

## CSAC & ISAC Annual Quality Report: Sep 2024 – Aug 2025

### Introduction & Purpose

The Annual Quality Review covers the reporting period 1 Sep 2024 – 31 Aug 2025 and is an essential component of the Quality and Training Projects Team quality assurance processes. This report collates feedback submitted by CSAC members via the Annual Activity and Feedback Forms (A-AFFs) and is a continuation of the feedback submitted earlier in the training year using the Mid-Year Activity and Feedback Forms (MY-AFFs).

CSACs were asked to identify the progress they had made against their local action plans and to provide updates in relation to the curriculum, subspecialty trainee progression, training programme quality, SPIN, Portfolio Pathway, workforce planning, careers and recruitment. The A-AFF not only highlights progression but also identifies areas of challenge across the different subspecialties as they occur and the actions CSACs are taking to address them. The feedback collated in this report will continue to inform where additional advocacy and College support may be required. Successes and areas of good practice have been highlighted throughout.

Thank you to all committee members who continue to contribute to the Quality Review process. The Annual Quality Report will be signed off by the Training and Quality Board (TQB) during their September 2025 meeting.

### Activity and feedback form compliance

All CSACs were sent an A-AFF in Jul 2025 and given 6 weeks to submit their responses. Compliance was consistent with previous completion rates with 16 out of the 17 CSACs providing responses (94%). Engagement with the quality reporting process is tracked below, the aim is to increase engagement and encourage 100% compliance.

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

Neurology	Feedback submitted	Feedback submitted	Feedback Submitted
Oncology	Feedback submitted	Feedback submitted	Feedback Submitted
Paediatric Allergy, Immunology and infectious Disease (PAIID)	Feedback submitted	Feedback submitted	Feedback Submitted
Palliative	Feedback submitted	Feedback submitted	No feedback submitted
Paediatric Emergency Medicine (PEM)	No feedback submitted	Feedback submitted	Feedback Submitted
Paediatric Gastroenterology, Hepatology and Nutrition (PGHAN)	Feedback submitted	Feedback submitted	Feedback Submitted
Paediatric Intensive Care Medicine (PICM)	Feedback submitted	Feedback submitted	Feedback Submitted
Paediatric inherited metabolic medicine (PIMM)	Feedback submitted	Feedback submitted	Feedback Submitted
Respiratory	Feedback submitted	Feedback submitted	Feedback Submitted
Rheumatology	Feedback submitted	No feedback submitted	Feedback Submitted
<b>AFF Compliance rate</b>	<b>Annual AFF: 94%</b>	<b>Mid-Year AFF: 94%</b>	<b>Annual AFF: 94%</b>

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

The following actions were identified by the CSACs. Progress against local action plans was reviewed during the mid-year review cycle and ratified by the Training and Quality Board. The table below details the current action plans, the progress that the CSACs have made against them and the decision by TQB to close or carry over actions. Actions which have been carried over will be re-reported on in the 2025-2026 Quality Review cycle.

CSAC	2024-2025 Local Action Plan (who is responsible & Deadline)	Update provided by CSAC	Action Status (ratified by TQB)
<b>CCH</b>	<ol style="list-style-type: none"> <li>Development of a CCH SPIN to support workforce planning in CCH. (whole CSAC, 30/6/25)</li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>This has been put on hold at the request of the college. As a team we are considering what components would be useful in a CCH SPIN; it would also need to be applicable for post-CCT clinicians.</li> <li>Discussed in CCH Leads Day (March 2025). Letter sent to London Deanery supporting</li> </ol>	<p>Paused</p> <p>In progress</p>

	<p>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)</p> <p>3. Contribute to the <i>Choose Paediatrics</i> programme (31/8/25)</p>	<p>CCH regional Leads request to take trainees off the on-call rota. The HoS could not offer that – continue to monitor the situation. An audit is underway to see what the split is between time spent in CCH subspecialty training vs time spent on general paediatrics.</p> <p>3. CCH Trainee Rep will be leading on this with the support of the CSAC. A CSAC member attended the Careers event in July 2025.</p>	In progress
<b>Clinical Pharm.</b>	<p>1. Understand and review the sustainability of Clinical Pharmacology subspecialty Training. (Dan Hawcutt, 31/8/25)</p>	<p>1. Complete - The CSAC have completed their review of the sustainability of clinical pharmacology subspecialty training and have presented this to the College.</p>	Closed
<b>CMH</b>	<p>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)</p> <p>2. Close working with RCPCH MH Advisory Committee, PMHA and other national bodies.</p> <p>3. Review the results of <i>Trainee Needs Survey</i> by K. Certic and S. Dhakras. (Date TBC)</p> <p>4. Contribute to the <i>Choose Paediatrics</i> programme (31/8/25)</p>	<p>1. Working Party agreed with RCPsych to consider a tiered CMH framework</p> <p>2. Complete</p> <p>3. Trainee Needs Survey - nearly finished. Initial findings presented at PMHA summer meeting</p> <p>4. Choose Paediatrics - capacity issues with this.</p>	<p>In progress</p> <p>Closed</p> <p>In progress</p> <p>Not started – Close pending conversations with RCPsych</p>

<b>Diab &amp; Endo</b>	<ol style="list-style-type: none"> <li>1. Training centre review in response to concerns (raised by trainees) about the quality of subspecialty rotational post in D&amp;E at University Hospitals Leicester. (Discussions ongoing with RCPCH recruitment team) (University Hospitals Leicester clinical lead, HOSs/TPD, date TBC)</li> <li>2. Undertake a workforce survey through BSPED. (Whole CSAC, date TBC)</li> <li>3. Contribute to the <i>Choose Paediatrics</i> programme (Whole CSAC, 31/8/25)</li> </ol>	<ol style="list-style-type: none"> <li>1. UHL – concerns were noted regarding access to appropriate tertiary endocrine training. While the hospital team has provided a structured rota and assured dedicated training time and opportunities for rotating trainees, the latest CSAC review still highlights ongoing organisational issues. CSAC has previously written formally to the training centre and to the TPDs for both East and West Midlands, outlining the recommended changes. However, no specific remedial response has been received to date.</li> <li>2. Workforce survey to be confirmed by Nov 2026.</li> <li>3. Choose Paediatrics - Complete for subspecialty and subspecialty webpage updated accordingly.</li> </ol>	<p>In progress</p> <p>In progress</p> <p>Closed</p>
	<p><b>Neonatal Med.</b></p> <p><i>No actions were identified by the CSAC.</i></p> <ol style="list-style-type: none"> <li>1. Contribute to the <i>Choose Paediatrics</i> programme (Whole CSAC, 31/8/25)</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete - Assist RCPCH with any input required in relation to Neonates. Actively engaged with Subspecialty recruitment ½ day in July</li> </ol>	<p>Closed</p>
	<p><b>Neph.</b></p> <ol style="list-style-type: none"> <li>1. Discuss subspecialty application variability with unit leads. (Ihab Shaheen, 9/1/25)</li> <li>2. Workforce planning and recognition of training - Arrange to meet lead units to discuss future subspecialty applications. (Ihab Shaheen, Date TBC)</li> <li>3. Contribute to the <i>Choose Paediatrics</i> programme (31/8/25)</li> </ol>	<ol style="list-style-type: none"> <li>1. No further details provided by the CSAC</li> <li>2. Workforce Planning: Discussion with trainee leads to help even out the number of subspecialty posts available each year.</li> <li>3. Complete - We have written something under each of the 4 headings but have not yet provided a video.</li> </ol>	<p>In progress</p> <p>In progress</p> <p>Closed</p>

