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

CSAC & ISAC Mid-Year Quality Report: Sep 2024 – Feb 2025

Introduction & Purpose

The Mid-Year Quality Report covers the reporting period 1 Sep 2024 – 28 Feb 2025. The report collates feedback submitted from CSAC members and identifies what progress CSACs have made against their local action plans so far as well as highlighting possible risks and areas requiring further improvement and support. The Mid-Year Quality Report will be signed off as part of the Training and Quality Board Meeting held in June 2025. A huge thank you to all committee members who contributed to the Mid-Year Quality Review process.

A subsequent Annual Quality Review will be conducted in the summer and all CSACs and ISACs will be encouraged to submit further feedback in July and August via the Annual Activity and Feedback Forms (A-AFF). The responses will be a continuation of the feedback submitted as part of the MY-AFF and will be collated into the Annual Quality Review covering the training year in full; 1 Sep 2024 – 31 Aug 2025.

Activity and feedback form compliance

All CSACs were sent a Mid-Year Activity and Feedback Form (MY-AFF) in Jan 2025 and were given 8 weeks to submit their responses covering the reporting period; 1 Sep 2024 – 28 Feb 2025. The purpose of these forms was to provide an update on the work being undertaken by each CSAC against the actions put forward by each CSAC and ratified by the Training and Quality Board (TQB) in November 2024. It is also a helpful opportunity to establish where additional College support may be required.

16 out of the 17 CSACs completed the MY-AFF (94%) which is consistent with the previous completion rate for the 2023-2024 Annual AFF. The below table illustrates how engagement with the quality reporting process tracks across the Annual and Mid-Year reporting points for each CSAC:

CSAC	2023-2024: Annual AFF Engagement	2024-2025: Mid-Year AFF Engagement
Community Child Health (CCH)	Feedback submitted	Feedback submitted
Clinical Pharmacology	Feedback submitted	Feedback submitted
Child Mental Health (CMH)	Feedback submitted	Feedback submitted
Diabetes & Endocrinology	Feedback submitted	Feedback submitted
Neonatal Medicine	Feedback submitted	Feedback submitted

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

The Quality and Training Projects Team at RCPCH are continuing to explore methods for improving current monitoring and quality assurance processes. No Mid-Year feedback was sought from the CSACs during the 2023-2024 Quality Review cycle, the re-introduction of the MY-AFF is an important tool to not only highlight progression and identify areas of challenge or concern across the different subspecialties as they occur. We also want to use this as a tool to encourage improvement and as a mechanism for sharing good practice. The aim is to sustain current engagement and encourage 100% compliance with the quality review process across all CSACs.

CSAC Feedback

Section 1: CSAC Activity: Local Action Plan updates 2024-2025

The following actions were identified and logged as part of the 2023-2024 Quality Review process. CSACs have submitted the following updates which were then reviewed by TQB as part of their June Meeting. The board recommend if actions can be considered closed or need to be carried over and re-reported on in the Annual Quality Review in the summer. The action outcomes included in the table below have been validated by TQB.

CSAC	2024-2025 Local Action Plan (who is responsible & Deadline)	Update provided by CSAC	Action Status
CCH	1. Development of a CCH SPIN to support workforce planning in CCH. (whole CSAC, 30/6/25) 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. (Whole CSAC, 13/3/25) 3. Contribute to the *Choose Paediatrics* programme (31/8/25)	1. This has been put on hold at the request of the college. 2. The CCH Leads Day has been confirmed. Possible ways to address the impact the OOH component is having on CCH trainees will be discussed during the meeting. 3. Written information has been provided to the College and is on the website. The new CCH trainee rep will contribute with regards to the social media side.	Paused In progress In progress
Clinical Pharm.	1. Understand and review the sustainability of Clinical Pharmacology subspecialty Training. (Dan Hawcutt, 31/8/25)	Full TQB/CSAC review on subspecialty future in progress.	In progress
CMH	1. Continue discussions on the future structure and sustainability of CMH CSAC (including rep roles) and the CMH subspecialty training programme. (Whole CSAC, 21/6/25) 2. Close working with RCPCH MH Advisory Committee, PMHA and other national bodies. 3. Review the results of *Trainee Needs Survey* by K. Certic and S. Dhakras. (Date TBC)	1. Discussions with the College are ongoing and will now broaden to include the Royal College of Psychiatrists. 2. Continued close working relationships with PMHA, MH Advisory committee, CYP MH LD CRG, All Age Eating disorder CRG, BACCH 3. Results need further analysis.	In progress In progress In progress

	4. Contribute to the *Choose Paediatrics* programme (31/8/25)	4. No update provided	Not started
Diab & Endo	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) (UHL clinical lead, HOSs/TPD, date TBC) 2. Undertake a workforce survey through BSPED. (Whole CSAC, date TBC) 3. Contribute to the *Choose Paediatrics* programme (Whole CSAC, 31/8/25)	1. Centre has provided a written response to suggest necessary changes and amendments have been made to facilitate and address the concerns raised by trainees. This has been circulated to both LRI- UHL TPD and Nottingham East midlands north TPD. 2. No update provided. 3. No update provided	In progress Not started Not started
Neonatal Med.	*No actions were identified by the CSAC.* 1. Contribute to the *Choose Paediatrics* programme (Whole CSAC, 31/8/25)	1. Choose Paediatrics - ongoing active engagement with any Subspecialty Career Events organised by RCPCH	In progress
Nephrology	1. Discuss subspecialty application variability with unit leads. (Ihab Shaheen, 9/1/25) 2. Workforce planning and recognition of training - Arrange to meet lead units to discuss future subspecialty applications. (Ihab Shaheen, Date TBC) 3. Contribute to the *Choose Paediatrics* programme (31/8/25)	1. Awaiting meeting with unit leads 2. Awaiting meeting with unit leads 3. Information on a career has been updated to the RCPCH website, but the video has not yet been done	In progress In progress In progress
Neurodisability	1. Encourage applications for new training posts to be established for Neurodisability subspecialty trainees. (Whole CSAC, 31/8/25)	Awaiting date for next CSAC meeting to discuss above actions. No time to complete actions with shortlisting and interviewing and with	Not started

	2. The Neurodisability CSAC will review and report back on the potential workforce shortage in their specialty. (31/8/25) 3. Contribute to the *Choose Paediatrics* programme (31/8/25)	changes to the structure of the team.	
Neurology	1. Recruitment into paediatric neurology - ongoing regular webinars. (Whole CSAC, 2/7/25) 2. Review of non-CCST trainees and advice to AAC panel members during application process. (Whole CSAC, 2/7/25) 3. Webinar for SPIN members and supervisors. (Date TBC)	1. No update provided. 2. Starting to make progress with AAC panel pack and Portfolio Pathway review pack. 3. No update given	In progress In progress Not started
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. (Whole CSAC, 31/12/24) 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. (Whole CSAC, 21/12/24) 3. Developing CSAC Reviews for sub-specialty trainees with input from the CCLG. The group are exploring ways to improve support for subspecialty trainees	1. Educational Supervisor's Masterclass delivered 1/10/24 over Teams - attended by over 50 delegates and received excellent feedback. 2. Collation of feedback on learning environments 3. Streamlining of CSAC Review process underway. Dates (3 times annually) to be published on CCLG Connect Website. Clear instructions on required timings and structure of review now available in "Educational Supervisor and Trainees Guide to Paediatric Oncology Subspecialty Training" on CCLG website.	Complete In progress In progress

