

How to build a paediatrician
Dr Cathryn Chadwick – VP for Training and Assessment
Dr Emma Dyer – Chair, Trainees Committee

Cathryn Chadwick 00:04

Hello, and welcome to the next episode in our college strategy Podcast Series. I'm Katherine Chadwick and vice president of the Royal College of Paediatrics and Child Health with a remit for training and assessment. And today I'm joined by Dr. Emma Dyer, who is the chair of the trainees committee at the Royal College of Paediatrics and Child Health. Welcome, Emma.

Dr Emma Dyer 00:26

Thanks for having me. It's great to be here.

Cathryn Chadwick 00:29

We're here to talk about our college strategy in action, sharing stories of programmes and campaigns that are making an impact for our members or patients and community. From our new RCPCH Learning Hub, our well being innovation networks to our improved specialty training programme progress plus that we're going to talk about today, the college has been really busy with several projects focused on members. One of these projects that I'm really proud of is the work being done to train and support our trainees. So how do we build a paediatrician? Is there a magic recipe with special ingredients? Or maybe what I do know is that it begins with intentionality, which is based on our college strategy.

Cathryn Chadwick 01:14

So Emma, I guess, what should we start with?

Cathryn Chadwick 01:18

In your view as chair for trainees committee, how important is it to be intentional in our focus on trainees?

Dr Emma Dyer 01:25

Well, I think that's a really interesting word that kind of being intentional. And I think when we're talking about building a paediatrician, we do have to be intentional. We can't just kind of put paediatric trainees in hospitals and just hope for the best and assume that at the end of it, they'll come out as a good paediatrician. I think we do need to be intentional about it. But I also think that building a paediatrician is more than just about good training.

Dr Emma Dyer 01:52

paediatricians are a really diverse group of people that bring, like real breadth of skill, and experience, and talent. So it's not just training, but it's everything else the college does, as well. So the college is doing loads of stuff at the moment, as well as training things like global child health, advocating for children, young people, in all different areas. So we've seen things recently about kind of air pollution and child health and equalities, and many other things. And I think the thing that I found really amazing is that trainees are really involved in every strand of that work at the college. Every committee, every working group has a trainee voice on it. And for me, personally, as chair of the trainees committee, I sit as part of the executive committee of the college. So I get to be in always quite important meetings with some very important people. And every so often, someone will turn around to say, Emma, what do you think, which can be a bit daunting, but actually, they really value the training voice, and they really want to know, and they take it on board, and they will make changes depending on what trainees have said. So I think having that trainee voice kind of throughout all the college work means that right from kind of early training, we're helping trainees to shape what the college is doing, which builds good paediatricians from lifelong careers point of view. So that's something that I think is really key to building a good paediatrician as well as training, which I know we're going to talk more about as we go through.

Cathryn Chadwick 03:28

Yeah, there's loads of interesting things that you've said there. I think I'm so pleased to hear that you value or your experience is that the trainee voice is heard throughout the college, because that's one of the things I love most about the role I have is that interaction with trainees and the fact that actually, you are our consultant, colleagues of the future and you're such a huge part of the, the workforce, our colleague, all of our colleagues, and making sure that we hear your view and your voice for all the decisions that the college

makes, is so important. And she talked there about building a paediatrician starting with training and we'll talk about that a bit in a minute. But also, we continue to build paediatricians all the way through their careers Don't be and that's what the lifelong careers and thrive paediatric programme is about. Making sure that we are delivering the right support and the right training to paediatricians as they move through their careers and perhaps change direction and change focus as they go. So that's there's some really interesting concepts there.

Dr Emma Dyer 04:41

Yeah. I mean, I think the Thrive paediatrics work is really exciting. And I know that we've now pointed to clinical fellows which to that work, which is amazing. And both of our fellows have had experience in paediatric training. So they know what it's like and they bring such valuable life experience to those roles to look at how we can build paediatricians in a more sustainable way thinking about retention, which we know is a huge problem and how we can kind of be a bit more forward thinking a bit more flexible and how we build it as paediatricians. And I know that as well as that the college has kind of evolved right from the very beginning. So we have really strong links with the UK aspiring paediatric society, as well as kind of foundation doctors. I mean, we saw the foundation Dr. prizes at the conference recently. And actually, recently, we've just launched the undergraduate curriculum, so paediatrics as well. So even right from medical school, we're thinking about how we can build good paediatricians for the future.

