

Progress +
What does it mean for Clinical Leads
and Services



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Progress: 2018

To ensure the curriculum equips doctors with generic skills

- 'High level' outcomes based curriculum
- Based on generic professional capabilities
- Move away from tick box, time based training
- Capability based training
- Subspecialty curricula aligned to Progress
- Preparation for greater flexibility
- Better aligned to future ways of working



Moving to Progress+: 2023

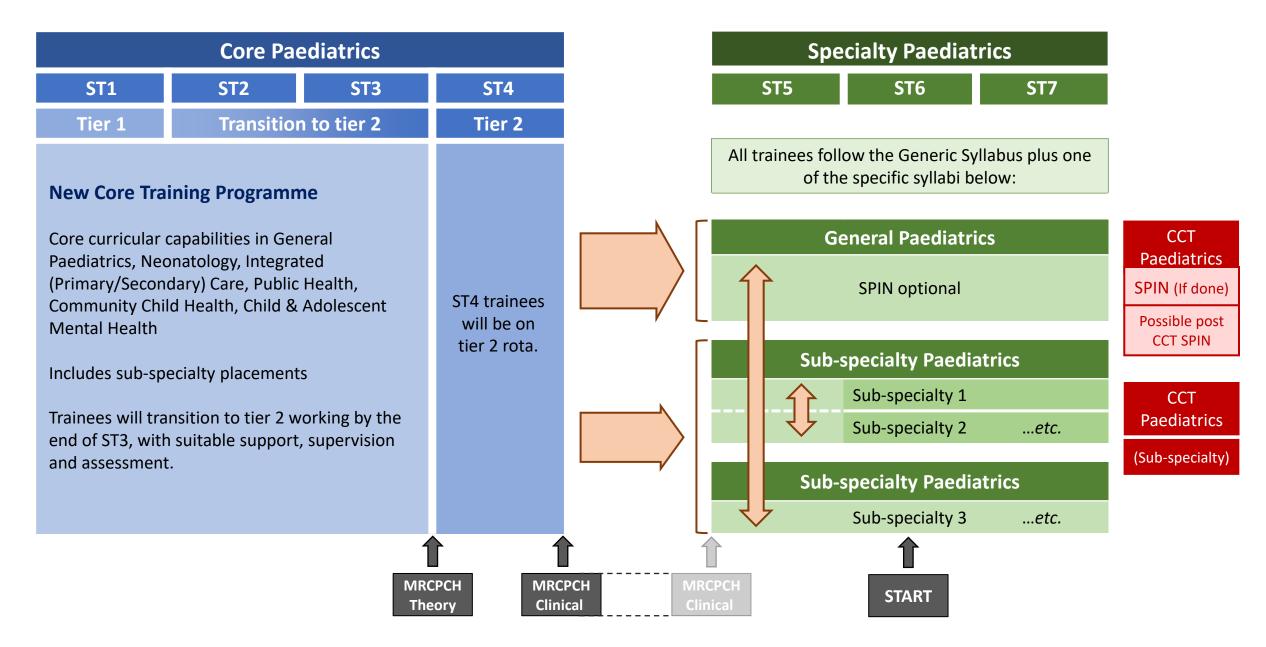
Structural Change

- Reduction in the overall indicative length of training from eight to seven years
- Change to two training levels; Core Paediatrics (Year 1-4) and Specialty Paediatrics (year 5-7)

