Paediatric training in London

A guide for College Tutors, Educational Supervisors and Trainees
in the London Speciality School of Paediatrics

3rd Edition
August 2011
Foreword

This is now the third Trainee Guide that has been written to help inform new postgraduate doctors in training that are joining the London School of Paediatrics and Child Health training programmes. I would personally like to offer you all a very warm welcome and hope that this guide will offer you an insight into the wealth of opportunity which is available within our training rotations. You are promised an exciting and adventurous future working with the vibrant group of trainees and trainers within this School and supported by a first class team of Training Programme Directors and Medical Workforce specialists within the London Deanery.

Over the past two years I have stressed that this is a ‘living document’ and we are extremely grateful to all those who have contributed to the production of this Guide as well as to those who provided constructive feedback from the previous editions. I am especially grateful for the time and energy invested in this production by our current Education Fellows, Melanie Menden and Seema Sukhani.

The real benefit of this type of publication is when it is first read and then used consistently to support training within the London School. It is our sincere hope that trainee and trainer alike will find it a valuable resource, in both its paper and electronic version. It is designed to ensure that those who are currently enrolled in the training programme, and those who provide support for them, speak a common language and work together to provide the best possible paediatric training experience. It is also hoped that this Guide might find an additional role in attracting the most able trainees to consider starting a career in paediatrics, which the contributors are convinced is the best decision that they personally have ever made!

Can I encourage you to read this Guide fully (at least once!) even if you are fairly sure that you know everything there is to know about the paediatric training programme in London. You may find that there are some surprises! I would also like to encourage you to be an active contributor to the programme and above all to enjoy your role as trainee or trainer within the School. Finally, if there is anything within this Guide which does not match with your experience then please let us know so that we can do something about it.

I wish you all the best for the coming year and look forward to meeting many of you in the near future.

Andrew Long
Head of the London School of Paediatrics and Child Health, August 2011
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Introduction

Welcome to the third edition of the London Specialty School of Paediatrics Training Guide. The School itself came into being in 2007 and the Training Guide was first published in 2009. It aims to bring together a wide range of resources for the benefit of both trainees and trainers (College Tutors and Educational Supervisors).

The Training Guide provides an overview of the structure and work of the School of Paediatrics, from the roles of the Training Programme Directors (TPDs) to the opportunities for trainee involvement. However, its main role is in highlighting ways for trainees to acquire the clinical competencies, laid out in the RCPCH Curriculum.

The majority of paediatric training occurs through local education programmes in each trust. The Training Guide identifies areas of the curriculum that are more appropriately covered locally rather than through regional training days. As most paediatricians are involved in local programmes, we hope that this guide will therefore be of help to you.

We also highlight a range of School training initiatives including Level 2 Regional Study Days, Simulation, the Level 3 Leadership, Management and Education Evenings and many more. For trainers we review a number of resources including e-learning modules, short courses and a number of pilot projects involving faculty development.

A number of additional resources have also been included such as:

- RCPCH Assessment Strategy
- Trainee Representation within the School
- Supporting Trainees in Difficulty
- Career Planning
- E-prescribing tool

True to the ethos of the School of Paediatrics, the Training Guide has received input from a huge number of trainees and trainers from across the region. It has been produced by London’s paediatricians, for London’s paediatricians. We hope that you find it useful and informative. If you have any comments about what should be included in the next edition of the Training Guide or would like to be involved in its production, please let us know.

Melanie Menden and Seema Sukhani
Fellows in Medical Education, London Specialty School of Paediatrics, August 2011
Section 1:

Structure of the London Specialty School of Paediatrics

The concept of Specialty Schools came into existence in late 2007. They were set up to manage Specialty Training in London bringing together the relevant Royal College, the Deanery and other providers of training. Each Specialty School has a Board drawn from the institutions and groups that contribute to training as well as other stakeholders. They provide a structure for Educational Governance and set the direction for the development of Postgraduate Medical Education (PGME) in that Specialty within London. The main aims of the London School of Paediatrics are:

- To support the delivery of innovative general and specialist education and training in line with the expectations and criteria of the Royal College of Paediatrics and Child Health (RCPCH) and the General Medical Council (GMC)
- To set up quality control mechanisms that reflect the GMC agreed curricula to the standards set out by the RCPCH and the GMC
- To promote excellence in all aspects of the work of the School
- To support and encourage innovation in training and education

Figure 1: Relationships between London Specialty School of Paediatrics and RCPCH, London Deanery and GMC
The London Specialty School of Paediatrics is headed by Dr Andrew Long. He is supported by the Executive Committee, which is made up of Training Programme Directors, Trainee Representatives and the Specialty School Manager and Officers.

Unique to the London Specialty School of Paediatrics is a parallel Trainees Committee which is made up of over 40 trainees. This ensures that trainee opinions can be represented at the highest level within the School, ensuring trainees can influence the decisions made regarding their own training. The school holds a quarterly School Forum, which is attended by members of both committees as well as College Tutors and Trainee Trust Representatives from all trusts in London.

The Executive and Trainee Committees cover a wide range of aspects of Paediatric training. These include:

**Core responsibilities**
Ensuring the quality of training through:

- Selection and recruitment
- Curriculum delivery
- Assessment Strategy
- Supporting trainees
- Supporting sub-specialists (including Grid/Academic/OOPE trainees)
- Visiting trusts to review training
- Faculty development and support
- Quality Assurance

**Additional responsibilities**
Contributing to:

- Workforce planning
- Service safety/Working Time Directive/Rotas
- Audit and regional research

**a. Key contacts**
Each trainee should have a named consultant Educational Supervisor. The Educational Supervisors are overseen by the College Tutor based at their trust.

Each geographical area has an allocated Training Programme Director (TPD) to support trainees and College Tutors and to oversee the training provided in their “patch”.
Level 1 and 2 trainees are allocated to a patch TPD and Level 3 trainees to a TPD who will provide continuity for the duration of their Level 3 training. TPDs will meet with their trainees at least annually.

As part of their role on the Executive Committee, individual TPDs are also subgroup leads for the different areas of paediatric training e.g. Trainees in Difficulty or Workforce Planning.

The Head of School is Dr Andrew Long. There are two Deputy Heads of School – Mary Cummins in the North and Susanna Hart in the South of London. Supporting the work of the School are Medical Workforce Officers: Emma Cruickshank (ST1-3) and Kieran Kelly (ST4-8) who can be contacted via paediatrics@londondeanery.ac.uk. The Administrator for the School Ieva Stundyte can be contacted at paediatricsschool@londondeanery.ac.uk.

The structure of the school and the links within it are explained in detail in Figure 2 on the last page of this guide book.

b. Communication within the School

As the London Specialty School of Paediatrics has over 1000 trainees and an appropriately large faculty, communication within the School is potentially challenging. In order to overcome this, the School is working closely with the London Deanery communications website, Synapse (www.synapse.nhs.uk).

We see Synapse as an invaluable tool to connect paediatricians across London. It is also the springboard for our Signposting Project which provides an interactive curriculum with links to all the different ways that individual learning outcomes can be covered. If you have any problems registering for Synapse, or have any queries/suggestions regarding the website, please contact websupport@londondeanery.ac.uk.

c. Role of Training Programme Directors, College Tutor and Educational Supervisors

Training Programme Directors

Training Programme Directors (TPDs) play a crucial role in supporting Paediatric Trainees through their training programme. Each TPD supports a cohort of trainees ensuring that they undertake a training programme that is in line with the College curriculum and assessment requirements and is balanced to meet their individual needs. All trainees will have an allocated TPD for support and general training advice. The TPDs also engage with and
support the local training faculty in their patch and assure the quality of the learning environment.

A trainee should expect their TPD to:
- Meet with them at least annually
- Respond to and, where appropriate, escalate and document their concerns
- Provide, or signpost them to, appropriate training and career advice
- Communicate exceptional programme requirements to TPD overseeing rotation grids
- Advise on the interpretation and application of London Deanery processes and policies (e.g. OOPs, maternity leave and resignation)

A local training faculty should expect their TPD to:
- Liaise with them to help ensure posts meet curriculum requirements, and escalate training concerns where appropriate
- Respond to and, where appropriate, escalate concerns about trainees
- Assist in the communication of the London Deanery’s requirements for consultant support (Recruitment panels, ARCP etc) and encourage involvement
- Advise on the interpretation and application of London Deanery processes and policies (e.g. OOPs, maternity leave, resignation).

As well as supporting a cohort of trainees and local trusts, TPDs have additional responsibilities which may include rotational planning or pan-School work.

College Tutor
Appointed by their College, in most cases after consultation with the Regional Adviser and local consultants, the College Tutor will advise and support doctors in training within the specialty. They work collaboratively with other consultant trainers and educational supervisors in regard to local educational programmes and the regular appraisal and review of trainees. They also act as a focus for local career counselling in the specialty. They thus facilitate the role of the Training Programme Directors who are responsible to the School of Paediatrics for the overall organisational management of the training programme.

