Career development for paediatricians

Education & Professional Development team
The ‘Facing the Future’ and ‘Shape of Training’ reports highlight how the way paediatricians work is changing. In the past, paediatricians were expected to do virtually the same job throughout their careers. Paediatricians are now expected to work differently as their careers progress. Many will change posts as circumstances evolve. They need to be prepared to re-evaluate how they are working at regular intervals. We look at the options.

Table of contents
- Phased careers
- Working less than full time
- Developing a sub-specialty, special interest or changing specialty
Taking on or expanding non-clinical roles
Undertaking roles overseas
Taking on Royal College roles
Ongoing learning and CPD in your career
Taking a career break and returning to work
Resilience and wellbeing
Mentoring support
Careers guidance for paediatricians
Other useful contacts for careers guidance
Other useful websites

Phased careers

Paediatricians will have a varied career path over time and a phased career offers flexibility.

Three types of phased career are described below, with examples from paediatricians:

- **Portfolio career** - you maintain a number of work strands over your career
- **Crossover** - the balance between two areas of work changes greatly and you need further training
- **Change over** - your area of work changes completely and you need further training.

**Portfolio career**

Philip maintains expertise in paediatric respiratory medicine, neonatal medicine and medical education. Working in three different teams presents a challenge at times. But it offers perspectives that provide advantages to the children and their families.

**Crossover**

Sheila worked in acute paediatrics, with some time in neurodisability. Then, as planned with her colleagues and her Trust, she enhanced her skills in neurodisability, concentrating mainly on the long-term problems of children with disability. She has moved away from emergency care.

Niamh was a consultant in neonatal intensive care for 15 years, with some national and regional responsibilities in service management. Recently, she moved to full-time NHS management in her Trust, with national commitments in healthcare quality management.

**Changeover**

Sanjay worked in paediatric intensive care for 15 years. His skills in communication, leadership and clinical decision-making, complemented by further training, allowed a move to pain care and then to full-time work in paediatric palliative care.

The nature of the training required within a phased career will be dependent upon the nature of the work and specific competences required.
Working less than full time

Working less than full time during your career may be a necessity (for example, caring for someone else; your own ill health) or may be choice (for example, better work/life balance, wanting to pursue a career distinct from your paediatric role).

Contractual discussions

There should be a presumption that all consultant posts are suitable for those wishing to work less than full time and can be adapted to a part-time post or less commonly a job share post.

It is important to find out how the post would be adapted to meet the needs of job sharers, for example 2 x 6 PAs rather than 10 PAs may be needed to allow for adequate time for handover and CPD.

The BMA (British Medical Association) recommends a lower Direct Clinical Care (DCC) to Supporting Professional Activity (SPA) ration for those working less than full time.

Exact ratios will be a matter for local negotiation, but the College representative should ensure that the SPA allocation allows sufficient time to meet CPD requirements and any additional supporting activities expected of the postholder.

Developing a sub-specialty, special interest or changing specialty

Paediatricians are less likely to remain in the area of clinical practice they started in after initial training. This is due to both service demands and the wish of the career grade paediatrician to develop within a long-term career.

While it may have previously been challenging to develop into new areas of clinical practice, the changing landscape now allows for transition between specialties. However, paediatricians should think carefully about their reasons for wanting to change — BMJ Careers provides a useful article about changing specialty.

Developing into new areas of clinical practice is and will be facilitated by Special Interest modules and credentialing, described below.

Special Interest (SPIN) modules

SPIN modules are additional training a paediatrician completes in order to become the local lead, and to be part of the clinical network providing for children who need paediatric specialist care.
Paediatricians providing expert care are able to seek training in an area of special interest or in aspect(s) of sub-specialty care. This involves training, assessment, experience and supervised care. SPINs vary in breadth and depth, but will often equate with the training received during a full time 12 month placement. SPINs in a range of sub-specialties are available to consultant paediatricians as well as trainees.

More about SPIN modules for post-CCT paediatricians

**Credentialing**

Credentialing, a core part of the Shape of Training discussions, is a process that formally accredits a doctor attaining competence (including knowledge, skills and performance) in a defined area of practice. Doctors can achieve a level of competence that gives confidence they are fit to practice in that area with effective clinical governance and appropriate supervision.

