Head of School (HoS) Annual Quality Report Sep 2023 – Aug 2024

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. The Annual Quality Report covers the training year Sep 2023 – Aug 2024. On this occasion, no mid-year quality feedback was sought, however this has been reinstated for 2024-2025.

The Annual Quality Report will be signed off as part of the Training and Quality Board Meeting held in November 2024. The Board will also review the 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 June 2024, all Heads of School were sent an Activity and Feedback Form (AFF) covering the reporting period Sep 2023 – Aug 2024. The purpose of these forms was to provide an update on the work being undertaken by each region and to establish what College support may be required.

This year there was a 19% increase in HoS compliance. Completion of the annual AFF increased from 64% for 2022-2023 to 83.3% for 2023-2024. The below table illustrates which HoSs submitted completed AFFs and demonstrates how engagement with the AFF process tracks across the last 2 years:

HoS	2022-2023: AFF Engagement	2023-2024: AFF Engagement
Wessex	Feedback submitted	Feedback submitted
Northern (North-East England)	Feedback submitted	Feedback submitted
Thames Valley	Feedback submitted	Feedback submitted
London	No feedback submitted	Feedback submitted
East of England	Feedback submitted	No feedback submitted
West of Scotland	No feedback submitted	No feedback submitted
Yorkshire and Humber	No feedback submitted	Feedback submitted

North-West	No feedback submitted	No feedback submitted
East Midlands	Feedback submitted	Feedback submitted
East of Scotland	Feedback submitted	Feedback submitted
North of Scotland	Feedback submitted	Feedback submitted
Wales	Feedback submitted	Feedback submitted
Northern Ireland	Feedback submitted	Feedback submitted
South-West (Peninsula)	No feedback submitted	Feedback submitted
West Midlands	Feedback submitted	Feedback submitted
South-West (Severn)	Feedback submitted	Feedback submitted
KSS	No feedback submitted	Feedback submitted
Southeast Scotland	Not sent to this region	Feedback submitted
AFF Compliance rate	64%	83.3%

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

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

The AFF was divided into 5 sections which are mirrored in this report.

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

The following actions were identified and logged as part of the 2022-2023 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 into the next reporting cycle. Recommended action outcomes have been included in the table below which TQB will validate.

HOS Region	2023-2024 Local Action Plan	Updated provided by the HOS	Recommended outcome. *To be validated by TQB.*
Wessex	No actions from 2023/24 were raised.	*TPD structure has been changed to cover areas of responsibility.*	N/A
Northern (North-East England)	No actions from 2023/24 were raised.	*N/A*	N/A
Thames Valley	No actions from 2023/24 were raised.	*N/A*	N/A
London	*2022/2023 AFF not submitted*		
East of England	-Focus on Workforce planning (protection of posts during the transition to P+) -Focus on expansion of post numbers	No update provided; 2023/24 form not submitted	Carry actions over.
West of Scotland	*2022/2023 AFF not submitted*		
Yorkshire and the Humber	*2022/2023 AFF not submitted*		
North-West	*2022/2023 AFF not submitted*		
East Midlands	Moving operational meetings from quarterly to monthly.	*TPD operational meetings now run monthly.*	Actions can be closed.
	Running a local college tutor forum.	*Being relaunched with a quarterly programme supplemented by RCPCH college tutor meetings. Dates & topics have been set for 2025.*	Actions can be closed.

	Building the school's digital presence.	*Website has been designed; dealing with logistical barriers related to NHSE invoicing but other than that the new website is ready for launching.*	Action can be closed
	Increasing our focus on trainee wellbeing.	*Have appointed a TPD with a lead role for wellbeing. She has a wealth of wellbeing experience and since starting her TPD role been liaising with the trainees committee, our supported return to training lead and has been involved in the induction day for new starters.*	Action closed
East Scotland	Introduce changes relating to new Progress+ curriculum.	*Progress+ has been implemented.*	Continue to monitor how P+ is embedding. Action closed
North of Scotland	Implementation of SoT:	*Successfully implemented the Shape of Training. Trainees have found the additional placements in Public Health, CAHMS, Research, OPD very useful.*	Continue to monitor how P+ is embedding. Action closed
	Impact on Recruitment	*Successful in recruitment and filled all the vacancies for ST1 and ST3 posts, as well as recruited to all LAT vacancies.*	Action closed
	Impact on Training	*North of Scotland Deanery ranked first out of 19 regions in UK in the GMC survey, with no concerns to report and negative impact on training.*	Action closed
Wales	Implementation of first year of Progress+	*Smooth implementation. Few challenges faced around the ST4/5/5(C4) level with progression points, particularly for those on LTFT or were on parental leave. Led also to some challenges around evidence for those who were in level 2 and now going back to core, but once the information on the RCPCH website was pointed out, resolved most issues*	Close

	Identify means of providing trainees with experience and training in Mental Health, Public Health, Primary Care, Community Nursing, and social services	*One health board developing their integrated clinics with primary care, and trainees have access to this. It is on our plan for this year to see how to develop the opportunities across Wales. More trainees are asking for CAMHS experience, and we have a flexible post that we can use for this in South Wales, opportunities in North Wales being developed.*	Carry over
	Setting up training day for psychological aspects of paediatric illness.	*We were able to organise a funded study day around mental health. This was well received.*	Close
	Working group to consider means of supporting additional training in psychological/mental health aspects of paediatric illnesses.	*Was not aware this was an action point to address.*	Carry over action
Northern Ireland	Implement 3-month community paediatric placements	*Community subspecialty trainees have increased from 2 to 9 in Aug 25, so there is no longer availability to implement 3-month community paediatric placements for core trainees.*	Close action, continue to monitor.
South-West (Peninsula)	*2022/2023 AFF not submitted*		
West Midlands	Update of Paediatric Regional Teaching (WM)	Wednesday Regional training continues, updated to reflect Progress+. ST1 remains a split programme with 6 months neonates and 6 months paediatrics (PGDiTs attend depending on where they are placed at that time). Human factors training and simulation (neonatal and paediatrics) happen at ST1. ST2 have a 12-month programme. Wellbeing teaching - run by the Trainees committee - is at ST2, although we are keen to share this in other years	Close action, continue to monitor.