Educational Supervisor
The Educational Supervisor is a consultant trainer, who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. The Educational Supervisor is responsible for completing the trainee’s Educational Agreement. From January 2010, all Educational Supervisors must have been trained in accordance with the GMC
standards and have formal recognition for undertaking this role through the London Deanery Professional Development Portfolio (http://www.faculty.londondeanery.ac.uk/professional-development-framework-for-supervisors).

Clinical Supervisor
A clinical supervisor is the consultant trainer who is designated and appropriately trained to be responsible for overseeing a trainee’s clinical work in a clinical environment, providing constructive feedback during that training period, and informing the ARCP process at the end of that clinical training period. The GMC have also defined the role of the Clinical Supervisor in terms of ensuring patient safety. (http://www.gmc-uk.org/static/documents/content/Training_survey-FINAL2010.pdf).

Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.
Section 2:

Local hospital teaching: guidance and resources

Since the publication and update of the RCPCH curriculum, there has been increasing emphasis on ensuring that trainees are able to achieve the appropriate curriculum competencies within their training. The vast majority of this depends on the teaching and training provided ‘on the job’ at local hospitals. This is then augmented with regional teaching and self-directed learning by the trainee. For the RCPCH curriculum, please visit:

http://www.rcpch.ac.uk/sites/default/files/2010_Level_1_2_and_3_General_Paediatrics.pdf

The aim of this section is to look at the curriculum topics that trainees are expected to cover in local hospital teaching and provide suggestions and resources to help trainers deliver this. A particular aim is to ensure that all trainees have access to high quality local teaching wherever they train.

This section will look at:

a. Identifying learning opportunities in the workplace
b. Timing and attendance
c. Clinics
d. Local hospital networks
e. Ideas for curriculum delivery at the local level

a. Identifying learning opportunities in the workplace

We are very aware that changes in working hours and rota patterns have had a significant effect on the amount of time trainees spend in the hospital and the clinical exposure they get. We also know that it can be very difficult to provide protected time for teaching whilst keeping the clinical service covered.

It is obviously very important to maintain protected teaching time within weekly schedules but it is also important not to see service and training as incompatible. For much of the curriculum, the best way to attain competencies is through supported clinical experience. It is this support that is the key to effectively combining service with learning. Underpinning this is the concept that our trainees are adults for whom ‘facilitated learning’ is often more appropriate than ‘formal teaching’. Whilst time may limit opportunities for teaching sessions, almost all clinical settings are appropriate for facilitated learning. The key is identifying with the trainees what the learning opportunities are and then supporting these. A good resource
for ideas and information is the Archives of Diseases in Childhood: Education and Practice supplement.

Work-place based assessments should also be used to support learning in the workplace. They provide a framework for assessing a particular aspect of clinical performance and can then be used as a basis for discussion and identification of further learning needs.

As highlighted in the Faculty Development section of this guide, there are some excellent e-resources on the London Deanery Faculty website. Pertinent to this section is a short module entitled “Facilitating Learning in the Workplace” which is available at http://www.faculty.londondeanery.ac.uk/e-learning/facilitating-learning-in-the-workplace and is highly recommended (it includes some excellent additional resources).

We have produced a version of the Level 1 and 2 curricula showing the topics that can be obtained in the workplace, by clinical experience or local teaching programmes. These curricula are available to view online via Synapse.

https://secure.synapse.nhs.uk/schools-and-organisations/london-specialty-school-of-paediatrics/documents/show/1608

b. Timing and attendance

Particular consideration needs to be given to the timing of teaching sessions. We have already mentioned that there are infinite learning opportunities in clinical settings but there is also a role for protected teaching sessions and these need careful timetabling. This will in part be determined by pre-existing clinical commitments such as clinic or theatre times. It is important to find times that enable the majority of trainees and trainers to attend and do not exclude part-time or community trainees.

Early morning sessions are often popular as they can include both the day and night teams. They may need to be short sessions to allow the night staff to go home and the day staff to start ward rounds etc. but they can be held daily to make up for this. Alternatively, a weekly teaching afternoon can be supported by running a ‘weekend’ clinical service at that time to allow most trainees to attend.

Crucial to the success of any teaching programme is commitment from both consultants and trainees. Making sure that the teaching is curriculum-based and is seen as relevant by the trainees will improve attendance and engagement. Setting clear learning objectives and getting regular teaching feedback can help this. Having trainees involved in designing and delivering the teaching programme can also help. Recurrent absence from teaching needs to
be looked into and taken seriously. Trainees need the support of senior staff to leave their clinical commitments to attend training. In some cases this may mean consultants providing clinical cover.

c. Clinics

As highlighted in the previous section, hands-on clinical experience is often seen as the gold standard for clinical learning. While we tend to focus on acute paediatric experience, the learning potential within outpatient clinics can be overlooked. Trainees really value clinic experience but opportunities to attend clinics can be limited. It can also be difficult to get feedback from seniors on clinic performance.

Within the curriculum map at the end of this section, we have highlighted curriculum objectives that are particularly appropriate to the clinic environment. We highly recommend that both Level 1 and Level 2 trainees are given the opportunity to attend a wide range of clinics. This may include collaborative working with neighbouring trusts to allow trainees to attend different specialties. This could include non-paediatric specialties such as sexual health, dermatology and ENT. It may also include clinics that are run by allied health professionals such as specialist nurses, physiotherapists and dieticians.

Although teaching time may appear limited in busy outpatient clinics, it is important to ensure that there are opportunities for trainees to seek senior advice and to get feedback on their performance. Ideas that some trusts have used are video captured consultations that can be discussed with a consultant and timetabled ‘free’ slots in the clinic to be used for teaching.

d. Local learning networks

The London School of Paediatrics has trainees in over 70 NHS trusts. Trainees have commented that training experiences vary greatly between trusts, depending on the services offered, the special interests of consultants and the interests of their fellow trainees. In order to widen the potential range of experiences in any one trust, we would like to see collaboration between neighbouring hospitals to develop local learning networks.

An excellent example of this is seen in North London where the Royal Free, Whittington and University College Hospitals have formed a network. Weekly teaching sessions rotate through the different sites and all consultants and trainees are expected to attend. In order to achieve this, a ‘weekend’ service operates on the teaching afternoon, liberating all but the on-call doctors to attend the teaching. With the European Working Time Regulation (EWTR) limiting the number of trainees available to attend any one teaching session, network
teaching has the added benefit of increasing the number of trainees in the audience, thus motivating speakers and provoking discussion.

We see a particular strength of this collaboration between hospitals as supporting Level 1 teaching and learning. Level 1 trainees are usually very focussed on RCPCH exams but often find that they are the only person at their particular exam level in their hospital. By meeting colleagues from nearby hospitals, trainees can form revision groups and arrange exam-orientated teaching. They can have access to a wider range of clinics and clinical cases and a wider range of teachers. This will help equip them with the skills and knowledge that they need to progress through Level 1.

Other advantages of this type of arrangement would be mutual support for consultants, sharing ideas and discussing how things are working and how to make them better or an opportunity to discuss issues such as trainees with problems or getting the WBPA done. It might be possible to include some social time as well such as coffee and pastries between teaching sessions.

The School’s aim is not to prescribe how this might work for Trusts in your sector but to support networks that naturally develop. Many postgraduate medical education departments have teleconferencing equipment. This has been used in some regions to allow shorter teaching sessions to be delivered across other hospitals.

e. Ideas for curriculum delivery at a local level

Here we include a selection of topics from the paediatric curriculum that are most appropriately covered during local hospital-based teaching sessions. This is meant to be a guide to assist staff in putting together a junior doctors’ teaching programme. We have produced a form of the curricula showing which competencies the School expects can be achieved through clinical experience and local teaching programmes (available to view on Synapse).

**Cardiology**
- Attend local Joint Cardiology Clinic
- Observe echocardiography (clinic, NNU)
- Communication skills: e.g. explaining Endocarditis prophylaxis
- Practical session: ECG interpretation
- Small group teaching: ‘Fits, Faints and Funny Turns’
Dermatology
- Local consultants and nurse led teaching on eczema
- Local clinics
- Picture quiz
- NICE guidelines on management of atopic eczema in childhood
- Case presentations: for example Kawasaki Disease, Stevens-Johnsons
- Communication Skills: risks/benefits of topical steroids

Diabetes and Endocrinology
- Diabetes nurse talk
- Attend local diabetes clinic
- Dietician to talk about diet in type 1 diabetes carbohydrate counting and basal bolus regime
- Visiting Endocrinologist to talk on abnormal growth/pubertal development
- Sit in on Joint Endocrinology clinic
- Communication skills: new diagnosis type 1 diabetes; poorly compliant teenager type 1 diabetes; ambiguous genitalia
- Trainee talk on neonatal hypoglycaemia
- Small group teaching CAH; neonatal thyroid screening

Gastroenterology
- Dietician
- SALT: feeding difficulties
- Specialist nurse: constipation
- Local surgical team: common surgical problems
- Small group teaching: investigating neonatal jaundice; inflammatory bowel disease; iron deficiency anaemia and rickets
- Small group teaching/communication skills: recurrent abdominal pain

