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

CSAC & ISAC Mid-Year Quality Report: Sep 2025 – Feb 2026

Introduction & Purpose

The Mid-Year Quality Review covers the reporting period 1 Sep 2025 – 28 February 2026. This report collates feedback submitted by CSAC members via the Mid-Year Activity and Feedback Forms (MY-AFFs) and is an essential component of the Quality and Training Projects Team quality assurance processes.

CSACs were asked to identify the progress they have made against their local action plans so far, to highlight new actions and to provide updates in relation to the curriculum, subspecialty trainee progression, training programme quality, SPIN, Portfolio Pathway, workforce planning, careers and recruitment.

The MY-AFF helps to 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 along with comments and responses from the relevant college Board, including:

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

Thank you to all committee members who continue to contribute to the Quality Review process. The Mid-Year Quality Report will be signed off by the Training and Quality Board (TQB) during their May 2026 meeting.

Activity and feedback form compliance

All CSACs were sent the MY-AFF in January 2026 and given 8 weeks to submit their responses. Compliance was consistent compared to previous completion rates with 16 out of the 17 CSACs providing responses (94%).

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CSAC	2023-2024: A-AFF Engagement	2024-2025: MY-AFF Engagement	2024-2025: A-AFF Engagement	2025-2026: MY-AFF Engagement
Community Child Health (CCH)	Feedback submitted	Feedback submitted	Feedback Submitted	Feedback Submitted
Child Mental Health (CMH)	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted
Clinical Pharmacology	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted
Diabetes & Endocrinology	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted
Neonatal Medicine	Feedback submitted	Feedback submitted	Feedback submitted	Feedback submitted
Nephrology	Feedback submitted	Feedback submitted	Feedback Submitted	Feedback submitted
Neurodisability	Feedback submitted	Feedback submitted	Feedback Submitted	Feedback submitted
Neurology	Feedback submitted	Feedback submitted	Feedback Submitted	Feedback submitted
Oncology	Feedback submitted	Feedback submitted	Feedback Submitted	Feedback submitted
Paediatric Allergy, Immunology and infectious Disease (PAIID)	Feedback submitted	Feedback submitted	Feedback Submitted	Feedback submitted
Paediatric Emergency Medicine (PEM)	No feedback submitted	Feedback submitted	Feedback Submitted	Feedback submitted
Paediatric Gastroenterology, Hepatology and Nutrition (PGHAN)	Feedback submitted	Feedback submitted	Feedback Submitted	No feedback submitted
Paediatric inherited metabolic medicine (PIMM)	Feedback submitted	Feedback submitted	Feedback Submitted	Feedback submitted
Paediatric Intensive Care Medicine (PICM)	Feedback submitted	Feedback submitted	Feedback Submitted	Feedback submitted
Palliative	Feedback submitted	Feedback submitted	No feedback submitted	Feedback submitted
Respiratory	Feedback submitted	Feedback submitted	Feedback Submitted	Feedback submitted
Rheumatology	Feedback submitted	No feedback submitted	Feedback Submitted	Feedback submitted
AFF Compliance rate	**Annual AFF: 94%**	**Mid-Year AFF: 94%**	**Annual AFF: 94%**	**Mid-Year AFF: 94%**

Section 1: CSAC Activity: Local Action Plan updates 2025-2026

The actions previously identified as part of the 2024-25 A-AFF submission are detailed below alongside the progress that CSACs have made against them so far. The action status has been ratified by TQB, in-progress actions will be carried over and re-reported on in the 2025-26 Annual Quality Report. Completed actions will be closed.

CSAC	2025-2026 Local Action Plan (who is responsible & Deadline)	Update provided by CSAC	Action Status (ratified by TQB)
CCH	1. Development of a CCH SPIN to support workforce planning in CCH. 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. (whole CSAC, 30/6/26) 2. Time spent in subspecialty training and the impact the OOH component is having on CCH training. The CSAC continue to monitor this ongoing challenge. An audit is underway to see what the split is between time spent in CCH subspecialty training vs time spent on general paediatrics. (All CSAC members | To be completed: 13/3/26)	**1. Not started** New SPINs are currently paused while the SPIN review is being undertaken by 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. **2. In progress** Time spent in subspeciality training was discussed in CCH Leads Day (March 2025). Letter sent to London Deanery supporting 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. CCH Trainee Rep will be leading on this with the support of the CSAC. Specific questions were sent to trainees as part of BACCH trainee survey in November 2025 and findings will be presented soon.	Paused Open
CMH	1. *Trainee Needs Survey* to be written up in full, initial findings were presented at PMHA Summer meeting 2025 (Training Advisors | 31/8/26)	**1. In progress** Thematic analysis still required. OS to establish a small working group to support with this. **2. In progress**	Open Open

