

LSP Shape of Training FAQs



Welcome all! When you signed up for our Shape of training information evening, we asked you for your questions! And here they are answered in full by a select few TPDs, trainees and our Head of School, Jonathan Round.

This document is currently still under review so forgive grammar and spelling errors!

BASICS (will be answered in our talk and found on our webpage)

1. Are there a minimum number of years to be completed at each level of training?
2. What are the requirements to swapping onto the new curriculum, when partway through a training level?
3. How will Grid training fit into ShOT? I'm starting ST4 from this September, can I apply for grid training this year or do I need to wait till next year? For trainees who are starting ST4 from March 2023, will they be eligible to apply for Grid posts in 2023?
4. When will it be implemented, who can we go to with queries
5. The latest guidance mentions there will be an 'element of choice' regarding transition to speciality training. Please could you expand on this.

ARCP/EXAMS/COMPETENCIES

- What are the community sign off requirements for ST4?
The curriculum is not drastically changing, just being restructured into 2 levels rather than three, so the competencies you need to achieve are similar. The full Progress+ curriculum is already available on the RCPCH website to view.
- How will this affect linking competencies on Kaizen?
All currently tagged evidence will be pulled through to Progress+ curriculum, so nothing will be lost. You will then continue to tag in the same way as you do currently to key capabilities.
- What, if any difference would there be for trainees who have winter ARCP?
Unless you are at a transition point, you can just carry on basically, and will move to Progress+. Then subsequent ARCP will be on Progress+ curriculum. Those at a transition point may need to have a summer ARCP
- I am a full time ST2 now (June 2022). When do I need to have completed the clinical exam by?
All written exams should be completed by the end of ST3 and the clinical by the end of ST4.
- Will our core competencies change with the new Progress+ curriculum?

Mostly they will not – it's a change of emphasis (more integrated health, mental health, public health) and not a new curriculum. It has just been restructured into two levels rather than three. The Progress+ curriculum is published on the RCPCH website already to see.

SPIN/GRID

- I would like info on what this means for spin/grid applications to be able to guide and advise trainees.

SPIN placements will meet SPIN curricula requirements as is the case currently. SPIN is not affected at all by the changes, as it sort of sits outside of training progression.

- How many times can you apply GRID training?

GRID can be applied for as early as ST4, so as to start in ST5. The guidance is that there is no limit to the number of GRID applications that can be made, but you have to be able to complete the programme in the remaining training time that you have. In practice this means starting after ST6 is impossible (in P+), unless you have already some recognised training for the GRID programme.

- Numbers of grid posts - any changes expected, competition ratios in next few years.

GRID numbers are set centrally, and each training school then takes according to space in its programmes. In London we are not planning to make changes to our programme numbers that can take GRID trainees.

- Could you clarify eligibility for GRID application - is this competency and not time based, i.e. if can achieve all level 2 competencies in one year - even if working part-time, can someone starting as ST4 in September 2022 apply in winter 2022/23?
- Are GRID applications/Subspecialty training applications going to account for the increased volume of applications at the introduction of Progress+
- How will the likely bottleneck for GRID applications be managed (whether more posts will be created etc), thanks
- Will subspeciality be possible (or SPIN style augmentation to the portfolio) for those keen to subspecialise in non clinical areas, such as management, education, quality improvement?
Currently SPIN and subspecialty are remaining the same, but there are discussions around other areas that could be RCPCH SPINs. It is noted that there are already many alternative options to gain recognised qualification in management, medical education and other non-clinical areas pertinent to work as a consultant.

PAY

- How will the pay work? Will the pay increase that is currently at the old ST6 move to the new ST5 so reflect the start of specialty training and increased responsibilities, or move back to the new ST6 so only cover the last two years of training?

The pay increase will remain at ST6, in line with the 2016 contract pay scales. The fifth nodal point applies to all doctors across all specialties who are at the grade of ST6 and above in all trusts across England. Please see discussion around 'senior decision makers' in the answer in the Level 2 section, page 2.

- Do you want us to step up early in ST3? If so, will we be paid as registrars?

The JD contract looks at training grade, not what you actually do. Most other specialities consider ST3+ as a registrar, so to a large extent, our ST3s are already being paid as registrars, from, say, an IMT perspective.

ROTA

- Will there be a large gap in SHO and middle grade rotas and how are these going to be addressed in London? Won't there be a year where there is a lack of SHOs?