Genetics
- Teaching from local genetics service
- Talk from community paediatrician about long term management of Down Syndrome
- Talk from parent
- Communication skills: new diagnosis Down Syndrome
Haematology and Oncology
- Teaching from regional oncology referral centre: lymphoma, leukaemia, solid tumours
- Guidance for managing febrile neutropenia
- Talk from parent of a child with oncology diagnosis
- Talk from transfusion department
- Haematology small group teaching: bleeding disorders, haemoglobinopathies, purpuric rashes
- Practical session: exchange transfusion
- Communication skills: IM Vitamin K

Infection, Immunology and Allergy
- Local antibiotic guidelines and talk by microbiology department
- Teaching on septic shock
- Infection control
- Small group teaching: PUO, allergy, immunisation
- Practical skills: Epipen training, skin prick testing
- Communication skills: MMR
- Public health talk on Notifiable Diseases

Metabolic Medicine
- Talk from biochemistry dept on which samples to take and how
- Small group teaching: screening tests, initial management of suspected metabolic disorder, metabolic bone disease

Musculoskeletal medicine
- Small group teaching: limp/swollen joint, back pain, bone infections, rickets
- Teaching from local rheumatologist
- Physiotherapist: bow legs, knock knees, plagiocephaly, torticollis
- Orthopaedics
- Radiology: may include child protection aspects
- Practical skills: musculoskeletal examination

Neonatology
- Radiology teaching: CXR/AXR
- Surgical presentations
- Neonatal nurse: equipment and daily care
Breastfeeding nurse
Communication skills: pre-birth counselling for preterm, SCBU admission at birth
Practical skills: part-task trainers, cranial ultrasound

Nephro-urology
Local teaching on fluid balance
Surgical teaching: VUR, renal stones, hypospadias, posterior urethral valves
UTI guidelines, urinalysis and investigation, nephrotic syndrome, glomerulonephritis, hypertension

Neurology and Neurodisability
Community Paediatricians: developmental delay, ADHD, behavioural problems
Small group teaching: chronic epilepsy management, neonatal seizures, CNS infections, ataxia, headache
SALT: speech and language delay
Audiologist: hearing problems
Neuroradiology
Talk from respite home team
Parents of disabled child
Practical skills: neurological examination, LP part task trainer

Ophthalmology
Orthoptist: talk/attend clinic
Small group teaching: red eye
Practical skills: fundoscopy

Palliative Care
Local hospice: talk/visit hospice
Palliative Care Consultant: symptom control
Ethics: group work/debate
Small group teaching: Kennedy report

Respiratory Medicine and ENT
ENT consultant: acute ENT (epistaxis, tonsillar bleeds)
Small group work: evidence based medicine approach to antibiotics in RTI, bronchiolitis interventions
Asthma nurse and devices
• CF patient to talk

**Leadership Opportunities**

These have been included as a separate table (Figure 3 on page 18). Most of these are ideas for how trainees can get leadership experience rather than suggestions for teaching sessions. These ideas have come from a workshop with paediatric trainees in London and reflect successful experiences and suggestions for developing leadership skills in local paediatric departments.
Workplace opportunities to develop leadership skills

Rota management
- Encouraging contribution from others
- Implementing and reviewing change
- Interacting with consultants and fellow trainees
- Learning about workforce management issues
- Supporting team working
- Open decision making and empowering choice

Department induction
- Writing a guide to working in the department
- Developing a guide to training opportunities
- Focusing on key areas of patient safety (e.g. handover)

Guideline development
- Bringing in outside experience (e.g. from previous posts)
- Use of evidence based practice
- Reviewing the practice of colleagues; improving and instigating change

Identifying areas for change
- Audit – leading to the implementation and evaluation of change
- Consulting with clinical and management colleagues
- Gaining senior management support and approval

Teaching / Education / Supervision
- Tutoring / supervising – medical students / ST1-3 / nurses
- Developing opportunities for multi-professional learning
- Developing critique, feedback and debrief skills
- Establishing and running simulation scenarios
- Sharing ideas and learning with colleagues
- ‘Lesson of the week’ – on handover sheet
- Opportunistic teaching e.g.: WPBA at night
- Exam question writing / standard setting / examining

People / performance management
- Praise and recognition of excellence – saying ‘thank you” and “well done”
- Supervising / supporting / mentoring colleagues
- Learning to say “I don’t know” – and role-modelling this

Attending and contributing to meetings
- Directorate meetings
- Risk management meetings
- Implementing junior doctors’ meetings
- Representing trainees in training meetings
- Being involved in decision making processes
- Improving team relationships and working practices

Operational matters
- Chairing MDT meetings
- Recognition of the clinician’s role as a manager
- Role-modelling behaviour through clinical practice
- Comparing how things are done differently from Trust to Trust

Service quality and improvements
- Reviewing patient journeys
- Patient satisfaction questionnaires
- Talking to patients and learning from their hospital experiences
- Reviewing morbidity / mortality data and measures to improve outcome

Identifying key players in the Trust
- talking to them about their role

Understanding Trust strategy
- attending Board meetings

National Strategy
- helping with the ‘on the ground’ message (e.g. around patient safety)

Figure 3: Leadership Opportunities
Section 3:
Regional teaching programme

a. Current Programme

<table>
<thead>
<tr>
<th>ST1</th>
<th>2 year rolling programme of lecture based learning (via local learning networks)</th>
<th>APLS</th>
<th>NLS</th>
<th>Child Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST2</td>
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<tr>
<td>ST3</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>ST4</td>
<td>Regional Study Days: 2 year rolling programme of lecture based learning hosted at RSM</td>
<td>APLS</td>
<td>NLS</td>
<td>Child Protection</td>
</tr>
<tr>
<td>ST5</td>
<td></td>
<td></td>
<td></td>
<td>Bereavement</td>
</tr>
<tr>
<td>ST6</td>
<td>Regional Leadership, Management and Education Evenings: 3 year rolling programme of workshops and lectures</td>
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<tr>
<td>ST7</td>
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<tr>
<td>ST8</td>
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</tr>
</tbody>
</table>

ST4U Excellence in Education Plan:
a. Full Immersion Simulation
b. Communication Scenarios
c. Part Task Training
d. In situ Simulation at local Trust

e.g. Child in Mind, e-Learning for Health, Safe Prescribing

Signposting through Synapse

Figure 4: Resources available to trainees

b. Curriculum objectives

The RCPCH published detailed curricula for the three different levels of paediatric training (see link on page 10). A review of the curriculum was carried out to identify which topics were difficult to cover through local teaching. The findings of this review provided the starting point for the development of a number of regional programmes including the Level 2 (ST4/ST5) Study Days held at the RSM, the Leadership, Management and Education Evenings for Level 3 trainees (ST6-8) and the Simulation Programme. The paediatric curriculum has recently been updated by the RCPCH and so the process of curriculum review is ongoing.
c. Topic of the month

This concept has been developed to allow local learning to support the regional teaching programme (and vice versa). The teaching programme runs over 24 months (with ‘holiday’ months in March, August and September of each year). Each month has been allocated a theme derived from the curriculum mapping work. This includes both clinical subjects and more generic skills. These form the focus for the Regional Study Days that are held monthly at the Royal Society of Medicine (RSM). Exact dates may vary to avoid clashes with national conferences and RCPCH exams.

Critical to this concept, is the idea that the RSM days are just the ‘tip of the iceberg’ regarding teaching for that month. It is hoped that the chosen topics can form the basis of a wide range of learning opportunities. For example, during Renal Month, the RSM study day would be supported by an online journal club looking at a renal-related journal article and moderated by a Renal Grid trainee. There would also be online signposting to renal e-learning modules where available. At a local level, it is hoped that local teaching programmes could try to accommodate the ‘Topic of the Month’ and focus on renal topics such as UTI, HSP, nephrotic syndrome etc.

For example, Adolescent Health month:

![Figure 5: An example of integrating local and regional teaching](image)

For example, Adolescent Health month:
### Royal Society of Medicine Paediatric Regional Study Days

**Programme 2011-2013**

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>August and September 2011</td>
<td>Off</td>
</tr>
<tr>
<td>13 October 2011</td>
<td>Critical Illness and Injury</td>
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<tr>
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Please refer to Synapse for individual programmes, booking details and future dates: https://secure.synapse.nhs.uk/pages/group_1526/63eb4879e1e5f8ebccca28613f9a868

**Attendance**

At present, attendance at the RSM study days is not compulsory. Our work has shown, however, that the competencies we are covering on these days can be very difficult to achieve in the workplace. It is our hope that trainees, particularly ST4 and ST5, will be able to attend the majority of dates and that local trainers will support this. If, however, trainees are unable to attend, it will require consideration from both trainer and trainee regarding how these competencies can now be attained. College tutors across the Deanery have shown widespread support for the training programme and a commitment to cancelling clinics and altering service requirements to enable maximum attendance at the study days. Trainees at other levels of training are very welcome to attend. We would particularly welcome ST6 trainees who may have missed some of the study days in previous years, and ST3 trainees who have obtained MRCPCH and are looking to progress in their learning. Materials, including webcasts, from the study days are available via Synapse.

e. **Leadership, Management and Education Evenings**

We have developed the Leadership, Management and Education (LME) Evenings to help trainees prepare for a consultant post. Although the evenings are aimed at Level 3 (ST6-8), we welcome trainees of all levels with an interest in medical leadership or education. The programme is made up of lectures and workshops based around the RCPCH Curriculum and the Medical Leadership Competency Framework developed by the Academy of Medical Royal Colleges (AoMRC).
As with the RSM days, the LME evenings are not designed to replace local teaching, but to complement it. In fact, we hope that the evenings will give you a better idea of the opportunities available in your current post.

