

Head of School Mid-Year Quality Report Sep 2024 – Feb 2025

Introduction & Purpose

The Mid-Year Quality Report covers the reporting period 1 Sep 2024 – 28 Feb 2025. The report collates feedback submitted from Head of School members and identifies what progress HoSs have made against their local action plans so far; as well as highlighting possible risks and areas requiring further improvement and support. The Mid-Year Quality Report will be signed off as part of the Training and Quality Board Meeting held in June 2025.

A huge thank you to all members who contributed to the Mid-Year Quality Review process. The College will circulate the 2024-2025 Annual Activity and Feedback Forms (A-AFFs) for completion this summer in July and August. All response data will be a continuation of the feedback submitted as part of the Mid-Year AFFs and will be collated into the Annual Quality Review covering the training year in full; Sep 2024 – Aug 2025.

Activity and feedback form compliance

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

12 out of the 18 HoSs completed the MY-AFF (66.6%), which reflects lower rates of engagement as compared to the Annual-AFF for 2023-24. The below table illustrates how engagement with the quality reporting process compares across the Annual and Mid-Year reporting points for each HoS:

HoS	2023-2024: Annual AFF Engagement	2024-2025: Mid-Year AFF Engagement
Wessex	Feedback submitted	Feedback submitted
Northern (North-East England)	Feedback submitted	No feedback submitted
Thames Valley	Feedback submitted	No feedback submitted
London	Feedback submitted	No feedback submitted
East of England	No feedback submitted	No feedback submitted

West of Scotland	No feedback submitted	Feedback submitted
Yorkshire and Humber	Feedback submitted	Feedback submitted
North-West	No feedback submitted	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	No feedback submitted
South-West (Peninsula)	Feedback submitted	Feedback submitted
West Midlands	Feedback submitted	Feedback submitted
South-West (Severn)	Feedback submitted	Feedback submitted
KSS	Feedback submitted	No feedback submitted
Southeast Scotland	Feedback submitted	Feedback submitted
AFF Compliance rate	83.3%	66.6%

The Quality and Training Projects Team at RCPCH are continuing to explore methods for improving monitoring and quality assurance processes. No Mid-Year feedback was sought from the HoSs during the 2023-2024 Quality Review cycle, the re-introduction of the MY-AFF is a valuable tool to highlight progression and identify areas of challenge or concern across the different regions as they occur. We also want to use this as a tool to encourage improvement, provide updates on any areas which need development and as a mechanism for sharing good practice. The aim is to sustain current engagement and encourage 100% compliance across all HoSs.

Section 1: Update on 2024/2025 Local Action Plans

The following actions were identified and logged as part of the 2023-2024 Quality Review process. HoSs have submitted the following updates to be reviewed by TQB who will recommend if actions are considered closed or need to be carried over and re-reported on in the Annual Quality Review in the summer. Recommended action outcomes have been included in the table below which TQB will validate during their June meeting.

HoS	2024-2025 Local Action Plan (who is responsible & Deadline)	Update provided by HoS	Action Status
Wessex	<ol style="list-style-type: none"> <li data-bbox="368 327 807 517">1. Continue to evolve the process of longitudinal supervision. (HoS and TPD, Date to be completed: 30/9/25) <li data-bbox="368 999 807 1111">2. Appoint new HoS. (Dean, Date to be completed: Nov 2024) <li data-bbox="368 1603 807 1827">3. Restructure the training numbers at each ST year in line with Progress+ (HoS, TPD's, NHSE, Date to be completed: 30/9/2028) 	<ol style="list-style-type: none"> <li data-bbox="823 327 1283 909">1. This is ongoing and being introduced with each ST1 year so will be complete within a 7-year timescale. There are frequent updates via school board, and we are planning educational sessions for supervisors. There are some units who feel longitudinal supervision results in a significant increase in workload and we are attempting to engage with these units to understand this better. <li data-bbox="823 976 1283 1469">2. Stepped down as HoS in November 2024, then again in February 2025 and am hoping to be able to hand over the HoS role in July 2025. This delay is due to budget freezes and the HoS elect is currently a TPD in Wessex. My current clinical workload is still excessive, and I am finding it difficult to manage this alongside the ongoing HoS role. <li data-bbox="823 1581 1283 1928">3. We are re-designating the posts from the reduction in training years each year. We have been able to recruit 2 extra ST1 trainees and there will be a re-designation of 12 posts into each training year as these progress through training. 	<p data-bbox="1299 327 1471 371">In progress</p> <p data-bbox="1299 1010 1471 1111">In progress (delayed)</p> <p data-bbox="1299 1592 1471 1637">In progress</p>

Northern (North-East England)	<ol style="list-style-type: none"> 1. Planning of ST1 recruitment for 2025 with ongoing plan to rotate to Northwest of Y&H for 2026 round (HOS for NW and Y&H in discussion about who will take over from the NE, Date to be completed: 30/5/2025) 2. Continue to plan training sessions for supervisors about differential attainment and supporting trainees later in the year. (TPD, Date to be completed: May 2025) 	Mid-Year AFF 2024/25 not submitted	
Thames Valley	<i>No actions identified in the 2023/24 AFF Form submitted</i>	Mid-Year AFF 2024/25 not submitted	
London	<ol style="list-style-type: none"> 1. Renew TPD team (TPD, Date to be completed: 31/3/2025) 2. Ensure succession planning (TPD, Date to be completed: 31/3/2025) 3. Complete school projects (TPD, Date to be completed: 31/3/2025) 	Mid-Year AFF 2024/25 not submitted	
East of England	<i>2023/2024 AFF not submitted</i>	Mid-Year AFF 2024/25 not submitted	
West of Scotland	<i>2023/2024 AFF not submitted</i>	Additional actions listed under separate heading	
Yorkshire and the Humber	<ol style="list-style-type: none"> 1. Support delivery of local training through informal School visits (School, Date to be completed: 30/9/2025) 2. Deliver flexibility in training through clear 	<ol style="list-style-type: none"> 1. Faculty have visited local employers across the Region, to discuss challenges raised through GMC NTS and to support local trainers as well as providing updates on School agenda, curriculum, and regional training opportunities. 	In progress

	<p>processes OOP/LTFT (School, Date to be completed: 30/9/2025)</p> <p>3. Improve feedback to PGDiTs (School and RCPCH, Date to be completed: 30/9/2025)</p> <p>4. Ensure EDI is embedded into all activities (School and RCPCH, Date to be completed: 30/9/2025)</p>	<p>2. The school follows national NHSE guidance. TPDs approve LTFT applications submitted within specified timelines, fully embedded in local policy and NHSE admin team and PGDiTs are updated promptly. HoS now approves OOP applications on behalf of the dean when submitted within agreed application windows which has sped up and streamlined the process.</p> <p>3. We have highlighted the importance of PGDiTs discussing how they would like to receive feedback with CS during face-to-face inductions.</p> <p>The School have also supported 3 trainer days designed to equip supervisors with the skills needed to provide constructive feedback.</p> <p>4. We have appointed an EDI PDiT representative.</p> <p>We have reviewed our ARCP outcomes in relation to IMG / UYK trained graduates which shows IMGs are more likely to get an outcome 1 at ARCP at any stage of training.</p>	<p>Completed</p> <p>In progress</p> <p>In progress</p>
North-West	2023/2024 AFF not submitted	Additional actions listed under separate heading	
East Midlands	<p>1. Launch East Midlands School of Paediatrics website (Simon Li- TPD, Date to be completed: 31/8/2025)</p>	<p>1. The East Midlands School of Paediatrics website has been completed and can be seen at https://www.emips.org.uk</p> <p>It is being launched with information shared across the school board, TPDs,</p>	Completed