	and to quality assure the review process. (Whole CSAC, 21/12/24) 4. Recruit new committee members onto the CSAC to fill current vacancies. (Whole CSAC, 31/1/25) 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. (Whole CSAC, 31/8/25)	4. Advertising for Training Advisor and Spin/QA Lead live on 20/1/25 5. "Educational Supervisor and Trainees Guide to Paediatric Oncology Subspecialty Training" written and uploaded to CCLG website. Awaiting approval by RCPCH Training & Quality Board prior to uploading to RCPCH website. "Induction Pack for Paediatric Subspecialty Training" in progress (currently with POTG)	In progress In progress
PAIID	1. Adequate support for trainees at the end of training to fulfil their interview potential. (Whole CSAC, 31/8/25) 2. Encourage acting up towards the end of subspecialty training. (Wholes CSAC, 31/8/25) 3. Smooth handover and succession planning when new CSAC roles are in place. (Whole CSAC, 31/8/25)	1. We will add this info in Induction pack being implemented. 2. We will add this info in induction pack being implemented. 3. Done	In progress In progress Complete
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.) (Whole CSAC, 19/10/25) 2. Develop a clear process and guidance around requests for subspecialty equivalent training in PPM (please note this is not GMC sub-speciality	1. There are currently 7 approved PPM grid training sites within the UK, this is a significant increase over the last 5 years however there continues to be a gap between workforce demand and funded training posts. 2. CSAC met with LB (Head of Training & Quality and JC (Head of Medical Recruitment) to discuss the terminology and impact of the term 'GRID	In progress In progress

	recognition but a letter from the CSAC to confirm training to a similar level/standard). (PPM CSAC trainee rep & CSAC Training adv, Date TBC) 3. Continue to monitor PPM subspecialty trainees' experiences via annual surveys. Results will be shared with the College. (CSAC Members, 31/8/25)	equivalence'. The term 'alternative pathway' will now be used to help identify trainees demonstrating capability across the training programme via experience outside of the normal and accepted subspecialty route. The CSAC are now revising a guide around this to help standardise the messaging and practices around 'alternative pathways' which LB and JC have since fed into to help give more clarity and consistency. Once finalised, the CSAC will present at CSAC Chairs Forum and CSAC Assemblies. 3. Trainee survey is due to be undertaken 2025.	In progress
PEM	*No actions were identified by the CSAC.* 1. Contribute to the *Choose Paediatrics* programme	No update was provided on this action	Not started
PGHAN	1. Implementing changes to PGHAN subspecialty interviews. Continue separate Hepatology and Gastroenterology recruitment. (Chair, Date TBC) 2. New subspecialty trainees RCPCH Induction pack. (Training Advisor, 31/8/25) 3. Contribute to the *Choose Paediatrics* programme (Whole CSAC, 31/8/25)	1. Hepatology and gastroenterology recruitment is now successfully separated. This clarity from trainees about their preferred specialty is working well. All posts were filled for both parts of the Sub-specialty, including an increase in Hepatology numbers. (Feb 2025 Recruitment) 2. The subspecialty induction pack has been completed and presented at the CSAC assembly as an exemplar by the	Complete Complete

		RCPCH for other CSAC's to emulate. 3. We have had representatives at the choose paediatrics program to promote PGHAN and have run successful trainees and taster conferences as part of encouraging applicants.	In progress
PICM	1. Improving access to PICM subspecialty training for FICM trainees including considering interview criteria. (John Glazebrook, 29/3/25) 2. Improve FICM/ PICM interaction. (John Glazebrook, TBC) 3. Contribute to the *Choose Paediatrics* programme (31/8/25)	1. KS has met with JG and RCoA admin team to consider means for advocating for alternative training pathway for FICM trainees into PICM. Business case for this will be needed in 2025 - JG to present progress at next ISAC meeting on 3rd February 2025. 2. This is done with the intent of increasing access to PICM training for FICM trainees. 3. No update provided	In progress Complete Not started
PIMM	1. Following SPIN review, CSAC Chair to discuss interest in SPIN with CP, TV and LB (Chair, 1/5/25) 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. (Whole CSAC, Date TBC) 3. Contribute to the *Choose Paediatrics* programme (Whole CSAC, 31/8/25)	1. In progress - SPIN remains something that we are unsure would be appropriate for PIMM but if a clear need is identified for it (particularly if a definitive role of link general paediatrician for PIMM is established nationally) then we are open to developing this 2. In progress with the BIMDG - a trainee is identified to lead on this 3. Completed PIMM pages - although I note Section 2 author is incorrect	Paused In progress Complete

Respiratory	1. Appointment of new quality advisor for CSAC to replace Chris Grime (Whole CSAC, Date TBC) 2. Provide feedback to RCPCH on proposed changes to SPIN at meetings in September. (Whole CASC, Date TBC)	1. Gemma Saint has replaced Chris Grime as quality advisor. 2. I think this is not worded entirely accurately. We were awaiting updates re SPIN from RCPCH that we can feedback to CSAC members. This was done at the meeting in November	Complete Complete
Rheumatology	1. Review supervisor training guide. (Whole CSAC, 31/8/25) 2. Produce video ' a day in the life of' (CSAC, 31/8/25) 3. Introduce additional subspecialty training events with embedded CSAC support time. (Whole CSAC, Date TBC) 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. (Chair and Quality Advisor, 28/2/25)	*No response submitted by the CSAC*	Action status unknown

Additional actions being undertaken by the CSAC

We asked CSACs to identify if they are undertaking any additional actions that were not included in their Sep 2024 – Aug 2025 action plans. CCH, Clinical Pharm, Neurodisability, PAIID and PEM had no additional actions to share at the time of reporting.

CSAC	2024-2025 Additional Actions	Who is responsible	Date to be completed
CMH	1. Contribute to RCPCH *How to Manage Mental Health* training sessions. 2. Continue to establish nationwide Specialty Training programmes	All CSAC Members	No date provided

Diab & Endo	1. CSAC are preparing to update and start curriculum revisions for Diabetes and endocrinology. This will align with the ESPE international endocrine training syllabus. Dates for deadlines of curriculum update or revision will be clarified and confirmed by RCPCH. The CSAC will work with the college to meet these deadlines. 2. Undertake a workforce survey across paediatric endocrinology and diabetes. This will be circulated through BSPED April newsletter.	All CSAC Members CSAC & BSPED	TBC 1/4/25
Neonatal Med.	1. Development of Subspecialty Document to guide AAC panellists - in progress (Chair and Training Advisors) 2. Development of Subspecialty Document to describe what is essential for Portfolio Pathway Candidates to evidence – In progress (Chair and Training Advisors) 3. Planning of Annual Neonatal Subspecialty Meeting 22nd and 23rd April - program confirmed with ST6 (S2) career surgeries. 4. BAPM spring meeting - 1/2-day program developed for Neonatal SPIN trainees 1st and 2nd April 2025. All speakers confirmed. 5. SPIN supervisors guide - excellent document for supervisors developed by Shanthi Shanamugalingam 6. Looking to look at Subspecialty Curriculum and have more specific outcomes for leadership skills and separate procedural skills from clinical knowledge etc. Look to expand from 3 to 4/ 5 SLOs and structure the curriculum in a more user-friendly way. This work has not yet started but will look to start developing this in the next 12 months. 7. Look to get feedback from SPIN trainees to see how we can better support them, e.g. formal mid-point reviews. Will obtain feedback at trainees meeting in April	Chair & Training Advisor Chair & Training Advisor SPIN Lead Whole CSAC SPIN Lead	In progress In progress In progress Complete 31/8/26 30/4/25
Nephrology	1. Revising the curriculum for the SPIN trainees	SPIN Lead	TBC

