Trainee's Guide to Community Child Health Training



British Association for Community Child Health

Because every trainee deserves the support to succeed.

This guide has been written by trainees, for trainees, with an aim to support equitable, high quality Community Child Health (CCH) training wherever you work. It brings together practical advice, collective experience and national perspectives to help ensure we are all training with clear expectations, shared standards and transparent guidance.

Our intention is not to replace formal curriculum documents or local supervision but to complement them. This guide is designed to help you navigate your training journey more confidently, make the most of learning opportunities and understand how to evidence your development effectively.

CCH training is a journey and no two paths are identical. We hope this guide helps you feel less alone in that journey, better informed about what "good" looks like and empowered to advocate for the training you need. Most importantly, we hope it supports you to reflect, grow and thrive as a community paediatrician.

Dr Kimberley Hallam and Dr Claire Stewart
National BACCH Trainee Representatives

Dr Rushvini Ambihaipahan
CSAC Trainee Representative

With special thanks to the working group of trainees who helped create this:

Dr Jessica Dickson
Dr Elizabeth Farr
Dr Heather MacMillan
Dr Juliane Sanner
Dr Louise Weekes
Dr Rebecca Searle

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Users should refer to the online version to ensure the information is up to date

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1. Induction

Induction occurs at the start of every rotation. It is a chance for you to be welcomed into your new placement and sets the scene for the next 6 or 12 months. We know that induction tends to be a busy time and so have created a list of topics which departments should aim to cover. This will help guide supervisors and also enable you, as a trainee, to ask important questions related to your upcoming post and to settle in quickly.

What to Include

Trainee recommendations of topics to cover in induction:

Overview of Local Service

- Location of Child Development Centres (CDC) and other clinics
- The areas/postcodes covered by each CDC
- The patient demographic
- Important team members at each locality and their contact details (or how to find them)
- Referral criteria
- Types of clinics and services
- Clinics and services not covered locally (see below table for how these can be arranged)
- How referrals are made from the service
- Where to find local guidelines
- Useful resources to signpost families to

Supervision

- Name and contact details of clinical and educational supervisor (this should be as early as possible, ideally before the start of the rotation)
- Name of your supervisor for on-call work (this is not mandated but is recommended)
- Name and contact details of your regional CSAC (College Specialty Advisory Committee) lead

Expectations of trainees during their placement

- Expectations regarding number and breadth of clinics (this should be covered in more detail during your educational/supervisor induction meetings)
- The pathway to running independent clinics
- How clinics are organised, including if you are expected to book them
- If you can work from home or are expected to be in the department for admin

Logistics

- You should be given a laptop and dictaphone (if appropriate to your post)
- How to get access cards
- Which computer systems are used

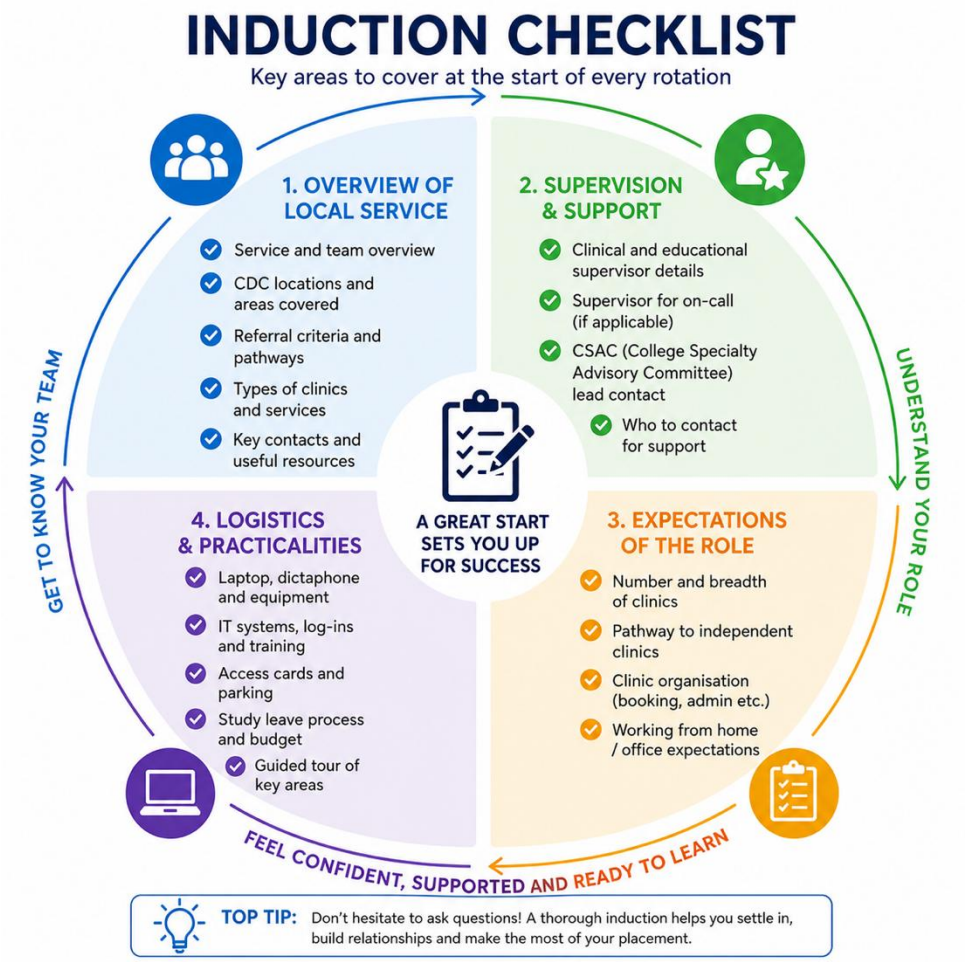
- How to get computer log-ins and access appropriate IT training
- Parking arrangements
- How to apply for study leave (see Study Leave section for more information)
- Study leave budget

Guided Tour

- Clinic rooms
- Doctor's office
- Emergency exits
- Kitchen and where to buy lunch
- Toilets
- Meet the team! Knowing names and roles of not just paediatric colleagues but the wider MDT (multidisciplinary team) and administrative support staff really helps. A photo board to remind new starters of who is who in the team can be really helpful.

Learning opportunities

- Local and regional teaching opportunities
- Departmental meetings



Examples of Good Practice from CCH Trainee Surveys:

> "A structured induction covering practical logistics of the job – where clinics are, who key team members are, and how the computer systems work – made starting the post much easier." *(Trainee, London)*

> "Meeting the wider MDT early and having access to electronic systems and a meeting with the college tutor during induction was very helpful." *(Trainee, Kent, Surrey and Sussex)*

> "Induction that included clear advice about local training opportunities and how to access them helped trainees plan their placement effectively." *(Trainee, South West England)*

Sharing Contact Details

Not all departments deliver the full breadth of clinics required to cover the CCH curriculum. It will sometimes be necessary for you to attend clinics within other services or areas and it is important you know how to organise these opportunities.

The table in the poster below is designed as a prompt for supervisors to provide contact details for areas of the curriculum where trainees may need to reach out to access training opportunities or to further develop their specific interests:



Area of speciality / service	Lead or who best to contact to arrange further experience
ADHD (Attention Deficit Hyperactivity Disorder)	
Adoption	
Audiology	
Autism	
Behaviour (eg. Clinical psychology)	
Bladder and bowel	
CAMHS (Child and Adolescent Mental Health Services)	
Child death	
Child protection	
Child sexual abuse	
Children looked after (CLA) - initial and review health assessments	
Development	
Education – Education health care plan (EHCPs) / Additional support for learning (ASLs)	
Epilepsy clinic	
Feeding	
Genetics	
Neurodisability	
Occupational therapy	
Palliative care	
Physiotherapy	
Public health	
Sleep	
Social care	
Speech and language therapy	
Specialist schools	
Tics	
Transition	
Vision	

2. Community Work

Overview

Due to the diverse nature of Community Child Health (CCH), the variety of clinics available between regions, and your commitment to an on-call rota, it is almost impossible to give a guide as to how many clinics you should be rostered for per week.