	2. Work with RCPCH / RCPsych on a multi-tier CMH framework via agreed working party. (All CSAC Members | 31/8/26) 3. Roll out SPIN/ Equivalent (considering input from the framework action above). (All CSAC members | 31/8/26) 4. Work with RCPCH MH Advisory Committee (All CSAC Members | Ongoing)	CSAC to populate framework document as requested previously. **3. Complete** **4. Discontinued** CSAC do not have a formal role in the committee	Closed Closed
Clinical Pharm.	1. Appointment of additional CSAC member as agreed with the College (All CSAC Members | 31/8/26) 2. Continue to work with the college on the future options for the delivery of clinical pharmacology training (All CSAC Members | 31/8/26)	**1. Complete** **2. In progress** The CSAC are continuing to work with the College on the future options for the delivery of clinical pharmacology training. The last update was provided to the College on 7 Jan.	Closed Open
Diab & Endo	1. Training centre review in response to concerns (raised by trainees) about the quality of subspecialty rotational post in D&E at University Hospitals Leicester. 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. (UHL clinical lead, HOSs/TPD | Date 31/8/26) 2. Revisions to Diabetes and Endocrinology curriculum in line with ESPE curriculum. (All CSAC Members | Date to be completed: 24/4/26) 3. Undertake a workforce survey across paed. endocrinology and diabetes to understand the demand and capacity. (All CSAC Members | Date to be completed: 30/11/25)	**1. In progress** Recommendations for adjustments to meet training requirements in Leicester have been made and local team working towards this - formal feedback will be taken from both trainees and trainers at this year's CSAC review. **2. In progress** First draft of revisions to Diabetes and Endocrine Curriculum complete - to be reviewed by CSAC members. **3. In progress** Workforce survey has been discussed with the clinical committee of BSPED - awaiting formal response	Open Open Open

Neonatal Med.	1. Development of Subspecialty Document to guide AAC panellists (Chair & Training Advisors | Date to be completed: 31/12/25) 2. Development of Subspecialty Document to describe what is essential for Portfolio Pathway Candidates to evidence. (Chair | Date to be completed: 31/12/25) 3. Neonatal Subspecialty Curriculum Review: Update the curriculum content and increase the SLO's to enable us to have specific SLO's for leadership and for procedural skills. (Whole CSAC | Date to be completed: 24/4/26)	**1. In progress** **2. In progress** **3. In progress** Draft version of new subspecialty curriculum has been created. To be circulated for comments from Neonatal Medicine CSAC chair and then review from whole CSAC.	Open Open Open
Neph.	1. Discuss subspecialty application variability with unit leads. (Ihab Shaheen | Date to be completed: 31/12/25) 2. Workforce Planning: Discussion with trainee leads to help even out the number of subspecialty posts (Ihab Shaheen | Date 31/12/25)	**1. In progress** Recognising that each speciality unit will have unique training opportunities. Currently in the process of standardising the number of renal transplants (post-operative care) is considered optimum for completion of specialist training. This may become more challenging for all centres due to access to surgical team **2. In progress** In order to even out the number of training posts offered each year will require some units to not have a trainee in a number for 12 months . This happened by default last year as one post was not filled.	Open Open
Neurodis.	1. The Neurodisability CSAC are encouraging local and regional ND leads to develop subspecialty training posts within their regions; this needs agreement from TPD and there are often challenges	**1. In progress** Exploration of current vacant posts in UK at present. Survey has now been developed and ready for circulation following	Open

	with respect to covering in-patient and acute services. (Date to be completed: 31/12/25) 2. Conduct workforce surveys (x3) (All CSAC Members | 31/8/26): a. Current subspecialty trainees' career goals b. Consultants who have CCT in ND (what are their posts - community vs hospital / secondary vs tertiary?) c. Gap analysis with support from BACD and BACCH - Exploration of current vacant posts in the UK at present	discussion at next CSAC in March 2026. **2. In progress** 3 Surveys planned as above	Open
Neur.	1. AAC Panel documentation to be prepared to support AAC Panel members. (Whole CSAC | 31/12/25) 2. Discussion regarding SPIN in headache, discussion about increasing experience in sleep medicine in Neurodisability component of training. New SPIN modules currently on hold, so will address it once RCPCH tells us that they are open to new SPIN module discussions. (SPIN Lead | Date TBC) 3. Ongoing recruitment work (Dipak Ram & Trainee Rep | 1/4/26) 4. Completion of AAC panel advisory document and portfolio pathway pack (Dipak Ram | 31/3/26) 5. Ongoing review of START Assessments (Ratna Kumar | 1/12/26) 6. Further webinars to support subspecialty and SPIN	**1. In progress** We are now finalising the AAC pack in the next month. **2. Not started** **3. Complete** **4. Complete** **5. In progress** Ongoing per diet **6. Complete**	Open Paused Closed Closed Closed (BAU) Closed