	<p>2. Continue to develop subspecialty application and interview support - over next 2 rounds of subspecialty applications. (Deepa Panjwani (TPD) & Sunil Francis (ETC Chair EMN), Date to be completed: 31/12/2025)</p> <p>3. Re-allocate TPD LTFT support role - pending new TPD appointment (Joe Fawke-HoS, Date to be completed: 31/12/2025)</p>	<p>college tutor networks and resident doctors' committees.</p> <p>2. The School provided mock Speciality interviews open to all subspecialty applicants. These used an online format similar to the actual subspecialty interview format. Well received by applicants and feedback was given to the School Board. Success rates in this most recent round were not as high as last year. We think this is related to increased competition and individual factors.</p> <p>3. Recently appointed TPD with a wellbeing remit (Dr Catherine Nunn) who is very proactive in this role and has taken on LTFT support.</p> <p>Have had recent meetings with TPDs and College tutors around the high level of 80% LTFT and how that works within our programme. In a recent East Midlands LTFT forum, we have been told that we are now allowed to slot share up to 160% i.e. two 80% resident doctors slot sharing. This will be discussed further in our monthly TPD meeting on 12.03.2025.</p> <p><i>We are seeking clarity around OOH working for resident doctors on an 80% LTFT pattern and salary arrangements. The point that 80% LTFT defaults to</i></p>	<p>Completed</p> <p>Completed</p>
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	<p>4. Reallocate EMS post allocation roles - pending new TPD appointment (Joe Fawke-HoS, Date to be completed: 31/12/2025)</p> <p>5. Continue to run Effective Educational Supervision courses (Lizzie Starkey - DHoS, Date to be completed: 31/12/2025)</p>	<p><i>80% progression continues to be made.</i></p> <p>4. Recently appointed a new TPD (Dr Sonal Kapoor - Consultant Paediatrician at University Hospitals Leicester NHS Trust), who will take on East Midlands South Tier 1 allocations and this has allowed space for TPD time for LTFT support. There was a brief delay put in place by an NHSE funding and recruitment freeze and strong representations were made as to the consequences of having insufficient TPDs within the programme and appointment was allowed to go ahead.</p> <p>5. We have continued to run EES courses. The last course ran on the 21st of November 2024 was highly successful. Online with RCPCH support and had 56 delegates registered, 51 attended and 36 provided feedback afterwards. The feedback was extremely positive with 94% recommending the course and 97% wanting to attend another RCPCH educational course in the future.</p> <p>Using the RCPCH to support the course worked well and made it much easier to run than when we did not have that support. This has been budgeted for in the school budget for future EES courses. In the process of finalising 2025 EES course dates.</p>	<p>Completed</p> <p>In progress</p>
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	<p>6. Trial 3 rounds of ARCPs / year rather than two to better accommodate working patterns. (Julia Edwards & Afraa Al-Sabbagh (TPD), Date to be completed: 31/12/2025)</p>	<p>6. Additional new round of ARCP in November 2024 besides our usual January and June ARCPs. We had two panels - East Midlands North and East Midlands South and both ran efficiently and effectively. We did not have an external representative for these panels but overall are on target to meet our external representative review requirements.</p> <p>There was some confusion among resident doctors when some required an ARCP to go through a gateway. We have not had long enough on a 3 ARCP / year cycle to evaluate this yet. Our plan is to run 3 rounds of ARCPs year for ~2 years and then review whether this works well for the East Midlands.</p>	<p>In progress</p>
	<p>7. Inform trainees about process of requesting reasonable adjustment at the start of training (TPDs, Date to be completed: 31/12/2025)</p>	<p>7. This is currently a topic of discussion as we are seeing a significant increase in the number of resident doctors requesting adjustments and some unreasonable expectations around never needing to do any out of hours work. This is causing unrest and discontent amongst those who do the OOH. This has been escalated up to the Postgraduate Dean and we will be taking it to the Postgraduate Deans group. We are seeking clarity over what long periods of working without any out of hours work mean for training and how to manage this. We</p>	<p>In progress</p>

		<p>have always been sympathetic to resident doctors with difficult health problems and try to find the best ways to support them but increasing trend mentioned above causes worry.</p> <p>We already discuss occupational health and professional support and well-being in our School Induction Day but will include more information around reasonable adjustments in future induction days.</p>	
East of Scotland	<ol style="list-style-type: none"> 1. Stop introducing new changes to kaizen directly before Scottish ARCPs (RCPCH*, Date to be completed: Feb 2025) 2. Consider the need for acknowledgement of the differences between Scotland and England child protection procedures for candidates sitting START (RCPCH*, Date to be completed: Feb 2025) *since it is RCPCH as the action lead, please let us know if we have met this action 	<ol style="list-style-type: none"> 1. ARCPs are not until June so it is too early to say. <i>RCPCH update – No changes have been made since September 2024, and we will review feedback and make changes in August 2025</i> 2. Unsure - I have not had any feedback from trainees re this yet. A colleague did attend the recent statement and report writing course and felt that there was no acknowledgement of the differences between Scotland and England 	<p>Completed</p> <p>In progress</p>
North of Scotland	<ol style="list-style-type: none"> 1. Training day for trainers (HoS, Date to be completed: 31/8/2025) 2. Progress Plus curriculum and e-portfolio support (College Tutor/TPD, 	<ol style="list-style-type: none"> 1. Planning to arranging a training day for trainers in April/May before ARCP 2. College tutor to offer support to trainees regarding e-portfolio especially IMGs 	<p>In progress</p> <p>In progress</p>

	Date to be completed: 31/8/2025)		
Wales	1. Increased understanding around differential attainment and support for IMG (School, Date to be completed: 31/8/2025)	1. Speaker attended the STC in January. Further training offered to each training unit.	Completed
	2. Review of training posts across Wales in light of progress+ curriculum (School and TPD, Date to be completed: 31/8/2025)	2. Information gathered to date suggests posts are still broadly correct, although all training units want more trainees. Probable short fall in expected job vacancies for generalists. Although major work force review from 3 years ago highlights shortage of consultants, financial constraints mean new posts less likely.	In progress
	3. Further review of opportunities in psychological and public health (School, TPDs and trainees, Date to be completed: 31/8/2025)	3. No update	No update
	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 (TPDs, Date to be completed: 31/8/2025)	4. Completed	Completed
Northern Ireland	1. Increase LTFT flexibility in RBHSC (Paeds tertiary hospital in NI). (HoS, Date to be completed: 31/8/2026)	Mid-Year AFF 2024/25 not submitted	
South-West (Peninsula)	1. Review of school structure within Peninsula to look at associated PA time for TPD's (Head of School, TPDs, Program manager,	1. TPD development planning forum held in November 2024 with representatives from Peninsula and Severn Deaneries. Focus on actual	In progress