Instead, it is important that you approach your placement with consideration of your personal training needs and interests. You should not be used for service provision at the expense of training and should be able to achieve a wide range of clinical experiences which meet the requirements of the CCH curriculum. It is important to ensure you see a broad variety and complexity of cases. If you feel that the variety of clinics is very skewed and you are unable to meet your curriculum requirements, then raise this with your supervisor.

💡 **Top tip from trainees**: It is useful to ask trainees who have just finished the rotation how many clinics they did, how many patients they had per clinic and also ask for an outline of how many clinics and patients per clinic consultants are expected to do each week.

Please see below for examples of full-time trainee timetables (examples are weeks with no on-call shifts):

Example timetable 1

	Mon	**Tues**	**Wed**	**Thurs**	**Fri**
am	Clinic	Safeguarding on-call	Peer review then admin	Departmental meeting	Admin
pm	Admin	Safeguarding on-call	SPA/observe clinic of interest/ shadow team	Special school clinic	SPA/observe clinic of interest/ shadow team

Example timetable 2

	Mon	**Tues**	**Wed**	**Thurs**	**Fri**
am	Departmental meeting	Special school clinic	Peer review then safeguarding on-call	Admin	Clinic
pm	SPA	Admin	Safeguarding on-call	Observe physical assessment clinic	Admin

Community Clinics

Many clinics require at least 1:1 clinic: administration time, including for consultants. However, this may differ depending on where you work or the type of clinic. An example of 1:1 clinic: administration time would be a morning clinic having a corresponding afternoon administration session. As a trainee, you may require more time than this for supervision, to familiarise yourself with referral pathways and to learn how to dictate. If your timetable does not allow enough time for administration or you are falling behind, please do reach out to your supervisor.

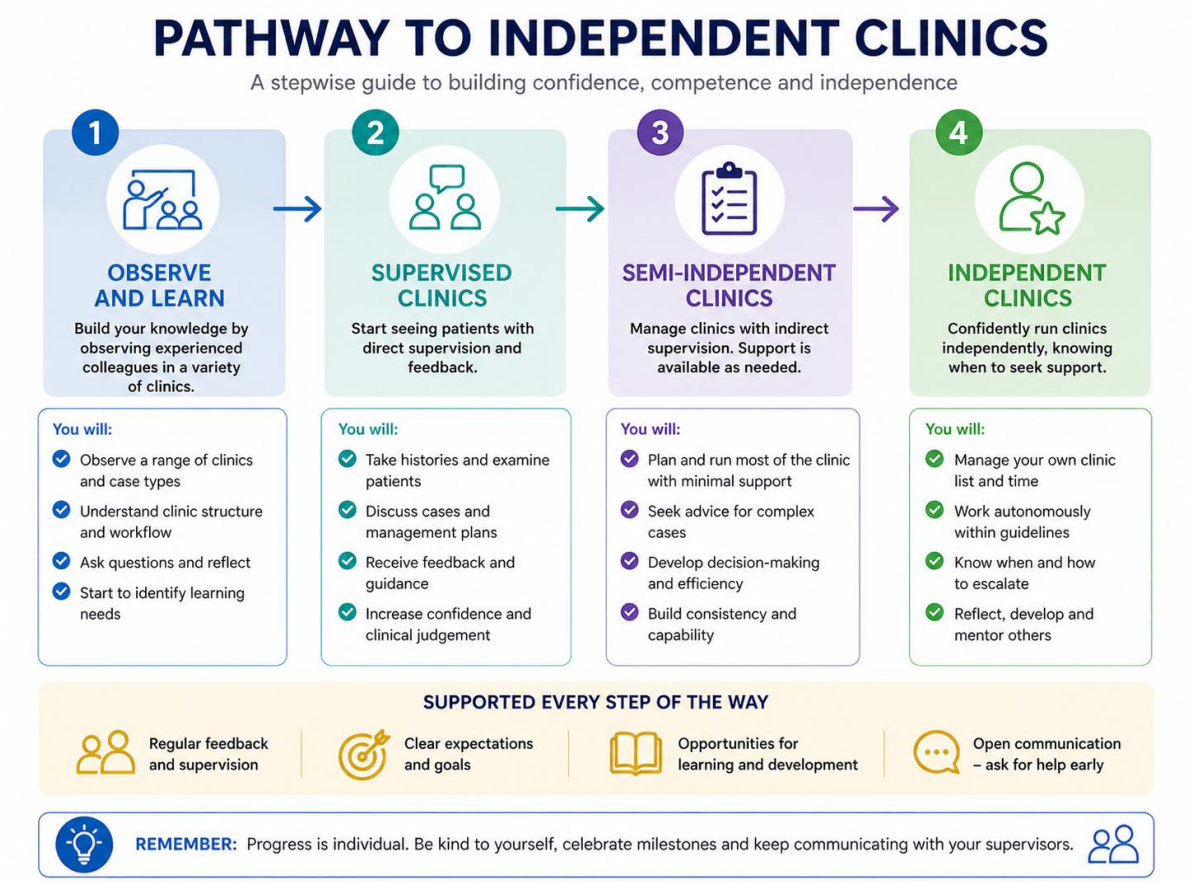
In addition to administration time, you should have time allocated for Supporting Professional Activities (SPA). Subspecialty trainees should have 16 hours/month allocated for this (as recommended in the RCPCH Trainee Charter). This is pro-rata for less-than-full-time (LTFT) trainees. This important time should be used for quality improvement, leadership opportunities, ePortfolio and other relevant activities. This should be in addition to departmental teaching and study leave.

Pathway to Independent Clinics

The pathway to running independent clinics will differ between departments. Most departments offer a period of time observing clinics or being observed prior to running them yourself. As you embark on running independent clinics, accommodations are likely to be made such as having less patients per clinic, more time per patient or having a consultant in a nearby room so you can ask questions. At the start of your placement, it is worth asking what the local pathway is. Think about asking the following:

- How long is the period of shadowing?
- Will you be observed running a clinic?
- How many patients will be in your clinic? Will they be new or follow up patients?
- How long will you have per patient?
- Will you be given extra time if an interpreter is needed?
- Will consultants choose patients or will they be from the waiting list?
- Will a consultant be on site whilst you conduct a clinic?
- What are the arrangements for discussing patients before and after your clinic?
- How do you dictate a letter and organise appropriate investigations?
- Do letters need checking by consultants before they are sent out?
- Are there any courses you should do in order to perform independent clinics? (e.g. Griffiths, ADOS, ADI-R)

It would be expected that you have more supervision early on in your training. As you approach CCT (Certificate of Completion of Training), supervisors may only expect you to discuss complex patients. It is important to raise with your supervisor if you feel you are not getting enough supervision, or if you are later in your training and are not doing independent clinics.



Clinic Variety

The breadth of clinics that a department carries out differs significantly between localities. If you are not able to gain experience in an area within your department, then discuss with your supervisor how these competencies can be achieved. See the table in the 'Induction' section to fill in contact details for specific services and departments.

