

Additional guidance for ST4 or ST5(C4) trainees moving to Progress+ Core level having been signed off for Level 1 Progress or appointed at ST4 with Level 1 capabilities assessed during the recruitment process.

INTRODUCTION

If you are currently in ST4, you have moved over to the new progress + curriculum at Core level. This may be a little disconcerting because you have completed L1 training on the old progress curriculum and would previously have ST4 and ST5 to complete L2 training. In progress +, L1 and L2 training together is equivalent to “core” training, which must be completed before moving to ST5 for specialty training.

This guidance also applies to those trainees who had started but not completed Level 2 training at the transition to Progress+ and who have chosen to remain in Core (either as ST4 or ST5(C4))

We hope this guide will clarify how to make the transition to specialty training as smooth as possible and outline expectations to sign off Core training:

Section 1 : ASSESSMENTS AND PROCEDURES

The table below details the minimum portfolio assessment requirements for a successful ARCP for the 2023/24 training year.

2023 Core Progress+ assessment table

	CORE			
	ST1	ST2	ST3	ST4
Supervised learning events (SLE)				
Mini-CEX & Cbd	No minimum requirement Aim quality rather than quantity. Depth of learning also demonstrated by spread of development logs			
ACAT	Optional			
ECAT optional for 2023	Suggested 1 completed ECAT for: - Acute paediatric take - Admission of term or pre-term baby to neonatal unit Before being independent on tier 2 rota Other ECATs: optional			Optional
HAT	1			1
LEADER	Optional			1
Safeguarding Cbd	1	1	1	1
DOC	Optional			2
Assessment of Performance (AoP)				
DOPS	A minimum of 1 satisfactory AoP for each compulsory procedure before being independent on tier 2 rota			
Trainer Report <i>Readiness for tier 2</i>	Completed trainer " readiness for tier 2 " form before being independent on tier 2 rota			N/A
MSF	1	1	1	1
Other evidence required for ARCP				
Evidence	NLS/ APLS or equivalent before independent on tier 2 rota			Current resuscitation courses Safeguarding
Educational Supervisor Trainer Report	1	1	1	1
MRCPCCH Exams				
MRCPCCH Written exams	1-2 written exams (desirable)		All 3 written exams (essential)	
MRCPCCH Clinical exam				Essential

You do not need to repeat assessments signed off at Level 1 (ST1-3) or already completed in L2.

Minimum assessment requirements for Core completion if you have been appointed to run through from ST3 or ST4 in Summer 2023 :	Minimum assessment requirement for Core completion if you have been in training prior to Summer 2023 and signed off for Level 1 and are now in ST4 or ST5 (C4)
1 HAT 1 LEADER 2 DOCS at ST4 1 MSF per year 1 Sg CbD per training year	1 HAT while acting on tier 2 rota 1 LEADER while acting on tier 2 rota 2 DOCS across Level 1/core 1 MSF per year 1 Sg CbD per training year

In addition, Curriculum Domain 3 (Professional skills: Procedures) contains some changes and additions to practical procedures:

Mandatory DOPs and Airway procedures

Completion /sign off of Level 1 either through training or in the recruitment process indicates capability of previous Level 1 DOPs: These are the following :

- Lumbar Puncture
- Peripheral venous cannulation
- UVC
- Bag Valve Mask

These do not need to be repeated if there are no concerns about capability

There are some new procedures to evidence in the core curriculum.

Minimum Assessments of procedures for Core Completion if you have been signed off for level 1 or appointed to run through at ST4	Minimum Assessments of procedures for Core Completion if you are currently in ST3 or appointed to ST3 through national recruitment
1.IO insertion for emergency venous access (DOP: can be evidenced in simulated environment)	1.Lumbar Puncture 2.Peripheral venous cannulation 3. UVC

<p>2. Confirm correct placement of arterial and venous lines (CbD, mini cex, ACAT)</p> <p>3. Performs advanced paediatric airway support including airway opening manoeuvres and use of airway adjunct to the point of intubation (DOP or mini cex)</p> <p>4. Neonatal Airway maintenance: Airway opening manoeuvres and the use of airway adjuncts (including supraglottic airway) to maintain the airway of a term or preterm baby to the point of intubation. (DOP or mini cex or can be covered by NLS certification gained after 2021)</p>	<p>4. IO insertion for emergency venous access (DOP: can be evidenced in simulated environment)</p> <p>5. Confirm correct placement of arterial and venous lines (CbD, mini cex, ACAT)</p> <p>6. Performs advanced paediatric airway support including airway opening manoeuvres and use of airway adjunct to the point of intubation (DOP or mini cex)</p> <p>7. Neonatal Airway maintenance: Airway opening manoeuvres and the use of airway adjuncts (including supraglottic airway) to maintain the airway of a term or preterm baby to the point of intubation. (DOP or mini cex or can be covered by NLS certification gained after 2021)</p>
---	---

SECTION 2 KEY CAPABILITIES

The key capabilities for progress+ Core have been mapped to many of those in the L1 and L2 Progress curricula and are therefore broadly similar.

There is no need to repeat evidence, links should have pulled through to your Progress+ curriculum on e-portfolio. You and your supervisor may need to sense check the evidence and linkage.

Many of the previous Level 1 and Level 2 key capabilities covered similar areas, However, those at Level 1 were in the context of being in a Tier 1 (ST1-3) post whereas the capabilities at the end of Core training in Progress + are in the context of being on a Tier 2 (ST3-4) rota for at least a year and many map more closely to the previous Level 2 capabilities. Therefore, SLEs should reflect that you can successfully complete the task independently and unsupervised including troubleshooting problems and supervision skills.

