Sustaining research capacity in UK paediatrics: insights from a survey of academic resident doctors

Authors: Dr Chrissy Bolton* [1,2,3,4], Dr Ashley Vardon[5,6], Dr Amedine Duret[7], Professor Lucy R Wedderburn[1,2]

Affiliations:

1. Infection, Immunity and Inflammation Research and Teaching Department, University College London (UCL) Great Ormond Street Institute of Child Health; London, UK.
2. NIHR Biomedical Research Centre at GOSH , London UK
3. Department of Inflammation and Ageing, University of Birmingham; Birmingham, UK.
4. Kennedy Institute of Rheumatology, University of Oxford; Oxford, UK.
5. Department of Cancer and Genomic Science, University of Birmingham; Birmingham, UK.
6. RCPCH Academic Training Committee Trainee Representative
7. London School of Paediatrics Trainees' Committee

Corresponding author: Christine.bolton@nhs.net
Key words: Paediatrics, Academia, Workforce

This is an author accepted manuscript of an article published in Archives of Disease in Childhood*. The final published version was published in Archives of Disease in Childhood on 27th January 2026, DOI: 10.1136/archdischild-2025-329561.

Academic physicians are vital for delivering clinical research that enhances patient care and contributes billions annually to the UK economy(1). Concerningly, the decline in clinical academics has been particularly pronounced in UK paediatrics, where the proportion of doctors progressing to academic consultant posts has more than halved, posing a significant threat to the provision of child-centred research(2,3). Despite paediatrics being a female-majority specialty, women remain disproportionately under-represented at lecturer level compared with other female-majority specialties (**Figure 1**)(4,5). Understanding the experiences and perspectives of this group is therefore critical to strengthening and diversifying the academic workforce. Here, we share survey findings exploring factors enabling or hindering progression from the perspective of paediatric academic doctors.