- What is the Rota impact?

The overall effect of P+, from a rota point of view, is to move the transition to middle grade forward by 6 months and consultant by 12 months. There are approximately 300 junior tier paediatric trainees in London, so potentially for that 6 months, this would be reduced by $\frac{1}{3}$. Similarly, one would expect a reduction of 100 of the 500 middle grade paediatricians every other six months. However it is nowhere near as simple as that. Trainees remain the largest part of the non-consultant workforce, but there are many other groups in both tiers to buffer any losses. Trainees also rapidly become out of synch with each other - taking time out or going LTFT, which will blur the loss of actual numbers.

The bottom line is that trainees are not there to prop up rotas, but to become consultants. The RCPCH is clear that 7 years is sufficient to train in. Any shortfall for trusts can be managed by their own, perhaps more creative, post management.

- If the rotas have an SHO and an SPR rota, how will decisions be made about the role of an ST3 before they start a rotation?

The expectation is that the ST3 will transition to the middle grade rota half way through the training year. There will be a lot of support around this, and of course some sort of ES sign off.

Mostly it will both in the trainee's and the trust's interest to get this right. Ultimately the trust is the employing organisation and able to deploy a trainee where it feels most appropriate.

SUPERVISION

- There is a suggestion TPDs meet with ST4s who have a choice of which way to go; do we arrange that or will we be contacted when the time comes

We will arrange some sort of matching event. Career guidance is also important, and trainees are advised to explore their career path with the ES, College Tutor, TPD or at a contact meeting.

- If the number of generalists is going to increase significantly, will specialist consultants still be taking on solo ES roles, or will more trainees require a dual ES & additional CS approach to their training?

The number of trainees is not changing, and the proportion going into sub-specialty is not significantly changing, so I don't think that there will be more generalists.

What has changed is the emphasis on general paediatrics training being something specific and specialist in itself to aim for, rather than missing out on subspecialist training. General Paediatrics now has its own CSAC, looking at what should be in their curriculum.

- With an aim to create many more general trainees (with specialist interest) will Level 3 trainees increasingly require two supervisors - and ES and a CS? Whereas previously a, say, cardiologist would 'do', will trainees now require a cardiologist AND a generalist?

Every trainee needs supervision to meet their needs - to provide an overview and also feedback from their workplace. This already applies in many settings, especially if a trainee is in a trust for a year, but in two departments. Also SPIN trainees already have a supervisor for their SPIN at the point of applying for SPIN, who continues across placements, whereas the ES changes with placements.

- **How to support those trainees transitioning between current curriculum and progress+ In their portfolio requirements (if changes to what is completed at different stages).**

The requirements are similar, with different emphasis only. It is not envisaged that this will be particularly tricky once trainees are familiar with P+.

- **How can we support the trainees without impacting on patient outcomes**

We are all going to have to think about different ways of working. Trainees are likely to continue to provide the OOH support they currently do. Daytime work will focus more on training with departments changing the way they work/ support the service to deliver this.

- **How would we support trainees who would not wish to be Reg at ST3?**

This is a really important question. There are several things to note. Firstly, the majority of the rest of the UK sees transition to the middle grade in ST3, sometimes at the end of ST2. Trainees in many other specialities transition after just two years of training in that field, albeit with perhaps a little more experience in FY relevant to their work than paediatric trainees.

There is no doubt that the vast majority could be ready for this transition, and to a large extent it is a matter of expectation, and gearing up for the change. Trainees at this transition are typically 28-29 years old, very bright and motivated. In other industries they would be given far more responsibility that we allow our current ST3s.

Lastly, it's important that both the department and the trainee feel they are ready, so discussion and a formal sign off, supported by Sim and other interventions should be effective at ensuring that this transition is just as safe and exciting 6 months earlier than it happens now.

- **Will the TPD for ST4s be the same TPD for ST1-ST3s?**

London is a big region, and our placement TPDs manage large numbers of placements.

Amalgamating their work would make it untenable. We will continue with three TPDs mapping to sectors in ST 1-3a, and two for ST 3b-4.

OOP

- **How will there be 'more opportunities' for OOPs compared to current set up? Does it affect your OOP opportunity? If we are slightly moving away from a time-based training programme, will there be a limit on how many OOPs we can take? Can we take more than one OOP? Or back to back?**

OOP is a process with pretty clear guidance as clarified in the Gold guide. The rhetoric from the RCPCH is around increasing flexibility, using OOP. London is already well ahead of the country in this regard.

