How to assess evidence in training as an Educational supervisor

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Assistant Officer for Trainer Development

Aims and objectives

- Highlight differences in curricula
- Navigate through the e- portfolio
- How to assess evidence
- Tips and Tricks to support your resident

Progress+

RCPCH Progress+
Paediatric training for excellence

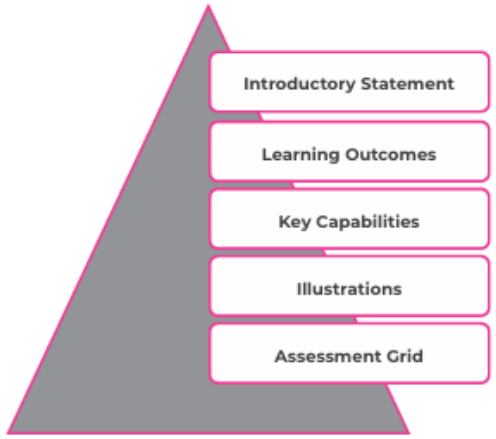
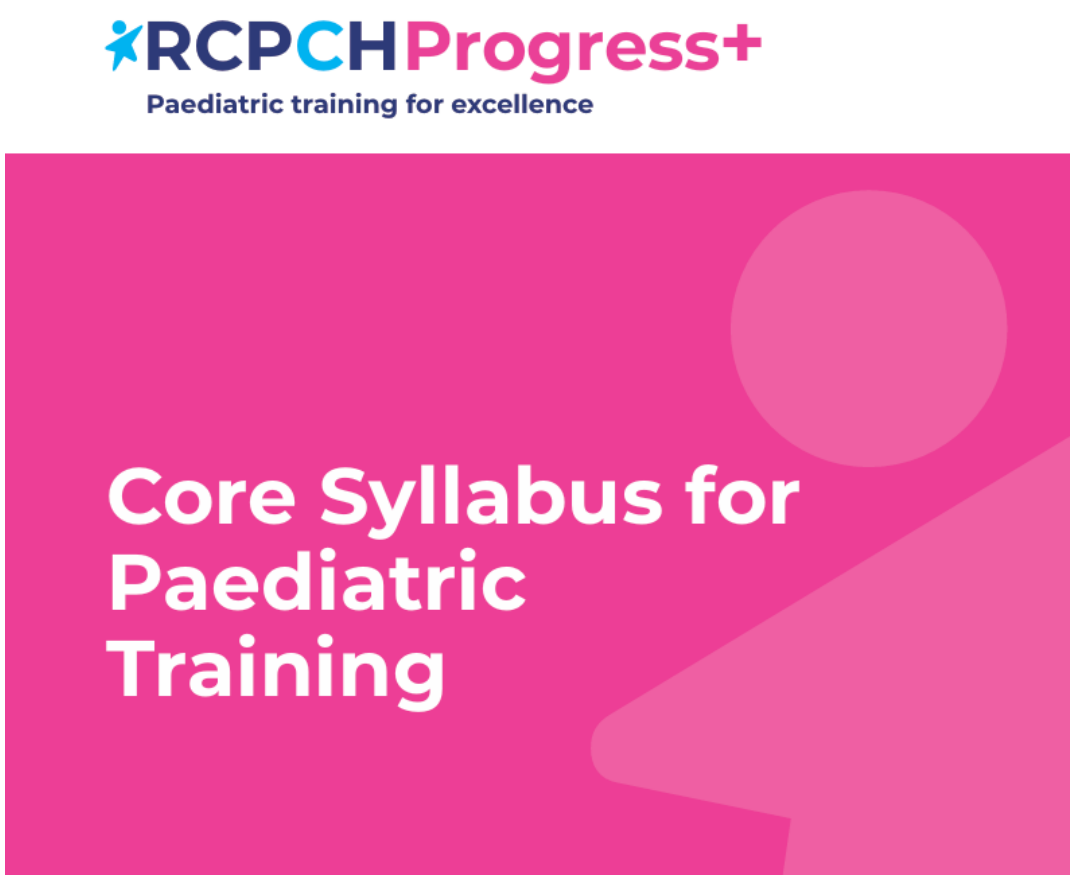
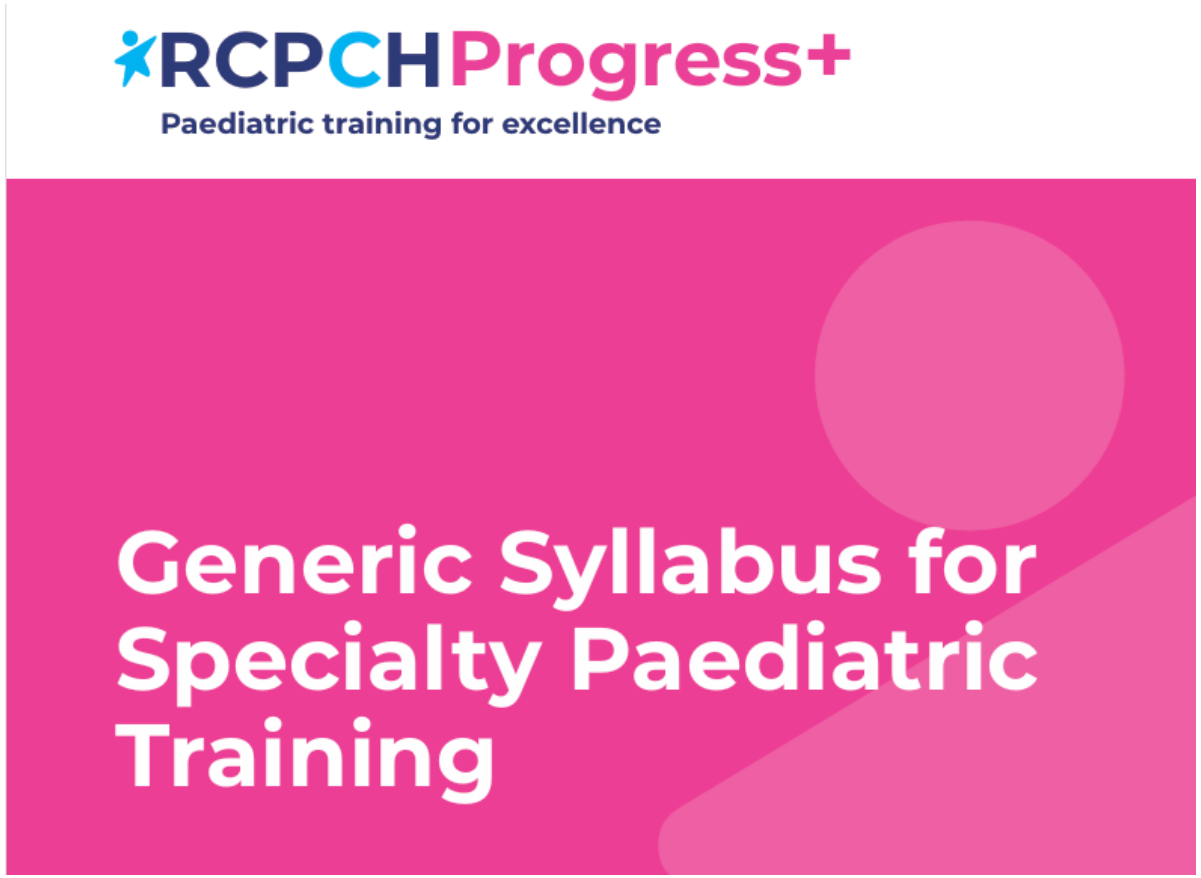


