Royal College of Paediatrics and Child Health
Leading the way in Children's Health

CSAC & ISAC Annual Quality Report Sep 2023 – Aug 2024

Introduction & Purpose

The Annual Quality Report collates feedback submitted from CSAC members to identify; what is working well, local action plan progress, possible risks and areas requiring further improvement within each subspecialty. The Annual Quality Report covers the training year Sep 2023 – Aug 2024. On this occasion no mid-year quality feedback was sought, however this has been reinstated for 2024-2025.

The Annual Quality Report will be signed off as part of the Training and Quality Board Meeting held in November 2024. The Board will also review the CSAC Local Action Plans and will close or carry over previous actions and set new actions for the 2024-2025 training year.

Activity and feedback form compliance

In June 2024, all CSACs were sent an Activity and Feedback Form (AFF) covering the reporting period Sep 2023 – Aug 2024. The purpose of these forms was to provide an update on the work being undertaken by each CSAC and to establish what College support may be required.

This year there was a 41% increase in CSAC compliance. Completion of the annual AFF increased from 53% for 2022-2023 to 94% for 2023-2024. The below table illustrates which CSACs submitted completed AFFs and demonstrates how engagement with the AFF process tracks across the last 2 years:

CSAC	2022-2023: AFF Engagement	2023-2024: AFF Engagement
Community Child Health (CCH)	Feedback submitted	Feedback submitted
Clinical Pharmacology	No feedback submitted	Feedback submitted
Child Mental Health (CMH)	Feedback submitted	Feedback submitted
Diabetes & Endocrinology	No feedback submitted	Feedback submitted
Neonatal Medicine	No feedback submitted	Feedback submitted
Nephrology	Feedback submitted	Feedback submitted
Neurodisability	No feedback submitted	Feedback submitted
Neurology	Feedback submitted	Feedback submitted

Oncology	No feedback submitted	Feedback submitted
Paediatric Allergy, Immunology and infectious Disease (PAIID)	Feedback submitted	Feedback submitted
Palliative	Feedback submitted	Feedback submitted
Paediatric Emergency Medicine (PEM)	Feedback submitted	No feedback submitted
Paediatric gastroenterology, hepatology and nutrition (PGHAN)	Feedback submitted	Feedback submitted
Paediatric Intensive Care Medicine (PICM)	No feedback submitted	Feedback submitted
Paediatric inherited metabolic medicine (PIMM)	No feedback submitted	Feedback submitted
Respiratory	No feedback submitted	Feedback submitted
Rheumatology	Feedback submitted	Feedback submitted
AFF Compliance rate	**53%**	**94%**

Work has been undertaken by the Quality and Training Projects Team at RCPCH to improve the current monitoring and quality assurance processes. This has included streamlining the feedback reporting process and mapping this activity into the CSACs annual calendar of events. The aim is to continue to build on the growing engagement with this process to ensure 100% compliance across all CSACs.

Thank you to all committee members who have contributed to this process.

CSAC Feedback

The AFF was divided into 5 sections which are mirrored in this report. Areas of good practice and improvement have also been highlighted throughout.

1. CSAC Activity: Local Action Plan updates 2023-2024

The following actions were identified and logged as part of the 2022-2023 Quality Review process. CSACs have submitted the following updates to be reviewed by TQB who will recommend if actions are considered closed or need to be carried over into the next reporting cycle. Recommended action outcomes have been included in the table below which TQB will validate.

CSAC	2023-2024 Local Action Plan	Update provided by the CSAC	Recommended outcome validated by TQB (Nov 24)
CCH	Development of CCH SPIN module.	The development of SPIN is currently on hold and is being reviewed.	Action – to be revisited following SPIN review.
Clinical Pharm.	*No actions were raised for 2023/24*		
CMH	To set up sustainable sub-specialty training. National recommendations needed for CMH sub-specialty (and more SPIN) training.	Subspecialty training is not well established due to national and local systemic issues out of control of the CMH CSAC. There are no training posts offered despite a steady interest from trainees and capacity for CSAC supervision. These concerns have been escalated to CSAC Chairs meetings and RCPCH MH Advisory Board. A meeting with the Officer for Training & Quality, the VP for Training & Assessment and relevant members of the Training & Quality department is now being arranged to discuss the matter with the CMH CSAC. CMH CSAC has submitted a position statement to the Mental Health Advisory Committee and has shared it with the HoSs (though without TQB approval). SPIN is now well established. 2 trainees having successfully completed and been signed-off.	Subspecialty Training - Action has been carried over and reframed for 2024-25 SPIN – action closed. TQB have highlighted that the priority for the CSAC is subspecialty training rather than SPIN.