There are limits, and all OOPs are discretionary, intended to enhance the trainee's training and life, but not damage the functioning of the programme. Maximum time is allowed, and we will continue to encourage trainees to use OOP within guidance to benefit their lives and careers.

- **How will this fit in with trainees wishing to apply for an ACF during ST2/3?**

ACF application is not affected by the new curriculum. ACF continues for 3 years irrespective of where the trainee is in their career. For instance if a trainee applied in ST1 for an ACF, they would start as an ACF when they would have been an ST2, and would continue to the end of when they would have been an ST4, transitioning to the middle grade rota during that time. ACFs and CL training is pretty bespoke anyway.

- **What happens if you take TOT mid current level two at the transition point?**

Time out of training, whatever the mechanism, may lead to your returning after the introduction of Progress+. You will simply be assessed at the next ARCP on the new curriculum. Your ST number will not change.

- **How does this affect trainees in Paeds ID who may want to work for a time abroad?**

Not at all, as this can still be done under OOP arrangements.

ACADEMIC

- **How will it affect academic trainees**

ACFs and CLs will also be on the P+ curriculum. The timings of ACF and CL application do not match with other training transitions, and already there is no issue with an ACF placement (for instance) running over the transition to middle grade working. The only stipulation is that CLs must not go beyond CCT.

POSTS/ALLOCATIONS/MATCHING AT EACH LEVEL:

LEVEL 1

- **For new ST1s starting September 2022, how do jobs after ST1 get allocated? Do we get a choice & do we get ranked again etc?**

When the rotations were put onto Oriel for the 2022 starters, we were not able to finalise all the level 1 rotations. All rotations have been designed to keep trainees within a geographical area and minimise the number of trusts that a trainee must rotate through. Each offers DGH, then tertiary experience before returning to the same DGH for the start of middle grade work.

In practice there is quite a bit of flexibility that the TPDs endeavour to use to allow trainees some choice in their posts as gaps open up due to OOP and statutory leave.

- **For those finishing ST1 in Sept 2023, how will future level 1 (ie.ST2/ST3 posts) be allocated?**

This is covered by the previous question.

- **Are we able to take multiple OOP years? ie. between level 1 and level 2 but also within level 1 or level 2**

The Gold Guide gives the guidance on OOP and we will continue to follow that. OOP is intended to benefit trainees working lives and careers. However they are discretionary. If an OOP is likely to adversely affect a trainee's overall progression or the number of OOPs being requested across the programme be enough to damage the experience of those not on OOP, this could limit the number going OOP.

It remains very problematic for trainees to progress in training if they go out of programme before being fully established as paediatricians. The largest single hurdle is of course the MRCPCH, and only in exceptional circumstances will any OOP be allowed before the clinical is completed.

- By which point in level 1 training will we need to choose whether we continue general paediatrics or enter subspecialty training?

You will need to decide by the end of ST3 as applications will be in early ST4 for GRID. In reality it is a good idea to think about this much earlier so as to accumulate evidence useful in the selection process for GRID.

- Is there a fast track route as it has been applied in ST1 entry previously for people with previous paediatric experience?

Fast tracking will exist under Progress+, but the details of this have not yet been clarified by the RCPCH. Progress+ is capability not time based so if you provide evidence for all capabilities we expect you can complete the Level in a shorter period of time.

LEVEL 2

- What is the effect on Joining training at ST4 level?

ST4 is the last year of level 1, better termed 'core' in the new curriculum. There will continue to be an entry point to training at ST4 level for those with experience equivalent to this level obtained in the UK or elsewhere, and this process is run by the RCPCH. It is likely that the ST3 entry will be phased out in the near future.

It is expected that those joining at ST4 will be ready to move to specialist training at the end of a year (WTE) of training.

- For those who do not have ST4 posts as of yet, will these still be allocated by matching?

All ST4s starting in September have posts for 6 months - those who don't have them for March will be allocated towards the end of this year. And yes, ST4 posts will be allocated by matching.

- After ST4 can you apply for jobs pan london? E.g if South London trainee can apply for jobs in North London?

Specialist training (ST5-7) will be pan-London, so placements will be made by the specialist training placement TPDs (Atefa and Shanthi) in a matching process.