Cathryn Chadwick 05:47

Yes, it was. So it was lovely. Well, scientists at the conference to see both the medical student prizes and the foundation prizes and to have their presence and their enthusiasm at the college, as you say, to see our colleagues of the future. So shall we think a bit more about about training because progress plus, as we both know very well is launching this August, September, to many years of preparation. And we've worked really extensively with a wide group of people to develop progress plus, so we've worked with college tutors we've worked with examiner's we've worked with trainees extensively, and children, young people, which is very exciting. I'm sure you'd agree that building a paediatrician is about having a strong foundation in training. What What's your view of the the new curriculum and how the college has managed that?

Dr Emma Dyer 06:45

Yeah, I mean, absolutely, I think I mean, part of the college strategy talks about being committed to delivering high quality care to children and young people. And I don't think

you can be serious about doing that if you're not also committed to providing good quality training to those that are going to be giving that care to our children and young people. So I think we have to have a strong foundation and training. And I think progress plus is kind of taking us forward. I mean, when we brought progress in, we moved away from this tick box, the list of you know, a million conditions that you had to have seen more to thinking about what actually is it that makes a good paediatrician? What are the kind of high level capabilities that people need to have. So that kind of paved the way for progress plus coming in. And now we're looking more at kind of modernising training, hopefully having more flexibility of having training to be a bit more individualised and personalised. There's like we said paediatricians, or, you know, wide group of people that will bring different skills, and we'll all go on to have quite different and varied careers, but at the heart of that is still the child and the own person. So those high level capabilities are really important. Even if you're going to end up as a kind of super sub specialist. We still as paediatricians, I think, are quite good at thinking about the child and the young person as a whole and their kind of context and their family and their school and what's going on outside of their cardiac condition or whatever it is that we're looking at. So I think that's a really good grounding for all paediatricians wherever they end up. And I think you're right, when you were talking about the how many people have been involved in this. And one of the things that I'm really proud of is the involvement from children, young people, I think there's probably not many colleges, where you can open their curriculum. And in the curriculum, you see direct quotations from the patient group that they're serving, and a curriculum that was shaped by that patient group. So you know, asking our children, young people, but what do you want a paediatrician to look like? What do you want your doctor to be? Like? I think has been really interesting, sometimes a challenge, I think, but it's brilliant that we've got that input into the curriculum. So that's something I think is, is really good. And like we were saying before, I think kind of good training doesn't just happen. We have to, we have to be intentional about it. We have to think about it. And one of the recent documents that college has produced is the paediatrician of the future document, which outlines what already good training should look like, I think is a really good document actually. It's quite aspirational, I think sometimes can be a bit of a challenge to deliver, especially when we've got you know, lots of workforce pressures, you know, ever growing waiting lists and increasing patient numbers. But I think it is really important that we do think about delivering really good training. We want every trainee to get a good experience and good quality training whatever hospital or centre they ended up in. And I think Catherine, I know you've talked before about what training used to look like or have kind of not like a space. And what happens when you're not intentional about training and you get potluck, and

people fall off the waggon a bit and get a bit lost because there isn't those support structures that hopefully now starting to exist, I guess?