Diabetes & Endocrinology	*No actions were raised for 2023/24*		
Neonatal Med.	*No actions were raised for 2023/24*		
Nephrology	Support on workforce planning and recognition of training.	Arrange to meet lead units to discuss future subspecialty applications.	Action carried over
Neurodisability	*No actions were raised for 2023/24*		
Neurology	Workforce planning to allow more paediatric trainees to cover general paediatrics so that sub-specialty trainees are supported in their curriculum needs.	Most deaneries are trying to accommodate this but there is still disparity across the UK due to rota gaps.	Action closed. CSAC continue to monitor.
Oncology	*No actions were raised for 2023/24*		
PAIID	Support Southampton centre to get their allergy training number back, which was lost in this year-round of recruitment due to an administrative error.	Aiming to obtain allergy number once PID ACL complete. Local allergy team to continue to liaise with TPD to ensure that allergy post continues.	Action closed. CSAC continue to monitor.
Palliative	Advocacy in workforce crisis within PPM. Support alongside APPM to develop response to Nuffield Bioethics paper on disagreements in healthcare.	The RCPCH PPM CSAC and Association of Paediatric Palliative Medicine (APPM) have co-hosted meetings to discuss findings and recommendations from the Nuffield Bioethics guidance on 'Disagreements in the care of critically ill children'. One of the recommendations was around public understanding of palliative care for children and the need for advocacy work around this important topic. Unfortunately, no resource	Action closed Additional information needed in reference to the advocacy point.

		(financial/administrative) were able to be allocated to this work from RCPCH or APPM. The APPM have a named lead on this project but at the date of writing we have no update. The APPM and RCPCH PPM CSAC undertook a workforce questionnaire and published a position statement on the workforce crisis in PPM. This is hosted on the APPM website. Representatives from both the APPM and RCPCH PPM CSAC attended an All-Party Parliamentary Group (APPG) in Westminster to discuss discordance in decision making and the workforce crisis in PPM.	Action Closed
PEM	It has been noted from discussions with colleagues the environment children are being seen in, out of hours, in EDs is not as it should be. Advocating for quality of care for CYP accessing acute services across all areas of the UK.	*No updated was provided by the PEMISAC.* *Further information is needed before the action outcome can be established.*	TBC
PGHAN	*No actions were raised for 2023/24*		
PICM	*No actions were raised for 2023/24*		
PIMM	*No actions were raised for 2023/24*		
Respiratory	*No actions were raised for 2023/24*		
Rheumatology	*No actions were raised for 2023/24*		

2. CSAC Future Activity: Local Action Plans 2024-2025

The CSACs were asked to identify actions that they would like to carry forward into the coming year. The Training and Quality Board reviewed the proposed actions during the November 2024 meeting. The finalised actions are detailed below.

CSAC	2024-2025 Local Action Plan	Who is responsible	Date to be completed
CCH	1. Development of a CCH SPIN to support workforce planning in CCH. 2. Time spent in subspecialty training and the impact the OOH component is having on CCH training. There are ongoing challenges linked to trainees' time which has to be split between their community work and the general paediatric rota, this is not a new issue but will be revisited in an upcoming CCH Leads Day. 3. Contribute to the *Choose Paediatrics* programme	*Whole CSAC* *Partnership approach: CSAC, College, BACCH, GMC*	30/06/2025
Clinical Pharm.	1. Understand and review the sustainability of Clinical Pharmacology subspecialty Training.	Dan Hawcutt	31/08/2025
CMH	1. Continue discussions on the future structure and sustainability of CMH CSAC (including rep roles) and the CMH subspecialty training programme. 2. Close working with RCPCH MH Advisory Committee, PMHA and other national bodies. 3. Review the results of trainee survey by K. Certic and S. Dhakras. 4. Contribute to the *Choose Paediatrics* programme	All members of the CMH CSAC	21/06/2025
Diabetes & Endocrinology	1. Training centre review in response to concerns (raised by trainees) about the quality of subspecialty rotational post in D&E at University Hospitals Leicester. (Discussions ongoing with RCPCH recruitment team) 2. Undertake a workforce survey through BSPED. 3. Contribute to the *Choose Paediatrics* programme	UHL clinical lead, HOSs/TPD.	Response from clinical lead awaited - end of Oct 2024.

Neonatal Med.	*No actions were identified by the CSAC* 1. Contribute to the *Choose Paediatrics* programme		31/08/2025
Nephrology	1. Discuss subspecialty application variability with unit leads. 2. Workforce planning and recognition of training - Arrange to meet lead units to discuss future subspecialty applications. 3. Contribute to the *Choose Paediatrics* programme	Ihab Shaheen	09/01/2025
Neurodisability	1. Encourage applications for new training posts to be established for Neurodisability subspecialty trainees. 2. The Neurodisability CSAC will review and report back on the potential workforce shortage in their specialty. 3. Contribute to the *Choose Paediatrics* programme	CSAC Members	31/08/2025
Neurology	1. Recruitment into paediatric neurology - ongoing regular webinars. 2. Review of non-CCST trainees and advice to AAC panel members during application process. 3. Webinar for SPIN members and supervisors.	Neurology CSAC as a whole	02/07/2025
Oncology	1. Developing and supporting educational supervisors and trainees. The CCLG (Children's Cancer and Leukaemia group) have devised a masterclass for ESs and trainees. 2. Assessing trainee's learning environments. POTG, CCLG & RCPCH CSAC have implemented a feedback form to assess trainees' learning environments and how local centres are fit for training opportunities for their sub-specialty. 3. Developing CSAC Reviews for sub-specialty trainees with input from the CCLG. The group are exploring ways to improve support for subspecialty trainees and to quality assure the review process.	Oncology CSAC members POTG (Paediatric Oncology Trainee's group), CCLG & CSAC	31/12/2024 31/08/2025 31/12/2024

