

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

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.





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 network curriculum when programme was set up (Sep 2017) 5 (9/9/17) 777 (6) 8 (3) (a) (4) (

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

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 thi003 Tcti( al)-5.h.2 (a.8 (e)-7.b4 ( B)0.9 (us (.)-8h\_d3 9n86wm)-83 (e)-8

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 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 7 (b)-8.7 (g)-2.8 8.1 (j) 0.005 (e)-7.4.8 (e).9 (b)-7.4.9 (c)2.n3T(e).







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 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](http://rcpch.ac.uk) to get more information about progress plus and specialty training, guidance and resources that you can download