The LME evenings occur monthly and are held at the Royal Society of Medicine, on the same days as the RSM regional study days. Additional details can be found on Synapse. To join the monthly LME e-mail list please contact Dr Bob Klaber robert.klaber@imperial.nhs.uk

f. Paediatric HDU Study Days
This is a one day course that explores Paediatric HDU care and is primarily aimed at ST 4-5 trainees, but is open to all trainees. The aim of this day is to equip trainees who are due to become or have recently become Registrars with knowledge, skills and confidence in acute paediatric care.

The first half of the day is lecture based and covers HDU management of the shocked child, the child with respiratory distress and the child with a decreased level of consciousness. The afternoon consists of 4 stations and includes a simulated HDU case, case based discussions and small group work. These HDU days occur twice a year and are held at Kings College Hospital. Further booking details are available on Synapse: https://secure.synapse.nhs.uk/schools-and-organisations/1526/news-item/6006

g. Child Bereavement Study Day
This is a one-day course designed in collaboration with the Child Bereavement Charity. It is aimed at Paediatric ST5 trainees, but also suitable for ST6-8. It covers competencies around child bereavement that are difficult to achieve in the workplace.

Through direct interaction with bereaved family members, participants gain an understanding of the communication skills needed to support bereaved parents and children, and gain more confidence in approaching such situations. The unique opportunity of talking to a bereaved family, outside clinical boundaries, gives trainees the opportunity to understand bereavement on a different level and has been a great success.

A follow-up training day has been developed which aims to build on skills gained from the first course, as well as providing more hands-on experience through role play.
For further information on both courses, please contact:
karen.smith@childbereavement.org.uk

**h. Life Support Courses and Child Protection**

Up to date APLS and NLS certification is a requirement for all trainees in paediatrics. Recertification is currently required every four years. We are aware that the courses can be difficult to book on to and are expensive – a particular consideration for junior trainees who are trying to pass MRCPCH exams. Child protection training (Level 2 minimum) is also a requirement. Although some Safeguarding training is carried out within every Trust, there is an ALSG course available (highly recommended) as well as e-learning modules for Level 1 – 3 training available through e-Learning for Health. ([http://www.rcpch.ac.uk/training-examinations-professional-development/professional-development-training/safeguarding-childr](http://www.rcpch.ac.uk/training-examinations-professional-development/professional-development-training/safeguarding-childr)).
Section 4: Simulation

As this guide has outlined, the London School of Paediatrics aims to ensure that its trainees achieve the competencies outlined in the RCPCH curriculum through a variety of teaching methods. A great deal of the training can be achieved through day to day experience in the workplace. This is then augmented by other teaching methods to address areas of learning that cannot be met in the workplace. One of these is the simulation programme.

The goals of the simulation programme for paediatrics include developing the following:

- technical skills that occur with insufficient frequency in the workplace
- non-technical skills including teamwork skills
- communication in a MDT
- communication with families and young people

The simulation programme consists of three training streams: full immersion (high fidelity, scenario based training); communication scenarios; and part task (practical skills) training. The ST3 programme has run for two years and has received excellent feedback. The programme was devised with extensive input from paediatricians, resuscitation officers and nursing professionals throughout the region. The lead paediatrician for simulation training is Dr Mehrengise Cooper, Consultant Paediatric Intensivist, St Mary’s Hospital, Imperial College Healthcare NHS Trust.

a. Part Task

Paediatric part task trainers (simulation models for practical procedures e.g. intubation heads) have been provided for every Trust. Guidelines are available for the use of the trainers and for detailing the individual procedures to support this work. We would encourage you to make use of this part task equipment in your local Trust.

The procedures covered include:

- LP
- Intraosseous needle
- Intubation
- Urethral Catheterisation
- SPA
b. ST3 courses

All ST3 level trainees are offered a day of full immersion, and a day of communication skills and part task training. It is expected that all ST3 trainees will take up these opportunities. These two 1-day courses are run in paediatric simulation centres at Trusts throughout the region. They are aimed at preparation for middle grade role with a focus on leadership, communication and team work.

Trainees so far have found the courses very useful and enjoyable, providing them with both the opportunity to manage seriously ill children in a safe learning environment and time to reflect upon their learning. There are pre-course, immediate post-course and 6 week post course questionnaires that all trainees must complete to receive their course certificate. This encourages them to reflect upon their learning on the course and helps us improve these courses in the future.

c. The future

We would like to extend simulation training to all paediatric trainees. The School is developing Paediatric simulation faculty in order to help us achieve this goal. Simulation is becoming an important part of paediatric training and it is important that all trainees and members of the multi-professional team benefit from its excellent learning opportunities. Please make the most of equipment that is available for you in your Trust, and use it for self-directed learning and with other members of your team, at any opportunity. Please contribute your ideas about simulation training on Synapse and encourage your Trust to get involved!
Section 5:

The School Conference

Due to the success of the first two conferences, the School Conference has now become an annual event. It continues to demonstrate the excellence of paediatric training within London and brings together the wider paediatric community under one roof.

The next conference, “Facing the Future: Empowering Paediatricians to deliver Quality Care”, will be held on November 30th 2011 at the Royal Society of Medicine. The morning session will focus on the major healthcare reforms that are likely to lead to significant changes in paediatric service delivery, while the afternoon will look at the need for change and examples of innovation in paediatric education. The day will include talks from some of the most influential names in medical education and paediatric training and offer a wide range of workshops as well as celebrating the presentation of the London School of Paediatrics Teaching Awards.

Places for the conference are limited and will be allocated to those who register first (last years conference was significantly over-subscribed). Registration will open in September 2011. For further details, including how to register for the conference, please visit Synapse.
Section 6:

E-resources

a. Synapse and Signpost

As this Guide has shown, there is a great deal of information available regarding training within the London School of Paediatrics. This Guide is an attempt to bring together as much of this information as possible but we are aware that it is constantly changing.

Synapse, the London Deanery Communications Network, acts as a hub for paediatric training with access to resources relating to almost all of the School’s projects. This includes notification of events and training opportunities, access to online forums, documents to support training, and educational aids, such as recordings of the RSM training days.

Synapse also gives access to Signpost, an award-winning online resource designed to support postgraduate paediatric training. Signpost brings together School projects, online learning resources and innovative ways of teaching to support trainers and trainees. Amongst other things, it provides timetables for teaching programmes and exams, details on assessment and appraisal, information on learning opportunities and the Signpost Tool.

The Signpost Tool is a gateway to online resources that support paediatric training. The backbone of the website is the RCPCH General Paediatric Curriculum. Users can browse through the curriculum to identify areas that are relevant to them, then access these topics and choose from a host of resources (study days, e-modules, web pages, etc.) to help attain these competencies. It can also be used as an everyday resource for clinical work, for example, by accessing an on-line patient information leaflet that wasn’t available in your workplace.

What makes the Signpost Tool particularly exciting is that it is an evolving entity as it both allows trainees and trainers to propose new content as well as giving them the opportunity to rate or review what is already there. Hence, the more it is used, the more useful it becomes. The Signpost Tool is available at https://secure.synapse.nhs.uk/signpost.

b. Safe Prescribing Tool

The School has produced a unique presentation on safe prescribing in Paediatrics. This interactive learning tool is designed to be utilised at induction for anyone who may be
prescribing medication for children. All trusts have access to this presentation and the session will be run by a senior clinician or a pharmacist.

It aims to cover the important principles behind safe prescribing, and the practicalities of how to prescribe medication for children. Prescribing for the paediatric population is different to prescribing in adults. Aspects such as age and weight play a central role and trainees new to paediatrics can experience difficulties with drug calculation initially. This tool facilitates learning through trainee participation and using worked examples.

It has been designed to allow incorporation of individual Trusts’ guidelines, policies and local trust drug charts. This allows trainees to become familiar with the drug chart that they will be using whilst working from the very beginning.

