A guide to

Paediatric Training

in London
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Section 1:
Applying and Getting into Paediatrics

The application window opens in November 2013, for 2014 recruitment. Check the Royal College of Paediatrics and Child Health (RCPCH) website for exact dates (http://www.rcpch.ac.uk/STRecruitment). The time to apply is when you are in Foundation Year 2, or when you have completed your foundation level competencies by the end of August of the following year. With the establishment of Health Education England in April 2013, there are now 13 Local Education and Training Boards (LETBs) that are responsible for the training and education of NHS staff, both clinical and non-clinical, within their area. In London, the 3 LETBs are: Health Education North Central and East London (http://ncel.hee.nhs.uk/), Health Education South London (http://southlondon.hee.nhs.uk/) and Health education North West London (http://nwl.hee.nhs.uk/). It is anticipated that you will be asked to rank your choice of LETB and you will get an interview in your first choice LETB. London, overall has the most posts with approximately 100 ST1 posts available.

The interview is a 4 station interview, each station lasts 10 minutes:

Station 1: Will be a presentation of a case or clinical information that will be given to you on the day. No previous paediatric experience will be necessary or expected at ST1 level applications. You will be mainly marked on presentation skills.

Station 2: This will be the “interview” station where you will be asked some questions about your training so far and your motivation to do paediatrics. Also clinical governance issues such as audit will be considered.

Station 3: This will be a communication station, which will assess communication skills in a scenario with an actor. The scenario will not demand any paediatric experience at ST1.

Station 4: Clinical thinking station: this will assess thought processes dealing with a common clinical problem, again no paediatric experience will be necessary or expected. In addition you will be asked to write up a drug chart.

Overall, there are approximately 2 applicants for every Paediatric training post on offer nationwide, but certain areas such as London, Severn and the Peninsula have been historically more competitive. Paediatrics is an extremely fulfilling and fun specialty and generally, your
colleagues are good fun as well. This is very important to think about, as you will be working with your colleagues for a long time.

**Less Than Full Time (LTFT) Training:**

Trainees who wish to train less than full time will need to complete an Eligibility Form and following completion of this, a Less Than Full Time Training Form. These are available directly from the Flexible Training Team within Health Education South London. A summary of key points relating to LTFT training is given below, however full details of the process and the direct contacts within the Flexible Training Team can be found on the Health Education South London Website via the link [http://www.londondeanery.ac.uk/var/flexible-training](http://www.londondeanery.ac.uk/var/flexible-training)

**Hours & Salary Calculation:**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Hours worked on average</th>
<th>Payment as fraction of full time basic salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>F5</td>
<td>Between 20 and 24 hours/week</td>
<td>0.5 50%</td>
</tr>
<tr>
<td>F6</td>
<td>Between 24 and 28 hours/week</td>
<td>0.6 60%</td>
</tr>
<tr>
<td>F7</td>
<td>Between 28 and 32 hours/week</td>
<td>0.7 70%</td>
</tr>
<tr>
<td>F8</td>
<td>Between 32 and 36 hours/week</td>
<td>0.8 80%</td>
</tr>
<tr>
<td>F9</td>
<td>Between 36 and 40 hours/week</td>
<td>0.9 90%</td>
</tr>
</tbody>
</table>

The annual salary increment is time and not training level based; LTFT trainees still get a yearly increment in their salary even if they do not change ST grade.

The banding is NOT necessarily the same as full time trainees on the same rota as the limits for frequency of weekends / on-calls is set differently for LTFT trainees.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Definition</th>
<th>Additional Payment as fraction of above basic salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band A</td>
<td>Highest intensity and/or most unsocial hours</td>
<td>0.5 50%</td>
</tr>
<tr>
<td>Band B</td>
<td>less intensity at less unsocial times</td>
<td>0.4 40%</td>
</tr>
<tr>
<td>Band C</td>
<td>all trainees working some hours outside the normal week-day (8am-7pm)</td>
<td>0.2 20%</td>
</tr>
<tr>
<td>No band</td>
<td>All hours fall between 8am-7pm on week days only.</td>
<td>0 0</td>
</tr>
</tbody>
</table>
Training Posts
The training posts available for LTFT trainees are: slot-shares/reduced hours in a full time post/supernumerary

Reduced subscription rates
LTFT trainees may be entitled to reduced subscription rates for RCPCH/BMA/MDU/MPS etc. See RCPCH flexible training website for more details: http://www.rcpch.ac.uk/doc.aspx?id_Resource=7348