Examples of clinics community trainees report working in include:

- ADHD assessment and review clinics
- Adoption and fostering clinics
- Autism assessment and review clinics
- Bladder and bowel clinics
- Children Looked After (CLA) clinics
- Down syndrome clinics
- Education plans – Education Health Care Plan (EHCP) and Additional Support for Learning (ASL) clinics (or equivalent)
- Feeding clinics
- Hearing loss clinics
- Neurodisability clinics
- Neuromuscular clinics
- Sleep clinics
- Specialist school clinics

- Specialist tone clinics
- Spina bifida clinics
- Visual impairment clinics

This list is not exhaustive, but aims to provide an illustration of the scope of practice within CCH. Some of this work is statutory including IHAs, adoption medical examinations and EHCPs.

Safeguarding

Child Protection Medical Examinations

Safeguarding comprises a significant proportion of work in the community. The majority of departments have an "on call rota" providing cover for referrals between 9am - 5pm, with referrals outside of this time taking place in hospital settings. Physical injuries should be seen within 24 hours, as per guidance from the RCPCH Child Protection Companion.

Departments will differ as to how this is organised. In some areas consultants or trainees may take referrals in the morning and then review the patients in the afternoon, freeing up the morning for other clinical activity. In other departments, consultants and trainees may be on call for the whole day and will also take referrals. There may also be opportunities to attend and contribute towards strategy meetings, case conferences and core groups. If you take part in Child Protection work, it is imperative that you attend regular peer review.

The Child Protection Companion has details about who should conduct Child Protection Medical Examinations and what supervision you should receive:

> *"The assessment of the child should be carried out by a paediatrician with at least Level 3 competences. Where a specialty trainee carries out the assessment there should be a supervising consultant available. The level of supervision required will be dependent on the level of experience of the trainee. All cases should be discussed with a consultant prior to discharge." (RCPCH Child Protection Companion, Section 6.2.1, accessed 11.2.26)*

The RCPCH Child Protection Companion is an online handbook that describes the essential context and the pathway of child protection cases, beginning with the medical assessment, with a discrete chapter on each form of maltreatment, and continuing through to court and training. It is available to all RCPCH members via the following link: https://childprotection.rcpch.ac.uk/child-protection-companion/

Acute shifts will provide valuable safeguarding exposure to a different caseload than those seen in community. We encourage you to reflect on these cases and your involvement with them.

If you find you have not had enough child protection exposure, think 'outside the box' - is there a local social care team you could shadow to give you a greater understanding and appreciation of interagency working?

Child Sexual Abuse

It is desirable to gain experience and exposure to Sexual Assault Referral Centres (SARC) during your CCH subspecialty training. Service provision varies widely across the UK; in many places this work is outsourced to private companies, in others it sits within the NHS. It is useful for all trainees to gain a working understanding of the process and features of child sexual abuse, even if it is not an area of interest.

If you are unable to gain experience in a SARC locally or regionally, there are good courses available through the RCPCH and Haven. Please see their websites for further information. Some SARCs also do 'open days' which are well worth attending.

The RCPCH have an excellent online resource called 'Physical signs of child sexual abuse.' This is also known as the 'Purple Book' and outlines good practice in relation to the paediatric forensic examination where there are concerns about child sexual abuse and is an evidence-based review of the interpretation of physical signs. All RCPCH members have access and it can be found at this link: https://childprotection.rcpch.ac.uk/purple-book/

Opportunities for Further Training or Specialism

Posts in Allied Specialities

Some regions offer training posts within allied specialities (e.g. palliative care, neurodisability, public health) that can be counted towards subspecialty training. Opportunities should be discussed with your Educational Supervisor, Training Programme Director and CSAC representative. If a specialist training post you have a particular interest in does not currently exist in your region (e.g. in public health), discuss this with your Training Programme Director early on. Just because it has never been done before, does not mean it cannot be done!

SPecial Interest Modules (SPIN)

Paediatric Audiovestibular Medicine is one of the few SPIN modules both generic paediatric and community child health trainees can do. More information can be found on the RCPCH website.

Organisation

CCH training requires good organisation skills to keep abreast of clinic administration and ensure you complete action plans for the patients you review. There is no correct method of

organisation and what works for one trainee, may not work for another. Trainees have found the following useful:

- An Excel spreadsheet with different coloured cells depending on if tasks have been completed or letters have been dictated
- A notebook with boxes which are coloured in when tasks are completed
- Creating a document of tasks using 'notepad' function on the desktop of a computer
- Using a 'task' function on the local computer system (e.g. SystmOne)

If you are using a computerised method, it is important to ensure you comply with information governance guidance.

3. Curriculum

Details of the curriculum that outlines what you will need to be able to show evidence of at each over the course of your training can be found on the RCPCH website: https://www.rcpch.ac.uk/education-careers/apply-paediatrics/sub-specialties/CCH

For Community Child Health (CCH) trainees, it is important to be aware that training is guided by two curricula:

1. **Progress+ Community Child Health sub-specialty syllabus**
2. **Progress+ Generic syllabus for specialty paediatric training**

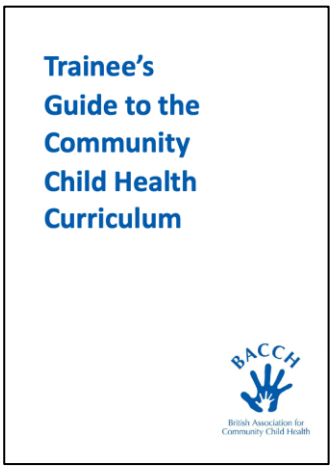
Trainee Guides to the Curriculum

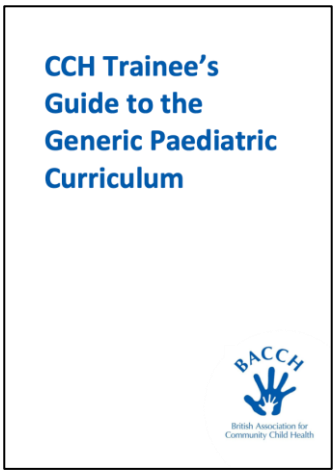
To support trainees to navigate the curriculum and understand how competencies can be achieved in practice, trainees have developed a companion guide to each syllabus.

These guides are intended as supportive resources only and do not form part of the formal curriculum. While they may help orientate doctors entering a CCH post, they do not introduce any additional mandatory requirements beyond those outlined by the RCPCH.

The suggestions provided are not exhaustive and are not intended to be a checklist. Rather, they offer examples of learning opportunities that previous trainees have found helpful when working towards curriculum competencies. Trainees are not expected to complete all suggested activities, and alternative or locally available experiences may equally meet training requirements. You are encouraged to seek out and make the most of opportunities within your own placements.

Ultimately, the value you gain from your training will reflect the engagement you bring to it. We hope these guides helps you feel supported and confident in making the most of your CCH training journey.





4. On-Call Commitment

All Community Paediatric Subspeciality Trainees will CCT in both General Paediatrics and Community Child Health (CCH), therefore an ongoing contribution towards acute rotas is required for meeting competencies whilst also continuing to provide a degree of service provision. Out of hours working may also provide access to learning opportunities that may otherwise not be encountered.

Community trainees may be required to do on-calls in a range of departments, depending on locality needs and requirements. Any post should provide learning opportunities to meet the generic curriculum. Acute jobs vary and may include General Paediatric wards/assessment units, Neonatal Units and Emergency Departments. Adequate induction to departments must be provided and trainees should have access to clinical supervision and support where needed. Acute posts should have consideration of the impact of working out of hour shifts in a department with reduced knowledge of day-to-day logistics and opportunities to gain experience

Working across two departments (for some, two trusts) can lead to unique challenges in juggling community work alongside acute responsibilities and create logistical challenges. It is important you consider your community workload before an on-call shift - for example, do you realistically have time to attend an afternoon clinic before an evening shift?

The 70:30 Split Model

The RCPCH Training Guide states that a sub-speciality training post should include 70% of time working within your subspecialty post as a minimum expectation.



