

Head of School Annual Quality Report Sep 2024 – Aug 2025

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Introduction & Purpose

The Annual Quality Report collates feedback submitted from the various Heads of School to identify; what is working well, local action plan progress, possible risks and areas requiring further improvement within each region. This Annual Quality Report covers the training year Sep 2024 – Aug 2025.

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

Activity and feedback form compliance

In July 2025, all Heads of School were sent an Activity and Feedback Form (AFF) covering the reporting period Sep 2024 – Aug 2025 and were given 10 weeks to submit their responses. The purpose of these forms was to provide an update on the work being undertaken by each region and to establish what College support may be required.

Compliance for this reporting year is the same as last year. The Midyear reporting cycle saw a slight dip in engagement. HoS engagement rate overview is demonstrated below:

HoS region	2022-2023: AFF Engagement	2023-2024: AFF Engagement (Aug-Sep 2024)	2024-2025: MY- AFF Engagement (Jan-Feb 2025)	2024-2025: AFF Engagement (Aug-Sep 2025)
Wessex	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted
Northern (North-East England)	Feedback submitted	Feedback submitted	No feedback submitted	Feedback submitted
Thames Valley	Feedback submitted	Feedback submitted	No feedback submitted	Feedback submitted
London	No feedback submitted	Feedback submitted	No feedback submitted	Feedback submitted
East of England	Feedback submitted	No feedback submitted	No feedback submitted	Feedback submitted
West of Scotland	No feedback submitted	No feedback submitted	Feedback submitted	Feedback submitted
Yorkshire and Humber	No feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted
North-West	No feedback submitted	No feedback submitted	Feedback submitted	Feedback submitted
East Midlands	Feedback submitted	Feedback submitted	Feedback submitted	No feedback submitted
East of Scotland	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted
North of Scotland	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted
Wales	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted
Northern Ireland	Feedback submitted	Feedback submitted	No feedback submitted	Feedback submitted
South-West (Peninsula)	No feedback submitted	Feedback submitted	Feedback submitted	No feedback submitted
West Midlands	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted
South-West (Severn)	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted

KSS	No feedback submitted	Feedback submitted	No feedback submitted	No feedback submitted
Southeast Scotland	Not sent to this region	Feedback submitted	Feedback submitted	Feedback submitted
AFF Compliance rate	64%	83.30%	66.60%	83.33%
AFF Compliance rate	11/17	15/18	12/18	15/18

The Quality and Training Projects Team at RCPCH are continuing to explore methods for improving monitoring and quality assurance processes. The MS forms circulated are continuously upgraded to make it easier for Head of School members to fill in. For this round, we also extended the deadline to submit responses from 14th august to 15th September, an additional 4 weeks, 10 weeks in total.

Section 1: Update on 2024/2025 Local Action Plans, Future Action plans (2025-2026) and college support requested

The following actions were identified and logged as part of the 2023-2024 Quality Review process. HoSs have submitted the following updates to be reviewed by TQB who will recommend if actions are considered closed or need to be carried over to the next Quality cycle reporting year. Recommended action outcomes have been included in the table below which TQB will validate.

1.1 2024/2025 Local Action Plans

HoS	2024-2025 Local Action Plan (who is responsible & Deadline)	Update provided by HoS	Action Status
Wessex	1. Continue to evolve the process of longitudinal supervision. (HoS and TPD, Date to be completed: 30/9/25)	1. All ST1 and ST2s now have longitudinal ES. We have invited interest from ES across the region to be named as ES for the incoming ST1s. All residents currently in subspecialty posts and those doing a SPIN module have been allocated longitudinal ES. Challenges remain around allocation of SPA time for consultants to be able to support residents in this process. We are engaging the College Tutors to negotiate this with local Trusts.	In progress
	2. Appoint new HoS. (Dean, Date to be completed: Nov 2024)	2. New appointment from 15th July 2025. Sumit Bokhandi has taken over from Steve Warriner.	Completed

		TC chair has produced a pregnancy toolkit for resident doctors and educational supervisors. LSP website has been re-vamped providing up to date information for resident doctors.	
East of England	2023/2024 AFF not submitted	Mid-Year AFF 2024/25 not submitted	No actions to be reviewed
West of Scotland	<p>2023/2024 AFF not submitted, additional actions listed in MY 24/25 form.</p> <ol style="list-style-type: none"> 1. Implementation of longitudinal Educational Supervision (owner and completion date not mentioned) 2. Migration of WOS PG Cert Paediatrics to Scotland wide regional training for level 1 (owner and completion date not mentioned) 3. Allocation of trainee uplift for Scotland to regions following annual submission to transitions group (owner and completion date not mentioned) 4. Survey of efficacy of Scotland wide programme 	<ol style="list-style-type: none"> 1. We have appointed a new TPD role in support of the current one and this goal. The process of single longitudinal supervision was implemented in August 2024 and is now established after some resistance. We have ongoing issue with numbers of supervisors. 2. This is transitioning this autumn and there are ongoing consultations with Dept of Medical education, training leads and depts to ensure it will be supported. A teaching programme has been created and set with support from trainee reps and TPDs. 3. Successful in principal last year for 3 trainees but withdrawn due to lack of funding Similar process occurring annually with the transitions group but mainly in support of a move to LTFT backfill and WTE funding which is already in place for Paeds. 	<p>Completed</p> <p>In progress</p> <p>In progress</p> <p>In progress</p>

	<p>changes in support of progress plus (owner and completion date not mentioned)</p> <p>5. Subspecialty coordination for Scotland (owner and completion date not mentioned)</p>	<p>4. Survey will be circulated this Autumn.</p> <p>5. Remains a core role for this APGD post and annual coordination of rotational and other subspecialty training underway for this round</p>	In progress
Yorkshire and the Humber	<p>1. Support delivery of local training through informal School visits (School, Date to be completed: 30/9/2025)</p> <p>2. Improve feedback to PGDiTs (School and RCPCH, Date to be completed: 30/9/2025)</p> <p>3. Ensure EDI is embedded into all activities (School and RCPCH, Date to be completed: 30/9/2025)</p>	<p>1. Ongoing visits scheduled across Yorkshire and Humber. This will be 'business' as usual activity to improve trainer and trainee engagement and offer support at grass roots.</p> <p>2. This is very much 'business as usual' and we will continue to push for adequate time for supervision in consultant job plans. We are also continuing to provide ES updates with a focus on supervision. Inclusion of comment by PGDiT on CS induction form on portfolio is helpful.</p> <p>3. We now have EDI PGDiT representative and have as an open item on school board and STC meetings.</p>	<p>Completed</p> <p>In progress</p> <p>Completed</p>
North-West	<p><i>2023/2024 AFF not submitted, additional actions listed in MY 24/25 form.</i></p> <p>1. Introduce our newly clarified guidance on progression with the move to Progress plus (owner and completion date not mentioned)</p>	<p>1. We have new progression guidance aligned with the College, GMC, and CoPMED guidance that we have used for this year's ARCPs.</p>	Completed

	<p>2. Modify our existing placement feedback process by moving to a quality panel approach. (owner and completion date not mentioned)</p> <p>3. Strengthen our links with CAMHS and transition services to facilitate delivery of teaching and training for our resident doctors in these parts of the Progress plus curriculum. (owner and completion date not mentioned)</p>	<p>2. We have run quality panels for the first time this year and will be continuing with these in future.</p> <p>3. We have Incorporated time in CAMHs into our placements and are working to create placements with more exposure to older patients transitioning to adult services.</p>	<p>Completed</p> <p>In progress</p>
East Midlands	<p>1. Continue to run Effective Educational Supervision courses (Lizzie Starkey - DHoS, Date to be completed: 31/12/2025)</p> <p>2. Trial 3 rounds of ARCPs / year rather than two to better accommodate working patterns. (Julia Edwards & Afraa Al-Sabbagh (TPD), Date to be completed: 31/12/2025)</p> <p>3. Inform trainees about process of requesting reasonable adjustment at the start of training (TPDs, Date to be completed: 31/12/2025)</p>	<p>1. Next course on 27.11.2025. 53 delegates booked</p> <p>2. Addition of November ARCP seems to work well, numbers are smaller than the January and June ARCPs.</p> <p>3. Included in our annual school conference and in our new starter induction day. OH and Trust HR included in individual case discussions.</p>	<p>In progress</p> <p>Completed</p> <p>In progress</p>
East of Scotland	<p>1. Consider the need for acknowledgement of the differences between Scotland and England child protection procedures for candidates sitting START (RCPCH*, Date to be completed: Feb 2025)</p> <p>*since it is RCPCH as the action lead, please let us</p>	<p>1. We have not had trainees come through start recently to know if this is an ongoing issue</p>	<p>In progress</p>