Doctors may want to enhance their career by gaining additional expertise in special interest areas and subspecialty training through formal and quality assured training programmes, leading to a credential in that area.

Credentialed programmes will encourage flexibility by allowing doctors to enhance their careers in specific specialty areas. It also encourages cross-specialty development.

The [GMC website](https://www.gmc-uk.org) provides information about the credentialing process so far. Further information on how credentials link with the RCPCH curriculum will be published shortly.

**Taking on or expanding non-clinical roles**

Paediatricians will inevitably develop non-clinical competences in a number of areas throughout their career. For some, these may be minor additions to their clinical role whereas for others, these develop into a career choice which takes them away from direct clinical care.

You may also find it useful to refer to other websites such as:

- Health Careers - [alternative roles to clinical practice for doctors](https://www.healthcareers.org.uk/work/other)
- Medical success - [alternative careers for doctors](https://www.medicalsuccess.com)

**Management and leadership**

The development of leadership competences needs to be an integral part of learning throughout a paediatrician's career. All paediatricians have a duty and responsibility to contribute to the effective running of the organisation in which they work and to its future direction.

**Positions and developing skills**

Senior leadership and management positions include:

- Chief executive
- Medical director
- Clinical director.

Development of skills can occur through:

- peer learning with managers
- reciprocal work shadowing
- involvement in quality and service-improvement projects
- specific leadership courses.

Another approach is to participate in meetings involving patient safety, risk management, complaints, development of guidelines and audit.

Other areas that support leadership and management skills include work that focuses on developing self-awareness, working within teams, managing resources, ensuring patient safety, and making decisions and then going on to evaluate the effects of change.

Paediatricians with an interest in management and a desire to make it a significant part of their career as a paediatrician may also undertake a formal qualification such as a Master's degree.

RCPCH offers a clinical leadership development programme, a portfolio of events and support for current, new and aspiring paediatric clinical leads and clinical directors of children’s services.

**Leadership models**

A number of national leadership models exist which are used to support leadership development across the NHS.

- Medical Leadership Competency Framework (2010)
- Clinical Leadership Competence Framework (2011)

These show how paediatricians can become more involved in the planning, delivery and transformation of health services as medical leaders.

The Faculty of Medical Leadership and Management provides a link to these resources and further support to medical leaders.

**Education**

Involvement in education is a core expectation of career grade paediatricians to ensure the new generation of paediatricians are supported to develop the knowledge and skills required for their future roles.

Paediatricians are expected to contribute not just to the education and training of medical students and junior doctors, but also nurses, midwives and other healthcare professionals.

Examples of educational roles include:

- Clinical supervisor
- Educational supervisor
Further development through higher degrees, for example PG Certificate/Diploma or Masters in Medical Education is possible in addition to learning through engagement in the above roles. These further postgraduate qualifications can provide valuable opportunities not just for further education but offer exposure to groups of like-minded clinicians from a wide range of specialties which can be hugely beneficial.

Research

Paediatricians have an essential role in research, though their contributions will vary; some will become research leaders, some will collaborate in research, and for some the principal contribution will be through offering children an opportunity to participate in research studies.

All paediatricians should aim to continually improve their ability to appraise research critically, utilise the results of systematic reviews and meta-analyses in day-to-day practice, and ensure that their knowledge of research organisation and regulation are up to date. They should recognise that clinician bias may be detrimental to objective evaluation of treatments and do their best to guard against this. They must be confident to explain research to parents, children and young people.

Working in research

Paediatricians working in research should have a good knowledge of how new treatments are developed and tested, and equip themselves with translational and methodological skills to implement research findings and evaluate services, outcomes and patient experiences reliably and rigorously. By the time of award of the Certificate of Completion of Training (CCT), CESR Combined Programme (CESR CP) or Certificate of Eligibility for Specialist Registration (CESR), all paediatricians should feel confident in the core research skills summarised in the RCPCH Curriculum and those set out in the research competencies section of the trainee ePortfolio.

The Integrated Academic Training Pathway provides a clear framework for trainees. Trainees, who may or may not have had a prior appointment to an academic foundation post, can apply in open competition for an Academic Clinical Fellowship, in which 75% of their time is spent in clinical training and 25% in research training. This provides the opportunity to acquire preliminary data, skills and knowledge to apply for a Research Training Fellowship leading to a PhD, or research MD, and subsequently an Academic Clinical Lectureship.