<b>Neurodis.</b>	1. Encourage applications for new training posts to be established for Neurodisability subspecialty trainees. (Whole CSAC, 31/8/25)	1. Planned survey of current subspecialty trainees' career goals and consultants who have CCT in ND to review if there is in concordance with roles available to trainees' objectives. Working with BACD to identify ND vacant posts regionally and nationally and if in hospital based or community settings.	In progress
	2. The Neurodisability CSAC will review and report back on the potential workforce shortage in their specialty. (31/8/25)	2. Encouraging local and regional ND leads to develop subspecialty training posts within their regions; this needs agreement from TPD and there are often challenges with respect to covering in-patient and acute services.	In progress
	3. Contribute to the <i>Choose Paediatrics</i> programme (31/8/25)	3. Complete	Closed
<b>Neur.</b>	1. Recruitment into paediatric neurology - ongoing regular webinars. (Whole CSAC, 2/7/25)	1. Complete	Closed
	2. Review of non-CCST trainees and advice to AAC panel members during application process. (Whole CSAC, 2/7/25)	2. AAC panel documentation being prepared.	In progress
	3. Webinar for SPIN members and supervisors. (Date TBC)	3. Complete	Closed
<b>Onc.</b>	1. 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)	1. POTG and the Oncology CSAC have developed a feedback form to assess trainees' learning environments and how local centres are fit for training opportunities for paediatric oncology. This is in the process of being implemented, and results will be collated and acted upon following this.	Closed
	2. Developing CSAC Reviews for sub-specialty trainees with input from the CCLG. The group are exploring ways to improve support for	2. The CSAC is undertaking evaluation of CSAC Reviews for sub-specialty trainees	In progress

	<p>subspecialty trainees and to quality assure the review process. (Whole CSAC, 21/12/24)</p> <p>3. Recruit new committee members onto the CSAC to fill current vacancies. (Whole CSAC, 31/1/25)</p> <p>4. 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)</p>	<p>through collating feedback from members of the POTG. This has been undertaken through an online survey and the CSAC are exploring ways to improve the process following review of the feedback obtained. The majority of sub-specialty trainees are happy with the CSAC Reviews in their current form, although there is scope to update the assessments and make them more relevant to current ways of working.</p> <p>3. Complete</p> <p>4. Complete</p>	<p>Closed</p> <p>Closed</p>
<b>PAIID</b>	<p>1. Adequate support for trainees at the end of training to fulfil their interview potential. (Whole CSAC, 31/8/25)</p> <p>2. Encourage acting up towards the end of subspecialty training. (Wholes CSAC, 31/8/25)</p>	<p>1. Complete - Updated guidance about supporting trainees approaching CCT, including interviews.</p> <p>2. Complete - Updated guidance about supporting trainees approaching CCT, including acting up as consultants during their last period of training</p>	<p>Closed</p> <p>Closed</p>
<b>Pall.</b>	<p>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)</p> <p>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). (PPM CSAC trainee rep &amp; CSAC Training adv, Date TBC)</p>	<p>No A-AFF submission was provided</p> <p>1. Noted as complete on Action Log.</p> <p>2. Noted as complete on Action Log following discussion with Lorraine Bullard and James Clark. Equivalence is not a term that is in use, 'alternative pathways' will be used to help identify trainees outside of the subspecialty training programme.</p>	<p>Closed</p> <p>Closed</p>

	3. Continue to monitor PPM subspecialty trainees' experiences via annual surveys. Results will be shared with the College. (CSAC Members, 31/8/25)	3. No updated provided	Carry over pending update from CSAC
<b>PEM</b>	1. Contribute to the <i>Choose Paediatrics</i> programme	1. Complete	Closed
<b>PGHAN</b>	1. Contribute to the <i>Choose Paediatrics</i> programme (Whole CSAC, 31/8/25)	1. Complete - This was attended by the trainee reps and by one of the committee	Closed
<b>PICM</b>	1. Improving access to PICM subspecialty training for FICM trainees including considering interview criteria. (John Glazebrook, 29/3/25) 2. Contribute to the <i>Choose Paediatrics</i> programme (31/8/25)	1. More info needed from ISAC 2. Complete - Contribution made to <i>Choose Paediatrics</i> – film for 'day in the life' can be completed if needed.	In Progress  Closed
<b>PIMM</b>	1. 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)	1. Liaison between CSAC and BIMDG has occurred. CSAC chair and BIMDG chair have met.	In progress
<b>Resp.</b>	Identified actions were completed and closed by TQB as part of the MY-AFF.		
<b>Rheum.</b>	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)	1. Supervisor guidance is being reviewed 2. 'Day in the life of' is being prepared 3. Discontinued  4. Not yet met with LB	In progress In progress Closed  Not started

## Additional actions identified by CSACs as part of the 2024-2025 MY-AFF

CSACs identified additional actions in the MY-AFF that they were undertaking which had not been included in their Sep 2024 – Aug 2025 action plans. CSACs who identified additional actions were asked to provide an update on the progress that had been made as part of their A-AFF submission.

The TQB reviewed the actions during their September meeting and recommended the following action statuses. For those with open actions, they will be carried forward into the 2025-26 quality review and CSACs will be asked to submit a further update on the status of these actions as part of the 2025-2026 MY-AFFs.

CSAC	2024-2025 MY-AFF Actions (who is responsible, due date)	Update provided by CSAC	Action status (ratified by TQB)
<b>CMH</b>	<ol style="list-style-type: none"> <li>Contribute to RCPCH <i>How to Manage Mental Health</i> training sessions. (All CSAC Members, no date provided)</li> <li>Continue to establish nationwide Specialty Training programmes (All CSAC Members, no date provided)</li> </ol>	<ol style="list-style-type: none"> <li>Complete</li> <li>Specialty Training Programmes - discussions with RCPCH and RCPsych in progress</li> </ol>	<p>Closed</p> <p>In progress</p>
<b>Diab &amp; Endo</b>	<ol style="list-style-type: none"> <li>CSAC are preparing to update and start curriculum revisions for D&amp;E. 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. (All CSAC Members, date TBC)</li> <li>Undertake a workforce survey across paediatric endocrinology and diabetes. This will be circulated through BSPED April newsletter. (CSAC &amp; BSPED, 1 Apr 2025)</li> </ol>	<ol style="list-style-type: none"> <li>Revisions to Diabetes and Endocrinology curriculum: This is a big piece of work and have recently agreed with the college. Will appreciate directions regarding further steps and the timelines</li> <li>We aim to undertake this survey as a priority in the forthcoming year.</li> </ol>	<p>In progress</p> <p>In progress</p>
<b>Neonata I Med.</b>	<ol style="list-style-type: none"> <li>Development of Subspecialty Document to guide AAC panellists - in progress (Chair and Training Advisors, date TBC)</li> </ol>	<ol style="list-style-type: none"> <li>Still under development and hopefully should be completed by autumn</li> <li>Continues in Progress requires review by Chair / Outgoing Chair prior to submission</li> </ol>	<p>In progress</p> <p>In progress</p>