Figure 1: The five elements of the syllabus

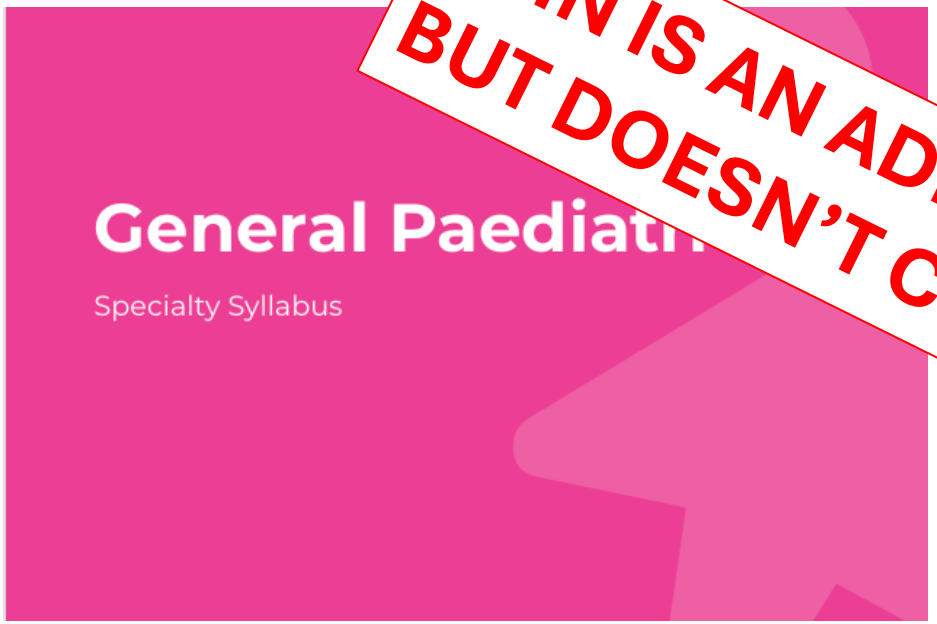
- 11 Domains – Learning outcomes (LO)
  - Based on the GMC domains
- Key capabilities (KC)
  - Requirements and need to be fully evidenced
  - Multiple KCs per Los
- Illustrations to guide
- Assessment grid
  - Evidence for KCs

