

So you want to be ... a paediatrician

Introduction

The typical impression of a paediatrician is that of a gentle, kind-hearted soul, dedicated to the cause, who wears Wallace and Gromit socks and ties that play tunes.

While an ability to relate to both children and their adult carers may necessitate such qualities (and possibly dress code), paediatrics is a dynamic, challenging but hugely rewarding specialty. There can be few specialties left in medicine in which a doctor can remain a generalist, while gaining sub-specialization if desired, but still enjoy exposure to such a wide diversity of medical problems. These range from the 400 g premature neonate requiring prolonged intensive care, through the enormous spectrum of chromosomal and genetic conditions that may never be seen in adult medicine, to the acute and chronic conditions that may be considered the 'bread and butter' of adult medicine.

In paediatrics the child and family are treated in a holistic manner, not just as disease X or Y. The growth and development of the child adds further interest to the disease process. Children rarely suffer from the sometimes all-consuming problems of self-pity and hypochondriasis that are rife in adult medicine.

Training

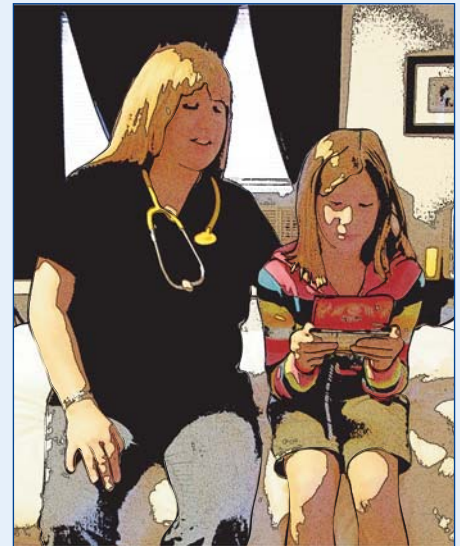
Paediatric training has undergone radical change over the last 5 years with the introduction of Modernising Medical Careers. Previously very few junior house officers worked in paediatric departments. It is now commonplace to find foundation doctors spending 3–4 months in the specialty. From the foundation programme there are competitive interviews for attainment of a run-through grade post taking a doctor in 8 years through to their Certificate of Completion of Training (CCT). During this time a doctor will rotate between the different branches of paediatrics, spending time in general and

subspecialty paediatrics, neonatology and community paediatrics. He/she will obtain their Membership of the Royal College of Paediatrics and Child Health (MRCPC) during the ST1–3 years of this training programme, being able to proceed to ST4 only when this hurdle is cleared.

He/she will then have two options as a more senior run-through grade doctor and beyond. First he/she can continue general professional training with an emphasis on a subspecialty, ultimately gaining CCT as a general paediatrician with an interest. The majority will then take up consultant posts in district general hospitals, taking a lead role in their area of expertise and acting as the liaison to the tertiary centre.

The alternative at the present time is to apply for a National Training Number Grid (NTN Grid) post in one of the subspecialties (neurology, endocrinology, nephrology, community child health, emergency medicine, immunology, neurodisability, clinical pharmacology, respiratory paediatrics, oncology, cardiology, paediatric intensive care medicine, neonatal medicine, gastroenterology, rheumatology) gaining a certificate of completion of specialist training (CCST) as a general paediatrician with subspecialization. These consultants will usually spend the vast majority or all of their time, including on call, undertaking their specialist work in a teaching hospital. It is anticipated that there will be an 'exit exam', likely to be of OSCE (objective structured clinical examination) format at ST7 or ST8, regardless of the choice of career pathway.

Research opportunities in paediatrics are limitless but not suited to everyone. It is



certainly not considered essential to have undergone a formal research programme to progress through the training programme. Career opportunities have never been better with enormous consultant expansion over the last 5 years. The number of Grid posts should match the number of subspecialty consultant posts becoming available, thereby preventing the bottleneck that can be seen in other specialties.

Fringe benefits

Medicolegal work abounds in paediatrics and those with an interest or expertise can significantly bolster their earnings. Private practice is again available to those who wish to pursue that role but could never be considered to be as financially rewarding as for surgeons or anaesthetists. With over 50% of trainees being women, there is a need and acceptance for more flexible training with significant opportunities available. Lastly, the option to halt your ward round to have a quick game of Doom Raider with the patient on their Play Station Portable is perhaps unique to paediatrics. **BJHM**

Conflict of interest: none.

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KEY POINTS

- For more information on training visit the Royal College of Paediatrics and Child Health website (www.rcpch.ac.uk/education/training/overview_of_training.html)
- Paediatrics offers an enormous diversity and range of experience on a daily basis in a work-friendly environment.
- Multidisciplinary, inter-agency working provides holistic care for the child and family.
- Well-rounded, 'normal' doctors who enjoy being with patients should apply.