

Lifelong Learning Platform Guidance for Higher and Advanced Training

Higher Training

This document provides guidance on how to approach uploading evidence into the LLP for successful completion of higher training. The clinical aspects of the curriculum are familiar and are covered by the following:

1. Clinical Requirements:

A **minimum of 9** of the general units (airway, cardiac arrest, POM are mandatory)

4 specialist Units (Cardiac, Neuro, Paeds and ICM)

Optional units (including Burns, Vascular, Ophthalmics and Pain)

Critical Incidents should be recorded, titled appropriately and reflected on as free standing reflections. There is no critical incident module for higher or advanced. Critical incidents can be linked to the Advanced Clinical Practice Domain as evidence where an appropriate lead is taken in dealing with the critical incident.

All completed clinical modules should include the minimum number of WPBA's with evidence of reflection and personal activities for the CUT to be signed off.

2. Non clinical/Annex G Requirements (Found under Curriculum/Non Clinical Tab)

Trainees should engage in the four areas, CUTS required for all i.e.

Academic and Research, Improvement Science, Teaching & Learning and Management.

The non-clinical section includes the Annex G requirements for ST5-7. These are modules in their own right that require evidence to be linked and CUTS signed off by supervisors by the end of ST7. Previously this has been a tick box on the ARCP checklist but with the development of the LLP the relevant CUT should be completed for successful completion of higher/advanced training.

The non-clinical Annex G CUTs are **separate** from the Domains found in the advanced curriculum tab. The Advanced Domains should be completed as part of the advanced module year.

Evidence required takes a similar format of WPBAs, reflections and personal activity but the main focus will be on activities and reflection.

There are examples provided on the LLP under unit details for each module of appropriate evidence to demonstrate learning and understanding for the unit. The examples below suggest appropriate evidence to include in these non-clinical units, which map to the Welsh School checklists. Please be aware that the checklists will change to map the LLP.

Academic and Research examples

- Attended and includes reflective diary of 15 audit, MDT, M & M, journal meetings
- Presented Literature review
- Attended a Research Course (eg PFSD in research methods or equivalent)
- Presentations at regional, national or international meetings.
- Case report /review article/journal submission /department guideline development

Improvement Science examples

- Leads and supervises others in a QI project (IQT Silver project)
- Presents QI (oral/poster) at regional, national or international forum eg PQUIP
- Evidence of implementing change through completing an audit cycle
- Evidence of involvement in local Critical Incident reporting system
- Critical incident reflective diary
- Attended and includes reflective diary of 15 audit, MDT, M&M, journal meetings

Teaching and Learning examples

Mandatory completion of an ACEX related to one session of teaching

Formal Teaching should include:

- delivered a programme of teaching with relevant core learning outcomes, how the topic was delivered, the target audience and how many, with appropriate feedback and personal reflection
- Participation as Course Faculty
- Any Higher educational degree/ MSC / Diploma linked to teaching or education
- Development of a course

Informal teaching should include:

- In theatre/daily practice, this information could be captured from the LLP logbook.
- Reflection should be completed on any teaching episode and linked to the teaching module, reflection could be done on feedback from a teaching session
- Could do a CBD on a selected educational topic by ES or module lead
- Deliver local sessions of teaching eg in-situ sim or mobile airway/regional teaching to catch people in theatres.
- Completes WBPAs for junior trainees

Management examples

- Leading and coordinating departmental clinical governance meetings
- Shadowing of CD or departmental manager.
- Organise local trainee rota day to day and on call.
- Involvement with a National database – e.g critical care network, Hip fracture data base,
- Represents a local or national committee.

- Trainee departmental lead (attendance at STC/ Educational committee/ Wellbeing lead) If you have not got a lead discuss with College Tutor about developing this role.
- Service development, knowing how to develop a proposal to implement change to delivery of care e.g. Set up a Rib Fracture analgesia pathway.
- Understand the management structure of a tertiary centre (trauma, specialist services etc)
- Development of patient information leaflets

Advanced Training

Advanced training must include:

1. One year of Specialist Clinical (usually 2 modules) OR 6 months Specialist Clinical + 6 months Non- Clinical Modules with CUTS completed for each of these.