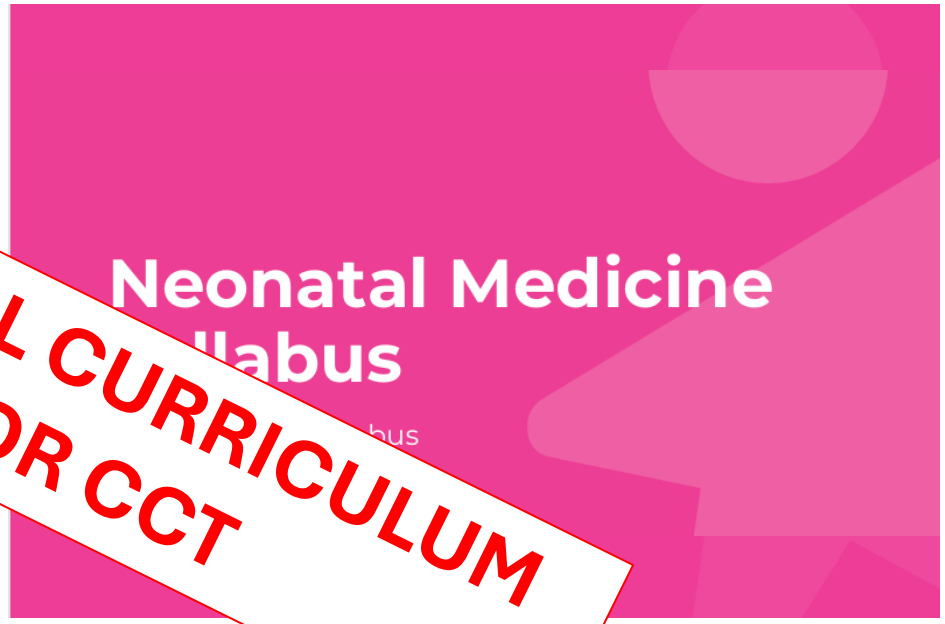
Syllabi - Generic





Speciality specific





SPIN IS AN ADDITIONAL CURRICULUM BUT DOESN'T COUNT FOR CCT

Where to find the evidence?

- From the ESTR
  - Created by the resident
  - Pulls through MSF/ supervision reports
  - Only looks at the evidence in certain time frame
  - Provides evidence added within each Domain

- Through the Quality evidence report
- Use of the timelines
- Assessment
- PDP goals

DEMO

E portfolio

Curriculum for generic core training

Core Level Paediatric Trainee - Progress+

ePortfolio information by report hyperlinks

Select which report you would like to access to review trainee evidence:

IMPORTANT: Date range above is set to a **default of 1 year from 1st August 2023 to 31st August 2024**. Please amend the date range as needed to review evidences from varying time periods. User is set to **default user**. Please type in your trainee name to view their evidence.

Evidence report and curriculum coverage:
A breakdown of the key capabilities under each domain and what the trainee has tagged to each

- Qualitative view evidence report – detailed list of assessments with date and status
- Quantitative view evidence report - count of evidences

Core Training Level overall requirements

HAT

Requirements for Progress+ core curriculum = 2 HAT in total; one in grades ST1 or ST2 and one in grades ST3 or ST4

Date of HAT	Grade at point of HAT	View HAT
8 Feb 2019	-	Click here to view HAT
28 Sept 2017	-	Click here to view HAT

LEADER CBD

Requirements for Progress+ core curriculum = 1 LEADER in total to be completed in either ST3 or ST4 training grade

Date of LEADER	Grade at point of LEADER	View LEADER assessment
15 Nov 2024	ST2	Click here to view LEADER

Create a new event

Create

Profile

Test Trainee RISR

View profile

Current information Collapse

RCPCH Curriculum Access
RCPCH Progress+ Core curriculum
31 May, 2024 - 30 Sept, 2028 (View)

