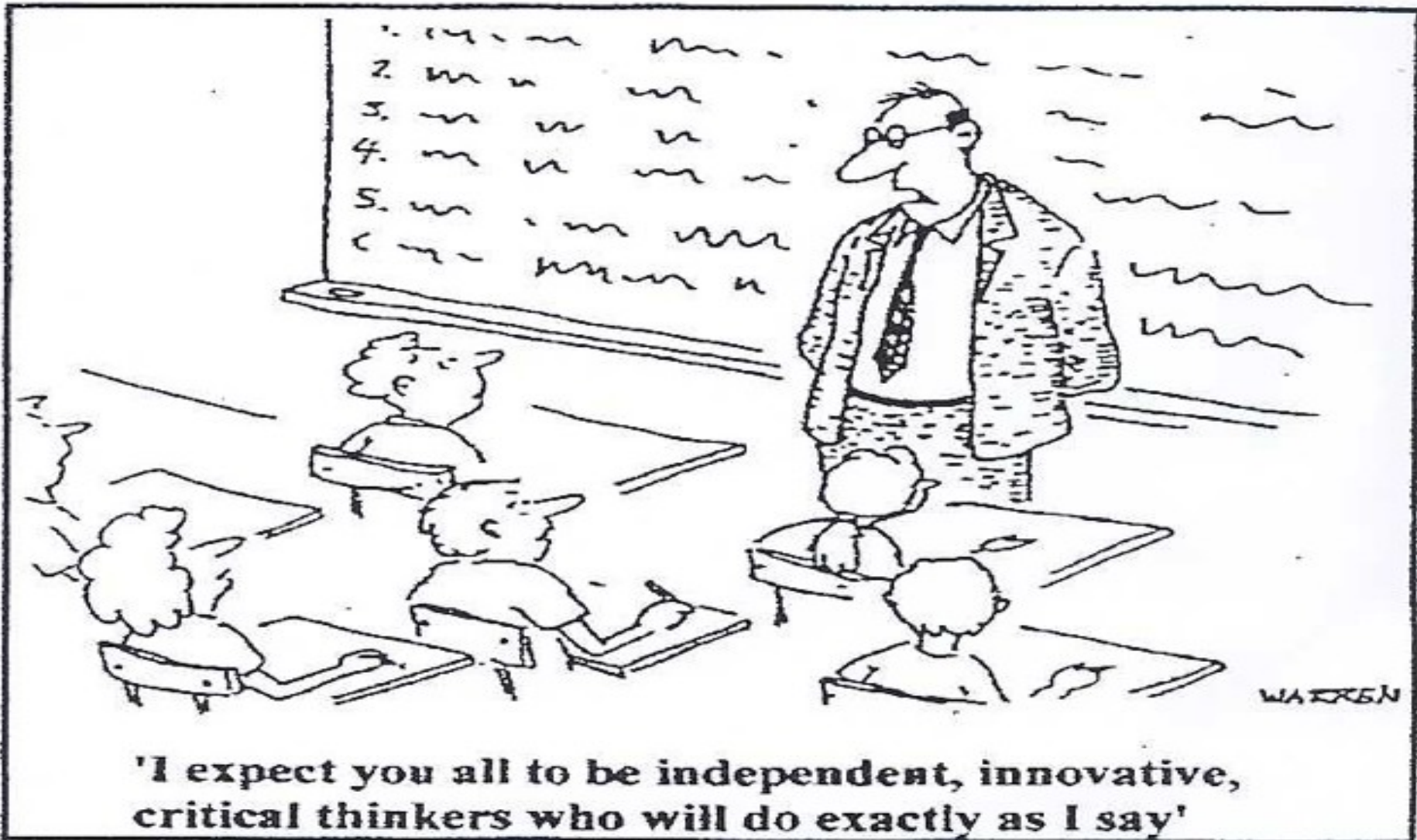
- Two to three years
- Option to remain in general paediatrics
- Can do 'special interest'
- Options to enter subspecialty training