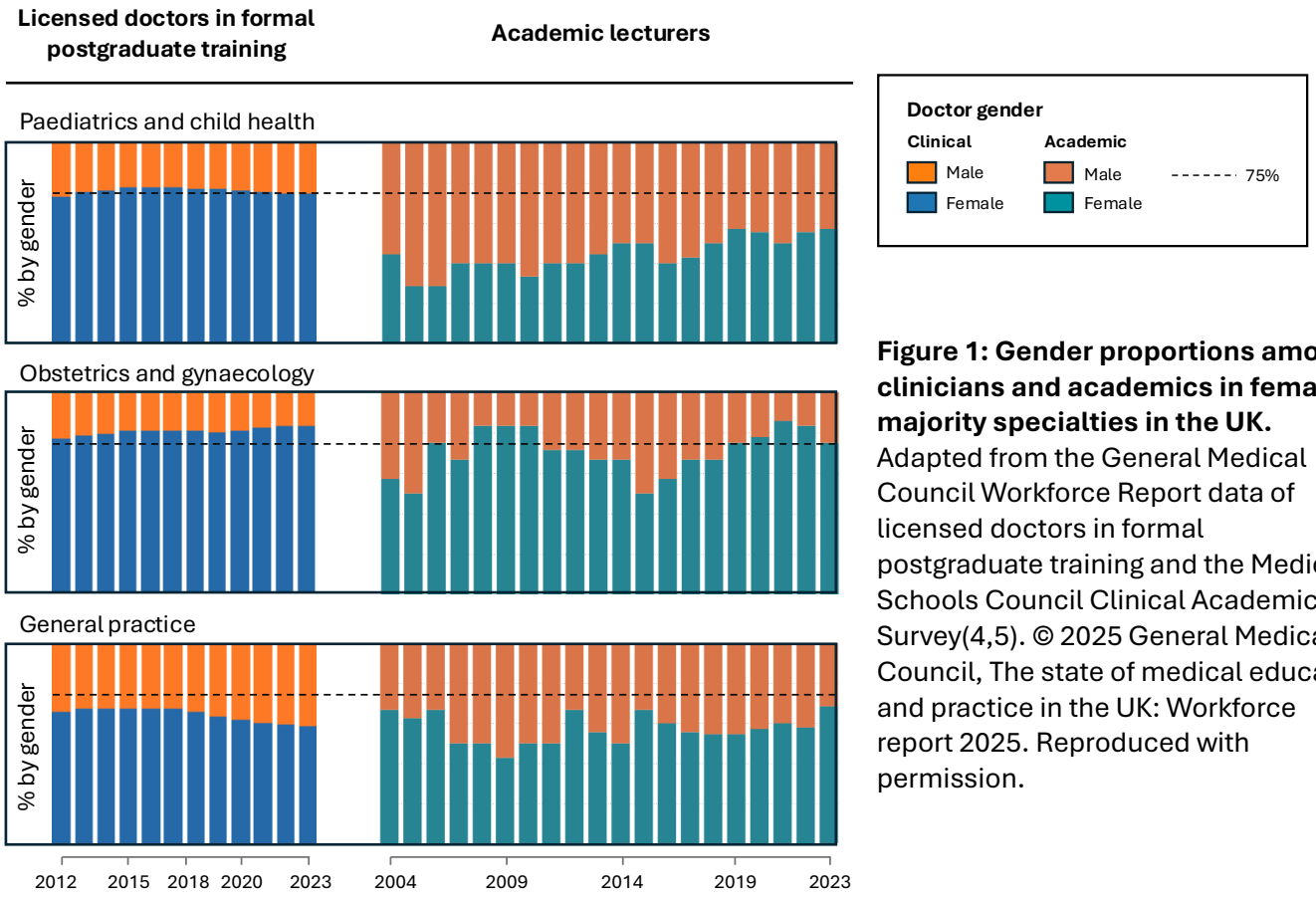

Figure 1: Gender proportions amongst clinicians and academics in female-majority specialties in the UK. Adapted from the General Medical Council Workforce Report data of licensed doctors in formal postgraduate training and the Medical Schools Council Clinical Academic Survey(4,5). © 2025 General Medical Council, The state of medical education and practice in the UK: Workforce report 2025. Reproduced with permission.

Sixty academic doctors (n=56 residents, n=4 consultants) responded from sixteen deaneries (**Table S1, Supplementary Methods**). 80% were women, most had undertaken an integrated academic post (82%), 63% had completed a PhD and two-thirds intended careers with a substantial academic component. Free-text responses were analysed using inductive thematic analysis.

Of the key enablers cited by resident doctors, protected research time was referenced most frequently, particularly within structured academic posts (**Table 1**). Supportive senior colleagues were considered crucial, by providing mentorship, signposting opportunities, giving guidance and facilitating rota flexibility. Peer networks helped respondents through interview practice, information sharing, encouragement and building collaborations. Additionally, formal training in research methods, strong local research infrastructure and training programme flexibility were commonly cited themes. A high proportion of doctors cited personal scientific interest as a beneficial factor suggesting clinical academics themselves could play a role in revitalising research culture.

Amongst residents, the most cited challenge was scarcity of funding for posts and grants, which was compounded for some by non-diverse interview panels or a lack of eligibility due to international entry routes (**Table 1-2**). A high proportion of doctors felt there was a lack of research culture in paediatrics or a lack of value placed on it, and rigid systems within training made progression more difficult, including late clinical specialisation and multiple rotations in less relevant subspecialties. Clinical workload and rota intensity was reported to challenge academic progression, with many residents relying on evenings and weekends to progress projects. Amongst female registrars in particular, conflicting demands of parenthood were reported to complicate this further (cited by n=12/23 female registrars with caring responsibilities). Difficulties in finding senior mentorship or supervision was compounded by regional factors, with respondents citing a lack of academic supervisors or paediatric academics in their region. Additional challenges included pay-related issues, the challenge of meeting clinical requirements and getting started in academia initially. Participants highlighted the demanding aspect of the pathway, stating it “was like pursuing two separate careers”, “in general I would say that I pursued clinical academia despite the training programme” and “I'm not sure it needs to be this hard”. Therefore, based on the results of the survey, several actionable proposals for supporting academic doctors were envisaged (**Figure S1**).

Overall, these paediatric-specific, trainee-level insights capture a range of under-represented voices from a key stage in academic careers. They highlight the impact of structural intervention and human factors in supporting academic progression, whilst indicating scope for meaningful intervention at local and national level, consistent with recent national reports that have proposed radical reform to training pathways(6).