Location
East Midlands
27 Aug, 2026 - 30 Sept, 2026 (View)
Test Trust 1
1 Jul, 2025 - 31 Dec, 2026 (View)
East of England
5 Mar, 2025 - 5 Mar, 2030 (View)
Test location - for use by RCPCH only - do not give this location to any trainee.
8 Aug, 2024 - 30 Sept, 2027 (View)
RCPCH
31 May, 2024 - 30 Sept, 2028 (View)

RCPCH Progress specialty curricula
2021 Paediatric Allergy, Immunology and Infectious Diseases
1 Jul, 2025 - 31 Dec, 2026 (View)

RCPCH Progress+ sub-specialty curricula

Quality Evidence review

Domain 1 curriculum evidence – professional values and behaviours

Learning outcome: In addition to the professional values and behaviours required of all doctors (Good Medical Practice), a paediatric trainee must adhere to legal frameworks relating to babies, children, young people and families/carers, including relevant safeguardin legislation related to the four nations.

- Key Capability 1: Demonstrates the professional values, behaviours and attitudes required of doctors (outlined in Good Medical Practice) within the scope of their knowledge, skills and performance (DO1 CLO1 KC1)
- Key Capability 2: Demonstrates compassion, empathy and respect for children, young people and their families (DO1 CLO1 KC2)
- Key Capability 3: Demonstrates self-awareness and insight, recognising their limits of capability and demonstrating commitment to continuing professional development (CPD) (DO1 CLO1 KC3)
- Key Capability 4: Assesses the capacity of children and young people to make informed decisions about their medical care (DO1 CLO1 KC4)
- Key Capability 5: Follows the principles of the law with regard to consent, the right to refuse treatment, confidentiality and the death of a baby, child or young person (DO1 CLO1 KC5)

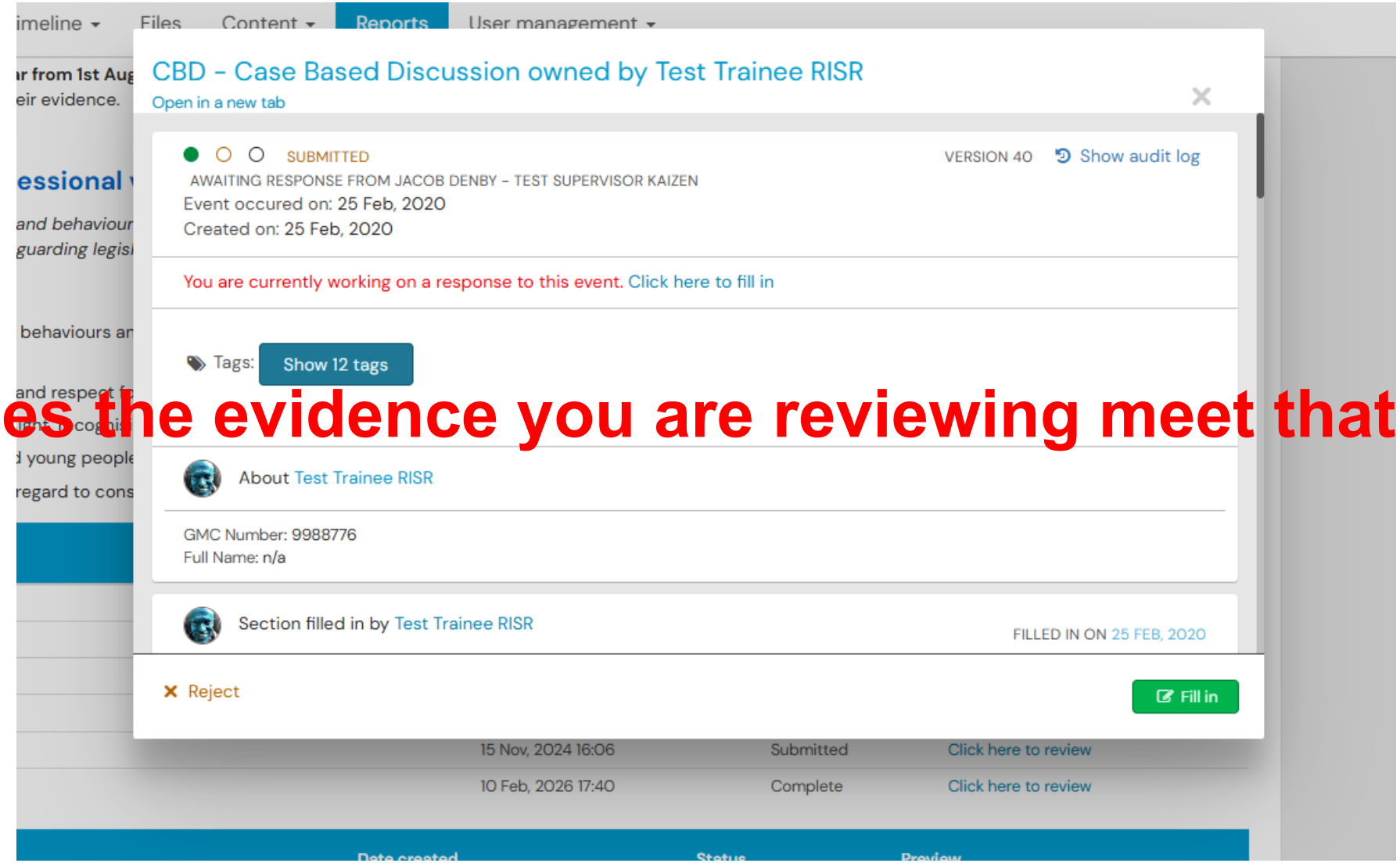
Evidence linked to Domain 1 Key Capability 1	Date created	Status	Preview
Assessment (RCPCH Progress) – Case Based Discussion (CBD)	1 Oct, 2018 14:47	Submitted	Click here to review
CBD – Case Based Discussion	25 Feb, 2020 12:12	Submitted	Click here to review
CBD – Case Based Discussion	7 Sep, 2020 15:51	Submitted	Click here to review
2023 Progress+ CBD – Case Based Discussion	25 Sep, 2023 15:21	Submitted	Click here to review
2023 Progress+ LEADER Case Based Discussion	15 Nov, 2024 16:06	Submitted	Click here to review
test copy: 2023 Progress+ Directly Observed Procedural Skills	10 Feb, 2026 17:40	Complete	Click here to review