		ST3 & 4 are taught together. This is a new development. We are delivering a 2-year programme. ST5 (c4) can choose to attend this mandatory training OR ST5+ teaching - but not both ST5+ teaching is at a monthly regional level. This is a rolling 2-year programme with more emphasis on 'non-medical' learning, including research and leadership. The 5th Wednesday has been opened up for subspecialty teaching. Neonatal subspecialty teaching - with other regions - happens 4 times a year. Each level of teaching has trainee representation in organising, with more responsibility as the levels ascend. We have recently appointed to a new paediatric teaching TPD (after a period of sickness of the outgoing TPD); the neonatal teaching TPD remains in post. A challenge remains around sharing teaching materials. The PGVLE has been used successfully in other specialities, but we have not been able to manage this in paediatrics. Not being able to advertise for the vacant TPD for digital strategy has been detrimental. We have advocated for face-to-face teaching. Whilst speakers may be remote, all PGDiTs need to attend in person. The school has been asked for its business case for teaching. We are planning new courses within region - child protection medical, POCUS etc and continuing with leadership and QIP, so PGDiTs do not have to travel considerable distances to access these learning opportunities. Finally, with the introduction of mandatory regional teaching for ST6+ there was concern that PGDiTs may use up all study leave on this and not have enough for 'other' courses., however this does not seem to be the case.	

	Ongoing discussion about Lead Employer (join with School of Anaesthetics)	Work in progress. The Schools of Anaesthesia, Radiology and Paediatrics all wish to adopt a Lead Employer model and have instructed NHSE (West Midlands) that we wish to do so. We had initial meetings with a LE but since the merger of HEE and NHSE this is now on hold. We are still keen to progress and have made the Senior Management Team aware of this.	Carry over action
South-West (Severn)	No actions from 2023/24 were raised.	*N/A*	N/A
KSS	*2022/2023 AFF not submitted*		
South-East Scotland	*No form sent from RCPCH for 2022/23; form sent for 2023/24*		

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

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	2024-2025 Local Action Plan	Who is responsible	Completion by
Wessex	1. Continue to evolve the process of longitudinal supervision 2. Appoint new HoS 3. Restructure the training numbers at each ST year in line with Progress+	HoS/ TPD's Dean HoS, TPD's, NHSE	Sept 2025 Nov 2024 Sep 2028
Northern (NE England)	1. Planning of ST1 recruitment for 2025 with ongoing plan to rotate to Northwest of Y&H for 2026 round 2. Continue to plan training sessions for supervisors about differential attainment and supporting trainees later in the year.	1. HOS for NW and Y&H in discussion about who will take over from the NE 2. TPD	May 2025

Thames Valley	*No actions identified*		
London	1. Renew TPD team 2. Ensure succession planning 3. See to completing school projects	TPD team	March 2025
East of England	*2023/2024 AFF not submitted*		
West of Scotland	*2023/2024 AFF not submitted*		
Yorkshire and the Humber	1. Support delivery of local training through informal School visits 2. Deliver flexibility in training through clear processes OOP/LTFT 3. Improve feedback to PGDiTs 4. Ensure EDI embedded into activity (School/RCPCH)	School School School/RCPCH School/RCPCH	Sept 2025
North-West	*2023/2024 AFF not submitted*		
East Midlands	1. Launch East Midlands School of Paediatrics website - 2. Continue to develop subspeciality application and interview support - over next 2 rounds of subspecialty applications. 3. Re-allocate TPD LTFT support role - pending new TPD appointment. 4. Reallocate EMS post allocation roles - pending new TPD appointment. 5. Continue to run Effective Educational Supervision courses 6. Trial 3 rounds of ARCPs / year rather than two to better accommodate working patterns. 7. Inform trainees about process of requesting reasonable adjustment at the start of training	1. Simon Li (TPD) 2. Deepa Panjwani (TPD) & Sunil Francis (ETC Chair EMN) 3. Joe Fawke (HoS) 4. Joe Fawke (HoS) 5. Lizzie Starkey (DHoS) 6. Julia Edwards & Afraa Al-Sabbagh (TPD)	Aug 2025. Dec 2025 for all remaining actions
East Scotland	1. Stop introducing new changes to kaizen directly before Scottish ARCPs –	RCPCH for both actions	1. Will introduce changes only

	2. consider the need for acknowledgement of the differences between Scotland and England child protection procedures for candidates sitting START		at key times of the year. Feb 2025
North of Scotland	1. Training day for trainers. 2. Progress Plus curriculum and e-portfolio support-	Head of School College Tutor/TPD	August 2025
Wales	1. Increased understanding around differential attainment and support for IMG 2. Review of training posts across Wales in light of progress+ curriculum 3. Further review of opportunities in psychological and public health 4. Share the information from recruitment with the college tutors regarding new IMG trainees/those new to UK and arrange for the local Soft Landings representative to talk at induction.	1. School 2. School and TPDs 3. School, LPDs, and trainees 4. TPDs	August 2025
Northern Ireland	1. Increase LTFT flexibility in RBHSC (Paeds tertiary hospital in NI). Currently only 60 or 100 percent placements facilitated. Attempts to implement self-rostering have failed to date, however we hope to introduce self-rostering and allow any variation between 50 and 100 percent LTFT training in all hospitals.	HoS	August 2026

South-West (Peninsula)	1. Review of school structure within Peninsula to look at associated PA time for TPD's 2. Review of Quality assurance processes within region following withdrawal of admin support and overview by NHSE 3. Review of training placements - to be more trainee friendly and enhance resilience – *Thrive Paediatrics could be a useful resource* 4. Review of regional plans for longitudinal educational supervision 5. Improve Peninsula trainee involvement in School board and Southwest regional teaching delivery 6. Review of Southwest Paediatric schools' structure - consideration of single school	1. Head of School, TPDs, Program manager, Head of Multi-professional Education management (NHSE) 2. HoS, TPDs, CTs, DMEs, Quality team (NHSE) 3. Paediatric school (HoS, TPDs) 4. Paediatric School with regional DME support 5. CTs and RCPCH Trainee Rep 6.Paediatric Schools in Peninsula and Severn, Postgraduate Dean	October 2025
West Midlands	1. To support introduction of longitudinal supervision. 2. To refine the local faculty form. 3. To understand the place of academic paediatric in West Midlands. 4. To have the school's 1st Paediatric conference - 9th January 2025. 5. To move to a Lead employer model.	Head of School has overall responsibility However, the Deputy Head of School is leading on the Paediatric conference The Dean has responsibility for supporting each	Sept 2025