2. The 6 overarching Generic Domains need to be signed off as part of the whole advanced year. There are CUTS for each Domain which must be completed. The non-clinical domains will require evidence that might fall outside the standard use of WPBAs. The expectation as an advanced trainee is that much of the evidence will be from reflections and feedback. Use the Unit details for each Domain for further guidance.

Advanced tab - Specialist Clinical/Non-clinical Modules

Evidence required to complete advanced specialist modules includes WPBAs, Personal Activities, Reflections, Logbook review and Consultant Feedback. This evidence will be checked to ensure core clinical learning outcomes have been met. Each advanced trainee will have a bespoke training template agreed with the module lead at the start of the training period to ensure a clear mutually agreed plan with goals that complements the trainee's interests.

If trainees are undertaking a non-clinical Advanced specialist module (education, research, management) their evidence will need to be inserted into the appropriate advanced domains, clearly labelled as a complete advanced module.

Overarching Domain Modules (advanced tab)

1. Clinical Practice

Straightforward on LLP and should complement the relevant clinical area. This reflects the senior role in providing advice and guidance in clinical situations rather than the specific clinical skills. Review of the unit detail is very helpful as to what is required. Evidence required is 1 A-CEX, 1 ALMAT and 1 CBD.

Trainees who have a non-clinical advanced module e.g. management, education or innovation should add any out of hours experience involving direct clinical care of patients which can be mapped to this domain.

2. Team Working

An ALMAT is a minimum requirement of evidence for this module but may well also include activities and reflections. Examples could include a busy night shift where you have coordinated and ran the on call team at a senior level. Other examples may include taking the lead role in organising the admission and care of a challenging patient that requires interaction with multiple specialties to ensure a smooth clinical progress. This would be

undertaken as part of your advanced clinical module but shows team working skills.
Attendance at MDT meetings and taking on roles within that group.

The emphasis of this domain is on reflection to which the competencies can be mapped.

Seek regular feedback from your advanced module supervisor in written format to demonstrate this. Other people to ask are Consultants on call or other senior members you have interacted with during the shift.

3. Leadership

Evidence of how to lead a team and develop the leadership role expected of a Consultant. Much of the evidence will take the format of activities and reflections, but could be a CBD or ACEX on leadership in a complex case or on call.

Take the lead on the investigation of a complaint e.g blood sample labelled incorrectly and no cross-match available, needle stick injury.

Leading a team debrief following a complex case or critical incident.

Show professionalism in communication with peers, trainers, managers whether personal (face to face) or electronic/written.

Follow up of patient following an adverse event – unexpected difficult airway, anaphylaxis, MH case or patient death.

4. Innovation

This should be part of your advanced module project and should be specific to your area of interest.

Guideline – change in service, staff training, ongoing development

Research – keep up to date with the specific research in the advanced module area and be able to critically review the most recent evidence in that chosen area.

Non-clinical advanced training in Innovation/Research should be evidenced in this section.

5. Management

This pertains to the advanced clinical modules. Trainees should demonstrate that they understand how services and facilities are developed and financed. This can be at local, regional or national level. It maybe as part of the clinical module or be on broader aspects such as trainee/patient welfare or sustainability projects as examples.

Recognising a deficit in service or facility and contribute to planning the development to address deficit.

Non-clinical advanced training in Management should be evidenced in this section.

6. Education

Trainees should demonstrate education in the relevant area eg regional blockade, TTE, advanced airway techniques. Develop contacts and professional presence in the wider specialist area organisation thus developing an education network for Consultancy

Leading a post fellowship study day in the relevant specialist area. Developing feedback skills to provide effective and timely guidance and to recognise and start to deal with a poorly performing trainee.

Understand the structure and interaction between the GMC, DoH, HEIW, College and Welsh Government.

Non-clinical advanced training in Education should be evidenced in this section.