- Posts that do not allow for a 70:30 CCH: Acute split of total hours worked should have a clear plan agreed with CSAC to ensure trainees gain sufficient experience.
- The expectation of a minimum 70% of worked hours within CCH is based on 20 working weeks over a six month placement excluding annual and study leave.
- The proportion of working time should be calculated based on total hours ***once annual leave (16 days full time/6 months or pro-rata for LTFT) and study leave (15 days/6 months) have been removed.***
- A calculator has been developed by a previous CCH trainee which will do these calculations, though it would be good practice to check this manually.

Trainees should proactively discuss their level of familiarity with the acute clinical environment, team structures and local processes with their supervisor prior to undertaking out-of-hours shifts. Where exposure has been infrequent or the setting is unfamiliar, consideration should be given to appropriate supervision, support or modification of responsibilities to maintain safe practice and optimise training value.

💡 **Top tip from trainees**: Review your community timetable before an on-call shift to make sure workload is manageable and clinics aren't scheduled immediately before nights

Calculating Your Community: Acute Rota Ratio

Worked Example of How to Calculate Community: On-Call Split Based on Full Time Rota

Work out your total hours over a rota period by adding up how many of each shift type you have and where the hours are based. In this example of a 41 hour working week, a long day includes 9:00 to 16:00 in the community and 16:00 to 21:30 in the acute setting therefore hours are attributed to both *(see table 1).*

Table 1.

Shift Type	No of shifts/6 months	Community hours	On-call hours
Long day	12	84	66
Night	19	0	199.5
Weekend day	4	0	38
Standard day	86	688	0
Total hours before leave		772	303.5

At this stage it looks like 72% of your shifts are being spent in the community *(772+303.5 = 1075.5. (772/1075.5) x 100 = 72%)*. However, most rotas require annual leave and study days to be taken from standard days. Therefore, community shifts are affected proportionally far more once you have included this leave as you can see below *(see table 2)*.

Table 2.

	Community hours	On-call hours	% time in community
After annual leave and bank holidays only	612	303.5	67%
& 5 days study leave	572	303.5	65%
& 10 days study leave	532	303.5	64%
& 15 days study leave	492	303.5	62%

Historically, many departments have struggled to meet the 70:30 split. The expectation is that departments that have subspeciality trainees contributing to on-call shifts should make allowances, where safe and possible, to facilitate adequate time in the subspecialty post.

This may require removal of some shifts from the rota instead of the blanket expectation that all trainees on the same out of hours rota do the same proportion of shifts.

In this second worked example, a trainee has had some nights removed from the rota to increase their number of standard days *(see table 3)*.

Table 3.

Shift Type	No of shifts/6 months	Community hours	On-call hours
Long day	14	98	77
Night	11	0	115.5
Weekend day	4	0	38
Standard day	93	752	0
Total hours before leave		850	230.5

As you can see, this means the 70:30 split has been achieved *(see table 4).*

Table 4.

	Community hours	On-call hours	% time in community
After annual leave and bank holidays only	690	230.5	75%
& 5 days study leave	650	230.5	74%
& 10 days study leave	610	230.5	73%
& 15 days study leave	570	230.5	71%

Where problems are encountered, it is hoped that they can be worked out locally between the acute department, the trainee and their Educational/Clinical Supervisor. Where agreement cannot be reached then involvement of the Training Programme Director and/or CSAC may be required.

Some trainees have had success in negotiating a reduced contribution to on-calls as they move towards the end of training. However, this is through local agreement only.

5. Education and Training

Throughout the course of your training, it is important that you develop an in-depth knowledge and foundation in all aspects of the specialty. We therefore recommend that all departments hold regular teaching sessions, covering all the areas of the curriculum throughout the course of your training.

As community paediatricians, evidence-based medicine should be core to our practice. We therefore encourage regular departmental journal clubs. If these do not already occur in your area, please do speak with local colleagues; you could be instrumental in setting one up!

💡 **Top tip from trainees**: If your department does not offer regular teaching sessions or journal clubs then do be proactive in setting them up. They make great opportunities to develop leadership, teaching, research and quality improvement skills and are good for your ePortfolio.

Examples of Good Practice from CCH Trainee Surveys:

> "Structured opportunities to attend specialist clinics such as neuromuscular, epilepsy and genetics clinics helped broaden our training experience." *(Trainee, Mersey and Cheshire)*

Where to Find Additional Training Opportunities

As a subspecialty trainee in CCH, we encourage you to become a member of BACCH, the professional membership organisation for doctors and other professionals working in paediatrics and child health in the community. BACCH offers regular teaching events (some of which are organised and delivered by trainees) which aim to provide equitable access to learning opportunities to trainees across the UK. BACCH also delivers an annual conference and supports regional conferences which are held on a more local level. Please see the BACCH website for more information: https://www.bacch.org.uk. Note a lot of the content for trainees including recordings of all previous teaching sessions are stored in the 'Members Only' area.

The BACCH trainee representative co-ordinate regular teaching for trainees and have an active network for peer support. Look online for upcoming events or email bacch@rcpch.ac.uk for more information about how to join and access this. BACCH is also developing short courses that map onto the generic domains and CCH learning outcomes. These may supplement the learning you achieve on the job.

Other relevant organisations which may deliver useful teaching and training materials include the following:

- ACDRP (Association of Child Death Review Professionals)
- APPM (Association for Paediatric Palliative Medicine)

- BACAPH (British Association for Child and Adolescent Public Health)
- BACD (British Academy of Childhood Disability)
- BANNFU (British Association for Neonatal Neurodevelopmental Follow-up, a special interest group of the British Association of Perinatal Medicine)
- BAPA (British Association of Paediatricians in Audiology)
- BPNA (British Paediatric Neurology Association)
- CoramBAAF (leading membership organisation for professionals working in adoption, fostering and kinship care)
- CPSIG (Child Protection Special Interest Group)
- NCMD (National Childhood Mortality Database)
- PMHA (Paediatric Mental Health Association)
- RCPCH (Royal College of Paediatrics and Child Health)
- WHAM (Wellbeing and Health Action Movement)

6. Study Leave

Trainees have an annual allowance of 30 study days pro rata. Some deaneries divide this allowance into internal and external courses - please see your local guidelines for more information.

Examples of Good Practice from CCH Trainee Surveys:

> "Protected time in timetables to attend regional courses and BACCH national trainee events makes a real difference." *(Trainee, Thames Valley)*

Applying for Study Leave

You must apply for study leave prospectively and trainees should be informed about the local processes for approval of study leave and expenses during induction. There are often local policies as to which courses will be approved. However, do consider speaking to your Training Programme Director or even Head of School if there is a course you are interested in and it is not on the locally approved list. There will also be a local study budget.

Local study leave policies should include details of how to reclaim approved expenses. Receipts for all expenses should be kept and it is worth noting that most regions/trusts will have a time limit on when expenses can be claimed back for (e.g. 6 weeks after the event). Following publication of NHS England's '10 Point Plan to Improve Resident Doctors' Working Lives' in August 2025, there has been a move to transition nationally from an approach where expenses for approved study leave are reimbursed only after a resident doctor has attended a course/activity, to one where reimbursement is provided as soon as possible after the expense is incurred. Please see your local guidelines for further information.

Depending on the region, study leave may be taken as a "Keeping in Touch" day when on maternity/shared parental/adoption leave and the allocated study budget can be used during this time as well.

💡 **Top tip from trainees**: It is easier to cancel study leave that you do not end up needing than it is to arrange time for study leave once your timetable is firmed up. Have a list of future courses you want to do and always try to make the most of your study leave entitlement.