Curriculum



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Curriculum



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- Detailed syllabus for general paediatric training (161 pages...!)
- Includes 36 domains in 7 sections
- Assessment is competency based
- Specialty syllabi



Sections



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- Duties of a doctor
- Good clinical care
- Maintaining good medical practice
- Teaching, training, assessing, appraising
- Relationships with patients
- Working with colleagues
- Probity



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Curriculum for Paediatric Training General Paediatrics

Probity

Maintaining Trust

Assessment Standard 35

Standard 35

Level 1 (ST1-3)

Reliability and responsibility in ensuring their accessibility to colleagues and patients and their families

Level 2 (ST4-5)

Continued responsibility and accessibility to colleagues, patients and their families

Level 3 (ST6-8)

Responsibility for ensuring their own reliability and accessibility and that of others in their team

Assessments

Trainees will:

Competencies

demonstrate a commitment to the highest standards of care and ethical and professional behaviour within their speciality 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

MSF, Portfolio



Specialist training



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- 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



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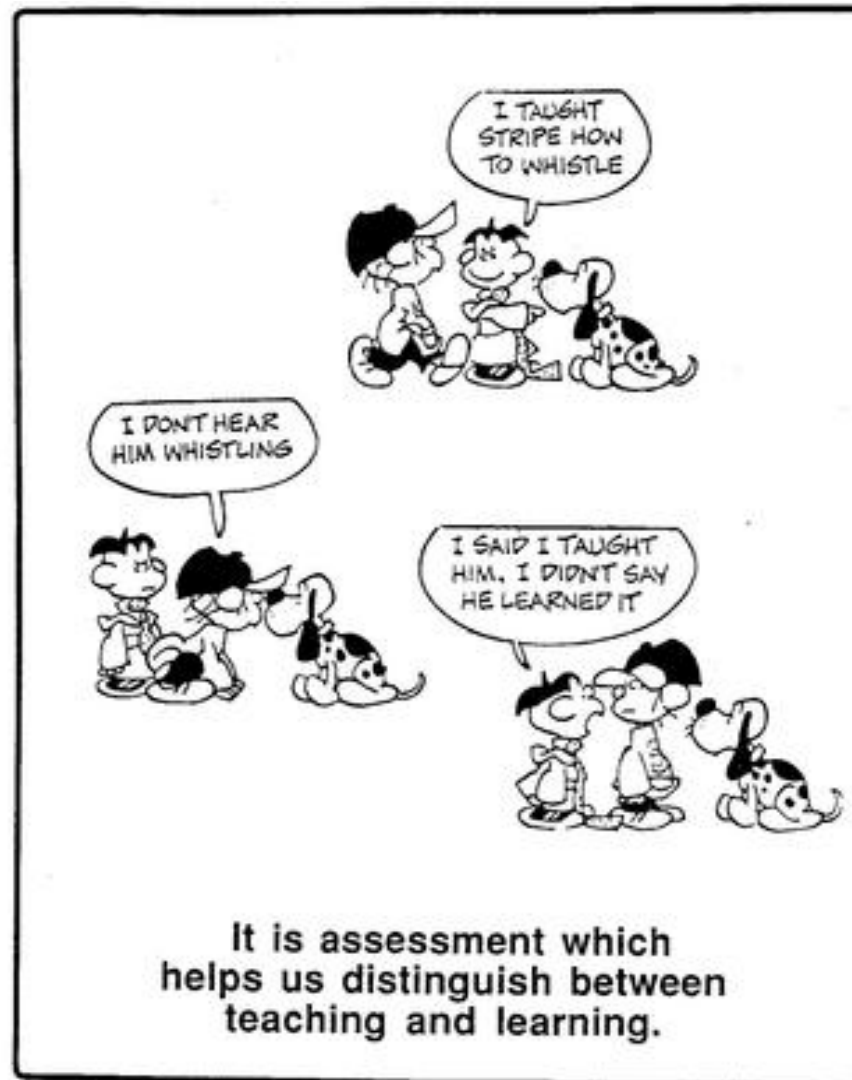
Paediatric Sub-Specialties*