Eligibility criteria (2 categories)
- **Category 1** – disabled or ill health (including undergoing IVF); caring for ill/disabled partner, relative or other dependent; providing care for young children
- **Category 2** – opportunities for personal development (e.g. national sporting events), medico-legal politics; religious commitments; non-medical professional development (e.g. management courses)

Application process
- Approximately 3 months long, but applications are encouraged as far as possible in advance
- Trainees need to obtain & complete eligibility paperwork from deanery
- Once assessed as “eligible” trainees will need to complete further paperwork to gain approval for funding (Flexible Training Approval Form) and then:
  - Decide on type of post, number of hours, days of the week
  - Contact the Training Programme Director (TPD) for slot share partner details
  - Needs signature from Medical Staffing Department at the Trust you will be working with
- Once this is processed the trainee can start LTFT training; but must start within 6 months of gaining approval
- Where possible trainees should start or leave LTFT with post rotation dates in September & March
- Eligibility is reassessed every year, when changing posts or rotating, or if altering the number of hours or a slot share partner changes

More resources can be seen on the LTFT guide on synapse. Good luck with your application!
Section 2:
Training Delivery

Level 1 Curriculum (ST1 - 3) delivery will mainly occur in the local workplace. The clinical exposure in Level 1 is a key to training, supplemented by ward and lecture based teaching. Local network based education events will augment the training. In addition, high fidelity Simulation training will deliver parts of the curriculum more suited to this form of delivery. It is aimed that all ST3 trainees will receive a full day of high fidelity immersion training and a day of communication and part task training.

Level 2 Curriculum (ST 4 - 5) delivery will be based on a series of lectures at the Royal Society of Medicine (RSM) and the concept of the topic of the month to augment the clinical training in the workplace.
Section 3:

Topic of the Month

This concept has been developed to allow local learning to support the regional teaching programme (and vice versa). The teaching programme runs over 24 months (with two ‘holiday’ months in August of each year). Each month has been allocated a theme derived from the curriculum mapping work. This includes both clinical subjects and more generic skills. These will form the focus for the Regional Study Days that are to be held monthly at the Royal Society of Medicine.

Critical to this concept, is the idea that the RSM days are just the ‘tip of the iceberg’ regarding teaching for that month. It is hoped that the chosen topics can form the basis of a wide range of learning opportunities. For example, during Renal Month, the RSM study day would be supported by an online journal club looking at a Renal-related journal article and moderated by a Renal Grid trainee. There would also be online signposting to renal e-learning modules where available. At a local level, it is hoped that local teaching programmes could try to accommodate the ‘Topic of the Month’ and focus on renal topics such as UTI, HSP, nephrotic syndrome etc.

For example, Adolescent Health month (January 2014):
Section 4:
Royal Society of Medicine Paediatric Regional Study Days

Parts of the paediatric curriculum which are difficult to cover fully during clinical training are covered by the content of the monthly Paediatric Regional Study Days, which are held in conjunction with the Royal Society of Medicine. The study days are designed for Level 2 trainees (ST4 and 5), but all trainees are welcome.

More information can be found at: http://www.rsm.ac.uk/academ/smtpaedi.php

Section 5:
Life Support and Child Protection

Up to date Advanced Paediatric Life Support (APLS) and Neonatal Life Support (NLS) certification is a requirement for all trainees in paediatrics. Re-certification is currently required every four years. The course can be booked on the ASLG website. http://www.alsg.org/uk/. Child Protection training is also a requirement at least to Level 2 for Level 1 trainees and to Level 3 and above for more senior trainees – you will be able to obtain this training in your place of work, and there are also online courses.

There is also a pilot running in 2013/14 which will provide all ST2 trainees with the NSPCC/RCPCH/ALSG approved ‘Child Protection Recognition and Response’ Course.

Section 6:
Leadership, Management and Education Evenings

The Leadership, Management and Education (LME) Evenings were developed to help trainees prepare for a consultant post. Although the evenings are aimed at Level 3 (ST6-8), we welcome trainees of all levels with an interest in medical leadership or education. The programme is made up of lectures and workshops based around the RCPCH Curriculum and the Medical Leadership Competency Framework developed by the Academy of Medical Royal Colleges (AoMRC).

As with the RSM days, the LME evenings are not designed to replace local teaching, but to complement it. In fact, we hope that the evenings will give you a better idea of the opportunities available in your current post.