References:

1. Iacobucci G. Clinical research adds billions to UK economy, analysis shows. BMJ. 2019 Oct 16;367:l6052.

2. Modi N, Clark H, Wolfe I, Costello A, Budge H. A healthy nation: strengthening child health research in the UK. The Lancet. 2013 Jan 5;381(9860):73–87.

3. Levene M, Olver R. A survey of clinical academic staffing in paediatrics and child health in the UK. Archives of Disease in Childhood. 2005 May 1;90(5):450–3.

4. General Medical Council. The state of medical education and practice in the UK: Workforce report 2025 [Internet]. 2025. Available from: https://www.gmc-uk.org/cdn/documents/wfr25-report-251117_pdf-112967442.pdf

5. Medical Schools Council and Council of Heads and Deans of Dental Schools. Clinical Academic Staffing Levels in UK Medical and Dental Schools. London; 2024.

6. Medical Research Council. Clinical researchers in the United Kingdom: Reversing the decline to improve population health and promote economic growth. UK Research and Innovation; 2025 Jan p. 15.

Table 1: Factors cited in survey responses amongst clinical academic resident doctors

Helping factors	**Senior House Officer ST1-3 (n, %)**	**Registrar ST4+ (n, %)**	**Total (n, %)**
Protected / funded research time	4 (33%)	19 (44%)	23 (42%)
Supportive academic seniors	5 (42%)	17 (40%)	22 (40%)
Supportive/accommodating clinical side	2 (17%)	9 (21%)	11 (20%)
Mentors / role models	1 (8%)	10 (23%)	11 (20%)
Peer support	1 (8%)	9 (21%)	10 (18%)
Formal training in research methods	1 (8%)	7 (16%)	8 (15%)
Deanery / training programme flexibility	1 (8%)	7 (16%)	8 (15%)
Personal interest	1 (8%)	7 (16%)	8 (15%)
Clinical-research infrastructure	2 (17%)	5 (12%)	7 (13%)
Working Less Than Full Time	4 (33%)	1 (2%)	5 (9%)
Supportive Training Programme Directors	1 (8%)	4 (9%)	5 (9%)
Academia outside of medicine	1 (8%)	2 (5%)	3 (5%)
Placements in tertiary centres	2 (17%)	0 (0%)	2 (4%)
Straight-forward systems (OOPR)	0 (0%)	2 (5%)	2 (4%)
Hindering factors	**Senior House Officer ST1-3 (n, %)**	**Registrar ST4+ (n, %)**	**Total (n, %)**
Limited opportunities (funding / posts)	5 (42%)	25 (58%)	30 (55%)
Lack of research culture or encouragement	4 (33%)	20 (47%)	24 (44%)
Rigid systems within training (rotations/OOPR)	7 (58%)	9 (21%)	16 (29%)
Workload and rota intensity	5 (42%)	10 (23%)	15 (27%)
Limited mentorship / supervision / guidance	0 (0%)	14 (33%)	14 (25%)
Conflicting demands of parenthood	0 (0%)	12 (28%)	12 (22%)
Location-related challenges	2 (17%)	8 (19%)	10 (18%)
Pay-related issues	2 (17%)	7 (16%)	9 (16%)
Challenge of clinical requirements/competencies	3 (25%)	4 (9%)	7 (13%)
Difficulties getting a "foot in the door"	0 (0%)	7 (14%)	7 (13%)
Difficulties working Less Than Full Time	0 (0%)	6 (14%)	6 (11%)
Long length of training	0 (0%)	6 (14%)	6 (11%)
Limited peer support / networks	2 (17%)	4 (9%)	6 (11%)
Lack of early sub-specialisation	2 (17%)	4 (9%)	6 (11%)
Difficulties getting study leave	3 (25%)	2 (5%)	5 (9%)
Protected characteristics (gender / ethnicity)	0 (0%)	4 (9%)	4 (7%)
Difficulties reintegrating after time out	2 (17%)	0 (0%)	2 (4%)

Table 2: Example responses from survey participants about factors they felt hindered them in progressing in paediatric clinical academia*:

Limited opportunities (funding / posts)
'Availability of funding is a massive issue, and once your short block of academic work is done we have to try and figure out completing our research and acquiring funding in our own time… I had hardly any input from them [my supervisor] during my first major grant application which I sacrificed my much earned annual leave over, and of course I didn't succeed in getting the grant'
Lack of research culture or encouragement
'There is no culture of research, I feel often my colleagues are only interested in strictly clinical research but they don't do research themselves which means it is not really valued (or frequently seen only as icing for CV points) and mentorship is scarce'
Rigid systems within training (rotations/ Out Of Programme for Reseach)
'The maximum 4 years of [Out of Programme] is quite restrictive. I needed a clinical fellow year to meet the supervisor, work with them and prep the project' 'I would have had to give up my Academic Clinical Fellowship if I entered subspecialty training… Basically this means that specialty training and an Academic Clinical Fellowship are mutually exclusive'
Workload and rota intensity
'The rotas are harder than other specialties with more out of hours work, and no remote on calls meaning there's less time and energy for research'
Limited mentorship / supervision / guidance
'I received very little mentorship/support during my interviews and grant applications because my supervisor is an incredibly busy man. He also had no forward thinking about how to support me to remain in clinical academia whilst knowing how difficult it is to obtain a subspecialty training number. Made me feel completely undervalued and keen to leave the region'
Conflicting demands of parenthood
'The clinical life itself is hard and tiring- so there is less motivation to find spare time amidst busy family life, to pursue academia'
Location-related challenges
'Difficult to find a supervisor locally- found an adult Medicine supervisor (but then there were funding issues). I ultimately moved location to access a supervisor and setup that allowed me to apply for funding and PhD'
Pay-related issues
'At this stage I would not have been able to drop to a research salary… and was also told taking a non NHS post 'it wouldn't look very good if I used charity money on maternity leave'. The NHS post has allowed me to keep my mortgage(!) and enables security if I required maternity cover'
Challenge of clinical requirements/competencies
'Inability to sub-specialise earlier, difficulty obtaining wide breath of clinical competencies in short amount of time' 'This led to a feeling that I couldn't do either academia and clinical paediatrics to a high enough (or safe enough) standard… this was particularly challenging to deal with at the transition point to registrar years'
Difficulties getting a "foot in the door"
'It's still very difficult for clinicians with no foot in research already to find a way in due to rotations, clinical work load and rotas and other barriers - including length of training, lack of funding for research unless Academic Clinical Fellow/Academic Clinical Lecturers and Out of Programme for Research affecting maternity leave pay'
Difficulties working Less Than Full Time
'Lack of support for Less Than Full Time working in academia (or expectation that you would just do full time equivalent levels off work but do it for free in your spare time)'
Long length of training

‘Although stated clearly by the National Institute for Healthcare Research that Academic Clinical Lecturers should not push back training completion date for non-craft specialties, it took me a long and torturous journey to convince deanery for that to happen’
Limited peer support / networks
‘Lack of academic clinicians with interest in my area’
Lack of early sub-specialisation
‘Having to do rotations that are not aligned with my future intended career when I already have less clinical time due to academia’
Difficulties getting study leave
‘Extremely difficult to get all your allocated study leave and you get judged and made to feel guilty if you try to take it’
Protected characteristics (gender / ethnicity)
‘The three white male interviewers appeared to have someone (male) in mind already for the post’
Difficulties reintegrating after time out
‘Little support when returning to clinical practice after your time out- I had to personally reach out to my next hospital and flag that I'm coming back after a break from clinical practice and they've been helpful but this is not standardised and relies on the trainee to proactively seek it out’
Issues specific to International Medical Graduates
‘The places where I looked to find information had descriptors that automatically excluded me as an international medical graduate at that stage in my career. I didn't see people like me around whom I could try to model, and access to the 'stepping stones' that I would need to prove my capability were quite limited. Funding is important; being on a visa for many years and the very high cost of translating my family life into the UK (which can only be understood if you have gone through it or objectively reviewed costs) meant that paying for the difference for international fees would have been a challenge. This said, it is a challenge that I would have sought to surmount if given a chance’
Issues specific to Consultants
‘As a consultant, not having sufficient protective time for research and not being actively encouraged to do research because it was perceived to take one away from clinical activities where the Key Performance Indicators lay!’

*Abbreviations are transcribed in full to assist with clarity

Acknowledgements

We are grateful to the paediatric academic doctors who shared their views and the Academic Training Programme Directors from UK deaneries who shared the survey with their trainees. The authors thank the Medical Schools Council for permission to reproduce data from ‘Staffing levels of medical clinical academics’. The authors also thank the General Medical Council for permission to adapt material from the ‘The state of medical education and practice in the UK: Workforce report 2025’. © 2025 General Medical Council, The state of medical education and practice in the UK: Workforce report 2025.

