

## Table of Assessments August 2015

	LEVEL 1			LEVEL 2		LEVEL 3		
	ST1	ST2	(ST3)	ST4	(ST5)	ST6	ST7	(ST8)
<b>Supervised Learning Events (SLE) – Aim for 20 SLEs per training year<sup>(2)</sup> (FTE); MINIMUM MANDATORY requirements are as follows:</b>								
<b>Mini CEX &amp; Cbd</b> Including:	Minimum 12 /year Ratio of mini CEX to Cbd 2:1 <sup>(3)</sup>			Minimum 12/year Ratio of mini CEX to Cbd 1:1 <sup>(3)</sup>		Minimum 12 /year Ratio of mini CEX to Cbd 1:2 <sup>(3)</sup>		
ACAT (CEX/Cbd)	Optional			1 <sup>(note 6)</sup>		Optional		
HAT (CEX)	1			1 <sup>(note 6)</sup>	1 <sup>(note 6)</sup>	Optional		
LEADER (Cbd)	Optional			1 <sup>(note 6)</sup>	1 <sup>(note 6)</sup>	1 <sup>(note 6)</sup>	1 <sup>(note 6)</sup>	1 <sup>(note 6)</sup>
Safeguarding Cbd	1	1	1	1	1	1	1	1
<b>DOC</b>	Optional			5 <sup>(note 6)</sup>		5 <sup>(note 6)</sup>		
<b>Assessment of Performance (AoP)</b>								
<b>DOPS</b>	A minimum of 1 satisfactory AoP for the compulsory procedures <sup>(7,8)</sup>			1 satisfactory AoP for the compulsory procedures outstanding <sup>(7,8)</sup>		A minimum of 1 satisfactory AoP for the compulsory procedures within the relevant sub-specialty curriculum <sup>(7,8)</sup>		
<b>Paed CCF</b>				1 <sup>(note 11)</sup>		1 <sup>(note 11)</sup>		
<b>ePaed MSF</b>	1	1	(1)	1	(1)	1	1	(1)
<b>Other assessments that contribute to ARCP</b>								
<b>START</b>						1		
<b>MRCPCH Examinations</b>								
<b>MRCPCH Written exams</b>	1-2 written exams (desirable)	2 out of 3 written exams (essential)	All written exams (essential)					
<b>MRCPCH Clinical Exam</b>			Essential					
<b>Trainer's Report</b>								
<b>Trainer's Report (inc. ePortfolio)</b>	1	1	(1)	1	(1)	1	1	(1)

Please read the explanatory notes accompanying this table

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## NOTES

### SUPERVISED LEARNING EVENTS (SLE)

1. 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. All trainees are therefore advised to plan how they will demonstrate coverage of their relevant curriculum in partnership with their Educational Supervisor.
2. Trainees should aim for 20 SLEs per training year (20 per year for full time, pro-rata for LTFT trainees); this includes all types of SLEs (CEX, CbD, ACAT, HAT, LEADER, Safeguarding)
3. The ratios given for the balance of mini CEX to CbD assessments are for guidance only and the exact ratio should not be used as a criterion for determining satisfactory progression.
4. Trainees are also encouraged to undertake the assessments indicated as optional.
5. 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.
6. 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 training, LEADER during level 2 and level 3 training and at least one of the five DOC during level 2 and level 3 training.

### ASSESSMENT OF PERFORMANCE (AoP)

7. 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>
8. The e-Portfolio skills log should be used to demonstrate development and continued competence.

### ADDITIONAL REQUIREMENTS

9. Trainees must also complete accredited neonatal and paediatric life support training during Level 1 training.
10. 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.
11. The Paed CCF can be used as an additional tool if required.