	Trainees annually (Trainee Rep | 1/4/26) 7. Annual webinar with neurology centre leads to update them about CSAC work and support required from local centres for training (Dipak Ram & Manali Chitre | 1/12/26)	**7. Complete**	Closed
Onc.	1. Refinement of CSAC Review process: The CSAC is undertaking evaluation of CSAC Reviews for sub-specialty trainees through collating feedback from members of the POTG. 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. (Whole CSAC | 31/12/26) 2. Revision of SPIN Curriculum: 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.(SPIN LEAD | To be completed by: 1/9/25) 3. 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 | 31/8/26)	**1. Complete** **2. In progress** The revision of the SPIN curriculum is still in progress. We are awaiting a further meeting with Dr Tushar Vince as there was some discussions ongoing around the requirements for this and the CSAC and RCPCH had differing opinions. We are awaiting a meeting date being confirmed for this to be able to move things forward. **3. In progress** Planning for the Neuro-Oncology and clinical training opportunities is in place and is on schedule to go ahead from rotation in September as planned but as hasn't yet happened is still in planning stages.	Closed Open Open

	4. Collation of feedback from paediatric oncology trainees about the quality of training programmes in individual training centres and development of recommendations (Training & Quality Advisors | 31/12/25)	**4. Complete**	Closed
PAIID	No actions were identified by the CSAC in the 2024-2025 A-AFF.		
PEM	1. Ongoing work with RCEM for joint college consensus and training guide 2. Improve trainee survey engagement	**1. Complete** **2. Complete**	Closed Closed
PGHAN	1. Working to support trainees in achieving endoscopy training in view of an increase in required colonoscopy numbers. Supporting trainees attending lists and highlighting the need for ongoing support and supervision for newly appointed consultants (All CSAC Members | 31/12/25) 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. The circle trainee exchange program will be rolled out in other centres. This will be discussed at the next endoscopy working group meeting.(All CSAC Members | 31/12/25) 3. Hepatology curriculum review: We are reviewing the hepatology curriculum to ensure it is still relevant and appropriate to ensure knowledge, skills and competencies required for	No response provided by CSAC	Carry over to A-AFF

	gastro trainees. (All CSAC Members | 24/4/25) 4. 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 | 31/8/26) 5. Work on hepatology curriculum and clarify role of educational supervision of subspecialty trainees. (All CSAC Members | 31/8/26)		
PIMM	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. Liaison between CSAC and BIMDG has occurred. CSAC chair and BIMDG chair have met. (Whole CSAC | Date TBC) 2. 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 | 30/4/26) 3. Ongoing work to clarify training requirements for link paediatricians (All CSAC Members | 31/8/26)	**1. In progress** Workforce review happening in conjunction with BIMDG **2. In progress** Trainee reviews planned for April 2026 **3. In progress** Training requirements document for link paediatricians discussed further at last meeting and taking shape	Open Open Open
PICM	1. Improving access to PICM subspecialty training for FICM trainees including considering interview criteria. (John Glazebrook | To be completed: 29/3/25) 2. Recruitment - Working towards improved PICM focus in subspecialty shortlisting process. Agreement for 2025	**1. In progress** Access for FICM to PICM training: FICM representative to action. **2. Complete** Recruitment: Despite changes to recruitment process (especially shortlisting) significant concerns remain about process. Upcoming meeting with sub-	Closed Closed

	shortlisting process that evidence of audit will have to be provided.(All CSAC Members | 31/8/25) 3. Subspecialty Curriculum Review (All CSAC Members | 24/4/26) 4. Educational Supervisor Guide (Training Advisor | Date 31/12/25) 5. Portfolio Pathway - Curriculum development will support this process; ISAC members being trained in this process. (All CSAC Members | Date 31/12/25) 6. RCoA Representatives - Seeking RCoA recognition for Anaesthetic trainees within PICM Grid. RCOA approval for anaesthetic residents in PICM - agreement from all parties that this should proceed. (All CSAC Members | Date TBC) 7. Finalise and publish Trainee Handbook (All CSAC Members | 31/12/25) 8. Revision of London PICM programmes - addition of King's to South Thames rotation (Training Advisor | 31/12/25) 9. Overall programme improvement to match PICM training to competitive PICM consultant application (All CSAC Members | 31/7/26) 10. ISAC engagement at RCPCH Assessment Strategy review (Nominated CSAC Members | 31/7/26)	speciality recruitment team and ISAC to review ISAC concerns. ISAC recommendation is that national recruitment be considered. **3. In progress** Curriculum development: Revised and submitted by ISAC to TQB - feedback meeting held with RCPCH representatives. ISAC's proposed changes to curriculum do not meet GMC or RCPCH format/standards therefore RCPCH have offered to revise. **4. In progress** **5. Complete** SSG reviewed and RCPCH awaiting GMC advice on formatting, content approved. **6. In progress** RCOA recognition for anaesthetic residents in PICM training: RCOA approval gained and submitted to GMC for approval by RCOA. **7. Complete** **8. Complete** **9. Discontinued** **10. Discontinued** ISAC to continue to engage through the channels already communicated to all CSACs – the CSAC Chairs Forum and the CSAC Assemblies.	Open Open Closed Open Closed Closed Closed Closed
Pall.	1. Continue to monitor PPM subspecialty trainees' experiences via annual surveys. Results will be shared	**1. Complete** PPM subspeciality trainee experiences continue to be monitored by the annual survey - CSAC trainee representative	Closed