Evidence linked to Domain 1 Key Capability 2	Date created	Status	Preview
CBD – Case Based Discussion	25 Feb, 2020 12:12	Submitted	Click here to review
Development log – reflection (Progress+)	25 Sep, 2023 15:22	Complete	Click here to review

Evidence linked to Domain 1 Key Capability 3	Date created	Status	Preview
Development log – reflection (Progress+)	25 Sep, 2023 15:22	Complete	Click here to review
Development log – clinics (Progress+)	25 Sep, 2023 15:23	Complete	Click here to review
2023 Progress+ LEADER Case Based Discussion	15 Nov, 2024 16:06	Submitted	Click here to review

Evidence linked to Domain 1 Key Capability 4	Date created	Status	Preview
2023 Progress+ CBD – Case Based Discussion	25 Sep, 2023 15:21	Submitted	Click here to review

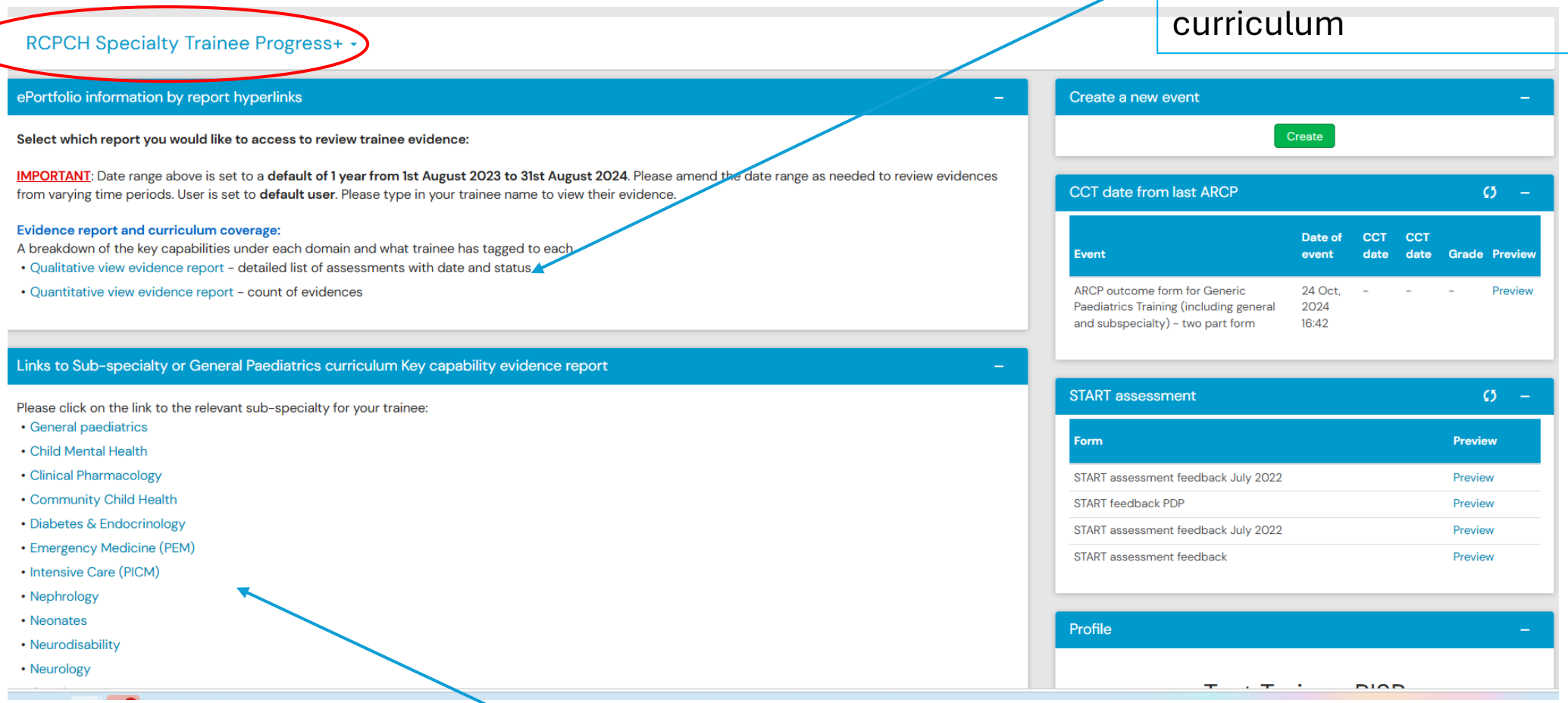
Evidence linked to Domain 1 Key Capability 5	Date created	Status	Preview
Assessment (RCPCH Progress) – Case Based Discussion (CBD)	27 Sep, 2018 10:20	Submitted	Click here to review
CBD – Case Based Discussion	25 Feb, 2020 12:12	Submitted	Click here to review
Development log – clinics (Progress+)	25 Sep, 2023 15:23	Complete	Click here to review