Neurology	1. Discussion regarding SPIN in headache, discussion about increasing experience in sleep medicine in Neurodisability component of training.	SPIN Lead	TBC
Oncology	1. Improve training opportunities in Neuro-Oncology by introducing a newly formed consultant committee to increase the current educational offering for trainees in this area. 2. Revision of SPIN Curriculum and guidance in line with NHSE Service Specifications	Dr Ren Manias Spin Lead	1/12/25 1/9/25
Palliative	1. SPIN and Subspecialty training guides to be reviewed through TQB. 2. SPIN midpoint and end of training reviews 3. Subspecialty trainee annual reviews	All CSAC Members	No dates provided
PGHAN	1. Working to support trainees in achieving endoscopy training in view of an increase in required colonoscopy numbers. 2. Promoting and supporting the "circle" scheme allowing senior trainees to gain experience of a training list in a different unit. This had happened successfully in Southampton. 3. We are reviewing the hepatology curriculum to ensure it is still relevant and appropriate to ensure knowledge, skills and competencies required for gastro trainees.	All CSAC members	No date provided
PICM	1. Education - Bread and Butter programme re-establishment, Masterclasses as BAU. 2. Recruitment - Working towards improved PICM focus in subspecialty shortlisting process - ongoing dialogue with RCPCH re. potential adoption of ICM format. To be progressed further after current recruitment round, including stakeholder feedback. 3. Curriculum - This is out for peer-review. 4. Educational Supervisor Guide – in progress 5. PICM College Assessor Guide - Guide for College members attending AAC panels (submitted to AAC team)	All CSAC members	No date provided

	6. START - Scenario review plus expansion of question bank and extending training to all ISAC members. 7. Portfolio Pathway - Curriculum development will support this process; ISAC members being trained in this process. 8. RCoA Representatives - Seeking RCoA recognition for Anaesthetic trainees within PICM Grid. 9. Research - PCCS keen to collaborate around increasing profile of research within PICM Subspecialty Training.		
PIMM	1. Schedule trainee reviews in April 2025	All CSAC members	1/4/25
Respiratory	1. Induction document for new trainees	All CSAC members	No date provided
Rheumatology	No response submitted by the CSAC		

Actions that the CSACs would like the wider College structure to support

We asked the CSACs to highlight any actions that they would like the wider college structure to consider which would support them in achieving their local action plans. Nephrology, Neurodisability, PAIID, PEM, PGHAN, PIMM and Respiratory had no requests for additional support from the College.

CSAC	Action requested by the CSAC	College Response
CCH	1. The CCH CSAC has a large number of trainees – about 150. We would like to college to recognise this by allowing us a deputy chair for the committee to support the chair and also the training advisers with queries. 2. We'd like the college to note the inequity of trainees in small specialties getting F2F annual CSAC reviews with their CSAC Training Advisor whilst those in larger specialties do not, and to consider how this could be made more equitable.	1. TQB confirmed that a Co-Chair can be recruited in the CSAC. The role was successfully recruited to during the Feb 2025 recruitment round. 2. The recent introduction of the single CSAC ToR refers to each CSAC having access to an individual funding pot. All CSACs have access to this pot and can decide where monies are spent from the given amount (£1.5k) This update was also disseminated at the close of 2024 in a 'round up email' to all CSACs.

Clinical Pharm.	Sustainability of subspecialty training programme. In the last 6 years only 4 consultant PAs have been made available in the whole of the UK for this training subspecialty.	A full TQB/CSAC workplan has been agreed and is moving forward.
CMH	Support for specialist training programmes as well as grass-roots level training	Conversations with the College are ongoing and a request has been made for 2 CSAC members to join a new Scoping Group with RCPsych.
Diab & Endo	The interview and shortlisting process for the subspeciality recruitment need to be more objective. Consider including more points for application and dedication shown to specialty.	This is being considered as part of the wider review of the sub-specialty recruitment process. Initially through changes to confirmation of eligibility and requirement to provide evidence of how the trainee has prepared themselves for their application and also through the experience section of the shortlisting form. The opening interview question around motivations has also been focussed more towards preparation for and understanding of the sub-specialty that the trainee is applying for.
Neurology	Increased recruitment and subspecialty posts in some centres in crisis - as previously discussed.	Neurology to provide more information so the college can see what support may be available. The college is unable to increase the number of training posts available, this would need to be resolved directly with the relevant deaneries/ trusts/ employers..
Oncology	Scope for introducing changes and updates to the Oncology SPIN Curriculum	All SPIN curriculum changes are paused until the SPIN Review has been completed. The College staff team will reach out when that work has been finalised.
PICM	Support for recruitment processes and recognition of the unique position of PICM trainees within RCPCH and other Royal College recruitment processes.	A discussion was had in Dec 2024. PICM have show some interest in potentially running their recruitment separately, but conversations have not progressed. This is probably also going to hinge on the future of NHSE and PaedsNRO, unless they choose to align more with Adult ICM/Anaes etc.

Section 2: Progress + and the curriculum

As part of the College's ongoing monitoring of the Progress+ curriculum we ask the CSACs to provide feedback on Progress+ and the curriculum.

Remaining concerns with Progress+

In the previous annual AFF we asked CSACs if they had any remaining concerns with Progress+, and it was encouraging to note that 9/16 CSACs had no unresolved concerns. When the question was repeated in the MY-AFF 8/16 CSACs had no unresolved concerns but the subspecialties who reported no concerns differed when looking at the A-AFF and MY-AFF responses. The table illustrates which CSACs continue to have unresolved concerns (red), where new concerns have been reported (orange), and highlights those who previously had concerns which have been resolved (yellow) and where there continue to be no concerns (green).

	Are there any remaining concerns with Progress+?		
CSAC/ ISAC	**Annual AFF (2023-2024)**	**MY-AFF (2024-2025)**	**Status**
CCH	Yes	Yes	Unresolved concerns
Diab & Endo	Yes	Yes	Unresolved concerns
Neonatal Med.	No	Yes	New concerns
Palliative	No	Yes	New concerns
PEM	No response	Yes	New concerns
PICM	No	Yes	New concerns
PIMM	No	Yes	New concerns
Neurodisability	Yes	No	Previous concern resolved
Neurology	Yes	No	Previous concern resolved
Oncology	Yes	No	Previous concern resolved
PAIID	Yes	No	Previous concern resolved
CMH	No	No	No change
Clinical Pharm.	No	No	No change
Nephrology	No	No	No change
PGHAN	No	No	No change
Respiratory	No	No	No change
Rheum.	Yes	No response	

Newly identified concerns

The reasons cited for the new concerns regarding the Progress+ curriculum included the impact shortening the training pathway is having on trainees' acquisition of skills and the additional support they may require as a result, reduced exposure to smaller subspecialties and ePortfolio documentation.

- **Clinical Pharmacology** - had 'concerns about final outcomes for trainees'.
- **Neonatal Medicine** - 'Trainees [are] clearly obtaining less experience, moving into Subspecialty Training without the level of procedural or clinical competency that they previously had. Emphasis that 36-month training period will enable acquisition of skills - but training centres need to acknowledge the greater level of support that will be required. The loss of airway DOPs - assumption by some trainees (seen through ARCP panel) that no longer required airway competency.' To address this, the CSAC would like to see the college undertake regular review over the next 24 months on the impact of Progress+ on trainees' skills and competencies.
- **Palliative** – 'Concerns for exposure to smaller specialities in current training and impact of subspeciality applications.'
- **PEM – '**We continue to request guidance from the college on what happens to trainees who have entered a 2-year subspecialty program (such as PEM) 'early' due to progress+. It is likely lots of these trainees will meet specific PEM competencies but will lack overall senior trainee clinical leadership competencies which it is envisioned will impact on working within PEM. Will these trainees remain longer in PEM or be sent to other specialties?'
- **PICM** – 'Entry to subspecialty and retrospective approval of training, especially those who are out of synchronisation with standard timescales, is challenging. ST1-4 timescale can be challenging to achieve all core General Paediatric competencies for those entering PICM at ST5.'
- **PIMM** – 'The format of Progress+ doesn't lend itself easily to identifying areas of knowledge (such as core disorders) that a trainee has not covered. It is incumbent on the trainee to self-identify these in liaison with their ES. The CSAC has recommended a CSAC progression form which is quite cumbersome but goes some way to identifying these gaps - if it is completed properly by the trainee/ES then the work for the CSAC is light but if not, it is quite heavy.'