7. ePortfolio

Your ePortfolio is more than a record of activity – it is evidence of learning, development, and impact on your clinical practice. When used well it supports progression, appraisal, and ultimately improves patient care.

When you become a CCH Subspecialty Trainee, the CCH curriculum should be automatically added by the college and will appear alongside the Generic Curriculum. For each ePortfolio entry, you are able to (and encouraged) to tag both the Generic Curriculum and the CCH Subspecialty Curriculum as appropriate to the entry.

This section outlines what to include, how to write a strong reflective entry and how to link your learning to the curriculum effectively.

What Should a Good ePortfolio Entry Include?

A high-quality reflective entry should go beyond describing what happened - the case, the teaching, the meeting, the presentation etc. The RCPCH (Royal College of Paediatrics and Child Health) encourages reflection that demonstrates insight, learning and change.

Aim to include:

1) **What? The context**

What was the learning activity? (e.g. clinic, ward round, teaching session, MDT, safeguarding meeting, CPD (Continuing Professional Development) event)

2) **So what? The key learning points with personalised take-home messages**

What did you learn - focusing on what was new, unexpected or challenging?
Avoid simply summarising content – focus on what stood out to *you*
Why did this matter? What challenged your thinking?
What will you take away from this learning?
How does it relate to your current role or level of training and link in with your existing knowledge or uncertainty?

💡 **Top tip from trainees**: To save time, have your ePortfolio open in teaching events or CPD meetings and record thoughts in real time!

3) **Now what? The impact on your practice - <u>the most important part!</u>**

How has this learning changed (or will change) what you do?
Do you have evidence of how it's changed your practice?
What further learning needs did it highlight or what will you seek to do next as a result?
Be explicit – this is often the weakest but most important part!

💡 **Top tip from trainees**: Strong reflective entries are strengthened by brief, anonymised examples showing how learning has been applied in practice. This does not need to be dramatic or complex – even small changes count, particularly when they improve patient care, communication or safety.

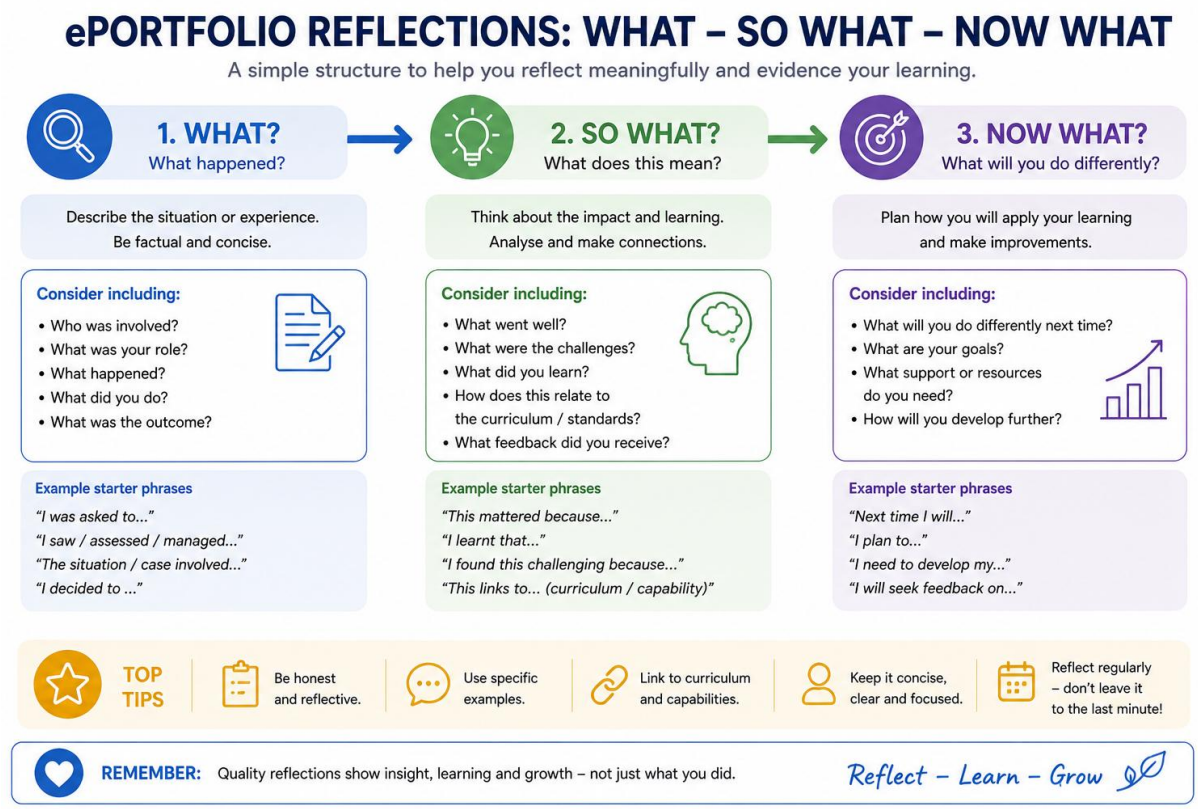
Examples of application might include:

1. Adjusting how you explain a management plan to families
2. Improving documentation or clinic letters
3. Escalating concerns earlier or more clearly
4. Modifying prescribing, follow-up or referral pathways

It is often helpful to:

- Record key learning points at the time of the meeting, teaching session, or CPD event
- Save the entry as a draft
- Apply the learning in clinical practice
- Add a reflective paragraph 1–2 weeks later, once you have had time to process and test the learning, with a small case / practice change vignette where possible

This approach leads to a more thoughtful, practice-focused reflection and makes for a much stronger ePortfolio entry than submitting immediately after the event. Remember: reflection is not about proving you attended something – it is about showing how learning has influenced what you do.



How Much Should You Record?

When using the ePortfolio, the emphasis should be on recording learning little and often, while most importantly digging deeply into what you have learnt and how this has shaped your development and clinical practice over time. The strongest portfolios are not those with the greatest number of entries, but those that clearly demonstrate insight, progression, and meaningful change as you move through training.

A realistic and achievable target to aim for is around one development log per fortnight. However, there is NOT a minimum requirement and this is merely a suggestion. When maintained consistently, the ePortfolio builds a robust body of evidence that captures both the breadth and depth of your training experience.

Although quality always matters more than quantity, keeping up with frequent reflections has several advantages. It reduces the pressure and stress of trying to reconstruct learning at the end of a placement, demonstrates continuity and progression over time, and makes it significantly easier to map evidence to the curriculum and prepare for ARCP (Annual Review of Competence Progression). Ultimately, this approach supports a portfolio that tells a clear story of how you have developed as a clinician, rather than simply listing activities you have completed.

💡 **Top tip from trainees**: Write reflections little and often – it is much easier to capture learning soon after clinics or meetings rather than trying to recreate it later.

Linking to Curriculum Domains and Learning Outcomes

The CCH Curriculum is made up of 'learning outcomes' and subsequently divided into 'key capabilities.' The generic curriculum consists of 'domains' which are divided into 'key capabilities.' A single entry can be linked to 1-2 domains (generic curriculum) and/or 1-2 learning outcomes (CCH curriculum) and any of the key capabilities within these that are relevant.

Familiarise Yourself Early

At the start of each placement is a great time to refresh your memory on the curriculum. A good understanding of the curriculum structure will make your ePortfolio work more efficient and purposeful. In particular, ensure you are familiar with the learning domains, the key capabilities within each domain, and what is expected at your current level of training. This foundation will help you recognise valuable learning opportunities as they arise, rather than trying to retrospectively fit evidence to the curriculum later on.