Many clinical incidents are due to prescribing errors, which can be fatal. Evidence shows that prescribing errors are common amongst all grades of doctors. We hope that introduction and dissemination of this tool throughout all Trusts will improve the practice of safe prescribing and reduce prescribing errors over time.
Section 7:

Training the trainer / Faculty Development

a. The Doctor as a teacher

As doctors we all have responsibilities as teachers. These are very clearly laid out in the GMC document, “The Doctor as a Teacher” (http://www.gmc-uk.org/education/postgraduate/archive/doctor_as_teacher.asp):

- All doctors have a professional obligation to contribute to the education and training of other doctors, medical students and non-medical healthcare professionals on the team
- Every doctor should be prepared to oversee the work of less experienced colleagues.
- Teaching skills are not necessarily innate, but can be learned. Those who accept special responsibilities for teaching should take steps to ensure that they develop and maintain these skills
- Doctors are expected to be honest and objective when assessing those they have supervised or trained. Patients may otherwise be put at risk

In addition to this there is further guidance for doctors with specific teaching / training responsibilities:

Every doctor who is appointed to provide clinical or educational supervision for a doctor in training, or who undertakes to provide clinical training and supervision for medical students, should demonstrate commitment to the professional guidance laid out by the GMC in “Good Medical Practice”. This will involve:

- maintaining a high standard of professional and personal values in relation to patients and their care
- being available and accessible to patients
- maintaining a high standard of clinical competence
- communicating effectively
- a commitment to personal and professional development as a doctor
- a commitment to professional audit and peer review
- A commitment to team working in a multi-professional environment
- an understanding of the multi-cultural society in which medicine is practised
Personal attributes of a doctor with teaching responsibilities include:

- an enthusiasm for his / her specialty
- a personal commitment to teaching and learning
- sensitivity and responsiveness to the educational needs of students and junior doctors
- the capacity to promote development of the required professional attitudes and values
- an understanding of the principles of education as applied to medicine
- an understanding of research methods
- practical teaching skills
- a willingness to develop both as a doctor and as a teacher
- a commitment to audit and peer review his / her teaching
- the ability to use formative assessment for the benefit of the student / trainee
- the ability to carry out formal appraisal of medical student progress / the performance of the trainee as a practising doctor.

In developing a trained faculty within the London School of Paediatrics, we hope to ensure that all our clinical teachers are equipped with the skills and support to fulfil all of these requirements and more.

b. Trainer resources

Excellence in medical education requires motivated and well-trained faculty of clinical teachers. The London Deanery provides a range of professional development opportunities. These include courses on faculty development, coaching and mentoring and careers support. In addition, the London Deanery Faculty website includes excellent resources and e-modules to support clinical teaching and learning (www.faculty.londondeanery.ac.uk).

c. School Forum and Annual Conference

There is a School Forum which meets quarterly to share ideas between the School Executive Committee, College Tutors and Trust Trainee Representatives. It is used as an opportunity to network with colleagues, share innovative ideas and keep trainees and trainers updated with developments within the School of Paediatrics. The Forum allows College Tutors and Trust Representatives to meet independently for educational activities but also supports a joint session for mutual discussions.
The first School of Paediatrics Conference took place on the 23rd March 2010 and was a very successful event. It was aimed at both trainees and trainers and provided an excellent opportunity to share educational initiatives and training opportunities available within paediatrics. Due to the success of the first meeting, the School Conference has now become an annual event.

d. Professional Development Portfolio for Educational Supervisors

The London Deanery Professional Framework for Supervisors (The Framework) outlines the training and accreditation required in order for supervisors in London Trusts to meet the regulatory requirements that came into force in January 2010. The Framework applies to all those doctors acting as clinical and educational supervisors working within Trusts and other local education providers within London.

The Framework is designed around seven key areas of activity, all of which relate to the role of the postgraduate medical supervisor. The precise emphasis on individual areas varies according to the supervisory role.

The seven areas are:

1. Ensuring safe and effective patient care
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator

The Framework is intended to satisfy the Postgraduate Medical Education and Training Board ‘Generic Standards for Training’ and is used to guide the training and selection of supervisors and the development of local faculty development programmes. Educational Supervisors should be able to demonstrate that they have been trained in all areas of the Professional Development Framework and should participate in a three-yearly cycle of portfolio based review.

For Clinical Supervisors, training is mandatory in selected areas only. Training once undertaken – with the exception of equalities and diversity – need not be repeated.
Further details about the London Deanery’s Professional Development Framework can be found at http://www.faculty.londondeanery.ac.uk/professional-development-framework-for-supervisors.

Educational Supervision
Taking responsibility for overseeing the educational progress of a named trainee over a period of time

Clinical Supervision
Safe clinical oversight of trainees during routine daily activities on wards, in outpatients, in the operating theatre or other clinical settings

The same person may be responsible for both roles.

Figure 7: Brief description of Educational and Clinical Supervision

e. Medical Leadership Competency Framework

The Medical Leadership Competency Framework (MCLF) has been jointly developed by The Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement in conjunction with a wide range of stakeholders. The Framework describes the leadership competences doctors need in order to become more actively involved in the planning, delivery and transformation of health services.

The MLCF is a pivotal tool which can be used to:

- Help design of training curricula and development programmes
- Highlight individual strengths and areas of development through self assessment and structured feedback from colleagues
- Help with personal development planning and career progression

The Medical Leadership Competency Framework is built on the concept of shared leadership where leadership is not restricted to those who hold designated leadership roles, and where there is a shared sense of responsibility for the success of the organisation and its services. Further information can be found at:
f. **GMC National Survey of Trainers**

To accompany the GMC annual trainee survey (previously run by PMETB), there is also a trainer survey for all clinical and educational supervisors.

The National Survey of Trainers collects trainers’ views on three key issues:

- How effectively trainers feel they perform their duties
- How these duties are recognised in their job plans and training
- The level of support trainers feel they receive.

The main areas where the GMC is seeking input from trainers are:

- Patient safety
- Quality assurance, review and evaluation
- Delivery of curriculum, including assessment
- Support and development of trainees, trainers and the local faculty
- Educational resources and capacity

The survey should be seen as a key opportunity to inform the GMC about trainer experiences at a local level and to assist them to get additional educational support (or resources) from the local Deanery. The trainer results complement the trainee survey and contribute to the national quality assurance of postgraduate medical education and training.

g. **Educational Networks**

The School, through the Faculty Development Subgroup, supports the development of local educational networks between regional hospitals. Such networks can both facilitate the delivery of training and create a forum where local paediatricians can share ideas and receive information about the latest regional and national developments in paediatric education from the School of Paediatrics.

The School has been involved in a number of pilot projects. The Paediatric Faculty Development Team pilot ran from September 2010 to February 2011. The team’s goals were to signpost existing resources for trainers and to collect and disseminate examples of innovation in paediatric training. The results of this pilot study are due to be published in the next few months.
The School is also about to embark on an exciting new project that involves the delivery of a bespoke educational package to sectors within London. This will equip paediatric trainers with the knowledge and skills required to deliver high quality training and trainee support in their local Trusts. This will create shared enthusiasm and promote local knowledge of paediatric training, with the ultimate aim of improving training for paediatric trainees within the London School of Paediatrics.
Section 8:

RCPCH assessment and appraisal

a. MRCPCH exams

The Paediatric membership exams currently fall into three parts.

**Part 1A + Part 1B**
written true-false questions, MCQs and EMQs, focusing on the basis of paediatrics and child health

**Part 2**
written exam including ‘best of’ list, ‘n from many’ list and EMQs, based on interpreting clinical material e.g. case histories, data interpretation, photos and radiographs

**Clinical Examination**
clinical examination with video stations, communication scenarios and OSCE style exam stations, including history taking

For further information about the content and exam dates, please see the college website: [http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/examinations](http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/examinations)

The Assessment Strategy set out by the College of Paediatrics requires the part 1A and 1B exams to be completed by the end of ST2, and the whole membership examination to be passed by the end of ST3. This will be required for a successful ARCP outcome at these training levels.

b. Workplace based assessment

We highly recommend the e-module at [http://www.faculty.londondeanery.ac.uk/e-learning/workplace-based-assessment/what-is-workplace-based-assessment](http://www.faculty.londondeanery.ac.uk/e-learning/workplace-based-assessment/what-is-workplace-based-assessment)

For further reading, we also recommend Norcini and Burch’s 2007 article ‘Workplace-based assessment as an educational tool.’\(^2\)

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Miller's Pyramid
Miller's pyramid for assessing clinical competence shows how a trainee moves through various stages of competence from knowledge, to knowing how to do something, to being able to show how to do it and finally actually doing this in the workplace. Different assessment instruments are used to assess these different aspects.

![Figure 8: Miller's Pyramid](image)

**Competence vs performance**

*Competence*: what a trainee is capable of doing

*Performance*: what a trainee actually does.

**Educational purposes of WPBA**

1. to assess the level of competence at different stages of training so that safe and informed decisions can be made about a trainee’s fitness to practice i.e. **summative assessment**

2. to support learning and progression across the curriculum i.e. **formative assessment**

**Types of assessment**

**DOPS (Directly Observed Procedural Skills)**
This category is an assessment of ‘real-life’ activities where the focus of the assessment is the skill with which the activity was performed, e.g. direct observation of technical skills (DOPS), teaching skills and presentation skills. The consistent feature is that one or more assessors, who are trained in the assessment of that skill, make a judgment about a real life performance’ (PMETB, 2007). Essential DOPS for Level One trainees are: bag/mask
ventilation, neonatal intubation (term neonates), umbilical venous cannulation, capillary blood sampling, venous cannulation, lumbar puncture. It is important to highlight that competence is not necessarily demonstrated simply by two satisfactory DOPS. It is important to still keep a clinical procedures log in the relevant section of the e-portfolio.