Unresolved concerns:

Diab & Endo and CCH continue to have concerns about Progress+ and how the changes initiated by Progress+ will impact trainees entering their subspecialties and progressing through their training.

Diabetes & Endocrinology

- 'There is a very big risk that trainees may enter subspeciality training in Diab & Endo with limited experience and start working in busy tertiary centres with high

level of expectations. This may lead to trainees facing burnout or feeling overwhelmed.'

- 'Completion of a 2-year subspecialty programme without prior knowledge or training may leave trainees less confident when they become a consultant.'
- 'There is also a risk that they may fail to meet the D&E curriculum and syllabus expectations within the short training time of 2 years.'

TQB response: Thank you for highlighting these concerns. TQB take the concerns raised by the CSAC very seriously and would request that the CSAC measure the aptitude of trainees moving through the training programme over the next 2-3 years and report back to TQB if there are problems.

The 2-year programme is indicative, if trainees are not completing all their capabilities within 2 years, they should have access to additional time in order to achieve them.

It was also suggested that the CSAC collate the data on how many trainees are entering the subspecialty having previously undertaken an OOP to gain additional exposure to the subspecialty.

CCH

- 'A lack of exposure to community work in the early years of a paediatric career may mean that there are less trainees coming through wanting to do subspecialty training.'

TQB response: Following the implementation of Progress+, the curriculum and the Schools of Paediatrics are supporting trainees in gaining a greater exposure to community paediatrics earlier on in their training.

This year CCH recruited the largest number of trainees compared to the other paediatric subspecialties. The CCH CSAC will need to continue to monitor the number of trainees going into CCH subspecialty to see if there is a decline in applications/ interest.

- 'Although community competencies are in the core curriculum how these are being covered is very variable and there are relatively few posts to offer training exposure to trainees.'

TQB response: The key capabilities are mandatory to evidence. As part of the move to Progress+ how people evidence those capabilities can be variable. Progress+ has provided trainees with greater flexibility to achieve their key capabilities in a variety of settings. Although there are few posts that offer trainees a 6-month block of community paediatrics, feedback has suggested that trainees are receiving adequate exposure to achieve the necessary capabilities.

Curriculum successes

CSACs were asked to highlight which areas of the curriculum are working well within their subspecialties. CCH, Oncology, PAIID, PGHAN, Neurology and Respiratory all felt their curriculums are currently working well. PGHAN noted that the structure works well

for trainees and Neurology commented that progression can be tracked more effectively by trainees mapping the curriculum KCs and SLOs. CMH noted an improved uptake across Core Level training and Diab & Endo reported that the generic endocrine and diabetes curriculum is working well. The curriculum provides adequate coverage, and trainees are able to access the necessary clinical exposure across CCH, Nephrology, PEM and PIMM;

- **CCH** – 'trainees have many opportunities of seeing children (and families) with physical and psychological developmental disorders and disabilities; children who are being looked after; safeguarding medicals and working within MDT and multi-professional teams'.
- **Nephrology** – 'Each centre may have a different area of expertise to offer the trainee, but all parts of the curriculum are covered either at the single centre or dual centre training.'
- **PEM** – 'we are a rapidly evolving specialty but presently we don't feel [curriculum] changes are required'.
- **PIMM** – 'the most significant skills/disorders are now well covered in the curriculum'.

Subspecialty curriculum development

We asked the CSACs so identify any areas of the subspecialty curriculum that they felt needed further development. Nephrology, PEM, PGHAN, PIMM, Palliative and Respiratory did not feel further developments were needed at this time.

The CSACs listed below identified the following areas of development that they want to investigate:

- **Diab & Endo** want to develop; Neonatal endocrinology, Metabolic bone disease, obesity and metabolism and neurosurgical and neuro-oncology- endocrinology.
- The **Neonatal** CSAC want to revise the subspecialty curriculum 'to make it more user friendly and improve the current structure. Aspects of leadership, management and governance e.g. Adverse Events reviews, PMRT, NNAP need to be more clearly linked in the curriculum'. The CSAC feel there would also be benefit to separating subspecialty key procedural competencies into a separate SLOs.
- **Neurodisability** are continuing to develop examples of evidence and how it maps to the key capabilities to help trainees in their subspecialty.
- **Neurology** wants to develop the sleep component of Neurodisability as well as headache training.
- **Oncology** has identified that 'updates are needed to align the curriculum with advances in the specialty and changes to the pattern of delivery of care nationally (more quaternary care and increased delegation to POSCUs)'.
- **PICM** is currently reviewing their curriculum.

In order to support these curriculum developments, the CSACs would like the College to consider provided the following support:

- **Diab & Endo** – 'We need advice and recommendation from college to suggest to aspiring trainees applying in endocrinology may benefit with 6-months prior experience in endocrinology to ensure that if successful, they meet the timelines in achieving subspecialty competence within the training period. This is not mandatory at present but a recommendation and support from the college may benefit trainees with career planning and progression'.

TQB response: Please refer to the response provided above.

- **Neonatal Medicine** and **Oncology** would appreciate support later in the year as they revise their subspecialty curricula.
- **PICM** – 'There are clearly different curriculum views for the ISAC and trainees/supervisors as not all users/assessors are able to see all evidence uploaded - this needs to be addressed. New MSF does not show which staff groups (consultants, AHPs etc) have contributed to the MSF - this makes interpreting MSFs at review challenging.'

TQB response: When reviewing trainee evidence, supervisor and CSAC views are consistent, though some variation with trainee view is inevitable due to differing roles. The QTP team has been maintaining an ePortfolio development log and will add the MSF+ concern. Potential changes will be reviewed by our user group and made in July 2025.

Section 3: General subspecialty trainee progression

Management of trainees within the subspecialty

The majority of CSACs do not currently have any concerns regarding the management of trainees within their subspecialty. However, PICM and Palliative had concerns to raise regarding trainee progression and adequate supervision respectively:

- **PICM** reported that 'c. 5% of trainees are at risk of failure to progress and are likely to need extension of training. This disproportionately affects those on rotational programmes.'
- **Palliative** received an update from one training site who have concerns about their ability to provide adequate clinical supervision. The CSAC are awaiting a formal letter from this site and will need support from the college in how to navigate this situation.
- A Palliative trainee has also had a period of illness and is now currently WFH for a period. The CSAC have noted that they will need to carefully review the trainee to ensure they are progressing through training appropriately and have had the right exposure/experience. The CSAC have also notified the deanery.

Diab and Endo have also seen an increase in the number of requests for retrospective approval of training time. In response to this, the CSAC have mandated that any training time must receive prospective approval to be counted.

Medical Recruitment Response: This needs to be discussed at the Medical Recruitment Board (MRB), to ensure all sub-specialties are aligned under the same guidance. Currently it is 12 months for all sub-specialties and anything different has not been formally confirmed. A review of prior experience is going to take place this summer, and D&E will be invited to be involved in this work.

Successes & areas of good practice

There have been several success stories that CSACs have shared in relation to trainee management. These examples highlight the supportive role CSACs have played in facilitating trainee progression and enhancing the educational provision and initiatives within their subspecialties.

Training experience

- Previously, **PIMM** had some concerns regarding the management of trainees in Manchester, however this has been resolved and the CSAC has received positive feedback from trainees about their training experience.
- **Nephrology** is currently working with the rota team at two centres to ensure that time in subspecialty training is reflected in the trainees' rotas and will gather further feedback via their annual trainee feedback survey.
- **Nephrology** dual centre training has increased to involve 3 posts which allows all centres to be involved in speciality training.