Identify Gaps Proactively

Regularly review your ePortfolio to identify areas with limited evidence. Ask yourself which curriculum domains are under-represented and whether there are aspects of training you rarely encounter in your routine clinical work. Identifying these gaps early allows you to plan ahead, rather than discovering missing evidence close to ARCP.

Seek Opportunities Intentionally

Once gaps have been identified, actively seek out opportunities to address them. This may include selecting particular clinics, participating in MDT meetings, undertaking audits or quality improvement projects, engaging in safeguarding work or contributing to teaching. When writing reflections, shape your entries to explicitly demonstrate how the activity meets specific curriculum capabilities, rather than simply describing what you did.

A single entry can be linked to 1-2 domains (generic curriculum) or learning outcomes (CCH curriculum), and any of the key capabilities within these that are relevant.

Use Curriculum Guidance Effectively

BACCH has recently produced curriculum guides written for CCH trainees by CCH trainees to give you ideas for how to achieve each competency. These lists of suggestions are not exhaustive, but may be able to help point you in the right direction.

Mandatory ePortfolio Requirements for CCH Trainees

All CCH trainees must ensure the following core requirements are completed and recorded in the ePortfolio:

- Certificate for an accredited resuscitation course (Advanced Paediatric Life Support and Neonatal Life Support)
- Certificate for Safeguarding Level 3 training
- One LEADER CBD (Case Based Discussion) per training year (ST5/6/7/8)
- One MSF (Multisource Feedback) per training year (ST5/6/7/8)
- One Safeguarding CBD per training year (ST5/6/7/8)
- START (Specialty Trainee Assessment of Readiness for Tenure) assessment, usually undertaken in ST6 (ST7 if on an 8 year programme)

These are the non-negotiables. Everything else in your ePortfolio is flexible — and that is where its real value lies. Beyond meeting minimum requirements, the ePortfolio is your opportunity to capture your development, evidence progression, and actively learn from your experiences. Used well, it becomes not just a record of training, but a powerful tool to shape the clinician you are becoming.

💡 **Top tip from trainees**: MSFs can be sent out part way through the placement then emails added to it as the time goes by. You can then close it just before our ARCP.

Responsible Use of Artificial Intelligence

Artificial intelligence (AI) is a rapidly expanding tool which many trainees will be using in their daily lives. As CCH trainees, it is important that we learn how to use this tool safely, taking into consideration patient confidentiality and probity issues.

The RCPCH have good guidance surrounding the use of AI in ePortfolio entries: https://www.rcpch.ac.uk/resources/responsible-use-artificial-intelligence-eportfolio-entries-guidance

The principles are as follows:

- All ePortfolio entries with clinical content must relate to real events and cases which the doctor in training has experienced/engaged with. This includes all development log entries, skills logs and assessments along with work-based assessments
- While AI might help with creating an outline for reflection, using AI to create artificial patient encounters or to take a purely mechanistic 'cut and paste' approach to ePortfolio entries risks raising concerns surrounding probity.
- Educational supervisors should explore reflective ePortfolio entries during supervision meetings and should routinely discuss reflection and encourage verbal reflection, an essential skill for trainees.
- Verbal reflection is particularly important for trainees to process, reflect and learn from serious incidents that they have been involved in and in some cases this might be an appropriate alternative to formal written reflection. In these cases, the supervisor should indicate that appropriate reflection has occurred
- Supervisors and/or ARCP panels should explore ePortfolio entries where there are concerns about the authenticity of the content or quality of the learning.
- Doctors in training should expect to have some of their ePortfolio entries explored by their educational supervisor and/or the ARCP panel.

8. Annual Review of Competence Progression (ARCP) and College Specialty Advisory Committee (CSAC)

The Role of CSAC

What is CSAC?

CSAC stands for the College Speciality Advisory Committee. The committee is made up of a group of Community Paediatricians who supervise the development and delivery of subspeciality training and the assessment standards. Within the CSAC there are training advisors who can support and advise trainees. Their contact details can be found on the RCPCH CCH CSAC page: https://www.rcpch.ac.uk/membership/committees/community-child-health-csac

Your educational supervisor and/or your local CCH lead are generally your first point of contact if you have any issues with your training, but you are welcome to contact the CSAC training advisors to discuss aspects of your training as you need.

Please contact your CSAC training advisors for the following:

- Discussion around placements outwith CCH posts during your training
- Approval to act up as consultant in your final year of training
- For your final CSAC progression form. This is required to be completed by you, the CCH lead and then the CSAC training advisor and requires a thorough review of your portfolio to approve it for CCT.

The CSAC Portfolio Review

The CSAC Review is an annual review to ensure you are progressing at an expected rate within CCH training and takes place before your ARCP review. The CCH CSAC Progression Form is an ePortfolio document that needs to be completed and uploaded for subspecialty trainees prior to your CSAC Review. A week before the meeting, you will need to have completed your annual CSAC Progression Form and also have your Educational Supervisor report available on your portfolio. Make sure you plan when you will meet with your supervisor and CSAC advisor early - it is a very busy time of year with lots of meetings to fit in!

You may be responsible for organising your CSAC review or you may be invited to the review carried out by the regional CCH leads. The review is either completed virtually, held face to face or conducted in-absentia. The review may be carried out by the regional leads in your own deanery or by another deanery.

Your progress against the CCH curriculum will be assessed during this review and recommendations made for the following year. If it is your last year of training, a final outcome will be given.

Your CSAC review involves a discussion about each of the Learning Outcomes within the CCH curriculum. If it is in person or online, it is an opportunity for you to talk through what you have tagged to each Learning Outcome. If it is taking place in-absentia then it is useful to discuss how you have demonstrated the learning outcomes with your supervisor before the CSAC review. It is also a good opportunity for you to reflect on your year of training, your overall progress and decide on what you would like to prioritise in the next year.

Following the meeting, the CCH leads will then complete the CCH CSAC Progression Form and recommend an outcome for ARCP. If it is your final review before you CCT, the form will also be sent to the CSAC team who will also review your evidence for sign off. It is important to remember that the final sign off by CSAC for CCT can take several weeks (as it is an indepth review of your portfolio) so please be patient! It is recommended that you submit your completed CSAC form at least 4 weeks before your ARCP deadline.

How to complete the CSAC Progression Form

The purpose of the form is to give you an opportunity to describe what you have learnt and experienced over the year of training. It is important that the information that is included can be understood by regional leads who are not working in your area. Therefore, avoid using acronyms and ensure that the words you are using can be understood by the regional leads across the UK (e.g avoid using JAR/CDOP/IRD without explaining). It is important to include where you were working when you achieved the competencies; this gives the regional CCH leads and CSAC context to what you are describing. It is also useful to add appropriate courses under each section. The regional CCH leads and CSAC want to see that you have engaged with your portfolio and the progression form, so it is advised that you are thorough with your descriptions.

There are no minimum number of tags per learning outcome. However, it is important to have breadth in the types of learning events you are tagging. The regional leads and CSAC would like to see a mixture of development logs and work based assessments (e.g. CBD and Mini-CEX) tagged to each learning outcome. CSAC recommends that your MSF should not be used as a sole piece of evidence for a key capability.

💡 **Top tip from trainees**: Prepare your CSAC progression form early and review it with your educational supervisor before submission so that your evidence clearly demonstrates progress.

ARCPs

Purpose of the ARCP

The ARCP is a review of evidence of achievement over the course of a year of training. The ARCP panel reviews your portfolio of evidence and your education supervisor report to make an assessment of progress. The ARCP is conducted by your deanery and determines whether your training requirements are being met. The ARCP panel will look for evidence

of adequate progression with regards to the Learning Outcomes in the 11 domains of the Progress+ Generic curriculum and will also review your CCH CSAC Review outcome.