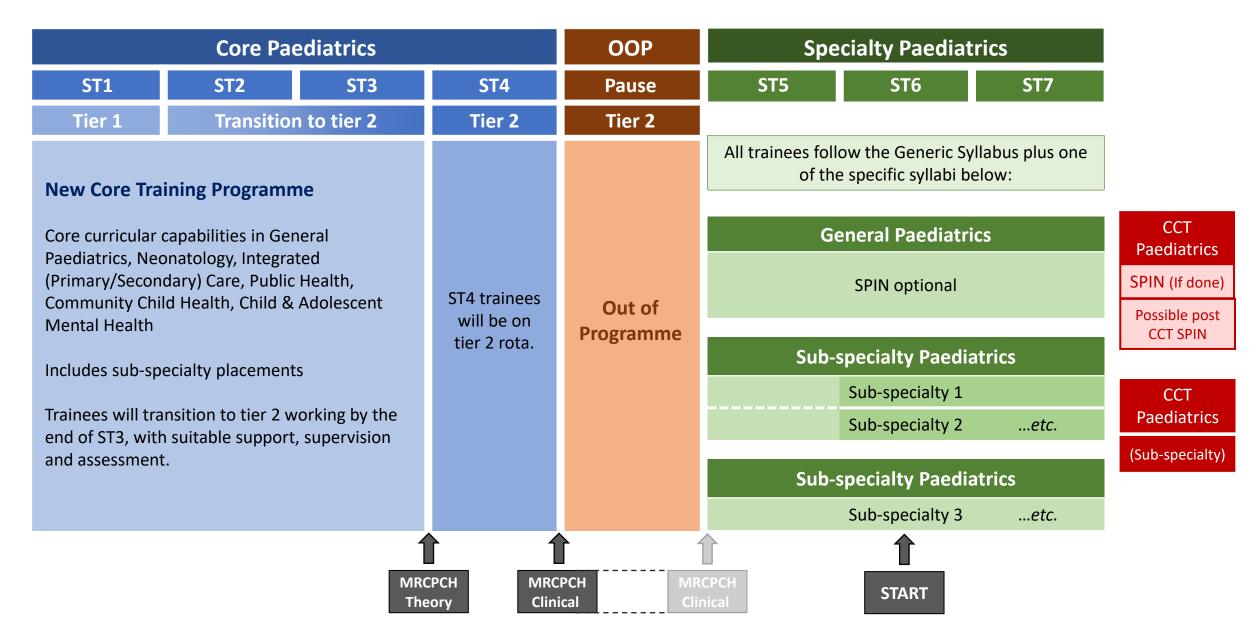
Changes with a view to improving flexibility:

- Embedding capability rather than time-based training
- Increased flexibility and breadth of placements to develop good quality core training.
- Moving away from fixed 6m blocks at specific training points for all trainees.
- Mapping of similarities between sub-specialties so trainees can change pathway and count capabilities already achieved
- Promotion of OOP opportunities