	<p>Head of Multi-professional Education management (NHSE), Date to be completed: 31/10/2025)</p> <p>2. Review of Quality assurance processes within region following withdrawal of admin support and overview by NHSE (HoS, TPDs, CTs, DMEs, Quality team (NHSE), Date to be completed: 31/10/2025)</p>	<p>PA time allocation not being enough for each TPD. Workload has increased due to increase in total numbers, LTFT planning, OOP workflow, change rotations due to Progress+ curriculum changes.</p> <p>All TPDs feeling overworked. Peninsula Specialty TPD has since resigned his post - due to accepting national BAPM role. Further discussions and framework required to be drawn up to consider single Paediatric school (Point 10 below) and allocation of TPD roles. Less ability for fewer individuals to take on bigger PA allocation - Potential realignment of TPD roles to include CORE and SPECIALTY function but also consider - Regional Education, ARCP, Quality & welfare, Curriculum - which may have smaller PA allocations.</p> <p>Business case presented to NHSE - 0.5PA allocation only allocated. Peninsula and Severn teams to meet to plan TPD roles. New framework required.</p> <p>2. Little progress to date. Discussion had to formulate best quality panel replacement process. School visits may be reborn with half day review of Trusts - discussion with DME, College Tutor, Service Line lead, ES team, resident doctors, rota/admin leads. Looking for harmonisation of process with Severn teams.</p>	<p>In progress</p>
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	<p>3. Review of training placements - to be more trainee friendly and enhance resilience (Paediatric school - HoS, TPDs, Date to be completed: 31/10/2025)</p>	<p>3. Placements highlighted at TPD forum (Nov 2024) and School meetings. Varying strength of opinion as to options. All agreed to work towards improving rotational positions. 2025-26 placement planning process is underway with requests submitted. Expect placement announcement in April 2025.</p> <p>Working to guidance to try and accept 1st or 2nd preferences and look to have 12months attachments rather than 6 monthly movement.</p>	<p>In progress</p>
	<p>4. Review of regional plans for longitudinal educational supervision (Paediatric School with regional DME support, Date to be completed: 31/10/2025)</p>	<p>4. LS has been raised at School boards and with the Associate Dean. NSHE do not seem to have a process for allowing funds to follow resident doctors and DMEs appear none the wiser as to how to allow this to happen.</p> <p>There is also discrepancy between individual Trusts as to how much remuneration is given for supervision of a resident doctor with the ES payment and CS payment differing. This requires standardisation.</p>	<p>In progress</p>
	<p>5. Improve Peninsula trainee involvement in School board and Southwest regional teaching delivery (CTs and RCPCH Trainee Rep, Date to be completed: 31/10/2025)</p>	<p>5. 4 Southwest Paediatric Fellows remain in position, but we have difficulty in securing monies annually to allow them to function in regional education and allow the regional Paediatric teaching website 'Paedshub' to function. RCPCH trainee reps have been brought on board to encourage peers to apply for representative</p>	<p>In progress</p>

	<p>6. Review of Southwest Paediatric schools' structure - consideration of single school (Paediatric Schools in Peninsula and Severn, Postgraduate Dean, Date to be completed: October 2025)</p>	<p>positions on School board - some success in fill rate.</p> <p>6. Change of Associate Deans recently. New postholder has been met - clear directive from them and Postgraduate Dean to move towards a single Southwest Paediatric school with the new structure to be in place within 12-18 months. Single Head of School, Single Program manager (already in place).</p>	In progress
West Midlands	<p>1. To support introduction of longitudinal supervision (HoS and Dean, Date to be completed: 30/9/2025)</p> <p>2. Refine local faculty form (HoS and Dean, Date to be completed: 30/9/2025)</p> <p>3. To understand the place of academic paediatric in West Midlands. (HoS and Dean, Date to be completed: 30/9/2025)</p>	<p>1. This was introduced 1/9/25. The effect of LS will not be appreciated in this year as most doctors will be placed in the units their ES is. Going forwards, we have plans to manage allocation for supervision.</p> <p>2. We are currently still refining this form to ensure that the questions asked will give a full picture of the doctor's progress, to assist the ES in producing the ARCP report.</p> <p>3. For the Board development morning (TPDs & College Tutors) we received a presentation and Q&A session from the Academic Officer from NHS Midlands. We have a small but increasing number of ACFs and ACLs in the West Midlands and we are in discussion about how to increase these numbers. HoS, TPD for Research and Academic trainees are in discussion about embedding exposure to research/academia in regional training and a</p>	<p>In progress</p> <p>In progress</p> <p>In progress</p>

	<p>4. To have the school's 1st Paediatric conference (Deputy HoS, Date to be completed: 9/1/2025)</p> <p>5. Move to a Lead employer model (HoS and Dean, Date to be completed: 30/9/2025)</p> <p>6. To ensure that SOP has adequate administrative support to run the items described in this report (school with adequate administrative support, Date to be completed: 30/9/2025)</p>	<p>potential academic study day.</p> <p>4. This was a HUGE SUCCESS!!!! The deputy HoS and Trainees committee organised and delivered. Funding for this is in the School's business plan. This culminated in the PAFTAs. A conference booklet will be produced (again by the TC). We are planning on repeating annually.</p> <p>5. This move is very much on hold at the moment; particularly with the uncertain future of NHSE. It has received approval from the Dean and senior managers - along with School of Anaesthetics & Radiology</p> <p>6. This has been a difficult year with inconsistent admin support. The merger to form NHSE has resulted in delays in recruiting to TPD posts. Admin posts have remained unfilled, or post holders have been inundated with additional tasks. The biggest areas of challenge have been Programmes - with errors resulting in resident doctors not receiving correct rotations and late changes.</p>	<p>Completed</p> <p>Close</p> <p>Have asked HoS to let us know it comes back on the agenda, but it is currently a way down the list of priorities in WM for the time being.</p> <p>In progress</p>
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	<p>7. School to raise awareness about differential attainment amongst trainers and to discuss in induction meetings (HoS, Date to be completed: 30/9/2025)</p>	<p>7. TPD for DA is in post. A successful study day was delivered by TPD, Associate dean, PSW and trainees committee in May 2024</p>	<p>Completed</p>
<p>South-West (Severn)</p>	<p>1. Implementation of longitudinal supervision - commencing trial from Sept 2024 (HoS and TPD, Date to be completed: 30/9/2025)</p>	<p>1. The longitudinal supervision trial has commenced and involves ST2 doctors in our programme. Resources have been sent out to both resident doctors and supervisors to support the process. At the end of the trial period, we will ask all involved to complete a survey to obtain feedback on both the positive aspects and challenges encountered during the trial in order to inform future planning and implementation across all ST years.</p>	<p>In progress</p>
<p>KSS</p>	<p>1. Finalise programme for regional training for academic year (TPD, Date to be completed: 30/8/2025)</p> <p>2. Implement longitudinal educational supervision (HoS, Date to be completed: 30/8/2025)</p> <p>3. Produce guidance for time out of training/parental leave and other leave and increase engagement in SuppoRTT (HoS, Date to be completed: 30/8/2025)</p> <p>4. Create additional subspecialty posts suitable for experience pre-application for subspecialty training and for SPIN (HoS, Date to be completed: 30/8/2025)</p>	<p>Mid-Year AFF 2024/25 not submitted</p>	