	<ol style="list-style-type: none"> <li>Development of Subspecialty Document to describe what is essential for Portfolio Pathway Candidates to evidence – In progress (Chair and Training Advisors, date TBC)</li> <li>Planning of Annual Neonatal Subspecialty Meeting 22nd and 23rd April - program confirmed with ST6 (S2) career surgeries. (All CSAC Members, date TBC)</li> <li>BAPM spring meeting - 1/2-day program developed for Neonatal SPIN trainees 1st and 2nd April 2025. All speakers confirmed. (All CSAC Members, date TBC)</li> <li>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. (All CSAC Members, 31 Aug 2026)</li> <li>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 (SPIN Lead, 30 Apr 2025)</li> </ol>	<ol style="list-style-type: none"> <li>Complete – Annual trainees meeting delivered in April 2025 feedback from trainees positive</li> <li>Successful program delivered – plans underway with BAPM for similar SPIN ½ day at BAPM spring meeting in 2026.</li> <li>Look to undertake some development work through 2026 on the Neonatal Subspecialty curriculum. This work will look to update the curriculum content but in addition increase the SLO's to enable us to have specific SLO's for leadership and for procedural skills.</li> <li>Feedback was obtained from SPIN trainees in relation to potential midpoint reviews, felt to be beneficial. The CSAC need to discuss how this can be taken forward given significant workload associated with CSAC reviews for ARCPs</li> </ol>	<p>Closed</p> <p>Closed</p> <p>Not started – carry over</p> <p>Closed</p>
<b>Neph.</b>	<ol style="list-style-type: none"> <li>Revising the curriculum for the SPIN trainees (SPIN Lead, date TBC)</li> </ol>	<ol style="list-style-type: none"> <li>Complete</li> </ol>	Closed
<b>Neuro.</b>	<ol style="list-style-type: none"> <li>Discussion regarding SPIN in headache, discussion about increasing experience in sleep medicine in Neurodisability component of training. (SPN Lead, date TBC)</li> </ol>	<ol style="list-style-type: none"> <li>New SPIN modules currently on hold, so will address it once RCPCH tells us that they are open to new SPIN module discussions.</li> </ol>	Not started
<b>Onc.</b>	<ol style="list-style-type: none"> <li>Improve training opportunities in Neuro-Oncology by introducing a</li> </ol>	<ol style="list-style-type: none"> <li>Complete</li> </ol>	Closed

	<p>newly formed consultant committee to increase the current educational offering for trainees in this area. (Ren Mania, 1 Dec 2025)</p> <p>2. Revision of SPIN Curriculum and guidance in line with NHSE Service Specifications (SPIN Lead, 1 Sep 2025)</p>	<p>2. The Paediatric Oncology CSAC has written a position statement on the Oncology SPIN curriculum and made recommendations for training requirements for POSCU Leads in line with the NHS England Service Specifications. This has been submitted to Dr Tushar Vince, and we are awaiting a response prior to taking further action revising the SPIN Curriculum.</p>	In progress
<b>Pall.</b>	<p>1. SPIN and Subspecialty training guides to be reviewed through TQB. (All CSAC members, date TBC)</p> <p>2. SPIN midpoint and end of training reviews (All CSAC members, date TBC)</p> <p>3. Subspecialty trainee annual reviews (All CSAC members, date TBC)</p>	<p>No A-AFF submission was provided</p> <p>1. No update provided by CSAC</p> <p>2. Noted as complete on Action Log.</p> <p>3. No update provided by CSAC</p>	<p>Carry over pending update from CSAC</p> <p>Closed</p> <p>Carry over pending update from CSAC</p>
<b>PGHAN</b>	<p>1. Working to support trainees in achieving endoscopy training in view of an increase in required colonoscopy numbers. (All CSAC members, date TBC)</p> <p>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. (All CSAC members, date TBC)</p> <p>3. We are reviewing the hepatology curriculum to ensure it is still relevant and appropriate to ensure knowledge, skills and competencies</p>	<p>1. Supporting trainees attending lists and highlighting the need for ongoing support and supervision for newly appointed consultants.</p> <p>2. Discussed at trainees CSAC progress meetings, at the annual BSPGHAN meeting and at the trainees meeting. The circle trainee exchange program will be rolled out in other centres. This will be discussed at the next endoscopy working group meeting.</p>	<p>In progress</p> <p>In progress</p>

	required for gastro trainees. (All CSAC members, date TBC)	3. The hepatology three centres are meeting to discuss the curriculum, but they have not finalised changes yet.	In progress
<b>PICM</b>	<p>1. Education - Bread and Butter programme re-establishment, Masterclasses as BAU. (All CSAC members, date TBC)</p> <p>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. (All CSAC members, date TBC)</p> <p>3. Curriculum - This is out for peer-review. (All CSAC members, date TBC)</p> <p>4. Educational Supervisor Guide – in progress (All CSAC members, date TBC)</p> <p>5. PICM College Assessor Guide - Guide for College members attending AAC panels (submitted to AAC team) (All CSAC members, date TBC)</p> <p>6. START - Scenario review plus expansion of question bank and extending training to all ISAC members. (All CSAC members, date TBC)</p> <p>7. Portfolio Pathway - Curriculum development will support this process; ISAC members being trained in this process. (All CSAC members, date TBC)</p> <p>8. RCoA Representatives - Seeking RCoA recognition for Anaesthetic trainees within PICM Grid. (All CSAC members, date TBC)</p>	<p>1. Complete</p> <p>2. PICM focus in shortlisting - Agreement for 2025 shortlisting process that evidence of audit will have to be provided.</p> <p>3. Curriculum - review in progress. Anaesthetic curriculum/learning outcome review planned plus meeting with RCOA/FICM to ensure paper forms available. Due completion January 2026.</p> <p>4. ES Guide - target completion October 2025.</p> <p>5. Complete - generic PICM job description and person specifications submitted to AAC Team.</p> <p>6. Complete</p> <p>7. In progress</p> <p>8. RCOA approval for anaesthetic residents in PICM - agreement from all parties that this should proceed.</p> <p>9. Complete – Research: Summer Masterclass linked to PCCS SG to allow trainees both opportunities.</p>	<p>Closed</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>Closed</p> <p>Closed</p> <p>In progress</p> <p>In progress</p> <p>Closed</p>

	9. Research - PCCS keen to collaborate around increasing profile of research within PICM Subspecialty Training. (All CSAC members, date TBC)		
<b>PIMM</b>	1. Schedule trainee reviews in April 2025 (All CSAC members, 1 Apr 2025)	1. Complete	Closed
<b>Resp.</b>	1. Induction document for new trainees (All CSAC members, date TBC)	1. Complete	Closed

## 2025-2026 Local Action Plans

CSACs were asked to detail any actions that they would like to focus on during the 2025-2026 training year. The follows actions were identified and have been added to the CSAC action log for continued monitoring.

CSAC	2025-2026 Local Action Plan	Who is responsible	Deadline
<b>CCH</b>	No additional actions identified by the CSAC		
<b>Clinical Pharm.</b>	<ol style="list-style-type: none"> <li>1. Appointment of additional CSAC member as agreed with the college</li> <li>2. Continue to work with the college on the future options for the delivery of clinical pharmacology training</li> </ol>	All CSAC Members	31/8/2026
<b>CMH</b>	<ol style="list-style-type: none"> <li>1. Work with RCPCH / RCPsych on a multi-tier CMH framework via agreed working party.</li> <li>2. Work with RCPCH MH Advisory Committee</li> <li>3. Roll out SPIN / equivalent (considering input from framework action above).</li> </ol>	All CSAC Members	31/8/2026  Ongoing  31/8/2026
<b>Diab &amp; Endo</b>	<ol style="list-style-type: none"> <li>1. Revisions to Diabetes and Endocrinology curriculum in line with ESPE curriculum</li> <li>2. Workforce survey through BSPED to understand the demand and capacity</li> </ol>	All CSAC Members  All CSAC Members	01/01/26  30/11/2025
<b>Neonatal Med.</b>	No additional actions identified by the CSAC		
<b>Neph.</b>	No additional actions identified by the CSAC		