Section 7: Evidence Based Child Health

The School runs a one day Evidence Based Child Health Course three times a year. The course is aimed at Level 2 (ST4/ST5) trainees but would be valuable to Level 1 (ST1-3) trainees preparing for the MRCPCH examination or as revision for Level 3 (ST6-8) trainees due to undertake the ST7 Assessment. It aims to give trainees the tools to appraise research critically and incorporate it into clinical decision making.

Section 8: Simulation

As this guide has outlined, the London School of Paediatrics aims to ensure that its trainees achieve the competencies outlined in the RCPCH curriculum through a variety of teaching methods. A great deal of the training can be achieved through day to day experience in the workplace. This is then augmented by other teaching methods to address areas of learning that cannot be met in the workplace. One of these will be the simulation programme.

The simulation programme for paediatrics aims to develop:

- technical skills that occur with insufficient frequency in the workplace
- non-technical skills including teamwork skills
- communication with families and young people

The programme will consist of three training streams: full immersion (high fidelity); communication scenarios; and part task (practical skills) training. It has been devised with extensive input from paediatricians, resuscitation officers and nursing professionals throughout the region. The lead paediatrician for simulation work is Dr Mehrengise Cooper, Consultant PICU at St Mary’s Hospital.
Part Task Trainers
Paediatric part task trainers (simulation models for practical procedures e.g. intubation heads) have been provided for every Trust. To support this there are guidelines for the use of the trainers and guidelines for the individual procedures. We would encourage you to make use of this part task equipment in your local Trust. The procedures covered are:

- Intraosseous needle
- Airway support, bag valve mask ventilation and Intubation
- Chest Drain

ST3 Courses
All ST3 level trainees are offered a day of full immersion, and a day of communication and part task training. These two 1-day courses are run in simulation centres at Trusts throughout the region. They are aimed at preparation for middle grade role with a focus on leadership, communication and teamwork.

Trainees so far have found the courses very useful and enjoyable, providing them with both the opportunity to manage seriously ill children in a safe learning environment and time to reflect upon their learning. There are pre-course, immediate post-course and 6 week post course questionnaires that all trainees must complete to receive their course certificate. This encourages them to reflect upon their learning on the course and helps us improve these courses in the future.

High Dependency Unit (HDU) Study Days and Stabilisation Day Courses
These courses are open to all trainees but are targeted at ST 3, 4 and 5 trainees and include some Simulation training. The aim of these courses is to increase the trainees’ knowledge and confidence in managing a deteriorating patient in a district general hospital setting.

Section 9:
Signposting and E-resources
As this Guide has shown, there is a great deal of information available regarding training within the London School of Paediatrics. This Guide is an attempt to bring together as much of this information as possible but we are aware that it is constantly changing.
Synapse, the London Deanery Communications Network, acts as a hub for paediatric training with access to resources relating to almost all of the School’s projects. This includes notification of new events, documents to support training and educational aids, such as recordings of the RSM days.

Synapse also gives access to Nucleus, an online resource designed to support postgraduate training by providing access to resources covering the generic areas of the curriculum. The School of Paediatrics has developed a similar signposting website that brings together School projects, online learning resources and innovative ways of teaching to support trainers and trainees (Signpost) https://secure.synapse.nhs.uk/signpost.

The backbone of Signpost is the RCPCH Curriculum. Users can look through the curriculum to identify areas that are relevant to them. They can then click on these topics and be taken to links to resources (study days, courses, e-modules) to help attain these competencies. The website also hosts links to online lectures from the study days and to online forums. What makes this resource particularly exciting is that it both allows trainees and trainers to propose new content and gives them the opportunity to score or review what is already there.

Section 10:

MSc Course in Advanced Paediatrics

The London School of Paediatrics is supporting the development of MSc programmes across London. The aim is to offer trainees the opportunity to do an MSc after completion of the MRCPCH.

Three centres are developing programmes:

- University College London
- Kings Health Partners
- Imperial University

This will be an exciting addition to the learning opportunities for trainees and will cover:

- Leadership and professional development
- Ethics and Cultural issues
- International Child health
• Research methodology and statistics and clinical trials
• Evidence based child health
• Statistics for clinicians

These courses will help in the professional development to becoming a Consultant Paediatrician and will help to reduce Consultant shock. Students will also have the opportunity to choose a specialty and research module from a wide range of options.

Section 11:
MRCPCH Exams

The paediatric membership exams have been revised in 2013 and are currently divided into four parts. Alongside renaming of the exams and publishing the syllabi for the exams, the most significant change has been in relaxing the requirement for the exams to be attempted in a set sequence. Trainees are now able to attempt all the written exams either simultaneously or in any order they wish, but they must have successfully completed all the written exams prior to applying for the MRCPCH Clinical examination.