Progression

The curriculum requirements should be completed throughout your training level for both General Paediatrics and your CCH subspecialty. Asides from the mandatory ePortfolio requirements (see ePortfolio section) there are no specific requirements for each training year. Rather, you should aim to demonstrate making progress to complete all aspects of the curriculum by the time you reach CCT.

💡 **Top tip from trainees**: Keep tagging curriculum competencies as you go along - it saves a lot of stress when preparing for ARCP

Format of the ARCP

All ARCPs take place in-absentia. The ARCP panel will review your ePortfolio and issue the appropriate outcome. In cases where the outcome impacts training, you will be invited to a face-to-face or virtual meeting after your ARCP to discuss the outcome. The panel also reviews the duration of your training and adjusts your CCT date based on actual and predicted progress.

Acceleration of Training

Decisions regarding acceleration of training are made by the ARCP panel. Each deanery has their own stipulations regarding acceleration of training, so please refer to local guidelines for more information. All trainees must complete at least 24 months whole-time-equivalent (WTE) within the CCH subspecialty post in order to CCT. However, this is for exceptional trainees only and CSAC advises most trainees to aim for 36 months WTE within their CCH subspecialty post before CCT. If you are approved by your ARCP panel it is important to contact the CSAC team to let them know.

Educational Supervisor in the ARCP Process

Your Educational Supervisor (ES) is key to providing evidence of your progress and highlighting any training needs as well as any issues that may have impacted on your training. The ES report should provide a clear assessment of your progress against your level of training and advise that you can progress to the next level of training (or completion of training) when relevant.

ARCP Outcomes

Outcome 1	Satisfactory progress. Achieving progress and the development of competencies at the expected rate.
Outcome 2	Development of specific competencies required. Additional training time not required.

Outcome 3 Inadequate progress. Additional training time required. The duration of the additional training time should be specified.

Outcome 4 Released from training programme. With or without specified competencies

Outcome 5 Incomplete evidence presented. Additional training time may be required. Trainees are given two weeks to present outstanding evidence, failing which, an outcome 2 or 3 may be issued.

Outcome 6 Gained all required competencies. Will be recommended as having completed the training programme and recommended for the award of a CCT.

Outcome 8 Out Of Programme for clinical Experience (OOPE), Research (OOPR) or a Career break (OOPC).

Contact

If you have any training related queries, (including what is required in your CSAC progression form), you can contact the CSAC Trainee Representative (see useful contacts section).

9. Out of Programme (OOP)

During training, you may consider applying to your deanery for time Out Of Programme (OOP) to explore other opportunities outside of training, while remaining in your subspecialty training post. This should be carefully discussed with your Educational Supervisor, Training Programme Director (TPD) and CSAC Chair.

OOP can enable you to develop CCH competencies that may be difficult to achieve locally or to enhance skills in areas of interest relevant to CCH. There are different types of OOP depending on the reason. These include clinical training opportunities which contribute towards training progression (OOPT), clinical experience which does not contribute towards training progression (OOPE), research such as pursuing an accredited higher degree (OOPR), a pause to undertake an NHS other patient-facing role with a UK registered organisation (OOPP) or as a career break (OOPC).

Opportunities for developing skills and experience relevant to CCH are diverse, but could include a Clinical Fellow role in research, education or leadership, training opportunities in other deaneries or in other healthcare systems overseas and pursuing higher research degrees in a relevant subject area.

Communicate with your ES and TPD at least 6 months before you would like to apply for OOP. The decision to grant OOP is made by an OOP panel and is discretionary and dependent on achieving an Outcome 1 in the most recent ARCP. The deanery is not under obligation to grant OOP requests.

All trainees going OOP are required to complete Supported Return To Training (SRTT) paperwork before and upon return from OOP. Trainees are expected to maintain core competencies during OOP but can apply for funding for essential courses (such as Advanced Paediatric and Neonatal Life Support) while OOP. Trainees are also subject to ARCP, though an Outcome 8 will be assigned and the usual assessment requirements are not necessary.

Further guidance on OOP can be found on the GMC, NHS England and RCPCH websites, and in the Gold Guide:

- https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/out-of-programme/out-of-programme-guidance-for-doctors-in-training/when-do-i-need-approval
- https://www.rcpch.ac.uk/resources/training-guide
- https://www.copmed.org.uk/publications/gold-guide

The London School of Paediatrics share examples of OOP opportunities taken by trainees:

- https://londonpaediatrics.co.uk/trainees-home/out-of-programme-oop/

10. START Assessment

What is it?

A three-hour assessment to assess your clinical decision-making as if you are a day one new consultant. The aim is for it not to be an exam, but a learning process to help you address any gaps or training needs in your last year of training before CCT. If you do not perform well in START you will not 'fail', but it can help highlight to supervisors what more support you may need so this can be offered. It could be thought of as a safety net - designed to protect trainees and ensure they are ready to finish training and start their consultant career.

START has a circuit of stations which cover different skills. The stations include scenario-based clinical discussions (based on community child health topics), safeguarding, ward handover, ethics, critical appraisal and teaching.



When do you apply?

You should apply when you have more than 12 months left of training. However, places are limited so it is often closer to the end of training. The aim is for you to have enough time to address learning needs identified prior to CCT.

For more information:

- RCPCH page: https://www.rcpch.ac.uk/resources/start-how-it-works-structure-specimen-papers
- BACCH page: https://www.bacch.org.uk/pages/community-child-health-start-assessment

💡 **Top tip from trainees:** Find a group of trainees who are undertaking the START assessment at the same time and practice, practice, practice. Also - remember it is NOT an exam!

11. Acting Up and Approaching CCT

Acting Up

Some trainees are offered the opportunity to apply for an Acting Up post in the final year of training towards CCT. This is a fantastic opportunity to 'step up' to the role of consultant within training and is an excellent experience to draw on for consultant interviews. Deaneries are likely to have their own Standard Operating Procedure surrounding the Acting Up process. In some areas, posts are unlikely to be extended beyond 3 months WTE.

A post is possible if the opportunity arises, and an employing or host local education provider/Trust extends an invitation. Those with current unmet objectives, outcomes 2 or 3 at ARCP or outstanding competences, are not normally eligible to apply to act up.

The application should be made 16 weeks prior to the anticipated start date of the post. In addition to the CSAC training advisor, the post must be prospectively approved by the Educational Supervisor, Training Programme Director, the employing trust and the Head of School. This takes a long time to arrange, so do start planning early!

The RCPCH Training Guide gives the following further information:

- Time spent in an 'Acting Up as a consultant' position may be recognised as part of the training programme leading to certification (CCT).
- Trainees must be 'Acting Up as a consultant' in the same deanery or LETB
- They must occupy the Acting Up post for at least three months (pro rata for LTFT) - usually for a maximum of 6 months which can be extended at the Head of School's discretion
- Trainees must retain their National Training Number
- Trainees must give three months notice to their current employer (unless otherwise agreed)
- Trainees must have a named supervisor for the period of the Acting Up post and the appropriate levels of support expected for a final year trainee
- Trainees must obtain a supervisor's report covering the Acting Up post
- It is not necessary for a trainee to have completed the START examination before Acting Up
- The post must be in an approved UK training post or vacant substantive post
- Trainees must have a satisfactory ARCP outcome from their previous ARCP

More information about the Acting Up process can be found in the following resources:

- RCPCH Training Guide
- Gold Guide 10th Edition: A Reference Guide for Postgraduate Foundation and Specialty Training in the UK
- NHS England Standard Operating Procedure for Acting Up as a Consultant
- https://www.rcpch.ac.uk/resources/training-guide

A job plan should be agreed before the Acting Up post commences. It is good practice for your Educational Supervisor to be involved in this process as it is vital that the job plan meets your training needs.