For those not aiming for a research-active career, there are several routes to securing research experience, though these may not always be straightforward. Career grade paediatricians may wish to undertake a higher degree (MD (research) or PhD), or participate
in a Masters of Research (MRes) or MSc in a Paediatrics/Child Health programme.

Alternatively, career grade paediatricians may wish to spend a short period with an established research group. Joining a research society is a good approach, as this can be both educational and enjoyable.

**RCPCH survey into research activity**

We conducted a [survey in 2015](#), the key aims of which were to:

- establish changes in the level of paediatricians’ involvement in research from 2011-2015
- identify any regional differences in research involvement
- identify any differences in involvement in research across staff groups
- establish attitudes towards - and ability to carry out - patient and public involvement (PPI) in research.

**Other guides**

Our guide, [Training in research for the benefit of children](#) is aimed at trainees but is also useful for career grades. Options may also be discussed with RCPCH Academic Regional Reps. Ideally, research experience should be integral to training and extend into lifelong career development.

The College and the British Paediatric Surveillance Unit provide [guidance on undertaking research for current and prospective researchers](#).

Sources of funding for consultant Programmed Activities for research are available - see our report, [Turning the Tide](#). We also identify [research funding opportunities](#) around the UK.

**Undertaking roles overseas**

Broaden your experience as a clinician through volunteering on a RCPCH facilitated international volunteering programme. [Find out more about our global child health programmes](#).

**Taking on Royal College roles**

Paediatricians can enhance existing and new skills by carrying out roles which take forward key areas of RCPCH work. RCPCH seeks members to take part in both formal and informal college roles and advertises these through the formal nominations process. Roles include:

- College Officers
- Regional Leads and Deputy Regional Leads
- Clinical examiners and Theory Examination Leads
- Varied roles on committees, including our College Specialty Advisory Committees (CSACs) for each sub-specialty
- Working group positions related to eg, research, education, national audits
- Invited reviewers
RCPCH Ambassadors, advocating locally for children, young people and the paediatric workforce (England)

See our call for nominations

Ongoing learning and CPD in your career

Continuing Professional Development (CPD) enables paediatricians to maintain and develop their knowledge, skills and competence for effective clinical practice.

We offer a portfolio of quality assured professional development opportunities - including face to face courses across the UK and online learning. All courses are developed and delivered by experts in their fields. See our CPD section for further information

Taking a career break and returning to work

There may be times when personal commitments take priority over work and career break is preferred or becomes a necessity.

For this reason, each NHS trust will have a career breaks policy in place. Most Trusts require staff to have a minimum of 12 months' continuous service to be eligible to apply for a career break. Where possible, applications should be made as far in advance as possible of the applicant wishing to start a career break, with the minimum notice period normally being three months.

Reasons for taking a career break include:

- care and/or responsibility for children
- care and/or responsibility for other dependants
- personal study, training and development (which is relevant to operational/service needs of the Trust)
- other appropriate reasons, which may include travel or voluntary work.

Those wishing to undertake a career break should seek guidance from their employing Trust.

Enforced career breaks

Sometimes doctors have career changes enforced upon them. This might be because their post moves to another Trust, because of changes within the Trust they are working, or because clinical service ceases to exist.

Other causes for an unplanned career change are

- ill health preventing a doctor from working or altering what they are capable of doing
- family ill health
- spouse/partner job move
- GMC restrictions on practice.

Any cause for an enforced career change can be very stressful and difficult to manage. While it is important to always see change as bringing opportunity, there is no doubt that
such a time in life can pose unprecedented challenges.

Informal help and advice may be found from colleagues but there may also be significant advantage to accessing professional help, or support from a mentor.

**Return to work following a career break**

Returning paediatricians should be supported with a formal return to work programme. The RCPCH supports the principles outlined in the Academy of Medical Royal College’s publication, *Return to Practice Guidance (2017 edition)* for trainees, SAS doctors and consultant paediatricians who have had a break from practice of three months or more. We recommend that doctors considering a break from practice or planning to return from a break use the planning tools in the guidance with support from their employers, human resources and training departments, deaneries, appraisers and supervisors, as appropriate.