Written examination
1) Foundation of Practice (previously Part 1A) and
2) Theory and Science (previously Part 1B):
   A series of true-false questions, Multiple Choice Questions (MCQs), Best-Of-Five Questions and Extended Matching Questions (EMQs) - focuses on the Basic Science, Community Child Health, Clinical Diagnosis and Clinical Management and Neo/Perinatal Medicine.

3) Applied Knowledge in Practice (previously Part 2):
   A series of Multiple Choice Questions (MCQs), Best-Of-Five Questions and Extended Matching Questions (EMQs) – builds on the knowledge of the previous exams but focuses on more advanced Clinical Decisions and Management.

Practical Examination
4) Clinical Examination:
   A practical clinical examination with video stations, communication scenarios, a history-taking/clinical management station and several OSCE style exam stations.
For further information about the content and exam dates, please see the college website: http://www.rcpch.ac.uk/training-examinations-professional-development/assessment-and-examinations/examinations/examinations. The Assessment Strategy set out by the Royal College of Paediatrics requires the whole Membership to be passed by the end of StR-3.

**Section 12:**

**Workplace Based Assessment**

In competency based training Workplace Based Assessments form the bedrock of assessment of progress and provide a fantastic learning opportunity as well as a chance for honest and constructive feedback to the trainee.

From September 2013 there are some significant changes being made to Work Based Assessments within paediatric training. Since their introduction in 2005 there have been frequent complaints that they are often too summative and can be treated as a tick box exercise.

The new assessments will become known as Structured Learning Episodes (SLEs) and the tools are listed below. These will be live from September 2013 and should be a natural follow on from those assessments already undertaken during the Foundation years.

For a full summary and a list of the expected number of assessments please visit the RCPCH website.

**Types of Assessment**

**MiniCex (Mini Clinical Evaluation Exercise)**

This tool is designed to assess the clinical skills that trainees most often use in real clinical encounters. It is based on assessment of multiple encounters within a hospital setting observed by an educational supervisor or other clinician. It is designed to be opportunistic, and can be used in any clinical setting – ward rounds, Emergency Department, clinic, Neonatal unit. It is a short, focused assessment, which looks at one aspect of the clinical encounter – history or examination or formulating a management plan. The supervisor then gives constructive feedback to the trainee on that specific encounter.
CbD (Case Based Discussion)
This is a focused discussion around entries made in notes of a patient seen by a trainee. The key feature is that both trainee and trainer are aware of the case to be discussed in advance and the trainer has a chance to review the trainee’s entry in the notes. Ideally, the trainee offers the assessor two or three sets of case notes in advance of the meeting, and the assessor can choose which they wish to speak about. The trainer plans and uses probing questions to explore the decision-making and documentation. From September 2013 one CbD will be completed on a safeguarding case per training year. There will be a specific form for this.

DOPs (Directly Observed Procedural Skills)
DOPS are an assessment of ‘real-life’ activities where the focus of the assessment is the skill being observed. Essential DOPS for Level One trainees are: bag mask ventilation, neonatal intubation (term neonates), umbilical venous cannulation, capillary blood sampling, venous cannulation, lumbar puncture.

ePaed MSF (multisource feedback)
This instrument is invaluable for assessing a trainee’s performance over time, in everyday practice and involves the collection of feedback from a variety of medical professionals who work with the trainee.

Paed CCF (Carers of Children Feedback)
This has been developed and validated for paediatrics and seeks the views of parents and guardians about the care of their child. It is currently only used for higher trainees.

DOC (Discussion of Communication)
DOC replaces SAIL (Sheffield Assessment Instrument for Letters). The instrument assesses a trainee’s competence in written communication in everyday practice overtime.

Annual Review of Competence Progression (ARCP)
Trainees in Paediatrics will undertake an annual review of competence progression (ARCP) at least once per year. An ARCP is a review of a trainee’s progression through the required competencies of each level of training, as outlined by the RCPCH. Trainees are required to submit one Educational Supervisor Trainers’ Report for each post undertaken since the last ARCP, evidence of exam progression, at least the minimum required number of WPBAs/SLEs
and an MSF. The majority of trainees will be reviewed in the summer, with a deadline of late June, but we also hold a round of ARCPs in the winter, the deadline of which is mid-December.

Currently, trainees are not required to attend in person unless there are specific issues which need to be addressed, except for ST7 when there is a face to face ARCP to discuss progress in ST8 and post Certificates of Completion of Training (CCT). In absentia panels consist of Training Programme Directors and College Tutors, along with a Lay Chair to ensure fairness of process, who review all the evidence, both on ePortfolio and the supplied paper documentation, and decide whether a trainee is progressing at a satisfactory rate.