	6. To ensure that SoP has adequate administrative support to run the items described in this report; at this moment in time this is challenging and has been escalated to the Dean. 7. School to raise awareness about differential attainment amongst trainers and to discuss in induction meetings	school with adequate administrative support	
South-West (Severn)	1. Implementation of longitudinal supervision - commencing trial from Sept 2024	School team - HoS and TPDs.	Sept 2025
KSS	1. Finalise programme for regional training for academic year 2. Implement longitudinal educational supervision 3. Produce guidance for time out of training/parental leave and other leave and increase engagement in SuppoRTT 4. Create additional subspecialty posts suitable for experience pre-application for subspecialty training and for SPIN	Regional training programme-Dr Lola Adenuga, TPD Other actions-Dr Catherine Wynne, Head of School	August 2025
Southeast Scotland	1. Continue to provide high quality training within the new 7-year training pathway to all trainees. 2. Continue to support trainees wishing to pursue specialty training. 3. Continue to address any differential attainment for trainees who attended medical school overseas. 4. Continue to address issues related to Equality, Diversity, and Inclusion.	1. TPDS with ES and CS, and staff within every department. 2. TPDs, with ES, in liaison with colleagues across Scotland - facilitating rotational posts 3. TPDs, medical education department, NES 4. All clinical staff in conjunction with NHS	August 2025

		board management and alongside NES	

3. School structure and support mechanisms

3a. School Board structure and functioning.

Similar practices existed amongst most schools, including:

- Most schools had a larger overall board meeting on an average of 3-4 times a year. A mix of in person and virtual. The board members consist of TPD/TPD's, trainee representatives, Lay reps, HoS, College Tutors in some areas, School programme managers, education leads, School operation managers, faculty managers etc.
- Updates from various other board and networks for that region, are covered in these meetings. All groups of stakeholders are given a fair representation and voice.
- TPD and CT reports are presented. Trainee representatives feedback is also heard.
- Action points developed from both positive feedback and concerns raised.
- Discussions about quality of training and workforce planning derived from other material such as GMC/NETS surveys and PAFTA recommendations. Additional speakers invited as appropriate. Good practices shared across a range of relevant topics.

3b. Respondents were asked how their schools supported and interacted with College Tutors

- College Tutors are invited to Board meetings and asked to present their reports, and any areas of concerns addressed.
- College tutors are encouraged to attend RCPCH CT events. They have local forums for networking and support
- CT appointed locally by trusts, via an application and interview process. Schools are not heavily involved in the recruitment process.
- Locally supported CT WhatsApp groups and newsletters. Some already implemented and some schools are due to trial this in the coming year.
- Monthly/Bimonthly/quarterly CT meetings within their regions.
- 1-hour HoS and CT meetings led by college tutors (aiming for meeting every 2-3 months). To help highlight and share best practice.

Quality Assurance

3c. Processes followed to review outputs of any Deanery or School quality survey and the GMC NTS survey. Key themes identified

- GMC survey results are reviewed with the NHS England across the school's quality team. This includes regular Teams meetings with the quality team and head of School.
- Where the GMC survey highlights issues then a response from the relevant training unit is requested and reviewed including considering proposed action plans and where necessary a further review to assess progress is planned.
- Next steps would include assurance, local monitoring, or intervention.

- These continue to be monitored through learner and education team exploratory meetings, surveys, and feedback. Soft intelligence and feedback from other processes, such as ARCPs and individuals, is also considered.
- Monthly Deanery cross-specialty quality meetings. Meetings with college tutor and clinical leads for areas.
- Planned peer review meetings at intervals, going to all the training units to get feedback from trainees and trainers and the directorate management.
- RCPCH Thrive in Paediatrics project as a pilot site focussing on wellbeing throughout the career span.
- CT's, DMEs and School all review the Quality panel results and NTS surveys.
- The GMC NTS survey informs the QA plan for the schools over the next year with focussed discussion with Trusts with red outliers to provide support to them.

Key themes

- Most schools mentioned SPA time as a consistent theme and a recurring issue amongst its trainees.
- *West Midlands:* Outcomes of recent surveys have shown that some training units have above outlier responses for clinical supervision out of hours and supportive environment. Regional teaching is a consistent above outlier for the school. It is reassuring that the few education providers with below outliers are ones that have already been undergoing quality interventions, which indicates that there are effective processes for escalating concerns to the School of Paediatrics beforehand and that PGDiTs feel comfortable in doing so.
- *Northern Ireland:* Quality review took place in autumn 2022. Themes identified were overwork and difficulty getting to regional teaching. In response to this a QI project to improve regional teaching was set up in Sept 23, it is now in its second year. Significant improvements in providing trainees information about teaching have been made (information is now available on an app used in most hospitals), however getting trainees released to attend teaching continues to be problematic and the project continues.

  Green flags (RAG reports) were present for reporting systems, teamwork and educational governance, overall satisfaction, clinical supervision out of hours, handover, and induction. Red flags were identified for workload, facilities, supportive environment, reporting systems, induction, feedback, rota design. and educational supervision. Presented the thrive resources that RCPCH has produced to the school board and suggested we use these resources to address red flags for supportive environment and feedback. Also presented college resources on workforce planning to address the workload red flags.
- *Southeast Scotland*: Rota gaps and challenges brought about by implementation of Progress+. Lots of voids and plugs that need to be filled.
- *YHD:* Disappointing perception/ value of Regional Teaching, PGDiTs feel they do not receive adequate feedback. – *Training and Quality team will add a free text box within Supervision reports – Induction meetings, so trainees can specify how they would like to receive feedback. A link to Academy feedback and reflection guidance document has also been included.*
- *NE England:* do not have funding for a TPD lead (which we have had in the past), and team is smaller. Undertaking quality work is therefore tricky.

Good practice

- *North of Scotland* – School reviews the Scottish Trainee Survey and the GMC survey in the Training Committee meetings and discuss with the Clinical Leads in various areas of training. Commendable to see trainees reporting significant positive change in various areas like team working, wellbeing, education governance and inclusivity. Trainees are organising monthly regional teaching sessions and there was a session on Wellbeing and Peer Support. Trainees are also organising weekly consultant led teaching which has been newly introduced and found to be valuable. The Induction Programme has also been very well organised and includes simulation training for paediatric emergencies and procedural skills. In addition, there is weekly journal clubs, Peer teaching, Grand Round, and monthly M&M teachings. Trainees are encouraged to present audit and research work. Trainers are supported by the TPD and College tutor through periodic talks on Curriculum, ePortfolio and Deanery support. One-to-one meetings with trainees along with their supervisors have been found to be helpful.

