

## The background

In 2013 the government-commissioned UK Shape of Training Report outlined the changes required to medical training in order to ensure the workforce meets the future needs of the health service.

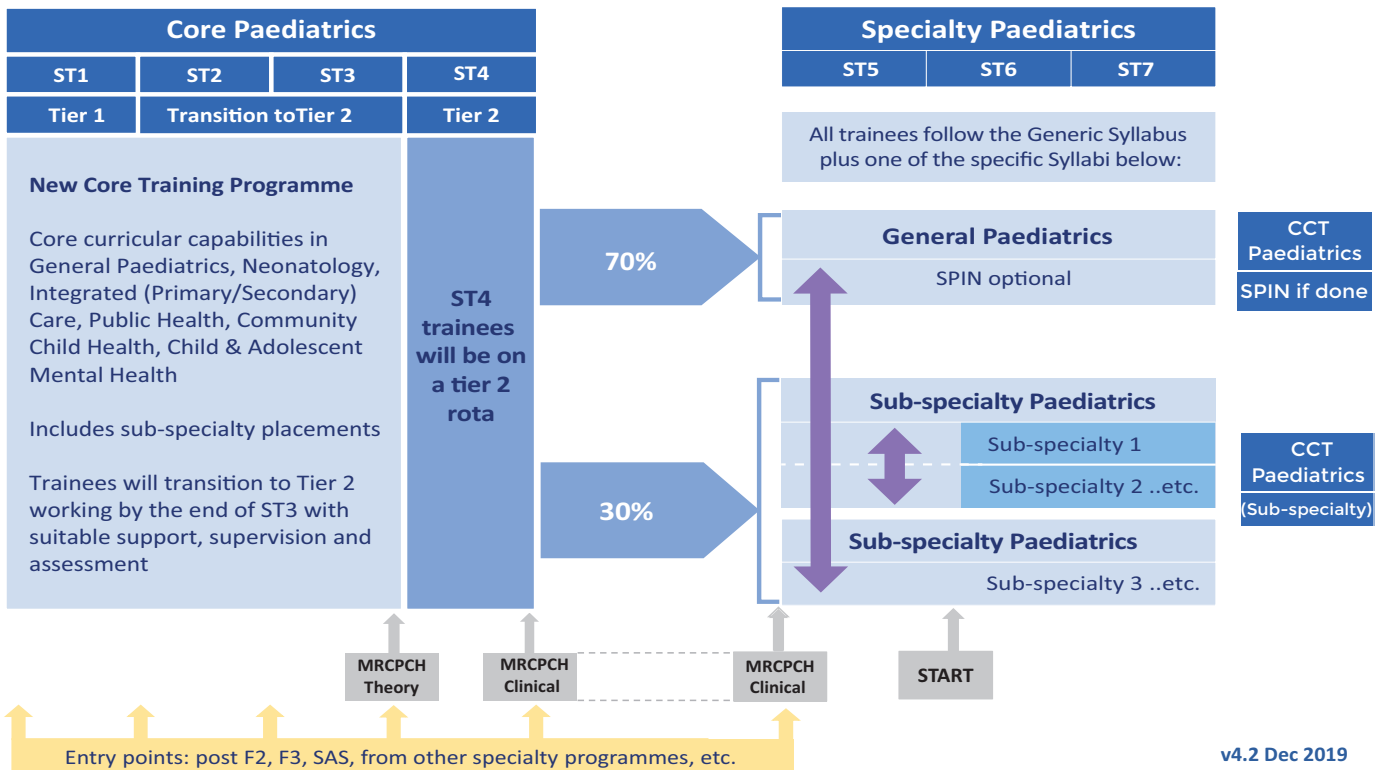
RCPCH welcomes this as an opportunity to review its current training programme, addressing not only the points raised by the Shape report, but also feedback from our members on their experiences of training, making improvements to ensure paediatric training is more flexible and adaptable for future service requirements. It is our vision that paediatric training will not end at CCT, but encompasses lifelong learning across a 30 or 40-year career path, so that a paediatrician's career can evolve alongside their lifestyle.

**Key Shape of Training Principles**

- Majority of clinicians to have core skills to deliver holistic care, including acute, unscheduled care.
- Increased flexibility to support changing trainees' and service needs.
- Progression based on capability, not time.
- Improved integrated/ ambulatory care.

## The RCPCH plan

The current training programme is divided into three levels – Level 1 (ST1-3), Level 2 (ST4-5) and Level 3 (ST6-8) over 6-8 years. To better reflect the one key waypoint in a paediatrician's training, as they step up to the middle grade rota, the new training programme will comprise two levels with an indicative time of 7 years.



A new suite of SPIN modules for trainees and consultants wishing to adapt their career path and to reflect service need are in development.

## Benefits of this model

- Continues to provide all trainees with the opportunity to develop specialty skills and knowledge, alongside their generic paediatric capabilities.
- Will set clearer requirements for the quality of training experience necessary.
- A two-level pathway will work more seamlessly with the academic training pathway.
- Training will be more flexible, in terms of entry routes, placement structures, out of programme (OOP) opportunities, and with the opportunity to complete Special Interest modules pre- and post-CCT (Certificate of Completion of Training).

### What is changing?

- Less prescriptive in terms of type and length of core paediatrics placements, allowing greater flexibility to meet trainee and service needs with a greater focus on future ways of working.
- More time to pass MRCPCH exams - theory exams prior to start of (ST4), and MRCPCH Clinical prior to moving to Specialty Paediatrics (ST5).
- There will be an opportunity to move between sub-specialties ( subject to RCPCH Sub-specialty recruitment requirements).

### What is not?

- Trainees will still need to achieve all generic Learning Outcomes in the Progress curriculum, and additional current Level 3 outcomes related to General Paediatrics or their sub-specialty.
- Approximately 70% of trainees will specialise in General Paediatrics. Opportunities for sub-specialisation will reflect workforce needs.
- All trainees contribute to acute unscheduled care, whether in General Paediatrics or their sub-specialty.
- CCTs will be in Paediatrics for all trainees, as currently, although some trainees will also gain a sub-specialty recognition.



We need doctors who are aware of our whole life and experience; that know how to empower us to speak up and who use different strategies to support our voice in clinic

Young person RCPCH &Us Voice Bank 2016



To find out more visit the RCPCH webpage:  
[www.rcpch.ac.uk/shape-of-training](http://www.rcpch.ac.uk/shape-of-training)