<b>Neurodis.</b>	<p>Following on from 2024-2025 action plan, surveys planned as above:</p> <ol style="list-style-type: none"> <li>1. Current trainees and career goals</li> <li>2. Consultants with CCT in ND (what are their posts (community vs hospital based? secondary vs tertiary?)</li> <li>3. Gap analysis with support of BACD and BACCH - exploration of current vacant posts in UK at present.</li> </ol>	All CSAC Members	31/8/2026
<b>Neuro.</b>	<ol style="list-style-type: none"> <li>1. Ongoing recruitment work</li> <li>2. Completion of AAC panel advisory document and portfolio pathway pack</li> <li>3. Ongoing review of START assessments</li> <li>4. Further webinars to support GRID and SPIN trainees annually</li> <li>5. Annual webinar with neurology centre leads to update them about CSAC work and support required from local centres for training</li> </ol>	<p>Dipak Ram &amp; trainee rep</p> <p>Dipak Ram</p> <p>Ratna Kumar</p> <p>Trainee Rep</p> <p>Dipak Ram &amp; Manali Chitre</p> <p>Dipak Ram and Manali Chitre</p>	<p>1/04/2026</p> <p>31/3/2026</p> <p>1/12/2026</p> <p>1/04/2026</p> <p>1/12/2026</p>
<b>Onc.</b>	<ol style="list-style-type: none"> <li>1. Development of Paediatric NeuroOncology and Clinical Oncology training opportunities - plans to pilot a six-month rotation at GOSH in 2026 (Dr Mette Jorgensen and Dr Sarita Depani)</li> <li>1. Review of the Paediatric Oncology SPIN Curriculum</li> <li>2. Refinement of the CSAC Review Process</li> <li>3. Collation of feedback from paediatric oncology trainees about the quality of training programmes in individual training centres and development of recommendations</li> </ol>	<p>Chair &amp; Training Advisors</p> <p>Training Advisor</p> <p>All CSAC Members</p> <p>Training Advisors &amp; Quality Advisors</p>	<p>31/8/2026</p> <p>01/01/2026</p> <p>31/8/2026</p> <p>31/12/2025</p>
<b>PAIID</b>	No additional actions identified by the CSAC		
<b>Pall.</b>	No update provided by CSAC		
<b>PEM</b>	<ol style="list-style-type: none"> <li>1. Ongoing work with RCEM for joint college consensus and training guide</li> <li>2. Improve trainee survey engagement</li> </ol>	<p>Training Advisors</p> <p>All CSAC Members</p>	<p>1/11/2025</p> <p>31/7/2026</p>

<b>PGHAN</b>	1. Trying to campaign for and develop fellowships in PGHAN that allow further colonoscopy training and provide opportunities for post CCT training at a time when consultant jobs are difficult to come by.	All CSAC Members	31/08/2026
	2. Work on hepatology curriculum and clarify role of educational supervision of subspecialty trainees.	All CSAC Members	31/08/2026
<b>PICM</b>	1. Complete curriculum update	All CSAC Members	1/1/2026
	2. Complete ES guide	Training Advisors	1/10/2026
	3. Publish Trainee induction manual	Trainee Reps	1/9/2026
	4. GMC non-CCT PICM subspecialty guide - for completion	All CSAC Members	31/12/2025
	5. Revision of London PICM programmes - addition of King's to South Thames rotation	Training Advisors	31/12/2025
	6. Overall programme improvement to match PICM training to competitive PICM consultant application.	All CSAC Members	31/7/2026
	7. ISAC engagement at RCPCH Assessment Strategy review	Nominated CSAC Members	31/7/2026
<b>PIMM</b>	1. Will schedule CSAC reviews of trainees again separately in April 2026 - worked well this year and enabled trainees to attend the whole BIMDG symposium without disruption	All CSAC Members	30/4/2026
	2. Ongoing workforce review	All CSAC Members	31/8/2026
	3. Ongoing work to clarify training requirements for link paediatricians	All CSAC Members	31/8/2026
<b>Resp.</b>	1. Induction document for SPIN	SPIN Lead	31/1/2026
	2. ES document for SPIN	SPIN Lead	31/1/2026
	3. Recruit general paediatrician to review respiratory SPIN residents as a member of the CSAC	SPIN Lead	31/1/2026
	4. Sleep SPIN to have its own room at the careers roadshow	SPIN Lead	TBC
	5. Update START scenarios (MT/LT)	Assessment Advisor	31/10/2026
	6. Modify the respiratory specific CSAC review form following its pilot in April 2025	Training Advisors	TBC
	7. Recruit new chair to CSAC August 2026	Committee Admin	31/8/2025

	8. Lena and Atul (Assessment advisor) - will finish term	Committee Admin	TBC
<b>Rheum.</b>	1. Have reviewed and amended CPI form - this will go live with trainees for the next round of CPIs 2. Have reviewed the curriculum (Illustrations updated) - this will go live for trainees 3. Specialty trainee additional learning events are now being implemented and will be evaluated	Sharmila Jandial  All CSAC Members  Beverly Almeida & Trainee Reps	31/1/2026  Ongoing  31/3/2026

### Actions that the CSACs would like the college to support

5 CSACs requested additional support from the college to help them achieve their local action plans. The requests are included below alongside college Board responses. These are:

- TQB: Training & Quality Board
  - o *The senior committee for CSACs that manages curricula, training, assessment, START, ePortfolio and certification.*
- MRB: Medical Recruitment Board
  - o *Responsible for subspecialty recruitment, advising national recruitment, advising AAC panels, and MTI/IPSS.*
- WPB: Workforce Planning Board
  - o *Responsible for workforce and careers activities*

CSAC	Action requested by the CSAC	E&T Boards Responses
<b>CCH</b>	<p>The CCH CSAC has a approx. 150 trainees but the same committee structure as those who have smaller numbers of trainees, and the same number of people to do all the statutory college work and answer the queries from trainees and trainers.</p> <p>We're not able to hold annual CSAC review meetings face to face as other CSACs with fewer trainees do. We would like the college to note the inequity of trainees in small specialties getting face to face annual CSAC reviews with their CSAC Training Advisor whilst those in larger specialties do not, and to</p>	<p>All CSACs approach their trainee Progression Review meetings differently (virtually, face to face or some CSACs incorporate the review meetings alongside conferences or training days where trainees are in attendance). The college does not dictate how these meetings are facilitated and are aware that CCH successfully utilise a network of regional CCH Leads to support the CSAC in facilitating the progression meetings locally. CCH has been a positive example to other CSACs to utilise colleagues and the resources available to them to support trainees and monitor the delivery of training. The college has not received any feedback from CCH trainees to suggest that the current review process is disadvantaging trainees, but if this is</p>

	consider how this could be made more equitable.	not the case then the CSAC are encouraged to collate examples of this for the TQB to review.  The TQB is very happy to discuss with the CSAC if more job-shares on the CSAC are required to better cover the workload.
<b>CMH</b>	Need for subspecialty training posts to be better established to try and get subspecialty training numbers in CMH. Continued push for parity of esteem between physical and mental health.	Joint RCPCH / RCPsych working party agreed to develop a multi-tiered CMH training framework.
<b>PAIID</b>	Ensure START scenarios are up to date	The Question Board Team have liaised with CSACs to prompt where scenarios need review ahead of the November 2025 diet. All PAIID scenarios have been reviewed.
	Update SPIN curriculum for Allergy and PID	All CSACs have been advised to ensure their SPIN curriculum has 3-5 learning outcomes and is fit for purpose. PAIID and all CSACs have until Jan 2026 to let us know what changes, if any, are required.
<b>PEM</b>	Ensure up to date subspecialty trainee contact list to allow dissemination of CSAC info to trainees	All CSAC Members will have access to the CSAC <i>Report: Paediatric Emergency Medicine (PEM) Subspecialty trainees</i> which can be used to export a list of trainees who have the PEM trainee role on their eportfolio into an excel spreadsheet. It is the responsibility of the CSAC to maintain an up-to-date database that can be used for contacting trainees.
<b>Resp.</b>	Recruit general paediatricians to our respiratory CSAC to review SPINs	CSACs are being encouraged to recruit co-opted SPIN Leads who are general paediatricians with a special interest in the relevant sub-specialty and DGH experience. A paper confirming the agreed outcomes from the SPIN working group was circulated to CSACs on 18 August 2025. An amended CSAC ToR to facilitate recruitment of co-opted SPIN leads will be tabled for TQB in November 2025.
	Further clarification about the role of START in training	START is part of the wider Assessment Review currently being undertaken to ensure that the programme of assessment better aligns to Progress+. We've published a <a href="#">webpage with some more detail and FAQs</a> . The review of START is still ongoing.