3d. **College's** support **to the school's Quality Management of training**

Respondents were asked what level of support they expect from the college

- Offer training on Quality processes including quality visits for the educator team.
- Toolkit for trainers which summarises and integrates the RCPCH Trainee Charter, Trainee Toolkit, Safe Learning Environment Charter (SLEC) and the GMC 'Promoting excellence: standards for medical education and training' framework with suggested examples of feasible, high quality and effective solutions that may have been successful in other Schools or regions. *We have created a Heads of School/TPD resource hub to address this suggestion. Please find the resource here.*
- Additional support with organisation and administration of regional training.
- Provide funding for time in job plans or campaign for this to be provided.
- RCPCH need to have further understanding from NHSE as to their commitment to Quality assurance processes. The reliance on Schools to undertake without administrative support or guided review processes is poor.
- The NTS survey timing does not work well for March Paediatric rotations. Responses are from new members of workforce. Results being disseminated must be timely to effect change.
- It would be good to have a section on CS induction meeting form that specifically discusses how a PGDiT would like to receive feedback in that post.

3e. Raising complaints and concerns process.

Respondents were asked if there was a grievances process and if any key themes identified. Any change in the volumes?

- Trainees can voice concerns via their junior doctor forums. The output from these is collated by the education and training committees and either directly reported to the educator team or included in the Education and Training committee (ETC) reports to the school board.
- College tutors can flag concerns to their local TPDs or report directly to the deputy head of school or head of school.

- Supporting and Escalating Concerns Pathway for Learners, of which Pathway 2 involves the school.
- Risk Registers maintained by the School of Paediatrics and NHSE for the region.
- Informal process whereby PGDiTs can contact TPD and/or paediatric HET team portal. Complaints or concerns will be escalated to Head of School and associate Dean and postgraduate Dean where necessary.
- Through periodical surveys.
- Active " speak up champions" in all health boards to encourage and support everyone to raise issues. Promotion of awareness of longstanding EDI, its anticipated that numbers of reports increase as we empower everyone to tell us if there are EDI issues. The recent BMA report has helped raise awareness alongside a local report.
- Smaller schools mention that complaints are low as they work in a small team where familiarity helps in resolving issues.

Key themes

- Themes have been related to issues regarding supportive training environments and workload which are being addressed through learner and educator exploratory meetings and action plans. Overall, issues are more related to raising concerns rather than specific complaints and the volume remains constant.
- Most commonly complaints relate to HR issues rather than School issues e.g. incorrect pay, late confirmation of placements, late work schedules etc.
- Staff shortages in the LETB and Deanery have been hugely impacted by NHSE merger exacerbating problems.
- Small % of trainees were getting rotas with 6 weeks' notice, LTFT trainees rotas were especially delayed. Not being allowed 80% LTFT in tertiary children's hospital, difficulties with lack of hospital accommodation, and SPA time not fully implemented in all hospitals. Lack of clinic allocation.
- Some schools reported that majority of trainees were satisfied and content with their training.

4. Progress+

4a. Implementations of any new approaches to training

Respondents were asked if there were any new approaches that have proved successful? What plans are in discussion to enable trainees to meet the new Core Curricular key capabilities (i.e. child mental health, integrated care, public health)?

- Explored child mental health training opportunities with education team and college tutors prior to the implementation of Progress+. A consistent message was that there was a lot of child mental work occurring on acute paediatric wards. College tutors were asked to highlight local training opportunities e.g., shadowing crisis teams or psychiatric liaison teams, eating disorder teams. This has been followed up through college tutor reports back to the board. There has been a general increase in exposure to child mental health, but this is more evident in some training units than others.
- Public health is picked up through regional training days.

- Longitudinal educational supervision is being rolled out across many schools from September 2024. In advance of this the relevant TPD is attending local faculty meetings in all units. There has been written communication sent out to TPDs and College tutors.
- A review of practices across units within the school is now carried out to assess how they are meeting the PGDiTs training needs in relation to Progress+, surveying the type of educational opportunities available and how the curriculum is being integrated. The review has also looked at the type and number of SPIN opportunities and other good practice that is happening to share knowledge across the school.
- Ideas and innovation about the new Core curricular capabilities are shared at CT meetings. Resident doctors signposted to opportunities in each department.
- Plans are underway to introduce ECAT at the end of ST1 and after 6 months of ST2 prior to rolling out post allocation processes for ST3 posts. Plans and timetabling are also underway for structuring transition to middle grade working to allow individual PGDiTs to plan in advance of ST3 post and early organisation of appropriate placements.
- Group teaching days.
- Trainers in the region have all had teaching around the new curriculum and are all familiar with it. The capabilities have been worked in to teaching sessions and are also highlighted in acute areas / clinics when opportunities arise.
- Trainees have put together resources on how to obtain mental health competencies and organised relevant teaching days. Another trainee is working with public health on a project to help paediatric trainees obtain public health competencies and will put together a resource pack.
- CCH posts in ST3 now incorporate child mental health as do the acute paediatrics post in ST1 and 2 and are working with the CAMHS TDS to create joint teaching and learning opportunities.
- Support is now being received from regionally appointed Paediatric Fellows to focus on website development, regional education;(inclusive of Clinical exam preparation, and audience feedback systems, Progress+ developments and is focused on appropriate resource engagement and longitudinal supervision development. Learning modules on websites and podcasts.
- Placements in Public Health, CAHMS. OPD, Research and outreach clinics

Good practice -

- *NE England* - Introduced 10 integration days per year at ST1-3, and 5 days at ST4. They have also mapped each year to a speciality.
- *West Midlands -* There are larger pieces of work across the whole of the West midlands not specific to the school of paediatrics in relation to differential attainment and sexual safety in order to support the progress of paediatrics.
- *SE Scotland -* new SIM training now available as well as a positively received "Stepping up to ST3" training day.
- *Wessex -* re-structured the region into 'East' and 'West' areas. Wessex is a wide region and to travel from the easternmost unit to the westernmost unit takes several hours. Allowing trainees to opt to train mainly on one side of the region has been received positively by most trainees.

4b. How many trainees (either in real numbers if available or as an estimated % if not) opted to remain in ST4 during the transition ARCPs?

- Majority of schools had a 50-50 response, saying that 50% chose to remain in ST4.
- In some schools, 15% - 25% chose to remain. Some reported 30-40%
- 32 trainees chose the option of ST5(C4) year in West Midlands.
- Majority who completed ST4 opted to move to ST5(C4) for a variable period as they had not completed old core competencies. NE England have had to be flexible with their approach to ensure no one missed subspecialty application opportunities.
- SE Scotland, 100% trainees chose to remain in ST4, 8-year programme.