Cathryn Chadwick 10:19

Absolutely. I think we've come a really long way in terms of training and curriculum development across medicine. But I think in paediatrics we really have taken taken that and run with it and been leaders in that I'm really proud of the fact that we were the first people to publish our new curriculum when progress was published in 2018. Yeah, you're right, I'm old enough to remember training as it used to be. And when I started my training, you just got the jobs you you thought you needed to progress to where you thought you might want to end up and, and some of that worked very well, if you if you were lucky enough to get the right jobs and the right local mentoring, and make your way through the system. But actually, lots of people fell by the wayside and were lost. There were no curricula, there was no quality control. And so things had to change. And then when when training started to come into the modern era, in the 1900s, and early 2000s, with the creation of run through programmes, and schools and curricula, that that was definitely a step in the right direction. So. So trainees knew where they were going to be, they began to be in a supported local system, move around that region and progress through a series of jobs stepwise until they were ready to be consultants. But I think we all know the difficulties with that system, it really did become really rigid. You're right, the curriculum was full of tick boxes about about learning about specific conditions. And there was very little opportunity or it was very difficult for trainees to go out programme and develop other sorts of experiences. So although it was well intentioned, it really probably trainees weren't that well served. And, and certainly our children, young people weren't necessarily that well served by those curricula. So I'm really excited by the direction of travel now, where we're incorporating much more flexibility, trainees can move out to programmes gain additional experiences, which will contribute to they're sort of generic capabilities. And the capabilities themselves, as you said, yourself, are much more tailored to the breadth of what we need to deliver care in the modern environment. So we know that medical care is becoming much more complex, our children's needs are becoming more complex, not just with their medical conditions, but also with their mental health, the environments they live in. And the fact that our curriculum is addressing those generic capabilities is, I think, really useful. Like you I love the quotes from the children and young people in the in the curriculum, and some of them are challenging. I particularly like some of them that talk about the well being of our doctors, and how children, young people don't want their doctors to be looking tired and want them to have the energy to engage with them about all these different issues and the things that are going on in their lives.

Dr Emma Dyer 13:27

No, absolutely. I mean, I think they always amaze me the kind of how insightful they are, and how much they kind of get about what's going on that we don't always give them credit for. Yeah, absolutely. They're, you know, their contributions to the curriculum are so important. It's so vital, because actually, if we can't be the doctors that they need us to be, then we're not doing it right.

Cathryn Chadwick 13:51

No, absolutely. And they do challenge us don't need to come into their world and understand the things that affect them in terms of how we communicate with them, how we recognise their differences, their challenges, their mental health challenges. So yeah, I think they're their inputs. curriculum has been really fantastic. I think just thinking about that, that change in the training environment, and the curricula. I think, in the old days, training was very much on an apprentice model. And that was kind of doable because people worked extremely long hours, there were relatively fewer number of doctors in training. But in the current climate when people are working shift work, when the number of doctors, trainees and non trainees is far greater. We really do need to be intentional about how we train we really can't just expect trainees to come and learn by doing the service work. Having said that, I think service and training are inextricably linked, and there are loads of opportunities to learn Then within service, but that's where the the paediatrician of the future document really comes into its own because it gives fantastic examples, doesn't it about how you might pull learning out of every service and work environment and every patient? I think one of the mantras of the paediatrician of the future is that every patient has a learning opportunity and a rich learning opportunity.

Dr Emma Dyer 15:22

No, absolutely. And I think it's also about thinking a bit outside of the box. So you might have a child in front of you that has come in with an exacerbation of asthma or something. But rather than saying, Oh, well, I'm now gonna learn about the management of asthma, it might be that actually you explore the fact that they are living in poor housing conditions, which is actually contributing to the asthma, and actually what else is going on in that child's life. And so it's more about it's not just about the condition you're seeing in front of you. But the learning you can get from that patient, looking at them as a much broader kind of person in their own right and their own environment and what else is going on? So it's thinking a bit outside the box as well. Rather than just well, this is now my tick box for asthma. So yeah, I knew that document highlights it really well.