	know if we have met this action		
North of Scotland	<ol style="list-style-type: none"> 1. Training day for trainers (HoS, Date to be completed: 31/8/2025) 2. Progress Plus curriculum and e-portfolio support (College Tutor/TPD, Date to be completed: 31/8/2025) <p><i>Additional actions listed in MY 24/25 form.</i></p> <ol style="list-style-type: none"> 3. Supporting IMGS (owner and completion date not mentioned) 4. Delivery of SoT curriculum and focused training to achieve middle grade key capabilities (owner and completion date not mentioned) 	<ol style="list-style-type: none"> 1. Grand Round on Deanery support and Royal College updates ARCP specific training session 2. Training session – ARCP 3. IMG and WINS training facilitator 4. It has been challenging to achieve middle grade competencies in the neonatal unit hence the neonatal team have sought guidance from the Progress+ curriculum to ensure training is standardised and specific to neonatal learning outcomes as the current learning outcomes and key capabilities are generic and not speciality specific 	<p>Completed</p> <p>Completed</p> <p>In progress</p> <p>In progress</p>
Wales	<ol style="list-style-type: none"> 1. Review of training posts across Wales in light of progress+ curriculum (School and TPD, Date to be completed: 31/8/2025) 	<ol style="list-style-type: none"> 1. LPDs surveyed to consider whether the distribution of posts between tier 1 and 2 was correct with the change in programme from 8 to 7 years. They were asked to consider this within the constraints of the same overall number of trainees. Most units felt this was, but as usual a number requested increased tier 2 posts. 	<p>Completed</p>

	<p>2. Further review of opportunities in psychological and public health (School, TPDs and trainees, Date to be completed: 31/8/2025)</p> <p><i>Additional actions listed in MY 24/25 form.</i></p> <p>3. Review our entire teaching programme, and contributing to the HEIW review of generic curriculum training programme (owner and completion date not mentioned)</p>	<p>2. In initial stages at looking for tier 1 opportunities. Some exist already in tier 2 with an established CAMHS post, generally used by CCH subspecialty trainees.</p> <p>3. We have an appointed a new education lead, who has drawn up a plan for a new regional teaching programme, cycling over 2 years, and separating tier 1 and tier 2. The new programme will start in January 26. A PGDiT group has also been set up to support this. We are now working on the training units to ensure trainees are released (historically this has been difficult)</p>	<p>In progress</p> <p>Completed</p>
Northern Ireland	<p>1. Increase LTFT flexibility in RBHSC (Paeds tertiary hospital in NI). (HoS, Date to be completed: 31/8/2026)</p>	<p>1. This was implemented for senior trainees Aug 2024 and has been available for all trainees in Aug 2025.</p>	Completed
South-West (Peninsula)	<p>1. Review of school structure within Peninsula to look at associated PA time for TPD's (Head of School, TPDs, Program manager, Head of Multi-professional Education management (NHSE), Date to be completed: 31/10/2025)</p> <p>2. Review of Quality assurance processes within region following withdrawal of admin support and overview by NHSE (HoS, TPDs, CTs, DMEs, Quality team (NHSE),</p>	<p>2024/2025 AFF not submitted, update to these actions provided in the mid-year AFF report.</p>	<p>All actions to roll over to 2025/26</p>

	<p>Date to be completed: 31/10/2025)</p> <p>3. Review of training placements - to be more trainee friendly and enhance resilience (Paediatric school - HoS, TPDs, Date to be completed: 31/10/2025)</p> <p>4. Review of regional plans for longitudinal educational supervision (Paediatric School with regional DME support, Date to be completed: 31/10/2025)</p> <p>5. Improve Peninsula trainee involvement in School board and Southwest regional teaching delivery (CTs and RCPCH Trainee Rep, Date to be completed: 31/10/2025)</p> <p>6. Review of Southwest Paediatric schools' structure - consideration of single school (Paediatric Schools in Peninsula and Severn, Postgraduate Dean, Date to be completed: October 2025)</p>		
West Midlands	<p>1. To support introduction of longitudinal supervision (HoS and Dean, Date to be completed: 30/9/2025)</p> <p>2. Refine local faculty form (HoS and Dean, Date to be completed: 30/9/2025)</p>	<p>1. Longitudinal supervision introduced Sept 2024. There is a TPD responsible for co-ordinating allocation of new ES/trainee dyads. We have decided to offer a tiered system with a change in ES between levels.</p> <p>2. This was extensively discussed at School Board meeting. A working group looked to see whether changes were required. The eventual decision was to</p>	<p>Completed</p> <p>Discontinued</p>

		continue with the current LFF.	
	3. To understand the place of academic paediatric in West Midlands. (HoS and Dean, Date to be completed: 30/9/2025)	3. We are seeing more requests for academic placements. What is clear is there is a disconnect between what is being offered, where it is being offered, timely linking with TPDs for placements, awareness of Trusts about what this means and financial challenges for Trusts. This discussion has involved the Associate Dean for Academia and is ongoing.	In progress
	4. To ensure that SOP has adequate administrative support to run the items described in this report (school with adequate administrative support, Date to be completed: 30/9/2025)	<p>4. <i>Administrative support has been withdrawn for many activities, due to lack of admin team members.</i> This impact this will have is unclear at present.</p> <p>Support has been withdrawn for:</p> <p>a) All meetings – Single representative attending on behalf of PMDE as a whole.</p> <p>b) Meetings where members of PMDE have specific section/update – Team member will attend for specific slot only, e.g. TPD inductions.</p> <p>c) Support to school boards – Pilot use of AI recap for a school. B7 deputy manager will only attend for update/Q&A section.</p> <p>d) Reports for school boards – Reviewing how we provide written updates at school boards, single PMDE report.</p>	Completed (however concerns raised, and support withdrawn as in comments)

	<p>e) TPD clinics – If held, admin support will cease.</p> <p>f) Online support at events and meetings – Admin will still setup but will not support on the day.</p> <p>g) Support for educator appraisals – No admin support will be available.</p> <p><i>Additional actions listed in MY 24/25 form.</i></p> <p>5. TPD for digital strategy appointed and PGVLE being explored again (owner and completion date not mentioned)</p>	<p>5. TPD has been appointed and is awaiting a start date - probably 1st Sept 2025</p>	Completed
South-West (Severn)	<p>1. Implementation of longitudinal supervision - commencing trial from Sept 2024 (HoS and TPD, Date to be completed: 30/9/2025)</p>	<p>1. Pilot completed. In process of collating feedback. Challenges with ensuring correct forms completed for ARCP.</p>	Completed
KSS	<p>1. Finalise programme for regional training for academic year (TPD, Date to be completed: 30/8/2025)</p> <p>2. Implement longitudinal educational supervision (HoS, Date to be completed: 30/8/2025)</p> <p>3. Produce guidance for time out of training/parental leave and other leave and increase engagement in SuppoRTT (HoS, Date to be completed: 30/8/2025)</p> <p>4. Create additional subspecialty posts suitable for experience pre-application for subspecialty training and</p>	Mid-Year AFF 2024/25 and AFF 2024/25 not submitted	All actions to roll over to 2025/26

	for SPIN (HoS, Date to be completed: 30/8/2025)		
Southeast Scotland	1. Continue to provide high quality training within the new 7-year training pathway to all trainees (TPDS with ES and CS, and staff within every department, Date to be completed: 30/8/2025)	1. We are a popular programme and routinely fill all our posts at ST1 and ST3 entry points. We continue to have several trainees every year successfully reaching CCT and going on to fulfil consultant roles both locally and further afield. We have successful local and regional teaching programmes and a high proportion of trainees seeking research opportunities in parallel with their clinical experiences. We have robust ARCP processes run jointly with other regions of the Scotland Deanery.	Completed
	2. Continue to support trainees wishing to pursue specialty training (TPDs, with ES, in liaison with colleagues across Scotland - facilitating rotational posts, Date to be completed: 30/8/2025)	2. We had 7 trainees applying for subspecialty training in 2024/5 of whom 4 were successfully appointed to a local post and 2 others were appointable but did not accept the post offered as they were unable to move out of Scotland for family reasons.	Completed
	3. Continue to address any differential attainment for trainees who attended medical school overseas (TPDs, medical education department, NES, Date to be completed: 30/8/2025)	3. We have actively developed EDI supports within the Deanery and the local health boards. We have set up a new Trainee-led EDI forum to discuss issues affecting all trainees. We are actively involved in the WINS (Welcoming IMGs new to Scotland) programme. EDI is positively addressed and discussed as part of induction and all Ed sups and Clin sups are encouraged to discuss and	In progress

	4. Continue to address issues related to Equality, Diversity, and Inclusion (All clinical staff in conjunction with NHS board management and alongside NES, Date to be completed: 30/8/2025)	provide support for EDI issues at supervision meetings. 4. See action point no. 3, above.	In progress
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1.2 HoS Future Activity: Local Action Plans 2025-2026

When asked to identify which actions the HoSs would like to carry forward into the coming year, the following areas of development were identified.

