



Short Report

From Senior trainee to Consultant: Addressing an educational gap in paediatric training

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Abstract

Background

The transition from senior trainee to consultant represents a critical stage in paediatric training. Despite achieving clinical competence, trainees report limited structured support for consultant-specific responsibilities, such as applications, governance, and leadership. This gap contributes to transition anxiety, reduced confidence, and variable preparedness at the point of appointment.

Aim

To design, implement, and evaluate a sustainable, trainee-led programme supporting the transition from senior paediatric trainee to consultant.

Methods

The Transition to Consultant (T2C) programme (2024–2026) organised by the London School of Paediatrics trainee committee (Education subgroup), utilized a longitudinal design over two academic years. It employed interactive lectures, case-based discussions, and experiential mock interviews led by senior trainees and supported by recently appointed consultants.

Results

Over 130 Speciality Trainee Year 5 and above (ST5+) paediatric trainees attended between 2024 and 2026. Feedback demonstrated high levels of satisfaction, with trainees reporting improved clarity regarding recruitment and increased confidence in interview preparation. Demand significantly exceeded capacity, with 95 applicants for 50 places in the most recent cycle.

Conclusion

A trainee-led consultant transition programme is feasible, sustainable, and highly valued. This model transforms uncertainty into preparedness and is transferable across specialities.

Introduction and background: A decade of evolution

In the United Kingdom, postgraduate paediatric training typically spans a seven-to-eight-year pathway (ST1–ST8). While the early years (ST1–ST4) focus heavily on acquiring core clinical competencies and foundational medical knowledge, the higher specialty training years (ST5 and above) aim to prepare doctors for independent practice as senior clinical decision-makers. However, as these senior trainees approach the attainment of their Certificate of Completion of Training (CCT), they encounter a secondary, often silent hurdle: the transition from being "clinically ready" to being "consultant ready." This transition

represents one of the most significant identity shifts in a paediatrician's career, moving from supervised practice to ultimate clinical, legal, and administrative accountability.

The Transition to Consultant (T2C) course has been a staple of the London School of Paediatrics for over ten years. While the core mission has remained constant, the programme has evolved immensely through successive generations of trainee leadership, ensuring the content remains synchronised with the shifting landscape of the NHS. In its most recent iteration (2024–2026), the course has been refined into a longitudinal, trainee-designed programme that addresses the specific "non-clinical" responsibilities that trainees consistently report feeling under-prepared for, including job planning, programmed activities, business cases, and governance.¹

In medical education literature, this phase is often described through the lens of Professional Identity Formation (PIF).² Despite achieving clinical competence, senior trainees consistently report limited preparation for responsibilities such as service development and business cases.¹ This gap is

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not merely a matter of administrative ignorance; it has tangible psychological consequences, manifesting as transition shock, reduced confidence, and variable preparedness at appointment.³ The T2C programme was born from the conviction that preparing trainees for consultant practice requires deliberate, evidence-based educational design rather than an assumption of readiness.

Designing for the peer: Methodology and educational philosophy

The T2C programme is fundamentally designed as a programme "by trainees, for trainees." This pedagogical choice aligns with Near-Peer Learning Theory.⁴ Near-peer teachers are closer in "cognitive and social congruence" to the learners, making the shared experiences more impactful and relatable than traditional didactic teaching from senior leaders. By utilizing senior trainees supported by recently appointed consultants, we created a supportive, non-hierarchical learning environment where delegates feel comfortable admitting to uncertainties.

The curriculum is structured into two distinct, complementary study days: Securing the Role and Performing the Role. Trainees have the flexibility to attend both days sequentially or select individual days based on their personal transition timeline, roster availability, and immediate learning needs.

Our educational strategy prioritises high levels of interactivity, utilising case-based discussions, near-peer modelling, and experiential mock interviews. This approach is rooted in Experiential Learning Theory, which emphasises the cycle of concrete experience, reflective observation, and active experimentation.⁵ The programme is designed to be longitudinal, evolving over two academic years to match the trainee's progression toward CCT.

Day 1: The art of securing the role

Day 1 focuses explicitly on the immediate hurdle: navigating the competitive application and interview process. These sessions welcomed 45 delegates in 2024 and 52 in 2025. The reflective core of Day 1 begins with sessions designed to force trainees to look beyond the immediate anxiety of "getting a job" and consider their long-term professional values and what they want from a consultant role. The day moves through the granular practicalities of the consultant application process form, application strategies, and a "New Consultant Panel."

