

RCPCH Implementation Package Progress Plus: What Clinical Directors need to know

Progress+ Implementation

RCPCH paediatric curriculum Progress+ will be implemented in Aug/Sept 2023.
<https://www.rcpch.ac.uk/education-careers/training-assessment/progressplus>

This document summarises the key issues and opportunities arising for delivery and organisation of training and includes the impact on service delivery and rota availability.

Engagement is underway with trainees, schools, local educators (college tutors and ES) and trusts

This plan includes key issues for clinical leads and trusts and sets out the implementation steps needed and the communication planned.

Maintaining rotas

Issues & Opportunities:

- 1) Gradual transition to independent tier 2 rotas during core training
 - ST3 trainees will work independently on tier 2 rota (without clinical exam)
 - Fewer senior tier 2 doctors on general paediatric and DGH rotas:
 - tier 2 rota allocations will be better aligned to available trainees and more likely to be filled
 - Increased flexibility & breadth in placements: Moving away from 6m blocks in neonates/Community at fixed training points.

Solutions:

Trainers/RCPCH

- Ensuring those transitioning to tier 2 rotas are competent (formal eportfolio sign off)
- Schools to provide specific training for tier 2 readiness
- Ongoing work with HEE and devolved nations re numbers, funding and posts

Trusts

Consultants

Issues & Opportunities:

- 1) Bulge in CCT holders leaving training circa 2027-2029:
 - a. May affect overseas trained doctors disproportionately
 - b. Trainees leaving training after 7y may consider fellow posts before substantive consultant posts
 - c. Potential for new consultants to have more training and development needs
- 2) Progress+ will deliver more broadly trained consultants with a focus on generic capabilities that can be applied in the clinical setting.
- 3) Progress+ will require more hands on supervision, including longitudinal educational supervision.

Solutions:

Trainers/RCPCH

- Support for overseas trained doctors and communication to all

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| <ul style="list-style-type: none"> • Ensure systems in place to: <ol style="list-style-type: none"> a) Enable senior doctors to support trainees on tier 2 rotas out of hours b) Provide support in hours for trainees to develop tier 2 capabilities c) Develop rotas that facilitate gradual transition to tier 2 rota <p><i>All</i></p> <ul style="list-style-type: none"> • Regular feedback for trainee and proactive developing of tier 2 capabilities • Schools and trusts to plan post use, especially in neonates and CCH. • Recognise the opportunity to use posts for trainees at a range of training stages (core, specialty level, OOP) • Develop integrated care posts that cover community, general practice, public health and CAMHS for core trainees and facilitate joint working between these specialities | <ul style="list-style-type: none"> • Ongoing workforce data to understand destination and development needs of CCT holders • Education of all trainers and clinical leads re supervision and the principles in The Future Paediatrician: delivering really good training document <p><i>Trusts</i></p> <ul style="list-style-type: none"> • Opportunity for senior workforce planning over next 5-10y • Including senior fellow posts and resident on call consultant roles • Time for trainers to deliver clinical and longitudinal supervision |
| <p>Developing training Issues & Opportunities:</p> <ol style="list-style-type: none"> 1) Progress+ syllabus and curriculum: <ol style="list-style-type: none"> a. Increasing trainee capabilities around ward rounds and clinics b. Developing core trainee capabilities in public health, CAMHS. c. Core trainees need to access training away from acute ward 2) Trainee charter mandates trainee development time. 3) More OOP flexibility <p>Solutions: <i>RCPCH/Schools</i></p> <ul style="list-style-type: none"> • Promotion of The Paediatrician of the Future: Delivering really good training: Including better use of opportunistic learning and reflection. • Develop links with CAMHS/ICS/public health | <p>ACP and PA Issues & Opportunities:</p> <ol style="list-style-type: none"> 1) ACP & PA roles create a diverse workforce with local stability and continuity 2) A diverse workforce will support training and progression to tier 2 working with a more robust service model. 3) Alternative workforce currently not universally trained in medical model 4) Current ACP roles are heterogenous and there is significant variation in use within units. 5) Funding for these roles 6) Need to embed within teams <p>Solutions: <i>RCPCH/schools</i></p> <ul style="list-style-type: none"> • ACP paediatric curriculum in development aligned to Progress + • Share exemplars of good practice |

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| <ul style="list-style-type: none"> • Teaching programme aligned to Progress+ • Consider local directory of OOP opportunities <p><i>Trusts</i></p> <ul style="list-style-type: none"> • Employment of alternative health care professionals deliver care • Develop local links and teaching with CAMHS, primary care, ICS, public health • Fellowship opportunities and non-training grade posts for OOP. • Review rotas to allow development time | <ul style="list-style-type: none"> • Schools to consider making links with local ACP school/ shared learning etc <p><i>Trusts</i></p> <ul style="list-style-type: none"> • Role clarification and professional identification • Build on existing ACP roles • Clear team aims and objectives and working in functional teams • Use positive influences within the organisations <p><i>All</i></p> <ul style="list-style-type: none"> • National and regional groups for support |
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