	with the College. (CSAC Members | 31/8/25) 2. SPIN and Subspecialty training guides to be reviewed through TQB. (All CSAC Members | 31/12/25) 3. Subspecialty trainee annual reviews (All CSAC Members | Date TBC)	presented outcomes of the 2025 survey to the CSAC in October 2025. Next survey will be circulated in Summer 2026. **2. In progress** The SPIN curriculum has been under College review for an extended period, despite having been substantially rewritten and previously submitted. The delay in curriculum review is impacting on the trainee guide. SPIN trainee guide and curriculum review to be aligned. CSAC to meet with RCPCH National SPIN Lead in March 2026 to seek further clarity and progress this forward. **3. In progress** Dates have been circulated to trainees for F2F reviews (May 26).	Open Open
Resp.	1. Induction document for SPIN (SPIN Lead | 31/1/26) 2. ES document for SPIN (SPIN Lead | 31/1/26) 3. Recruit general paediatrician to review respiratory SPIN residents as a member of the CSAC (SPIN Lead | 31/1/26) 4. Sleep SPIN to have its own room at the career's roadshow (SPIN Lead | 31/1/26) 5. Update START Scenarios (Assessment Advisor | 31/10/26) 6. Modify the respiratory specific CSAC review form following its pilot in April 2025 (Training Advisor | 31/12/25) 7. Recruit new Chair to CSAC (Committee Admin | 31/8/25) 8. Recruit new Assessment Advisor to CSAC (Committee Admin | Date TBC)	**1. Complete** **2. Complete** **3. Complete** **4. In progress** SPIN Sleep-needs own room at roadshow **5. Complete** **6. In progress** CSAC progression form- needs minor amendment **7. Complete** **8. In progress** Assessment advisor- please RCPCH advertise in March as end of term is May 2026 for current advisor	Closed Closed Closed Open Closed Open Closed Open

Rheum.	1. Review supervisor training guide. (Whole CSAC, 31/8/25) 2. Produce video ' a day in the life of' (All CSAC Members | 31/8/25) 3. 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) 4. Review and amend CPI form (Sharmila Jandial | 31/1/26) 5. Rheumatology Subspecialty Curriculum Review (All CSAC Members | 24/4/26) 6. Specialty trainee additional learning events are now being implemented and will be evaluated (Beverly Almeida & Trainee Rep | 31/3/26)	**1. Complete** **2. Not started** **3. Discontinued** **4. Complete** **5. In progress** Curriculum review ongoing **6. In progress** Additional learning events underway and highly evaluated so far	Closed Open Closed Closed Open Open

Additional actions identified by CSACs as part of the 2025-2026 MY-AFF

Additional actions were identified by the following CSACs as part of their MY-AFF. CSACs who identified additional actions will be asked to submit a further update on the status of these actions as part of the 2025-2026 A-AFF submission.

CSAC	2025-2026 Additional Actions	Who is responsible?	Due Date
CCH	1. CSAC will be starting the work on reviewing community paediatric sub-speciality curriculum	All CSAC Members	24/4/26
CMH	1. Advisory role for consultant appointments involving mental health as part of the job description. CSAC to provide input into job descriptions for Consultants taking on mental health roles *More information required – the CSAC have been contacted to provide additional information.*	All CSAC Members	31/8/26
Diab & Endo	1. Survey views from UK Endocrine Consultants and subspecialty trainees regarding extending	All CSAC Members	31/8/26

	subspecialty training time from 24 months to 36 months minimum.		
Neph.	1. Standardising the number of transplants a trainee needs to experience to allow completion of training	All CSAC Members	31/8/26
Neurodis.	1. Currently updating ND curriculum. Have met with college team regarding what is required and have started to re-organise curriculum so that some current illustrations are converted into Key capabilities or learning outcomes, and new illustrations are created to reflect other curricula.	All CSAC Members	24/4/26
Neuro.	1. Update of subspecialty curriculum with illustrations.	All CSAC Members	24/4/26
Onc.	1. Review of subspecialty centres and barriers to subspecialty post submissions to inform future workforce planning	All CSAC Members	31/8/26
Pall.	1. Subspecialty curriculum being reviewed at present. Learning outcomes have been streamlined, with a new explicit outcome added for adult palliative care and transition, responding to recurrent trainee and trainer feedback. 2. AAC Consultant role guidance awaiting final approval.	All CSAC Members All CSAC Members	24/4/26 31/8/26
PAIID	1. Feedback form for subspecialty selection (Subspecialty application process) 2. Clearer guidance around calculating 70% time in subspecialty (& college guidance of escalation policy when trainee feels it is not met).	All CSAC Members All CSAC Members	31/8/26 31/8/26
PEM	1. Curriculum review underway needs to be signed off in Feb joint RCPCH/RCEM meeting	All CSAC Members	24/4/26
PICM	1. Workforce survey for PICM consultants 2. HDU SPIN Curriculum - edits underway 3. Members of HDU SPIN community to join ISAC HDU SPIN Lead for sign-off reviews	All CSAC Members SPIN Lead	31/8/26 31/8/26
PIMM	1. Now engaging with curriculum review/redesign as per new guidelines and need to rewrite illustrations	All CSAC Members	24/4/26