## Section 2: Progress + and the curriculum

### Remaining concerns with Progress+

As part of the College's ongoing monitoring of the Progress+ curriculum we ask the CSACs to provide feedback on Progress+, their subspecialty curricula and to highlight if they had any remaining concerns with Progress+. The responses have been collated to illustrate which CSACs continue to have unresolved concerns (red), where new concerns have been reported (orange), those who previously had concerns which have since been resolved (yellow) and where there continue to be no concerns (green). The arrows indicate the movement of the subspecialties across these 4 categories when comparing their mid-year and annual feedback.

CSAC/ ISAC	Are there any remaining concerns with Progress+?			
	Annual AFF (2023-2024)	MY-AFF (2024-2025)	Annual AFF (2025-2026)	Status
CCH	Yes	Yes	Yes	↔ Unresolved concerns
Diab & Endo	Yes	Yes	Yes	↔ Unresolved concerns
Neonatal Med.	No	Yes	Yes	↔ Unresolved concerns
PICM	No	Yes	Yes	↔ Unresolved concerns
Nephrology	No	No	Yes	↑ New concerns
Neurodis.	Yes	No	Yes	↑ New concerns
Neurology	Yes	No	Yes	↑ New concerns
Palliative	No	Yes	No response	No update provided
PEM	No response	Yes	No	↓ Previous concern resolved
PIMM	No	Yes	No	↓ Previous concern resolved
Rheum.	Yes	No response	No	↓ Previous concern resolved
CMH	No	No	No	↔ No change
Clinical Pharm.	No	No	No	↔ No change
Oncology	Yes	No	No	↔ No change
PAIID	Yes	No	No	↔ No change
PGHAN	No	No	No	↔ No change
Respiratory	No	No	No	↔ No change

It is encouraging that 9 out of the 16 CSACs had no concerns including PEM, PIMM and Rheumatology who had all previously reported concerns in the MY-AFF which have since been resolved. However, Nephrology, Neurodisability and Neurology all highlighted new concerns.

### 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' preparedness for consultant posts, subspecialty recruitment processes not being supportive of academic career routes and reduced exposure to smaller subspecialties earlier in training.

- **Neurology** noted *'more junior trainees, needing increasing support and additional supervision meetings with supervisors.'* Despite this, Neurology reported that *'Most trainees [are] able to achieve all components of training pre-CCT'.*
- **Nephrology** recently conducted a trainee survey, and the results indicated trainees *'felt less prepared for a Consultant position'.*

**TQB Response:** It is unclear why trainees are feeling less prepared, does the CSAC have any further information they can share as to the reasons why trainees are feeling less prepared. The Workforce Projects team at the College has undertaken a pre-and post CCT Survey which included questions about preparedness for consultant working and the reason why people may feel underprepared. The full results are scheduled to be published in Sep 2025 and will be available here: [Workforce CCT survey 2025 | RCPCH](#).

- **Neurodisability** identified a *'lack of opportunity for trainees to understand and experience Neurodisability [in] time to apply for subspecialty training'.* The CSAC also had concerns that trainees who didn't get exposure to community or Neurodisability placements during their training *'may not develop an understanding of how to support these patients and families when they see them in whatever setting they work'.* The CSAC highlighted the importance of knowing how to manage neurodisabled children who frequently present in acute settings. The CSAC felt that *'RCPCH and CSAC need to support trainees who express interest in ND to have a community, neurology placement...early [in their training].'* The CSAC are also *'encouraging trainees with early interest to join BACD and TNC and have mentorship through active subspecialty trainees and consultants in this specialty'.*

**TQB Response:** It would be helpful if the CSAC could source additional feedback from a breadth of resident doctors (not just those within the subspecialty) to establish if they feel their training experience is being impacted by a lack of exposure to community and Neurodisability placements earlier on in their training. The Board would encourage the CSAC to continue to monitor recruitment figures, the current figures would suggest there are still high numbers of applicants interested in the subspecialty. The work the CSAC is already undertaking encouraging trainees to join BACD and TNC could also be mirrored across links with other subspecialty initiatives e.g. linking in with Neurology.

**MRB Response:** Application numbers to Neurodisability have fluctuated a lot in recent years (2023 = 17, 2024 = 32, 2025 = 22) but the number that we have been able to invite to interview has been relatively steady, with all but one of the posts being filled in the previous 2 years. 2023 was a known aberration, where numbers were already low but with interviews being combined with Neurology and interviews produced less than half appointable candidates, there was never a realistic chance of getting near filling the 5 posts, with trainees applying to CCH and Neurology as well. Since the Neurodisability panel have interviewed exclusively (i.e. not in conjunction with Neurology) scores have been more consistent and numbers of appointable applicants higher. In order to help increase awareness of Neurodisability, as a sub-specialty, we can continue to support career promotion and improve the webpages further. We can also link the CSAC up with Milestones or with EPD for podcasts. Any guidance regards rotations for trainees, prior to applying would need to be in conjunction with TQB but would need to be via guidance to TPDs etc around how best to provide opportunities for trainees interested in sub-specialties that get less exposure; also for trainees to be better aware of how to request exposure in certain areas.

### Unresolved concerns

CCH, Diab & Endo, Neonatal Medicine and PICM continued to report unresolved concerns in relation to subspecialty exposure and the length of subspecialty training respectively.

- **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...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.*
  - In response to this the CSAC are drafting a questionnaire about the impact of Progress+ that will be sent to the CCH Leads to gather more information. The CSAC will continue to monitor interest in CCH and how this translates across post numbers, recruitment and fill rates.

**TQB Response:** CCH continues to be one of the largest subspecialties recruiting to the greatest number of training posts in comparison to the other paediatric subspecialties. The interest in CCH as evidenced in the subspecialty recruitment figures detailed in the Mid-Year Quality Review Report do not indicate a lack of interest in the subspecialty. The CSAC are asked to continue to monitor this and feedback any developments to TQB.

- **CCH** noted *'with the advent of Progress+, more junior trainees are applying to subspecialty training. This does mean that opportunities to get a rotation within the subspecialty (either at Level 1 or 2) before application are more limited. Trainees will therefore have to be very proactive about seeking opportunities to get a taste for the specialty.'*
  - The CSAC have listed advice on how to gain exposure to the subspecialty on their subspecialty web page.

## Insufficient time in training

- **Diab & Endo** believe the subspecialty training programme should be expanded *'from 2 to 3 years to allow for full consolidation of learning. Of note a 3-year training programme was thought to be a more appropriate time frame by current subspecialty trainees (these trainees are effectively pre-Progress+). Going forward this may be even more pertinent given the reduced time overall in training for those following Progress+.'*
- **Neonatal Medicine** highlighted *'trainees have significantly less experience when they commence Subspecialty Training and clearly require a full 36-month training in order to develop their key capabilities but in particular to enable them to develop their senior clinical leadership skills. The 36-month training program will enable them to develop their skills but Neonatal Services / Consultants need to adjust their expectations of what a day 1 Neonatal Subspecialty trainee can do.'*
- Similarly, **PICM** commented that *'Time in training within PICM subspecialty training is too short - two years is insufficient for a resident to become truly competitive for a PICM consultant interview'.*

**TQB Response:** TQB are aware of the concerns raised by D&E in reference to the shortened timeframe which was previously highlighted in their MY-AFF submission. TQB would like to reiterate that the 2-yr programme length is indicative. If trainees are not completing their capabilities within this timeframe, they should be able to access additional time to achieve and evidence them. Previously the CSAC were asked to measure the aptitude of trainees moving through the training programme over the next 2-3yrs and to keep TQB informed if these concerns materialise in the quality of trainees progressing through training. TQB suggest that PICM adopt the same approach to track these concerns within their current cohort of trainees.