HOS	2025-2026 Local Action Plan	Who is responsible	Completion by
Wessex	1. Align the ARCP process for paedS in Wessex to the RCPCH recommendations, particularly with regard to gateways and acceleration processes.	1. Head of School	July 2027
Northern (NE England)	1. Team development - team leadership training and analysis planned. Aim to build resilience with team and strengthen working relationships further. 2. Focus on trainees moving into the region and supporting them to settle during Internal deanery transfer.	1. Head of School 2. Head of School	Dec 2025 Aug 2026
Thames Valley	1. Have clearer criteria for OOP applicants locally given the increasing number of applicants. 2. Rheumatology subspecialty training post to commence. 3. To further develop the Cardiology SPIN pathway	Geetha Anand (HoS) and Oliver Jefferis (TPD) for all actions	Summer 2026

London	<ol style="list-style-type: none"> 1. Support for trainers supervising resident doctors with neurodivergence. 2. Continue to improve ARCP processes 	<ol style="list-style-type: none"> 1. LSP HoS/TPD 2. LSP HoS/TPD 	<p>Aug 2026</p> <p>Aug 2026</p>
East of England	<ol style="list-style-type: none"> 1. HoS to step down as completed 6 years and hand over to successor. 2. Streamline RTT process. 3. Work closely with the team working on developing training at the Cambridge Children's Hospital. 4. Develop more SPIN rotations, dependent on speciality placements being available at Addenbrookes. 5. Update Website 6. Blended Learning -set up platform and upload teaching packages- TPD for Blended Learning - December 2026 7. Expand SiM training in the region. 8. Develop and Establish mentoring for Residents. 9. Pilot both arms the new MRCPCH Clinical exam - Work place based clinical skills assessment and Clinical Exam 	<ol style="list-style-type: none"> 1. Deanery 2. SuPPoRTT TPD 3. TBC 4. TBC 5. TBC 6. TPD for Blended Learning 7. SIM and Curriculum TPDs 8. Mentoring TPD 9. Current HoS (Dr Vasanta Nanduri 	<p>Dec 2025</p> <p>March 2026</p> <p>Aug 2027</p> <p>TBC</p> <p>TBC</p> <p>Dec 2026</p> <p>Sept 2026</p> <p>TBC</p> <p>TBC</p>
West of Scotland	<ol style="list-style-type: none"> 1. Review of essential courses to inform study budget. 2. Ongoing support for changes to programmes because of progress plus and the move to a 7-year programme. Annual review to scope the possible impact on CCT holders and ST1 recruitment. 	<ol style="list-style-type: none"> 1. Specialty training committee 2. Specialty training Board 	<p>Dec 2025</p> <p>Dec 2025</p>
Yorkshire and the Humber	<ol style="list-style-type: none"> 1. Contribution to recruitment board alongside Northern and Northwest Deanery to improve number of volunteers for ST1 national shortlisting and interviews. 	<p>Faculty</p>	<p>Aug 2026</p>

North-West	1. Identify steps to collaborate more effectively with ANPs/ACPs and PAs working in paediatrics to share teaching resource and mutual learning.	Guy Makin & Sunil Bagewadi	September 2026.
East Midlands	2024/2025 AFF not submitted		
East Scotland	No actions listed		
North of Scotland	1. Faculty Development training for Trainers. 2. Trainee regional study day to include updates about College	1. Dr Shyla Kishore HoS 2. Dr Stewart Cox, ST7	May 2026 May 2026
Wales	1. Increasing CCH workforce: Starting a piece of work around increasing our CCH workforce due to severe consultant shortages in Wales (both North and South). Utilising the CCH networks and the CSACs to look at new sites and the USP of each location. Gauging if some new posts (if granted by WAG) could be on call free, and suitable for final year CCH as transition to consultant. Aim to complete for Spring 26 in order to go into HEIW workforce submission (with a plan for new posts from 2027)	1. HoS	Spring 2026
Northern Ireland	1. Quality Improvement project to improve attendance at regional teaching and the quality of teaching provided. 2. Improve implementation of SPA time within the region.	1. TBC 2. TBC	TBC TBC
South-West (Peninsula)	2024/2025 AFF not submitted		
West Midlands	1. Recruitment (funding sourced) to work alongside academic advisor to work with academics at all stages of their academic journey to promote and support RD and trusts.	1. Dr Ellis (HoS)	December 2025

	<p>2. School of Paediatrics SuppoRTT Champion – recruitment (funding sourced) to work with RD to support the SuppoRTT process at all stages.</p> <p>3. Reinstate TPD clinics (despite lack of any NHSE admin support) for both RD AND supervisors to provide career advice and an escalation pathway to ensure correct signposting and placement planning.</p> <p>4. Revamp monthly newsletter and update School of Paediatrics website to include recordings of monthly teaching and extra resources.</p> <p>5. 2nd Annual School of Paediatric Conference – plan and host conference to provide opportunity for RD presentation of research, QI, and good practice.</p>	<p>2. Dr Ellis (HoS)</p> <p>3. Dr Ellis (HoS)</p> <p>4. Dr Ellis (HoS)</p> <p>5. Dr Cawsey (dHoS)</p>	<p>December 2025</p> <p>January 2026</p> <p>January 2026</p> <p>January 2026</p>
South-West (Severn)	1. Discussion regarding Longitudinal Supervision pilot implemented in the previous year, at next joint School board. To decide regarding full implementation from Sept 2026.	TBC	TBC
KSS	2024/2025 AFF not submitted		
Southeast Scotland	1. Ongoing support of Health Board EDI groups, trainee-led EDI forum, rollout of the Active Bystander programme and dissemination of existing good practice. (EDI remains a standing agenda item for all Training Committee and Scottish Training Board meetings.)	1. TBC	TBC

1.3 Actions the HoSs would like the wider College structure to support.

We asked the HoSs to highlight any actions that they would like the wider college structure to consider which would support them in achieving their local action plans. From those who filled in the MY-AFF, East Scotland, SW Severn, Wales, Northwest, NE England, Wessex, and West Midlands had no requests for additional support from the College.

Region	Action requested by the HoS	<i>College Response – Please add in responses/ more info here</i>
West of Scotland	<ol style="list-style-type: none"> 1. Update the Educational Supervisor feedback forms on Risd for ARCP panels. This is present in the RCOG portfolio and needs to be replicated in Paeds to improve and feedback on ES engagement. 2. Educational Supervisor courses to cover more updates on curriculum requirements/trainers reports and ARCP processes/requirements. 3. Work force planning for sub specialities to be considered. 	<ol style="list-style-type: none"> 1. Response from Training and Quality team: We have noted the feedback and will liaise with RCOG to understand their process and will take it to the ePortfolio user group. 2. Response from EPD team: The Education and Professional Development (EPD) team regularly updates the EES course on assessing progress through training. This includes comprehensive revisions to reflect the latest guidance on ARCP outcomes and trainer reports. 3. To be discussed with the Medical Recruitment team This is an important discussion point and one that we have started engaging on more, with the CSACs. There is a lot of uncertainty and much more future planning needed across the board. The team would be happy to listen to any thought/concerns and if there is any information regarding sub-specialty consultant opportunities in the region, we would be very interested in looking at it with you.

	4. Updated work force data for paedics in all nations	4. Response from Workforce team: The Workforce webpages contain data that shows Consultant and SAS doctor numbers by nation https://www.rcpch.ac.uk/resources/paediatric-workforce-information-evidence-library
Yorkshire and the Humber	1. Get CSACs to work with subspecialty leads in training centres to sensibly plan which programmes should be advertised each year to avoid peaks and troughs in number of posts advertised.	Response from Recruitment team: As noted above, in the West of Scotland section, that we have been trying to engage on this more, with the CSACs. There is a lot of uncertainty and much more future planning in needed across the board. The team would be happy to listen to any thought/concerns and if there is any information regarding sub-specialty consultant opportunities in the region, we would be very interested in looking at it with you.
Northern Ireland	1. We have in the past looked at the possibilities of using the new children's hospital in Dublin CHI to provide part of Northern Irish paediatric sub-specialty training. Currently trainees are going to Dublin to do fellowship years post CCT or as OOPE, however we would like to try to develop RCPCH recognised subspecialty training between Northern Ireland and Dublin.	Response from Recruitment team: This sounds like a potentially pragmatic and worthwhile element to explore. If the NI team are able to highlight which sub-specialties they are considering, we will be able to facilitate some discussion with the relevant CSACs and Training team, to explore the suitability of centres, so we can look to ensure that any used/to be used for sub-specialty programmes are/can be GMC approved.
North of Scotland	1. North of Scotland training region agreed to pilot the OACS however we later identified a few challenges as outlined in email to Cathryn Chadwick.	Response from TQB: Cathryn Chadwick has responded to all the concerns that were raised via email. We remain grateful for the feedback received and involvement in the pilots.