Approaching CCT

You are eligible to apply for a consultant role if the job interview is within 6 months of your expected CCT.

Community Child Health is a 'needs' specialty and so some departments will be holding vacancies and may not advertise until they know there is an interested potential applicant. It can take months for departments to have posts approved before they go out to advertisement. Therefore, if you are nearing CCT, we advise you to approach departments you are interested in working at early on (around one year before you are eligible to apply) to register your interest and start informal discussions.

Certificate of Completion of Training (CCT)

Paediatricians are legally required to be listed on the Specialist Register at the General Medical Council (GMC) when they take up a substantive, honorary or fixed-term consultant appointment in the NHS. As a postgraduate doctor in training (trainee), you must apply to the College for confirmation of your completion of training to enter the Specialist Register.

You apply for your completion of training through RCPCH ePortfolio. When your outcome 6 ARCP is available on ePortfolio, go to your account dashboard and create a new event: 'Completion form (CCT)'. The completion form will guide you through submitting the details needed to approve your completion of training. Please follow the link below for more information on the RCPCH website:

- https://www.rcpch.ac.uk/resources/certificate-completion-training-cct

The Grace Period

There is a six month period of grace after the end of training during which you may retain your NTN if a consultant post has not been secured. This is six calendar months, regardless of whether you have worked full time or LTFT during training. One-off extensions beyond the period of grace may be granted in exceptional circumstances by the Postgraduate Dean or Head of School.

12. Wellbeing

Community Child Health training is such a rewarding specialty but can be demanding both emotionally and professionally. Trainees may encounter complex safeguarding cases, long-term medical uncertainty for children and their families alongside significant professional responsibilities, acute medical on-calls and juggling day to day personal circumstances.

Prioritising your own wellbeing is essential, for both your own health, but also to help you provide safe and compassionate care to your patients.

How to get Help

There are a wide range of local and national support resources available to help you maintain your personal wellbeing, build resilience and access support early on when challenges arise.

Training Support

- Educational Supervisor / Training Programme Director – Can be the first point of contact for training or wellbeing concerns
- Thrive Paediatrics – RCPCH initiative aiming to improve your working lives as paediatricians, with the pilot phase funded by Dinwoodie Charitable Company. https://www.rcpch.ac.uk/work-we-do/thrive-paediatrics
- SuppoRTT (Supported return to training) – Support for trainees returning after a time out of programme
- www.hee.nhs.uk/our-work

NHS and Professional Support

- NHS practitioner Health – Confidential mental health and addiction support service for doctors and dentists. www.practitionerhealth.nhs.uk
- BMA wellbeing support services
- NHS England Wellbeing services and support
- Local Trust Wellbeing resources – Every trust should have a team of Health and wellbeing champions
- Local Professional Support Unit (PSU)- accessed through your deanery

Support for trainees with a disability

The Disabled Doctors Network supports the welfare, rights and inclusion of chronically ill and physically disabled doctors and medical students. For more information visit: https://www.disableddoctorsnetwork.com/

Crisis resources:

A mental health emergency should be taken as seriously as a medical emergency

- Call 999 or go to your nearest Emergency Department if:
  - You or someone you know needs immediate help

    - You have seriously harmed yourself – for example, by taking a drug overdose
- The NHS help for suicidal thoughts webpage includes phone and text lines, plus tips for coping in a crisis. https://www.nhs.uk/mental-health
- The Samaritans – Offers a 24/7 confidential emotional support. www.samaritans.org

Peer Support

- Some deaneries have developed peer mentoring schemes i.e. Wessex Paediatric Mentoring www.piernetwork.org/mentoring

Discounts and Offers

- Bluelight card – Offers discounts of many popular brands for NHS workers
- TOTUM Pro - Discount on many popular brands, available to members of RCPCH https://totum.com/discounts

Neurodiversity in the Workplace

- ADHD UK- https://adhduk.co.uk
- Autistic Doctors International - https://autisticdoctorsinternational.com
- British Dyslexia Association - https://www.bdadyslexia.org.uk
- National Autistic Society - https://www.autism.org.uk

Finances

- You can claim back tax on some professional expenses including:
    - GMC registration
    - RCPCH fees
    - Membership of other professional organisations (e.g. BACCH/BACD)
    - BMA membership
    - Indemnity cover (e.g. MDU, MPS, MDDUS)
    - Mandatory exams or assessments required for training
- Royal Medical Benevolent Fund (RMBF)- A charity that provides financial support and advice to doctors, medical students, and their families during financial hardship (e.g., due to illness, bereavement, low income). They can also help with money management advice and access to hardship grants.

Burnout

Burnout can develop gradually and may not always be immediately recognised, particularly in a training environment where high workload, emotional demands and a sense of responsibility are common. In Community Child Health, this may be compounded by safeguarding work, clinical uncertainty, and balancing community and out-of-hours commitments. Recognising early signs is important, but equally important is acting on them. Trainees are strongly encouraged to speak to their supervisor at an early stage if they are feeling overwhelmed or struggling. Early conversations can help adjust workload, provide appropriate support and prevent difficulties from escalating.

RECOGNISING BURNOUT: TRAFFIC LIGHT GUIDE

It's normal to have difficult days – but if these signs persist, it's important to take action.

SPEAK TO YOUR SUPERVISOR EARLY – early conversations can prevent small problems becoming bigger ones and help you get the right support.



GREEN: COPING WELL
You're doing OK

YOU MIGHT NOTICE:

- Feeling motivated and finding work manageable
- Sleeping and eating normally
- Able to concentrate
- Feeling connected to your team and supported
- Able to switch off and rest after work

WHAT HELPS:

- Keep up the good self-care habits
- Stay connected with colleagues and peers
- Use your SPA time and breaks
- Reflect and celebrate your progress

AMBER: STRUGGLING
Things feel harder than usual

YOU MIGHT NOTICE:

- Feeling tired, overwhelmed or constantly under pressure
- Irritable, low mood or anxious
- Procrastination or avoiding tasks
- Reduced enjoyment in work or life outside work
- Trouble sleeping or physical symptoms (e.g. headaches, tummy upset)

WHAT HELPS:

- Talk to your supervisor early – don't wait
- Share how you're feeling and what's causing stress
- Review workload and priorities together
- Access support services if needed (see back page for options)

RED: IN CRISIS
You need help now

YOU MIGHT NOTICE:

- Feeling hopeless, tearful or withdwaving
- Unable to cope with day-to-day work or responsibilities
- Constant anxiety, panic or feeling numb
- Thinking "what's the point" or having thoughts of self-harm
- Physical symptoms impacting your ability to function

WHAT TO DO:

- Seek help immediately – speak to your supervisor or someone you trust
- Contact your GP, Practitioner Health or local wellbeing service
- If you are in immediate danger, call 999 or go to A&E
- You are not alone – help is available

REMEMBER: Burnout is not a sign of weakness – it's a sign that you need support.
SPEAK TO YOUR SUPERVISOR EARLY. You deserve support so you can thrive in your training.

13. Useful Contacts

BACCH National Trainee Representatives
https://www.bacch.org.uk/pages/executive-council

BACCH Regional Trainee Representatives
https://www.bacch.org.uk/pages/regional-coordinators-trainee-reps

BACCH Regional Co-ordinators
https://www.bacch.org.uk/pages/regional-coordinators-trainee-reps

Community Child Health CSAC
https://www.rcpch.ac.uk/membership/committees/community-child-health-csac

Community Child Health Trainee Representative
https://www.rcpch.ac.uk/membership/committees/community-child-health-csac

The National CCH Trainee Network WhatsApp community
Please seek further information through contacting your BACCH regional trainee representative or email bacch@rcpch.ac.uk to join