Trainee Progression & Support

- The **Neonatal** CSAC have identified the challenges trainees across the UK are having in gaining access to outpatient clinics (an essential competency). The CSAC used their review meetings to identify the areas where trainees are struggling to access these opportunities so this can be highlighted at the local Deanery ARCP. As a result, the CSAC have had trainees who have been issued with outcome 2 and 3, but with a clear program for action and close mentorship through additional CSAC meetings, the trainees have made good progress and have successfully completed training.
- The **Neurology** CSAC received positive feedback as part of their annual training survey for the support it gives trainees**.**
- **Oncology** will be implementing "Thursdays at Five", a monthly Teams based forum for trainees to meet with CSAC Co-Chairs to discuss concerns or ideas.
- Several trainees have successfully CCT'd in **PAIID.**

- **PGHAN** have been offering regular monthly drop-in Teams meetings which have helped identify trainees in difficulty. These meetings have fostered peer-peer support and created a space for sharing best practice.
- **The PICM** ISAC has received 'a significant quantity of positive feedback about support given in general by ISAC and [the] time taken by ISAC around progression meetings.

Education, Teaching and Trainee Rep engagement

- **PICM** – 'Masterclasses and Bread and Butter education programme are unique and appreciated by all trainees. Active and engaged trainee representatives.'
- **Oncology** – 'Excellent teaching and support for trainees provided through the Paediatric Oncology Trainees Group working in partnership with the CSAC.'

Subspecialty trainee wellbeing

We asked the CSACs if they were aware of any wellbeing issues amongst their subspecialty trainees and if so, what action had been taken to address them. CMH, Diab & Endo, Nephrology, Neurodisability, Oncology, PAIID, PIMM and Respiratory had no wellbeing issues to report. For those who had noted issues, the common themes included; travel and relocation, OOH working, time-spent in subspecialty and career progression:

CSAC	Wellbeing issue	Action taken by the CSAC to address it	Further support the CSAC would like from the College
CCH	The OOH component of training is having a negative impact on some CCH trainees.	This is not a new concern. Ways to mitigate this are being discussed in the Leads Day (March 2025).	Support from the college for CCH trainees to come off acute rotas for at least some of their training would be appreciated.
TQB response: Thank you for highlighting this concern. TQB is aware of the concerns that have been raised previously in relation to this however more information is needed. TQB are requesting that the CSAC provide more information about the impact this is having on trainees. Please clarify if this is in relation to training, well-being or a combination of the two and if so what the impact is for trainees e.g. inability to achieve capabilities, potential extensions to training etc. Are there any regions where this is particularly challenging? All training has to deliver some service and participating in out-of-hours contributes to trainees developing their generic capabilities. In some areas like the London School of Paediatrics trainees can, if there's capacity, come off the on-call rota during the later part of their CCH training. However, there is an awareness that there is variation across regions so this may not always be possible and therefore cannot be mandated by the college.			

Clinical Pharm.	Lack of consultant PAs/ posts at the end of training.	No formal plan in place to address this.	Review of training programme and/or creation of national consultant posts.
TQB response: This will be considered as part of the wider TQB/CSAC workplan already in motion.			
Neonatal Med.	Wellbeing issues are increasingly common within our trainee group.	CSAC reviews provide opportunities for trainees to reflect on challenges and developments as well as checking curriculum progression.	It would be helpful if the RCPCH could provide clear recommendations to Boards as to what time should ideally be identified to support specific roles e.g. Neonatal CSAC Chair - has no sessions in job plan to deliver this role.
TQB response: There is a wider cross-College piece of work on role recognition. In the meantime, we would be very happy to write a RCPCH letter to your Medical Director or equivalent to evidence the importance of your role. Do let the team know.			
Neurology	Ongoing support for some trainees and a lack of 70% time in specialty by many trainees.	The CSAC are working with TPD, HoS and deaneries to provide support and time in subspecialty.	
PEM	PEM is a highly demanding specialty	The ISAC continue to closely monitor trainee well-being	
PGHAN	There have been difficulties with travel times particularly when trainees have small children.	The CSAC has sign-posted trainees to local support, given ad-hoc advice and spent time listening.	
PICM	Many trainees require support with relocation and moving between PICM training sites.	This can be challenging and necessitates additional support from ISAC.	A formal review of list of compulsory assessments required by PICM trainees would be helpful. Our trainees have very specific needs, different from other sub-specialties, and ISAC would like to be able to tailor the list of compulsory assessments accordingly.
Medical Recruitment Response – Trainee Relocation: The preferencing of posts, depending on a trainees' previous experience, is very complex due to the training opportunities each			

programme is able to provide. Particularly, if a trainee is counting any previous experience towards their subspecialty training. In addition, most programmes are split between multiple centres that are geographically distant and do not support the trainee in completing their training without relocating. We would recommend reviewing training programmes and centres.

TQB response – Compulsory Assessment: The ISAC met with the Chair of the TQB along with the Head of Training & Quality in Spring 2024 and were tasked with making amendments to their subspecialty curriculum in order to help address issues that they felt the curriculum did not mitigate in its existing form. This work is still in progress with the ISAC meeting in April 2025 to discuss further and hopefully complete the final draft of their curriculum for submission to the GMC before the end of the current training year.

Section 4: Quality Management of Training posts/ Programmes

Quality Management of Training posts/ programmes

We wanted to get a better understanding of any ongoing issues and successes in relation to training posts and programmes across the CSACs. The majority of CSACs had no issues to raise and feedback provided by Neurodisability and PGHAN would suggest that trainees are enjoying their training experience, and the completion rates continue to be 'good'.

Number and availability of training posts

CMH and Clinical Pharmacology continue to face challenges in relation to the number of training posts available. Similarly, Nephrology noted that the number of training posts available each year fluctuates which can be challenging. Neurodisability are also facing a shortage of training posts nationally which in turn is impacting consultant recruitment. PGHAN have also on occasion struggled to find enough hepatology slots and the timing of posts can be difficult to manage when trainees are out of programme or on maternity leave. Similarly, Anaesthetic posts can be challenging for PICM trainees in terms of rotation and allocation. Trainees doing ICM posts out of training can struggle to obtain retrospective approval so the ISAC's aim is to increase the number of training units to overcome this inequality.

Quality Improvement

Diab & Endo are continuing to monitor the training post at East Midlands – South Leicestershire which has been consistently flagged by trainees rotating through the post for not meeting the required training standards. This concern has been formally escalated to the Unit Lead, Training Programme Director at University Hospitals of Leicester (UHL), and the Head of School (HoS) to address trainee feedback. The CSAC has received reassurances from UHL regarding amendments made to the training structure and programme. Further feedback from rotating trainees will be gathered during the upcoming CSAC review to evaluate the outcome of these changes.

The Oncology CSAC feel that Neuro-Oncology training needs to be given more attention to ensure trainees can access educational opportunities. The CSAC have formed a committee of Neuro-Oncology Consultants to discuss this further and develop and implement innovative ways of ensuring all trainees receive excellent training in Neuro-Oncology and Clinical Oncology.

Time spent in subspecialty

PAIID reported that one allergy centre is only giving ~50% time in specialty and would like further clarification from the College about what power the CSAC has to go to Trusts to improve this. An Allergy post in Soton has also been lost to PIID.

Despite these challenges there have also been a number of successes including development of new training posts and recognition of new training centres across;

Diab & Endo, Neonatal Medicine, PICM & PAIID.

- **Diab & Endo** - Oxford has been added as a recognised training centre in collaboration with Southampton or London.
- **Neonatal Med** - New North Scotland training posts have been developed in the past 2 years.
- **PEM:** Received positive feedback about multiple training sites.
- **PICM**: Thames Valley x Wessex rotation and East Midlands x GOSH rotations have been added.
- **PAIID** - PIID had Cardiff approved as a centre this year and 1 additional Allergy post has been created in Manchester.

Section 5: SPIN

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. A wider review of SPIN processes is underway, so all SPIN development has been paused while this work is undertaken. Issues raised such as supervision, DGH experience and sign-off have formed part of that discussion and will be discussed at CSAC Assemblies in the Spring. We asked CSACs to provide an update on their current curriculums and any planned reviews or developments. We also invited feedback in response to the quality of SPIN training and have included a breakdown of the number of people participating in SPIN across Trainees, Post-CTT and Doctors in Paediatrics (DiP). Currently 856 people are undertaking a SPIN, 19 people (2%) have completed a SPINs between 1 Sep 2024 – 28 Feb 2025.