If the in absentia panel is unable to award a satisfactory outcome, trainees will be invited for a face to face ARCP to discuss any concerns and issue their ARCP outcome in person. If an unsatisfactory outcome is issued, trainees are given targets to achieve within a given timeframe and are normally reviewed again around 6 months later to check on progress. This is also a way of offering additional support to trainees and a way of ensuring all is being done to help progression though the training programme.

ARCP outcomes are issued on ePortfolio with a follow up email sent by Health Education South London to inform trainees that their outcome is available to view online. Trainees then need to log into their ePortfolio account and sign their ARCP outcome.

Please help the Operations team at Health Education South London to ensure the smooth running of the ARCP process by responding to requests for information and documentation as promptly as possible. This ensures that delays to the process do not arise that may have a knock-on effect on confirming the placement of trainees with Trusts.

Guidance from the RCPCH regarding ARCPs an assessment requirements can be found via the following link: http://www.rcpch.ac.uk/training-examinations-professional-development/assessment-and-examinations/assessment-tools/assessme
Pilot Assessments
There are also a number of new tools which will be piloted over the next 12 months. Further details will be provided by the RCPCH when available. These tools are:

ACAT (Acute Care Assessment Tool)
This tool has been used in adult medical care settings, and the tool has been adapted for paediatric use. The ACAT is designed to assess and facilitate feedback on a doctor’s performance during their practice on acute admissions and takes a wider view of the trainee’s management skills on shift.

HAT (Handover Assessment Tool)
Handover is a core skill that has been identified as not easily assessed by current tools. This tool has been developed specifically for this purpose.

LEADER
The leader case based discussion (CbD) is based on the competencies described in this Medical Leadership Framework. It encourages trainees to demonstrate a practical, work based understanding of the principles and practice of medical leadership.

Section 13:
Out of Programme (OOP) Opportunities
London Deanery recognises that trainees may wish to take a period of time Out of Programme (OOP), whilst retaining a National Training Number (NTN), for one of a number of reasons. These can be categorised as follows:

1. Time out of programme for approved clinical training in a post, which generally contributes towards trainees’ CCT (Out of Programme Training – OOPT)
2. Time out of programme for clinical experience that is outside of the curriculum, in a post which will not count towards a trainee’s CCT (Out of Programme Experience – OOPE)
3. Time out of programme for research, of which time may count towards CCT with prospective approval from GMC (Out Of Programme Research – OOPR)
4. Time out of programme mainly for personal reasons e.g. illness, family caring. This will not count towards a trainee’s CCT (Out of Programme Career Break – OOPC).
Full details of out of programme guidance can be found in sections 6.66 to 6.88 (p46-51) of the Gold Guide 2010. These can be downloaded from the MMC website: 

The School of Paediatrics has its own OOP Process for those wishing to go Out of Programme during their Paediatric run-through training. The Paediatrics OOP approvals process can be found on Synapse within the documents section of the School of Paediatrics website. This guidance should be read in conjunction with the London Deanery guidance which can be downloaded, together with the OOP application form and OOP application checklist documents, from the London Deanery website:
http://www.londondeanery.ac.uk/specialty-schools/out-of-programme

Trainees should plan to start OOP at the usual changeover times of the clinical training programme - currently the first Monday in September and March. Reasons for planning to start at other times must be clearly stated in the OOP application. OOP applications must be received at least six months before the expected start date of the OOP.
Any queries should be directed to paediatrics@londondeanery.ac.uk.

Section 14:

National Grid

The last years of Specialist Training before receiving a Certificate of Completion of Training (CCT) may be spent in a subspecialist area of paediatrics. The RCPCH runs the NTN Grid Scheme to allow trainees to compete for subspecialty training programmes available nationally. On an annual basis Deaneries are asked to submit approved programmes of subspecialty training to the College for that year’s Grid matching process. Candidates who have completed an approved programme of subspecialist training will be eligible to be entered on the GMC’s Specialist Register as a subspecialist Paediatrician.

Key features of Grid training:

- Tertiary training opportunities, advertised nationally by RCPCH
- Criteria for entry will vary according to subspecialty
- Trainees will be expected to have completed Level 2 training by the time of taking up the Grid post
Trainees must be able to complete the required subspecialty training curriculum by their estimated CCT date.

All programmes of subspecialty training in the Grid are approved by the GMC.