Thames Valley (Oxford)	<p>SPIN streamlining</p> <ol style="list-style-type: none"> 1. Will be nice to know how to support SPINs when we have too many candidates applying and not enough local supervisors. Ours is a relatively small Deanery. 2. If trainees wish to apply for SPINs where there is no local tertiary training availability, smaller regions such as ours will struggle. 3. Many SPINs are mandating tertiary training (Allergy/ ID etc). 4. Does the college recommend local interviews to rank candidates for SPIN? 	<p>Response from Training and Quality team/TQB:</p> <p>The need for further streamlining of SPIN provision is continuing to be addressed via the SPIN Review working group. All updates are presented at the HoS meetings.</p> <p>This feedback will be considered at the next SWG meeting.</p>
Southeast Scotland	<ol style="list-style-type: none"> 1. ST1 and subspecialty application forms are a huge issue and are too vulnerable being completed using AI therefore favouring less able candidates. They have not been successful in reducing differential attainment. College needs to look into this. 	<p>Response from Recruitment team:</p> <p>Both application forms have been radically changed, so that answers to shortlisting do not rely on applicants having to write long free-text answers, in order to start mitigating for use of AI. However, it is difficult to get away from the fact that AI is here to stay, esp. if this is to help phrase answers better, (particularly for someone whose first language is not English) and the focus of concern should probably be more on ensuring the content being put forward is accurate and genuine. With sub-specialty we are already on a pathway to removing shortlisting altogether; with ST it is not so simple though, as numbers are so high, processes need to be as manageable as possible. There are a number of discussions taking place at a national level, both at MDRS and the Academy as well, that we are involved in, covering many aspects of assessment, as well as recruitment, so if anyone has any</p>

		innovative ideas to share with us, we would be very happy to hear them.
London	1. Support with recruitment process as challenges are faced as more resident doctors move to LTFT working.	<p>Response from Recruitment team:</p> <p>There is an ongoing discussion at national, MDRS level regarding LTFT and how best to maximise recruitment processes, when there are so many more PGDiTs working at other WTEs. As things stand, we still have the highest number of PGDiTs wanting to train LTFT and the direction from the MDRS group so far, has been to focus on recruiting to “head count” and many regions are now doing this. <u>We would like to have another discussion at HoS about this in early 2026 and hopefully share some best practice.</u> We are happy to discuss with any regions who are finding it particularly challenging. There is a pilot taking place with a handful of smaller medical specialties, at national level, to see if there is a way to recruit to LTFT posts but there a number of issues with the way that national recruitment functions that make this very tricky. We continue to monitor the situation.</p>
East of England	1. E-portfolio issues - ESTR form does not always pull through information from the e-portfolio, esp. tagging to KCs within LOs	<p>1. Response from Training and Quality team:</p> <p>A detailed project was undertaken in 2024 to look into this issue which has since been resolved by September 2024. There may be occasional issues with inconsistent tagging, but that may be due to change in training levels for trainee, curriculum access and or incorrect tagging. We are dependent on trainees to inform us if there are any issues with the above on their</p>

	<p>2. College to review timeline for adding SPIN curriculum into individual portfolios in sync with placement? Feb/March and Aug/Sept rather the current May and Nov timing.</p> <p>3. Progression of LTFT residents and achievement of Capabilities - Please add a Webinar by Dr Cathryn Chadwick as she explains this clearly.</p>	<p>profile. Comprehensive guidance documents and videos have been prepared for trainees to aid in accurate tagging.</p> <p>2. Response from SPIN review group: Applications are made in Nov and May for February/March and August/September placement starts. Applicants need to be proactive and apply in time. Application windows are being reviewed as part of spin review.</p> <p>3. TQB RESPONSE:</p> <p>This topic has been covered in detail by Cathryn Chadwick via this resource on our website - Paediatric training and capability-based progression RCPCH. Further resources regarding LTFT can be found at - Less Than Full Time training guidance RCPCH which is an extensive in depth resource.</p> <p>RCPCH will look at exploring the possibilities of offering a webinar presented by Dr Cathryn Chadwick at the ES and CT events.</p>
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Section 2: Feedback on Progress + and the curriculum

As part of the College's ongoing monitoring of the Progress+ curriculum we asked the HoSs to provide feedback on Progress+ and the curriculum. They were asked if they had any unresolved concerns and what actions schools had taken to resolve them.

From responders, the following had no concerns:

Yorkshire and Humber
Thames Valley
West Midlands
Wessex
East of England

North-West
Wales
East of England
Northern Ireland
South-West (Severn)
East of Scotland

Major concerns centred around shortened time in training and progression at ARCPs. Additionally, applications to paediatric training at ST3 were also a point of concern.

- Northern (NE England) - Ongoing curriculum issues where tagging does not show up consistently on kaizen and creates ARCP issues and stress.

RCPCH response: [A detailed project was undertaken in 2024 to look into this issue which has since been resolved by September 2024. There may be occasional issues with inconsistent tagging, but that maybe due to change in training levels for trainee, curriculum access and or incorrect tagging. We are dependent on trainees to inform us if there are any issues with the above on their profile. Comprehensive guidance documents and videos have been prepared for trainees to aid in accurate tagging \[here\]\(#\)](#)

We have integration days which involve Public Health, mental health, community services etc. These are taking a while to embed in to training but are generally successful.

- North of Scotland - Obtaining Readiness to Tier 2 sign off is an ongoing challenge especially for IMGs who join the run through programme at ST3 level with variable prior experience and some have not worked in tertiary neonatal unit in UK.

Consequently, they are disappointed when awarded an Outcome 3 or extension to training. Thus, it will be important to assess in the shortlisting or interview about prior neonatal experience.

If OACS is going to replace elements of Clinical examination, how do we assess the Clinical skills and competence of IMGs who join at ST3 level.

RCPCH response:

The Observed Assessment of Clinical Skills (OACS) is currently being piloted, and we won't have the results of that until the end of the year. As you correctly allude to, if approved, OACS will be completed during ST1 and ST2, and are designed to assure clinical examination skills early in training, where arguably it is much better placed than waiting until ST4 for the MRCPCH Clinical. For candidates applying for ST3 we will explore whether OACS/assessment of clinical examination skills needs to be added to the person specification and alternative certificate.

- West of Scotland - While there are trainees on the 8 year and 7-year systems training progression at ARCP remains a challenge for those in ST4 and ST5 (C4) as there are still quite a few about. The shortened Core level training pathway is a real challenge, for those thinking of applying for subspecialty training or even unsure and needing experience in subspecialty, and for programmes to deliver appropriate experience out with the increased level one progress plus curriculum requirements.

The college needs to help to close this gap with appropriate career planning sessions and information on the pathways involving subspecialties/academics/General Paediatricians.

Entry at ST3 remains a concern for those with undeveloped Tier 2 capability and continues to disproportionately disadvantage IMGs.

The Tier 2 progression form remains a barrier for some programmes as is often used as a summative assessment of a trainee's ability to be on a supported Tier 2 rota rather than supporting the necessary formative transition to Tier 2 working most trainee require.

Recruitment team response:

At ST1 and ST3, we are working with the NRO to get information of successful applicants out to regions much earlier next year, which we also hope will include additional information about tier 2 experience of ST3s, though to be clear, this is an NHS decision, not an RCPCH one. The team will update HoS nearer the end of the recruitment rounds to confirm. This could be discussed at the next HoS meeting.

- London - Fast-tracking processes and entry and eligibility for subspecialty training - need consistent CSAC recommendations to ensure all resident doctors have equitable chances of applying to subspecialty training.
- Southeast Scotland – 1. Continual changes to the curriculum which can occur shortly prior to ARCPs.

RCPCH response:

We noted this feedback in previous years surveys and have ensured no changes are made to the curriculum ahead of the ARCP period in any region. The curriculum has not changed since the implementation of Progress+ in 2023.

However, refinements are being planned for the subspecialty curricula with implementation expected during summer 2026. We will ensure there is no clash with ARCPs across the 4 nations.

2. Lack of acknowledgement from RCPCH of the different annual timetable in Scotland with ARCPs taking place in early June and rotations changing in

February and August rather than March and September as is the case in most parts of England. This results in one month less notice to create placement sheets etc. once trainee names are released.

Section 3: General subspecialty Trainee Progression

HoSs were asked regarding subspecialty trainee progression management; if they had, any successes to share, wellbeing issues if any and steps taken to resolve them.