Doctors returning to work after a period of remediation are advised to refer to specific remediation guidance provided by their employing organisation/deanery on the subject, although the resources referenced in the Academy document may also benefit doctors going through remediation.

To support discussions with paediatricians, useful paediatric-specific tools and guidance are also signposted below. Further resources and tools are also available from other organisations including paediatric special interest groups. Please note inclusion of resources and guidance on this page which are not produced by the RCPCH does not automatically denote our endorsement.

**Guidance and tools for paediatricians returning to practice**

- Returning to training - webinars (numbers 2, 12 and 22) on Compass
- Returning to training - guidance in Trainee toolkit and Looking after yourself
- Less than full time training
- RCPCH guidelines on Continuing Professional Development and the CPD diary (on RCPCH ePortfolio)
- RCPCH guidance on supporting information for revalidation
- Child protection and safeguarding guidance, including intercollegiate and paediatric roles and competences
- Evidence-based guidelines and products setting standards for paediatric practice
- RCPCH ePortfolio - primarily for use by paediatric trainees but can also be used to help monitor and provide feedback on competence acquisition for career grade staff who have not yet CCT'd/entered the specialist register
- RCPCH online learning and podcasts, many of which are on Compass, including a paediatric prescribing module
- RCPCH courses (eg, How to Manage series, Safeguarding courses)
- Paediatric and Newborn Life Support - a number of providers deliver basic and advanced courses including the Resuscitation Council and Advanced Life Support Group

General paediatric and subspecialty training curricula, related checklists and assessment standards will also be useful for paediatric trainees.

Further non-RCPCH resources and tools that may be useful in providing updates to
paediatricians returning to work include:

- **MHRA** (Medicines and Healthcare products Regulatory Agency) is responsible for the regulation of medicines and medical devices and equipment used in healthcare and the investigation of harmful incidents.
- **NHSI** (NHS Improvement (patient safety)) supports providers to minimise patient safety incidents and drive improvements in safety and quality.
- **NCEPOD** (National Confidential Enquiry into Patient Outcome and Death) assists in maintaining and improving standards of medical and surgical care for the benefit of the public by reviewing the management of patients, by undertaking confidential surveys and research, and by maintaining and improving the quality of patient care and by publishing and making available the results of such activities.
- **NIHR** (National Institute for Health Research) commissions and funds NHS, social care and public health research to develop the research evidence to support decision making by professionals, policy makers and patients. It makes this evidence available and encourages its uptake and use, for example, through NHS Evidence, which provides clinical and non-clinical evidence and best practice, to make informed decisions.
- **NICE** (National Institute for Health and Clinical Excellence) develops evidence-based guidelines, quality standards, undertakes technology appraisals and runs a diagnostics and medical technologies programmes.
- **SIGN** (Scottish Intercollegiate Guidelines Network) develops evidence based clinical practice guidelines for the NHS in Scotland.

### Resilience and wellbeing

Developing resilience allows us to adapt to changing circumstances, even when the circumstances are discouraging or disruptive.

Being resilient in a paediatric career:

- brings security in an ever changing NHS
- allows us to anticipate risks and feel comfortable with change
- helps us bounce back when the worst happens, making us start to feel better and gain confidence after a setback
- allows us to spot trends and turn them into opportunities
- ensures we look to the future rather than keep on thinking about the past

We are not born resilient but learn behaviours, attitudes and work patterns so as to keep developing even in difficult or uncertain times. Resilience brings energy, power and direction to your career and ensures you are comfortable in a changing environment.

To develop careers resilience you need to:

- be self-aware and know your strengths and values and your five year plan
- continuously learn – it is not an option to stand still
- be open minded to consider options
- build a network – think outside the silo in which you work
- deal with change – be flexible, learn quickly
- be positive
• self promote – what is going to make you marketable?
• have physical and mental fitness.

A balanced combination of workplace, personal life, health and adaptability ensures a resilient person.