- 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.*



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Assessment



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



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	ST1	ST2	ST3*
Mini-Cex	8	8	8
CbD	3	3	3
Safeguarding CbD	1	1	1
DOPS	A minimum of 1 satisfactory DOP for each compulsory procedure Skills log to be used to demonstrate development and continued competence		
LEADER	1 across level 1 training	1	1
HAT	1 across level 1 training	1	1
ACAT	Not essential		
DOC	Not essential		
ePaed CCF	Not essential**		
ePaed MSF	1	1	1
MRCPCH (Written)	1-2 papers desirable	2 out of 3 papers essential	All 3 papers essential
MRCPCH (Clinical)			Essential
NLS or similar	Must complete during level 1 training		
APLS or similar	Must complete during level 1 training		
Safeguarding	Trainees must achieve level 1 and 2 intercollegiate safeguarding competencies by end of ST3		
Trainers report	1	1	1



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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



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- 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

COOKING...



... LIKE A BRIT
AVAILABLE...

THE PERFECT EUROPEAN

SHOULD



BE ...



... LIKE
THE FRENCH



... AS A BELGIAN



TALKATIVE... AS A FINN



HUMOROUS... AS A GERMAN



... AS A PORTUGUESE

CONTROLLED...



FLEXIBLE...
... AS A SWEDE

FAMOUS...



... AS A LUXEMBOURGER



... AS AN AUSTRIAN

ORGANISED...



... AS A GREEK



... AS AN ITALIAN

DISCREET...



AS THE IRISH

HUMBLE...



... AS A SPANIARD

GENEROUS...



... AS A DUTCHMAN



...AS A DANE



The European model

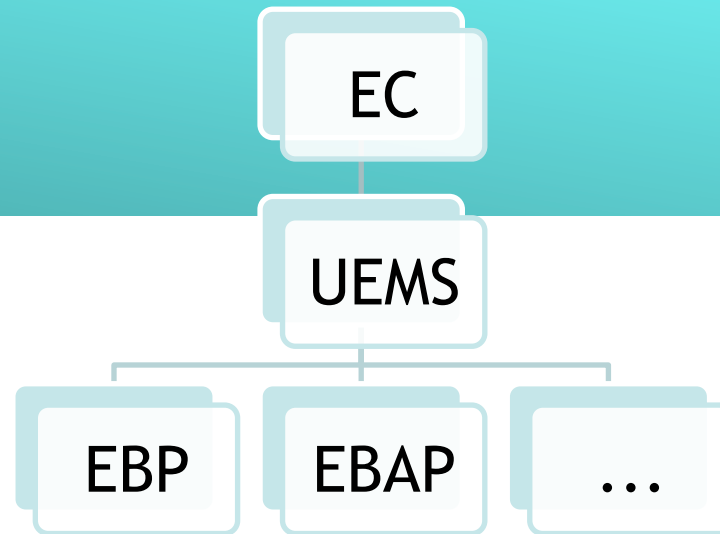


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- ‘Decision by committee’
- Agree to a ‘Common Trunk’ in paediatrics
- Specialty training with agreed syllabi