## Curriculum successes

CSACs were asked to highlight which areas of the curriculum are working well within their subspecialties, responses covered curriculum coverage, accessibility and the structure of the training programmes:

### Curriculum coverage & accessibility

- **CCH** - Annual BACCH trainee survey (June 2025) indicated *'most areas are working well – 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'.*
- **Clinical Pharm** - *Good coverage of Clinical Pharmacology [and] general paediatric competencies.*
- **Diab & Endo** - *Overall the current curriculum appropriately covers the breadth of curriculum required to complete training and be Consultant ready within the subspecialty. Trainees are getting access to the breadth of curriculum necessary, in*

*some cases proactively identifying opportunities out of rotation to access certain specialty clinics/ services not offered in their own.*

- **Neurodisability** - *Broad base, to develop professional behaviours, knowledge and skills (supported with access to TNC, BACD and PDDLCL) to develop more specialist areas of expertise further.*
- **Oncology** - *The curriculum is clear and comprehensive and allows assessment and review of competencies acquired by subspecialty trainees.*
- **PGHAN** - *We reviewed the PGHAN curriculum in detail.. trainees are achieving the necessary knowledge, skills and competencies to become a consultant in PGHAN.*
- **PIMM** - *Trainees feel subspecialty curriculum is easy to link evidence to. Trainees appreciate ability to link/use Logbook to record details of conditions seen.*

**TQB Response:** Logbooks were previously discussed with TQB who reiterated that anything mandated should be included as part of the curriculum. Progress+ has placed an emphasis on capability acquisition and the curriculum was streamlined to support this. Therefore, separate documents other than those encompassed by the curriculum are not being encouraged. If a trainee wishes to use a logbook they can, however this is not and should not be mandated. Capability acquisition is what needs to be mandated.

- **Rheumatology** - *Trainees are able to access the curriculum within their training. We're often impressed by our trainees evidence and the depth of reflection and understanding. In addition to clinical training, we've introduced 2-3 additional training events per year which are online and hosted by different centres. The aim of these is to cover any aspects of the curriculum which may not be guaranteed in clinical time, to share learning and to bring trainees together. CSAC have a presence at these events to support trainees.*

### Training programme structure

- **Nephrology** - *The curriculum and design of the training in either one or two centres allows excellent training for all parts of the curriculum*
- **PAIID** - *There is a 'flexibility around HIV/microbiology/TB etc. placements'*
- **Respiratory** - *The 2-centre programme is particularly valued by trainees. [The] programme is adaptable enough that we can allow, for example, sleep/ventilation/PICU experience for 6 months*

### Subspecialty curriculum development

We asked the CSACs to identify any areas of the subspecialty curriculum that they felt needed further development. CCH, Clinical Pharmacology, PAIID, PEM, Respiratory and Rheumatology did not feel further developments were needed at this time. The CSACs listed below identified the following areas of development that they felt needed attention:

## **Adequate exposure to clinical experiences**

- **PGHAN** – *It can be difficult for trainees to get enough independent clinic time and make adequate progress in colonoscopy. This becomes more of a problem when staffing/rotas are a challenge.*

## **Clarifying expectations and requirements**

- **PGHAN** - *There needs to be improved clarity on the different expectations and requirements for hepatology v gastro trainees in view of fact both get a CCT in PGHAN, but training requirements necessarily differ.*
- **Neurodisability** - *more granularity of how to become a tertiary consultant in ND.*

## **Curriculum developments**

- **Neonates** - *The Neonatal Subspecialty Curriculum requires some development work. Increasing the number of SLO's to clearly delineate procedural skills and also have a leadership team working domain (this works well with SPIN). We will look to update some areas in our curriculum given changing approaches to patient management.*
- **Nephrology** had queried adding genetics as a separate Learning Outcome. This was not approved by TQB or the GMC. *Currently molecular genetics are listed as key capabilities within each Learning Outcome module.*
- **Neurology** - *The palliative care component needs further development.*
- **Oncology** – *The main difficulty in paediatric oncology is that it is a rapidly developing field and it is challenging to keep the curriculum up to date with the speed of ongoing developments in diagnostic and treatment methods.*
- **Diab & Endo** will be aiming to align our curriculum with the international ESPE curriculum which offers a more granular guide to training. *Congenital or acquired brain injury leading to hypothalamic pituitary damage would be an aspect of the curriculum which will need to expand with the upcoming revision as this is an emerging therapeutic field in endocrinology.*
- **PICM** are currently undertaking a review of their subspecialty curriculum with the view of providing 'a comprehensive framework for PICM training'. In addition to this, the ISAC feel 'the assessment framework needs to ensure that trainees in different centres have equal, flexible access to the training they require for completion of the curriculum. The curriculum and portfolio need to provide a robust mechanism for the resident to evidence the competencies that they have achieved. Many residents would like a basic science summative assessment at the end of their first year of sub-specialty training - this would allow standardisation across training centres.



**TQB Response - PICM:** The programme of assessment is standardised across all subspecialties with multiple learner led WPBAs and DOPS specific to each subspecialty. These can be used to test a trainee's knowledge, skills and behaviour with DOPS having a summative sign off element. A trainee's basic science is tested in the theory component of MRCPCH and any further summative high stakes science assessment is not feasible in terms of resource or cost for the college and from discussions with the regulator on the general principle, it would be very, very unlikely to be approved by the GMC. The college supports that all trainees should have equal and flexible access across all training sites in order to achieve curriculum competencies and this should be managed in the delivery of training programmes.

**Curriculum Reviews – Diab & Endo & PICM:** Following the CSAC Chairs Away Day in October 2025, the QTP team will be reaching out to all CSACs regarding a new initiative to align all illustrations with Progress+. This work will be supported by comprehensive guidance aimed at strengthening both the illustrations and the curriculum overall, ensuring greater coherence and robustness across the board. We are also happy to accommodate a meeting at the College to work through the curriculum with the team.

## Further support from the college in reference to Subspecialty curriculum development

The following CSACs/ ISACs requested additional support from the College in reference to developing their subspecialty curriculum further.