4c. Highlight any Progress+ workforce related discussions within your Deanery teams: Post management planning during the transition and concerns around rota gaps (Tier 1 & Tier 2)

- *East Midlands* - slightly increased the proportion of ST3 trainees entering the tier 2 posts, which, at times, is through grading up to tier 2 in a suitable post that can accommodate this. The number of trainees rotating through a neonatal post has adjusted in the East Midlands North to be comparable with other areas, where before trainees received an above average amount of neonatal medicine. All trainees in East Midlands South can access a tier 1 and tier 2 tertiary neonatal post during their training.
- *West Midlands* - Longitudinal Supervision: In rolling out longitudinal educational supervision, there has been concern about the ES/CS workforce and the amount of time allocated to specific job plans. There has been concern raised about the number of LTFT PGDiTs which means that there are more PGDiTs than 'slots' per training unit that require an ES and there is a 'double up' of work required when the ES is not within the training unit and a CS is required when previously this would not have been the case.

  TPD's have had to be flexible with rota planning and placements. TPD clinic for career guidance at progression point – especially around subspecialty and returning from OOP.
- *Severn* - Not enough time recognised in HoS or TPD job plans to manage the transition to Progress+ and the change to the Severn training programme as a result. Also, no recognition of the challenge managing a LTFT programme. Concerns managing the tier 2 bulge and future rota gaps. Need to recruit additional resident doctors at ST1 to ensure overall envelope remains the same.
- *KSS* - Concerns about increased competition for subspecialty training applications. Ongoing issues with rota gaps-affected by parental leave, increasing numbers of LTFT applications and increasing flexibility with OOP.
- *East Scotland* - Tier 1 rotas are overstaffed currently but expect this to improve. Due to shortening of training, trainees are having to make decisions re subspecialty training much earlier and so are requesting exposure to clinics etc. This then has an impact on their ability to learn basic procedures in the acute setting e.g. cannulation. Expect that this will have an impact on our middle grade staffing and morale - trainees who come in at ST3 who apply and are successful for subspecialty training are only going to be with us for 2 years due to then moving out. As we are a small training programme this will have an impact. In addition to this, trainees joining at ST3 who want specific experience for subspecialty application may have to have one of their placements out with the area

depending on what subspecialty they are looking at. Again, this has an impact on staffing and trainees in programme.

- *London* – One main issue raised that the tertiary hospitals were understaffed in March, and the DGHs in September. Options to deal with this are to transition trainees at the start of ST3, to give trainees variable experiences of training or have a group starting in March at ST1.
- *NE England* – Posts were reviewed prior to Progress+ and a small number of posts moved to meet requirements of the new curriculum. Had to change approach to recruitment. Find it impossible to plan to recruit at ST3 in the summer as do not have the flexibility to accommodate trainees when it is unclear whether they need tier 1 or tier 2 posts. Therefore, recruit to ST1 in the summer and ST3 for March start. Rota management is otherwise impossible. Most of the concerns re rota gaps link to the large number of LTFT trainees rather than progress +
- *Northern Ireland* - Most of the trainees were already on the tier 2 rota in ST3 so to date there have not been too many difficulties. Only recruited 13/18 trainees in 2023 however recruited 18/18 in 2024, so currently rota gaps are manageable.
- *SE Scotland* - Rota gaps are a persistent problem due largely to statutory leave. Most trainees in SES work LTFT and we have been able to recruit to full time equivalent. Due to most of the trainees working LTFT, they often reach CCT throughout the year, and if they leave, this is then a gap. Mat leaves also start at various times during the year.
- *Peninsula* - Resident doctor workforce has increased in overall numbers - this has been due to an increasing number of doctors working LTFT and subsequent recruitment. This has in turn led to increased workload through individual supervision SPA but also Deanery TPD workload with complexity or working arrangements. However, the overall Deanery workforce numbers remain poor compared to other parts of the country and there continue to be workforce gaps at both Tier 1 and Tier 2.
- *Wales* - Starting to look at whether the balance of posts is correct between tier 1 and tier 2, however region has been able to keep all existing posts. Some concerns from the units about not knowing whether ST3 trainees will be tier 1 or tier 2, at the time they are writing and developing rotas, and in some cases being told no opportunity for stepping up as the gaps are on tier 1 and tier 2 is full.
- *YHD* - Had fewer gaps particularly in DGH settings at Tier 2 level. LTFT rota gaps and subsequent challenges.
- *Wessex* – Initial increase in training numbers in any ST level, will take time to stabilise across the whole of training.
- *North Scotland* - expansion of posts and achieving middle grade capabilities to work independently in the Tier 2 rota.

4d. ePortfolio and viewing progression of P+ trainees.

- Mixed bag responses, with some finding overall usage better and easier than those on Progress, and some find it challenging.
- Most reported teething problems with curriculum tagging and linking and not all information making it across the transition to Progress+. *Training and Quality team worked hard with RISR to resolve this issue and queries have reduced drastically.*

- Issue with increase in LTFT trainees and accurately capturing this on ARCP forms. *The Training & Quality Team have now adjusted the questions asked in the form to accurately cover this information.*
- Some find the support from college to be much more helpful and fed back that the quality of guidance has improved from previous years.
- Some find the key capability evidence report difficult to use as it needs dates to be entered to generate accurate data. Some doctors often input incorrect dates due to a lack of or incorrect information. However, some schools find the Key capability analysis easier to access than previous learning outcomes.
- Some schools felt changes were being made often and difficult to keep up. Schools have asked that RCPCH avoid making changes to ePortfolio just before ARCP season. *The Training & Quality Team has now decided to collate suggestions and only implement at key times of the year, with advance notice and clear communication. The Training & Quality Team have worked hard to address the more crucial issues on eP through interactions with the ePortfolio user group. Users have now been encouraged to continue to use the portfolio in its current state with a view to a further review at the end of 24/25.*
- Most felt that the removal of the Document library was not a good move and makes it hard for panel members to see an overview of attached documents*. The RCPCH has communicated that this was a decision made by platform provider RISR and have not influenced this change. Team will collate feedback into a report and send to RISR for further consideration.*
- Development of the summary page and ability to delve easily into the curriculum content has improved functionality overall. There is a clearer laying out of those requirements to progress through gateway points in training. However, some deaneries continue to utilise an additional document to collate all information deemed necessary for ARCP review.