View Enhancing our wellbeing and resilience webinar on Compass

See Wellbeing for health professionals for more resources

The Five Ways to Wellbeing are a set of evidence-based actions which promote people’s wellbeing: Connect, Be Active, Take Notice, Keep Learning and Give. They were developed by the New Economics Foundation (NEF) from evidence gathered in the UK government’s Foresight Project on Mental Capital and Wellbeing. The Five Ways have been used by health organisations, schools and community projects across the UK and around the world to help people take action to improve their wellbeing.

Health, wellbeing and support sites

The following web pages provide paediatricians with direct links to health, wellbeing and other referral sites for doctors in need.

• BMA Wellbeing Support Services - Counselling | Peer Support is open to all doctors whether BMA members or not and is staffed by professional telephone counsellors 24 hours a day, 7 days a week. They are all members of the British Association for Counselling and Psychotherapy and are bound by strict codes of confidentiality and ethical practice. You can even choose to remain anonymous when you call.
• DocHealth is a self-referral service available to all doctors, UK wide, and aims to provide confidential, specialist-led support for those suffering with stress-related depression or anxiety. The programme will initially run as a 24-month pilot, and aims to complement existing support services such as BMA Wellbeing Support Services. It is a joint venture from the RMBF and BMA. DocHealth is exclusively self-referral, with no report writing unless specifically requested by the doctor using the service. Fees are based on a sliding scale relating to the grade and circumstances of the doctor.
• Doctors Support Network is a self-help group for doctors with mental health concerns, including stress, burnout, anxiety, depression, bipolar affective disorder, psychoses and eating disorders. All doctors in the group have been troubled at some stage in their lives. There are regular meetings around the UK, a newsletter and an e-mail forum.
• GMC online guide ‘Your health matters’ provides the first step in this support, helping to provide timely information for doctors who may for health reasons be involved in the GMC’s fitness to practise procedures. The content was written with the help of Practitioner Health Programme, the Doctors’ Support Network and the British Medical Association.
• Practitioner Performance Advice (formerly NCAS) allows you to self refer, if you are returning to work after a period of absence, or you have health problems which may be impacting on your performance, and they will provide expert advice about the steps you can take and where you can go for help.
• NHS Practitioner Health Programme is an award-winning, confidential NHS service for doctors and dentists with issues relating to a mental or physical health concern or addiction problem, in particular where these might affect their work. Services for doctors living in London are free of charge and for doctors living outside London there
may be a charge.

- **Royal Medical Benevolent Fund** is a UK charity for doctors, medical students and their families. They provide financial support, money advice and information when it is most needed due to age, ill health, disability or bereavement.
- **Sick Doctors Trust** (for those with a dependency problem) - is a proactive service for actively addicted doctors which is structured to provide an early intervention programme. The trust facilitates treatment in appropriate centres, arranges funding for inpatient treatment and provides advocacy and representation when required. A charitable trust controlled by a board of trustees and staffed by doctors in recovery.
- **Samaritans** offers a helpline to all, which is dedicated to reducing feelings of isolation and disconnection that can lead to suicide.
- Whistleblowing hotline for NHS staff - Telephone 08000 724 725

**Mentoring support**

Access to effective mentoring support is increasingly important in the development of all paediatricians. From the early stages of training to 'pause and review' points along the paediatric career pathway, the opportunity to have regular (or intermittent) contact with another person with the appropriate skills and understanding and a willingness to listen and support can make a significant difference.

We run a mentoring programme to support mentoring within the paediatric workforce.

**Careers guidance for paediatricians**

- **School students**
- **Medical school students**
- **Foundation doctors**
- **Specialty trainees**

**Other useful contacts for careers guidance**

- **College Tutors**
- **Regional Advisors**
- **Training Programme Directors**
- **Heads of Paediatric Schools**
- **CSACs**
- **HEE/LETB/deanery advisors including Professional Support Units within these organisations**
- **Mentors**
- **SAS Tutors (for SAS doctors)**
- **Local Director of Medical Education**

**Other useful websites**

- [Health Education England Health Careers](https://www.hee.nhs.uk/careers) (formerly Medical Careers)
- [BMA developing your career](https://www.bma.org.uk/your-career)
- [National Institute of Health Research](https://nhsresearch.nihr.ac.uk) (NIHR)
• Academy of Medical Sciences
• Academy of Medical Educators
• NHS Leadership Academy
• Health Education England
• NHS education for Scotland