

## Table of Assessments August 2016

	LEVEL 1			LEVEL 2		LEVEL 3		
	ST1	ST2	(ST3) <sup>[1]</sup>	ST4	(ST5) <sup>[1]</sup>	ST6	ST7	(ST8) <sup>[1]</sup>
<b>Supervised Learning Events (SLE)</b>								
<b>Mini CEX &amp; CbD</b> Including <sup>[6]</sup> :	No requirement for a minimum total. Aim for quality not just quantity. Useful SLEs will challenge, act as a stimulus and mechanism for reflection, uncover learning needs and provide an opportunity for developmental feedback. <sup>[2][3][4][12]</sup>							
ACAT (CEX/CbD)	Optional <sup>[5]</sup>			1 <sup>[note7]</sup>		Optional <sup>[5]</sup>		
HAT (CEX)	1			1 <sup>[note7]</sup>	1 <sup>[note7]</sup>	Optional <sup>[5]</sup>		
LEADER (CbD)	Optional <sup>[5]</sup>			1 <sup>[note7]</sup>	1 <sup>[note7]</sup>	1 <sup>[note7]</sup>	1 <sup>[note7]</sup>	1 <sup>[note7]</sup>
Safeguarding CbD	1	1	1	1	1	1	1	1
<b>DOC</b>	Optional <sup>[5]</sup>			5 <sup>[note7]</sup>		5 <sup>[note7]</sup>		
<b>Assessment of Performance (AoP)</b>								
<b>DOPS<sup>[12]</sup></b>	A minimum of 1 satisfactory AoP for the compulsory procedures <sup>[8][9]</sup>			1 satisfactory AoP for the compulsory procedures <sup>[8][9]</sup>		A minimum of 1 satisfactory AoP for the compulsory procedures within the relevant sub-specialty curriculum <sup>[8][9]</sup>		
<b>Paed CCF</b>				1 <sup>[note13]</sup>		1 <sup>[note13]</sup>		
<b>ePaed MSF</b>	1	1	1	1	1	1	1	1
<b>Other evidence required for ARCP progression</b>								
<b>Evidence</b>	Life Support <sup>[10]</sup> Safeguarding <sup>[11]</sup>			Safeguarding <sup>[11]</sup>		START		
<b>MRCPCH Examinations</b>								
<b>MRCPCH CBT exams (FOP, TAS, AKP)</b>	1-2 CBT exams (desirable)	2 out of 3 CBT exams (essential)	All 3 CBT exams (essential)					
<b>MRCPCH Clinical Exam</b>			Essential					
<b>Trainer's Report</b>								
<b>Trainer's Report (incl. ePortfolio)</b>	1	1	1	1	1	1	1	1

**IMPORTANT** - Please read the explanatory notes accompanying this table (notes [1] to [13])

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## NOTES

1. The statutory minimum training times are 24 months at level 1, 12 months at level 2 and 24 months at level 3 (all WTE); thus, training years in parentheses (ST3), (ST5) and (ST8) might not be undertaken by all trainees, depending upon an individual's progress.

## SUPERVISED LEARNING EVENTS (SLE)

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

## ASSESSMENT OF PERFORMANCE (AoP)

8. The compulsory procedural skills are listed on the RCPCH website:  
<http://www.rcpch.ac.uk/training-examinations-professional-development/quality-training/work-based-assessments-asset/assess-0>
9. The e-Portfolio skills log should be used to demonstrate development and continued competence.

## ADDITIONAL REQUIREMENTS

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