[Any concerns regarding trainee management in the region](#)

Majority said that there were no concerns regarding trainee management, and that they have transitioned well to progress plus.

A few reported some concerns which included:

- ❖ Some concerns around subspecialty trainees and support by specialities to help them progress when struggling. It feels like some specialities have high expectations of trainees starting subspecialty, which are perhaps unrealistic given that trainees are applying earlier in their training.
- ❖ Trainees coming in from BBT (broad based training) continue to have difficulty with meeting curriculum goals in the time expected.
- ❖ Some trainees require extra support and need extra time on the tier 1 rota. The professional support unit are providing relevant support.
- ❖ Some issues regarding achieving neonatal competencies have caused trainee dissatisfaction and there had been extension to training for some trainees. The neonatal unit is trying to have support network to support these trainees requiring additional support.

T&Q team action – to obtain specific examples regarding issues in achieving neonatal competencies. Liaise with the HoS.

[Successes to share](#)

- Wessex – We have had a much higher success rate amongst residents who applied for subspecialty training this year. This was the result of "Masterclasses" conducted by 2 of our consultants in Southampton paediatric ED.
- North of Scotland – Health board offers Peer Support network which is immensely helpful. Educational leads and Trainee Well-being lead roles are proving to be helpful.
- West of Scotland - Fewer outcome 3 and 4's this year, possibly because of improved TPD involvement/resource and more consistent application of ARCP governance across Scotland. Move to longitudinal supervision has overall been positive for trainees.

- East of Scotland - Trainee satisfaction in the NTS has gone from being extremely low to being 2nd highest out of 18 regions in the UK.
- Southeast Scotland - Longitudinal educational supervision has been in place for more than 15 years which has been successful and has now been rolled out more widely.

There is a strong culture of trainee peer support and informal mentorship. Back to work courses for those who have been out of training for a period of time (e.g. OOP, career break, maternity leave) are well attended and appreciated.

- Northwest - We have been able to appoint several new TPDs that cover both Cheshire and Mersey and Greater Manchester and Lancashire programmes which has allowed us to bring the two programmes more closely together.
- West Midlands - Use of slot shares; close working between TPD for placements for ST1-4 and 5+ - they work together to use appropriate posts for those trainees who are ST4.
- Yorkshire and Humber - Supported several PGDiT that have struggled with move to Tier 2 duties even at ST4 level including some who entered training at ST4 a couple of years ago. Success due to collaborative support from TPD/ES/College tutors. Meetings with PGDiTs to set expectations and clear consequences of not meeting competencies also helpful.
- SW Severn - ST3 entry doctors supported to gain assessments and evidence readiness for tier 2 working - all given 6 months general paediatric and 6 months neonatal placements to account for varied experience prior to entry into the programme.
- Thames Valley - 1. Educational supervisor -longitudinal supervision has been successful.

Enabling SPINs through bespoke training pathways/ flexible pathways

OOP in lower school to provide close working of university colleagues and the Deanery which has enabling mutually beneficial partnerships for trainees (Victoria Small piece Fellowship, OOPE/OOPR with Oxford vaccine group and so on.)

- East of England - Regional Training Programmes for Core and Speciality trainees working well with good attendance and feedback.

Good subspecialty and SPIN opportunities; streamlined processes. Collaboration with tertiary centres in London, Birmingham, and Southampton.

Pastoral care

Extra Support for ST7/8 trainees "in difficulty" enabling them to extend training and reach a successful outcome. Greatly appreciated by the trainees.

Very few Outcome 4s for exams failure, less Outcome 5s, celebrating trainee and trainer success, PAFTAs. 3/4 of our trainees stay within the region for their consultant posts.

Research opportunities and excellent outcomes. Supportive of OOP programmes.

- Northern Ireland - Most of this regions' trainees starting ST1 are IMGs and 3/17 had not worked in the UK before. Induction organised by trainees for ST1 trainees and 'SimEd Skills & Drills for ST1s course. Majority trainees attended in their own time and feedback was excellent.

NIMDTA has been working on a programme to help IMGs new to the UK, and this year 2 weeks paid work shadowing was provided from the 23rd of July before their official start date of the 6th of August. 3 paediatrics trainees took up the offer.

In the past 12 months trainees have passed their clinical exam on first attempt.

NIMDTA SUCCEED programme - similar to Flexible Portfolio Training (NIMDTA pays for trainees to do PGCE Med Ed or similar and trainees get 1 day a week to work on an educational project). One trainee this year worked with a public health consultant and collated resources to enable paediatrics trainees to meet their public health competencies.

- London - Ongoing opportunities to apply for OOP, LTFT working and develop opportunities for portfolio careers.

[Trainee Wellbeing issues and steps taken to resolve them.](#)

West Midlands, North of Scotland, and Wessex reported no trainee well-being issues. Other regions reported as follows:

- SW Severn - Active Deanery and School (provided by TPDs) wellbeing support available and accessed by resident doctors.

SPA time now in majority of rotas.

- West of Scotland – This region sees increasing rates of LTFT with wellbeing as the major criteria. This is the norm at all grades and may increase to 100% in the next 5 years if continues at current rate. Resignations for this reason remain low, however.

Greater emphasis in deanery policy on trainee support and the recently rebranded and expanded Trainee Development and Wellbeing Service referrals; are the norm for all issues arising.

More leeway and lead dean discretion being applied to trainee ARCP outcomes and requests for pausing training and OOP in support of health and personal issues.

Deanery Quality management group prioritises NTS and STS data feedback where undermining or training environment is an issue. There is a recently revised, and more reactive, system of investigation and management of triggered concerns from this group with early flagging to DME and clinical leads.

- East of Scotland – Noted increasing numbers of trainees requiring support with meeting curriculum requirements / rota adjustments due to neurodivergence. There are both local wellbeing services within the trust and wellbeing support

within NES. Longitudinal educational supervision is well embedded within the east and helps with managing trainee wellbeing support.

- Southeast Scotland - Trainees are supported by CS, ES, TPDs who can refer on to the Trainee Development and Wellbeing Support service at NES as well as linking with occupational health and other services. We are a local centre for promoting Thrive Paediatrics.

A junior and a senior trainee rep are highly active in providing support and signposting other trainees to professionals who can support them including TPDs, as well as informal social events.

- Yorkshire and Humber – Supported PGDiTs with issues outside of work which are impacting their training. This is particularly challenging if this leads to an employer restricting practice. Our Region now has excellent generic support for PGDiTs with neurodiversity diagnosis, and we can engage in early discussions following adverse outcomes post ARCP re: exam progression/ portfolio engagement/ professional attitudes to offer neurodiversity support and coaching.
- East of England - Trainers, TPDs and HoS aware of trainees who are struggling early on and provide support. This region is recognised for the pastoral support and caring approach.

Good PSW policies and processes in place.

Pilot region for Thrive Paediatrics and WIN, School continuing to support this initiative after pilot completed.

- Thames Valley - Excellent support from PSWS. Longitudinal supervision helps in this regard.
- Northwest – We have a well-being TPD and PSW provision works well.
- Northern (NE England) - There are always trainees with wellbeing issues which are managed at various levels depending on the specific concerns - TPDs, Supervisors, Occupational health, learner support faculty, GP etc.
- Northern Ireland - NIMDTA's professional support unit is excellent. They can offer same day advice in urgent cases.

We have trainees with wellbeing issues, being supported by PSU. Other measures that have been introduced to improve wellbeing - giving trainees 1 year knowledge of placements in August (previously 6 months) and a mentorship programme. Improving induction for IMGs is also beneficial.

- London - This is an ongoing concern which we are keen to support. Specific TPD roles to address well-being and support LTFT working in place.

Regular trainees contact meetings available for residents to access support from Head/Deputy Head of School.

Access to Deanery professional support unit.

- Wales - We have a selection of trainees across the board with anxiety issues that worsen with night shifts. The default outcome of Occupational Health review

appears to be to advise the trainees not to do nights which causes increasing difficulty with programme management when more than one such trainee is placed in a unit, as this means rotas are unstable. We have excellent support from the PSU for trainees. We do not yet have a solution for the rota issues.