Job descriptions, the Grid personal specification and all application information are available at: [http://www.rcpch.ac.uk/training-examinations-professional-development/paediatric-careers-and-recruitment/paediatric-recru-0](http://www.rcpch.ac.uk/training-examinations-professional-development/paediatric-careers-and-recruitment/paediatric-recru-0)

### Paediatric Subspecialties

The programme information below is an indication of posts available within the grid. The available programmes vary each year. The programmes available for 2014 were not published until the application window opened in 2013.

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Programme</th>
</tr>
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<tbody>
<tr>
<td>Allergy</td>
<td>Clinical Pharmacology</td>
</tr>
<tr>
<td>Diabetes and Endocrinology</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Immunology and Infectious Disease</td>
<td>Metabolic Medicine</td>
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<tr>
<td>Neonatal Medicine</td>
<td>Nephrology</td>
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<tr>
<td>Neurodisability</td>
<td>Neurology</td>
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<tr>
<td>Oncology</td>
<td>Palliative Medicine</td>
</tr>
<tr>
<td>Paediatric Gastroenterology, Hepatology and Nutrition (PGHAN)</td>
<td>Paediatric Intensive Care Medicine (PICM)</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Rheumatology</td>
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</table>

Paediatric Cardiology training is not offered through the Paediatric National Grid. This still tends to be a sub-specialty of (adult) cardiology rather than Paediatrics and the training is supervised by the Royal College of Physicians. Entry is through a competitive recruitment process. Eligibility criteria include having passed the full MRCPCH or the MRCP(UK) examination, or an equivalent, and achievement of full ‘foundation’ (F1/2) and ‘core’ (ST1/2) competencies.
If you have a specific sub-specialty training query then contact the relevant College Specialty Advisory Committee (CSAC). Trainees wishing to gain a CCT in General Paediatrics or Community Child Health do not need to apply for the Grid as Deaneries can provide this training directly.

When to Apply

Trainees if unsuccessful on their first attempt at the Grid can reapply once providing they still fulfil Grid eligibility.

Grid Programmes are 2-3 year programmes of training. Programme Descriptions will be available on the RCPCH website during the application period, detailing rotation information and length of training programme. For trainees with 3 years of training remaining before their CCT date, who are appointed to a 2-year programme of Grid training, the Deanery they are completing the remainder of their training in will accommodate the additional 12 months in a suitable training post.

Therefore, the following grades of trainees may apply to the Grid:

ST5/SpR Y2: Applications to 2 - 3 year rotations
ST6/SpR Y3: Applications to 2 - year rotations

The 2014 Grid appointments round information is detailed below:

2014 Full Advert: Will be published 6 September 2013
Application Period: 12 noon 13 September 2013 - 12 noon 4 October 2013
Interview Period: 25 November 2013 - 6 December 2013
Offers made: week commencing 9 December 2013

If you have any queries regarding your eligibility for the grid after talking to your local deanery then please contact Emily Gooday-Sub-specialty recruitment coordinator as soon as possible.
Section 15:

Trainee Representation in the London School of Paediatrics

The London School of Paediatrics is unique in the level of trainee representation and participation embedded within its structure. This is achieved in three main ways – through the Trainee Committee, through the Trust Representative Network and through the Fellow in Medical Education posts.

**Trainee Committee**

The Trainee Committee works alongside the executive committee and is divided into the same working subgroups. Within the subgroups, the trainees work closely with the Executive Committee in all aspects of the role.

There are over 40 members of the Committee ranging from ST1 trainees through to final year SpR’s and it is currently headed by Nick Prince. The Committee meets monthly, along with the executive committee.

All members of the Committee were competitively appointed following a selection process based on application forms. Information about recruitment to the trainee committee will be made available via Synapse.

**What is the purpose of having a trainee committee?**

The Trainee Committee is asked to consider a wide range of issues affecting paediatric training, and to feedback thoughts and ideas to the School Executive Team and School Board. This is a two-way process with members of the Executive Team attending trainee committee meetings and two trainees attending the School Board. It is hoped that these experiences will help individuals within the Trainee Committee develop important skills in leadership, management and medical education.