5. Assessment and training programmes

5a. School support for trainees with progression planning for Specialty Level onwards and beyond CCT

- Middle grade readiness days to support their move to tier 2 working.
- Careers evenings on Teams previously to support decision making.
- Trainees applying to specialities, have an application review process and offer mock interviews for those shortlisted. Have audited our specialty application success rates which have increased dramatically since this process started. This work was presented by trainees at the annual school conference.
- Separate TPD for subspecialty training. Subspecialty evening - sessions from specialities, interview practice sessions. To deliver 1 day teaching on 'Transition to consultant life'
- New - series of videos produced by successful subspecialty applicant and TPD on 'how to apply for subspecialty training.' Leadership and management iQuest modules.
- Associate Dean continuing to lead on careers planning and is aware of our current position and what can be offered.
- Post ARCP career advice meetings offered to all doctors in the training programme. Trainee-booked clinics run by TPDs, online for career discussion.

- Supervisors are encouraged to discuss progression planning early and to provide teaching to the trainees and supervisors highlighting the need to plan and what options there are, as well as other aspects that are important to consider.
- New Stepping Up leads appointed to support trainees as they progress beyond CCT. Regional training days will address topics related to becoming a new consultant.
- Clearer dissemination of ARCP requirements and use of an additional form for completion has enabled trainees and their ESs to understand annual requirements. Timely and updated requirements are sent out to trainees each year, whilst OOP is predominantly supported within regions providing sufficient timeframes throughout.
- Run regular START preparation sessions. Developing guidance and resources for interested trainees.
- Stepping up programme to support trainees.

5b. Differential attainment in regions. Action plan to address findings and support RCPCH can offer to meet actions.

- *East Midlands -* Cross-school differential attainment (DA) group that feeds into board meetings. The region has a TPD with a lead role for DA. The Trainees Committee conducted a survey that included looking at post allocations for IMGs vs non-IMGs and found no evidence of inequity, but instead that most respondents regularly received their first or second choice of post.

- *West Midlands -* TPD for DA in post working closely with Associate Dean (NHSE). PSW will support PGDiTs identified but they are under resourced to meet the need. Initial survey in region suggests there are unmet needs for both PGDiTs and educators. TPD encouraging ES to raise DA in initial supervision meeting - hopefully with longitudinal supervision there will be more consistent support for PGDiTs –

- *Severn -* Active IMG training programme and support. Plans to review this formally.

- *KSS-* IMGs appear to have been less successful in national recruitment both for entry to paediatric training and in subspecialty training applications. Proposed changes to subspecialty application process will hopefully improve this.

- *NE England -* HENE has an action plan across all NE schools to support this. Differential gap has narrowed over the last few years but is clearly still present. Our regional Leadership fellows have developed better resources for IMGs to support them transitioning to the UK and NHS. Planning a training session for supervisors about differential attainment and supporting trainees later in the year.

- *Northern Ireland -* IMGs joining the paediatric programme at ST1 without working previously in the NHS has been a new phenomenon in NI in the past 2 years. Last year an ST4 simulation fellow gave 1 on 1 tutorials on how to use the ePortfolio, how to bleep, how to write succinct notes on the ward round etc to trainees having difficulty. This year the region had a separate 3-hour induction for ST1s new to NI. This was facilitated by our Soft Landings rep, a NIMDTA trainee ambassador with a role to help trainees newly arrived and the HoSs. Two IMG trainees that moved from outside Europe to NI for ST3 have been successful at sub-specialty interview in the past 2 years and we need to make sure that recently arrived ST1s also have all the opportunities they require to thrive.

Differential attainment has been a theme at the clinical education day over the past few years and it is high on NIMDTAs agenda; although there is no specific action plan in paediatrics, we have been addressing difficulties highlighted last year.

- *SE Scotland -* There remains differential attainment in paediatrics for trainees who have graduated from medical schools overseas. The region has introduced over the last few years more structured induction, training days specifically addressing issues they may face, and allocated trainees to supervisors with a keen interest in supporting such trainees. Differential attainment is noted in ARCPs, portfolio engagement, exams. The region has not seen it in subspecialty training recruitment applications though are acutely aware of it and work hard to ensure that it is not the case. The greatest challenge the region has come across is for trainees who have been appointed at national interview process at ST3, who arrive with very minimal experience of clinical working. They not only face the challenge of working within a different health care setting; they are often faced with paediatric situations with which they are very unfamiliar. They have recently found that despite induction, supported working and periods of being supernumerary, some have required to work on ST1 rotas to enable them to be supported sufficiently.

- *Peninsula -* A small proportion of trainees were issued with Outcome 5s due to a lack of submitted paperwork forms or assessments not being completed by a supervisor. The region reported that a small proportion of unfavourable outcomes are usually due to deferred exam success.

- *Wales* – This region have differential attainment as a standing item on all STC meetings. The region is considering if an IMG lead in the meetings is a useful addition, however many of committee are IMG so currently they have not implemented this.
- *YHD* – Due to restrictions in the administration team the region has not been able to access data on ARCP outcomes and differential attainment. The region has an IMG representative and are planning to appoint an EDI representative. Any RCPCH produced data would be helpful.

- *Wessex* – There is currently an ongoing differential attainment review within the deanery. This discussion is now a routine part of the education for new educational supervisors.

- *North Scotland* - MRCPCH exams support is offered through newly organised Consultant led teaching

Support requested from college –

- What process does the RCPCH employ to ensure that these trainees are suitable for ST3? And how can RCPCH manage expectations of trainees moving to a new city/ often new country to work in a very unfamiliar environment? - Useful resources would be the Soft-Landing team - https://www.soft-landing.org/

5c. **ARCP's –** Ongoing work/Appeals within the last year/Recurring themes noted/Meeting 10% externality requirement.

- Some deaneries reported that they had a request for review of adverse outcomes – 2 and 5 in some cases. The ARCP process was explained, and further informal discussions were

held between trainee and HoS/ panel members. As a result, trainee did not go through formal request.

- West Midland noticed themes:
    - OUTCOME 5 - middle grade readiness form for end of ST3 - IO DOPS missing (no longer a problem as APLS accepted)
    - OUTCOME 3 - ST3 written exams pending - ST4 CORE curriculum not completed - ST3 not middle grade ready.