Does the evidence you are reviewing meet that KC?

E portfolio – speciality level

Evidence for generic curriculum



Evidence for a speciality resident (ST5-7)

2 areas to review

Palliative sub-specialty learning outcome 2 curriculum evidence

Learning outcome: Works as a specialist expert in paediatric palliative medicine across a range of settings and within the multidisciplinary team (MDT), by providing a holistic approach to care.

- SLO 2 KEY CAPABILITY 1: Has the personal and professional qualities and skills required for the effective practice of paediatric palliative medicine. Demonstrates attributes of integrity, leadership and trust to manage complex human, legal and ethical factors relating to the deterioration and death of infants, children and young people. PPMSLO2KC1
- SLO 2 KEY CAPABILITY 2: Advises, liaises and collaborates effectively with hospital, hospice and community teams to ensure robust planning and process is in place for quality symptom management and end-of-life care. PPMSLO2KC2
- SLO 2 KEY CAPABILITY 3: Demonstrates working experience in adult palliative medicine, including service provision and clinical management. PPMSLO2KC3
- SLO 2 KEY CAPABILITY 4: Works collaboratively when developing interdisciplinary care pathways for patients across clinical networks and all care settings, and when leading a multidisciplinary approach to the holistic management of acute illness, long-term conditions and end-of-life care. PPMSLO2KC4

Generic curriculum

Evidence linked to SLO2 KC1	Date created	State	Preview
2023 Progress+ ACAT - Acute Care Assessment Tool	19 May, 2025 14:17	Complete	Click here to review

Sub speciality curriculum

Evidence linked to SLO2 KC2	Date created	Status	Preview
Development log - governance (Progress+)	19 May, 2025 14:22	Complete	Click here to review

Evidence linked to SLO2 KC3	Date created	Status	Preview
There are no data for the given criteria			

Evidence linked to SLO2 KC4	Date created	Status	Preview
2023 Progress+ ACAT - Acute Care Assessment Tool	19 May, 2025 14:17	Complete	Click here to review

Palliative sub-specialty learning outcome 3 curriculum evidence

How to look the evidence

- What evidence might a resident use to demonstrate KCs?
- How much evidence is enough?
- How much per training year ?

What evidence might a resident use to demonstrate KCs?

- Assessments – mini-cex, ECAT, LEADER etc
- Multisource feedback – tag to evidence
- Development logs
  - Don’t forget the less utilised e.g. safeguarding / management / clinical questions
  - Education meetings needs to clearly tag to that specific KCs
- Balance of assessments vs developmental logs

Developmental Logs

- Reflections
- Safeguarding
- Clinics
- Clinical Question
- Management
- Educational meetings
- Certified course
- Meetings /events
- Presentation
- Teaching
- Research
- Governance
- (Skills log)

How much evidence is enough?