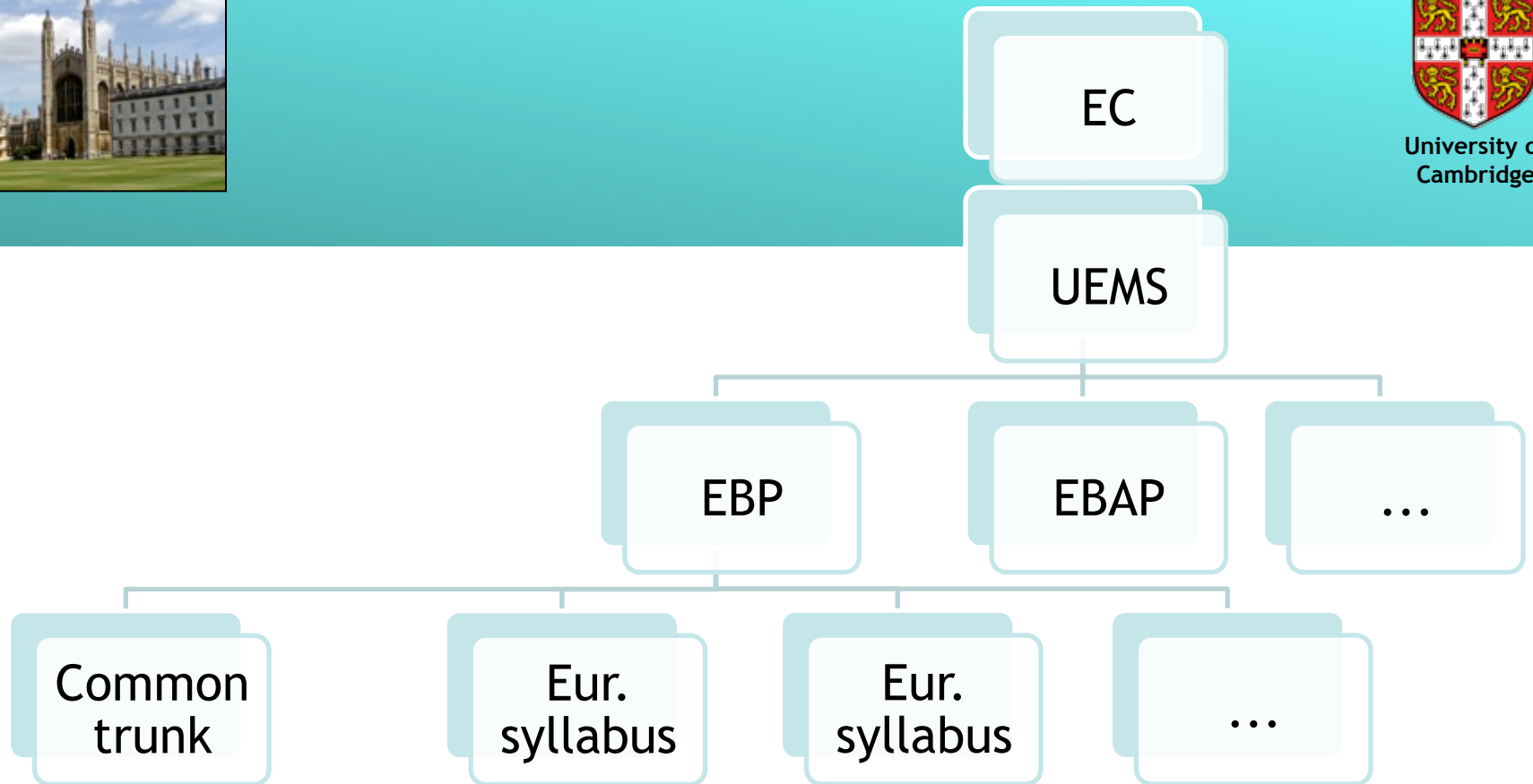


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