Footnotes

Contributors: CB and AV contributed to the conception and design of the work. CB performed data extraction, wrote the first draft of the manuscript and verifies the underlying data reported. All authors contributed to interpretation, manuscript drafting, revising, and approve of the final version to be published. CB is the guarantor and is responsible for the overall content. The corresponding author attests that all listed authors meet authorship criteria and that no others meeting the criteria have been omitted.

Competing Interests statement

All authors have completed the *Unified Competing Interest form* (available on request from the corresponding author) and declare: no support from any organisation for the submitted work; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years, no other relationships or activities that could appear to have influenced the submitted work.

Transparency declaration
The lead author affirms that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned have been explained.

Funding
C.B. is supported by a Medical Research Council (MRC) Clinical Research Training Fellowship (MR/X001393/1).

Data availability
No additional data available.

Supplementary Methods:

A qualitative survey was distributed through paediatric academic networks and training deaneries across the UK in October 2023 (**Supplementary Appendix**). The aim was to inform discussion of a national committee meeting with the professional body of UK paediatricians- the Royal College of Paediatrics and Child Health ((RCPCH), June 2024). Respondents were sought out through contact of Academic Training Program Directors in each deanery, RCPCH Trainee Research Networks, regional academic WhatsApp groups and LinkedIn searches for paediatricians with PhDs. No inclusion criteria were applied, rather those who considered themselves academic paediatricians were asked to contribute their perspective. Aware of the gender disparities amongst senior clinical academics, whereby women are underrepresented in senior

academic roles compared to other female-majority specialties (**Figure 1**), we initially sought to capture perspectives from female resident doctors with academic experience, however a number of male academics responded following circulation and therefore we included these responses too, subsequently re-issuing invitations to male academics through the academic networks highlighted.

The survey posed three open-ended questions to participants regarding which factors helped, hindered or would have helped them to progress in paediatric clinical academia (**Supplementary Appendix**). In addition, participants were asked to provide details about their training stage, career aspirations and limited demographic information. Inductive thematic analysis was conducted to identify common patterns and insights, whereby components of response were categorised by themes with sequential addition of new themes as they arose (**Table 1**). To encourage candour of responses, individual-level demographic data was only visible to the assessor responsible for analysis (CB). Responses from registrars and specialty doctors were considered together. One respondent did not provide answers to any of the open questions and was not included in the quantified analysis. Given the lack of data available on the number of resident academic doctors in UK paediatrics, findings were considered reflective of a sample of trainees and not representative of all academic resident doctors. Ethical approval was not required for this quality improvement purpose.

Table S1: Demographics and academic profile of survey respondents	Participants		Prefer not to say	
	n=	%	n=	%
Gender				
Female	48	80	1	2
Male	11	18		
Ethnicity			3	5
White British / White Irish / White other	41	68		
South Asian / South Asian British	7	12		
Black / African / N. African / Caribbean / Black British	3	5		
East Asian / East Asian British	3	5		
Mixed ethnic background	2	3		
Hispanic	1	2		
Carer responsibilities			2	3
Yes	39	65		
No	19	32		
Training grade				
Senior House Officer (ST1-3)	12	20		
Registrar (ST4+)*	42	70		
Specialty Doctor	2	3		
Consultant	4	7		
Preferred specialty type				
A speciality within paediatrics	47	78		
Neonatal medicine	8	13		
General paediatrics	3	5		
Community paediatrics	1	2		
Other	1	2		
Research posts/degrees**				
Academic foundation programme	18	31		
Academic clinical fellowship (including WCAT)	30	51		
Clinical fellowship	18	31		
PhD	37	63		
Academic clinical lectureship	19	32		
Senior fellowship	7	12		
Career aims				
I aim to be or am predominantly clinical	13	22		
I am to be or am predominantly academic	32	53		
I aim for a 50/50 academic and clinical split	8	13		
I plan to or have changed specialty	2	3		
I plan to or have an alternative career to practicing as a doctor	2	3		
Undecided	3	5		
Deanery			2	3
East Midlands	1	1		
East of England	7	9		
North Central & East London	14	19		
North East	4	5		
North West	2	3		
North West London	9	12		
Scotland	5	7		
Severn	1	1		
South London	7	9		
South West	8	11		
Thames Valley	1	1		
Wales	6	8		
Wessex	1	1		
West Midlands	5	7		
Yorkshire and the Humber	1	1		
Undergraduate degree acquired outside of UK	5	8		