  Acceleration of CCT panel - request made by PGDiTs and supported by ES; this feeds into ARCP and then a request is made to the Dean. This is a new process for us

- Most deaneries reported ***not meeting*** the 10% externality requirement. Those who ***met the requirement*** include Peninsula, SE Scotland, NE England, East Midlands, Wales, YHD and North Scotland *- QTP team have taken a proactive approach in obtaining ARCP dates well in advance, however we are not always made aware of the dates with enough notice. Thus, it is difficult to secure external assessors. We are implementing a web form to make it easier for potential EA to register their interest.*
- Lack of engagement in the ARCP process from ES and College Tutors across the region, with the same individuals and training units supporting the process year on year. This results in a disproportionate number of ARCPs being carried out by TPDs, which is both time-consuming and can result in a conflict of interests.
- ARCPs remain a large workload for TPDs. Reviewing data is very time consuming. Because of this, the region has changed their model this year to try and put more emphasis on Trusts and College tutors but have had some push back. The consultant body is tired and overworked. Lack of recognition of supervision roles in job plans makes this harder and many consultants are just not willing to take on what they see as additional work.
- One deanery considers every ST year change as a 'gateway.' This means as a school they undertake many more ARCP's then should be necessary.
- There is an ongoing misconception that 80% working automatically equals 100% progress, this is despite multiple communications through varied channels about this. Some regions are trialling a move to 3 rounds of ARCPs a year to allow the scheduling of ARCPs for LTFT trainees nearer to gateways, but this approach will need further exploration and acceptance from both trainees and trainers.

Good practice -

- *Scotland –* Each ARCP panel is allocated a number of trainees per day to review their ePortfolio WPBA and completed learning outcomes within the assigned curriculum, in depth. The entire panel then reviews the ePortfolio on the day, and trainees are appreciative of the depth of the reviews.

5d. Support for Reasonable adjustment trainees

- Most deaneries have support in place for RA trainees such as restricted working hours, restricted out of hours working or night shifts, mobility related adjustments, tailored phased return plans, adjusted post locations and ensure that the correct procedures are followed via HR.
- Some deaneries offer neurodiversity assessments and then signpost the use of 'Access to work' for more support.

- RA support for maternity related requests have been reported as being requested by trainees much earlier on in the pregnancy, however, there is not always agreement that this is reasonable.
- One deanery needed to provide reminders to trainees of the correct process to request reasonable adjustments i.e. through Occupational Health assessment and recommendations.
- Can be difficult to know what is reasonable and not. It can also be incredibly difficult to provide a service and training when there are many trainees all requiring adjustments
- Scottish Deanery offers support through Training Wellbeing and Development Service.
- *Training and Quality team are producing a wellbeing passport on the ePortfolio to support trainees with reasonable adjustments. Guidance is being produced by EDI team on supporting trainees with neurodivergence.*

5e. Suggestions for improvement or highlight any successes with use of the ePortfolio.

Has removing goals and introducing reports for trainees to demonstrate they have met the grade and mandatory level requirement report, supported ARCP and ES work?

- Many of the responses are similar or same as those reported under topic 4d – viewing progression of P+ trainees.
- The 'grade at next rotation' on the ARCP output form would be better as a date for the move to the next ST year – *Amendments have been made within the ARCP form.*
- E-portfolio has become easier to navigate.
- MSF changes have not been well-received with some reporting that the revised version is less objective than the previous version making it more and difficult to identify issues. Main suggestion would be to bring back the rating scales in MSF. At ARCP one does not have time to read all the comments, and the scales tell you where to look. – *this was discussed at TQB and with key stakeholders, and it was agreed that the current version works, and no changes would be made at present.*
- Make the dashboard less busy, at present it is less user friendly.
- Renaming SLEs has made using the search function less helpful.
- not found the changes to the trainees reports to have made a notable difference - there remains huge variability in what trainees write, just as there is variability in what ES write.
- The change to progress + has proved difficult for those who were on leave (mat / OOPs) and as with previous iterations and changes, trainees continue to experience issues with previous experience being tagged. – *This issue has been addressed with the review of tagging/linking in conjunction with RISR.*
- Getting trainees to complete the first part of their form is better. The process of the writing the PDP is not instinctive with goals, targets, and numbers and could do with a review.
- The clarification around forms (especially ES reports from ARCP etc) has made a positive difference to the number of outcome 5's given.

6. Careers recruitment and workforce.

6a. Retention within the training programme (themes identified/leavers data if possible)

- Some deaneries have had resignations in the last year, between 1-5 in number.
- A range of IDTs but currently have more requests to IDT in than out. Input / output through subspecialty training is generally fine. IDTs are often for non-work-related personal circumstances.
- Resignations from training programme reasons include health issues, childcare issues, complicated family circumstances or those that feel a non-training route would suit them better. Some leave due to not being able to fast track at rapid speed and some overseas doctors who have joined training choose to return to their home country.
- Some trainees leave paediatrics to pursue training in genetics, haematology, and cardiology. A few leave due to being unsuccessful at IDT when they have wanted to move regions, and some due to consistent exam failure.
- Some deaneries feel the recruitment process has been more robust this year.
- One region reported that most trainees are now LTFT which they think has helped retention. This obviously has caused other problems.
- SE Scotland feel they are net exporter of trainees as they do not have every subspecialty post available in the region. Peninsula also feel they are net exporter as well, due to IDT and successful subspecialty applicants to other regions.

Good practice

- London school of paediatrics have gained a lot more understanding of this after they appointed a retention TPD who does exit interviews.
- Wessex have an active trainee rep process to look at retention and offer interviews to all trainees leaving.
- North Scotland tailor training programme to individual trainee's needs and career goals. Flexibility in training, early career pathway discussions, supporting trainees both in in difficulty and those who request accelerated training has been very powerful in trainee recruitment and retention.
-

6b. Any strategies to help recruit in areas or subspecialties where uptake is low

- It was noted that most regions did not have any specific strategies. Some reported low uptakes as not being an issue in their region.
- Some held Taster days
- Some ST1 rotations and new entrant ST3 rotations start in geographically remote units with subsequent posts in local area.
- Within some regions there are preferred sites for training - this is down to the geography of region, local support, and transport networks.
- *NE England -* try to maximise the number of subspecialty posts available in specialities where they know there are consultant shortages e.g. community and PICU. They work

closely with speciality colleagues to ensure advertisement whenever possible and still allow for SPIN training.