<p>Southeast Scotland</p>	<p>1. Continue to provide high quality training within the new 7-year training pathway to all trainees (TPDS with ES and CS, and staff within every department, Date to be completed: 30/8/2025)</p> <p>2. Continue to support trainees wishing to pursue specialty training (TPDs, with ES, in liaison with colleagues across Scotland - facilitating rotational posts, Date to be completed: 30/8/2025)</p> <p>3. Continue to address any differential attainment for trainees who attended medical school overseas (TPDs, medical education department, NES, Date to be completed: 30/8/2025)</p>	<p>1.</p> <ul style="list-style-type: none"> - Rotations continue in Scotland in August and Feb - Trainees continue to have longitudinal supervision; all have Ed Sup and Clinical sups. Recruited new Ed sups/ Clin sups. - Successful winter ARCPs, with ongoing support for any trainees requiring this. - Re-organised regional teaching recently commenced Feb 2025 with positive feedback to date. - Deanery visit planned for NICU unit later this year. - ARCP dates already planned for summer and trainees aware of the dates. <p>2. Continued GRID rotations - successful GRID interviews for many - with rotational posts across Scotland (SES and WoS) continuing to work v well. Enhanced support and discussions for trainees not successful. Not all trainees able to move around UK due to family. New GRID posts approved and appointed to, starting in SES in 2025 in paediatric metabolic medicine and Haematology Oncology.</p> <p>3. We are continuing to support our trainees who have attended medical schools overseas, support includes enhanced induction programmes, involvement with soft landings, specific "IMG" SIM training, meetings, and support groups. Teaching for RCPCH exams continuing - peer teaching and cons led.</p>	<p>In progress</p> <p>In progress</p> <p>In progress</p>
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	4. Continue to address issues related to Equality, Diversity, and Inclusion (All clinical staff in conjunction with NHS board management and alongside NES, Date to be completed: 30/8/2025)	<p>Interview practice and support around applications for run through/ GRID applications.</p> <p>4. NHSL EDI group formed 2023 and after a hiatus, re-starting with trainee input.</p> <p>Trainee EDI forum established 2024 and proving successful. 3monthly in person meetings with sharing of information in between the meetings.</p>	In progress
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Additional actions being undertaken by the regions.

We asked HoSs to identify if they are *undertaking any additional actions that were not included in their Sep 2024 – Aug 2025 action plans*. From those who filled in the MY-AFF, Wessex, Yorkshire and Humber, East of Scotland, SW Peninsula, SW Severn, and SE Scotland had no additional actions to share at the time of reporting.

Region	2024-2025 Additional Actions	Who is responsible	Date to be completed
West of Scotland	<ol style="list-style-type: none"> 1. Implementation of longitudinal Ed Sup (WOS) 2. Migration of WOS PG Cert Paediatrics to Scotland wide regional training for level 1 3. Allocation of trainee uplift for Scotland to regions following annual submission to transitions group. 4. Survey of efficacy of Scotland wide programme changes in support of progress plus. 5. Subspecialty coordination for Scotland 	Not mentioned	No date provided
North-west	<ol style="list-style-type: none"> 1. Introduce our newly clarified guidance on progression with the move to Progress plus. 2. Modify our existing placement feedback process by moving to a quality panel approach. 	Not mentioned	No date provided

	<ol style="list-style-type: none"> 3. Strengthen our links with CAMHS and transition services to facilitate delivery of teaching and training for our resident doctors in these parts of the Progress plus curriculum. 4. We are also working on providing resident doctors with min rotations of posts that will mean less disruption. 		
East Midlands	<ol style="list-style-type: none"> 1. We are looking at how to strengthen links with and support our local medical school paediatric societies. 1. We are increasing our support for senior resident doctors and new consultants through improved 'stepping Up' support. 	Not mentioned	No date provided
North of Scotland	<ol style="list-style-type: none"> 1. Supporting IMGS 2. Delivery of SoT curriculum and focussed training to achieve middle grade key capabilities 	Not mentioned	No date provided
Wales	<ol style="list-style-type: none"> 1. We are reviewing our entire teaching programme, and contributing to the HEIW review of generic curriculum training programme 	Not mentioned	No date provided
West Midlands	<ol style="list-style-type: none"> 1. We have started running 'CCT acceleration panels' with 2xTPDs and Deputy HoS to assist ARCP panels. 2. Electronic resources have been created to assist with application for subspeciality training. 3. 'New' In region study days have been supported - POCUS/clinical MRCPCH exam etc. 4. Regional study day reconfigured so ST3 &4 are taught together (week 1 ST2/ week 2 ST1/ week 3 ST3&4/ week 4 ST5+), teaching on Teams. 5. TPD for digital strategy appointed (12 month 'gap' due to resignation and not being able to appoint due to issues with NHSE recruitment process) - PGVLE being explored again. 	<p>Actions undertaken and completed</p> <p>In progress</p>	<p>Actions undertaken and completed</p> <p>In progress</p>

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

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

Region	Action requested by the HoS	College Response – Please add in responses/ more info here
West of Scotland	<ol style="list-style-type: none"> 1. UK wide survey of trainee and trainer experience with intro of progress plus- experience in programmes and with programme changes/ePortfolio and curriculum mapping/tier 2 readiness form etc 2. Repeat workforce census for paedS as data lacking 	<ol style="list-style-type: none"> 1. <u>Training and Quality Team:</u> Progress+ survey ongoing for 2-year P+ implementation. Report will be shared after closing of survey and report drafted. 2. <u>Workforce team:</u> This will be considered as part of discussions at the May WPB meeting to finalise planning for the 2025/26 operational year. A 2025/26 WPB operational plan will be agreed by the Board before September, and we will provide an update on the prioritised workstreams in due course.
Yorkshire and the Humber	<ol style="list-style-type: none"> 1. Standardise guidance /approach to acceleration in training in line with new NHSE guidance. 	<p><u>Training and Quality Team:</u></p> <p>There is written guidance on Capability Progression on the RCPCH website as produced by Cathryn Chadwick in her role as VP for Training & Assessment back in May 2024. Please see information via this link for further information: Paediatric training and capability-based progression RCPCH</p>
East Midlands	<ol style="list-style-type: none"> 1. How to manage the very high rates of 80% LTFT working. 	<ol style="list-style-type: none"> 1. <u>Workforce team:</u> There are some resources in the downloads section of LTFT resources on the