SPIN	Plans to review SPIN curricula	Quality of SPIN training	No. of trainees	No. signed off
Adolescent Health	*No feedback provided*		13 Trainees 9 Post-CCT **Total: 19**	**0**

Allergy	No plan to review curricula	Good	22 Trainees 6 Post-CCT **Total: 31**	**2**
AVM SPIN	SPIN curriculum to be reviewed by the end of 2025	The SPIN Lead aims to get formal feedback from trainees who have completed the SPIN	1 Trainee 1 DiP **Total: 2**	**0**
Cardiology	*No feedback provided*		35 Trainees 9 Post-CCT **Total: 44**	**1**
CMH	The curriculum was reviewed recently	Good on the whole	6 Trainees 0 Post-CCT **Total: 6**	**0**
Dermatology	No plan to review curricula	Good	8 Trainees 6 Post-CCT **Total: 14**	**1**
Diabetes (D&E)	Reviewed SPIN curriculum May 2021. Curriculum will be due for review by May 2026.	Excellent. We propose considering the inclusion of SPIN modules in "Obesity and Metabolism" alongside the existing Diabetes SPIN module.	80 Trainees 44 Post-CCT **Total: 124**	**2**
Epilepsy	Reviewed and updated 2 years ago	Good	62 Trainees 24 Post-CCT **Total 86**	**2**
HDU (PICM)	Fully reviewed within last 18 months	Sign-off template developed, in use and shared with other SPINs. All HDU trainees have a Teams F2F sign-off with the SPIN lead.	85 Trainees 21 Post-CCT 0 DiP **Total: 106**	**2**
Infectious Diseases	No plan to review curricula	Good	22 Trainees 2 Post-CCT **Total: 24**	**0**
Neonatal Med.	New curriculum. Have developed a trainee meeting with BAPM, and specific guide for SPIN supervisors.	Supervision is an issue, many SPINs signed as complete by supervisors when there are clear gaps in the evidence provided. This has led to the development of the Neonatal SPIN Supervisors Guide.	167 Trainees 39 Post-CCT **Total: 206**	**4**
Neph.	Yes	Good	19 Trainees 6 Post-CCT **Total: 25**	**2**
Neuro-disability	*Closed to new applicants*		3 Trainees 6 Post-CCT **Total: 9**	**0**
Oncology	Yes	Very variable at present	29 Trainees 6 Post-CCT **Total: 35**	**0**
Palliative	Reviewed recently and learning outcomes have been updated.	Good process for reviewing and updating the curriculum. We have significant concerns regarding the College's suggestion of 6 months in DGH for our small speciality there is not the	7 Trainees 8 Post-CCT 2 DiP **Total: 17**	**1**

		experience or posts to support this nationwide. We have done some preliminary scoping work around this.		
PGHAN	The curriculum was reviewed recently	Trainees needed to provide more details in their portfolios but were receptive to feedback and updated evidence accordingly.	22 Trainees 7 Post CCT **Total: 29**	**0**
Resp.	Reviewed in 2022. Further changes anticipated imminently	Difficult to assess, interaction with SPIN trainees is minimal and we don't get feedback from them.	49 Trainees 8 Post-CCT **Total: 57**	**2**
Rheum.	SPIN curriculum was updated this year.		9 Trainees 5 Post-CCT **Total: 14**	**0**
Safeguarding	*Closed to new applicants*		2 Trainees 5 Post-CCT **Total: 7**	**0**
Sleep	Reviewed in 2022. Further changes anticipated soon.	Difficult to assess, interaction with SPIN trainees is minimal and we don't get feedback from them.	0 Trainees 3 Post-CCT 0 DiP **Total: 3**	**0**
Totals (All SPIN including trainees, Post-CCT & DiP):			**856**	**19**

Figures have been provided by the Training Service Team. There may be some discrepancy with these figures if trainees are no longer completing SPIN but still have the SPIN role assigned on their ePortfolio.

Section 6: Portfolio Pathway

There has been an increase in the number of CSACs who have been involved in the Portfolio Pathway application and approval process. In the 2023-2024 Annual Quality Review 3 CSACs were involved (Diab & Endo, PGHAN and Rheumatology). This has doubled with the following 6 CSACs having received and reviewed Portfolio Pathway applications:

- **Nephrology:** 1 new application received and reviewed
- **Oncology:** 2 new applications received and reviewed | 1 previous application re-reviewed
- **Palliative**: 1 new application received and reviewed
- **Respiratory Medicine**: 1 new application received and reviewed
- **PGHAN**: 1 new application received and reviewed
- **Rheumatology**: 1 previous application re-reviewed

Some CSACs continue to have reservations about the process by which applications are reviewed;

Diab & Endo - 'the absence of structured and clear evidence aligned with the expectations of a Day 1 consultant in United Kingdom in subspeciality D&E make the process extremely onerous for the CSAC team, leaving them feeling overstretched.'

College Response: The College is working to provide greater clarity to those involved in the process by gathering Subspecialty Guidance (SSG) and involving evaluation panels to support those reviewing applications to share, discuss and agree applications and outcomes within a group. This will avoid additional workload being placed on individual clinicians. This continues to be an evolving areas and feedback from PGHAN indicated that the process is 'better than it used to be'.

Neonatal Med. - 'The amount of evidence submitted can be huge and not necessarily relevant'.

College Response: The College has shared this feedback with the GMC. The GMC advise applicants on the relevance and quality of evidence and guidance is available for all applicants via the SSG on the GMC website. The GMC will not remove evidence that has been submitted. If an applicant chooses to include pieces of validated evidence that do not align with the GMC guidance, it cannot be removed from the application.

Palliative – Noted that 'there needs to be more clarity around the role of CSAC in Portfolio Pathway reviews, college expectations and financial remuneration for members if this significantly increases workload.'

College Response: The College Team are continuing to monitor the workload associated with Portfolio Pathway. Work is being undertaken by the team to confirm SSG documents that can be used internally and also shared with the GMC should the number of applications being made for Palliative PP increase.

Palliative – 'There were delays in the evidence being made available and a relatively tight turnaround requested, this is not realistic or respectful of members time.'

College Response: The College team try to confirm assessor panels with as much notice as possible to give teams sufficient time to review submitted evidence. All assessors will have at least 2 weeks and at most 4 weeks to review an applicant's evidence to meet the processing deadlines set by the GMC. In this instance, despite delays from the GMC in securing the required evidence, the CSAC were given 1 month to review the submission.

Section 7: Careers, Recruitment & Workforce

Careers Promotion

All CSACs who responded to the MY-AFF have continued to promote their subspecialty as part of career events, recruitment days and through associated committees/ organisations:

- **CCH, Diab & Endo, Neurodisability, Palliative** and **PICM** have contributed and presented at careers evening and events including the RCPCH annual careers day (PICM).
- **Neonatal Medicine** - Always engage with the subspecialty recruitment day in July each year and engaged with BAPM to promote and talk about recruitment to Neonatal Medicine.
- **Palliative** - Association of Paediatric Palliative Medicine trainee teaching programme is ongoing. The CSAC are planning to add 'a day in the life video' to their subspecialty webpage.
- **Oncology** - Ongoing contribution through attendance at webinars and production of written materials.
- **Respiratory** - Information available on the BPRS website.
- **Neurology** - Have contributed to Choose Paediatrics and promote their specialty regularly via BPNA.

The number of trainees expressing an interest in Paediatric **Nephrology** is currently high and exceeds the limited number of posts available, so the CSAC has not been focusing on active career promotion during this period.