Resp.	1. Finalise SSG for Portfolio Pathway	All CSAC Members	1/6/26

Actions that the CSACs would like the college to support

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

CSAC	Action requested by the CSAC	E&T Boards Responses
CCH	As we have mentioned previously, the CCH CSAC has a large number of trainees (approx. 150). We have the same committee structure as those who have very small numbers of trainees, and the same number of people to do all the statutory college work and answer the queries from trainees and trainers.	**TQB Response:** As noted in the 2024-25 Annual Quality Report, the CCH CSAC successfully utilise a network of regional CCH Leads to support CCH Trainee reviews and provide local support. TQB is very happy to discuss with the CSAC if more job-shares on the CSAC are required to better cover the workload. The CSAC have been contacted to arrange a meeting to discuss this further.
Neuro	Review of the subspecialty interview process and consideration for face-to-face interviews to see if this enhances selection of applications.	At present, there is no move from the MDRS centrally to establish face to face interviews. We will continue to mirror that arrangement.
PICM	Recruitment to move to national process	**MRB response:** Members of the MRB Clinical Faculty and Medical Recruitment Team have arranged a meeting with PICM Leads to discuss national recruitment on 23 April.
	Engagement of PICM ISAC with new Adult Critical Care College once established	CICM will continue to have a representative on PICMISAC. The College at other levels continues to liaise regularly with CICM.
	RCPCH should consider instituting a formal peer assessment programme for all training centres participating in subspecialty training	*More information required - The ISAC have been contacted to clarify this ask.*

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 highlight if they had any remaining concerns with Progress+. The responses 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 responses to the previous annual submission.

	Are there any remaining concerns with Progress+?				
CSAC/ ISAC	**Annual AFF (2023-24)**	**MY-AFF (2024-25)**	**Annual AFF (2024-25)**	**MY-AFF (2025-26)**	**Status**
CCH	Yes	Yes	Yes	**Yes**	⟷ *Unresolved concerns*
Diab & Endo	Yes	Yes	Yes	**Yes**	⟷ *Unresolved concerns*
Neonatal Med.	No	Yes	Yes	**Yes**	⟷ *Unresolved concerns*
Nephrology	No	No	Yes	**Yes**	⟷ *Unresolved concerns*
Neurodis.	Yes	No	Yes	**Yes**	⟷ *Unresolved concerns*
PICM	No	Yes	Yes	**Yes**	⟷ *Unresolved concerns*
Oncology	Yes	No	No	**Yes**	↑ *New concerns*
PIMM	No	Yes	No	**Yes**	↑ *New concerns*
Rheum.	Yes	No response	No	**Yes**	↑ *New concerns*
Neurology	Yes	No	Yes	**No**	↓ *Previous concern resolved*
Palliative	No	Yes	No response	**No**	↓ *Previous concern resolved*
CMH	No	No	No	**No**	⟷ *No change*
Clinical Pharm.	No	No	No	**No**	⟷ *No change*
PAIID	Yes	No	No	**No**	⟷ *No change*
PEM	No response	Yes	No	**No**	⟷ *No change*
PGHAN	No	No	No	No response	*No update provided*
Respiratory	No	No	No	**No**	⟷ *No change*

There has been a small increase in the number of CSACs reporting concerns (9 up from 7 compared to the previous review stage) with Oncology, PIMM and Rheumatology reporting new concerns.

Newly identified concerns

The reasons cited for the new concerns regarding the Progress+ curriculum included advances in practice not being reflected in the curriculum, evidencing training sufficiently and premature applications for subspecialty training (this has been included in the recruitment section of the report).

- **Onc.** - *A draft curriculum has been prepared to align to progress+ but requires updates to reflect advances in Oncology practice; Oncology skills requirements and new emerging service models*
- **PIMM** - *the discrepancy between GMC minimum requirement and necessary portfolio documentation to evidence a KC. Trainees… want[ed] the curriculum to help them map out the conditions they need to see/learn about whereas Progress+ is written more for skills than knowledge. The existing Progress+ curriculum was a compromise introducing the skills in LO/KC but maintaining an element of the old "Logbook" style in the Illustrations but to be fair this did not really help trainees as the illustrations couldn't be linked to. We intend to rewrite illustrations and keep the Logbook as a standalone document which trainees can choose to use (or not) to help evidence their training.*

TQB Response: A curriculum review is ongoing across all subspecialties (except CMH and Clin Pharm.). CSACs have been asked to review curricula to align with the Progress+ capability-based model. CSACs can use this review to submit updates to their current content. The aim is to produce a comprehensive curriculum for trainees and trainers so there is a single reference point without the need for supplementary documents. All submissions will then be reviewed internally by TQB before submission to the GMC.

Logbooks were previously discussed with TQB who reiterated that anything mandated should be included as part of the curriculum. If a trainee wishes to use a logbook they can, however this is not and should not be mandated.