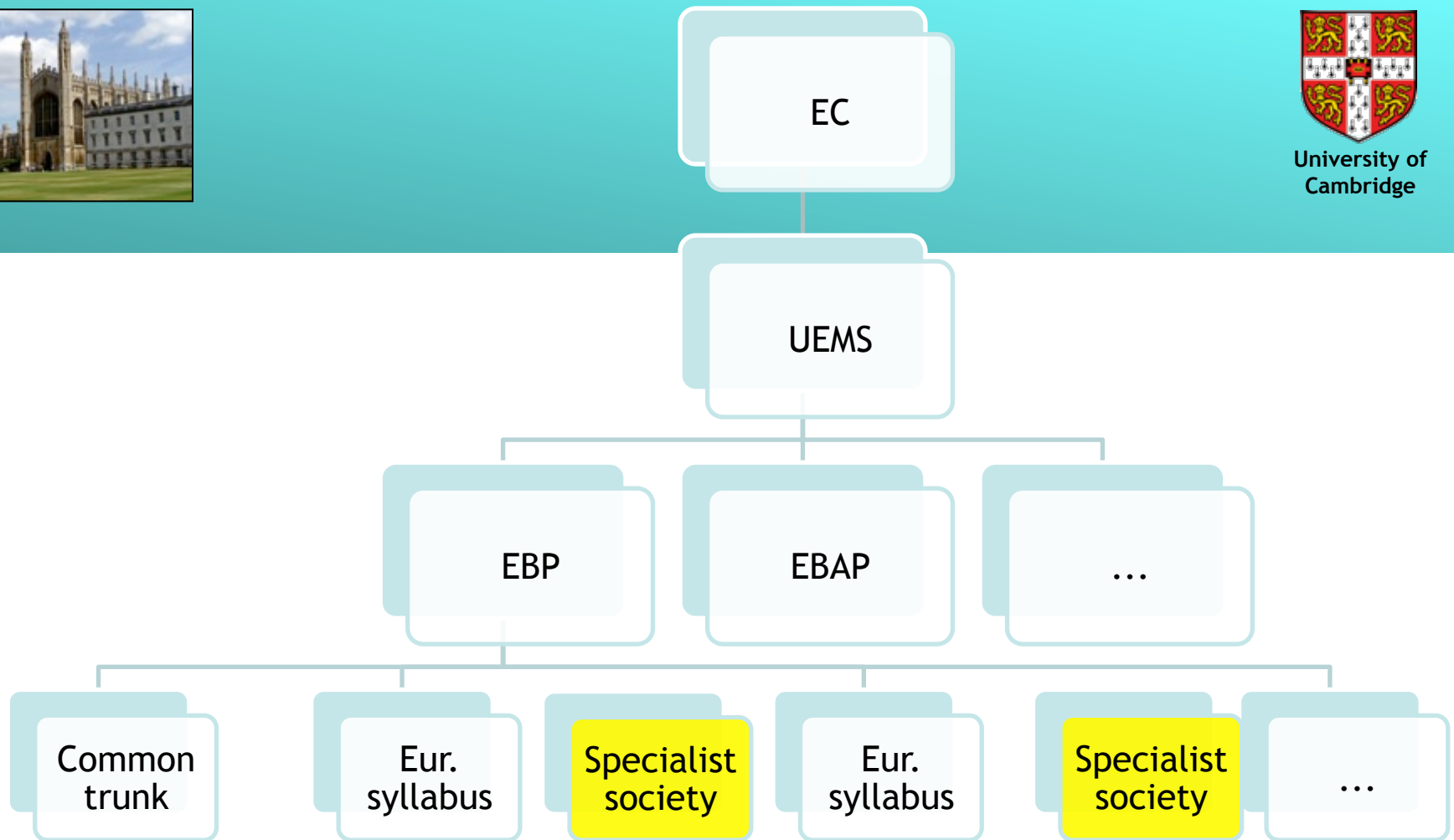