Hearing from a diverse panel of recently appointed consultants helps to demystify recruitment expectations. The afternoon is dedicated to intensive breakout rooms where trainees engage in experiential mock interviews, focusing on strength-based questions, scenario-based experiences, and the critical pre-trust visit. This practice was cited as "invaluable" in feedback, providing a safe space to refine responses before a real trust panel.

Day 2: The reality of performing the role

Day 2 shifts focus to the professional responsibilities that begin once the role is secured, for which trainees receive minimal exposure during standard clinical training. The

curriculum for Day 2 addresses the "hidden" aspects of consultant life:

- **Business and service leadership:** Sessions on building business cases led by senior paediatric consultants have been particularly enlightening.¹ Understanding how to advocate for resources and develop services is a skill rarely practiced during training but is essential for consultant-level leadership.
- **Risk and governance:** Practical sessions on complaints and serious incidents provide a deep dive into the governance frameworks that underpin consultant practice. Delegates frequently report that these governance insights are among the most valuable parts of the course.
- **Safety and supervision:** Sessions on human factors, patient safety, and educational supervision provide a critical lens on decision-making readiness.
- **The "Consultant Contract":** Understanding appraisals, financial considerations, and programmed activities (PAs) provides clarity on the operational mechanics of the role.

Exposure to these topics during the standard training period is often minimal. By delivering this course in the last couple of years of training (ST5+), we help trainees translate these abstract topics into practice, giving them the motivation to adapt these leadership roles within their current training environments.

Results and thematic analysis: Evaluation of course feedback (2024–2026)

Course evaluation was gathered using standardized, post-course electronic feedback forms distributed to delegates immediately following each study day. The surveys utilized a mixed-methods approach, capturing both quantitative satisfaction ratings and qualitative free-text responses.

Across the four study days delivered between November 2024 and February 2026, a total of 183 delegate attendances were recorded. We received 102 completed feedback forms, representing an overall response rate of 56% (Day 1 2024: 24/45; Day 2 2025: 22/42; Day 1 2025: 32/52; Day 2 2026: 24/44). Of those who submitted feedback, 95% reported a positive response, indicating that the course successfully met their pre-course aims and provided highly useful preparation for the consultant role.¹ The qualitative evaluation of the T2C programme reveals that the intervention meaningfully addressed the core aims of reducing uncertainty and building confidence.

Day 1 - Interview & application focus

1. **Theme 1 - Increased confidence:** Trainees reported feeling significantly more confident in approaching consultant interviews.
 - "Gave me more confidence about what to expect and how to approach consultant interviews."
 - "Yes, I feel more confident and clear about the consultant application process."
 - "Yes definitely! Great to have helpful discussion around what

2. Theme 2 - Clarity & understanding of the process: The course clarified application pathways and interview expectations, reducing the "fear of the unknown".

- "It has given me a structure of what I need to do next at my level in terms of preparation for the consultant job application."
- "I now have a clear idea of what the consultant post (locum or substantive) application process entails and how to go about preparing for it."
- "Yes, it simplified the steps towards a successful consultant application and interview process."

3. Theme 3 - Practical & interactive learning: Delegates highly valued the applied learning approach over traditional didactic teaching.

- "The advice was useful but the practice invaluable."
- "Excellent course, very in depth but also interactive, with helpful take home points."
- "PSU session and practice experience was fantastic- really helpful."

4. Theme 4 - Value of peer & real-world insight: Insights shared by recently appointed consultants were cited as particularly impactful for psychological readiness.

- "A lot. At least we shared some experiences with other relatively new consultants who felt the same as we feel at the moment."
- "I enjoyed the talks from currently applying and recently qualified consultants, hearing answers from my peers to challenging interview questions and gaining insights into the interview."
- "This was a really useful course, particularly Q&A sessions from each of the speakers."

Day 2 - Consultant responsibilities focus

5. Theme 5: Overall high satisfaction: Delegates reported a positive overall experience with content perceived as high-value.

- "Amazing speakers and very useful content. Every aspect was great."
- "The speakers were insightful and knowledgeable. Excellent engaging speakers. Amazing course!"
- "Thank you so much for such an amazing and informative course!"

6. Theme 6 - Relevance & governance insight: The practical governance content—often missing from other training—was highly valued.

- "Good topics of presentations. Most relevant in this transition to Consultant period not easy to find clear concise information elsewhere."
- "Realistic advice about being a consultant... Well chosen and useful coverage."

- "Insightful sessions (particularly governance topics)."

7. Theme 7: Supportive learning environment: A well-organised and supportive atmosphere was noted to enhance the overall learning experience.