	<p>2. Guidance around trainees performing long periods of working without, or with very reduced out of hours working, and what that means for training. I think we should be clear that situations like this are exceptional.</p> <p>3. Continue to lobby NHSE / DHSC for an expansion in Paediatric numbers, ST1 applications have doubled in the last two years with no increase in numbers</p>	<p>RCPCH website. - Less Than Full Time training guidance RCPCH</p> <p>College has also included a recommendation following the Rota gaps survey and report - (Rota gaps survey findings 2024 RCPCH).</p> <p>Recommendation 2: To account for increased less than full time working, Deaneries should recruit to their Whole Time Equivalent (WTE) envelope and/or consider planning based on current 80% instead of 100% as being full time.</p> <p>2. <u>TQB response:</u> The training rota should be drafted based on Occupational Health assessment. A bespoke training plan created for those people, and they must be able to demonstrate their out of hours capabilities within working hours, therefore may increase the length of time they have to train. Have specific items built in the PDP that allow them to demonstrate their out of hours capabilities. That could include a mock role play, of a usual OOH training day. Fill in Mini-Cex or ACAT based on the role play discussions. This would require close liaison between the school/TPD/ES.</p> <p>3. <u>Workforce team:</u> National paediatric recruitment 2024-25 - FAQs RCPCH. Information in the 'What is the College Doing?' section outlining that since 2019, the College has recommended a</p>
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	<p>appointed into training. The national expansion of medical schools and the foundation programme has resulted in far more doctors coming out of foundation and plans to accommodate them are unclear. The complete lack of expansion in paediatric training numbers and the stopping the redistribution plans are both disappointing.</p>	<p>need to recruit ~600 doctors into ST1 training posts each year for five years.</p>
North of Scotland	<p>1. Supporting Head of Schools through workshops and allocating resources in terms of time, allocation of funds and secretarial support for the role.</p>	<p>1. <u>Training and Quality Team:</u> To liaise with HoS to inform that HoS is not a college role and therefore has no control over time resourcing and fund allocation. However, RCPCH continues to offer advisory support and guidance.</p>
South-West (Peninsula)	<p>1. Nationwide framework for remuneration of educational supervision to be sought with Trusts. Secondary clarity over the role of longitudinal supervision within this process.</p> <p>2. Clearer descriptors to recognise the increase in number of resident doctor posts and large majority of LTFT postholders all requiring supervision.</p>	<p>1. RCPCH and TOB will try and work either with the Academy or other colleges and produce a letter to the trusts, to encourage people or allow people to do college work.</p> <p>RCPCH will try and produce some guidance which will be shared across ES forums and roadshows.</p>
Southeast Scotland	<p>1. The only point of note to raise is that one of the CSAC reviews is planned for after national Scotland ARCP. This has caused some concern for the trainees concerned - we have reassured them that we will work around this - however to ensure equity for all UK trainees we would ask that CSAC reviews for subspecialty trainees are before national ARCPs.</p>	<p>HoS contacted for further clarity re: which CSAC and have a 1:1 discussion.</p> <p><u>TOB response:</u> If needed, after clarity received from HoS, to bring this discussion to CSAC chairs forum.</p>

Section 2: Feedback on Progress + and the curriculum

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

From responders, West Midlands, SW Peninsula, Yorkshire and Humber, Wales, East of Scotland, SW Severn, and Wessex had no concerns.

Major concerns centred around shortened time in training and availability and exposure to certain rotations like neonates and mental health. Additionally, applications to paediatric training at ST1 and ST3 were also a point of concern.

- North of Scotland - Less time in neonates both in core training and speciality training as there is no specified time in each placement.
- North-West - Role paediatricians of the future will be expected to play in children's mental health, and because of this, we remain unsure as to what training in children's mental health we need to be providing our resident doctors with. We have created posts that allow resident doctors to spend some time in CAMHS and have involved them in our teaching programmes. Clarity about what future paediatricians will be expected to deliver would allow us to ensure that we were providing appropriate training.
- West of Scotland – (a) Use by service of the readiness for tier 2 working form as a gateway requirement for trainees to be allocated to supported tier 2 posts.
(b) Shortened pathway causing concern for those coming into the programme at St3 and unfairly affecting IMGs.
(c) Uneven and rigid rules around previous experience and application to St1, again affecting IMGs disproportionately
- East Midlands – Progress+ is working well. It has shortened training while continuing to deliver effective training and offers more flexibility. We have not found a way to include paediatric primary care exposure within the training programme in the way Progress+ would like. We have managed to increase the emphasis on paediatric mental health slightly through emphasising the volume of mental health issues that come through General Paediatrics and encouraging resident doctors to seek out these learning opportunities and local training units to highlight them.
- Southeast Scotland – We remain concerned that we have not been successful in applying to S Govt for an uplift in trainee numbers to account for reduction in training years and predicted work force planning gaps for the future. We are continuing to highlight these issues to NES and requesting ongoing submission to S Gov.

RCPCH response:

We are happy to learn that Progress+ is working well in some regions. We continue to monitor feedback from all stakeholders and once this is compiled at the end of the academic year, we can look at what we can do to help those regions that are facing issues.

While RCPCH has no remit over the numbers of posts that are assigned to regions we are certainly supportive of efforts to uplift numbers, and to ensure PGDiTs have access to all the training they need to achieve their capabilities. Our workforce team explore workforce planning and rota gaps annually and have produced recommendations designed to act as a starting point to increased awareness of good practice that can help teams be proactive in workforce discussions.

The College have introduced a Mental Health Advisory Committee where training opportunities for current and future paediatricians' access to education and training in child mental health are discussed to ensure that all PGDiTs receive meaningful training aimed at increasing their knowledge, awareness, and confidence in working with children and young people presenting mental health conditions. Members of the current CMH CSAC also form part of this Committee to help provide realistic examples and suggestions of the areas of training which are needed for all PGDiTs to help keep them abreast of accepted and necessary practices in this area of paediatric care.

Section 3: General subspecialty Trainee Progression

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

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

50% reported no issues. Others noted:

- West of Scotland – Not more than usual. Longitudinal supervision difficult to introduce in a large programme spanning 4 different health boards.
- South-West (Peninsula) – School has issued clarification to trainees regarding progress against curriculum particularly for those working LTFT. Acceleration of training will be considered at critical progression points with appropriate ES support.
- East Midlands – Have a small number of trainees with issues around progression through training, a few with long standing health issues and one under GMC investigation. Another trainee who has had supervision challenges, neither current nor previous training units feel able to educationally supervise him.
- South-West (Severn) - No. ST3 recruits follow a slightly different programme remaining on tier 1 rotas until seen at ARCP.

[Successes to share](#)

- Wessex – Core level trainees are accessing experiences to enhance their progress through the curriculum well. Have an active group to manage and oversee residents needing support. In addition, have an active resident programme to

enhance opportunities for residents to be successful in gaining subspecialty posts.