Additional guidance to support trainers and trainees undertaking subspecialty training can be included in the ES Guidance Docs and Trainee Handbook. RCPCH templates for these resources have already been established and are being used effectively by CSACs to provide additional contextual information about their subspecialties. These resources should not be used to duplicate information that is already included in the curriculum or to mandate additional requirements.

The TQB looks forward to working with CSACs on this upcoming curricula reviews.

Unresolved concerns

Curriculum Amends

It is anticipated that the following concerns will be addressed as part of the subspecialty curriculum review project which is currently underway.

- **Neph** - currently reformatting to fit in with new college guidelines
- **Neurodis**. - curriculum needs to be updated to ensure that the curriculum has clear distinction between KC and illustrations. This work is currently in progress and hope to complete by April 2026.
- **PICM** - Residents do not feel that the current curriculum meets their needs.

Shortened training time

- **Diab & Endo** - we anticipate that trainees entering GRID may have very limited previous training in the specialty and that 24 months minimum subspecialty training will not be sufficient…this is part of our reasoning for extending training to a minimum of 36 months.
- **Neonatal Med.** - 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 develop their senior clinical leadership skills. The 36-month training program enables them to develop their skills, but neonatal services / consultants also need to adjust their expectation of what a day 1 ST5 neonatal subspecialty trainee is able to do
- **PICM** - Insufficient time in current subspecialty training programme to produce intensive care consultants that are appointable to substantive PICM consultant posts at the point of CCT. Uncoupling of PICM may be part of the solution to this. The curriculum is not felt to sufficiently support a) resident development to the point of readiness for CCT or b) signal clear equity across training units.

TQB Response: TQB are aware of the concerns raised by D&E in reference to the shortened timeframe, these were highlighted in previous MY-AFF & A-FF submissions. TQB would like to reiterate that 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 and report back to the board with data to substantiate these concerns.

- **CCH** undertook a CCH Leads Survey (Oct 2025) to gather more information on how Progress+ is impacting CCH training, interest in the subspecialty, rotas.
    - 70% of respondents felt that Progress+ is having an impact on CCH, 85% of those respondents felt it was negative.
    - Concerns included exposure to CCH, training experience, lack of skills around clinical management and safeguarding.
    - Some regions reported losing ST3 trainees and noted that ST4 & 5 trainees were less experienced compared to their pre-progress+ colleagues.
    - Access to outpatients was varied and the skill level in this area continue to be variable.
    - Some regions reported an increase in the number of requests they received from ST4, 5 & 6 trainees to sit in on clinics as there was not adequate exposure in some placements.

The CCH CSAC noted that the feedback was not surprising; 'there continues to be a lack of awareness re. CCH and what is involved. Once trainees have been able to experience CCH, they have a much better understanding of the nuances of the subspecialty… the CSAC will encourage people to get experience in Community Child Health where they can, so these preconceptions can be debunked'.

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Curriculum successes

When asked what areas of the curriculum are working well, curriculum coverage, training opportunities and trainee progression were cited as recurring successes. **Clinical pharmacology**, **CCH**, **Diab & Endo**, **Neurology, PEM**, **PIMM** and **Respiratory** all noted good curriculum coverage.

As part of the current subspecialty curriculum review, **Palliative** recognised 'that a learning outcome specific to adult palliative care and transition would be beneficial and this has therefore been incorporated into the subspecialty curriculum review'.

PICM highlighted 'anaesthetic and transport competencies - both are successful due to comprehensive curriculum-based passports that support robust assessment of this part of PICM training'.

Training opportunities & supervision

- **CCH** - Trainees have many opportunities of seeing children (and families) with physical and psychological developmental disorders and disabilities; children who are being looked after; safeguarding medicals and working within MDT and multi-professional teams. (Annual BACCH trainee survey results - June 2025)
- **Neph.** - All tertiary nephrology centres are involved in specialist training and if required that involves dual centre training to achieve all learning outcomes and key capabilities
- **Rheum -** Trainees are well supervised and well supported… adequate access to training opportunities

Subspecialty curriculum review

All CSACs, with the exception of CMH and Clinical Pharmacology have been asked to review their curriculum to align with a capability-based training model as set out in the Progress+ curriculum. As part of the MY-AFF we asked CSACs to indicate how significant they anticipated their amends to be;

Minor amends We will be reviewing and remapping illustrations to key capabilities only. Small changes to current wording if necessary.	CCH Diab & Endo Nephrology Respiratory
Moderate amends We plan to review the full curriculum, remap the illustrations and expand our current number of key capabilities.	Neonatal Med. Neurology Oncology PEM Rheumatology
Major amends We plan to revise our curriculum in full including new learning outcomes, reworking key capabilities or creating new ones and will map illustrations to KCs as requested.	Neurodisability PAIID PIMM PICM Palliative

Further support from the college in reference to Subspecialty curriculum review

There were no requests for further support from the college at this time and many CSACs indicated that they are progressing with their subspecialty curriculum reviews. Neurology noted that 'good support already provided during the Dec 2025 CSAC meeting'. Similarly, Neurodisability 'have already met with the college team who have helped explain what is needed'.