	4. Recruit new committee members onto the CSAC to fill current vacancies. 5. Guidance Docs and additional support for trainers and trainees. Create ES and trainee guides and an induction pack to enhance training and support new sub-specialty trainees.		30/01/2025 31/08/2025
PAIID	1. Adequate support for trainees at the end of training to fulfil their interview potential. 2. Encourage acting up towards the end of subspecialty training. 3. Smooth handover and succession planning when new CSAC roles are in place.	Whole CSAC Team	31/08/2025
Palliative	1. Support the development of further subspecialty training centres in PPM across the UK. (Update since action was submitted: 2 sites have recently been approved as additional training centres for PPM.) 2. Develop a clear process and guidance around requests for subspecialty equivalent training in PPM (please note this is not GMC sub-speciality recognition but a letter from the CSAC to confirm training to a similar level/standard). 3. Continue to monitor PPM subspecialty trainees' experiences via annual surveys. Results will be shared with the College.	All members - Lead Michelle Hills CSAC Chair PPM CSAC trainee rep & CSAC Training adv.	19/10/2025
PEM	*No actions were identified by the CSAC* 1. Contribute to the *Choose Paediatrics* programme		
PGHAN	1. Implementing changes to PGHAN subspecialty interviews. Continue separate Hepatology and Gastroenterology recruitment. 2. New subspecialty trainees RCPCH Induction pack. 3. Contribute to the *Choose Paediatrics* programme	Chair Training Advisor	TQB Have requested a timeframe to be identified.
PICM	1. Improving access to PICM subspecialty training for FICM trainees including considering interview criteria.	John Glazebrook	29/03/2025

	2. Improve FICM/ PICM interaction. 3. Contribute to the *Choose Paediatrics* programme		
PIMM	1. Following SPIN review, CSAC Chair to discuss interest in SPIN with CP, TV and LB 2. Planning a workforce review project in liaison with their national metabolic society BIMDG to identify the future priorities for the workforce within their subspecialty. 3. Contribute to the *Choose Paediatrics* programme	CSAC Chair All CSAC Members	01/05/2025 01/01/2026
Respiratory	1. Appointment of new quality advisor for CSAC to replace Chris Grime 2. Provide feedback to RCPCH on proposed changes to SPIN at meetings in September.	Advert currently live	
Rheumatology	1. Review supervisor training guide. 2. Produce video ' a day in the life of' 3. Introduce additional subspecialty training events with embedded CSAC support time. 4. Investigate concerns raised in reference to time spent in subspecialty training. CSAC Chair and Quality Advisor to meet with LB to discuss this further.	CSAC Committee	31/10/2024 31/08/2025 28/02/2025

3. Training & Quality Feedback

Feedback on Progress+

Progress+ was implemented in August 2023. Now that they curriculum has been embedded for 12-months the CSACs were asked to provide additional feedback and to highlight any areas of concern that have not yet been addressed during the initial implementation phase. It is encouraging to note that 9 of the 16 CSACs who provided feedback had no unresolved concerns at this stage. CMH, Clinical Pharmacology, Neonatal Medicine, Nephrology, Palliative, PGHAN, PICM, PIMM and Respiratory had no concerns to raise within this section of the AFF.

Good practice: An area of good practice noted from the feedback was the additional support that PGHAN put in place to support their trainees navigate the changes in curriculums. The CSAC have introduced monthly trainee virtual drop-in clinics for troubleshooting.

Unresolved concerns

Where concerns were raised, we wanted to hear what action had been taken to address or mitigate these concerns by each CSAC. The remaining 7 subspecialties reported the following concerns:

- **CCH** highlighted that core level trainees are not getting any experience of CCH so may not have the opportunity to consider CCH as a career option. To address this, the CSAC has.
    - Increased awareness of CCH in medical schools through paediatric societies and by encouraging Student Selected Component (SSCs) with community paediatrics.
    - The CSAC is also encouraging taster days in CCH for Foundation Doctors and is looking into possibilities for facilitating CCH posts within Foundation training (F2).
- **Diabetes and Endocrinology** have been responding to concerns that have been raised about the inadequate training duration in their subspecialty. There is a current minimum training duration of 24 months mandated in D&E. However, with Progress+, this duration may no longer be sufficient to ensure adequate training outcomes. To address this,
    - a proposal is being considered to extend the minimum mandatory requirement in D&E training from 24 to 36 months.
    - a wider consultation is being undertaken with educational supervisors across the UK and in conjunction with the BSPED clinical committee.
- **Neurodisability** has received feedback from trainees who have requested more examples of the types of evidence/activities that can be mapped to key capabilities within the curriculum. To address this,
    - The CSAC will look at the curriculum over the next 6 months to provide more specific examples to aid trainees who might be finding broad key capabilities difficult to interpret.
- **Neurology** noted that trainees progressing to subspecialty training earlier in the training pathway may need additional support.
- **Oncology** has worked to improve the more specific elements within their subspecialty handbook.
- **PAIID** highlighted that Progress+ 'can feel quite vague', a view they believe is shared with some of the other CSACs. PAIID identified that it is 'difficult to assess whether [a] trainee is ready to CCT from just Progress+ [eportfolio] entries and tagging.' To address this the CSAC has encouraged,
    - Trainees in both allergy and PID continuing to do logbooks which are then attached to the CSAC progression form.
    - Trainees are also encouraged to act up to show readiness for CCT.