* One registrar did not provide answers to the open questions and was not included in thematic analysis

** Summary of terms: academic foundation programme- 4 month research rotation during the first two years of practicing as a doctor. Academic clinical fellowship- 9 month research rotation during specialty training. Clinical fellowship- self-organised rotation outside of a training pathway. Academic clinical lectureship- funded senior research rotation following completion of a PhD. WCAT = Welsh clinical academic training

Figure S1: Proposals for growth based on survey responses

1. Incorporate research placements into rotations: Within training pathways and job plans, allocate dedicated rotations in research for all trainees who want it. In other medical specialties within the UK including Ophthalmology and Oncology, such approaches have been implemented with the allocation of weekly study days or 6-month research placements respectively(1,2). Rostered clinical time on the wards does not appear to be sufficiently protected for this purpose(3).

2. Address funding challenges: Increased availability of funded PhDs, lectureship posts and paediatric-specific grants is needed to maximise research potential in UK paediatrics. Safeguarded funding for underrepresented groups like International Medical Graduates may ensure talent is harnessed and promote fairer access to academic development.

3. Ensure rotations are suitable: Trainees have less clinical time to acquire necessary competencies and may take multiple years away from clinics to develop specialist research skills in a PhD. Unlike other specialties with limited exposure at medical school(4) like radiology and anaesthetics, neonatal doctors are not supernumerary for the first year and may need to obtain registrar-level expertise within a year. Ensuring placements are attuned to the development needs of the trainee is therefore vital for supportive progression.

4. Utilise flexibility within training pathways: The Progress+ Curriculum has high level generic capabilities that do not depend on certain posts during registrar years. Tailoring core training towards the ultimate specialty interest of the trainee could enable earlier sub-specialisation during ST3-4 for those already progressing down an academic route and reduce stressful re-entry into less-practiced clinical specialties after long periods out during a PhD.

5. Promote equal opportunity: Enhance the diversity of interview panels for academic positions. Advertise and communicate all opportunities in one place for funded PhDs, postdoctoral fellowships, lectureships, research fellow positions, prizes and awards to help trainees find ways in and through, in an equitable manner. This could be achieved by supplementing the RCPCH online database(5) with all university positions, adding functionality for notification of relevant opportunities and subdividing listed opportunities by type or stage to enhance utility.

6. Share expertise: Strengthen guidance summaries and paediatric academic networks across regions and specialties to assist in navigating unique hurdles of the academic pathway, for some achieved through RCPCH academic days, regional WhatsApp groups, trainee committee websites or through Academy of Medical Sciences resources.

7. Enhance mentorship programmes: Develop structured mentorship programmes with sufficient protected time and resource for meaningful support. A volunteer-led pan-London scheme for paediatric academics found that nearly half of participants had not met their assigned mentors within eight months of being matched(6). Greater success has been seen in other public sector contexts where institutional outcome-focused mentoring programmes are formally embedded within a defined framework in the work environment(7,8).

8. Support for re-entry: Return to Training schemes should be offered as standard for trainees taking more than 6 months away from clinical roles, with access from any point during research time.

Supplementary methods

Supplementary references

1. BMJ Careers [Internet]. 2021 [cited 2025 Jan 15]. The Complete Guide To Becoming An Oncology Doctor. Available from: https://www.bmj.com/careers/article/the-complete-guide-to-becoming-an-oncologist

2. The Royal College of Ophthalmologists. Programme Delivery [Internet]. The Royal College of Ophthalmologists; 2025 [cited 2025 June 22]. Available from: https://curriculum.rcophth.ac.uk/curriculum/ost/programme-delivery/

3. Lundy C, Yan G, Carr D, Loucaides E, Robertson H, Thompson R, et al. 8339 PEAR drops: directly rostered opportunities for protected SPA: a paediatric trainee experience multi-site audit and research (PEAR) follow on study. Archives of Disease in Childhood. 2025 June 1;110(Suppl 1):A8–A8.