**Mini CEX (Mini Clinical Evaluation EXercise)**
This can be seen as a variation of the ‘short case examination’. The technique has been developed to assess the clinical skills that trainees most often use in real clinical encounters. It is based on assessment of multiple encounters within a hospital setting observed by an educational or clinical supervisor or other experienced clinician. It is designed to be opportunistic, and can be used in any clinical setting – ward, A&E, clinic, NNU. It is a short, focused assessment, which looks at one aspect of the clinical encounter – history or examination or formulating a management plan. The supervisor then gives constructive feedback to the trainee on that specific encounter.

**CBD (Case Based Discussion)**
This is meant to be a focused discussion around entries made in case-notes of a patient seen and managed by a trainee. The key feature is that both trainee and trainer are aware of the case to be discussed in advance and the trainer has a chance to review the trainee’s entry in the notes. Ideally, the trainee offers the assessor (which should be a consultant) two or three sets of case notes in advance of the meeting, and the assessor can choose which they wish to discuss. The trainer plans and uses probing questions to explore the decision-making and documentation. In many ways this formalises what good trainers do anyway.

**Multisource feedback – ePaedMSF**
The ePaedMSF is an online questionnaire that looks at different aspects of a trainee’s performance. The trainee invites a number of assessors to complete the questionnaire: the RCPCH advises inviting at least 11 assessors (preferably more), to help increase your pool of responses. The invited assessors must include the trainee’s Educational Supervisor. In addition at least one third of assessors should be consultants, one third other medical staff and one third nursing or allied health professionals.

The trainee must also complete a self-questionnaire which is included as a comparison in the results. A minimum of 7 completed assessments and a self-assessment must be completed for the ePaedMSF report to be valid. Feedback is made available to the Educational Supervisor and the trainee simultaneously and the report should be discussed with the Educational Supervisor. The completed report will appear in their individual ASSET accounts.
after the round closes. A satisfactory ePaedMSF is required once a year, and it is the trainees’ responsibility to note the dates and ensure they have completed this within the stated timeframe.

**ePaedCCF (formerly SHEFFPAT)**
This is a multisource feedback tool that looks at responses from patients / parents. It has been designed for Level Three trainees (ST6 and above) but hoped to be implemented during the next year.

**SAIL**
This is the Sheffield Assessment of Letters (SAIL) tool that can be used to review outpatient clinic letters. This is for use at Level Two (ST4 and ST5) and Level Three (ST6 and ST7). Ideally, five clinic letters are chosen at random and assessed by the assessor using the SAIL criteria. For trainees that do not undertake regular outpatient clinics (eg PICU trainees, Community Paediatrics) the tool can be used to assess written reports or transfer letters. The assessor can use this to offer feedback to the trainee in how to improve their written communication.

**Practical tips for making the most out of WPBA**
WBPAs can be a very valuable tool to promote active learning. We have described some practical tips below that have arisen from talking to trainees and trainers over the last few years. In addition, two audio podcasts by trainees, giving advice for WBPA, can be found at [http://podcasts.bmj.com/journal-adc/](http://podcasts.bmj.com/journal-adc/).

For all the WPBAs, it is usually more useful to concentrate on feedback rather than the numeric scores. Even the best trainee can improve their skills or knowledge, so it is important to give constructive and specific feedback to every trainee. It is more useful if carried out immediately after the assessment, rather than some days after.

Trainees and trainers have found that by being opportunistic, DOPS and CEXs can fit easily into the clinical day, taking little time and being of great educational value. Ward rounds are particularly useful; a consultant can assess each trainee, tailoring the patient and the CEX to the individual. For example, a level one trainee could be watched examining an asthmatic while a more senior trainee could be asked for their management plan for a complex patient. By incorporating CEXs into the ward round, assessments are spread across the year demonstrating development and progression over time. This also eases the burden of all assessments being completed at the end of the year.
CBDs have been found to be most useful if both the trainer and trainee have prepared for the case. The initial admission clerking and management plan by the trainee is often the most valuable at providing discussion points. By also choosing documentation describing resuscitations, difficult discussions with parents and the clinical deterioration of a child, a greater variety of learning needs can be addressed.
Figure 9: Assessments required at each level of training. For further information please see the RCPCH website

http://www.rcpch.ac.uk/training-examinations-professional-development/quality-training/asset-assessment-services-education-0
c. Annual Review of Competence Progression (ARCP)

Trainees in paediatrics have an Annual Review of Competence Progression (ARCP). This is an in-depth review, by an externally validated panel of Training Programme Directors and College Tutors of a trainee’s progression in meeting the required competencies for the training programme as specified by the RCPCH. In London, trainees are required to submit trainers’ reports and evidence of exam progression and WPBA, usually by the end of May. For a year’s full time post, two trainers’ reports are required (one from each 6 month job). The panel review all the evidence, including the ePortfolio, and decide whether a trainee has met the requirements enabling them to progress to the next year of training or not. Currently, trainees are not required to attend in person unless there are specific issues which need to be addressed.

ARCP outcomes are uploaded online onto ePortfolio and trainees are informed of their outcome via email. Please help the Medical Workforce team at the Deanery to ensure the smooth running of the ARCP process by responding to requests for information and documentation as promptly as possible. This ensures that unnecessary delays to the process do not arise that may have a detrimental effect in allowing the trainee to progress and in being able to confirm the placement of trainees with Trusts.

d. ASSET - [https://www.asset.rcpch.ac.uk](https://www.asset.rcpch.ac.uk)

ASSET (Assessment Services for Education and Training) is a web-based database designed to record workplace based assessments undertaken by trainees. All assessments (including ARCP) are completed online with the exception of SAIL, which is still paper based. Trainees can view their completed online assessments via the ePortfolio. Trainers and Training Programme Directors can also see the progress of their trainees from within the ePortfolio.

ASSET replaced HcAT in August 2009 and is run by the RCPCH. The ASSET system is linked with the RCPCH ePortfolio, where all other aspects of educational supervision are recorded.

e. ePortfolio - [https://www.nhseportfolios.org](https://www.nhseportfolios.org)

ePortfolio is the RCPCH's online learning tool, for trainees and their supervisors to log their activities and monitor progress through the curriculum. It has a number of purposes:

- a learning tool for trainees
- to assist with educational supervision
• a record of progress through training
• a central source of information for all involved in training

To use ePortfolio you must be enrolled with the College. For further details see the RCPCH website (www.rcpch.ac.uk). Educational Supervisors should contact the local deanery administrator to set up an account.

Troubleshooting:
• Logging in problems: Contact local deanery administrator (see RCPCH website)
• Problems with site: Click on e-Portfolio Enquiries and log the problem
• Ongoing problems or further training requirements: Local Training Committee member / Synapse team member

f. ST7 Assessment
The ST7 Assessment has been developed over the last 3 years by a large UK team and has been piloted twice over 2009 – 2010. The structure at the 2010 pilot was a 12 station exam, with 8 minutes per station. The areas assessed included: effective handover, clinical decision making where the diagnosis is uncertain, appraising a research paper, leading a ward team, safeguarding children and safe prescribing.

While the structure may change (see RCPCH website for updates http://www.rcpch.ac.uk/training-examinations-professional-development/quality-training/st7a/st7a), an assessment of knowledge, skills and attitudes applied to clinical practice, prior to completion of training, will be part of the future of paediatric training.
Section 9
Supporting Trainees

a. London Deanery Coaching and Mentoring Service
The London Deanery Coaching and Mentoring Service was launched in May 2008 and by 1 August 2011 had received over 950 applications. All trainees with London Deanery training numbers are eligible for up to four funded sessions.

Coaching and mentoring provides a mentee with reflective space to make positive changes with a trained mentor from outside their employing organisation. In our busy working lives we rarely have time to reflect on what we are doing, what we want to do and how we will get there. The mentee sets the agenda while the mentor, through coaching techniques, facilitates the mentee to use their own resourcefulness to find the solutions.

The benefits are as varied as the reason for attending. The First Five Hundred report¹ found that the reasons for applying were dominated by career decisions, progression and development. Other reasons included problems or hurdles, crisis or change and issues around work/life balance.

Benefits include:
• Enhancing careers and job satisfaction
• Helping doctors to achieve work/life balance
• Strategies to avoid dropping out of training or burn out
• Enabling doctors from diverse backgrounds to maximise their potential
• Encouraging doctors in difficulty to find strategies to overcome their problems
• Releasing leadership potential at every level

To find out more about the London Deanery Coaching and Mentoring service and to apply for mentoring please go to: http://mentoring.londondeanery.ac.uk/


b. Supporting Trainees in Difficulty
We can all think of times in our career where we may have been considered to be a doctor in difficulty. Management of trainees encountering difficulties is a vital role of educational supervision. This includes recognition ‘early warning signs’ and knowing how to support
trainees appropriately. This should be undertaken with reference to the Deanery’s Operational Framework for the Management of Trainees in Difficulty (Figure 10, p 47).

We highly recommend reading the following articles:
1. Trainees in Difficulty (Long A, 2009)³
2. Is it me or is it them? Factors that influence the passing of underperforming students (Cleland JA et al, 2008)⁴

Warning signs
- Unexplained absences
- Poor time-keeping, being late
- Lots of mistakes, slow in getting work done, overstretched
- Disengagement from group activities, withdrawn, crying
- Unsupported – family abroad
- Probity
- No insight about issues, rigidity
- Colleagues going to others for help
- Ward rage

Managing a trainee in difficulty
The following are some ‘top tips’ for thinking about managing a trainee in difficulty.