    - The CSAC also feel a logbook is needed for SPIN trainees (similar to subspecialty trainees).

- Although **Rheumatology** reported no current concerns, they did highlight that the curriculum changes may impact recruitment into the subspecialty, as trainees will have less time to get the necessary rheumatology experience. There are a limited number of teaching hospitals (10) who can support this training provision. The potential impact of this is not being felt yet, but has the potential to create some challenges in the coming years.

General Subspecialty Trainee Progression

CSACs were asked to highlight any concerns or successes with the management of the trainees within their respective subspecialty. Nephrology, Neurology, Oncology, PAIID, PGHAN, PICM, PIMM and Respiratory had no concerns to raise in relation to trainee progression and completion of training. CMH currently have no subspecialty trainees so were unable to contribute to this section of the feedback. Diabetes and endocrinology reported that most trainees are achieving 'adequate and satisfactory progress.' Some new centres have not yet had trainees completing rotations so the CSAC will continue to monitor how training in these centres is facilitated once trainee feedback is available.

Successes & areas of good practice

Neonatal medicine and **Respiratory** CSACs have been using their CSAC Progression meetings and reviews as an opportunity to meet with trainees in person. This has been beneficial for trainees' progression and wellbeing and is something that the trainees value. Many deaneries are now performing ARCPs remotely without trainee attendance, so the progression reviews are one of the few opportunities that trainees have to discuss their training needs formally. Respiratory also included OOP Trainees as part of their April reviews and shared that 'the feedback from trainees was excellent'. The response from trainees within these specialties to in-person meetings has been positive and trainees would like the face-to-face format to continue.

The **Neurodisability** CSAC and local teams have been working hard to manage trainees' wellbeing and to support trainees who have struggled to progress through training over past few years. **Rheumatology** has also been working to make 2 centre training geographically acceptable. This has been seen by trainees as a positive development.

Challenges & areas of development

The challenges raised by CSACs were varied and encompassed elements of balancing training with service provision, supervision, rotas and trainee wellbeing.

Trainee wellbeing

- **PAIID** and **Palliative** CSACs have been working closely with trainees who require additional support. Some **PAIID** trainees have struggled with mental health and wellbeing issues and in these instances, the CSAC has been proactive in

approaching individuals to 'carefully discuss their CCT and put additional time into this.' It was also encouraging to hear that in response to these discussions the CSAC has observed that 'some centres have normalised a more supervised induction period for trainees which has worked well and takes pressure off trainees.'

- A recent audit completed by the **CCH** CSAC identified 'huge well-being concerns' amongst trainees. The reasons for this 'stem primarily from having to work out of hours (OOH) in unfamiliar settings, with very little supervision and in areas that bear no resemblance to the work they will be undertaking as consultants.'
    - Trainees who may have well-being concerns are encouraged to refer to the mechanisms in place within their deanery and available through their employer/Trust.
    - A new Trainee Rep has also been appointed and will be an important link for relaying feedback from the wider training body and the CSAC.
- The **Clinical pharmacology** CSAC is aware of the uncertainty around the management of consultant roles for trainees who are exiting sub-specialty training. This can negatively impact trainees' wellbeing and where possible, the CSAC are trying to be proactive in the management of future consultant roles.

Time spent in subspecialty training

- **CCH** trainees are required to split their time to cover the acute and out of hours rota. This has disrupted progression, and trainees have expressed dissatisfaction with their CCH training experiences 'because of the amount of time working in acute settings'. The CSAC reported that 'most [trainees] are still spending 40% or more of their time undertaking hospital OOH work' which needs to change. Feedback also suggested that in some cases 'trainees are choosing to complete their training early just because of the OOH work'.
    - To address this, the CSAC continue to recommend the guidance that trainees maintain a 70:30 split between time in subspecialty and non-subspecialty.
    - The CSAC also use CCH Leads day to promote CCH good practice which the leads can then share within their deaneries. The next CCH Leads day is scheduled for March 2025 and a session will be designed to discuss supporting trainees who may be struggling on the rota, signposting local provisions, recognising the split between CCH and General Paediatrics and the value of both disciplines.
- Similarly, **Rheumatology** Subspecialty trainees continue to be concerned about the split between general paediatrics and specialty time. The CSAC noted that 'many are not achieving the 70% in specialty time' due to 'onerous rotas and on-call requirements and not because they are asked to do daytime general paeds'. This CSAC would like to discuss this further with the College.

Supervision

- The **Palliative** CSAC identified wellbeing issues relating to the relationships between SPIN trainers and trainees. In response to this the CSAC arranged meetings with both trainee and trainer to outline expectations. The subspecialty training handbook was also shared and ongoing support from the CSAC was offered. The trainee has also had additional support in form of CSAC reviews.
- In another instance there was an issue in relation to a neurodivergent trainee who was struggling with engagement both in terms of training and e-portfolio activity. The CSAC clarified the process of raising concerns with the college.