8 CSACs have also contributed to the *Choose Paediatrics* programme including; Diabetes & Endocrinology, Neurodisability, Oncology, PEM, PIMM, PAIID, Neurology & Respiratory. Contributing to the Choose Paediatrics programme has been included in local action plans for all CSACs to action before the end of August 2025. CSACs can follow up with Henna Dave (Careers and Workforce Team) for more information.

Subspecialty Recruitment Process

Subspecialty recruitment continues to be a competitive process with the demand from trainees often outstripping the number of training posts available. The below table highlights the number of posts available alongside the fill rate and compares the results from the 2023-2024 Annual Quality Report to the 2024-2025 Mid-Year Quality Report.

	2023-2024: AFF Figures **Recruiting for 2024-25 intake**		**2024-2025: MY-AFF Figures** **Recruiting for 2025-26 intake**		
CSAC	**Number of posts**	**Fill rate**	**Number of posts**	**Posts Filled**	**Fill rate**
CCH	33	100%	**40**	39	97.5%
Clinical Pharm.	0	N/A	**1**	1	100%
CMH	0	N/A	0	0	N/A
Diab & Endo.	3	100%	**5**	5	100%
Neonatal Med.	36	100%	**32**	32	100%

Nephrology	2	100%	**9**	7	77.78%
Neurodisability	10	90%	**6**	6	100%
Neurology	4	100%	**11**	11	100%
Oncology	5	100%	**8**	8	100%
PAIID – Allergy	5	100%	**4**	4	100%
PAIID – IID			**1**	1	100%
Palliative	3	100%	**1**	1	100%
PEM	25	100%	**17**	17	100%
PGHAN – Gastro.	6	100%	**4**	4	100%
PGHAN – Hep.			**3**	3	100%
PICM	15	100%	**14**	14	100%
PIMM	0	N/A	**3**	3	100%
Respiratory	5	60%	**11**	11	100%
Rheumatology	4	100%	**4**	4	100%

Figures have been provided by the Subspecialty Recruitment Team. Green figures indicate an increase and red indicate a decrease in the number of posts when comparing recruitment for the 2024-2025 and 2025-2026 intake.

Changes to the subspecialty recruitment process have been introduced this year as part of longer-term development plans to align all medical recruitment to sit under MDRS governance and the National Recruitment Team. The changes that have been made to the application, shortlisting and interview process had been shared with all CSACs as part of the November CSAC Assembly. PIMM and Respiratory felt 'the plans are clear and the processes are clear'. However, there is still some confusion around the long-term plans for subspecialty recruitment for both CMH and Clinical Pharmacology. Nephrology requested that a recruitment timeline could be produced 'including the introduction of new systems; dates when the college open to recruitment; question writing; shortlisting and the criteria to be adopted etc'. Neurodisability felt the 'use of standardised criteria helped' the shortlisting process and using 'more standard interview questions and longer time per question improved interviews.' Similarly, PEM noted that 'shortlisting was easier this year'.

The Recruitment team at the College wanted to get a better understanding of what areas CSACs felt they needed further clarification on. These included:

Application

- **Palliative** are concerned that trainees will be disadvantaged during the application process if they 'do not work in areas with a strong tertiary PPM presence'.
- **PICM** are involved in ongoing discussions with RCPCH as they have concerns about the longer-term plans for changes to subspecialty recruitment.

Shortlisting

Some CSACs have concerns about the new shortlisting process, in some cases the process felt redundant and in others it did not enable short-listers to discern between high-quality candidates.

- **CCH** noted 'removing the shortlisting criteria such as presentations/ research etc. will not allow the candidates who have put a lot of effort in becoming ready to apply, and in researching their specialty and demonstrating an interest in this to shine.'
- **Endo & Diab** 'It is very diluted and does not pick out the high-quality applicants over the ones demonstrating poor evidence of commitment to specialty. This needs to change to reflect more recognition for extra efforts by trainees.'
- **Neonatal Medicine** reported that 'very good candidates…were not short listed with the new form.'
- **Oncology** noted 'the current shortlisting form does not provide sufficient information to determine the quality of applicants.'
- **PEM** continue to be concerned that there are 'a high number shortlisted and interviewed for a proportionally low number of posts'.
- **PGHAN** spent time shortlisting but found that 'all applicants ended up scoring above the RCPCH recommended cut off and so all candidates were interviewed'.
- **PIMM** noted the shortlisting process has become 'too inflexible and is not discriminating'. The design of the form and guidance provided to candidates on how to complete it 'makes it very difficult not to award points to most candidates.'

Medical Recruitment Board (MRB) response: Having compared scores from this year with those of the previous year, there is little notable difference between the average scores awarded. Shortlisting has been a "stepping stone" to the interview for a few years now and appointments are made on the basis of the interview score. It is in the interview that the more in-depth judgements can and should be made. This is where applicants can demonstrate the things that make them very strong candidates.

It would be helpful to have some clear evidence of some of the issues described and why the changes have made them more pronounced so we can feed this into the review of this year's process. One of the main focusses of work over the next couple of months will be around making the confirmation of eligibility process more robust.

Interviews

A recurring theme within the feedback was in reference to the increased number of interviews that were undertaken as part of the revised process this year. Although there was acknowledgement that interview practice can be beneficial for trainees, the number of trainees being interviewed needs to be balanced with the competition ratios for posts. Anecdotal feedback has suggested that in some instances candidates were interviewed who did not meet the minimum requirements for the posts and more thorough screening of candidates would be beneficial.

MRB response: It would be helpful to have some clearer evidence regarding the feedback around candidates that were interviewed who did not meet "minimum requirements", as this will help to refine the confirmation of eligibility and shortlisting parts of the process.

- **CCH** are concerned that there will be a bias in scoring which will favour 'those who have been well prepared for interview which is not necessarily the same as those who have lots of evidence / a true passion'.
- **Neonatal Medicine** 'interviewed too many individuals [107 people for 32 posts]. We had many more candidates who fell below the appointable 60%'.
- **Oncology** would like 'clarification on what support will be put in place to increase capacity for interview and what training will be provided to those who offer to contribute to the process.'
- **PGHAN** highlighted the need for more thorough screening 'it will be really important that applicants are screened and supported by their local deanery so that there are not an overwhelming number of applicants for few available training posts.'
- **PIMM** 'initially thought that all of the options for the research question were too vague and didn't really offer an opportunity for someone who has shown an aptitude/interest in metabolic clinical research to shine. However, in practice the question was quite discriminating.'

MRB response – Number of trainees being interviewed: We have discussed this with the trainees committee and the feeling is that being given the opportunity to interview, even in a competitive field is a good thing. We will take this back to them, following this year's recruitment round.

Sharing best practice

As part of the ongoing work to share best practice across the network of CSACs we asked CSACs to identify what has worked well for them that they think other CSACs may benefit from knowing. Some of the things they identified included:

- Cohesive working, a unified approach and good teamwork
- Good liaison with other professional groups
- Trainee guides for Subspecialty and SPIN
- Knowing the curriculum and how to facilitate it
- Pre and post scoring meetings worked well in the shortlisting process.
- Sharing the workload to reduce the burden on individual members of the CSAC

- Maximise the F2F meeting at RCPCH to combine a CSAC meeting and a question writing session for Subspecialty Recruitment
- Inclusion of an independent panel member to provide an unbiased overview for scoring
- Regular webinar for Subspecialty trainees and support for applications and interviews (led by trainee reps)

Evidencing Prior Experience

The Recruitment team have been having ongoing conversations with CSACs regarding trainees evidencing prior experience when applying at ST5 onwards. The Recruitment team wanted to know how this process can be better administered and linked to capabilities, as opposed to time. The CSACs provided the following suggestions;

- Demonstration of evidence to show more subspeciality specific assessment would be helpful and could be achieved by giving trainees access to the subspecialty curriculum in advance.
- If trainees are getting 'pre-approved' there needs to be a mechanism for them to acquire and link evidence in their curriculum.
- Be more specific about linkage between subspeciality areas in curriculum
- Training to be counted should be prospectively requested and the trainee needs to demonstrate that jobs are equivalent to subspecialty jobs and that they are using the relevant subspecialty curriculum and gaining the same knowledge, skills and competencies that a subspecialty trainee would be getting.
- In addition to evidence, trainees need a detailed educational supervisor report to verify their training
- Ideally there should be some way within RISR to be able to select relevant items of evidence already uploaded to a generic or speciality curriculum and link them to a "shadow" subspecialty curriculum which could be seen by the CSAC.
- Probing questions at interview maybe multi-stemmed.
- Reflections of skills learnt/ experience. Logbook if performed specific procedures (e.g. number of safeguarding medicals and reports written).
- Clearer guidance from the RCPCH with a centralised place (e.g. on TEAMS channel) to document discussions with trainees/college (e.g. about prospective training prior to starting subspecialty).