- *Northern Ireland -* Paediatric Neurology in RBHSC needs more consultants. It is difficult for trainees to move to England for 3 years for Neurology sub-specialty training. Met repeatedly with the neurology CSAC chair to organise 'sub-specialty' equivalent training and one trainee is currently finishing her training with 1-year OOPT in Alderhey.
- *Peninsula -* Placement planning is key to try and equitably distribute trainees and whilst this may be achieved at the start of each placement year, changes to work pattern, sickness, transfers, or parental leave requests all affect workforce. Alternative models of staffing with Trust doctors (BAPIO) and AHPs (Neonatal nurse practitioners) have been utilised.

  Rotational placement arrangements are advertised early but these are also being reviewed to look at trainee friendly rotations (moving every 6 months, 4 times over 2 years, is not met favourably from trainees.
- *YHD -* Recently created a post to allow subspecialty training in allergy.
- *North Scotland -* advertised subspecialty training posts in Neurology and Neurodisability.

6c. Does the School/region run any career events for Foundation, Medical Schools, or Sixth Form Colleges/Schools?

- Most regions reported not running any special events directly from their end but give presentations at various medical colleges if invited. Most medical schools/universities run their own careers day/events.
- *East Midlands -* One of the TPDS has given a talk at about medicine at a local school and the head of school has been in contact with a school to discuss medical school applications. The school supported a BAPM trainee conference, and a Leicester Medical society talk. Have supported medical school paediatric societies when asked if sufficient notice was given.
- *Northern Ireland* - run a choose paediatrics afternoon with the Queens University Child Health Society. The SIMEd Team in RBHSC (tertiary paeds hospital) run a 'Foundation to Acute Paediatrics' one day course with simulation workshops and interview practice for foundation doctors. However, no official school of paediatrics event.
- *Wales -* have a trainee mentor / representative at the paediatric societies of the two medical schools and have a well-established trainee led foundation taster scheme.
- *SE Scotland -* do run events for medical school and foundation.
- *YHD -* group of PGDiTs also hold a paediatric online careers event and HoS/deputy HoS and educators contribute to this event
- Foundation taster days are supported where possible.
- Individual Trust arrangements existing with prospective medical students.

6d. Any plans for post expansion and any information on projected workforce gaps in any subspecialties.

- *East Midlands –* have deanery agreement that they can recruit up to 1.2 WTE per post to deal with our very high proportion of LTFT working. Have managed to recruit a few Trust

funded training posts with Deanery support. The lack of paediatric post expansion planned for in the national post expansion has been highlighted to the deanery.

Have successfully bid for NHSE Fellowship post funding to support a 12-month paediatric palliative Care fellowship. This allows the appointee to gain paediatric palliative care experience which is often hard to access. It will allow them to see if this is an area they would like to specialise in the future. It is also supporting the development of paediatric palliative care services locally.

- *West Midlands -* hopeful that they will be part of the phase 2 expansion in training numbers for the West Midlands with potentially 40 additional posts. However, have not had confirmation of numbers or timing. Have completed a piece of work to ascertain where additional PGDiTs may get good quality training with introduction to different specialities.
- *KSS -* Plan to increase posts in units which have disproportionally low numbers of posts historically and also in units in deprived areas. No data available on projected workforce gaps.
    - September 2023: 4 new trust-funded posts
    - September 2024: 14 new trust-funded posts
    - September 2025: expressions of interest for 17 new trust-funded posts
- *London -* Have a lot of capacity for expansion and demand from trusts and trainees, but national quotas are ensuring that expansion is happening elsewhere. London can offer a lot of variety and quality in training and would be willing to take more paediatric or subspecialty trainees were these to be commissioned.
- *NE England -* There are some areas of development in the region e.g. HDU which would benefit from post expansion and more ability to train HDU spin.
- *Northern Ireland –* Have had 108 fulltime posts in the 8-year programme. Now have 147 trainees after recruiting LTFT gaps. We currently recruit 18 ST1s. The broad-based training programme has provided 5 doctors in the past 3 years however this programme has now closed.

  Due a workforce review and are very keen for this, as there has been increased competition for consultant jobs in the past 2 years.
- *SE Scotland -* have requested an uplift of posts which have so far been declined, and we predict an increasing number of gaps in both general paeds and subspecialties/ The current financial climate precludes any discussion about further uplift or appropriate planning.
- *Peninsula -* worked closely with Associate Dean and NHSE to ensure that we recruit to ensure establishment remains static. This is primarily due to an increasing number of trainees working LTFT. Trust commitment is meeting cost of additional training placements.

  Workforce gaps are projected to stay approximately the same over the coming 12 months.
- *Wales -* have managed to expand the programme each year for the last 4 years. This was in response to workforce planning highlighting significant consultant gaps across Wales. The first 2 years were at ST1 / (gen paeds and NN), the 3rd year was specialty / stepping up ST3 posts. This year has been tier 2 specialty posts to support opportunities for SPIN even when subspecialty trainees are in post.

- *North of Scotland -* had 6 extra posts with the Implementation of Shape of Training.

6e. What should the College start or stop doing in its support of Heads of School and how should we communicate with you?

- Most regions reported that communication via the heads of Schools meeting and email works. The Heads of School meeting is a useful forum to share good practice and local challenges. – Positive feedback will continue monitoring.
- Consistent message around cross deanery subspecialty posts/funding should be managed nationally would be helpful.
- Ideas on how to support academic trainees would be useful potentially building some cross school academic links.
- College Tutor WhatsApp group has worked well, and it may be that we should have this for HoS's as well.
- More HoS face to face meetings and possibly a social event to network after the meeting.
- Information sent to ePortfolio messages is often missed by school/trainees and ESs. Often only find updates late.
- Workforce inequalities remain - a more incisive understanding of projected workforce numbers may allow more accurate planning and negotiation with NHSE.
- Quality assurance must be maintained - the dissolution of regional quality panels with future arrangements devolved to Schools and DMEs without administrative support requires review. There is likely to be a multitude of processes followed with variance in quality output.
- A password / sign in area on SharePoint or the website where useful info can be accessed. For example, cross UK ARCP data, or retention data, or info about exam passes.
- Share the outputs of these Activity and Feedback forms to help us learn from one another. *This has been added to the HoS resource hub.*
- Individualised support (possibly via school board) annually would be helpful to identify specific issues. The 'change' to capability-based training rather than time-based for other colleges has had a significant and negative impact upon our training. As above ARCP differences are difficult. College input directly may be helpful
- Support a call to action to have allocated Personal Assistants or sessional time to do the role of Head of School.