[Support requested from RCPCH around trainee progression.](#)

Region	Support requested by the HoS	<i>College Response – Please add in responses/ more info here</i>
Yorkshire and Humber	Please can you look at timeline for PGDiTs having to submit HoS confirmation supporting exam entry after repeated exam failure as application window for next exam sitting does not align with knowing results from last sitting and can be problematic for career critical PGDiTs.	<p>Response from exams team:</p> <p>It would be exceedingly difficult to make any changes to the deadlines and milestones between exam application windows opening and closing - exams being sat - exam results being published - for any of the theory or clinical exams. There is not really any margin between each diet to do anything quicker.</p> <p>If someone runs out of attempts and needs to apply for an additional attempt, we advise that when they are on their final attempt they have an additional attempt form completed in advance - prompt their HoS /TPD that they might be asked to support a further attempt and if they fail they should then send in the form as close to the results publication date as possible. Theory & Standards and Clinical Assessment have condensed down their timeframes as much as possible. If it is a major issue affecting a lot of trainees, then we should take it to the Exam Board.</p>
Wales	The ARCP form with the question about grade at next rotation, start of rotation and other date for grade change is clunky. It could simply have one box stating transition point to next grade.	<p>Response from T&Q team:</p> <p>These questions have been added separately due to various requests from ARCP panel members, being mindful of the flexible working and progression patterns for different trainees. It is also helpful for us in</p>

		terms of reporting and filtering data, which is challenging if it is all in one box.
East Scotland	Clearer guidance on what is required at ARCP to progress. e.g. life support certification and other things such as child protection courses - what is acceptable for tier 2 working and what is not. This is all a bit woolly and always causes a lot of discussion at ARCPs.	Response from T&Q team: This varies from region to region. RCPCH requirements are stipulated in the Assessment guide and on the Mandatory requirement list on ePortfolio. Anything else is a deanery requirement and should be discussed locally.
Southeast Scotland	It would be welcomed if RCPCH was able to offer inexpensive courses for trainees struggling with exams.	Response from EPD/Exams team: The College has launched OnDemand Theory Exam Prep Courses that are accessible and affordable for everyone. These courses provide high-quality, flexible learning at a reasonable price, enabling trainees to prepare effectively and are at a lower cost than previous courses.
West of Scotland	1. Revise the Tier 2 progression form to make it more formative and less summative. The form is entirely summative in the question asked at the end, other than an open-ended question on what development needs are required if the answer is 'No'. A formative assessment would allow for the form to be more of checklist of areas to be addressed important for Tier 2 working without the summative assessment of whether they are ready or not. i.e., the trainee might be working to full independence while remaining on a supported Tier 2 rota.	1. Response from T&Q team: The team has noted the feedback and will discuss as part of ePortfolio review.

	2. Review the TAS exam to ensure the level has not been set unnecessarily high given the manner in which all doctors access knowledge in working practice. Frequently, it is an unnecessary barrier to trainee who are otherwise progressing well in training and are deemed clinically competent.	2. Response from Exams team: The TAS pass rate for UK workers is 64% (which is already quite high). We additionally are careful at the Angoff standard setting meetings to ensure that the exams are set to the correct standard.
North Scotland	Repeated changes to the e-portfolio are posing challenges to trainees and trainers.	Response from T&Q team: In the last year, based on previous feedback, changes to ePortfolio have been made ONLY at 2 key times in the year – midyear and end of year, with advance communication to all stakeholders. These changes are made based on feedback received and are ratified via an ePortfolio user group.

Section 4: Quality Management of Training posts/ Programme

HoSs were asked regarding any ongoing issues with training posts or programmes, steps taken to resolve them, any successes to share or support needed from college in this regard.

[Any concerns regarding quality management of training posts or programmes in the region](#)

Wales, and East Scotland had no concerns to raise. Others reported:

- Thames Valley - Shortage of HST trainees. Put forward interest for post expansion (|of the HST cohort in 3 of our Trusts)
- North of Scotland - We have recruited to all ST posts and subspecialty posts.
- West of Scotland - In the WOS, the main issues fed back from trainee are always concerns with rotas and management. These have been an area for concern in certain units and form the basis of Quality management enquiry and review.
- Southeast Scotland - Quality teams send survey results in a GANT chart – these are reviewed and analysed by TPDs and then discussed at STC and fed back to individual departments by TPD.

Main theme highlighted is lack of facilities for rest and food/ car parking in one health board and rota issues due to maternity leave in another.

- Northwest - There some posts that could perhaps be more appropriately linked but we are working on this as part of our wider work on rotations.
- West midlands - 3 Trusts (2 Trusts and 1 specific department) are being observed via the quality management structure. There are ongoing improvement plans in place and regular meetings with the TPD for quality, the Associate Dean for quality and the NHSE QA team.
- Wessex - Continuing issues around SPA time allocation. We are working with Trusts to improve this.
- NE England - Posts locations are to a large degree historical. We redistributed some posts with the introduction of Progress +. We also actively try to support smaller, more rural units. Balancing trainee preferences and supporting units is always tricky. LTFT training inevitably leaves gaps which units find tricky to manage.
- East of England - No significant issues. Large % of LTFT trainees, resulting in gaps on rotas. We plan to increase our recruitment numbers by 30% to mitigate for this.
- Northern Ireland - Feedback from the GMC survey was a lot better this year than last especially in one DGH.

We just had poor feedback from GP trainees in the tertiary children's hospital, and we have had one meeting to try to address issues and the quality team in NIMDTA will follow through to ensure improvements are made.

- London - Reconfiguration of paediatric specialist services within the region, resulting in training placements being changed. NHSE teams are engaging with DMEs to ensure training and education is prioritised during this transition.
- SW Severn - No funds available to support new training posts (for example palliative care) - planning meetings in process. PICU sub-specialty doctors required to travel outside Bristol for anaesthetic experience - meetings planned to discuss way forward.
- Yorkshire and Humber - We get pressurised each year by several other schools to support gastroenterology programmes that require 6-month hepatology slot. We can only ever support a maximum of 2 requests per year as only have one post available i.e. 2 x 6-month block and all currently full until September 2028. Each programme tells us why they should be first choice. PGHAN CSAC should coordinate and help decide who has the biggest workforce need.

Recruitment team response:

As noted above on pages 18 and 19, we are trying to engage CSACs more in looking at recruitment numbers with more of a focus on workforce requirements and as such, we would encourage any regions in positions such as this, to contact the team, so we can facilitate some dialogue with the relevant CSAC. These sorts of conversations need to happen more, so we would be very happy to assist, before

the next recruitment round and could initiate discussion at a 2026 PGHAN CSAC meeting, if that would be helpful.

For PICM, it is great to hear that you are already in some dialogue with the CSAC. These sorts of conversations need to happen more, so if there is any way we can input, before the next recruitment round, do let us know.

TS team response reg: training charter

A sub-group of the Trainee Committee surveyed the paediatric resident doctor workforce between March – April 2025 and identified that fatigue, access to rest facilities and food, timelines of rota allocation and access to SPA time were areas for development. A Working Group comprised of resident doctor representatives and well as Heads of School has been established this Autumn to determine what outcomes can be brought forward in 2026 to address these key themes amongst others. The 4 areas identified for improvement are (1) Trainee voice (2) Training environment (3) Fatigue and breaks (trainee wellbeing) and (4) Quality of training/supervision.

[Successes to share](#)

Northern Ireland had no successes to report. Others reported:

- Yorkshire and Humber - Our integrated care posts at ST2 level are helping PGDiTs to develop community skills/ clinic skills + develop QI skills at an early stage in training. This has led to more PGDiT considering a career in community paediatrics. We've have also introduced an advanced child protection course for ST4 PGDiTs.
- Thames Valley - Well established MTI program working well alongside Deanery trainees to support the rota at our tertiary neonatal unit.
- North of Scotland – We are extremely delighted to see that North of Scotland ranked first out of 18 regions in 2025 and first out of 19 regions in 2024. Being ranked first in the UK for the past 2 consecutive years demonstrates the dedication and commitment of trainers and trainees along with support from Deanery, Health Board and Royal College. The highlights are the unique delivery of Progress Plus curriculum, diverse trainee committee, involvement of trainees in STC/STB and supporting them, high quality educational programmes, exam support, simulation training, structured induction programmes, and personalised rotas. We make efforts to interact with trainees individually to offer career advice, support OOP, LTFT requests and offer guidance on e-portfolio, Peer support, TDWS.

As the TPD of the North of Scotland Paediatric Training Programme, it has been a great privilege supporting trainees and the North Programme over the past 7

years, working collaboratively with other TPDs and APGDs across Paeds/O&G in Scotland.

- West of Scotland – Successful implementation of the ST2 community paediatrics placement in support of progress plus curricula requirements for PH/child and family psychiatry and primary care.

For the last 5 years we have successfully delivered WTE numbers of trainee to rotas as opposed to head count because of a successful campaign to recruit to WTE gaps.

- East Scotland - positive feedback about all posts
- Southeast Scotland - PAFTAs for trainees and educational supervisors.

We have a high rate of success of candidates in RCPCH exams and in attaining consultant posts.