- Will there be change to current community and neonatal posts?
- Will we have to undertake community placement?
- Is a community rotation mandatory during level 2 or 3 training (a time the moment it is 2)
- Is 6 months each of community and neonates still a requirement for core registrar training?

The curriculum is competency based, so in theory one need not do any placement at all! However, one needs to be in the workplace to have experiences to accumulate evidence of what you can do, and more importantly to learn how to manage the range of situations that one comes across in a paediatric career. As all CCT holders have a General Paediatric CCT, this will therefore entail some time in neonates and in community placements.

The programme management TPDs will ensure everyone gets at least 6 months focussing on each of these in core (ie up to end of ST4).

- How will ST3s transition to reg posts when we have SHO rotations? How will we get sufficient training time as middle grade regs?

Transition to the middle grade rota will happen in the second half of ST3 assuming your training is going well and you and your supervisors feel you are ready for this transition. This will allow 18

months WTE at core, on the middle grade rota before the start of specialist training. The aim is for the second six months of the ST3 year to be in the same hospital where you will continue as ST4.

- What changes does it have in ST3 - moving onto a middle tier rota? How does it affect choosing subspecialties?

This transition is the only substantial one. It does not affect choosing subspecialties.

- I will have done a community job in ST1-ST3 - due to the shape of training, can we ensure we don't have to repeat our community rotation in ST4?

It is not a mandatory requirement anymore to do more community, so placement TPDs will work with trainees to ensure placements at ST4 meet curriculum needs and individual career choices.

- If you are only doing 12 months of ST4, do you get to choose to do 2 out of the 3 in either Gen Paeds/Neonates/Community Paeds? Or will that be allocated by local hospital?

Essentially yes. The exact mechanism of this is yet to be clarified and may be different in North and South. At the moment we are looking at placing trainees at a site where they will either do General/Neonates or General/Community. Which will be chosen will be based on the training needs, prior experience, career intentions and local opportunity.

- Will 'senior decision maker' status continue to be at ST6 or will be it moved down to ST5?

Senior decision maker is a term used in the junior doctors contract to recognise a step change in responsibility in many medical and surgical specialties at that stage. This is less relevant in the paediatric workforce and maps poorly onto the "core/specialist" transition as the roles will be functionally similar. We will continue to take advantage of this uplift at ST6.

LEVEL 3

- I am ST6, how will this affect my CCT date?

It will not. The specialty programme remains 3yrs for those entering ST6 in 2023.

Put another way, every training will be allowed to have 3 years of speciality training even if they are entering or already in specialist training at that time.

- What happened to trainees about to enter level 3. Can we cct at St7 if we want to?

If a trainee is completing ST5 in August 2022, they will enter ST7 at the time of transition to Progress+. They would be able to finish either at the end of their ST7 year or do an additional year of ST8 to make three years of specialist training. The terminology of 'fast track' may not be useful, but a fast track form would be helpful.

- What are the options for current Level 3 trainees? Can they opt to do 2 years at Level 3 if competencies are met, so their total training time is 7 years? Or would this require fast-tracking?

See above

- What this means for those currently in ST7, with CCT date in March 2024 but planning to fast track the last 6 months.

Progress+ will not affect this process at all.

- Will trainees in level 3 all have to move across to progress plus? Particularly if their training is prolonged by OOP or LTFT so their CCT date is pushed back?

If your CCT will be before Sep 2024, you can stay on current curriculum. If your CCT date is after 15 Sep 2024, you will move to Progress+, wherever you are in training. This will be done by the RCPCH eportfolio team automatically.

In reality the curriculum is not hugely different, with a change of emphasis. Child mental health and public health are areas that have grown in importance.

- **Will this create a bottle neck for consultant posts?**

This is a national issue and one we cannot completely answer. We don't think this is going to be a significant issue for the next couple of years at least. After this the vagaries of individual training will not lead to real issues, however really competitive jobs will be just that bit more so.

Effectively there are going to be an extra 300 trainees or so reaching CCT over a 3-4 year period with a baseline of around 1200 over the same time period.

- **Is there a plan to add more START assessment dates as more trainees get closer to CCT after Shape of Training comes in?**

I believe the RCPCH has plans for additional START dates.