**What are the different roles within the trainee committee?**

The composition of the Trainee Committee has been built around the management structure of the School so that there is trainee input in every key area. The idea is that trainees can involve themselves in a particular area of work for a 2-3 year period, giving assistance to and learning from their senior colleagues within a particular work-stream group.
The key areas requiring trainee input are detailed below:

1. Selection and recruitment and Workforce planning
2. Service safety / Working Time Directive / Rotas
3. Curriculum delivery
4. Assessment Strategy
5. Communication and Website and IT
6. Supporting trainees
7. Supporting sub-specialists (inc Grid / Academic / OOPE trainees)
8. Supporting audit and regional research (ie co-ordinated cross-Trust approach to audit / questionnaires, etc.)
9. Ensuring Quality

Trainee Trust Representatives
Each trust appoints a Trust Rep from the current paediatric trainees. The role of the Trust Rep is to work alongside the College Tutor and also to act as a route of communication between trainees at the Trust and the School. Regular Trust Rep mornings are held every 2-3 months. With the creation of the three new Local Education and Training Boards (LETBs), the role of Trust Rep is increasingly important, as the representative will also sit on the Specialty Training Committee. The trust reps in each LETB will be supported by the trainee committee Vice Chairs for each LETB, who provide a link to the Trainee Committee.

Fellows in Medical Education
Since 2009, the school has had two full-time Medical Education Fellows. These posts are for Paediatric Trainees who have an interest in the Management and Development of Postgraduate Medical Education. They are out-of-programme posts with no clinical commitment. The Fellows work closely alongside the Head of School and the Training Programme Directors, whilst at the same time keeping in close contact with trainees through the trainees committee and the Trust representative network. They have led on projects within the School and have ensured that trainee participation is a part of all aspects of the work of the School.
Section 16:  
Academic Training in Paediatrics

Structured programmes of academic training have been developed at all levels to fit with clinical training so they meet higher specialist training requirements, as depicted below.

**Foundation Programme**

The first new academic opportunities arise during the foundation years within specific academic foundation rotations. Content varies considerably between centres but can include:

- Regular academic meetings and mentoring
- Periods from taster weeks in different academic disciplines through to dedicated 4-month academic attachments.
- Opportunity to begin a research project that may be carried on in later training

**Post-Foundation there are two new academic training positions:**

1. Academic Clinical Fellowships (ACF) for those early in their career
2. Academic Clinical Lecturer (ACL) posts for those that have completed a higher degree (MD/PhD) but not yet gained their Certificate of Completion of Training (CCT)

Updated information on these is available via the [National Co-ordinating Centre for Research Capacity Development (NCCRCD) website](http://www.nccr.cd).
Academic Clinical Fellowships (ACF)

Academic Clinical Fellowships are three-year posts, usually ST1 -3 posts, with at least 25% protected academic time. All ACF posts should include

1. Designated clinical mentors responsible for ensuring optimal attainment of core competencies comparable with their non-academic peers.
2. Designated academic mentors responsible for developing the candidate’s academic potential so that they will acquire core academic skills and develop a project that can be used in an application for a research training fellowship for a higher degree

Academic components should also include training in: research methodology, statistics and scientific writing. One option is to integrate the ACFs into existing schemes such as an MSc in Clinical Paediatrics. Entry requirements are currently flexible but it is likely only those coming from Foundation years will be eligible.

Outcome of ACF posts

Successful ACFs will generate sufficient preliminary data so that they (along with their supervisor) can write a proposal to an external funding body such as the Welcome Trust or MRC for a research training fellowship. Ideally, this should lead to a higher degree, which is mandatory for subsequent Academic Clinical Lecturer applications. Clinical academic fellows that are unsuccessful in gaining research fellowship funding revert to generic clinical training.

Academic Clinical Lectureship (ACL)

The new Lectureship schemes are only open to those with a higher degree such as an MD or PhD. Across the country, around 100 of these will be created each year for the next five years. This number should provide enough posts for all of those junior academics coming through the ACF and research training fellowship schemes, when taken together with existing lecturer programmes. Appointments will however still probably involve competitive interview. These are four-year positions, with a 50:50 clinical to academic split. Candidates should ideally be one to two years away from their CCT so they gain this during the Lectureship, although many have been appointed outside this timeframe in the earlier rounds. These posts offer the opportunity to either continue previous research/education initiatives or develop new interests with the ultimate aim of gaining independent research/education funding.

Motivated clinical and academic mentorship and supervision are again vitally important. It is hoped that ACLs will progress into academic posts such as Senior Lecturer or Senior Research Fellow positions. However, CCT gives the option of a clinical NHS consultant post.
Clinical Senior Lectureship Awards
These posts are designed to support career progression for the new generation of trained clinical academics. Across the country, up to 200 posts will be funded over five years (i.e. about 40 per year) by the Higher Education Funding Council for England (HEFCE) and local NHS Trusts.