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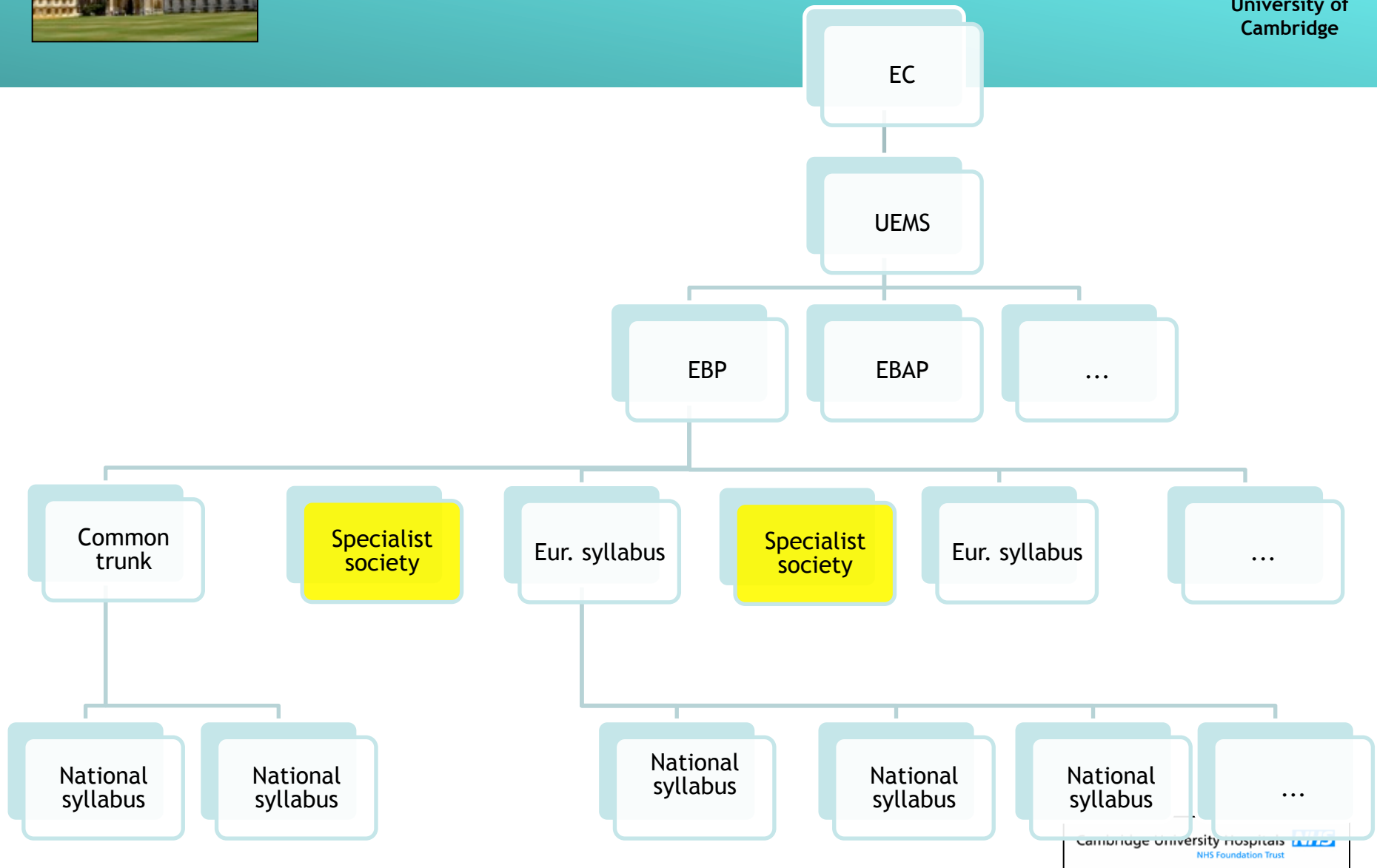