Cathryn Chadwick 16:14

Yeah, I think that plays into the idea that it's not about where you learn, it's about how you learn. So I know one of the things about progress plus that that concerns some people is the fact that actually there are there are no specific mandatory blocks have posts that trainees have to go into. So a trainee doesn't have to do a six month block in the community, for instance, doesn't have to do specific length of time in a neonatal post, for instance. And actually, when you look at all those capabilities, it is possible to achieve them in almost any clinical setting in exactly the way that you've outlined. Using any patient and and the rich training opportunities that can bring with it. Of course, I think trainees still will do most of those traditional clinical placements, and trainees will need to gain the capabilities to be able to work as as middle grades in district general hospitals towards the end of their core training. So I don't think it's quite as worrying as some people are thinking, but there is also the opportunity to, to go to more diverse placements can have community placements with an interface with integrated care or public health or child mental health. So the possibilities for training are are more diverse and exciting with progress plus,

Dr Emma Dyer 17:37

yeah, I think that's the thing. It's the kind of opportunities that you could create. And I know some places are developing some really exciting sounding placements. I've heard about a sort of integrated Child Health placements where people are kind of setting up services with local GPs and all sorts of things. So I think it provides really great opportunity to kind of have a bit of a rethink about what training looks like, and actually kind of see what what we can do and work with our primary health colleagues or with our GPs, colleagues. And that way we can benefit not just our trainees, but also kind of other specialties by learning together, which I think is really exciting.

Cathryn Chadwick 18:20

Yeah, some sets of good links for the future for former integration working in the future, because that's where you make your contacts, don't you often in the earlier years of your training in your career, and those contacts stay so that you can work effectively together in the future? Yeah, absolutely. I guess the other pillar to to working with trainees is that the support and the support systems we put in place, and I know that there's lots of good examples of that, that that you come across in the Chinese committee.

Dr Emma Dyer 18:51

Yeah, I mean, I think firstly, having a trainees committee as one of them. So you know, we have reps in every region, and we also have reps for different kind of areas within the college. So that's a really good way that trainees can feed into the college raise concerns make change. And so I think that's really important. And it's a really good way of embedding that trainee voice that we talked about at the start. And they want example of work that came out of the trainees committee as the trainee Charter, which for anybody that hasn't seen it as on the website, but kind of outlines what trainees should expect from their training units. So talks about things like SPE time making that kind of built into rotors so that trainees are getting the time within their jobs to do everything that's expected of them to meet their capabilities. But also things like having brakes, being able to access food, all of this kind of stuff is in the trainee charter. And that is something that I know can be difficult to always achieve all of the time, but I think more and more units are working to was that, and it at least sets a benchmark of what we should be expecting. So I think that's, you know, a really great thing that the trains committee was able to do. And then in terms of other support at the college, I mean, I, I've worked quite a lot with the trainee services team who are brilliant. And when there's issues that crop up with things like the portfolio, which obviously does happen, they're really good at being able to sort out and fix things, answer questions, queries, the team that are working on progress plus as well, you know, when things come up, and people aren't sure, what does this mean, for me, they're brilliant at being able to get back to people and answer those queries. And they work really hard, actually. And then there's all the work that they do supporting educational supervisors, providing training for them. And that feeds down through the college tutor system to provide kind of support locally. And then in terms of the things the college is doing, there's all the work they're doing on EDI. And there's obviously trainees involved with that too. And through that, they've also got links with soft landings who are doing amazing work. And it was so nice at the conference to see them everywhere, actually, which was great. They just, they just seem to be kind of going from strength to strength, which is amazing to see. And I think, you know, we don't always get things right all the time. But from my experience of working within the college, as a training rep, when there is issues or when trainees feed things back, they are genuinely listened to. And I've seen lots of examples where that's then been acted on changes have been made. And they genuinely like really do want to try and improve things for trainees as much as possible. So I think I really value that willingness to listen to the trainee voice.

Cathryn Chadwick 21:54

That's brilliant, so much there to think about and talk about, isn't there? I think not a lot of our members don't know what goes on behind the scenes, and might be surprised to hear

the amount of work that goes on from training services and the support that that we all get in the roles we we have. And I agree, I think they do an amazing job and worked so hard to get through the progress plus curriculum out as well as all the other roles that they perform. Just wanted to go back to the trainee charter, because I think that was a brilliant piece of work that, as you say, was led by the trainees committee, and they continue continue to have input into it, don't you because you're benchmarking units against it, and revising it as things change. I think it has been challenging some units. And it's difficult to mandate what's in the trainee charter, I hope it's self evident that all of the items in the training charter are absolutely the way we should be treating our trainees and running our units. But in some units, that is hard. But certainly in my own unit, we've managed to use the trainee charter and the requirement for self development time that sits within the trainee charter to successfully bid for some extra staff so that we can review our raters and allow that self development time. So I think it does have really good use. And I hope that in local units, trainees and trainers are working together to implement the training charter and where they can't to point up the areas of difficulty, so that their managers and the system can help them achieve what's in it.