Section 3: General subspecialty trainee progression

Management of trainees within the subspecialty

Encouragingly, the majority of CSACs had no concerns to raise in relation to the management of trainees within their subspecialties and highlighted the successes they have had over the last 6-months. For those who did raise concerns, they were either in reference to trainees requiring additional support or the training centres/ provision.

Concerns: Trainees

- **Diab & Endo** - Ongoing concerns with 1 trainee who is currently on sick leave and failing to progress.
- **Neonatal Med**. - Currently approx. 10 trainees are having additional support from CSAC (reviews requiring two panel members) due to support with return to training, or difficulties with portfolio engagement / demonstrating progress.
- **Neurology** – trainees in difficulties who are needing additional support. This has increased…over the past 3 years since the new shape of training programme has been in place and the interview process should be reviewed carefully to ensure candidates are able to complete KCs and SLOs adequately.

Concerns: Training provision

- **Neph.** - Possible that more centres will need to be linked with another centre because of the access to transplantation. This in turn has a significant impact on trainees with external commitments such as dependents
- **Palliative** - Ongoing challenges highlighted around adult placements for subspecialty trainees:
    - Significant variation between regions.
    - Deanery requirements sometimes conflict with service realities.
    - Flexibility is needed to reflect local arrangements and trainee circumstances.

Successes & areas of good practice reported by CSACs	
CSAC meetings with trainees	**Trainee progression**
Diab & Endo - mid-point reviews. Where necessary 2 educational supervisors have been recommended when trainees have been flagged as struggling **Neonatal Med. & Rheum.** – Continued to offer informal meetings for trainees and supervisors as needed **PICM** - Annual face to face meetings that the residents feedback as being supportive of their development. ISAC members offer significant ad-hoc support. **Resp. –** Annual in-person review is highly valued by trainees and allows trainees to attend a national meeting yearly.	**PICM** - Residents who are not progressing satisfactorily towards completion of PICM training are supported into alternative pathways (HDU SPIN or General Paediatrics). **PIMM** - All trainees completing CCT in PIMM have gone on to have Consultant level appointments in the UK or internationally. **Rheum.** - Trainees are progressing well. ES and CS roles are well established, and consultants are invested in these roles - we have particular success in trainees needing additional support who manage to progress.
Trainee-led initiatives	**Quality Improvement**
Diab & Endo - Trainee survey undertaken each year has helped flag areas to be developed/ improved within training. **Neuro.** - Good recruitment into subspecialty using webinars led by trainees **Resp.** - Three monthly virtual meetings organised by trainees (valuable and well attended. Buddy system for new subspecialty trainees highly valued and they feel well supported.	**Neph.** – More trainees have taken time out to do research **PIMM** - Trainee experience in one region (Northwest) was found wanting with less than required percentage of time in speciality being offered - RCPCH/CSAC involvement has successfully resolved this, and subspecialty training is much better here - even enabling a second trainee to be offered training concurrently without affecting quality of experience.

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. Requests for further support have been included below.

CSAC	*Wellbeing issue*	*Action taken by the CSAC to address it*	*Further support the CSAC would like from the College*
Diab & Endo	1 trainee currently on longer term sick leave.	Ongoing monitoring.	Clear guidance from the college on how to support a trainee failing to progress in specialty would be helpful.

<table>
<tr><td colspan="4">TQB Response: The deanery would be the first place to seek advice and support. Progression is managed as part of the ARCP process, in the instances where trainees are not progressing as expected the relevant outcome should be awarded to reflect this.

Additional resources can also be found here: https://mededleaders.co.uk/wp-content/uploads/2024/07/Supporting-Trainees-Document.pdf

https://www.aomrc.org.uk/past-publications/support-for-doctors/</td></tr>
<tr><td>Neonates</td><td>Wellbeing issues are known to CSAC members.</td><td>Arrange frequent meetings with trainees who are experiencing wellbeing issues – can be up to 4 meetings between ARCPs for trainees who need additional support.</td><td>No further support requested</td></tr>
<tr><td>Neurodis.</td><td>One long standing issue with a trainee who is struggling to complete ND subspecialty training.</td><td>College aware. Local support for trainee and CSAC have met with the trainee multiple times over the past few years to discuss potential solutions or options available if unable to complete.</td><td>No further support requested</td></tr>
<tr><td>Neuro.</td><td>Multiple trainees in difficulties.</td><td>Trainees have been referred for additional support from CTs, HoSs and TPDs. Some have not been able to be resolved requiring one trainee to move to an alternate centre.</td><td>We should discuss ways the college can support extension of training for those unable to meet the KCs and SLOs. Deaneries are reluctant to extend time for trainees (this can impact recruitment) but a discussion between the college and CSAC is imperative to see what message the college can provide to deaneries about trainees requiring additional time/ support/ change of centre.</td></tr>
<tr><td colspan="4">TQB Response: This concern has been raised on a number of occasions; at both TQB and CSAC related meetings. If additional time in training is required, this should be managed via existing ARCP processes for Outcome 3 ‘Inadequate progress – Additional training time required’. The Training & Quality Board has continued to highlight that the Progress+ training programme is based on indicative training time and capability progression. CSACs, PGDiTs and all relevant stakeholders have also been reminded of this through an RCPCH website piece written by the VP for Training & Assessment which celebrates capability – not time - based progression; a key</td></tr>
</table>