Quality Management of Training posts/ programmes

We wanted to get a better understanding of any ongoing issues in relation to training posts and programmes across the CSACs. The majority of CSACs had no issues to raise. CMH have no training posts which continues to be a challenge for the group who feel that there is demand amongst trainees and suitable levels of support available. There are also ongoing challenges in Clinical pharmacology in relation to the number of training posts available, currently there is only one training centre delivering this training provision. CCH and Oncology also voiced concerns over the number of training posts available.

- **CCH** felt that there needs to be more CCH posts in all deaneries and that the college's current recruitment strategy does not allow any scope for job sharing of subspecialty posts. The combination of this with the majority of CCH trainees being LTFT means that 'while we manage to fill over 80% of posts by number, the fill rate by sessions is much lower, nearer to 60%' the CSAC would like to see this addressed as a priority. There have since been discussions with the Medical Recruitment Department about overrecruiting into the subspecialty to accommodate this, potentially piloting in London.
- The CCH CSAC is also encouraging the development of academic research- based posts and is working with BACCH to develop training materials to support the curriculum.
- **Neurodisability** is encouraging applications for new training posts to be established for Neurodisability subspecialty trainees. This would be an attempt to mitigate the current workforce shortage which suggests that there are an insufficient number of Neurodisability subspecialists coming out of training to meet the level of demand.
- **PGHAN** highlighted challenges in relation to the location of training post in particularly hepatology training for Gastro Trainees which is across different regions. This is particularly difficult for trainees who are working LTFT with childcare responsibilities.

Although **PAIID** did not have any concerns regarding the number of training posts, they are aware that some programmes do not have sufficient time assigned for their

subspecialty and it is increasingly challenging to protect this time due to staffing pressures. This concern was shared with **Diabetes and Endocrinology** who have followed up with centres to emphasise the need for a 70:30 split between sub-specialty and General Paediatrics to allow adequate exposure in the sub-specialty. If this split cannot be supported, it is anticipated that trainees' time in training will have to be extended in order for them to demonstrate the necessary competency and experience to support sign-off.

SPIN Modules

For the CSACs that currently offer a Special Interest Module (SPIN) we wanted to get a better understanding of how CSACs are supporting this training provision. We asked CSACs to provide an update on the curriculum and any planned reviews or developments. We also invited feedback in response to the quality of SPIN training and the number of trainees currently participating in SPIN and any reporting numbers for those who have recently completed SPIN (within the last 12 months).

SPIN	Plans to review SPIN curricula	Quality of SPIN training	No. of trainees participating*	No. of trainees signed-off.
Adolescent Health			14*	3
AVM SPIN (CCH)	This is a new SPIN.	The curriculum is appropriate.	1	1
CMH	The curriculum was recently reviewed by the CSAC and submitted to the College.		5	2
Diabetes (D&E)	Diabetes continues to be a popular SPIN module. The curriculum was updated 2 yrs ago. The content is considered up to date.	There is a robust structure and assessment format. The curriculum gives trainees a well-round experience. The CSAC have appointed a SPIN trainee representative to collate updates/discussions and circulating surveys etc.	116*	11

			The CSAC divide equal allocations between its members to assess SPIN application. Where possible, avoiding the assessment of applications within the same training centre.		
Neonatal Med.		*No SPIN update provided*		180*	17
Nephrology		*No SPIN update provided*		*25**	
Neurology – Epilepsy			The CSAC hold annual SPIN webinars to support trainees answer questions and meet their curriculum objectives.	30*	7
Oncology			The CSAC has been working to create a supportive and inclusive training environment for SPIN trainees to access the same support as sub-specialty trainees.	32*	3
Paediatric Cardiology				77*	1
PAIID	**Allergy**	Continued review of SPIN curricula.	Interaction with trainees is currently limited to signing on and off. ESs are encouraged to sign off. There has been some difficulty assessing what mandatory WBPA have been done.	27*	7
	Derm.			13*	
	ID			21*	8
Palliative		Have recently reviewed the SPIN curriculum in collaboration with the College		13	3

		(currently awaiting sign off).			
PEM		*No response submitted*			
PGHAN			1 trainee converted from SPIN to subspecialty training.	18	3
HDU (PICM)		*No SPIN update provided*		96*	12
Resp.	**Resp.**	The CSAC have reviewed upcoming changes to SPIN		51*	9
	Sleep			4*	1
Rheumatology		SPIN curriculum was updated this year.		6	1
Safeguarding		*No SPIN update provided*		7*	6
			Totals	**736**	**95**

**Where CSACs have not reported on the number of SPIN trainees, figures have been taken from ePortfolio based on which trainees currently have the SPIN role assigned to their portfolio. There may be some discrepancy with these figures if trainees are no longer completing SPIN but still have the SPIN role assigned.*

Pink completion figures have been provided by the Training Services Team.

Portfolio Pathway

The number of CSACs who have been involved in the Portfolio Pathway application and approval process has been small. Out of the 17 sub-specialties, 3 received and reviewed portfolio pathway applications.

- **Diabetes & Endocrinology** have assessed one applicant so far this year.
- **PGHAN** reviewed 3 applications, 2 of which were sufficient for approval.
- **Rheumatology** received 2 applications, 1 of which was considered sufficient while the second application required further evidence.