MRB Response: MRB will be reviewing this further over the summer and will include CSACs in these discussions.

Workforce planning

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. The feedback provided in response to questions about workforce planning was split into 3 areas: workforce expansion plans, future priorities for the workforce and any requests from the College for additional support in this area.

Workforce expansion & priorities:

- **CCH** are aware that 'the numbers of CCH workforce will decrease in view of a significant proportion of Consultants, Associate Specialists and Staff Grade doctors approaching retirement age. Therefore, recruiting more CCH clinicians is a priority.'
- **Diab & Endo** will be conducting a survey of upcoming workforce gaps through BSPED committee.
- **Neonatal** – 'There needs to be some clarity on anticipated posts nationally and also on areas with specific issues with recruitment. There is a sense of uncertainty as there may be service changes regionally so potential greater centralisation with changes in unit configuration from NICU to LNU. From a workforce perspective there needs to be work to look at how lifelong careers can be developed in Neonatal Medicine in the setting of less experienced trainees and more on-site Consultants. It is important that the specialty can retain experienced clinicians'.
- **Nephrology** – 'There has been a significant increase in the number of children requiring renal replacement and all units are experiencing an increase in workload and will be addressing this with their management team regarding workforce expansion. There is some knowledge regarding expectant retirement dates of colleagues and likely new positions, but it is very difficult to balance this exactly so that all trainees have the opportunity to apply for a Consultant post at CCT'.
- **Oncology** identified Neuro-Oncology Consultant training and recruitment as a priority.
- **PAIID** want to increase the number of PAIID trainees, consultants and training centres.
- **PEM** have concerns long-term workforce plans which have been discussed in recent ISAC meetings.
- **PGHAN – '**Central funding for IBD and adherence to quality standards will help protect and maintain a healthy work force and allow for better planning'.
- **PICM** – 'There are three portals for entry to PICM consultant jobs within a Foundation Trust (Subspecialty Training, Portfolio Pathway, Equivalent) - those who do not train via subspecialty can secure equal access to FT consultant jobs. IMGs have inequitable access to these three portals - this needs urgent input from the GMC and RCPCH.'
- **PPM** have done a lot of work with the APPM to highlight the gap between workforce and service demands and has also done advocacy work through APPGs. There is an issue around funding training posts across trainees and post-CCT. 'This is very much true of areas where they have been unable to offer subspecialty training and are also struggling to recruit to tertiary roles in PPM (which in turn would help to unlock training potential)'.
- **Respiratory** want to try and get to a position where consultant posts become competitive.

Requests of the College

The ask across several of the CSACs was for the college to provide more information and guidance to CSACs to help them get a clear understanding of the current workforce challenges so conversations about mitigate these concerns could be explored further:

- **Diab & Endo** - Can the college give us an update to CSAC of the potential or forthcoming posts in consultant paediatric endocrinology and Diabetes?

TQB response: As indicated in previous CSAC Assemblies, the College does not decide new posts. These are within the gift of the Deanery (on behalf of NHS England or devolved nation Statutory Education Bodies) in liaison with the Health Board/Trust. At present the College is continuing to advocate to these bodies that there needs to be investment in paediatric general and subspecialty services. In England, this has been complicated by the recent news of the abolition of NHSE and we are awaiting developments about where future decision making will lie.

If this does not answer the question, please feel welcome to contact the team directly.

- **Neonates** - 'We clearly have issues with understanding workforce and the new AAC system has added to this. There needs to be some centralised system for collecting workforce data and sharing this directly back to CSACs. I appreciate that this is difficult as not all boards etc share job descriptions with the RCPCH, but I think there needs to be better links between workforce and subspecialties.'
- **Respiratory** would find it helpful to have updated information in the relation to the workforce from RCPCH in terms of consultant applications.
- **PAIID** would like the college to map the number of PAIID posts per region/population.

MRB response: As previously discussed, the AAC process does not cover 100% of consultant jobs. When CSAC Chairs were previously involved in assuring each JD that went through the AAC process, this was not providing an accurate picture of their workforce.

Workforce data reports were produced and shared with each CSAC including bespoke analysis and reporting in 2024. CSACs were encouraged to feedback and liaise with the W&C team to identify any further data that could support their workforce planning but there has been limited engagement to date.

- **PEM & PICM** - would appreciate guidance on progression routes available to UK trained doctors. The PEMISAC chairs have sought clarity on this previously. Presently internationally trained doctors can apply for Portfolio Pathway review and be added to the specialist register but this doesn't exist for UK trained doctors.

TQB response: This has been covered at previous CSAC Assemblies and Chair Forums. The statutory order that controls the GMC's role in this area only permits overseas applicants and not UK applicants. We have raised this with them before and will continue to. If there are further queries in this space, please do reach out directly to the team.

Section 8: General Feedback

How could the RCPCH support the CSAC better/ differently?

In the final section of the MY-AFF we focused on what support the College could offer the CSACs and if there was anything that they felt could be improved. A few recurring themes in the feedback related to time management, communication and information sharing and succession planning and recognition.

Time management (primarily single responses)

- More notice for meetings.
- 'There needs to be recognition that [CSAC roles] are done alongside busy clinical jobs in clinicians own time and adequate time needs to be given for responses to questions and meeting dates etc'.

TQB response: We entirely understand this and continue to greatly appreciate everyone's work. We will discuss with the staff team to try and ensure we (a) give as much notice as possible and (b) are clear where short notice periods are from external pressures we cannot directly control.

Communication & Information Sharing

- 'CSAC assemblies have proven difficult for all members to attend, and we felt that smaller meetings which one member of the CSAC attends and feeds back from worked better.'
- 'CSAC forums have reduced the ability to discuss processes with college staff as now the information is 'given' in these meetings. There is little opportunity for

TQB response: The Assemblies were set up to manage the original issues raised by CSACs. The CSAC Chair Forums allow more detailed debate and ultimately create the Assembly agenda. To note, the chat function is working but we cannot change the various firewalls that local hospitals put in place for Teams. We will put an item on the next CSAC Assembly agenda to discuss this in more detail.

debate in this setting, with tight time frames and short time periods on the agenda to discuss. There is not a chat function…meaning that the majority of people are not able to contribute their thoughts/concerns. This can make the forums feel like something set up by the college to demonstrate consultation, whilst stifling this discussion from happening.'

Succession Planning & Recognition

- 'CSAC roles not seen attractive by many as the workload is significant and if you go down a local Deanery Educational role you will get sessions in your job plan'.
- 'There may not be money to pay people – but perhaps given fellow status, or reduced membership fees whilst volunteering at this level. This would make it easier to recruit to the CSACs and also help people feel valued.'
- 'The college should recognise the contribution of the CSAC teams -there is a great deal of work to be done, and this is mostly done in free time.'

TQB response: The College, of which the CSACs are a part, are enormously thankful for what the CSACs do to promote subspecialty training. There are over 2000 clinical volunteers for College work and the College is centralising, going through a process to understand how all those variations of contribution are co-ordinated. We will schedule an item at the CSAC Chairs Forum to discuss this further.