1. Early identification and intervention
   a) Don’t ignore warning signs
   b) Responsibility of all team members to guard patient safety
2. Is there really a problem?
   a) Collate as much information as possible to triangulate evidence
   b) Contextualise problem – is it a person or system failure?
3. Poor performance is a symptom, not a diagnosis
   a) Which area are you concerned about?
      - Clinical performance?
      - Personality / behavioural concerns?
      - Ill health?
Environmental issues?

4. Make the correct diagnosis
   a) Leads to correct ‘treatment’
   b) Individualise ‘treatment’ package

5. Have clear documentation
   a) Otherwise it’s hearsay!
   b) Gather written evidence of concerns
   c) Discuss these with the trainee
   d) Document outcome contemporaneously; agree with trainee what is documented;
      both of you to sign

6. Phone a friend
   a) RCPCH tutor / local TPD etc.
   b) Get support and advice for both you and your trainee!
Figure 10: Sources of help / support for trainees – based on work by the Supporting Trainees in Difficulty Subgroup and first published in the London Deanery’s ‘Operational Framework for the Management of Trainees in Difficulty’ (2010).
The Supporting Trainees in Difficulty Subgroup are currently working on a number of resources which will soon be accessible via Synapse and elsewhere:

**Supporting International Medical Graduates**

International medical graduates may need specific support to help them through training. Existing resources have been pooled together for both trainers and trainees to access and will be available on Synapse. This project is currently working on increasing the awareness of trainers and on maximising areas of support within our Deanery.

**Supporting less than full time trainees**

We are currently developing a national resource guide, bringing together information on LTFT training from a variety of sources. It provides information, for both trainers and trainees, on 'how to' and 'where to' and 'who to' when considering this training option. This document has been approved by the RCPCH and will be updated within the London School with local contacts and information.

**Mentoring**

We are currently involved with several early-stage projects within the School of Paediatrics to develop training in mentoring skills for senior trainees. We are also looking at the possibility of developing an informal mentoring system between senior and junior trainees in Paediatrics, to offer a trainee-led support system for those experiencing difficulties or simply wishing for some extra support.

**Academic Training**

We will shortly be completing a Guide to Academic Training, to accompany this Training Guide. It will offer comprehensive information and resources for all those following a clinical-academic training pathway, and those who are interested in applying to enter the academic training programme.
Ill health

We are currently finalising an information resource, which will be available via Synapse to signpost trainees affected by ill health as well as their trainers towards further support. The resource includes information, FAQs, case scenarios and a where-to-go guide. We are also working on development of a panel of buddies/peer mentors with special interest in ill health to provide support to trainees.
Section 10:

Career Planning

a. Careers Unit

The Careers Unit was set up in September 2008 and aims to provide effective careers support to London Deanery trainees. It is headed up by Dr Caroline Elton, an occupational psychologist and Dr Andrew Long, Head of the School of Paediatrics and Child Health.

Working in partnership with medical specialist colleagues from the University of London Careers Group, the Careers Unit is involved in 4 main areas of work:

1. The provision of careers support to individual and groups of trainees
2. Training clinical faculty in how to have effective career conversations with trainees
3. The production of careers resources
4. Research into medical career development

The 1:1 careers support sessions offered by the Careers Unit are confidential. Further information is available on the deanery website: [http://www.londondeanery.ac.uk/var/careers-unit](http://www.londondeanery.ac.uk/var/careers-unit)

b. Out Of Programme opportunities

London Deanery recognises that trainees may wish to take a period of time Out of Programme (OOP), whilst retaining a National Training Number (NTN), for one of a number of reasons. These can be categorised as follows:

1. Time out of programme for approved clinical training in a post which generally contributes towards trainees’ CCT (Out of Programme Training – OOPT)
2. Time out of programme for clinical experience that is outside of the curriculum, in a post which will not count towards a trainee’s CCT (Out of Programme Experience – OOPE)
3. Time out of programme for research, of which time may count towards CCT with prospective approval from GMC (Out Of Programme Research – OOPR)
4. Time out of programme mainly for personal reasons e.g. illness, family caring. This will not count towards a trainee’s CCT (Out of Programme Career Break – OOPC)

The London School of Paediatrics has its own OOP process, which is available on Synapse (within the documents section of the School of Paediatrics website). The following flowchart summarises the OOP approvals process. The guidance applies to all trainees (SpRs and StRs) considering a period of time OOP. It should be read before an application is submitted to the Deanery to ensure that the requirements of the application process are complied with in full. This in turn will help to minimise the likelihood of an application being returned as incomplete or rejected.


Please note that there are explicit dates after which applications will not be considered.
Figure 11: OOP approval process

Making an application
Download the OOP application form and application checklist from the London Deanery website:
http://www.londondeanery.ac.uk/files/oop/oop-application-form.doc
http://www.londondeanery.ac.uk/files/oop/oop-application-checklist.doc
c. GRID training

At Level 3 of training (ST6-8) / (SpR year 3-5), Paediatric trainees have the opportunity to sub-specialise in a specific area of Paediatrics or continue in general training. Those who complete an approved programme of subspecialist training will be eligible to enter on to the GMC Specialist Register as a Paediatrician (subspecialist).

The College runs the NTN Grid Scheme, which allows trainees who wish to complete their training in a sub-specialty to apply in competition for the programmes available nationally. If successful through shortlisting and interview, candidates are matched to the programmes offered within the sub-specialty, based on the maximum appointments to be made and the candidates programme preferences. The limitation on number of appointments are designed to attempt to reflect the demand for specialist Consultants. The Grid enables the subspecialty to train appropriate numbers (in constant review with changes in workforce planning arrangements) without allowing trainees to be in the situation of being highly specialised with little chance of obtaining a consultant post in that sub-specialty after reaching CCT.

The Grid scheme was devised as a joint College and Deanery initiative and is supported by the GMC. It was devised with the following aims:

- to provide equity of access to approved subspecialist training programmes
- to provide a way of assuring the quality of the training programmes
- to foster fair, criterion-referenced and competitive entry to the programmes
- to provide an approved route to sub-specialist accreditation
- to attempt to guide workforce planning in sub-specialties

Who can apply?

- Trainees applying to the Grid must have a current NTN issued by their training deanery. Exceptions include those who are on deanery approved out of programme time from training posts e.g. on maternity leave / research.
- Trainees will be expected to have completed Level 2 training prior to taking up the Grid post
- Trainees must be able to complete the required subspecialty training curriculum by their estimated CCT date
- All candidates must meet all the essential criteria of the person specification. Criteria for entry will vary according to subspecialty
- Applications can only be made to a maximum of 2 different sub-specialties within the same Grid recruitment period
Trainees can only apply to the grid a maximum of two times

**Paediatric Subspecialties**

- Emergency Medicine
- Rheumatology
- Neonatology
- Intensive Care
- Gastroenterology, Hepatology and Nutrition
- Immunology, Infectious Disease and Allergy
- Nephrology
- Respiratory
- Metabolic Medicine
- Neurology
- Neurodisability
- Endocrinology
- Oncology
- Palliative Care Medicine
- Clinical Pharmacology
- Child Mental Health

Trainees wishing to gain a CCT in General Paediatrics or Community Child Health do not need to apply for the Grid; Deaneries can provide this training directly.

**When to apply**

Grid Programmes are 2-3 year programmes of training. The following grades of trainees may apply for the Grid:

- **ST5 / SpR Y2:** Applications to 2 - 3 year rotations
- **ST6 / SpR Y3:** Applications to 2 year rotations
- **ST7 / SpR Y4:** Only in exceptional circumstances. Discuss with CSAC chair first

The application period usually occurs between September and October each year, during which time programme descriptions with rotation information and length of programme will be available on the RCPCH website. For further information, and to access the RCPCH Grid Applicant Guide, please visit:
Interview and Matching

- All candidates interviewed will submit a preference form prior to interview
- Candidates are ranked on merit
- Personal circumstances are NOT taken into account
- For all appointable candidates; offers will be based on firstly where the candidate is ranked and then the candidates’ preferences
- It is possible for candidates to be deemed appointable and therefore ranked, but if there are no programmes available due to the maximum appointments being filled or due to candidates preferences, an offer will not be made

![Diagram of interview and matching process]

Figure 12: Grid Interviewing and matching process

**d. Special Study Modules**

The RCPCH has developed competences for trainees in general paediatrics who wish to have an interest in a certain areas of paediatrics. While the modules do not change the Certificate of Completion of Training (CCT) that the trainee will receive (i.e. the CCT will still
be in General Paediatrics), it is hoped that the exposure will contribute to a lifelong interest and commitment to build on the competences acquired during training, once a Consultant.

At present the following modules exist:

- Diabetes
- Epilepsy
- High Dependency Care
- Nephrology
- Neurodisability
- Paediatric Oncology
- Rheumatology
- Safeguarding Children and Young People
- Gastroenterology
- Adolescent Medicine

In addition modules in Paediatric Allergy and Respiratory are under development. More information, including the special study modules, is available at:

http://www.rcpch.ac.uk/training-examinations-professional-development/quality-training/special-study-modules/special-study

e. Inter-Deanery Transfers

The Deanery will consider an inter-Deanery transfer (IDT) for personal and social reasons as listed below. Movement is at the discretion of the Postgraduate Dean and trainees will be expected to show that they have well founded reasons for wishing to move from their current Deanery.