- Depends on the evidence
- Tag to no more than 2 domains
- Ideally no more than 2-3 KCs
- How much per year
  - No hard rule
  - Need to see progression and development
  - Regular entries through training year

How much evidence is enough?

- Complex case/ MSF might be useful to tag to more KCs
- Could the resident divide the evidence ?
- Example – resident involved in a complex safeguarding case
  - Complete the medical – CBD with the consultant
  - Undertake the report – write a DOC
  - Lead the strategy meeting – safeguarding log with learning

RCPCH Progress+

Paediatric training for excellence

Preparing for ARCPs with

RCPCH Progress+

Judging achievement of Learning Outcomes to support progression decisions

A practical guide for Trainees, Supervisors and ARCP panels

RCPCH

Royal College of Paediatrics and Child Health

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www.rcpch.ac.uk/progressplus

Core level **Domain 6**

Leadership and team working

Learning Outcome

Develops personal leadership skills and demonstrates their own leadership qualities, adjusting their approach, where necessary; utilising these skills to work constructively within multi-disciplinary teams (MDTs), valuing the contributions of others.

Key Capabilities

1. Participates effectively and constructively in the multi-disciplinary (MDT) and inter-professional teams, engaging with children, young people and families, facilitating shared decision making.
2. Develops leadership and team-working skills and relevant problem-solving strategies in clinical management contexts, such as where there is limitation of resources.
3. Supports appropriate decisions made within a team and communicates these effectively.

Matrix

Not yet achieved	• Evidence of significant unresolved or ongoing concerns identified around team working (MSF, other SLEs and trainers' reports). • Evidence does not demonstrate adequate reflection and remediation of concerns identified. • Inadequate evidence of any meaningful engagement with clinical governance.
Good / acceptable	• Evidence of effectively recognising limitations (including appropriate escalation), good handover skills, working constructively within MDT and support to junior colleagues (MSF, other SLEs and trainers' reports). • Evidence of participation in clinical governance, risk management and audit, along with quality improvement. • Evidence demonstrating leadership capabilities in a range of clinical and interpersonal scenarios. • Evidence of supportive supervision of junior colleagues.
Excellent	• Evidence of developing leadership role within MDT. • Evidence of facilitating problem-solving abilities within team, with ability to manage complexity and conflict.

Example 1

- Core resident – currently ST3 working LTFT
- just started Tier 2 rota
- You are completing her ESTR for ARCP
- Reviewing her evidence together

Learning outcome 1

KC1

- MSF
- Reflection on communication with families
- ECAT acute take
- Attended M+M with reflections

KC2

- mini- cex on ward round
- ECAT acute take

KC3

- Reflection on clinic attendance

KC4

- CBD around a YP with mental health and refusing treatments
- Reflection on case around capacity/ consent

KC5

- Reflected on a child death she was involved with.
- Education – training day on palliative care
- Reflection on consent for blood products

Core level **Domain 1**

Professional values and behaviours and professional knowledge

Learning Outcome

In addition to the professional values and behaviours required of all doctors (Good Medical Practice), a paediatric trainee must adhere to legal frameworks relating to babies, children, young people and families/carers, including relevant safeguarding legislation related to the four nations.

Key Capabilities

1. Demonstrates the professional values, behaviours and attitudes required of doctors (outlined in Good Medical Practice) within the scope of their knowledge, skills and performance.
2. Demonstrates compassion, empathy and respect for children, young people and their families.
3. Demonstrates self-awareness and insight, recognising their limits of capability and demonstrating commitment to continuing professional development (CPD).
4. Assesses the capacity of children and young people to make informed decisions about their medical care.
5. Follows the principles of the law with regard to consent, the right to refuse treatment, confidentiality and the death of a baby, child or young person.

Matrix

Not yet achieved	• Lack of evidence of reflection on, or engagement in, any aspect of this domain. • Minimal evidence of attendance at morbidity and mortality meetings. • Minimal evidence of involvement in issues relating to consent, capacity or equality, diversity and inclusion. • MSFs suggest lack of self-awareness or insight.
Good / acceptable	• Evidence of mandatory training at local trust - detailing consent and capacity training successfully completed. • Evidence of CBD which maps to this area (safeguarding, consent to treatment, etc.). • Evidence of involvement in child death process or mortality review and reflection as appropriate (CBD/mini-CEX/reflective note). • Attendance and reflections from local morbidity and mortality meetings.
	• Evidence in MSF of mapping to elements in this domain, valuing and respecting all team members. • Evidence in DOPS that consent is obtained appropriately.
Excellent	• Presentations at local governance or Morbidity and Mortality meetings. • Attendance and reflections from child death review group or similar (Child Death Overview Panel). • May have led the safeguarding process with evidence from Safeguarding CBD or LEADER CBD. • Evidence through reflective note or CBD of being involved in and learning from challenging cases, particularly around consent or capacity issues.