CSAC	Further support requested by the CSAC	College Boards Responses
<b>CCH</b>	<p>Consideration and support to be given to ensure that community competencies in the core curriculum are being covered appropriately.</p> <p>Consideration to be given as to how more trainees can be exposed to community paediatrics. A lot of the skills learnt in CCH (especially with regards to safeguarding and seeing vulnerable children) will be useful irrespective of what their future paediatric subspecialty will be.</p>	<p><b>TQB Response:</b> This concern was raised in the MY-AFF and addressed by TQB who confirmed that Progress+ aims to provide trainees with greater exposure to community paediatrics earlier in their training. The design of Progress+ has given trainees greater flexibility to achieve their key capabilities in a variety of settings. Feedback has suggested that trainees are receiving adequate exposure to achieve the necessary capabilities despite there being few dedicated community paediatric posts at core level. TQB appreciate the need to continue to monitor this and ask that the CSAC escalate any instances where trainees are unable to progress because they have not been able to achieve their core competencies to the Board.</p>

<b>Diab &amp; Endo</b>	<p>Working towards adjusting the length of training from 2 years to 3 years compulsory.</p> <p>'The 2024 Paediatric Diabetes and Endocrine trainee survey showed "75% of respondents felt that a 3 year rather than 2-year training programme would be more appropriate to complete GRID training". The CSAC panel agrees with this view and would appreciate support from the college as to how this can be implemented.'</p>	<p><b>TQB Response:</b> Previously the CSAC were asked to measure the aptitude of trainees moving through the training programme over the next 2-3 yrs and to keep TQB informed if these concerns materialise in the quality of trainees progressing through training.</p>
<b>Neonates</b>	<p><i>It would be helpful to engage with members of the Training Team at the beginning of 2026 to discuss the development of the curriculum and the process</i></p> <p><i>Neonatal CSAC progression form needs some minor alterations.</i></p>	<p><b>TQB Response:</b> Following the CSAC Chairs Away Day in October 2025, the QTP team will be reaching out to all CSACs regarding a new initiative to align all illustrations with Progress+. This work will be supported by comprehensive guidance aimed at strengthening both the illustrations and the curriculum overall, ensuring greater coherence and robustness across the board. We are also happy to accommodate a meeting at the College to work through the curriculum with the team.</p> <p>At the CSAC Assembly in Spring 2025, all CSACs were offered the opportunity to meet with the QTP team to discuss potential amendments to their progression forms. The Neonatal progression form currently operates differently from the others, and we are keen to bring it in line with the standard format. Although an initial email was sent to the Chair to arrange this discussion with no response, we will be following up directly with the CSAC to explore this further and address any additional requirements the CSAC may have.</p>
<b>Neurodis.</b>	<p>To create more illustrations/examples to support trainees in understanding the wide base.</p> <p>Further support from RCPCH in getting booklet published for</p>	<p><b>TQB Response:</b> Following the CSAC Chairs Away Day in October 2025, the QTP team will be reaching out to all CSACs regarding a new initiative to align all illustrations with Progress+. This work will be supported by comprehensive guidance</p>



	trainees and supervisors. This booklet has been drafted.	<p>aimed at strengthening both the illustrations and the curriculum overall, ensuring greater coherence and robustness across the board. We are also happy to accommodate a meeting at the College to work through the curriculum review.</p> <p>A meeting has been scheduled in Sep 2025 to finalise the drafted guidance document for trainees and trainers. Once the changes have been agreed this will be published on the website.</p>
<b>PGHAN</b>	We would like the college to email out the welcome letter and PGHAN trainee pack to new trainees when they accept their job offer so that we know they get this information in a timely manner.	<p><b>MRB Response:</b> Some CSACs already contact all successful candidates with a welcome email and additional supporting information in relation to their subspecialty. All CSACs are given a list of successful candidate email contacts, we would encourage PGHAN to use this list to follow up with all candidates to establish clear lines of communication. If there is any further information that the CSACs would like in relation to candidate information they can contact the subspecialty medical recruitment team who will consider what is appropriate to share.</p>
<b>PICM</b>	Support for extended time in training	<p><b>TQB Response:</b> Time in training is indicative and trainees should be progressing based on their competency and ability to satisfy the requirements of the curriculum. Similar to the concerns raised by Diab &amp; Endo, TQB would like the ISAC to monitor the situation and measure the aptitude of trainees moving through the training programme over the next 2-3yrs. The ISAC are to keep TQB informed if their concerns materialise in the quality of trainees progressing through training.</p>
<b>PIMM</b>	The CSAC Progression Form still needs work to make it user friendly - it does allow an objective assessment of PIMM curriculum coverage but at present places a lot of responsibility on CSAC reviewer if the ES report is not thorough.	<p><b>TQB Response:</b> At the CSAC Assembly in Spring 2025, all CSACs were offered the opportunity to meet with the QTP team to discuss potential amendments to their progression forms. The team will contact the PIMM CSAC to discuss individual requirements.</p>

## Section 3: General subspecialty trainee progression

### Management of trainees within the subspecialty

The majority of CSACs had no concerns to raise in relation to the management of trainees within their subspecialties. 10 out of the 15 subspecialties (who submitted responses); CCH, CMH, Clinical Pharmacology, Nephrology, Oncology, PAID, PEM, PIMM, Rheumatology and Respiratory had no concerns to report with Rheumatology noting 'trainees are progressing satisfactorily and appear to be happy with their clinical placements'.

### Successes & areas of good practice

- **Diab & Endo**
  - All trainees this year making appropriate progression.
  - Within each training rotation trainees had flexibility to consolidate learning to fulfil the breadth of the curriculum.
  - Successful annual review of progression meetings combined with trainee educational programme. This received excellent feedback.
- **Neonatal Medicine** - where there have been issues with progression and engagement with e-portfolio this gets escalated early and a system of regular review meetings are set up across the year to support the trainee.
- **Nephrology** - All UK sites are involved in subspecialty training either as a single or shared site.
- **Neurodisability** - Ongoing oversight of all trainee progression. Reflections provided by a trainee in difficulty noted that local teams and the CSAC have supported them well to facilitate continuation of their training.
- **Neurology**
  - Regular support for subspecialty and non-subspecialty trainees including trainees meeting which is open to non-trainees and prospective trainees.
  - Annual recruitment webinars have boosted recruitment into paediatric neurology.
- **Oncology** - We are consistently facilitating the development of excellent colleagues in paediatric oncology which is a testament to the quality of residents, training programmes and educational supervisors in our subspecialty.
- **PAID**
  - Support of trainee in Allergy with additional needs who has now CCT-ed with additional support in place.
  - PID- ACLs management of complex rostering
- **PGHAN** - We have separated recruitment for gastro and hepatology, and this has improved trainees job satisfaction and focus.

- **PICM**

- In agreement with the Subspecialty Recruitment Team, it has been agreed that access to the PICM subspecialty curriculum can be granted 'to those hoping to apply to PICM grid to allow correct capture of progress in real time'. This will continue to be monitored while discussions re. evidencing prior experience are ongoing.
- For trainees who have been unable to complete their sub-specialty training, elements of their training is now recognised to allow completion of HDU SPIN.

**TQB Response:**

**Subspecialty Curriculum Access:** The subspecialty curriculum is only to be issued temporarily to trainees who are in specialty level training and are applying for PICM subspecialty training. The curriculum is not to be issued to those who are currently undertaking core level training and access to the curriculum will be fixed at 6-months to mirror the application timelines. If applicants are unsuccessful in gaining a PICM subspecialty training position, curriculum access will be revoked, and the resident will be responsible for retagging any evidence to their relevant curriculum.

**Mapping capabilities:** The board have requested more data from the PICM ISAC to highlight the number of trainees who have been unsuccessful in completing their subspecialty training. Data capturing the number of developmental outcomes issued as ARCPs and CSAC Progression Meetings would be helpful in establishing how frequently this is happening. In the instances where trainees have transferred from subspecialty training back into general paediatric training, the Board recognises that capabilities acquired and evidenced against the subspecialty level curriculum can be mapped against a relevant SPIN module such as HDU.

- **PIMM** - Successful CSAC Progression reviews and an Outcome 6 for one trainee.
- **Respiratory**
  - Trainees feel the CSAC reviews were supportive and reassuring.
  - Trainees attend the largest paediatric UK respiratory conference John Price where they get educational opportunities and networking.
  - Respiratory sub-specialty is fiercely competitive...the recent roadshow highlighted a lot of interest in this specialty.
  - Online trainees' meetings every 3 months, good feedback from trainees.

### **Subspecialty trainee wellbeing & further support from the College.**

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. Neurodisability, Oncology, PAIID and PEM did not cite any specific instances that required additional support however, they will continue to monitor trainee wellbeing

and provide additional support as and when required in coordination with Educational Supervisors, TPDs and HoSs.