Some CSACs have reservations about the process by which applications are reviewed. Rheumatology described the process as 'onerous' due to the 'vast and time consuming' applications. Oncology also felt that the 'evidence required for each parameter is very unclear.' Following the November Chairs Forum, we have a workstream now ongoing on the SSG approach – this is included in the action log. There has also been more evaluation panels arranged in order to support those reviewing applications to share, discuss and agree applications and outcomes within a group - rather than being carried out by individual clinicians.

4. Careers, recruitment & workforce

Careers Promotion

In this section of the AFF we wanted to establish if there are any planned pieces of work around career promotion by the CSAC.

- **CCH** are looking at OOH working as well as research opportunities. There are hopes that the SPIN in CCH will support recruitment into the subspecialty. The CSAC is also working with BACCH to develop training materials to support the curriculum. The CSAC have also expressed interest in being involved in opportunities to promote CCH via College channels. This request has been shared with the Careers and Recruitment Team at the College.
- **Clinical Pharmacology** are supporting and promoting career events for the College to promote the subspecialty. Similarly, **Diabetes & Endocrinology** have been involved in an annual career fair and trainee Q&A session.
- **CMH** want to improve recognition and awareness of CMH as a subspecialty and have recently met with the Officer for Training & Quality and Head of Training & Quality to discuss how to do this whilst also seeking advice and guidance on how to campaign for more CMH training posts in specific regions.
- **Nephrology** continues to be popular with a competitive ratio for subspecialty applications.
- **Neurology** continues to work collaboratively with the RCPCH recruitment team, BPNA and medical school associations to support recruitment.
- **Neurodisability** has contributed to the RCPCH careers fair**.** The CSAC has also enabled early exposure in foundation and core level training years by facilitating experiences for trainees in local centres to encourage them to apply to the specialty.
- **PAIID, PGHAN** and **Rheumatology** have all completed 'a day in the life of' videos for publications via the College website.
- **Palliative Medicine** has continued to utilise local, regional and national trainee events to boost the visibility of their subspecialty.

7 out of the 17 CSACs have also contributed to the *Choose Paediatrics* programme this year including Clinical Pharmacology, Neurology, Oncology, PAIID, Palliative, Respiratory and Rheumatology. The 10 CSACs who have not yet contributed to *Choose Paediatrics* have had this added to their action plans for 2024-2025.

Subspecialty Recruitment Process

A recurring theme within the subspecialty recruitment process feedback was the time-consuming nature of the question writing process:

- 'We do not feel that the process of question writing and prolonged discussions around wording is a good use of CSAC time' (CCH)
- 'Significant and unfunded time commitment.' (Neonatal Medicine)
- 'The question setting meetings last year were long with limited output.'(Palliative)

Lessons from the first session have been built into the recent more streamlined sessions for 2025 recruitment and responses have been more positive on the benefits, which include fairness for trainees.

However, feedback provided in relation to the shortlisting, benchmarking, interview and selection process was considered by many CSACs to be robust:

- 'It can be very time consuming, but it is well moderated, transparent, bench marked and standardised. Other CSAC committees used our questions last year.' (PAIID)
- 'I feel the recruitment process is fair and detailed for trainees' (Neonatal medicine)
- 'Shortlisting tends to hone the pool of candidates to ones which are good-excellent; those dropped at shortlisting are of lower quality' (Oncology)
- 'Last year's process was straightforward, and the interviews and final recruitment process was satisfactory.' (Rheumatology)

In addition to this CCH highlighted how the recruitment process can be a mechanism for encouraging greater collaboration and communication with training leads: 'We enjoy the process of subspecialty recruitment as it allows us to develop relationships with the 22 CCH training leads across the four nations.'

The majority of CSACs undertake recruitment support at a national/ regional level except for; Nephrology, Neurodisability, PAIID, PIMM and Rheumatology. Some CSACs voiced a preference for face-to-face interviews or for panel members to be in attendance as a group;

- Having the interview panel together in a room may also be helpful 'to mitigate against some of the IT/ internet risks and for wellbeing of the panel because it is several days of high intensity working' (Neonatal). This would also be helpful for those who do not have good office facilities at home.
- One respondent felt that 'the ongoing lack of face-to-face option is differentially impairing some candidates' during the interview process and wanted more information about what reasonable adjustments can and are be made to support trainees with additional needs 'e.g. ADHD, Autism or other neurodiversity.'(CCH) This was also raised at the November 2024 Chairs Forum, and the Medical Recruitment Department will detail the process for this following further discussion at the CSAC Assembly in November.

Subspecialty recruitment continues to be a competitive process with the demand from trainees often outstripping the number of training posts available. Most subspecialties report a 100% fill rate because of this however, in some instances the fill rate appears lower due to trainees working LTFT. The below table highlights the number of posts available alongside the current fill rate as disclosed by the CSAC. Additional comments

have been included to highlight any discrepancies or feedback which is unique to each subspecialty.