- North of Scotland – Compared to bottom ranking 5 years ago, proud to inform that region ranked first out of 19 regions last year. A lot of trainee support for trainees in difficulty, IMGs and working with deaneries to support for health issues and repeated exam failure. Other skills like communication, leadership and management were boosted and supported. Personalised training to support subspecialty training, OOP and accelerated training have boosted trainee morale. Dedicated Research and Public health block, dedicated time for OPD experience, CAHMs and SPA time to work on e-portfolio have all improved trainee experience. Finally, Peer Support and Mentoring along with regular Well Being sessions have promoted health and wellbeing.
- West of Scotland - Overall satisfaction scores high compared to UK.
- Northwest - effective communication with resident doctors is key to improving their experience. We have recently revised our guidance to trainees on progression so that it aligns with the College philosophy.
- West Midlands - Regional JDF held (at trainees' request), Monthly TPD clinics and CCT acceleration panel x2/year were successful.
- Yorkshire and Humber - 1:1 meeting for all PGDiTs with their TPDs in preparation for progression at critical progression points e.g. ST2 in preparation to step up to Tier 2 duties at ST3.
- East Midlands - We have recently gained approval for an East Midlands Paediatric Intensive care subspecialty programme (Nottingham - Leicester). This will replace the previous Nottingham - Birmingham programme.
- SW Severn - Successful implementation of a change to the programme to align with implementation of Progress+ and supported transition to tier 2 working.

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

- North of Scotland - Rota pressure can have an effect hence working with service leads to improve local recruitments to cover gaps have been helpful.
- West of Scotland - Scotland deanery Trainee wellbeing and development service recently revamped (previously called trainee in difficulty) with a wider remit for support - training/health/careers and wellbeing.
- Northwest - An ever-increasing proportion of trainees are choosing to work LTFT.
- West Midlands - TPD for wellbeing has been appointed to focus on specific issues and have oversight.
- Yorkshire and Humber – Very aware and have excellent access to NHSE learner support within our region that includes neurodiversity assessment/ return to training.

- East Midlands - Trainee who has disengaged with the multiple attempts to provide OH / PSW / TPD and supervisor support and is not coping with an extensively supported return to training package.

Number of trainees with ongoing mental health issues who are receiving GP / OH / PSW / supervisor support. We have wellbeing sessions embedded within our regional training days and have a TPD with a wellbeing remit (who also has a background in wellbeing work across a large Trust).

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

Region	Support requested by the HoS	<i>College Response – Please add in responses/ more info here</i>
West of Scotland	Clarity around key capabilities and examples of good and poor portfolios. i.e. a restriction on multi tagging would be helpful.	<p><u>Training and Quality Team:</u> There are several resources which have been produced to support and guide all users of ePortfolio, from written text to 'how to videos. Adding examples of good evidence collation as a template will now be explored to help meet this need and request.</p>

Section 4: Quality Management of Training posts/ Programme

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

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

Yorkshire and Humber, East of Scotland, SE Scotland, and SW Severn had no concerns to raise, and Wales had intermittent concerns rectified by liaising College tutors and admin teams. Others noted:

- North of Scotland - DGH is requesting more trainees to match the population and the changing needs of health care hence we need further expansion to our training posts.
- Northwest - Aware of certain postings which have generated poor feedback on GMC and local surveys. We have ongoing dialogue with these units to address the issues that have been raised to improve the training experience.
- West midlands - (a)Impact on timely update of rotations due to lack of or inadequately trained admin staff.

TPDs share details of rotations directly with College Tutors - despite being asked not to - because this is the only way we can ensure that the correct information is shared in a timely fashion consistently.

(b)Not always informed about outgoing IDTs (we know about incoming) and late notification of academic trainees.

- West of Scotland - Usual number discussed through the deanery QM group- mixture of formal information gathering exercises /hospital visits and targeted intervention informed by PD reports/NTS/STS data and notification of concern.
- SW Peninsula - Vacancy rates remain high in certain Trusts each 6 months. Initial coverage is inevitably hit by parental leave, OOP, and sickness requests - this is not always easy to predict but present acute staffing challenges on a monthly basis. Inevitably training will be affected by rota gaps but also senior staff acting down and having little time to give over to teaching.
- East Midlands - High levels of 80% working is making resident doctor allocations exceedingly difficult. In addition, a LTFT resident doctor requires as much supervision as a FT one. Supervisor capacity is very stretched. The recent change in NHSE LTFT funding rules will help but probably will not alleviate the supervisor shortage.
- Wessex - Have opportunities for several subspecialty posts but clearly have a limited number of posts in our tertiary centre.

Individual subspecialties 'expect 'a resident each year in their subspecialty regardless of others' needs. There are issues with subspecialty residents taking OOP opportunities and there is an expectation that we should be able to fill these posts with extra residents. This can (and has) led to periods when we have multiple residents in a given subspecialty.

We are actively monitoring this and trying to manage the long-term progress through training.

Successes to share

- North of Scotland – We had 6 expansion posts over the last 2 years, but we need further expansion to cover remote and rural.
- Northwest - We have been able to modify several of our posts to allow training experience in areas of paediatrics that were previously not covered, such as CAMHS.
- West Midlands – Close working between TPDs for ST1-4 and ST5+. They are exceptionally organised and manage this amazingly well. Suitable ST4 posts have been used for either group (after multiple discussions) - as long as the support, educational content etc. is adequate.
- West of Scotland – (a)Increased Subspecialty placements with rotational aspects across Scotland. New programmes in Metabolic medicine/PPM
(b)Increase rotational posts in support of vulnerable/key subspecialty services across Scotland.

(c)Successful and ongoing uplift of paediatric establishment in Scotland in support of Shape training/Progress plus implementation and paediatric consultant workforce.

- SW Peninsula - All Trusts are actively engaged in trying to improve local recruitment and looking at AHP to fill positions.
- Yorkshire and Humber – Successfully integrated care posts in ST2 year of training encompassing community/CAMHS and public health opportunities. Transition posts at ST3 to move to tier2 working.
- Wales - We have been able to offer 2 new subspecialty training posts this year - infectious disease and nephrology.
- East Midland - Successful 12-month Paediatric Palliative Fellowship for the first time. This aims to allow a resident doctor to gain paediatric palliative care experience to see if they would like to specialize in this area in the future. A collaboration between Rainbows Hospice, University Hospitals Leicester and NHSE. The appointed resident doctor has had funding towards a master’s degree in palliative care through Cardiff University and has been proactive and made the most of this post. The post finishes in August 2025 and will be reviewed to see if a funding model can be found to repeat it. This year’s post was funded as an NHSE fellowship with additional funding from Rainbows hospice.
- SW Severn - Training posts have moved between Trusts to support implementation of Progress+ and the change to the structure of our programme.
- SE Scotland - Thrive paediatrics meetings well attended.
- Wessex - managed to restructure posts in line with Progress+. We have numerous residents undertaking SPIN modules.