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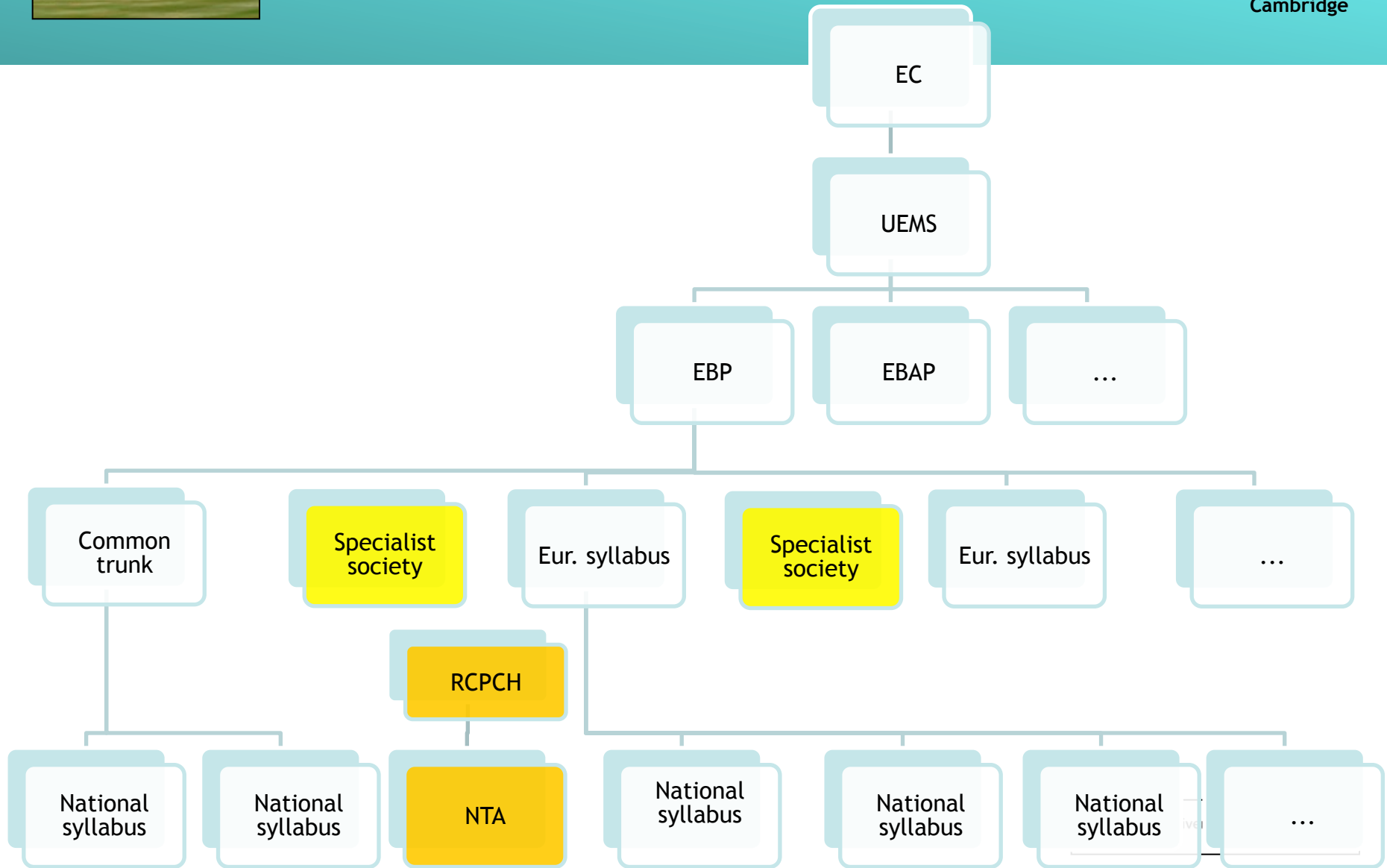


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European Issues



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- Primary Care
- Recognition of specialties
- Liaison with ‘adult’ specialties
- ‘Joint’ training (eg PICU)
- UEMS approval



Summary



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- 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



Summary (2)



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- Developing a common training program across Europe will be a big challenge, and will need to acknowledge several different models of paediatric care
- However...