We have mapped the Core curriculum against L1/L2. If you have already been signed off for L1 or were appointed directly to ST4, you should ensure that your portfolio demonstrates the additional key capabilities in order to be signed off for Core training.

Curriculum Domains (Learning Outcome) Core Progress+	Additional for ST4 Having signed off L1 training (Progress)	previous L2 Progress KCs
1: Professional values and behaviours	<p>Demonstrates self-awareness and insight, recognising their limits of capability and demonstrating commitment to continuing CPD</p> <p>Assesses the capacity of children and young people to make informed decisions about their medical care</p>	<p>Previous L2 KC</p> <p>Previous L2 KC</p>
2: Professional skills and knowledge communication	<p>Manages the communication of a range of differential diagnoses and where the management plan will be uncertain</p>	<p>Previous L2 KC</p>
3: Professional skills Procedures	<p>IO insertion for emergency venous access</p> <p>Confirms placement of arterial and venous lines</p> <p>Performs advanced Paediatric airway support, including airway opening manoeuvres and the use of airway adjuncts to the point of intubation.</p> <p>Neonatal Airway maintenance: Airway opening manoeuvres and the use of airway adjuncts (including supraglottic airway) to maintain the airway of a term or preterm baby to the point of intubation. (can be covered</p>	<p>New and specific</p> <p>Previous L2 KC</p> <p>Partially covered in L1 curriculum, now further clarified</p>

	by NLS certification gained after 2021)	
4. Professional skills Patient management	<p>Recognises and manages a range of common childhood presentations</p> <p>Recognises the potential life-threatening events in babies, children and young people and leads resuscitation and emergency situations</p> <p>Recognises and manages the acute presentations and after-care of anaphylaxis, prescribing and training the family to use adrenaline autoinjectors, including documenting events and producing an emergency action plan with appropriate onward referrals.</p> <p>Engages in multi-professional management of a range of common general paediatric physical and mental health presentation, both short and long term</p> <p>Seeks appropriate advice and support from other teams in a timely and collaborative manner, including working effectively with colleagues in primary care</p>	<p>Previous L2 KC</p> <p>Previous L2 KC</p> <p>New and specific</p> <p>Partially covered in L2 curriculum, new emphasis on mental health presentations</p> <p>Partially covered in L2 now with new emphasis on primary care liaison.</p>
5. Health Promotion and illness prevention.	Interacts effectively with children, young people and their families from a broad	Previous L2 KC

	range of socioeconomic and cultural backgrounds, appropriately using translated materials when required	
6. Leadership and teamworking	<p>Participates effectively and constructively in the multidisciplinary (MDT) and inter-professional teams, engaging with children, young people and families, facilitating shared decision making.</p> <p>Develops leadership and team-working skills and relevant problem-solving strategies in clinical management contexts, such as where there is limitation of resources</p>	Broadly similar and mapped to Level 2 KCs
7. Patient safety (including safe prescribing)	<p>Applies safety procedures when ordering blood with adherence to local and national policies</p> <p>Applies the Duty of Candour principles to practice</p> <p>Recognises when the behaviour of a child or young person puts themselves or others at risk</p>	All new and specific
8. Quality Improvement	<p>Proactively identifies opportunities for quality improvement</p> <p>Undertakes projects and audits to improve clinical effectiveness, patient safety and patient experience</p>	Previous Level 2 KCs

	Participates in local clinical governance processes	
9. safeguarding	<p>Conducts an assessment for possible maltreatment, including sexual abuse which incorporates attention to the broader family function and baby's, child's or young person's developmental, physical and mental health status.</p> <p>Applies knowledge of the indications for a skeletal survey and relevant blood tests in safeguarding</p> <p>With supervision provides oral or written reports for</p> <ul style="list-style-type: none"> ○ Strategy meetings and case conferences ○ Police or social services <p>Applies an understanding of consent and parental responsibility in relation to safeguarding procedures and 'looked after children'</p> <p>Applies knowledge regarding forensic assessment in relation to child abuse and establishes the importance of the chain of evidence</p> <p>Follows the local system of referral for assessment and arranges follow-up for babies, children or young people who may have been sexually abused.</p>	All mapped to previous L2 KCs

10 Education and Training	Shows the ability to adapt their teaching methods to the different learning needs of individual team members Provides appropriate feedback to others	Previous L2 KCs
11 Research and scholarship	Participates in research-related activity (eg national projects, journal clubs, publications and presentations) Maintains Good Clinical Practice (GCP) throughout training	Previous L2 KC New and specific

These additional key capabilities will equip a trainee to be ready to move to specialty level training, they will demonstrate ability to work on a tier 2 rota including practising with distant/indirect supervision (eg on call management of acute or complex cases with the consultant at home); leadership skills (eg running a ward round independently and reflection of any feedback received; supervision skills (eg reflection on managing and supporting more inexperienced staff, teaching, feedback)

A trainee who is ready to move to speciality training will also be able to demonstrate how they have responded to feedback, explain what they have learnt and how it has changed their practice.

We recognise that there may be individual circumstances and queries not covered in this guidance. It is important that any concerns are discussed with supervisors and TPDs early in the training year so that expectations are clear.

Any further queries can be directed to the Training and Quality Team at training.services@rcpch.ac.uk.