- "Fantastic speakers, engaging and very relevant talks."
- "Hearing from other trainees experiences. Choice of topics and knowledgeable speakers. Interactive elements."
- "Supportive atmosphere... Well organised... Appreciated hospitality."

Higher-level overarching-themes

Beyond individual days, four overarching themes emerged: Confidence in transition, clarity of consultant role, practical preparation, and psychological readiness for appointment. These themes reflect an emerging educational impact characterised by reduced uncertainty, improved preparedness, demystified recruitment, and strengthened decision-making readiness.

Scaling the vision: Reach, demand, and innovation

The demand for the T2C course has reached a critical point. Between 2024 and 2026, over 130 trainees attended. Crucially, the reputation has spread beyond our deanery, with 15–20% of attendees coming from outside London, particularly the East of England. Our most recent Day 1 course saw 95 applicants for 50 places, proving that the unmet educational need is sustained. To meet this, we are reflecting on expansion strategies:

- Increasing capacity: Securing larger venues or moving toward a biannual delivery model.
- Resource development: The "Secret Guide to Becoming a Consultant" will provide support to those who cannot attend live.
- Inclusivity: Inviting speakers from CESR routes and encouraging senior International Medical Graduate (IMG) trainees to participate.
- National replication: Supporting other deaneries in developing similar trainee-led courses.

Cycle of support

One of the most powerful elements is the "Cycle of Support". Networking during these courses allows trainees to support each other through the application process and into their first consultant roles. A unique feature is the faculty pipeline: we track previous attendees and, once they secure consultant positions, invite them back as faculty. This ensures the programme remains grounded in current practice while reinforcing a culture of mentorship within the paediatric community.

Reflection: Bridging the "administrative illiteracy" gap

Reflecting on the evolution of T2C, the most profound realisation is the contrast between a trainee's clinical maturity and their perceived administrative vulnerability. Senior trainees are often comfortable managing life-threatening emergencies, yet the prospect of writing a business case or navigating a formal complaint can feel insurmountable. This "administrative illiteracy" is not a personal failure but a systemic oversight in traditional curricula that T2C successfully bridges.

see governance and leadership not as obstacles, but as tools for safer system leadership. It motivates trainees to seek out these experiences in their final years of training rather than waiting for their first day as a consultant.

Recommendations for Future Practice

- Prioritise near-peer input: Faculty should include those appointed within the last 24 months.
- Balance curriculum: Maintain an equal focus on "securing the role" (Day 1) and "performing the role" (Day 2).
- Interactive sessions: Prioritise mock interviews and case discussions over didactic slides.
- Formalize networking: Provide space for peer-to-peer support groups.
- Establish a faculty cycle: Track attendees and invite successful candidates back to mentor the next generation.

Conclusion

The T2C programme demonstrates that a longitudinal, trainee-led model is essential for modern medical education. Clinical readiness is not synonymous with professional readiness. Structured support meaningfully improves preparedness and leads to safer, more effective systems leadership. Our mission remains to bridge the gap between trainee and consultant by transforming the transition into a visible, supportive educational path.⁸

References

1. London School of Paediatrics Education Subgroup. Transition to Consultant Trainee Needs Assessment and Course Feedback Reports (2024-2026) [Internal report] London School of Paediatrics.
2. Cruess RL, Cruess SR, Boudreau JD, Snell L, Steinert Y. Reframing medical education to support professional identity formation. *Acad Med.* 2014;89(11):1446-51
3. Duchscher JB. Transition shock: the initial stage of role adaptation for newly graduated registered nurses. *J Adv Nurs.* 2009;65(5):1103-13
4. Ten Cate O, Durning S. Dimensions and psychology of peer teaching in medical education. *Med Teach.* 2007;29(6):546-52
5. Kolb DA. *Experiential learning: Experience as the source of learning and development.* Englewood Cliffs, NJ: Prentice-Hall;1984
6. Bandura A. *Social foundations of thought and action: A social cognitive theory.* Englewood Cliffs, NJ: Prentice-Hall;1986
7. Wenger E. *Communities of practice: Learning, meaning, and identity.* Cambridge: Cambridge University Press; 1998
8. Royal College of Paediatrics and Child Health. *Progress+: Curriculum, Paediatric Specialty Postgraduate Training.* [Internet]. London:RCPCH; 2023; Accessed March 2026 Available from: https://www.rcpch.ac.uk/sites/default/files/2025-11/rcpch_progress_main_2023-7.pdf