[Support requested from RCPCH around post and programme management.](#)

Region	Support requested by the HoS	<i>College Response – Please add in responses/ more info here</i>
West Midlands	Earlier information about IDTs and academic trainees - being aware this is outside the RCPCH remit!	<u>Training and Quality Team:</u> RCPCH will feed this back to Lead Dean as this will be a COPMeD responsibility.
West of Scotland	Educational Supervisor training and support- more hands-on training for Ed Sups specific to paed and Progress plus	<u>EPD team:</u> RCPCH runs Effective Educational Supervision courses. HoS requested to circulate this amongst the regions supervisors and encourage them to attend. - Educational supervisors - what is expected RCPCH RCPCH courses - Effective Education Supervision RCPCH

SW Peninsula	A more accurate handle on vacancy rates and continued pressure on central government and NHSE to fund more places is needed.	<p><u>Workforce team:</u></p> <p>RCPCH continues to make the case to all nation SEBs that we need investment and growth in paediatric services. You can read the College's transforming child health services blueprint online which includes the key area of workforce. A parliamentary workforce roundtable is in development.</p>
Wales	The cardiology SPIN is unnecessarily complex and too specialised with too many hoops to jump through. Hope this will be resolved with the SPIN review.	<p><u>Training and Quality Team:</u></p> <p>The RCPCH SPIN review is currently still in progress and led by a project group made up of a group of clinicians, representing various clinical settings and subspecialties. This allows for a flexible approach towards SPIN provision overall whilst acknowledging the needs of all who access it. Whilst the operational element of managing the recruitment and signing off processes have been revised and for the most part agreed, the curricular element of each of active SPIN modules is still in progress – particularly focusing on ensuring that all key capabilities and learning outcomes remain relevant and current. We will definitely take this feedback on board as part of those discussions.</p>

Section 5: Careers & Recruitment

Careers Promotion and support from college in this sphere.

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

- North of Scotland and Northwest– Careers fair for Foundation doctors to promote recruitment to paediatrics and partaking in local events to advertise paediatric careers, respectively.
- West Midlands - Previously heavily involved but has slipped down our radar. However, we contribute to ST1 and ST3 interview panels and as leads.
- West of Scotland – none as fill rates not an issue as paediatrics is a popular specialty.

- SW Peninsula - Actively promote within local medical school groups.
- Y&H - Run 2 x annual career events (PDiT led) to encourage doctors to explore a career in paediatrics and train in Y&H.
- Wales - A well-established foundation taster day programme that many of our now trainees have experienced. We have trainee links into the paediatric societies at both medical schools.
- East of Scotland - Offer taster weeks within the department and a number of foundation trainees come through these. We offer special interest modules for a range of medical students and also offer clinical observer ships for IMGs looking to broaden their experience.
- East Midlands – Our school supported the Paediatric Societies at Nottingham and Leicester medical schools. TPDs have contributed to foundation school teaching. We would be happy to contribute to Choose Paediatrics and found the material within #Choose Paediatrics extremely helpful when talking to medical students about a career in Paediatrics.
- SE Scotland - Yearly participation in University of Edinburgh careers fair for final year medical students, remarkably successful.

When asked if any support was expected from college, all respondents had nothing to contribute except for West of Scotland who asked for a repeat of the census.

Contributing to the Choose Paediatrics programme has been included in most school's local action plans before the end of August 2025. HoSs can follow up with Henna Dave (Careers and Workforce Team) for more information.

From amongst the respondents, most said they did not contribute to the Choose Paediatrics programme during the reporting period (Sep 2024 – Feb 2025) except for Yorkshire and Humber. West Midlands have asked RCPCH to contact them if we wanted them to be involved.

Section 6: Subspecialty Recruitment Process

What has worked well that other schools may benefit from knowing.

North of Scotland - Implementation of Shape of Training and personalised training
 Northeast - Our recruitment process is run with Yorks and the Humber and the Northeast Deanery. The Northeast deanery is the lead and runs the interview process.

National and subspecialty recruitment team response:

We are aware of the discussions around Y&H/Northwest perhaps taking on the role of managing those interviews but not aware of anything being taken forward/confirmed. We would be supportive of a change of management to Y&H but are generally, happy to help advise and support, with PaedsNRO.

West Midlands - Have produced a series of videos to support application and interview process. There is a developing network of consultants who will offer advice and interview practice.

West of Scotland - Well informed source of information for prospective candidates to access for each subspecialty, interview training and Scotland wide approach to planning and to ensure the ongoing development of local subspecialty training programmes.

SW Peninsula - Sharing innovative educational changes that have come about through the Progress+ curriculum within region via our regional Progress+ Paediatric fellows.

Yorkshire and Humber - TPDs and deputy HoS meet up in early summer to discuss planned programmes for next recruitment round. Progress is tracked through rotations and work with educators to ensure we are training future required establishment in different subspecialties.

East Midlands - Mock interviews and application checks are popular with our resident doctors.

Wessex - Have restructured TPD working into sub-regional areas. There is a proactive approach to ARCP although Wessex mandates that each training year is a 'gateway'. This is being currently challenged by the school.

Section 7: Workforce

HoS were asked about workforce expansion or planning, future priorities, and any additional further support required from the college. Most of respondents mentioned that managing LTFT numbers and aligning with service needs and rota gaps was on their priority list.

North of Scotland - Plan to increase trainee establishment and improve recruitment and retention.

Northwest – Not sure how expansion of workforce would be possible unless there was to be a redistribution of training numbers from other parts of the country. This region remains underrepresented in terms of trainee numbers compared to some other parts of the country.

West Midlands - Have been advised that we will be a 'gainer' in the next round of expansion. Already started 'scoping' out where 'new posts' should go. One of our TPDs undertook a piece of work looking at what novel, exciting, educational beneficial additional learning Trusts would be prepared to commit to in new posts. Have reminded Trusts that new posts are only 'baseline' funded and that they will also have to invest on facilities/ on call funding etc.

West of Scotland - serious concerns that services are looking to limit the replacement of retiring and departing consultants in the current financial climate coming from board level. Reduce the described shortfall in consultant workforce from last census.

Limit the expected short-term deficit in Tier 2 trainees with the expected increased CCT output because of SOT in the next 3-5 years.

South-West (Peninsula) – Opposite trend - are being asked to become one school with the Severn Deanery. TPD remuneration and restructuring required but will not be an increase in EMC monies. Plan to see through reduction in vacancies and efficient slot sharing to maximise workforce opportunities.

Yorkshire and Humber - have modelled our numbers when moving to Progress +.

Wales - Have expended for the last 4 years but are not able to expand further currently. However, region is not losing posts because of shortening the programme. Future plans are to try and match the trainee output with specialty need.

East Midlands - Have considered using Trust funded training posts but these were predominantly in DGHs and there was concern about the impact that would have on the training opportunities for more senior resident doctors. Have recently explored this with our college tutor team in DGHs to consider this before looking at Trust funded training posts.

Future priorities:

1. Continuing to support longitudinal supervision in the face of increased pressure on supervisor capacity.
2. Issues around increasing request for adjusted working.
3. Providing longitudinal outpatient clinic experience.