Diab & Endo and PGHAN highlighted instances which necessitated a tailored approach from the CSACs. In these cases, the CSACs identified what reasonable adjustments were required to support the individual trainees in question as detailed in the table below. Responses and requests for additional support from the college have been included from CCH, PICM and PIMM. Common themes included: trainees requiring additional support, travel and relocation, OOH working, managing trainees out of subspecialty training and managing the placement of smaller specialties to avoid trainee isolation.

<b>CSAC</b>	<b>Wellbeing issue</b>	<b>Action taken by the CSAC to address it</b>	<b>Further support the CSAC would like from the College</b>
<b>CCH</b>	CCH trainees negatively impacted by OOH rota cover. Prolonged and frequent absences from community posts (weeks of nights shifts, days off post weekend working) makes it hard for them to integrate into their community team, and means they're unable to do the work they will be doing as a consultant – they're not able to get to multi-disciplinary meetings about children on their caseload, and are not able to run their caseload as they would as a consultant, as tasks have to be done for their children whilst they are out on OOH work.	This is not a new concern and ways to mitigate this are being discussed, though have mostly been unsuccessful. The CSAC will continue to monitor this.	Support to recognise that the work that community subspecialty trainees will be doing as a consultant is different to that of other trainees in acute specialties who are supporting OOH rotas in hospitals. The majority of CCH trainees will not be working on wards as a consultant, and therefore they are not gaining many transferable skills whilst running general takes / specialty takes / NICUs. Support from the college for CCH trainees to come off acute rotas for at least some of their training would be enormously appreciated.

**TQB response:** All training must deliver some service and participating in out-of-hours contributes to trainees developing their generic capabilities. In some areas Paediatric trainees can, and do, come off the on-call rota during the latter part of their CCH training (if there is sufficient staff cover). However, TQB is aware that this is not always possible across the different regions and can therefore not mandate this on behalf of the College.

TQB is aware of this challenge and, as part of the Mid-Year Quality Review Report, requested more information from the CSAC about the impact this is having on trainees e.g. inability to achieve capabilities, potential extensions to training, regions where this is particularly challenging etc... The CSAC are asked to continue to monitor the situation and provide

examples highlighting the impact of this on trainee progression and any trends that are emerging following further investigation.

<b>Diab &amp; Endo</b>	<p>One trainee has made poor progress following repeated extensions to their training. They are currently on a period of sick leave and</p> <p>CSAC Progression Report updates: We have a template that we need help with to build into Kaizen.</p>	<p>This is being looked into by the HOS, but the CSAC would like further guidance from college teams to advise what would be most appropriate action for this trainee.</p>	<p>Guidance is needed from the College, we would appreciate advice on our role in advising the training centre who has asked if a time limit for extension can or should be offered to the trainee in such circumstances.</p> <p>We need help from the college to populate the RISR form of the CSAC progression report to capture all the assessments that trainees fill in a word form. This can be easily built in the progression form and supervisor progression report and support from the college was extended in the latest CSAC forum.</p>
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#### TQB Responses:

**Failing to progress** – As this is a trainee-specific issue, we would suggest the D&E Chair (or CSAC lead for this) reaches out to Christine Pierce and Lorraine Bullard in the first instance to discuss this further.

**ePortfolio** – Following the CSAC Assembly in Spring 2025, all CSACs were offered the opportunity to meet with the QTP team to discuss potential amendments to their progression forms. The team will reach out to the CSAC to discuss potential changes and how assessments can pull through to the progression form.

<b>Neonates</b>	<p>The familiarity of ESs with the curricular requirements is variable. Issues with lack of engagement with e-portfolio may only become apparent at first CSAC review. Where there have been concerns with curriculum engagement and lack of progress (</p>	<p>We have developed a document for new Subspecialty trainees and ESs. One trainee who required additional training time was highlighted early and a plan was put in place to support them in their</p>	<p>Early notification of ARCP dates from each Deanery – this always takes a lot of time to sort out</p>
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	Outcome 2) there has been early involvement of the Chair and an additional CSAC member to meet the trainee and provide regular planned ongoing review of progress. This has been well received by trainees.	additional months of training enabling them to meet all competencies and achieve an outcome 6.	
<b>TQB Response:</b> Notification of ARCP dates is a Deanery responsibility, we would recommend that the CSAC raise this locally. A contact list for each deanery is available here: <a href="https://www.rcpch.ac.uk/education-careers/training-assessment/deaneries-contacts">https://www.rcpch.ac.uk/education-careers/training-assessment/deaneries-contacts</a>			
<b>Neurodis.</b>	The CSAC have some concerns in relation to programme delivery and the management of trainees having equitable access to a tertiary neurology placements.	The CSAC have been supporting trainees to be clear in what they need to achieve during these placements and are providing written guidance to support their trainees in navigating this.	No further support requested
<b>Onc.</b>	No specific concerns however, Oncology Trainees are generally high achievers with high personal standards and expectations.	We've taken several steps to support our trainees including introducing a mentoring scheme, (Thursdays at Five), developed a trainee guide with links to sources of support, the CSAC works closely with ES to support trainees and aim to be responsive, supportive and pragmatic if problems are identified. We've received positive feedback from both trainees and ESs about this.	No further support requested
<b>PGHAN</b>	A new diagnosis of neurodiversity has seriously impacted on [a trainee's] ability to progress. It can be difficult to know how to balance trainee's needs with our duty to patient		Training on employment rights/legal advice of how to manage trainees in difficulty who are diagnosed with ADHD/autism

	<p>safety and ensuring quality of training upheld.</p> <p>It is difficult to have to move to different centres and there is a lack of consistent travel and relocation support available for trainees. We have found trainees can find working away from home with young families overly stressful.</p>	<p>It would be good to check applicants were aware of the travelling implications of rotations and there was a way of checking prior to applications. Maybe this can be done by local educational supervisors prior to application.</p>	
<p><b>TQB Response:</b> In early 2025, the RCPCH released comprehensive guidance to help support neurodivergent trainees in the workplace. This resource offers practical advice on fostering inclusive environments, including tips for managing supportive conversations and implementing good practice across training settings. It also signposts to relevant statutory guidance and resources from the GMC and BMA, with a focus on reasonable adjustments and legal obligations. <a href="https://www.rcpch.ac.uk/resources/neurodiversity-guidance">https://www.rcpch.ac.uk/resources/neurodiversity-guidance</a></p>			
<b>PICM</b>	<p>Many wellbeing issues encountered relate to distance needed to travel to undertake the sub-specialty programme, the nature of the sub-speciality and the lack of job security once the programme is completed.</p> <p>Supporting trainees out of subspecialty training back into General Paediatric training to support ARCP decision making.</p>	<p>Responses to this include expanding number of programmes across the UK, resources on NHS Futures website for wellbeing support and regular workforce surveys. ISAC engagement in AAC panels with clear advocacy for sub-specialty trained residents to be considered for appointment.</p>	<p>The ISAC would like a conversation around retrospective approval of training.</p> <p>A clearer pathway is needed from RCPCH for trainees exiting back to General Paediatric training for residents in their final year of PICM sub-specialty training who are not going to attain PICM competencies but still wish to progress to CCT.</p>
<p><b>TQB Response:</b> Further discussion between TQB and the CSAC would be required to unpack this issue more comprehensively. It is recommended that the PICM Chair contact Christine Pierce to arrange a time to discuss this further.</p>			
<b>PIMM</b>	<p>One trainee raised that being a sole trainee in a centre can be isolating. Other centres are larger and have historically had more trainees.</p>	<p>With an increased number of trainees this year, the PIMM trainee community will be growing and will hopefully take on more of a peer-supporting role to such trainees.</p>	<p>No further support requested</p>