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characteristic of the current RCPCH training programme. [We publish new guidance on capability based progression in paediatric training | RCPCH].			
Onc.	Discussion in recent CSAC meeting about different meeting models needed to support trainee wellbeing in Oncology.	'Thursday at 5' (an open forum for questions, clarification and informal reflection) was trialled. Take up of this was limited. CSAC felt that psychological safety should be explicitly referenced during induction and reviews and that trainees should be encouraged to raise concerns separate from their formal assessment process so they don't feel there will be any influence on outcome.	No further support requested
Pall.	One trainee currently on long term sick leave with an uncertain date for return to work.	The CSAC will ensure trainee is supported when fit to return and educational supervisor aware.	No further support requested

Section 4: Quality Management of Training posts/ Programmes

Quality Management of Training posts/ programmes

We wanted to get a better understanding of any ongoing issues and successes in relation to training posts and programmes across the CSACs. The CSACs are continuing to advocate for high quality training in their respective subspecialties as evidenced by the 'excellent' trainees who are successfully CCT-ing at the end of training. Efforts have been made to support trainees working multiple centres 'by keeping centres geographically close together where possible' (Rheum.).

Other CSAC successes include;

- Breadth of training provided by programme (Neuro.)
- Onboarded new training centres (PIID x2, PICM x1)
- Successfully recruited to subspecialty posts with competition at interview for places

The committees below are aware of the following issues and where applicable have requested additional support or advocacy from the College to help address them.

CSAC	Any ongoing issues with training posts or programmes?	Action taken by the CSAC to address it	Further support the CSAC would like from the College
Diab & Endo	Requests being made for approval of more training centres.	No response provided	Clear guidance from college about the approval of training centre for subspecialty would be useful
TQB Response: Information regarding the approval of training centres can be found on the CSAC resources page: https://www.rcpch.ac.uk/education-careers/supporting-training/CSACs#process-for-new-sub-specialty-programme-approval			
Neonatal Med.	Access to outpatient experience, particularly neurodevelopmental follow-up clinics is variable across different regions. Some trainees are using study leave to access this training, or attending in their own time as progression to CCT is requisite on this experience.	Feedback of essential nature of this exposure for neonatal subspecialty trainees is raising awareness across training centres. Sub-specialty centres aware.	No further support requested
Neph.	There is disparity between posts regarding general on call duties.	The CSAC are aware that units are trying to rectify this	No further support requested
Neurodis.	Consistency of neurology placement and access to tertiary vs secondary care for ND.	Chair is reviewing regional programmes and mapping them to regional models of care for neurodisabled children, as these vary across the country.	ND subspecialty trainees need adequate time in clinic and OP activities vs acute training.
TQB Response: All training must deliver some service and participating in acute training contributes to trainees developing their generic capabilities in subspecialty training. In some areas subspecialty trainees can, and do, come off the on-call rota during the latter part of their 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 would like 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.			

Neuro.			42 months has always been agreed as the adequate time for neurology training, but some deaneries have challenged this. It would be important for the college to discuss with the Neurology CSAC to see if a supporting letter to Hos and TPDs can be sent in view of this.
This item will be included for further discussion at the next HoS meeting.			
Onc.	Low numbers of sub speciality posts available to start from 2026.	CSAC to review barriers.	No further support requested
PIMM	Ongoing issue with a London trainee who is seeking an academic pathway and facing difficulties with combining research and clinical training in a way that is practical and affordable.	CSAC is supporting trainee although the decision makers are local.	No further support requested
Pall.	Some challenges for certain regions arranging 3-month adult palliative medicine placement.	A representative from the CSAC is meeting with the adult palliative medicine TPD to address this. Exploration with local educational supervisors to ensure trainees across different regions are getting comparable clinical exposure.	No further support requested
Resp.	Lack of subspecialty training places in London. Many trainees at these centres undertaking intercalated research higher degrees and so subspecialty posts are blocked for a longer time. Inability to utilise two LTFT trainees into a		Discussion with NHSE to have more subspecialty posts in London. Discussion with NHSE about optimising efficiency of subspecialty capacity.

	full-time subspecialty post and so inefficiency in utilising the post.		
TQB Response: The Board would recommend the CSAC have a discussion locally with TPDs/ HoS in London in the first instance to see if there is any scope to increase the number of subspecialty posts in the region. If discussions have already taken place, please let the College know and we can see if it would be beneficial to include this as a future agenda item at a HoS meeting.			
Rheum.	We have had fewer training programmes in the last 2 years, and this has been appropriate in terms of limited numbers of consultant posts available to trainees at the end of their training.	Workforce planning is hard to do in our small specialty.	No further support requested