GENERAL POST QUESTIONS

- **Noting scrapping of requirement for 6mo blocks (neonates, community paed) what is the likely rotation pattern during core training or will it remain unchanged? When will decisions be made in hospital allocations noting only first year details provided via oriel for ST1s starting in summer 2022**

In London we are planning to stick with 6 month blocks as there is really no evidence that shorter ones are better for training. Yes, there are more departments you could visit, but less chance to become expert in any one of them.

The rest of this question is addressed on the first page of the FAQs.

- **When is the earliest that an SPR can be allocated a rotation in a sub-specialty (at the moment it's ST6)**

ST5. So applications could be in ST4. There is no limit to the number of applications, but it would be wise to think carefully and discuss with the school how best to make your application strong. This could be with an OOP after ST4 for instance.

- **What happens to training sites who have a lot of ST7/8s**

Specialty training remains a 3 year programme. So they are going to have more ST5s and less ST8s. However, the change in emphasis of progress+ on child mental health, public health, integrated care will mean trainees CCTing in gen paed may benefit from typically spend 18months in gen paed/ DGH placement in the 36 month programme.

LESS THAN FULL TIME TRAINING - we have created some scenarios to explain the questions we received below

- **Could you please explain what Shape of Training will mean for LTFT trainees at the later stages of training? (ST6/7, but CCT date after 2024- would trainees in that position still have an ST8 year/will ST8 be optional providing competencies met?)**

If you are already at ST6 or beyond, nothing will change. Specialty training still is three years WTE, so you continue as expected. The RCPCH is still finalising exactly how the naming of years will work.

- **How does this timeline affect LTFT trainees?**

As at present, the difference between LTFT training and whole time is only in the conversion of WTE months to calendar months. LTFT training is still 7 years WTE, increased in proportion with the amount of LTFT applied. It is certainly more confusing, with ARCPs happening every calendar year, but not at the end of the training 'year'.

Here are some case studies to illustrate this:

ST4 trainee working at 60% who started ST4 in September 2022 or March 2023

Will have completed either 7.2 months or 3.6 months WTE ST4 when Progress+ comes in

This trainee will not have had time to achieve core competencies, so remains in core training as an ST4 from September 2023.

Advise early discussion with ES/TPD to plan progression point to Specialty training

ST4 trainee working at 60% who started ST4 in March 2022

Trainee will have completed 10.8 months WTE ST4 when Progress+ comes in

The trainee is likely to remain in core training as an ST4 from September 2023. However if the trainee has achieved core competencies and passed MRCPCH Clinical could progress to Specialty Training in September 2023.

Advise early discussion with ES/TPD to plan progression point to Specialty training

ST4 trainee working at 80% who started ST4 in September 2022

Trainee will have completed 9.6 months WTE ST4 when Progress+ comes in

The Trainee will remain in core training as an ST4 from September 2023. On the other hand if the trainee has achieved core competencies and passed MRCPCH Clinical could progress to Specialty Training in September 2023

Advise early discussion with ES/TPD to plan progression point to Specialty training

ST7 LTFT trainee

Has been a higher trainee on PROGRESS curriculum since starting ST6 in September 2020, due to move to ST8 in September 2023. The Doctor will be working at 70%, so has a provisional CCT date of March 2025.

Guidance says "Can stay on PROGRESS curriculum until 15 September 2024"

What does this mean for this trainee?

OPTION 1:

move to PROGRESS+ curriculum for remaining 1.5 years of training (18 months of ST8). Remember that PROGRESS + is a change of emphasis rather than significant new content. None of the learning acquired to date will be lost and all capabilities will be carried over and mapped to PROGRESS +

OPTION 2:

after discussion with supervisor remain on PROGRESS curriculum and return to full-time training or fast-track to CCT in September 2024

LTFT With a Winter ARCP

ST5 trainee working at 60% who started ST5 in March 2023 following a winter ARCP, due to have next ARCP in winter 2024. The trainee will have completed $12 + 3.6 = 15.6$ WTE months of core training when Progress+ comes in Sept 2023.

This trainee could have achieved their core competencies and be ready to progress to Specialty Training (ST5) in Sept 2023

Please discuss this with ES/TPD early to enable an additional summer 2023 ARCP, otherwise can wait to move to specialty training (ST5) in winter 2024. Will still move to Progress+ curriculum in Sept 2023.