The accepted criteria for consideration for IDT requests include:

1. Significant life events
2. Caring responsibilities
3. Committed relationship – marriage, civil partnerships
4. Other relationships including the importance of support networks

Requests for an inter-deanery transfer will only be considered where there has been a significant change in a trainee’s situation which could not have been foreseen at the time of appointment to their current post.
The windows to consider IDTs operate twice a year during March and October. Deaneries will hold 2 panel meetings in each window – one to consider requests to transfer out and a further panel to consider requests in. Requests will normally only be considered after the trainee has been in programme for one year, except in exceptional circumstances and on a specific case by case basis.

The IDT panel will make a recommendation to the Postgraduate Dean stating the reasons why acceptance or rejection was the recommendation. The Postgraduate Dean will then consider the recommendation and confirm or challenge the decision of the panel. If a trainee is found eligible, the releasing Deanery will send the request to the receiving Deanery who will submit it to their IDT panel. If the receiving Deanery’s IDT panel agree that the trainee is eligible, they will offer a vacancy to the trainee if a suitable vacancy is available in the particular specialty.

Full details are available via Synapse, as well as on the London Deanery’s website, which includes transfer guidance notes, answers to FAQs and the IDT application form: [http://www.londondeanery.ac.uk/specialty-schools/specialties-contractual/inter-deanery-transfers/?searchterm=interdeanery%20transfers](http://www.londondeanery.ac.uk/specialty-schools/specialties-contractual/inter-deanery-transfers/?searchterm=interdeanery%20transfers)
Section 11:
Ensuring Quality

Quality assurance is vital to recognise excellence in training as well as identifying areas in which we can improve, to assure high quality training for all trainees in London. Until now we have relied upon a variety of quality measures but recognise the need for more specific, widespread and timely appraisal of training.

Through creation of the ‘Ensuring Quality in Training’ subgroup, the London School of Paediatrics has made quality improvement a priority. The primary role of the subgroup is to evaluate the quality of all paediatric training posts in London. This process has allowed the Head of School, Training Programme Directors, Medical Education Fellows and trainee representatives, to work together to quality assure postgraduate education.

The subgroup has successfully created a new and fully comprehensive Deanery-wide End of Post Survey (EoPS) for all trainee posts, specific for each training level. This is in addition to the National Trainee Survey. The End of Post Survey will provide regular and accurate information regarding the experience and support trainees receive within training posts. This has been recently piloted across the Deanery and the results are awaited. The aim is to implement change and development where it is most needed, including offering support and educational review visits to trusts. This is in addition to reviewing the GMC surveys, ARCPs and exam outcomes.

The subgroup has been working with Trust Representatives and formalising this role, so that quality assurance and improvement can take place effectively within individual hospitals (please see section 12). Part of this development has been the introduction of the Trust Representative Utilisation and Engagement document (TRUE), which provides a guide to Trust Reps and college tutors, as well as facilitating feedback locally and to the Trust Rep meeting.

The subgroup has also been involved in other quality assurance processes such as the review and evaluation of all surveys circulated to trainees. This encourages the creation, distribution and completion of high quality, useful studies as well as preventing ‘survey fatigue’. They are also responsible for evaluation of regional study days such RSM days.
Section 12:

Trainee representation

The London School of Paediatrics is unique in the level of trainee representation and participation embedded within its structure. This is achieved in three main ways – through the Trainee Committee, through the Trust Representative Network and through the Fellow in Medical Education posts.

a. Trainee Committee

The Trainee Committee works alongside the executive committee and is divided into the same working subgroups. Within the subgroups the trainees work closely with the Executive Committee in all aspects of the role.

There are over 40 members of the Committee ranging from ST1 trainees through to final year SpRs and it is currently headed by Jane Runnacles, SpR and Darzi fellow at Great Ormond Street Hospital. The subgroups meet monthly and the Committee meets on alternate months, along with the executive committee.

All members of the Committee were competitively appointed following a selection process based on application forms. As committee members move on or stand down from post, further applications will be invited. Information about this will be made available via Synapase.

What is the purpose of having a trainee committee?

Under the old system of Specialist Training Committees (STCs), there was a single trainee representative from North and South Thames who attended meetings. Despite the best efforts of the individuals involved, broad representation of the full cross-section of trainees from throughout the region was impossible. The Trainee Committee has helped considerably with this.

The Trainee Committee is asked to consider a wide range of issues affecting paediatric training, and to feed back thoughts and ideas to the School Executive Team and School Board. This is a two-way process with members of the Executive Team attending trainee committee meetings and two trainees attending the School Board. It is hoped that these experiences will help individuals within the Trainee Committee to develop important skills in leadership, management and medical education.

What are the different roles within the trainee committee?

The composition of the Trainee Committee (see Figure 2 on the last page of the guide book)
has been built around the management structure of the School so that there is trainee input in every key area. The idea is that trainees can involve themselves in a particular area of work for a 2-3 year period, giving assistance to and learning from their senior colleagues within a particular work-stream group.

The key areas requiring trainee input are detailed below:

1. Selection and recruitment
2. Faculty development
3. Curriculum delivery
4. Assessment Strategy
5. Communication and Website and IT
6. Supporting trainees
7. Supporting sub-specialists (inc Grid / Academic / OOPE trainees)
8. Supporting audit and regional research (ie co-ordinated cross-Trust approach to audit / questionnaires, etc.)
9. Ensuring Quality

If you are interested in joining the Trainee Committee, please check Synapse regularly as advertisements will be posted there. Please start thinking about what you can bring to the Committee and which key area you might be interested in.

b. Trainee Trust Representatives

An innovative network of Trainee Trust Representatives has been set up for the region. Each trust appoints a Trust Rep from the current intake of paediatric trainees. The role of the Trust Rep is to work alongside the College Tutor and also to act as a route of communication between trainees at the Trust and the School. Regular Trust Rep meetings are held every 2 months. At these meetings there is an opportunity for Trust Reps to feedback issues and concerns from their Trusts as well as a chance to learn about new developments within the School. There is usually an educational component to the sessions and they provide excellent peer-support and networking opportunities.

If you are interested in becoming a Trust Rep, please speak to your College Tutor at the start of a post – volunteers are always welcome. Some Trusts, depending on size, have more than one Trust Rep so there is often more than one opportunity for trainees to be involved. In discussion with the Trust Rep group, a job description for the Trust Rep position was drawn up:
The Trust Rep is a designated trainee, of any grade, working within a local Trust and focuses on the following areas:

1. **Engagement**
   The trust rep will endeavour to attend the regular trust rep meetings or to inform the chair if they are unable to attend. The position is for a minimum of six months but may continue beyond this if the trainee stays at the same location. (Maximum time as lead trust rep is 1 year).

2. **Liaison**
   The trust rep acts as a means of facilitating effective multi-directional communication between trainee colleagues, the college tutor, the chair of trust reps and the London School of Paediatrics when indicated.

3. **Shares information and ideas**
   The trust rep must share information from the School and suggest ideas from other trusts to enable new ways of working or training.

4. **Involved in assuring the quality of training in trusts**
   a. The trust rep arranges monthly meetings between juniors as a local forum to raise concerns regarding training
   b. Works closely with the College Tutor to support them in their role, to feedback concerns from monthly junior meetings and to promote ideas from the trainees

5. **Plans for handover to the next trust rep when changing posts**
   The trust rep prepares to handover ideas, problems and outstanding work to the succeeding trust rep at job changeover, to ease transition and maintain continuity with ongoing projects. This can be done in conjunction with the College Tutor.

   The ‘Ensuring Quality’ subgroup has been actively involved in creating the Trust Representative Utilisation and Engagement (TRUE) document. This useful resource provides guidance on the process of Trust Rep selection, attendance and facilitation at local trainee and Trust Rep meetings, as well as a framework for escalation of issues both locally and external to the Trust. Every Trust Rep will receive it at the first Trust Rep meeting.

c. **Fellows in Medical Education**
   Since 2009, the school has had two Medical Education Fellows. These posts are for Paediatric Trainees who have an interest in the management and development of Postgraduate Medical Education. They are out-of-programme posts (OOPE) with no clinical commitment.
The Fellows work closely alongside the Head of School and the Training Programme Directors, whilst at the same time keeping in close contact with trainees through the Trainees committee and the Trust representative network. They have led on projects within the School and have ensured that trainee participation is a part of all aspects of the work of the School. Projects led by the Fellows in Medical Education include:

- Establishing a Regional Training Programme
- Establishing the Trust Representative Network
- Co-ordinating the School Conference
- Developing e-learning resources
- Designing regional educational initiatives
- End of post survey
- Faculty Development Visits
- Producing and updating this training guide

The posts have proven to be both invaluable and very popular. If you are interested in one of these posts, please do contact Seema and Melanie for further information. Application details will be available on Synapse.