4. Ahmed SF, Hughes IA. Clinical Experience during the Paediatric Undergraduate Course. J R Soc Med. 1999 June 1;92(6):293–8.

5. RCPCH. RCPCH. 2025 [cited 2025 July 28]. Research funding opportunities database. Available from: http://www.rcpch.ac.uk/resources/research-funding-opportunities

6. Pillay K, Bednarczuk N, Duret A, Ioannidou E, Lim Z, Loucaides E, et al. Academic mentorship as a tool to develop paediatric research: lessons from a pan-London pilot scheme. London Paediatrics [Internet]. 2023 Nov 17 [cited 2025 Jan 16];4. Available from: https://journal.londonpaediatrics.co.uk/index.php/1/article/view/83

7. Crossing Thresholds Career-Mentoring Programme for Women in the UK Civil Service. In: The SAGE Handbook of Mentoring [Internet]. 1 Oliver's Yard, 55 City Road London EC1Y 1SP: SAGE Publications Ltd; [cited 2025 July 15]. p. 629–32. Available from: http://sk.sagepub.com/reference/the-sage-handbook-of-mentoring//i4602.xml

8. Government Communication Service. https://gcs.civilservice.gov.uk/. 2024 [cited 2025 July 14]. The mentor and mentee guide- GCS. Available from: https://gcs.civilservice.gov.uk/mentoring/the-mentor-and-mentee-guide/

Supplementary Appendix:

Paediatric Academics Survey- Full Question List

Which type of paediatrics is your preference?

- General paediatrics
- Neonatal medicine
- A Specialty within general paediatrics
- Community paediatrics
- Other

Which of the following have you had experience of?

☐ AFP
☐ ACF
☐ Clinical Fellow Year (OOPR)
☐ PhD
☐ ACL
☐ Senior Fellowship or equivalent

☐ I have been purely clinical (academic pursuits outside of clinical hours)
☐ Professorship
☐ Other

Which best describes your situation?

- I aim to be or am predominantly academic in Paediatrics
- I aim to be or am predominantly clinical in Paediatrics
- I plan to or have changed specialty
- I plan to or have an alternative career to practicing as a doctor

Which factors in the training programme helped you pursue clinical academia in Paediatrics?
- This can be as broad or specific as you would like, and could include types of rotation, timings of placements, availability of funding, personalities of supervisors, gaining of competencies, experiences of interviews, accessibility of information or anything else that comes to mind

Which factors in the training programme made it harder to pursue clinical academia in Paediatrics?
-This can be as broad or specific as you would like, and could include types of rotation, timings of placements, availability of funding, personalities of supervisors, gaining of competencies, experiences of interviews, accessibility of information or anything else that comes to mind

Are there any things that you think would have helped you to progress in Paediatric Clinical Academia?

What level of training in Paediatrics have you obtained to date?
(Individual level data will not be shared, but would help to identify impacting factors)

- ST1-ST3 / Junior Clinical Fellow
- ST4-5
- ST6-8 / Senior Clinical Fellow
- SAS Doctor / Specialty Doctor
- Consultant
- Other

Just to check, do you identify as:
(Individual level data will not be shared, but would help to identify impacting factors)

- Male
- Female
- Non-binary
- Prefer not to say
- Other

What is your ethnicity?
(Individual level data will not be shared, but would help to identify impacting factors)

- Black / African / Caribbean / Black British
- East Asian / East Asian British
- South Asian / South Asian British
- White British / White Irish / White Other
- Prefer not to say
- Other

Did you do your undergraduate medical degree in the UK?
(Individual level data will not be shared, but would help to identify impacting factors)

- Yes
- No
- Prefer not to say
- Other

Do you currently have children or carer responsibilities?
(Individual level data will not be shared, but would help to identify impacting factors)

- Yes
- No
- Prefer not to say
- Other

Which deanery did you do Paediatrics training in?
(Individual level data will not be shared, but would help to identify impacting factors)

- East Midlands
- East of England
- Kent, Surry and Sussex
- North Central & East London
- North East
- North West London
- North West
- Northern Ireland
- Scotland
- South London
- South West
- Thames Valley
- Wessex
- West Midlands
- Wales
- Yorkshire and the Humber
- Prefer not to say
- Other

Is there anything else you want to say?