CSAC	Post numbers	Fill rate	Additional comments/ feedback
CCH	33	100%	The number of applicants is high; approx. 63 for 33 places. Fill rate could be improved if LTFT working was accounted for at the recruitment stage.
Clinical Pharm.	0	N/A	There is one active subspecialty post currently in Liverpool. The CSAC is working collaboratively to set up a further centre.
CMH	0	N/A	
Diabetes & Endocrinology	3	100%	
Neonatal Med.	36	100%	*No feedback provided by the CSAC*
Nephrology	2	100%	*No feedback provided by the CSAC*
Neurodisability	10	90%	Recruitment over the past few years has been good. The CSAC are also reviewing applications by centres for additional training posts.
Neurology	4	100%	*No feedback provided by the CSAC*
Oncology	5	100%	*No feedback provided by the CSAC*
PAIID	5	100%	The CSAC noted that there are unfilled PID consultants. They are struggling with TPD to get more subspecialty posts.
Palliative	3	100%	PPM remains a small sub-specialty with demand for specialist consultants out stripping our ability to train. The CSAC have increased training centres but there is a lack of funding to fill these posts annually, due to competition with other subspecialty posts with deaneries. APPM/CSAC PPM workforce statement supports need as does the work done by Together for short lives.
PEM	25	100%	*No feedback provided by the CSAC*
PGHAN	6	100%	Oversubscribed

PICM	15	100%	*No feedback provided by the CSAC*
PIMM	0	N/A	We are aware of good numbers of trainees who are interested in applying for the current round of recruitment, including some to a Scottish post for the first time.
Respiratory	5	60%	The programme is largely full. The majority of trainees are LTFT.
Rheumatology	4	100%	All posts were recruited to last year. The CSAC are aware that 1 ACL has not taken up their place, but this has not impacted on subspecialty places. We are keen not to over-recruit as there are few consultants posts available at present.

Pink figures have been provided by the Recruitment Team.

Workforce planning

The feedback provided in response to questions about workforce planning was split into 2 areas: workforce expansion plans and future priorities for the workforce. We wanted CSACs to identify what their current workforce priorities were and to hear of any current initiatives that the CSAC have been undertaking to support workforce expansion.

Workforce expansion & priorities:

- **CCH** are under-resourced as a subspecialty of paediatrics and continue to work in departments where consultant posts are under-filled.
- The **Clinical Pharmacology** CSAC is currently working collaboratively to set up a further training centre.
- **CMH** aspire to grow the specialty but are limited by 'local and national systemic issues out of the control of the CSAC'.
- **Diabetes and Endocrinology** are planning to do a workforce survey through BSPED.
- **Neurodisability** has struggled to collate workforce data due to a lack of a clear distinction between the role of Neurodisability and community paediatrician. However, it is recognised nationally that both are shortage specialties.
- **Palliative** with have recruitment into a new grid post in Scotland for 2024-2025.
- **PIMM** are planning a workforce review project in liaison with their national metabolic society BIMDG to identify the future priorities for the workforce within their subspecialty.
- The application rates for consultant posts within **Respiratory** are still usually only 1 or fewer. However, this may change as Progress+ enabled 3 additional subspecialty programmes to be established: 2 in London, 1 outside.

- Workforce expansion continues to be a challenge for **Rheumatology.** From the trainees with CCT over the last year: 1 has taken up a fellow post overseas (Dublin), 1 has taken up a Consultant post in a different specialty (community paediatrics) - due to no prospect of a paediatric rheumatology consultant post in the geographical area she was tied to and 2 have paediatric rheumatology consultant posts.

Requests of the College

The following CSACs would appreciate the support of the College to address the following workforce concerns;

CCH

- Would like the college to understand that 'Progress+ has made it very difficult for doctors to access CCH experience as a part of their training and this may be detrimental to CCH recruitment.'
- The CSAC would also like a discussion about the impact the OOH component is having on CCH training. The CSAC feel that the discussion must be open and transparent, involving all CSACs and heads of school.
- CCH would also find it helpful if the College would ask applicants on acceptance of a post, whether they want to work LTFT, so that the posts could be 100% filled. Linked to previous point re over-recruitment pilot.

PAIID

- '45% of all referrals to general paediatrics care is to allergy work. Outpatient Parenteral Antimicrobial Therapy (OPAT) is a large financial saving for trusts and enables them to get patients into the community. The College should workforce plan with these into account for the future and to increase the recognition of allergy and PID work, for example de-labelling of drug allergies early could be a massive cost saving for the NHS.'

Advisory Appointment Committees

As part of the AFF, we asked CSACs to feedback on the Advisory Appointment Committees (AAC) process and to highlight any issues with the current format. Not all CSACs have been involved in this directly so feedback has been collated from those who have indicated some engagement with this process:

- **CCH** felt 'the process is very confusing for health boards and not as streamlined as was anticipated. As assessors, we are also finding it difficult to find the time to deal with large numbers of requests. The process is very important to the CSAC however, it is also important that the college recognises that most consultants are finding it difficult to get time away from their health boards to do college work. College work isn't always recognised in SPA time.' This has been recognised

through the developments on trying to make AACs a more open process without relying solely on AACs.