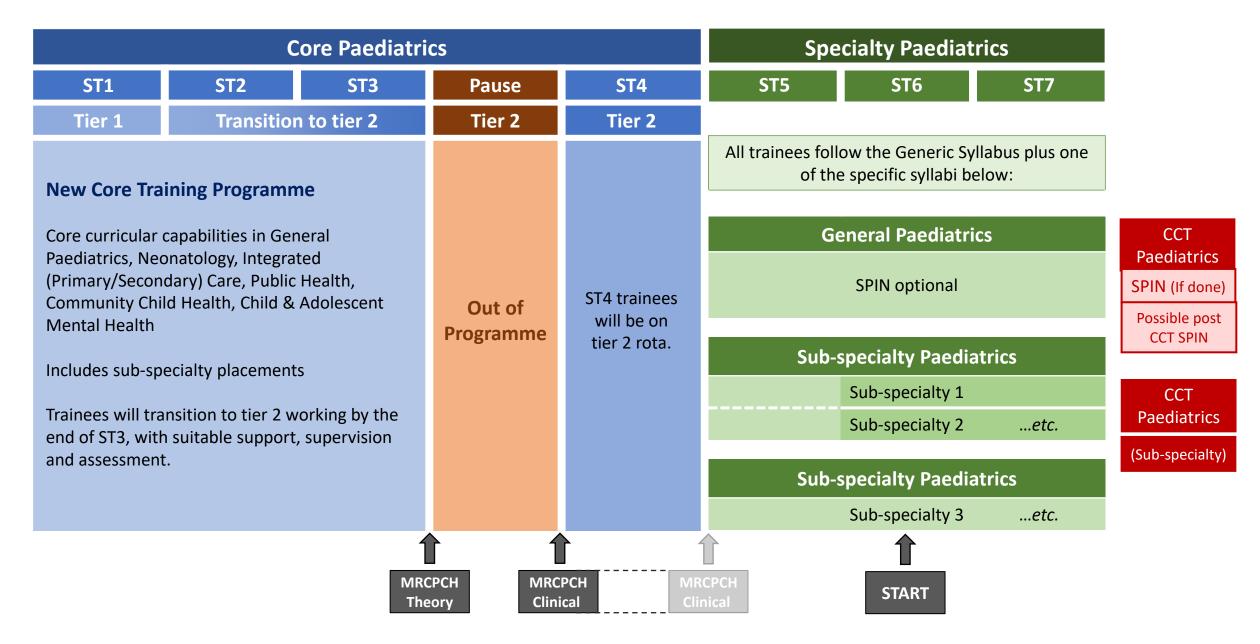








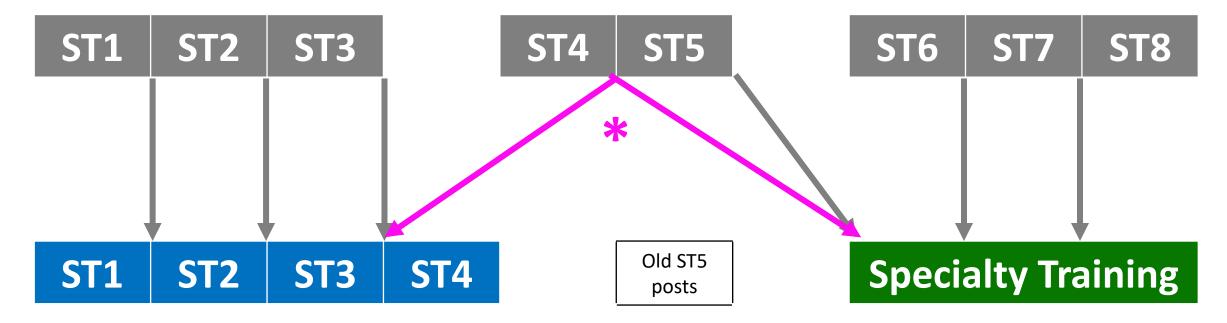






Progress+ Transition planning

Existing pathway



Progress+ pathway

* Trainee flexibility; to remain in Core or progress to Specialty



Core Training

- ST1-4
- Curriculum mandates capabilities in:
 - CAMHS
 - Public Health
 - Working across primary/secondary care and ICS settings
- Learning is about 'how' not 'what and where'
 - Enhanced supervision
 - No mandatory placement
 - Hands on supervision to improve early decision making skills
 - Formal assessment for readiness for tier 2 working
 - Expectation of core training to include General Paediatrics, Neonates, Community, CAMHs, public health.

Core Training

- Tier 2 transition to begin in ST2-3
 - Holding the registrar bleep
 - Running the ward round with supervision
 - Decision making on acute take
 - Supervision to be responsive and on site
- Assessment for independent Tier 2 working
 - ECAT (neonatal admission/acute take)
 - Supervisors report
 - NLS/APLS
- Independent Tier 2 working
 - Remote but responsive supervision
 - By start of ST4 or earlier

Specialty Training

- ST 5-7
- Very similar to current Level 3 training
 - 70% General paediatrics
 - 30% subspecialty
- Specialty Level will have indicative 3y training
- Flexibility to move between subspecialties
- General paediatric trainees should have subpecialty training opportunities.
- SPIN curricula will continue but also be open to post CCT holder.

Implementing Progress+ will help to encourage both trainee and trainer to think more creatively in their approach to Paediatric training; something of which was a key focus in producing the Paediatrician of the Future document.

Paediatrician of the Future: Delivering really good training

Paediatrician of the future: Delivering really good training

A guide to the RCPCH principles for postgraduate paediatric training and how to apply them within local training programmes

Version 1.0 October 2020





Describes the principles of an excellent training programme.

Training Principles

- Every patient encounter is a learning opportunity
- Complex case management provides rich learning opportunities
- Clinical reasoning skills are explicitly taught
- Patients and families are heard
- A biopsychosocial approach is applied at all times
- Leadership skills are developed and nurtured
- Learning opportunities are prioritised within workplace
- Educational supervision is high quality and consistent
- Morale and job satisfaction are improved
- Assessment is used as a learning tool
- Progression and length of training are personalised

...less concerned with the **what** and **where**

... more concerned with the **how....**



Considerations for service

Placements:

- 1. Increased flexibility in placements: moving away from 6m blocks at specific training points for all trainees.
- 2. May have less experiences ST1-3 trainees in some placements (eg Community and neonates)
- 3. Flexibility for more experienced trainees to do additional placements in community/neonates
- 4. Core Trainees will need to spend some time away from acute service

Considerations for service

Rotas:

- 1. Gradual transition to tier 2 working
- 2. Earlier acquisition of tier 2 working skills, but will require more supervision
- 3. Implications for out of hours consultant working with more junior registrars in some units.