These Senior Lectureships are supported by the UK Clinical Research Collaboration (UKCRC) as part of its commitment to building an expert research workforce. The posts run for five years with a reduced portion of the salary paid by the HEFCE over this period. Trusts/universities are expected to cover the salary costs if other sources of funding have not been obtained after this time.

Section 17:
Paediatric Training Posts Available in London

ST1-5 training rotations in London are now divided into three sectors delivered by Local Education and Training Boards (LETBs), consisting of South London, North West London (NWL) and North East and Central London (NECL). Each area has a lead provider for education in paediatrics which respectively are King’s Health Partners, Imperial and to be confirmed in NECL.

Each of the three sectors for ST1-5 is represented by a Speciality Training Committee (STC), which are chaired by one of the Training Programme Directors (TPDs) within that region. Following on from initial ST1-5 training, higher registrar training (ST6-8) is delivered pan-London and also has its own Speciality Training Committee, with a dedicated chair. ST6-8 training is pan-London to ensure equity of experience from the specialised services available across London’s teaching hospitals.

In general, you should expect to stay within the LETB within which you are placed at ST1 until you enter ST6-8 training.

Level 1 Training Posts (ST1-3)

Most ST1 posts are in District General Hospitals (DGH). During ST2 and 3 there will be training opportunities in tertiary subspecialty posts. All trainees will do at least one year of neonatology including 6 months in a tertiary [level 3] unit.
Level 1 (ST1-3) Training Posts in London

<table>
<thead>
<tr>
<th>North Central and East London LETB</th>
<th>North West London LETB</th>
<th>South London LETB</th>
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</thead>
<tbody>
<tr>
<td>Teaching Hospitals</td>
<td>Teaching Hospitals</td>
<td>Teaching Hospitals</td>
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<tr>
<td>Royal London</td>
<td>Chelsea and Westminster</td>
<td>Evelina Children’s Hospital</td>
</tr>
<tr>
<td>Homerton</td>
<td>Queen Charlotte’s at Hammersmith</td>
<td>King’s College Hospital</td>
</tr>
<tr>
<td>Great Ormond Street</td>
<td>Royal Brompton</td>
<td>St George’s Hospital</td>
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<tr>
<td>Royal Free</td>
<td>St Mary’s Paddington</td>
<td>The Royal Marsden Hospital</td>
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<tr>
<td>University College</td>
<td></td>
<td>NCYPE (National Centre for young People with Epilepsy)</td>
</tr>
<tr>
<td>DGHs+ PCTs</td>
<td>DGHs + PCTs</td>
<td>DGHs and PCTs</td>
</tr>
<tr>
<td>BHR (Barking Havering and Redbridge) – includes Queen’s and King George.</td>
<td>Ealing</td>
<td>Lewisham</td>
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<tr>
<td>Newham General</td>
<td>Hillsingdon</td>
<td>Farnborough</td>
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<tr>
<td>Whipps Cross</td>
<td>Northwick Park and Central Middlesex</td>
<td>Woolwich</td>
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<tr>
<td>Barnet and Chase Farm</td>
<td>West Middlesex</td>
<td>Croydon</td>
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<td>Camden /Islington PCTs</td>
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<td>Whittington</td>
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<td>St Helier</td>
</tr>
</tbody>
</table>

Paediatric specialties included in the 3 year programme are:

| ● Cardiology | ● Community |
| ● Emergency Medicine | ● Endocrinology |
| ● Gastroenterology | ● Haematology |
| ● Infectious Diseases | ● Metabolic Medicine |
| ● Nephrology | ● Neurology |
| ● Oncology | ● Paediatric Surgery |
| ● PICU | ● Respiratory |
| ● Rheumatology | |

Level 2 Training Posts (ST4-5)
Most ST 4/5 placements consist of 24 months of General Paediatrics, Neonatal and Community training in the same District General Hospital and it’s local Primary Care Trust (PCT).
Level 3 Training Posts (ST6-8)
These posts are in neonatology, general paediatrics and a wide variety of subspecialty paediatrics. Community training is based in PCTs with acute on call in the local Paediatric unit. There are some General Paediatric posts in the DGHs mainly for ST8 trainees.

Section 18:
Acknowledgements

This version of the guide has been updated by the Recruitment trainee subcommittee (Eleanor Bond, Susie Minson, Shahid Karim, Katie Hunt, Harshini Katugampola and Felicity Taylor), Laura Waddoups, Simon Broughton and the Fellows in Medical Education (David James and Katherine Fawbert).
Health Education North Central and East London

Please note that this map is not intended to be geographically accurate but aims to provide a guide to each area.