Dr Emma Dyer 23:38

Yeah, absolutely. Yeah, I think by having it kind of written somewhere, which is a kind of college approved document, it gives people that I don't know what the right word is kind of leverage almost to say this is something that's really important. And actually, yes, it can be hard to achieve, but it's something that we need to be striving towards. And without that I think it's much harder for trainees or trainers to kind of fight for those things like building SPCA time into the router. But by having that in a document approved by the college, I think it just helps people to make the argument that this is something that we need. This is something that college recognises as important. Yes,

Cathryn Chadwick 24:17

I do want to come back as well to the support that we give our supervisors and our trainers, because we've already said Haven't we that training needs to be intentional, that we are really trying to shift much more from ProNet apprenticeship model to an intentional, individualised training pathway, but that really needs our supervisors to be supported and skilled. So over the last 18 months, we've appointed an officer for trainer development, which is a new officer role and Lizzie Starkey in that role has been doing a really, really good job liaising with college tutors, who are again one of our linchpin In the in the chain of communication between us and the educational supervisors, doing lots of work to support college tutors to talk about progress plus, but also work to support educational supervisors

directly looking to review our effective educational supervision course to bring it up to the more modern times we've progressed class and to increase the content and change the content. So I think that's a really good pillar of work that we're doing as well.

Dr Emma Dyer 25:33

Yeah. And as we move into progress plus and us hopefully, I'm moving more towards a longitudinal supervision model, I think that's become a become even more important, because those educational supervisors are really going to be key for people's training and development. But I think that it brings a whole kind of new opportunity. And I think as well as being great for trainees, it's also better for supervisors to have a more kind of meaningful relationship with their trainees, that lasts for more than just a brief kind of six months where you see them a couple of times. But to really know kind of who that trainee is and what their life looks like and how their career is progressing. I think much must be much more rewarding as a supervisor as well.

Cathryn Chadwick 26:17

Oh, very much so. So you know that one of my big topics is trying to really embed capability based training. So we're really, really lucky in paediatrics in that we have been capability based for a long time. Which means that you don't have to do a specific number of days and training before you get your CCT you have to meet the capabilities. Our new progress plus curriculum is seven years long. And that's that's because we at the college and the GMC have agreed that that is a reasonable length of time to train a new paediatrician, and many trainees will take that seven years more or less. But there will be lots of trainees, you talked at the beginning about the diversity of experience amongst our trainees, many of our trainees come with pre existing experience, and will be able to achieve those capabilities quicker and move through training quicker. And that's what we mean by capability based progression. So when trainees have met the capabilities for their core training level, they'll be able to move through into specialty level. But I think traditionally, with our our six month model of supervision, supervisors and trainees maybe have looked at each six months as a very discreet bundle of training, rather than taking that overview of a whole level of training and getting to know the passion of that training throughout a level. And I think having longitudinal supervision will really enable capability based progression because it will do exactly what you say it will mean that trainees and trainers can develop a relationship can talk about how they're progressing at every meeting, and can then decide together how quickly or otherwise trainees are progressing. And when they might move to the next stage. And that will enable them to talk to schools and plan placements with plenty of notice. So hopefully, there'll be much more joined up

training and supervision. In our region we've been we've introduced longitudinal supervision. And we've done it by introducing it for the new starters over the last couple of years. And hopefully, that will then progress through the system. So I've been lucky enough to be a longitudinal supervisor for two years now. And you're absolutely right. It's such a good relationship. It's so much better than changing every six months, we know each other well. I know the strengths and the areas of challenge and we can work on them together rather than spending half of each supervision meeting catching up with what's gone on before. Yeah, yeah, I think it's great model,