Please note:

- A number of trainees (not just LTFT trainees) have winter ARCPs
- We are aware that the RCPCH examples only reference summer ARCPs by talking about trainees “finishing” ST levels in Summer 2023
- Can move to Progress+ training levels from Winter 2024 ARCP onwards
- We advise those with a winter ARCP to discuss their individual circumstances with their ES/TPD

HARD QUESTIONS

- **Impact on workforce for Neonatology - what is London's strategy?**

Workforce forecasts are put together by the college and NHS-E. From these, the number of GRID trainees in the country and by region are planned. Each year we put in training rotations for all specialities. There is no plan to materially change these for the next few years at least.

- **Why are we shortening training further? Juniors have less continuity, less independence and less confidence.**

There are multiple reasons, and the P+ changes address both continuity and independence directly. Other changes in how trainees are supervised can address confidence, although this is not a simple issue. Feedback from medical students and foundation doctors suggested that they were put off applying to Paeds due to length of training. The new curriculum brings us in line with other specialties. This may improve recruitment and retention, as well as Progress+ seeking to be more flexible.

Progress+ improves continuity with fewer changes between trusts and opportunities for longer relationships with supervisors.

- **Do we have enough evidence to believe that ST 3 trainees will have enough confidence and experience to be Registrars?**

They already are in many areas of the country. The idea is that they transition to a middle grade rota in a supported way at a time where they are assessed to be ready, in consultation with the trainee.

- **How is the college supporting attempts to recruit more middle grade doctors?**

The college envisages entry points at ST1, ST4 and ST5. The LSP sees that these later entry points could be very beneficial for trainees entering following experience in other settings, and would assist in some of the workforce issues seen. The paediatric workforce is likely to change in the longer term, but this is beyond the scope of this FAQ..

- Almost half of paediatric hospital admissions in the pandemic were mental health issues. Can you expand on how paediatrics and CAMHS might overlap in training to improve training in mental health as a subspecialty.

Daytime work will focus more on training with departments changing the way they work/ support the service to deliver this and provide opportunity to gain CAMHS/ public health etc bearing in mind that the general paediatric ward provides a wealth of opportunity to gain this experience. We are now developing a couple of OOP style mixes of CAMHS, adolescent medicine and general on call.

P+ is broadly the same as old progress, but one of the areas with greater emphasis is in child mental health.

- What is the pathway and support for CESR trainees? Clarifying the support for trainees still interested in their speciality but "lost in the wilderness" due to exams.

This is out of the remit of HEE. Individual Trusts are developing CESR support as a part of the wider medical workforce across all specialty.

It is not uncommon for trainees to step out of training for a few years to focus on matters beyond the clinical workplace, including exams, and reapply, re-entering paediatrics at ST4. This pathway is still open.

- How can we just knock off 1 whole year of training? Does this not affect the training we provide? Are we compromising on the quality for the need of quantity?

Firstly, quantity is not changing. The college has also noted that a large number of trainees accelerate their training. And stepping back a little, 10 years of clinical training after 5 years of undergraduate study is a very long time to develop, when compared with other industries. Sure, the longer you have the more experience you gain. But this doesn't stop at consultant level. Nowadays consultants work in teams, leaning on each other's experience and skillset throughout their careers. Lastly, there is something around expectation. If you know you have 2 years till you are the consultant, you don't ready yourself in a way that prepares you for this work in the same way as if this change will be happening in 12 months.

Training styles will also change: Trainees are likely to continue to provide the OOH support they currently do. Daytime work will focus more on training with departments changing the way they work/ support the service to deliver this.

Other Key Resources:

- LSP Website

<https://londonpaediatrics.co.uk/trainees-home/shape-of-training/>

- FAQs

This document will be sent out to you in the next 2 weeks

- Recording of tonight

We will aim to upload to our youtube channel and circulate the link in the next 2 weeks

- How will Progress + affect you?

<https://www.rcpch.ac.uk/resources/progressplus-and-me>

- FAQs:

<https://www.rcpch.ac.uk/resources/progressplus-faqs>

- I have an unanswered question. Who can I contact?

progressplus@rcpch.ac.uk

- I'm an educational supervisor how do I support my trainees?

<https://www.rcpch.ac.uk/resources/educational-supervisor-supporting-your-trainee-through-progress-transition>

- Paediatrician of the Future:

<https://www.rcpch.ac.uk/resources/paediatrician-future-delivering-really-good-training>