- Northwest - Many hospitals have been able to modify posts to align them with the Progress plus curriculum.
- NE England - We have been able to support more subspecialty trainees in PICU and community due to re-distribution of posts. Having posts badged as SPIN has also been helpful.
- West Midlands – We are awaiting the results of recent surveys. It is hoped that 1 of the Trusts, mentioned above, may be de-escalated - but this depends on survey results.
- Wales - We have successfully introduced a new subspecialty post in ID after working with HEIW and WAG to establish both consultant and PGDiT posts.
- East of England - Placement by region, as we cover a large geographic area. This means trainees do not have to commute large distances or need to relocate frequently.

We offer subspecialty training in Child Mental Health and Neurodisability, which not all regions can provide.

- Wessex - We have had success in engaging the local tertiary neonatal team in getting ST2/ST3 residents more experience in their units by having Trust-funded posts available to the deanery for allocation within the training programme.
- London - No outcome 4's at ARCP.
- SW Severn - Change in training programme to support Progress+ curriculum and earlier step up at ST3 now fully embedded.

Support requested from RCPCH around post and programme management.

Region	Support requested by the HoS	<i>College Response – Please add in responses/ more info here</i>
West Scotland	Education on Subspecialty pathways in lieu to relieve the pressure of trainees requiring subspecialty experience which is clearly not possible for all trainees in all subspecialties.	Response from Recruitment team: We continue to try and make recruitment to sub-specialty training more of an even playing field and making it clear that prior rotations are not a pre-requisite. Work to highlight alternative career pathways in paediatrics is also currently on the radar of the workforce and recruitment teams.
East of England	<ol style="list-style-type: none"> 1. Support for increase in training numbers (NTNs) 2. Management of the National recruitment process/ work with NRO 	Response from Recruitment team: We will always support such requests, as much as is possible but the relative influence of the college in this area is not huge. Workforce study can continue to support such requests but with no direct hand on the purse strings, we are limited. We work very closely with the NRO at present and have made a lot of progress in recent years.
Southeast Scotland	Earlier and more rapid publication of candidates who are successful at national interview for ST1, ST3 and subspecialty posts.	Response from Recruitment team: We currently supply lists of those appointed at sub-specialty recruitment to regions, as early as we can, so it would be helpful to know if there are other members of your team that we can give access to. At ST1 and ST3, we are working with the NRO to get information of successful applicants out to regions much earlier next year, which we also hope will include additional information about tier 2 experience of ST3s, though to be clear, this is an NHS decision, not an RCPCH one. The team will update HoS nearer the end of the recruitment rounds to confirm; most likely around

		March 2026, when subspecialty appointments are shared.
London	Cardiology SPIN is proving difficult for residents to complete within training as cardiac centres frequently opt to take post on CCT fellows to cover recruit to rotas. This will impact future recruitment to PEC roles. <i>(clarification sought from HoS regarding which aspects of SPIN they find is difficult)</i>	Response from T&Q team: Discussions relating to all aspects of SPIN provision and its processes are continuing and a closer review of how SPINs can be made much more bespoke for each SPIN subject area also remains in focus.
North Scotland	Standardising the recruitment of ST3 and ensuring that they have adequate experience both in Paediatrics and tertiary neonates.	Response from Recruitment team: Since 2024, we now include a minimum of 6 months in neonates and 6 months in general paediatrics in the basic eligibility requirements for ST3. From this year, there is also a question in the application form, asking about tier 2 experience and we hope to be able to share this with regions as part of the earlier notification of appointments noted above.

Section 5: Careers & Recruitment

Careers Promotion and support from college in this sphere.

5 of 15 respondents have contributed to *Choose Paediatrics* programme during this reporting period, while 10/15 have not contributed.

HoS were asked about their plans to promote their subspecialty and or contribute to Choose Paediatrics.

Wessex HoS is new in this role and will learn more as they progress in this role, NE England, East Scotland, Severn have no plans.

- North of Scotland - previously participated in university led career advice meeting for undergraduate students.
- East of England – Run regular Hub Days in various hospitals, career evenings.
- SE Scotland - Active involvement in Careers Evening organised by University of Edinburgh. Trainees and more senior staff involved in widening access (to medicine) programmes locally.

- West of Scotland – We have in the past held days to promote paediatrics in Scotland with FY and other groups of trainees and med students. As the specialty is well represented in FY programmes then our numbers of applicants remain competitive at present without requiring stand-alone events however would be happy to be involved in any national /college led developments.
- Northwest– Actively promote paediatrics as a career to medical students at both Manchester and Liverpool and to Foundation doctors.
- West Midlands - College Tutors are active in encouraging FY trainees to have exposure to paediatrics.
- Y&H - Annual Careers event led by PGDiTs.
- Thames Valley - Enabling taster week placements for F3 trainees.
- Wales - We run a remarkably successful trainee led foundation taster programme. We also have a PGDiT representative on each of our medical school paediatrics societies.
- Northern Ireland - A local course is run each October for F1s and F2s to promote a career in paediatrics including simulation. A planned choose paediatrics event had to be cancelled last year (new computerised system was being introduced) and it has been rescheduled for 25/26.
- London - Trainees committee frequently attend FY events regarding careers training in local trusts.

When asked if any support was expected from college with regards to careers promotion, most respondents had nothing to request, except the below:

1. Availability of college guidance on alternative career pathways for trainees who have been unsuccessful in passing exams.
2. If college representatives could conduct a session in Scotland for 'Choose Paediatrics'.

Section 6: National ST and Sub-specialty Recruitment

The biggest challenges regarding recruiting to ST1, ST3 or sub-specialty posts faced by schools and if these challenges seem to become more problematic over the next couple of years.

- East of Scotland - trainees tend to prefer to be in one of the bigger cities/regions. Trainees recruited in particular at ST3 who do not want to be in the region and promptly apply for transfer out. Due to not having to evidence any change in

circumstances this allows trainees to immediately apply for transfer to a different region which is really problematic. We have had trainees say that they have accepted a post just to get a post with the plan of immediately applying to transfer out.

- West of Scotland - Available salaries. Many trainees are taking progressively longer pathways to CCT (possibly a reaction to Shape of training) and with an increasing LTFT rate we have a dearth of salaries just now. When they do come, I am concerned there will then be a disproportionate glut of CCT holders which will challenge ST1/2 capacity to train and may destabilise Teir 2 rotas.
- Southeast Scotland - High number of applicants relative to the small number of posts. The impersonal nature of national interviews and ranking meaning that candidates are placed in posts that are not favourable for them. The nature of the very rigid timescales for national interview and appointment inevitably result in attrition of numbers across the year as people complete training, go on maternity leave or out of programme for other reasons. This has resulted in very time-consuming and onerous LAT appointment processes on an annual basis.
- NE England - Many local trainees have not been short listed for ST1 posts which has been very disappointing. There have been concerns for odd trainees that this was due to mistakes in scoring - and obviously with no appeals process this cannot be challenged. We remain worried as a region that the trainees who come to the Northeast will not want to stay in the Northeast and that this will cause ongoing issues.
- West Midlands - We can recruit to our posts. This year, we have not been able to be involved in round 3 recruitment as we have been 'full'. We think this is because of a combination of LTFT/ returning from OOPs or parental leave and there still being a small group of trainees who chose to have ST4(c5). The latter group will 'disappear,' but it can still be challenging to predict recruitment numbers.
- London - Many excellent FY doctors and clinical fellows failed to get shortlisted for ST1 interviews. Delays with announcing successful second round applicants which meant that trusts had already recruited to vacant posts. Due to LTFT working and moving to a seven-year training programme we are seeing significant gaps in rotas - *would it be worth considering staggering entry into the training programme - with entries in Sept and March?*
- Yorkshire and Humber - Need CSACs to play a role in subspecialty workforce planning, particularly PICM, PGHAN and nephrology to avoid any peaks/ troughs/ over recruitment.

- Wessex - Limited availability of panel members has denied good candidates from being interviewed, as the threshold for shortlisting has risen.
- Wales - Not being able to recruit e.g. 2 x 0.6 into a subspecialty training post or only offering 0.6. It will be interesting to see whether the LTFT pilot rolls out to subspecialty recruitment. Recruiting at ST3 is a challenge, as we do not know what posts might need to be able to step up by the end of the year - e.g. NN to complete DOPS. This is particularly the case if the ST3 post is their first NHS post. Once we know this, it is too late. HEIW asks us to advertise specific rotations, and this is what they accept, but may not be what they need.
- Northern Ireland - There is a lot of interest from local trainees at the moment in paediatrics, but they did not score highly enough to get an interview. 18 trainees were recruited, 1 did not have GMC registration so had to resign. 2 of the trainees (including the trainee that resigned) had not worked clinically in the 2 years before starting in August. 2 ST3 trainees were recruited and one resigned shortly before their start date. It is difficult for local doctors to get an interview for ST3 recruitment.
- Severn - Excellent local doctors not getting appointed to the training programme. Decision to only recruit once a year at ST3 to support training progression and ARCP decision-making regarding progression to ST4 and tier 2 working. Need to support increased recruitment at ST1 to support rotas moving forward.