Dr Emma Dyer 28:52

I think it's really good. I mean, you don't have to sort of, you know, every supervision meeting, kind of explain who you are, what you've done, where you've come from, you kind of already know that which is nice. And I think also, because you know, trainees are more than just their training. If you have that longitudinal relationship, then you will have an understanding of what else might be going on in that person's life, you know, they might have challenges going on outside of work, which actually means that, you know, the next couple of months, they're going to be taking a bit more of a step back from maybe that QI project, but actually, then later on, when things are better, and you know, they're more settled and whatever was going on, then they can do a bit more on that. And I think if you have that longitudinal overview, then you'll have an understanding of that. Whereas if you've, you're changing every six months, then those supervisors just won't get to know you in the same way. So I think that's really important from thinking about that kind of flexibility and careers, but also retention and all of these kinds of things, making trainees feel like they're valued and not just a number on a spreadsheet filling a role to gap, but they're actually you know, people With lives and challenges outside of work?

Cathryn Chadwick 30:03

Absolutely, yeah, I mean training long enough, isn't it and you can't. Train isn't something you do before life starts. It's something you do while you're living your adult life. And I think it's really important that we acknowledge that. And, and yeah, certainly, I, when I started training, I didn't have a supervisor because they didn't exist. And then I reached a point in my training, what educational supervisors were introduced. And I remember, at the time had three very small children under five. And I remember my supervisor saying to me, Well, yeah, it's all very well and day jobs, fine. But you know, you should be doing research should be things. Do you not know what my life looks like? And then I'm just about managing to keep the plates spinning at work. But I've got a life outside work. And then obviously, when the children grow up, but I did exactly what you said, I galloped ahead with some other

things and moved at a faster speed. So yeah, I think having a longitudinal supervisory, and an overview of progression that isn't just chunked up into six months, chunks will really help with all sorts of things, not just progression, but we'll say she's a retention and well being.

Dr Emma Dyer 31:15

Yeah. And I mean, I think, you know, there's still work to do, which is why we've we've got the workstream of Thrive paediatrics, because we know that whilst we're trying to make training more flexible and improve things from that point of view, the there is still elements of it that don't work for some people, for people that have other things going on, that maybe can't move around every six months or have caring responsibilities. So I think it's really important that we do this work to look at how we can improve things further so that we can keep people in paediatric training, if that's what they want to do. And they're not leaving because the training programme just doesn't work for them. They're, you know, staying because actually, there's a way around that. And they can continue to train whilst also being present in whatever it is they need to be present in outside of work. So I think that this workstream is really important. And I'm really excited for what they're doing. I think there's some really great thinking and work going on there. So it's a kind of watch this space at the moment. But yeah, I'm excited to see what they what they do.

Cathryn Chadwick 32:20

Yeah, definitely. I think it's very exciting, especially as I'm coming to that other end of my career to see what how the college is going to support me to use my experience and craft the last few years my career.

Dr Emma Dyer 32:37

Exactly. It's about lifelong careers. And, you know, from right, from undergraduate curriculum all the way through to kind of retirement and beyond that. Yes,

Cathryn Chadwick 32:46

definitely. So I guess coming back to our building a great paediatrician which is great analogy. It's a bit like children who go to Build a Bear, isn't it? How can we put together a paediatrician that is a fit for purpose? And it is much more isn't it than about learning the about the specific conditions and the medicine behind it? Because there's so much more to being a paediatrician, it's thinking about children's mental health, especially at the moment is that as that's become such a big topic, it's also thinking about population health and how we can affect the lives that all our children live, which then impacts on

their, their health and their well being and, and their adult lives. And I'm so pleased that we've incorporated those into our curriculum as key capabilities to have experience and understanding of Child Mental Health to consider the wider environment that children live in.