South-West (Severn) - Aim is to keep the resident doctor envelope the same - so to increase recruitment at ST1 to account for the drop out of ST8 doctors. It has been challenging to get Deanery support to achieve this with the temporary bulge in ST4/5 numbers. Plan is to increase ST1 recruitment and gain recognition for the challenges in managing a LTFT workforce and rota gaps - so funding per doctor rather than per post and support with "over-recruitment" to account for 90% working LTFT in the programme.

Southeast Scotland - Ongoing discussions with NES via APGD, and associate Dean with paper submitted to S govt. Application this year unsuccessful despite previous update that we would be awarded uplift of trainees. Reason given: financial climate, lack of money. Aim to ensure robust and supported training programme, to enable high quality, equitable and accessible paediatric service to all children in Scotland and the UK.

Wessex – Would like to enhance the participation of college tutors in the running of the programme.

[Support requested from RCPCH around workforce planning and development.](#)

- Helpful to consider how to tackle the need for substantially more supervisors to properly support our LTFT resident doctors.
- Repeat the workforce survey to highlight the effect of board policies on the consultant deficit.
- Review plans related to workforce redistribution.

Workforce team response:

In terms of aligning LTFT trainee numbers with job planning and rotas, we explored the reasons for gaps on Tier 1 and Tier 2 rotas as part of our recent rota gaps survey, published in December 2024. Flexible working (alongside lack of deanery allocation) was deemed to be one of the main causal factors and accordingly, we provided some recommendations as to how to accommodate LTFT within Tier 1 and Tier 2 rotas. These included greater input from Deaneries regarding potential gaps and recruitment according to the WTE envelope. Close communication between TPDs and Clinical Leaders is also encouraged with local employers releasing funds for short-term staff where needed. Finally, annual review of local workforce plans to ensure strategic (and pre-emptive) rather than reactive recruitment.

To support increases in LTFT training, the workforce team is currently compiling a data report to improve understanding of the flexible working landscape looking at both PGDiTs and consultants in addition to producing guidance for both groups. We are also running a Workforce CCT survey aimed at both those approaching qualification and those who are newly qualified (within the last five years). The purpose of this survey is to characterise training history, working patterns, early roles, geographical relocation etc., and will provide further insight into the nature of LTFT for both PGDiTs and early consultants.

With regards to redistribution of training numbers, the College will be submitting evidence to the NHSE postgraduate training review highlighting that the progress on redistribution planned for paediatrics under HEE is currently uncertain. However, regional analysis forms part of all work undertaken within the Workforce team including most recently, heatmaps showing ratios of consultants to CYP population by Trust region and as part of the aforementioned rota gaps survey (where no regional differences in rota gaps were identified). Furthermore, the Workforce CCT survey will also include regional analysis looking at patterns and geographical redistribution pre and post qualification. With all analysis and reporting going forward to include regional focus this will provide more robust evidence to support discussions on redistribution, both in terms of national planning and local advocacy.

Section 8: General Feedback

How could the RCPCH support HoSs better/ differently?

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

Support requested by the HoS	<i>College Response – Please add in responses/ more info here</i>
Time allocation for HoS role and better inclusion in job planning and rotas.	<u>Training and Quality Team:</u> It is essential to understand that the HoS role is a Deanery rather than a College one. We are limited in what we can do to therefore request changes to it. We would strongly suggest that HoS liaise

	<p>with their overall Postgraduate Dean.</p> <p>In our submission to the Medical Training Review we have spoken about how impacted training is by the lack of support and funding for Deanery roles like Head of School and TPD.</p> <p>In addition, the RCPCH Thrive Resource Hub on our website houses several resources to help guide and support consultants and PGDiTs alike in working in a way which is both positive, healthy, and rewarding. The RCPCH Workforce Team have also produced a helpful job planning toolkit with tips on how to make job planning a much easier and straightforward process Consultant and SAS doctors job planning toolkit RCPCH Thrive-Roadmap-grid-hyperlinked.pdf</p>
<p>Support in workshops conducted locally</p>	<p><u>Training and Quality Team</u>: <i>to liaise with HoS for further clarity</i></p>
<p>The recruitment timelines have evolved to serve the non-devolved nations but are v tight to allow for useful planning in devolved nation with current change over dates. Can they be revised back even by a fortnight?</p>	<p><u>National and subspecialty Recruitment team</u>:</p> <p>Timelines are tight all round, but we are currently planning to review for National ST and Sub-specialty, recognising that there is not a lot of wiggle room, at the same time.</p>
<p>Get CSACs to consider workforce planning when deciding which programmes should be advertised each year.</p>	<p><u>Workforce team</u>:</p> <p>This is a familiar theme, and we have been trying to work with the CSACs, so that there are more careful considerations around what posts are advertised each year. It would be helpful to have any feedback that could be gathered from schools as to whether they feel the number of sub-specialty posts recruited to in the most recent round was appropriate and if not, in which sub-specialties and why not?</p>

<p>Review recruitment process and shortlisting for interviews. Having sat on interview panels for both ST1 and ST3 recruitment and having seen the very variable quality of candidates whilst knowing particularly good candidates who were not shortlisted.</p>	<p><u>National and subspecialty Recruitment team:</u></p> <p>We are well aware that there are a number of applicants who have not made it to interview over the last couple of years. However, it is important to note that the key issues and reasons for this have been the huge and relatively sudden uptick in application numbers overall and the unsatisfactory amount of interview slots that have been provided by the national recruitment teams.</p> <p>As such, we are working with the National Recruitment Office, PaedsNRO, and the Medical & Dental Recruitment and Selection Group (MDRS) to find methods of filtering out certain applications, to make numbers more manageable and to ensure that more interview slots are made available; for around 470 posts, we would expect a minimum of 800 interviews to be run but 900 would be an even more acceptable number.</p> <p>Regarding the shortlisting scoring, we appreciate that some of the changes to scoring criteria that were introduced in the last round, were not quite as clearly worded as we would have liked but we have already spent considerable time reviewing and editing.</p>
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RCPCH to be aware of:

- Ongoing discussion around the request for the introduction of Paediatrics ST trainees to a level 1 maternity unit in Highlands at Elgin. Unlikely to go ahead however currently under formal deanery review.
- The IDT process is out of sync with all other 'recruitment'. You can delay the start of training, the start of subspecialty training due to parental leave, but you cannot delay an IDT. Trainees returning from mat leave should be able to IDT, so that they start in their new deanery within the following 6 months of accepting. One trainee was told they had to shorten mat leave or wait another 6 months requiring a

further period of OOPC. As long as it is clear at the time of IDT info being sent, it should be possible for a delayed start to allow ML completion.

- We have a monthly TPD drop-in session - for TPDs. It is very informal but means we catch up when we can as a group. Our Christmas board meeting is always F2F with a development session in the am and Board in the afternoon. We have requested funding for this, a College Tutor educator day, and a Paediatric conference in our business plan for 25/26 – West Midlands.

- Requested funding for this: a college Tutor educator day and a Paediatric conference in our business plan for 25/26.