Areas to develop and consider

- Evidence of DOP around consent
- Attendance at child death review / learn about child death process- KC5
- Evidence of working as a registrar – KC1 /2/ and 3
- Presentations for M+M – KC1/ 5
- Evidence of mandatory training – safeguarding/ blood transfusion – KC4/5

Example 2

ST4 resident

Reviewing at mid point prior to completion core 3 months

Concern raised at last ARCP that missing KCs in certain areas of the curriculum in particular Domains 4,7,11

Patient Management

- Evidence in all KCs
- Many tags within the domain

BUT on further review

- KC1
  - Neonates : A few reflections
- KC2
  - NICU resuscitation case only .
- KC3 and KC4
  - Limited evidence of middle grade working within general paediatrics
  - Tagged many educational meetings with limited relevance notes
  - No evidence of clinic working or learning

Has this resident have enough evidence for this domain ?

Core level **Domain 4**

Professional skills: patient management

Learning Outcome

Conducts a clinical assessment of babies, children and young people, formulating an appropriate differential diagnosis; plans appropriate investigations and initiates a treatment plan in accordance with national and local guidelines, tailoring the

1. Performs an assessment of a baby, child or young person's physical, mental and developmental status, incorporating biological, physiological and social factors across multiple clinical contexts.
2. Recognises the potential life-threatening events in babies, children and young people and leads resuscitation and emergency situations.
3. Recognises and manages a range of common childhood presentations.
4. Engages in multi-professional management of a range of common general paediatric physical and mental health presentations, both short and long term.
5. 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.
6. Seeks appropriate advice and support from other teams in a timely and collaborative manner, including working effectively with colleagues in primary care.
7. Takes into consideration the individual needs of the baby, child or young person.

Evidence

- Educational meetings – relevant learning
- Tag Resuscitation courses
- Evidence of Broad SLEs– NICU/community/General/
  - ACAT/ECAT/ mini-cex/ CBD
  - Tag MSF
  - Reflections of cases
  - Clinic developmental log
- SLEs to demonstrate acute events and escalation
- Evidence of MDT working

Example 3- speciality resident

- ST6 resident (7 year programme) in general paediatrics
- Thinking about whether they want to competency progress

Currently on track for completion of CCT but not enough evidence to demonstrate general paediatric curriculum

- Evidence in all aspects of their Generic curriculum
- Limited evidence in General paediatrics curriculum
  - Many KCs no evidence
  - LO6- No involvement in child death processes /advanced care planning

E portfolio

- The e-Portfolio is a way of recording the trainee's learning journey
- The emphasis is to move away from the portfolio being seen as a chore. But rather a **Celebration of the Trainee's learning experience**
- Demonstration of safety to practice will come with the trainee taking responsibility for their own learning.
- The aim is to move away from being spoon fed to a feed yourself model.

The Supervisors role

- Act as a guide for portfolio development
- Define the purpose of the Portfolio - record of their learning journey
- Support the trainee in ensuring the portfolio demonstrates their growth
- The portfolio can support formative assessment with the resident identifying learning gaps and helping to set targets for learning.
- Support the trainee understand what they have not learned.
- Use as a prompt for discussions and review.

Remember this is the Trainees portfolio but the quality will also reflect on the Supervisor's performance.

Tips for a great portfolio- for a resident

- Be **selective** and choose evidence that **best** demonstrates your learning- 'trim the fat from the bones'.
- Ask for **feedback** from your supervisor about your portfolio as it develops, **do not leave it to the last minute**.
- Make sure the portfolio is **learning centred** and NOT just about what has been done.
- Use **assessments wisely** to demonstrate the learning achieved.
- Make use of opportunistic learning by **reflective pieces**.
- Consider deep career defining and not superficial learning.

Tips and Tricks

- Know your residents e portfolio
  - Use of developmental log
  - Variety of assessment
  - Use your mid point reviews to support progression
- Know the curricula to support gaps
  - Support resident through their PDPs
- Challenging conversations
  - How is the tag relevant to the KC?
  - would it better elsewhere in their curriculum ?
  - Is your resident multi-tagging ?
- Attend ARCP panels
  - Supports your educational learning (and evidence for your appraisal)
  - Information on what a poor, good or excelling portfolio looks like

Any Questions ?