- **Diabetes & Endocrinology** reported that 'the AAC process for consultant recruitment has been attended by a few members within the CSAC team who have since represented the college during the Consultant interviews.'
- **Neurodisability** did not have any issues with AAC but are aware that 'the wide definitions of Neurodisability and CCH paediatricians make standardised job plan templates difficult.'
- **Neurology** highlighted the 'ongoing issue with AAC opinions not being acknowledged by Foundation Trusts', where the process is strongly encouraged but not mandated. The AAC team now have formal notices they send to Trust leadership when Trusts/Health Boards do not follow our advice.
- **Palliative's** main issue is that their 'AAC reps are unable to assess equivalence at interview hence the need for a robust process to review by the CSAC prior to interview.' This will now form part of the equivalence letter workstream (noted at Nov 2024 Chairs Forum).
- **Respiratory** noted that local HRs still seem very unsure of process. There have been some signs of improvement but the process 'still feels clunky'.
- **Rheumatology's** primary concern is 'Trusts advertising consultant posts without asking for CSAC approval/input. The current AAC process is a little confusing and the CSAC have seen 2 recent posts with major concerns (1 had 0.8SPA, the other had 4 PAs spread over 4 days).' The CSAC are also aware of other posts being advertised where they would have advised changes. Rheumatology believe the CSAC approval process is important for their trainees.

5. General

How could the RCPCH support the CSAC better/ differently?

The final section of the AFF focused on what support the College could offer the CSACs and if there was anything that could be done differently to make improvements. A few recurring themes emerged across the feedback in relation to time management, communication, processes, decision making, advocacy and guidance.

Recognition of the time-commitment for CSAC members

All CSAC roles are voluntary, however the CSACs voiced that there needs to be a greater awareness of this;

- CSAC can be very time consuming.
- 'Busy consultants and a lack of planning around CSAC activity will put off applicants who wish to contribute to CSAC.'
- 'Recruitment can equate to 2 weeks of unfunded time per year, plus reviews and other elements which mean this role is probably a 2PA role, but it is not funded.'

- Recognition of the time commitment for consultants who do this role in addition to busy clinical jobs.
- Recognition of time - payment or support for financial incentives to do the work.

This feedback needs to form part of an action regarding what recognition looks like for CSACs and how the College can help with CSAC workload when the considerations to move some responsibilities outside of CSACs are generally met with concern.

Support, advocacy & national guidance

CSACs have requested:

- College input around our requests for portfolio reviews for 'equivalence'. This is now a workstream agreed from the CSAC Chairs Forum (November 2024).
- Training programme development and support, advocate for subspecialty posts: Clinical Pharmacology and CMH.
- National guides for prospective approval for training before subspecialty applications. Evidencing relevant prior experience for sub-specialty training guidance is available on the subspecialty website: Paediatric sub-specialty training - application guidance | RCPCH CSACs are encouraged to use these resources and to follow up with the Recruitment Team if further clarification is needed.
- Guides to different deaneries re. split posts and Academic trainees' guides (Nephrology).

Decision making & communication

There was acknowledgement that improvements were made from the College in providing key dates in advance. However, in order to continue to improve communication and decision making the CSACs would like.

- More regular updates about proposed changes. This is being built into the ongoing planning for CSACs.
- To be involved in discussions right from the start of any proposed changes and before finalising changes. This is appreciated by TQB and will be actioned with other Boards. It will also include more continual communications on changes as previously early involvement has been requested and not taken up by the majority of CSACs.
- The College to give more notice, some requests come with very short deadlines and perhaps with little awareness of other departmental requests e.g. reviewing portfolio pathway at the same time as subspecialty rotations, recruitment and reviewing consultant posts. Wherever possible, this is done, but we are also given tight deadlines by external bodies.
- To provide adequate time for major amendments e.g. curriculum revisions

Processes & systems

CSACs have also requested the following improvements to processes and systems;

- More College-based CSAC meetings – 'these are extremely valuable'.
    - The College would like to arrange an in person CSAC Chairs Forum in 2025.
- The College to provide a pro-rata arrangement for time allocation at RCPCH and the opportunity for subspecialty reviews to be completed at the College. Some CSCAS also wanted greater recognition of the disparity across different CSACs - some subspecialties can review all their trainees in a day while the larger CSACs may need to dedicate more time.
    - In response to this, the College has arranged funding so that larger CSACs can have more meetings at the College.
- The College to reduce the amount of work being asked to be done by the CSACs
- The College to 'support the integration of research and clinical academic (NOT THE SAME THING) and demonstrate an awareness of the difference between implementation-oriented audit & QI and new-knowledge-generating research'.
- A request was made to add updates and changes in national academic programmes to CSAC Meetings.
    - Following this comment a poll was taken of the CSAC chairs to establish what the demand would be to include this as a standing agenda item for the CSAC Chairs Forum. 8 responses were received, and all respondents confirmed that they want to see this item added to the agenda.

ePortfolio

- Return the ability to upload documents and logbooks to ePortfolio 'which are crucial in assessing readiness for CCT within the subspecialty' (PAIID).
- Clearer labelling on eportfolio when DOPS are completed in subspecialty and SPIN, 'it is currently marked as 'Others', it would be preferable if there was a free text option so that on the main kaizen page, you can see which DOPS is specific to the subspecialty.'
    - There is a free text description box on each form where a trainee can specify if the entry is in reference to SPIN or subspecialty training. This is part of the trainee tagging process. Webinars are currently being created to support eportfolio users and will be housed on the relevant RCPCH webpage.