Positives

- Thames Valley - well recruited at these levels.
- East of England - Recruitment is successful -have requests for 100- 110% fill, compared to 55% 5 years ago.
- Northwest - We have not experienced any challenges; there have been no problems in filling posts.
- North of Scotland – no challenges.

National and subspecialty recruitment team response:

Many of the issues noted here have been discussed earlier in this report, such as LTFT recruitment and CSAC involvement in sub-specialty recruitment planning. They are all important considerations, that the team continue to deal with. From a point of view of national recruitment processes, timelines, applicant numbers and issues with trainees transferring to other regions, these are very common across all medical specialties, but there is only a limited number of things that can be changed, both from a college and a national point of view. The issue of doctors known to perform well but not getting places from recruitment come much more from the sheer volume of applicant numbers, than any part of the process, though it is noted that the number of interview slots available is still an issue and we have managed to negotiate another 100 for the ST1 interviews in 2026.

We have used the National Round 3 to recruit to February/March posts in two of the three preceding years but with this and the interview slot issues, there are considerable resourcing issues at a national NHSE/MDRS level when it comes to the management of national recruitment processes. This is also across the board and not specific to paediatrics, but we need to balance what can be done and done well, with trying to fit too many things into the year. We will always welcome discussion with individual regions, and at HoS level, and look at ways of improving things that are within our gift wherever possible.

Are there any changes that you have introduced regarding the identification of post numbers or creation of programmes/rotations for ST1, ST3 or Sub-specialty, which have worked well and that you think other schools may benefit from knowing?

Most respondents aside from those below had no feedback to offer.

- Y&H - we just map programmes out in detail and consider number in programme e.g. neonates to try to avoid over training.
- East of England - SPIN programme works well, TPD has established good links with hospitals outside the region. Rotations for ST1-3 are streamlined and all have Longitudinal Supervisors.
- Southeast Scotland - Applied to the Scottish Government for an uplift in the total number of posts in our programme but this was rejected.
- West of Scotland - What works well is recruitment at St1. What works very poorly is recruitment at St3. We have lobbied successfully in the past for increased overall training numbers in Scotland on the basis of service need and changes in Tier 2 rotas due to the shortened training pathway. We have expanded our available subspecialty programmes effectively by mentoring trainees through external programmes such as PPM , Metabolic and ID in order to create a consultant cohort in Scotland that can then train to Subspecialty training standard.
- Northwest – No new posts

Section 7: Workforce

HoS were asked about workforce expansion or planning, future priorities regarding workforce development and sustainability, and any additional further support required from the college.

- North of Scotland - there are more trainees required to participate in middle grade working especially in DGH. It is also becoming difficult for trainees to secure consultant jobs due to increased retirement age, lack of addition funds in health boards.
- West of Scotland – No plans beyond annual surveys of subspecialty leads.

The deanery transitions group is informed by Scottish government and health boards to assess priorities for training however the output from this is usually not detailed enough to inform paediatric training beyond political imperatives for specific sites.

Future priorities - Maintain an output that is seen to be servicing General paediatric and subspecialty requirements.

The School Scotland wide is interested in maintaining current WTE establishment in support of service, tier 2 rotas as well as training.

Consultant vacancies remain predicated on reported retirements/attrition and is algorithm led.

There are some indications that the current financial climate is impacting on even these vacancies and are not always being readvertised despite the reported need for Paediatric consultants per head of population across Scotland. Large geographical discrepancies remain.

- East Scotland - continuing to maximise recruitment to posts through national recruitment and using spare posts for LAT recruitment. Raise issues to DME and trusts to ensure that rotas are supported by non-training grades where appropriate.
- Southeast Scotland - Ongoing application to Scottish Government for uplift of total programme numbers. Matching of subspecialty training posts against anticipated workforce gaps. We are extremely lucky with the success of our trainees at subspecialty application, but we then become a net exporter of senior trainees leaving gaps at ST5 and above.

Future priorities – Whilst there are pressures regarding promotion of remote and rural healthcare, we have concerns about the experience that might be gained in these (often quieter) training posts.

- Northwest – We would like more posts in the Northwest.

Future priorities - We believe that we offer good training and that the high proportion of our trainees who are Northwest graduates and who remain in the Northwest after competing training reflects this. We aim to continue to be recognised as offering good training and being recognised as a preferred part of the UK for paediatric training.

- NE England - There is some workforce analysis work ongoing in the region alongside Y&H - PICU, gastro, community, and neuro all shortage areas. Also, some concerns around Palliative care - catch 22 problems of not being able to recruit to palliative care posts and not being able to subspecialty train because we do not have subspecialty trained consultants.

Future priorities - Trying where it is possible to recruit to fill LTFT gaps, but the number of trainees working at LTFT is ever increasing.

It is difficult to plan for the workforce due to funding but creating a sustainable faculty is a challenge which negatively impacts our work as a school.

- West Midlands - We are hopeful that the WM will increase in training numbers in the future. A survey has been undertaken from all Trusts asking what educational activities & posts they could support.

Future priorities - We need to look at how we can offer SPIN placements. There is also a lack of training for paediatric palliative care in region.

- The academic pathway needs to be coordinated, and we need to identify a TPD for academia.
- Y&H - We just try to not over train in a subspeciality e.g. neonates. We think about how we can optimise training posts in areas where we need more consultants e.g. neurology/ hepatology/allergy/PICM.

Future priorities - Ensure we do not over recruit and can give everyone same choices for integrated care and subspeciality experience in core and specialty general paediatric training.

- Wales – Have mentioned in actions for coming year regarding expansion of CCH workforce.

Future priorities - We are targeting CCH expansion due to current consultant workforce shortages and imminent retirements. We can only have new posts that come through WAG funding (no hospital funded posts), so we are writing our case for that.

- Thames Valley - Expansion of HST numbers.

Future priorities - Help with recruitment of MTI trainees to fill DGH rotas.

- South-West (Severn) - Regional focus on moving to a single school (across the Southwest) - involves workforce planning and focusing on geographical variations.

Future priorities - To gain Deanery support to increase ST1 recruitment to keep training envelope numbers the same with the move from an 8 year to a 7-year programme.

- Wessex – Liaison with local Trusts to increase Trust-funded posts.

Future priorities - Continue to adopt an encouraging approach to LTFT working for wellbeing, no plans to reduce OOP opportunities.

- East of England - Plan to recruit up to 30% more to accommodate LTFT working. Put in bids Nationally for more Training numbers.

Future priorities - Improve the well-being of trainees and trainers. Regular Quality visits by HoS, Quality TPD, and other TPDs.

- Northern Ireland - Workforce planning is currently being undertaken for Neonatology and PICU.

Future priorities - a new tertiary children's hospital is due to open in 2030. There are quite a few trainees sitting in locum consultant posts at the moment. The school of paediatrics would welcome a workforce plan for all paediatrics to help guide numbers of trainees.

- London - we remain concerned regarding vacancies in the training programme due to LTFT working patterns.

Support requested from RCPCH around workforce planning and development.

- Better communication with service leads with regards to workforce planning.
- National recruitment and bids.
- There should be more training posts in the Northwest.
- More frequent shorter meetings. More acknowledgements given to the specific challenges in all 4 nations of the UK.
- Repeat the UK workforce census with some more granularity for each regional programme.
- Would benefit from a wider discussion with other HoS to see what initiatives have worked.
- College to work with Scottish government to influence expansion in work force.

Workforce team response:

Points around recruitment and training posts lie within the remit of the Medical Recruitment team. However, closer liaison with HoS and service leads around workforce planning is something that we will look to implement in the future, and we will bring this to the Workforce Planning Board for further discussion. In terms of the Census, for the time being this has been deprioritised due to capacity.

Section 8: General Feedback

How could the RCPCH support HoSs better/ differently?

In the concluding section of the AFF we focused on what support the College could offer the HoSs and if there was anything that they felt could be improved.

Scroll to next page.

Support requested by the HoS	<i>College Response – Please add in responses/ more info here</i>
<p>North of Scotland - College to support Head of School to deliver Faculty development training for trainers locally.</p> <p>It will be useful if college could provide guidance and support for trainees who are a witness for fatal accident enquiry as it can be stressful for them.</p>	<p>TQB Response:</p> <p>Previous discussions have been held between representatives from the Association of Child Death Review Professionals (ACDRP) and senior officers at the RCPCH to identify ways to provide guidance relating to Child Death, as well as some contextualised illustrations and KCs proposed to help embed this area of training and development.</p> <p>We are addressing this within the curriculum review currently taking place. Refer to Thrive Hub on RCPCH website - Thrive Paediatrics RCPCH</p>