Dr Emma Dyer 33:51

Yeah, I think especially at the moment, I mean, there's so many challenges facing children, young people, you know, all the time. And I think those kind of blurred capabilities reflect the broad work of what the college does as well. And that being a paediatrician is more than just about the child in front of you, but being able to use your voice as a paediatrician to make a difference on a population level. So we've seen that through kind of the work that the college has been doing in child health inequalities, climate change, and these are all things that children young people care about, as well as things that they are worried about, that they want to see action on. So I think it's really amazing to see that we've been able to use our voices paediatricians to try and improve the health and chances of young people, not just the ones in front of us, but hopefully on a wider scale. And, you know, it's there's lots of work to do, and, you know, it's a small drop in the ocean, but at least at least there's a drop, but at least we're trying to make some change. So I think that's really important. And I think it was really well reflected at the recent conference actually, um, You know, this huge gathering national and actually almost international because we have people from all over the world that came of paediatricians, and the kind of topics that were the key kind of plenary speakers or the overarching themes. For the days, were not the ins and outs of a specific treatment or a new research paper in x, y, and Zed, but it was climate change, air pollution, child health inequalities, and kindness, actually, and these are things that matter to children, young people, and I'm really proud to be able to come back from that and say, to children, young people that this is what their doctors were discussing, this is what they were talking about. Because I think that those are things that our children, young people really care about, and they want their doctors to be talking about. So I think, yeah, that was something I was really proud of. And I think those are the things that help build a good paediatrician as well as, of course, all the training and the knowledge of individual conditions and medical backgrounds are in things, but it's broader than that.

Cathryn Chadwick 36:04

Absolutely, and, and actually, those those medical science condition, capabilities are really important. But But what you're learning about now will be really different in 10 or 15 years time. And so what we really need to equip paediatricians to do is the ability to consider the generic things, and all those topics that you've talked about, and to understand how to

learn and work together throughout the rest of their career. And to train paediatricians for the populations and the conditions that that they will be living in and interacting with, not just now but in 20 years time. I think the other thing that listening to that, that list of what a paediatrician does, it's complex, isn't it being a paediatrician is a complex, but potentially a powerful position, because we can use our voice to advocate for children in all sorts of arenas. And what the curriculum aims to do as well is to give trainees the leadership and communication and management capabilities to really make that voice heard, as they as they move through their careers. So that's another strand of it really?

Dr Emma Dyer 37:24

Yeah, man, I think it's, it's exciting to see trainees really taking that and running with it as well. I mean, you only had to look at some of the posters at a conference or to hear about some work that trainees are doing and the kind of schemes that they're setting up and the work that they're doing in all sorts of places to try and do exactly that to try and improve lifetimes because of children or young people to advocate for them to make change. And I think it's always a really positive experience, when when sometimes it can be easy to kind of get a bit disillusioned with the healthcare system, and you're kind of busy at work, and there's rotor gaps everywhere. And actually, then you go and see all these amazing paediatricians that are really doing those things and making changes for children, young people. It's always really inspiring and positive to see that.

Cathryn Chadwick 38:18

Yeah, well, it's it makes me feel really optimistic about the future. I think the future of child health and child advocacy in this country and globally, because we do a lot of work globally is absolutely safe. In in your hands and the trainees hands, so that's yeah, very exciting. Yeah,

Dr Emma Dyer 38:39

I agree. Yeah,

Cathryn Chadwick 38:41

I guess on that positive note, maybe that's time to wrap up. I really hope that we have explained how training has evolved and the current thinking behind progress plus, which I know some people are a bit worried about but it does have such a lot of potential for training, great paediatricians moving into the future, and that the college is doing such a lot of good work to support not just trainees but doctors throughout the totality of their career. So it's been a real pleasure. I've really enjoyed this. Thank you for talking to me.

Dr Emma Dyer 39:18

Thanks for having me. Always good to have a chat with you, Catherine. I hope Yeah, something useful came out of it, but I definitely enjoyed it.

Cathryn Chadwick 39:24

Good. So thank you to our listeners for joining us. If you're thinking about which specialty to choose, or if you're just about to begin your training. Visit our website to rcpch.ac.uk to get more information about progress plus and specialty training, guidance and resources that you can download