Considerations for service

Learning

- 1. Need to learn from mental health cases in a variety of clinical settings: (acute ward, ED, primary care)
- 2. Longitudinal educational supervision is recommended
- 3. An apprenticeship model is not enough: Active training needs dedicated trainer time
- 4. Trainers need time to supervise trainees and assess readiness for tier 2 working
- 5. Self development time as per Trainee charter is vital.

Transition Period 2023 onwards

- How will trainees transition?
- Numbers and staffing implications
- What can clinical leads do now



Trainees finishing ST1-ST3 in Summer 2023

- Will move from Level 1 training to core training at ST2-4
- Expect an indicative 7 years in paediatric training
- Will transition to tier 2 rota during ST3 (or before)
- Will be fully on tier 2 rota in ST4
- Will start to transition to tier 2 rotas without the full MRCPCH exam



Trainees finishing ST5- ST7 in Summer 2023

- Unchanged expectations of total 3 years in 'higher' paediatric training.
- CCT date remains unchanged
- Specialty training under Progress+ (previously level 3)
 - General Paediatrics

or

Sub-specialty training



Trainees finishing ST4 in Summer 2023

This group have a choice:

Either:

- Remain in core training
- Indicative CCT date 2027
- Move into specialty training in August/September 2024

Or:

- Move straight to Specialty Training
 - General Paediatrics

or

- Sub-specialty training (applying in 2022/23 application round)
- Indicative CCT date 2026



Trainees finishing ST4 in Summer 2023

Why Remain in Core Training?

- For additional experience before Specialty Training
- To increase preparation and application opportunities for Sub-Specialty Training
- If level 2 capabilities have not been fully met

Why move straight into Specialty Training?

- Completed all Level 2 capabilities
- Ready to progress
- Appointed to sub-specialty training in 2022/23 recruitment

THIS IS A DECISION BASED ON TRAINING NEEDS AND MUTUALLY AGREED BETWEEN TRAINEES AND TRAINERS

NB – outcomes of sub-specialty applications for 2022/23 will be released BEFORE these trainees have to formally decide if they want to remain in Core or move into Specialty Training



What does this mean during transition period?

- ST1-3 numbers unchanged
- Will need more time away from acute rotas
- ST6-7 numbers unchanged
- Bulge in trainees at ST4/ST5
- May have an increase in OOP
- Potential for old ST5 posts in NNU/CCH to be unfilled or filled with less experienced trainees.
- Decision about how to use previous ST5 posts may not be finalized until Feb/March 2023
- Increased competition for sub-specialty posts
- More supervision time needed



Beyond the transition period

- Bulge in CCT holders finishing in 2026-2028
- Working with SEBs to maintain overall trainees numbers
- Workforce data and planning continues to be key to inform training numbers and needs between general paediatrics and subspecialties
- RCPCH working closely with all stakeholders to address workforce issues.
- Continued move to more multiprofessional workforce anticipated over time.
- Joint RCPCH/HEE ACP curriculum in development to support this.



Next steps:

Trainees:

- Discussing training pathway with supervisors/TPDs
- Thinking about future career plans

College Tutors

- Planning and delivering local events to educate trainees and trainers
- Promoting 'the paediatrician of the future' document
- Developing local teaching and training links with related specialties (CAMHS, Public health, primary care)
- Become familiar with Progress+ curriculum

Schools

- Reviewing placements and any necessary post reconfiguration
- TPDs working with trainees to plan training pathways
- Reviewing supervision models and moving to longitudinal supervision
- Working with units to provide subspecialty taster opportunities



Next steps: Clinical Leads

- Discuss post reviews with TPD/Head of school
- Review rotas to improve balance of service/training and to facilitate self development time.
- Consider creating innovative and attractive OOP opportunities
- Widen multiprofessional and AHP workforce.
- Review local supervision models
- Review consultant working patterns
- Identify opportunities for enhanced training links with CAMHS, Public health and working with ICS





Progress+ Curriculum

For more details...

- Check out our information packed landing page on the RCPCH website, devoted to updates and announcements about the move to Progress+.
- Just type in 'Progress+' in the search box on the website to find out more!
- For questions and advice email: progress-plus@rcpch.ac.uk
- RCPCH Training and Assessment team are very happy to support college tutors or schools with resources, planning or delivery of local events.



Any Questions?

